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Going Home?

"The fate of children who leave care"

2007

PANIA COOTE

A thesis submitted for the degree of
Master of Social Welfare,
at the University of Otago, Dunedin
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18th January 2007
The aim of this qualitative study was to investigate the perspectives of young people who have left the care of Child, Youth and Family Services (CYFS). Young people who leave care or are automatically discharged on their seventeenth birthday are often overlooked, unprepared and face unique challenges as they assume increasing levels of responsibilities. Little attention has been paid to understanding what young people have experienced and what the consequence of that experience has been for them around issues of family, home and living independent. Still missing is the voice of the young people. This is interesting, considering that many children and young people in care are dealing with issues of abandonment and some form of abuse and neglect.

Through kanohi ki te kanohi (face-to-face) semi-structured interviews this study found that although young people are protected under the Children, Young Persons, and Their Families Act 1989, they are often neglected within a system that struggles to maintain stability and consistency. The Act supports whānau/families to be strengthened and maintained, not neglected and treated in isolation. This study examined and explored the narratives of five ‘care leavers’ and engaged with three focus groups in an attempt to fill the gaps in the current debate concerning the provision of effective State care.

The fact is that more children and young people are being placed into alternative care settings and often this leads to them struggling with issues of identity and belonging. Going home is not always an option. Three areas were explored: the young person’s experience while living in care, their experience of leaving care and their current situation. The valuable information provided by the participants sheds light on the role the Department of Child, Youth and Family Services (CYFS) plays, as well as providing valuable insights on young people’s perceptions of independence. Though this study is limited in scope, it is highly important to understand the way children and young people experience life within a statutory care setting outside their whānau/family unit. This study draws upon international and Aotearoa/New Zealand based foster care literature and builds on the findings of previous research.
DEDICATION

This study is dedicated to the young people who participated and shared their extraordinary stories. Their interest and willingness to talk about themselves and their experiences living in the care of Child, Youth and Family Services has made the study possible.
Whakatauakī

Hutia te rito o te harakeke
Kei hea te kōmako e kō
Ki mai ki ahau
He aha te mea nui o tenei ao

Māku e kī atu
He tangata
He tangata
He tangata!

Proverb

If the centre shoot of the flax is pulled out (and the flax dies)
Where will the bellbird sing?
If you were to ask me
What is the most important thing in the world?
I would reply
It is people, its is people, it is people
Acknowledgements

This thesis has been exciting and challenging. It would have not begun without the encouragement, participation and support of many people. I am sincerely grateful to the young adults, their whānau/families and foster parents in the Southland area for sharing their stories. I would also like to acknowledge:

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My deepest gratitude to you all: I want to thank each one of you and express my appreciation for your encouragement and support. You have all provided me with the knowledge and theoretical understanding that has strengthened my practice as a social worker, counsellor, teacher, researcher and mother. Thank you for sharing your ideas and expertise, it has been greatly appreciated.

Most of all, to my whānau and friends, I am grateful for your patience and ongoing support. To my husband Russell, your strength and encouragement has urged me onwards during periods when my enthusiasm has lapsed. To my children Haylee, Sharn and Rhys, for being patient and understanding. Finally, to my parents, Hoeta (Dick) and Ann Simeon, and my brothers and sisters, Hoeta, Manu, Aorangi, Nepia, Rewa and
Terina, I am deeply lucky to have people in my life who have assisted me in many ways. I thank you all for your support, trust, love and friendship.

E hara taku toa i te toa takitahi, Engari he toa takitini
My strength is not that of a single person, but that of many people.
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Introduction

What is it like for children living in the care of Child, Youth and Family Services? What is the fate of young people leaving statutory care? Is seventeen the ideal age for young people to live independently regardless of readiness and maturity? What role do Statutory social workers play in the care of a young person? Are Puao-te-Ata-tu recommendations still relevant today? These questions form the basis from which the author explored the stories of five young people living in Southland that had received assistance from the Department of Child, Youth and Family Services (CYFS). This study collected information from five participants — three young men and two young women aged between 17 and 24 years — who had lived in statutory care. Three focus groups were conducted with the young people participants, their whānau/family members and caregivers. This group of people described what the care system in Aotearoa/New Zealand means to them. Because this study is small in size and the focus of the investigation is limited, this study does not aim to provide a comprehensive picture of the Southland area. Nonetheless, some of the findings generated from this study have broader implications and were noted in two larger New Zealand studies by Ward (2001) and Yates et al (2003).

The author conducted this small exploratory study in 2005 with the aim of exploring the issues and outcomes for young people who have lived in the care of CYFS, and it should be noted that several developments within Aotearoa/New Zealand state care system have occurred over the last couple of years. For many children and young people, the upheavals that come with child welfare involvement often create physical disruption of out-of-home care. The experience of being separated and removed from the whānau/family, even if it is a dysfunctional whānau/family, can have devastating consequences (Connolly, 1994; Newton et al., 2000), causing grief and often impacting on the young person’s life choices after leaving state care. Despite changes in the State care system since this data was collected, significant gaps in knowledge remain concerning these issues. With regard to the young people’s aspirations and influences on their life choices, the focus groups involved provided different viewpoints on the topic being discussed, allowing different opinions to be expressed and additional issues to emerge. Six themes emerged from the information collected:
Relationships, Psychological Wellbeing, Decision Making, Education and Employment, Leaving Care and CYFS involvement. Numerous sources in the literature covered in Chapter One provide an extensive body of work on State care services. It is significant that many of the key findings discussed in the six themes support studies of similar nature (Stein, 2002; Propp et al., 2003; Collins, 2004; Borja, 2005).

CYFS are operating in an environment of sensitivity with a high level of public interest. They are often viewed as 'the ambulance at the bottom of the cliff' and the social workers deal with extreme situations affecting children, young people and their whānau/families. Their work is complex and mistakes can have serious consequences. Despite the various restructuring attempts in care and protection services and actions taken to address public concerns, there is still room for improvement. Whānau/families do not fit in a box; for Māori they function within the wider structures of whānau, hapū, and iwi formed through kinship affiliations. Young people are embedded within communities and some will become our future leaders and teachers, most of all they influence the wellbeing of future generations. According to the literature, life and transitions provide particular challenges making children and young people vulnerable, invisible and often voiceless. This study provided five 'care leavers' the opportunity to tell their story. It is hoped that all contributions in this study will be heard. The experiences shared by the young people and their whānau/families are a highly valuable source of information that can be used to enhance knowledge and service delivery to State care consumers.

PERSONAL INTEREST
My interest in undertaking this kind of study was kindled by years observing and caring for children and young people that have been in the care of CYFS. I am Māori, my father is Ngati Kauwhata from Fielding and my mother is Ngai Tahu. I live in a dual world of two social and cultural landscapes; I acknowledge and value my non-Māori side as I do my Māori side. I shuttle between the two worlds with ease and whakapapa both in the South and North Island. I was born in Bluff, the third child of seven. Being brought up in a working class whānau/family and from a very close nit community, I was provided with the best support and nurturing care.
My personal interest in the lives of young people in State care stemmed from being a caregiver myself. I followed the same path as three of my sister's, they also have been caregivers for CYFS and one still remains today having children in her care. My experience as a caregiver showed me that moving young people from care either back to their home or to living independently was not always a straightforward process. My world has been filled with children, young people and their whānau/families from all walks of life. They have freely shared their stories, even when experiences sometimes triggered emotions. Most of all I have wondered what it would be like to be personally removed from my whānau/family or even have a child of my own taken away. As well as these personal deep feelings, on a professional note, I have ethical responsibilities to ensure that the child's total well-being is enhanced and protected. The experience in State care should not prevent growth and development, otherwise there is potential to create a generation of 'lost souls'.

Personally and professionally I have an enduring commitment to the wellbeing of whānau, hapu and iwi. The whakatauaki (proverb) on page iv expresses the value of whānau/family and whakapapa. The harakeke (flax) represents the whānau/family (including extended), by removing the centre shoot which represents the child will result in the breakdown of the whānau/family group. Over time, Māori children have frequently been removed from their whānau/families and placed in institutions or adopted outside their whānau/family group. This practice frequently failed to provide adequate care and particularly affected Māori children and their whānau/family group. Reading the Puao-te-Ata-tu (1986) report has fuelled my interest in the significant changes necessary in policies and practices of government agencies. Legislation made to protect Māori wellbeing has often been ignored, causing generational harm. I bear in mind, that as a country we cannot survive if we continue to ignore the facts. I am in no doubt that changes in State care are essential, particularly for those working in the social and health areas. This study has contributed to the empirical research on this topic; it's unfortunate that my own whānau/family and work commitments restricted the sample size of this study.

Over the years, I have learnt a diverse range of skills (plant operator, taxi driver, fish filleting, rousing, wool-classing, clothing designer and machinist) prior to entering the social work arena. I have over twelve years' experience as a social worker and approximately eight years'
experience in various management/supervisory roles. My career changed pathways thirteen years ago when my daughter was diagnosed with cancer. I became involved with the Southland Child Cancer Foundation as a volunteer support worker, and then later on became the Southland Branch president. In 1999, I joined Awarua Social & Health Services as the Tamariki Ora/Well Child Kaiawhina and eventually moved into a Clinical Supervisor position. After four years, my study commitments increased forcing me to revaluate my working hours. I decided to reduce my hours of employment to part-time and joined Barnardos as a Social Worker in Schools based in Bluff and Invercargill. During this time, I established my own private practice ‘Awhi Mai’, working on national projects and providing clinical, cultural and professional supervision to social work professionals in the community. I have maintained strong national linkages serving on both the Community & Voluntary Sector Taskforce and the Tangata Whenua, Community & Voluntary Sector Research Centre in a Governance Committee capacity.

At present, I tutor at the Southern Institute of Technology in the Social Services Department and continue with my private practice commitments. My professional life has been focused on the wellbeing of Māori, with a commitment to reduce health and social inequalities through improving service delivery to Māori. All these experiences underpin my practice and self interest in exploring the readiness and realities children and young people face during and after leaving foster care.

It seems to me, that to have a full understanding of what it is like to experience State care; I would need to listen to the voices of young people themselves, who have that knowledge. To me, it’s also about knowing how that experience of living in care has shaped their lives. And, importantly, having a better understanding of the fate of young people leaving State care can provide a platform for community and government action on changing the State care culture.

This longstanding personal and professional interest in the lives of young people leaving State care has been particularly helpful in spurring me to think more deeply around psychological issues (the unseen) and the characterised experiences of neglect, abuse, loss, separation, rejection, poverty, deprivation, education interruption, family disruption, and positive and
negative overall experiences. It has made me more thoughtful about the issues and effects State care can have on some young people.

**STUDY OVERVIEW**

The purpose of this phenomenological study was to explore, obtain insight into and describe the outcomes of a small group of young people who have experienced State care in Aotearoa/New Zealand. More specifically, this study explored three key areas:

1. The young person’s experience while living in care.
2. Their experience on leaving care.
3. Their current situation.

Clearly, many children live with or have been involved with State care services. Outcomes for children in care in Aotearoa/New Zealand have been virtually ignored, young people discharged at seventeen lack readiness and preparation for independent living (Ward, 2001).

This thesis has commenced with a whakatauaki on page iv to remind the reader that this study is conducted in Aotearoa/New Zealand, where Māori are the Tangata Whenua (indigenous people) of the land and where Māori tikanga has influenced, over the years, the way in which we work and live. Then the introduction opens with the articulation of the types of questions I have sought to answer. It also outlines the research design and rationale behind undertaking this specific topic. The chapter proceeds to discuss my personal and professional interest in the fate of young people leaving care. Following this is an overview of the study:

Chapter 1 reviews the national and international literature, and developments on state care and practices. I have organised this vast body of knowledge under the following headings: Statutory care legislation, issues identified living in statutory care, leaving care. I have approached this review by also acknowledging Te Tiriti O Waitangi (The Treaty of Waitangi) in an attempt to look through another lens, given that three of the five participants have identified as being Māori.
Chapter 2 discusses the multi-method qualitative approach. This chapter explains the techniques and kawa (process) used to undertake this phenomenological research study. Importantly, western and Māori kaupapa methods are weaved together, given that three of the five participants have identified as Māori, the author is Māori and this study is undertaken in Aotearoa/New Zealand. This chapter explores factors that have contributed to the meanings that the participants have constructed about their life experiences and identifies knowledge by each of them concerning State care.

Chapter 3 explores the experience of the young people entering and living in State care to shed some light on their realities. To give some coherency to the ‘rich data’ collection, key themes are used as subheadings to guide the process: Entering care, care plans, level of involvement, placements, contact with whānau/family, feelings about being in care, education and social work relationship.

Chapter 4 represents the transition out of care and the issues faced when going home or living independently. This chapter keeps with the style of qualitative research, obtaining insight into the decision making process and the consequences of living in care around issues of whānau/family and home. It explores the physical, social, emotional and cultural needs of young people leaving care.

Chapter 5 explores the five young people’s current situation. The information provided in chapters 2, 3, and 4 are linked to the decisions made by them or for them. The chapter discusses practical issues around traumatic changes and responsibilities that young people face when returning home or living independently.

Chapter 6 allows the sample to provide suggestions to social workers practicing in State care services and young people that are currently in the system.

Chapter 7 explores the stories of three focus groups: Young people (sample), whānau/family members and caregivers. Involvement was based on seeking permission from the sample, not all whānau/family members and caregivers were granted consent. The focus groups identified
key themes of interest and freely shared their stories and experiences. The findings support international studies (Iglehart, 1995; Palmer, 1990; Newton, et al., 2000; Pinkerton, 2000).

Chapter 8 presents six key themes from the participants and discusses the findings. This chapter weaves together the knowledge and experience shared by the participants. This information gathered provides answers to the study’s research questions. My thesis concludes with recommendations to CYFS and government.
CHAPTER ONE

Literature Review

Introduction

Internationally, over the last decade, there has been increasing emphasis on the negative outcomes of foster care and other interventions failing our children. Recent years have witnessed a fundamental shift in child welfare theory, policy and practice throughout Western Europe and North America. There has been a shift away from removing children from their whānau/families and a far greater emphasis placed on helping whānau/families to remain together. Since the late 1980s, there have been movements in Aotearoa/New Zealand for a more decentralised and cooperative interaction between the then Department of Social Welfare (DSW)\(^1\) and community organisations. Currently, more children and young people in Aotearoa/New Zealand have been placed in the custody or sole guardianship of the State under the provisions of the Children, Young Persons and Their Families Act 1989 (CYP&F Act), thereby increasing numbers of children and young people CYFS are responsible for. This literature review will examine studies about the extent to which young people in statutory custody receive the care, guidance and opportunities necessary for a successful transition back to whānau/family or independent living. The chapter is arranged in the following order:

- **Statutory Care Legislation.** This section provides statistics and insights into the State as ‘parent’ in Aotearoa/New Zealand and draws on international developments.

\(^1\) The Department of Social Welfare Act was passed in 1971 and became effective on 1 April, 1972. It amalgamated the Social Security Department and the Child Welfare Division of the Department of Education.

1989 – Children, Young Persons, and Their Families Act passed into law in November.
1991 – Department of Social Welfare (DSW)
1992 – New Zealand Children and Young Persons Service (NZCYPs) formed within DSW
1996 – NZCYPs became Children, Young Persons and Their Families Service (CYPFS)
1 Jan 1999 – CYPFS became Children, Young Persons and Their Families Agency (CYPFA)
1 Oct 1999 – CYPFA became Department of Child, Youth and Family Services (Child, Youth and Family)
2005, still known as the Department of Child, Youth and Family Services (CYFS)
• **Identified Issues Living in Statutory Care.** This section draws upon the foster care literature to outline the impact of foster care as an intervention.

• **Leaving Care.** This section considers the needs of young people leaving foster care and looks at their current situation.

1. **Statutory Care Legislation**

The material in this section is discussed under the following headings:

• Statutory Care in Aotearoa/New Zealand
• Statistics
• International developments

**Statutory Care in Aotearoa/New Zealand**

The principal legislation in Aotearoa/New Zealand which prescribes the well-being of children and young people is the Children, Young Persons and Their Families Act 1989. This Act promotes whānau/family solutions to whānau/family problems; the department has statutory responsibility to promote the well-being of children, young people and their families and whānau/family group. The Department of Child Youth and Family Services (CYFS) administers the CYP&F Act and are responsible for the provision of statutory foster care. It has particular responsibility for children and young people whose whānau/family circumstances put them at risk of abuse and neglect, offending behaviour and poor life outcomes, and for those involved in the adoption process. The CYP&F Act provides care statuses ranging from voluntary agreements with parents to Family Court orders assigning custodial rights or guardianship to the Chief Executive of the Department of Child Youth and Family (CECYF). This legal transfer of custodian or guardianship responsibilities from parents to the CECYF, assumes that the department can provide a better standard of care. All such orders must be reviewed regularly in court, based on reports and plans submitted by the case worker.

When a notification has been made to CYFS that a child is likely to be harmed or is at risk and is considered a concern, the department allocates the notification to a social worker who proceeds to investigate the care and protection concerns. The Children, Young Persons and Their Families Act 1989, provides a set of objectives and principles for the care and protection system in Aoteroa/New...
Zealand. The primary aims of the care and protection system are to prevent children and young people from experiencing harm, ill treatment, abuse, neglect and deprivation, and to protect them from these things. Guidelines have been established governing the removal of children and young people from their homes, therefore minimising intervention by the State. If the child requires placement outside the whānau/family, this should cause minimal disruption of the child’s life. Section 6 of the Act states (CYP&F Act, 1989:25):

Welfare and interests of child or young person paramount –

In all matters relating to the administration or application of this Act (other than Parts 4 and 5 and sections 351 to 360), the welfare and the interests of the child or young person shall be the first and paramount consideration, having regard to the principles set out in sections 5 and 13.

The principles and objectives of the Act emphasise the importance of the wellbeing of children and young people and the need to strengthen the relationships between children and young people and their whānau/families. A central principle of the Act is to involve the child, young person and their whānau/families in decisions about their future. Social workers work with the whānau/family group to reach an agreement on how to keep the child safe and ensure that supports and services are appropriate to the needs, values and beliefs of their culture and ethnic group. The Act states, under Section 5 (CYP&F Act, 1989:24):

**Principles to be applied in exercise of powers conferred by this Act**

Subject to section 6 of this Act, any Court which, or person who, exercises any power conferred by or under this Act shall be guided by the following principles:

a) the principle that, wherever possible, a child’s or young person’s family, whānau, hapū, iwi, and family group should participate in the making of decisions affecting that child or young person, and accordingly that, wherever possible, regard should be had to the views of that family, whānau, hapū, iwi, and family group:

b) the principle that, wherever possible, the relationship between a child or young person and his or her family, whānau, hapū, iwi, and family group should be maintained and strengthened:

c) The principle that consideration must always be given to how a decision affecting a child or young person will affect –

i) The welfare of that child or young person, and

ii) The stability of that child’s or young person’s family, whānau, hapū, iwi, and family group:
d) The principle that consideration should be given to the wishes of the child or young person, so far as those wishes can reasonably be ascertained, and that those wishes should be given such weight as is appropriate in the circumstances, having regard to the age, maturity, and culture of the child or young person:

e) The principle that endeavours should be made to obtain the support of—

i) the parents or guardians or other persons having the care of a child or young person, and

ii) the child or young person himself or herself— to the exercise, in relation to that child or young person, of any power conferred by or under this Act:

f) the principle that decisions affecting a child or young person should, wherever practicable, be made and implemented within a time-frame appropriate to the child’s or young person’s sense of time.

The Act also made provision for a new statutory process, the Family Group Conference (FGC), which is designed to enable the participation of whānau/families in decisions. The FGC involves professionals (service providers), CYFS Social worker(s), whānau/families and the child or young person to work together to determine what should be done to address the care and protection concerns. This process provides a vehicle to assess the safety needs of the child within the overall whānau/family context. The Department is child-centred and family-focused, guided by the objectives and principles of the Children, Young Persons and Their Families Act 1989.

Where a child or young person is considered to be in need of care or protection, the necessary assistance and support from CYFS should be provided to the whānau/family to enable them to address the concerns. However, if there is a serious risk of harm to the child or young person, there needs to be further exploration within the extended whānau/family context to ensure the child is safe and connected. The Act makes it clear that the primary role of caring for a child or young person is with whānau/family, hapū and iwi. They are the key people in the equation to ensure their whānau/family network remain intact. This is based on the principles specified in section 13 (c,d,f) of the Act, which states that (CYP&F Act, 1989:21-30):

**Care and Protection of Children and Young Persons**

**Section 13(c,d,f). Principles**

Subject to sections 5 and 6 of this Act, any Court which, or person who, exercises any powers conferred by or under this Part or Part III or sections 341 to 350 of this Act shall be guided by the following principles:

c) the principle that it is desirable that a child or young person live in association with his or her family, whānau, hapū, iwi, and family group and that his or her education, training, or employment be allowed to continue without interruption or disturbance:
d) where a child or young person is considered to be in need of care or protection, the principle that, wherever practicable, the necessary assistance and support should be provided to enable the child or young person to be cared for and protected within his or her own family, whānau, hapū, iwi, and family group:

f) where a child or young person is removed from his or her family, whānau, hapū, iwi, and family group, the principles that –

i) wherever practicable, the child or young person should be returned to, and protected from harm within, that family, whānau, hapū, iwi, and family group; and

ii) where the child or young person cannot immediately be returned to, and protected from harm within, his or her family, whānau, hapū, iwi, and family group, until the child or young person can be so returned and protected he or she should, wherever practicable, live in an appropriate family-like setting –

(A) That, where appropriate, is in the same locality as that in which the child or young person was living; and

(B) In which the child's or young person's links with his or her family, whānau, hapū, iwi, and family group are maintained and strengthened; and

iii) where the child or young person cannot be returned to, and protected from harm within, his or her family, whānau, hapū, iwi, and family group, or (in the case of a young person) in an appropriate family-like setting, in which his or her sense of continuity and his or her personal and cultural identity are maintained.

The enduring influence of family and kinship networks in the lives of children has led to debates favouring the retention of familial links when children enter care (Connolly & McKenzie, 1999). These debates were accompanied by the growing awareness of the Treaty. The laws in Aotearoa/New Zealand have reflected the cultural background of the lawmakers. Despite apparently equal access across the social, health and education sectors, there appears to be quite a difference in welfare outcomes for Māori. The laws that have shaped our society have gained greater public interest to react more positively and respond differently to Māori needs.

Te Tiriti o Waitangi (The Treaty of Waitangi), which was signed in 1840 between Māori (the Tangata Whenua) and the British Crown, is relevant to all governing legislation today. Te Tiriti o Waitangi is the founding document for Aotearoa/New Zealand; this is a valid and legally binding document (refer to Appendix). Although there is considerable debate on the differences between the Māori and English versions of the text, under international law when two versions of a Treaty are in conflict, the text written in the indigenous language is valid (known as 'Contra Preferendum'). During the 1980s and 1990s the Department of Social Welfare (known today as CYFS) experienced considerable restructuring and several name changes. Prasad's research into
the success and failure of children in foster care in New Zealand highlighted that multiple placements, breakdowns and children drifting in care were under scrutiny. The State care system was failing and damaging children, and care practices were breaking down Māori whānau/family structures (Prasad, 1975). Māori children were being removed from their homes and placed in alternative care settings, separating them from their cultural base. This practice was a direct breach of articles two and three of Te Tiriti o Waitangi. A review of the Department was actioned due to the disproportionately high representation of Māori in the health, education, justice and welfare systems compared to the general population. Also, the 1982 Human Rights Commission Report scrutinised the Department’s treatment of young Māori in its residential institutions following allegations of malpractices. From the Māori viewpoint, issues involving te whenua (the land), te reo (the language), te ao turoa (the environment) and whanaungatanga (extended family), are central to Māori culture and health, and are deeply rooted in the principles of the Treaty (Paomare and de Boer, 1988).

In 1986, Puao-te-Ata-tu (Day Break) was published by the Ministerial Advisory Committee on a Māori perspective for the Department of Social Welfare. This report identified major concerns regarding the depth of institutional racism and the unethical care practices impacting on Māori society. It has influenced changes in State care practices and services in Aotearoa/New Zealand to be more culturally sensitive and appropriate. Puao-te-Ata-tu provided the Minister with thirteen recommendations, with the aim of meeting the needs of Māori children and their whānau, hapū and iwi. A shift to retaining children and young people within their whānau/family network group influenced practitioners to explore ways to provide culturally appropriate services with a focus on involving whānau/families in the decision making process.

Puao-Te-Ata-Tu, with its many recommendations, did address some major issues by honouring Te Tiriti o Waitangi. Some of the recommendations directly supported the endorsement of the following objectives and guiding principles for the development of social welfare policy in New Zealand, especially in regard to services for families (Puao-Te-Ata-Tu, 1986).

Recommendation 1 (Guiding Principles and Objectives)
We recommend that the following social policy objective be endorsed by the Government for the development of Social Welfare policy in New Zealand:

Objective
To attack all forms of cultural racism in New Zealand that result in the values and lifestyle of the dominant group being regarded as superior to those of other groups, especially Māori, by:
(a) Providing leadership and programmes which help develop a society in which the values of all groups are of central importance to its enhancement, and
(b) Incorporating the values, cultures and belief of the Māori people in all policies developed for the future of New Zealand.

Recommendation 2
We recommend that the following operational objective be endorsed:
To attack and eliminate deprivation and alienation by:
(a) Allocating an equitable share of resources;
(b) Sharing power and authority over the use of resources;
(c) Ensuring legislation which recognises social, cultural and economic values of all cultural groups and especially Māori people; and
(d) Developing strategies and initiatives which harness the potential of all of its people, especially Māori people, to advance.

Recommendation 7 (Maatua Whangai)
We recommend that:
(a) The Maatua Whangai programme, in respect of children, return to its original focus of nurturing children within the family group;
(b) Additional funding be allocated by the Department to the programme for board payments and grants to tribal trusts for tribal authorities to strengthen whānau/hapū/iwi development;
(c) The funding mechanism be through the tribal authorities and be governed by the principle that board payments should follow the child and be paid direct to the family of placement, quickly and accurately and accounted for to the Department in respect of each child. The programmes should be monitored for suitability of placement and quality of care;
(d) The level of the reimbursement grant for volunteers be increased to a realistic level.

These key recommendations, along with the other ten recommendations, highlighted the need to make major changes in the Department’s policy, planning and service delivery, and changes were made to structures governing the Department so that tangata whenua views could be heard. The principles of Puao-Te-Ata-Tu also exerted a strong influence over the Children, Young Persons and Their Families Act 1989, which, in turn, led to the department making massive reductions in the number of children and young person in institutional care. The principles outlined in Puao-Te-Ata-Tu are still very relevant today and provide a clear and ongoing challenge for those in the social work sector — although, arguably, its message has been lost or at least has become diluted within the CYFS system since it came into being.
A New Zealand study conducted by Walker (2001) revisited Puao-Te-Ata-Tu recommendations. The research focused on Recommendation 7: Maatua Whangai (provision of foster-care through the Department of Social Welfare) from a Māori caregiver perspective. Walker challenged the State and its role in social services practice of having total control of Māori children in its care. Five respondents were drawn from one of the four Dunedin Maatua Whangai programme whānau/suburban roopu, and their stories identified how dominance was achieved by the Department of Social Welfare officials and the consequent resistance to this dominance by caregivers. The Maatua Whangai programme was at first supported by Māori, however, it moved away from its original purpose and was repackaged to meet departmental needs. The study highlighted the need to shift power from State control to recognition of a hapū and iwi voice in matters regarding the care of Māori children. Reforming the relationship between Māori and the State is essential to the development of iwi-based services to care for Māori children (Walker, 2001). The shape of the Maatua Whangai programme was strongly influenced by the Department through the management and constraint of necessary resources. This resulted in the cultural objectives of the programme and Act being compromised. Maatua Whangai was a response to the failure of the Department's foster care for Māori. According to the participants in the study (Walker, 2001):

Maatua Whangai was funded at a second-rate level. . . . The assumption that in New Zealand Pakehā values, beliefs and systems are “normal” is one of the most common forms of cultural racism. Māori values, beliefs and systems are placed in the category of “exotic”. Providing for Māori cultural preference thus becomes an “extra”.

The State controls social service provision for Māori. The funding for the programme was retained fully and solely by the Department. What Maatua Whangai has demonstrated is the State’s inability to be effectively responsive to Māori needs.

For children or young people living in the care system, the return to whānau/family or guardians is determined by the State. It is hoped that services provided and progress have been monitored to prevent children and young people remaining in care longer than needed. Eventually, children and young people living in State care often leave by default. The Act also states under section 108 (CYPF Act, 1989:89) that:
When custody order shall cease to have effect
Where the Court makes an order under section 101 placing a child or young person in the custody of any person, that order shall cease to have effect when—
(a) the order expires in accordance with section 102; or
(b) the terms of the order expire; or
(c) in the case of a young person, that young person attains the age of 17 years; or
(d) in the case of a young person, that young person marries; or
(e) the child or young person is adopted by any person other than a parent of the child or young person— whichever first occurs.

As stated above, under the provisions of the Act, if not discharged earlier, the young person’s custody order expires automatically upon his or her seventeenth birthday and guardianship on their twentieth birthday. When a young person reaches the age of seventeen the State relinquishes custodial responsibility. Some young people continue in care placements post-seventeen under a sole or additional guardianship order to the Chief Executive of the Department of Child, Youth and Family Services but this only occurs in extreme cases such as severe disability. The majority of young people, however, are discharged into society to fend for themselves, regardless of the young person’s wishes, maturity or readiness for independence.

The Act states that decisions affecting a child or young person should, wherever practicable, be made and implemented within a time-frame appropriate to the child’s or young person’s sense of time however the question remains of who determines what constitutes an appropriate timeframe. The Act further states that, wherever practicable, the child or young person should be returned to whānau/family. The child’s or young person’s links with his or her family, whānau, hapū, iwi, and family group are to be maintained and strengthened. So, for some young people discharged at the age of seventeen, the only options are to either to be placed back into the situation they were initially removed from or to live independently, and this occurs regardless of the whānau/family difficulties or the young person’s maturity and ability to manage day-to-day care. This appears to be a win-loss situation.

Ethical standards of Social Work practice

In Aotearoa/New Zealand the Social Workers Registration Board (SWRB) is the Crown agency that provides public assurance that registered Social workers meet professional standards of competent practice. Social workers are made accountable for the way in which they practise. Registration is new to the profession of social work and was introduced on a voluntary basis in 2003. The Social Workers Registration Act 2003 provides the framework for the registration of Social Workers. Given that registration is not mandatory, there is an intention over the next few years to make Social Work Registration compulsory. The SWRB is separate from and independent of Aotearoa New Zealand Association of Social Workers (ANZASW).

Membership of ANZASW is based on being ‘fit and proper’, which means one must hold a social work certificate of competency. It is not a requirement to have completed a tertiary qualification, although, of course, it is encouraged that members are both qualified and competent. All members of ANZASW are accountable via the Association’s code of ethics.

Since 1984 this organisation has focused its efforts on ensuring a bicultural identity and code of ethnics for social work practice in Aotearoa/New Zealand. The ANZASW code of ethics provides the foundation platform for social workers working in diverse areas of practice and sectors. The ethical principles which underpin social work values are contained in the international code of ethics, and the code states (ANZASW Handbook, 1993:10):

Professional Social Workers are dedicated to service for the welfare and self-fulfilment of human beings; to the development and disciplined use of scientific knowledge regarding human beings; societal behaviour; to the development of resources to meet individual, group, national and international needs and aspirations; and to the achievement of social justice.

ANZASW code of ethics is an explicit and prescriptive statement of principles, morals and conduct which underpins the conduct an association, group and/or collective of people expects of members in the way they go about their business (1993). The Aotearoa New Zealand Association of Social Workers seeks to provide an umbrella organisation for social workers who provide specialised services. The CYFS social workers take on their primary identity from the field of practice they are involved in, however the assessment of competency needs to account for the
essential elements of social work practice and for individual practitioner competency regardless of agency, setting or method of work (1993:19). The purpose of CYFS is to advance the wellbeing of families, children and young people as members of families, whānau, hapū, iwi and communities.

Statistics
An alarming number of children are abused or neglected each year both in Aotearoa/New Zealand and internationally. The New Zealand Council of Christian Social Services (2006) found that substantiated cases of abuse and neglect have increased by 62% between 2001 and 2005 to 10,687. ‘Children are our future’ and ‘Families are forever’ are catch phrases often echoed in communities, cultures and everyday conversations. However, in Aotearoa/New Zealand child abuse and domestic violence are increasing and there has been a public outcry for something to be done about the plight of these abused children who are in need of care and protection. The Southland Times (2006) reported that:

Wellington – Figures on domestic violence in New Zealand presented a disturbing picture, Principal Family Court Judge Peter Boshier said at a domestic violence hui in Auckland yesterday. Between November 20, 2005, and January 3, 2006 six women were killed by their partners or previous partners, said Judge Boshier at Te Unga Waka Marae in Epsom. “To my understanding these deaths left 19 children orphaned by domestic violence. There was also one child who died as a result of injuries sustained through family abuse,” he said . . . . Police statistics show a growing rate of call-outs to domestic disputes. “The number in 2002-2003 was 24,700. In 2004-2005 it was 30,692.” During December 2005 and January 2006, police attended nearly 11,000 family violence incidents, in which 6000 children individually witnessed that violence. “That is one incident every eight minutes,” he said. In the same period, Child, Youth and Family received about 10,000 reports of suspected child abuse (Southland Times, 2006:6).

The figures in Table 1 below indicate that for the year ended 30 June 2004, CYFS received a total of 43,314 notifications of possible abuse or neglect, significantly more than the total for any previous year. During 2002/03, the total number of notifications received was 31,781.

The large increase in the number of notifications received during 2003/04 led to an increase in the number of cases not allocated to a social worker within the required timeframe, which rose to 3,682 unallocated cases. As at 30 June 2005, the total number of children and young people living
in care reached 5,071, which is higher than recorded between 2001 and 2004. The data in Table 1 indicate a continuing trend of increased notifications of abuse and neglect to the Department; however, statistics for 2005 on notifications received appear not to be defined in the annual report. There has also been a decrease in the number of unallocated cases, the department has significantly improved its performance in this area (Department of Child, Youth and Family Services annual report, for the year ended 30th June 2004:12-14 & annual report, for the year ended 30th June 2005:11-14).

<table>
<thead>
<tr>
<th>TABLE 1: CYFS Notifications of possible abuse or neglect by year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of notifications received in period</strong></td>
</tr>
<tr>
<td>2001/02</td>
</tr>
<tr>
<td>27,507</td>
</tr>
<tr>
<td><strong>Number of unallocated cases as at 30th June</strong></td>
</tr>
<tr>
<td>1,203</td>
</tr>
<tr>
<td><strong>Number of children &amp; young people in care</strong></td>
</tr>
<tr>
<td>4,480</td>
</tr>
</tbody>
</table>

As indicated in Table 1, the number of cases referred to CYFS for the reason of child abuse or neglect over the years has increased steadily. The data show clearly that not all referred cases have been allocated to a social worker for investigation and the number of children and young people living in the care of CYFS has also increased. Reasons for referrals vary, Section 14 of the Children, Young Persons and Their Families Act sets out a number of reasons that may lead children or young people to be in need of care and protection services. All notifications are categorised\(^4\) and prioritised, and the order in which these notifications are reported determines the urgency with which it is treated.

In sum, the data in Table 1 clearly shows the increasing numbers of children and young people accessing CYFS services and highlights the need for more resources and social workers to reduce the numbers entering care.

Table 2 provides a client profile, recording ethnicity of consumers under the age of seventeen and services provided to them by CYFS.

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\(^4\) Refer to CYFS manual – SWis Categories: eg. Care concerns/Physical, Sexual or Emotional abuse in the family; child or young person with problem behaviour, non-family, more details in manual.
TABLE 2: Client Profile of Ethnicity and Services provided by CYFS

<table>
<thead>
<tr>
<th>Service</th>
<th>NZ Pākeha</th>
<th>NZ Māori</th>
<th>Pacific</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake</td>
<td>45%</td>
<td>40%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>Care &amp; Protection services</td>
<td>50%</td>
<td>39%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>Youth Justice</td>
<td>38%</td>
<td>49%</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>Adoption Services</td>
<td>44%</td>
<td>19%</td>
<td>21%</td>
<td>16%</td>
</tr>
<tr>
<td>NZ under-17 population</td>
<td>58%</td>
<td>24%</td>
<td>10%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Table 2 represents an analysis of children and young people notified to the care and protection system, and groups clients by ethnic groups and services accessed. Ethnicity is often defined by the whānau/family or young person, and it is this sense of ethnic identity that is reflected in the intake data. The data shows that 45% of those entering CYFS care are NZ Pakehā, in addition, this ethnic group accesses 50% of the care and protection services provided, and 44% of the adoption services. This is a clear difference from the NZ Māori, Pacific and other ethnic groups. The data also indicates that NZ Māori make up 49% of young people entering youth justice services; this is higher than the other ethnic groups. The law protects the rights of children and young people when they have committed an offence(s); the youth justice system seeks to hold them accountable and helps young people learn from their mistakes.

TABLE 3: CYFS Intakes from 2002 to 2005

<table>
<thead>
<tr>
<th></th>
<th>2002/03</th>
<th>2003/04</th>
<th>2004/05</th>
<th>2004/05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Actual</td>
<td>Actual</td>
<td>Standard</td>
</tr>
<tr>
<td>Intake Number of children and young people in care:</td>
<td>4,682</td>
<td>4,909</td>
<td>5,071</td>
<td>N/A 5</td>
</tr>
<tr>
<td>Care &amp; Protection services</td>
<td>4,440</td>
<td>4,674</td>
<td>4,853</td>
<td>4,400-4,900</td>
</tr>
<tr>
<td>Youth Justice</td>
<td>139</td>
<td>151</td>
<td>153</td>
<td>130-160</td>
</tr>
<tr>
<td>Other legislation</td>
<td>103</td>
<td>84</td>
<td>65</td>
<td>N/A</td>
</tr>
</tbody>
</table>

5 These performance measures do not have a standard.
An important issue is the number of children and young people entering CYFS. The growth of notifications and the increased utilisation of care and protection services indicate that more children or young people are exposed to or have experienced emotional, psychological or physical damage. Back in 2002, 4,682 children and young people entered CYFS. By 2004/05, the number of CYFS intakes increased to 5,071. The trauma in their lives has possibly caused great confusion and insecurity. As Table 3 shows, use of youth justice services has steady increased from 139 in 2002 to 153 in 2005.

A New Zealand study of young people leaving care raised a number of issues about the way in which information about children in care is collected. Ward (2000) found that a request to CYFS National Office for a client list of mid-adolescents under care orders was not available. The national database includes all children and young people under care orders, regardless of varying circumstances and legal statuses. Each child involved with CYFS is assigned a legal status determined by the voluntary agreement or court-ordered outcome. Some children may be under parental custody, live at home and be monitored by CYFS through a FGC outcome, or a services or support court-order. Others might be in foster care by voluntary agreement. Statistics collected by CYFS on how many are in care are often based on the number of bed-night payments (Ward, 2000). The statistical data recorded and formulated by CYFS does not reflect the true status of clients or young people in care.

Yates et al., (2003) compared the situation for young people leaving care in Aotearoa/New Zealand and Australia, and found that neither country could provide clear indications of the numbers of young people leaving care in any one year. In Aotearoa/New Zealand, there are likely to be approximately 300 15-year-olds and 250 16-year-olds living in non-kin financially-supported placements and therefore likely to be without adequate whānau/family support as they move to independent living. It is not known whether the reduction in numbers from age 15 to 16 represents a successful return home or movement to financially-supported (by Independent Youth Benefit – IYB) independent living (Yates et al., 2003:37).

In February 1992, the Mason Report on the Children, Young Persons and Their Families Act (1989) made waves, recommending the Act be amended to introduce mandatory reporting of child
abuse. The Social Service Committee declined the recommendation of mandatory reporting. This report also commented on the impact of government policies on the Act and warned against a system that quantified social support services in dollar terms. The Mick Brown’s report (2000) revisited the Mason Report (1992) and conducted a Ministerial Review of Child, Youth and Family Services. This report highlighted the cost-saving attempts, the increased numbers of notifications and the progressive reduction in the State’s responsibilities towards children, young people and their families. The report made many recommendations to improve the State care in Aotearoa/New Zealand. This led onto the Care and Protection Blueprint (2003), this strategy attempted to enhance the services provided to children and young people who were in need of Care and Protection. It provided a set of guiding principles, goals and an action plan. The Baseline Review was carried out between January and September 2003; the review identified and clarified the outcomes that Child, Youth and Family must work towards achieving. The Baseline Review programme of change has been structured around a phased implementation process and plan that covers five phases to be achieved by October 2007 (DCYFS, 2004). The initial phase of the programme was executed from September 2003 through to June 2004 and was primarily focused on stabilising the Department and laying the foundation for subsequent change. The review identified that children are currently continuing to stay in care longer than they did ten years ago. The numbers of children in care has also steadily crept up with a 12% increase in 2000. “Drift in care” is of particular concern, averaging 3.1 placements per child per year (Brown, 2000:71). Approximately a third of young people graduated into Youth Justice from a “Care and Protection” background, and it is this group who tend to fit into the recidivist offender category.

The Baseline Review of CYFS resulted in the Ministry of Social Development (MSD) taking on the leadership role of the sector and creating the Family and Community Services (FACS) silo within MSD. FACS was established to lead and co-ordinate government and non-government actions to support whānau/family and communities. The revival of the Blueprint alongside Te Rito (2002), the family violence strategy, re-shaped the approach within the department. Both documents were progressed as separate strategies until government and non-government groups who were involved in Te Rito and the Blueprint were consulted and they agreed to merge the strategies. Te Punga (1994) was an attempt to provide a bi-cultural approach to State care. This booklet provided the Department of Social Welfare with a framework to bi-cultural development, which attempted to reshape the department’s processes and policies. Eventually, Te Punga lost
favour and the New Directions strategy Te Pounamu (2001) was born, aimed at improving the outcomes for Māori children and young people. However, this ‘outcome focus’ direction was soon abandoned and replaced by the Effective Response strategy. This strategy, in turn, was shortly taken over by an early intervention focus. More recently, the Differential Response project has surfaced, and is now being piloted in certain areas and is still very much in the development stage. This project is set up to change the way CYFS undertakes its core care and protection functions, by including approved agencies to carry out assessments and referring on to community services if required. Clearly, CYFS has undergone major, and frequent, restructuring over the years. This has resulted in some good initiatives ‘falling over’, leaving communities and groups frustrated. A group called PANIC (Parents Against Negative Interventions by Child, Youth and Families) has been formed to provide support to whānau/families of children or young people who have experienced maltreatment practices by CYFS or any other service.

International Research and Developments

Early research studies have increased our knowledge of the wide range of problems faced by children and young people living in care and leaving care. These studies have identified in-care and leaving care difficulties young people have experienced. Festinger (1983) conducted a study on 349 young people aged 22-25 who had been discharged from foster care and residential care in New York around 1975. She made comparisons with the same-aged people that had not been in care. Data was achieved through using identical questions in two surveys. The findings highlighted differences for those leaving residential care. Twenty-five percent of the sample reported poor outcomes following discharge. However, both groups were faced with poor education attainment, employment difficulties, single parenthood, low self-worth, identity issues, peer and family relationship problems, criminal activity and dependency on welfare. The difficulties experienced by care leavers reported in this study were similar to those reported in other studies (Stein & Maynard, 1985; Morgan-Klein, 1985; Knapp, 1989; Barnardo’s, 1989; First Key, 1991; Parker et al., 1991; Hutson, 1995; Cashmore, 1996; Stein, 1997; Ince, 1998; Marsh, 1999; Smith et al., 1999; McMillian and Tucker, 1999; Stein, 1999; Ward, 2001; Yates, 2001; Stein, 2002; Propp and Ortega, 2003).
Current approaches to child welfare practice and policy in other countries, particularly the USA, Canada, Wales, Australia and the UK, recognise that care and protection and youth justice services are part of a continuum of services to address children and young people's wellbeing. Poverty is recognised as a key issue impacting on the lives of children and young people and various early intervention strategies have been put in place to support families and parents before problems arise (Besharov, 2003).

Issues faced elsewhere are also familiar to Aotearoa/New Zealand, such as the need for better coordination of services to children and their whānau/family, the need for multi-disciplinary teams, and the difficulty of getting enough trained qualified social workers. However, approaches to solving these problems overseas are structurally different from those employed in Aotearoa/New Zealand.

In Australia and Canada care and protection services, although not always youth justice services, sit in departments alongside such services as support for families and community development. Yates et al., (2003) compared the Aotearoa/New Zealand and Australia situations for young people leaving care and identified common problematic outcomes for this vulnerable and disadvantaged group. Aotearoa/New Zealand and Australia have significantly different legislative frameworks for state care. In Aotearoa/New Zealand, the Children Young Persons and their Families Act 1989 is the overarching legislation for child protection and youth offending work. The care and protection section based on principles of family decision making and family belonging was expected to significantly reduce the numbers of children in care. However, numbers in care have unfortunately increased (Corporate Legal Services, 1995). In contrast, Australia has a federal model whereby child protection is the responsibility of the community services department in each State and Territory. Each department has its own legislation, policies and practices in relation to child protection. There is no uniform in-care or leaving care standards (AIHW, 1999).

Aotearoa/New Zealand has adopted a different approach, having Child, Youth and Family as a National Care and Protection Service dealing with the most serious cases only. This statutory department is often referred to as 'the ambulance at the bottom of the cliff'. The Baseline Review raised serious concerns regarding the department's lack of communication and collaboration efforts within communities, co-ordination of services and funding streams for whānau/families
across the social, health, and education sectors. A high responsibility was placed on the Ministry of Social Development to umbrella CYFS beside Family support services (FACS). This was to ensure that community-based agencies throughout the care and protection and family services sectors were able to provide a good coverage of appropriate services across the broad range of children and young people's needs.

In England and Wales, young disabled people are over-represented in the leaving care population, and the existing literature (Priestley et al., 2003:863-890) reveals an absence of disability perspectives. There has been an increasing interest in disabled children living away from home but little attention to leaving care issues. A qualitative research project was carried out involving young disabled people in an English local authority and it found that key issues such as family involvement, friendship, accommodation, education and employment information, sexuality and parenting information, health, independent living skills and transitional support all carry additional significance for young disabled people. New legislative arrangements for care leavers in England and Wales came into force in 2001 and have now been developed further with the recommendations from the research project (Priestley, 2003).

International trends emphasise the necessity for a continuum of other services around care and protection services and often embed care and protection policy and/or services within structures that also provide a whole range of other services. The UN Convention on the Rights of the Child, which Aotearoa/New Zealand ratified in 1993, has probably been an important influence in current thinking, since it covers the broad range of children's rights, not only the right to protection that is the focus of Child, Youth and Family Services.

Statutory care in Aotearoa/New Zealand has been shaped over the years by high profile deaths (Office of the Commissioner for Children, 2000) and the need to accommodate both Māori and Pākehā. Social Workers are guided by the principles and objectives of the Act; they are expected to provide a whānau/family support focus, while prioritising child protection. Swanson Ernst (2001) examined the child welfare practices in Aotearoa/New Zealand under the Children, Young Persons, and Their Families Act 1989. She identified four interrelated key areas: the recognition of culture, the meaning of family and belonging, partnerships with whānau/families and the issues surrounding support and supervision. These four interrelated areas have created considerable
interest worldwide because of the focus on whānau/family involvement, maintaining children within their whānau/families and a responsiveness approach to cultural differences.

2. Identified Issues of Living in Statutory Care

This section consists of a brief overview of particular issues facing children and young people living in care. Inclusion of these issues is relevant because they are likely to be key factors that contribute to the outcomes for children and young people leaving care. They are discussed under the following headings.

- Entering the care system
- Identity
- What the literature says about children and young people living in care

**Entering the care system**

Given the importance of thoroughly investigating reported cases of child abuse and neglect, a significant concern centres on the decision-making process. This is placed in the hands of the social worker and police investigating the notification. Children have needs for protection and care that must come from adults that have been approved by the State. Going into the care of CYFS is often not ideal but is necessary for children and young who are at risk. The reality is that alternative care settings have frequently been viewed as the only placement option for many youth in foster care especially if whānau/family networks have broken down (Prasad, 1975). Research findings highlight that behavioural problems often result in placement disruption, and make it difficult to make new placements for such children and young people (Connolly, 1994; Newton et al., 2000). Externalising behaviour problems, such as being defiant or aggressive and delinquent behaviours, are often the cause of breakdown in care and at home. This type of behaviour is often linked to the child or young person’s whānau/family and social learning environment. As Iwaniec and Sneddon (2002) put it, children are influenced by the quality of interactions within the family environment, and also the surrounding community. Puao-Te-Ata-Tu (1986) provides a concise overview historically, culturally and structurally of the whānau process:

*The placement of children was once the means whereby kin group or whānau structures were strengthened. The child is not the child of the birth parents, but of the family, and the family was not a nuclear unit in space, but an integral part of a tribal whole, bound by*
reciprocal obligations to all whose future was prescribed by the past fact of common descent. Children were best placed with those in the hapu or community best able to provide, usually older persons relieved from the exigencies of daily demands, but related in blood so that contact was not denied. Whakapapa (recited genealogies) were maintained to affirm birth lines, but placements were arranged to secure lasting bonds, commitments among relatives, the benefit of children for the childless, or those whose children had been weaned from the home, and relief for those under stress. Placements were not permanent. There is no property in children. Māori children know many homes, but still, one whānau. . . . The community in turn had duties to train and control its children. It was a community responsibility (1986:74-75).

Parenting is a complex set of behaviours influenced by socio-cultural factors such as personality, psychopathology, values, relationships, availability of social support, quality family interactions, and by a range of child characteristics (Rutter and Madge, 1976; Clark and Clark, 2000) cited in Iwaniec and Sneddon (2002).

A significant number of children and youth in Aotearoa/New Zealand are placed in alternative care settings rather than being placed with relatives/whānau. Alternative care settings range from family homes, residential treatment centres to foster homes. The transition from home to care is another experience they are expected to cope with. Children and young people in care experience separation problems and in most situations are expected to form new attachments. One in five young people on Child, Youth and Family caseloads have a formal mental health diagnosis recorded on their file (CYFS, 2000:7). Many of these young people experience multiple problems that psychologically impact on their wellbeing and whānau/family relationships. Cultural alienation causes low self-esteem and is a major contributing factor in the high rates of mental ill-health among young Māori. Good health is seen as a taonga (treasure) enabling participation, belonging and self-esteem (Te Puni Kokiri, 1993).

Studies indicate that a significant number of youth experience multiple placements between alternative care settings. Studies in Britain, North America, Australia and New Zealand also show that most children and young people in foster care feel they do not have many opportunities to be involved in the decision-making process about where they live and how often they see their parents (Cashmore, 2001). In addition, many children and young people do not know why they have been placed in care. In a study of children aged around 12 years old who were in foster care in the United States, 40% said they were unclear about why they were in care (Johnson, et al., 1995; Freundlich & Avery, 2004). A New Zealand study conducted by the Children’s Issues Centre
found a substantial proportion of children did not know or understand the reasons for their placement in care. When children had been given an explanation it was often softened by the caregivers to avoid distressing them (Smith, et al., 1999).

Identity
Children and young people replicate their parent's attitudes and values in everyday life. The whānau/family social and economic bases are weaved together, providing internal and external exchanges of strengths. Families are structures with coherence and have an inter-generational continuity of knowledge, traditions/beliefs, values and resources. Whānau/families within Aotearoa/New Zealand society that strongly identify as Māori begin their life journey with an array of core values and knowledge. They are nurtured to grow and mature through the web of whānau/family relationships which stresses the importance for kaumātua of upholding their tikanga practices (Durie, 1997). Ballard mentioned that, 'Māori have been coping with multiple identities for centuries' (1998:33). Hall claims, 'Identities are never unified and, in late modern times, increasingly intersecting and antagonistic discourse, practices and positions' (1997:4). Dyer states 'We are told that we are living now in a world of multiple identities, of hybridity, of decentredness and fragmentation' (1997:3). Erik Erikson, one of the most influential theorists on identity formation during adolescence claimed, 'The notion of identity encompasses a sense of one's uniqueness, a sense of sameness or continuity through time, a sense of wholeness or harmony with oneself, and a sense that one's ideals and values are also valued by significant others. What one means to oneself, and what one means to others one values, are both significant aspects of identity formation' (Erikson, 1970). The sense of having a firm identity is reflected in a sense of personal wellbeing; for Māori a firm identity is reflected in traditional Māori values of whānaungatanga (family relationships) and manaakitanga (caring). The elders guide and support the child, which becomes the maturing adult, then becomes the parent, then becomes the grandparent and then becomes the tipuna. Over time, members in whānau/family evolve the role of learning and teaching through the transition stages of the life-span, allowing the whānau/family structure to remain stable (Bird and Drewery, 2000).

So when we consider the development of a child's identity it is apparent that this starts when the child comes into this world and takes their first breath and is dependent upon a secure attachment with their caregiver. This secure attachment is based on the experience of the child's needs being
responded to and met by the caregiver. The interactive dynamics of individuals within foster care are examined in research findings in the past two decades that appear to dispute the devastating effects of early separation predicted by Bowlby (1960; 1973; 1980) in his attachment theory. Bowlby emphasised the importance of the growing child being able to attach to a primary caregiver who would have a nurturing, supportive and enduring role in the child’s life. Schaffer viewed attachment as a two-way process, an interaction between mother and child that contributes to the child’s social, emotional and cognitive development (1977). Furthermore, children, unlike adults, lack the capacity to maintain positive emotional ties with a number of different individuals. ‘They will freely love more than one adult only if the individuals in question feel positively to one another. Failing this, children become prey to severe and crippling loyalty conflicts.’ (Goldstein et al., 1973:12) It is important that children’s attachment to their biological whānau/family is maintained. They require support to build the bridges that might have been damaged and resolve issues that are impacting on their wellbeing while living in the care system.

Māori have their own ideas about social rules, whānau networks and responsibilities. Children’s learning took place in different ways when extended whānau /family lived together on marae. In Māori societies there is usually a change in responsibilities and expectations for people of different ages. This can be compared with the idea of a path of development across the lifespan. However, in Māoridom there is not a clear correspondence between the age of a person and their status and responsibilities in the community. The needs of young Māori (rangataahi) are traditionally met in the supportive environment of the extended family. Those rangatahi who are not secure with the culture of their whānau must struggle with their identity and may, as a result of this conflict, be at risk of health problems (Durie, 1997). Rangatahi are in the transition between childhood and adulthood, but this is not the same as adolescence in Western terms. Rangatahi have an important function in supporting the work of the whānau from the back rather than in a leadership position. They are learning the skills that will later, at some point during adulthood, allow them to move into positions of more responsibility. The youngest of all are the tamariki (children), the generation of children. Tamaiti (child)/tamariki (children) do not just receive support from those who are older but they also provide new challenges for the whānau and its future. The future of the whānau depends on the aroha (love, acceptance) generated towards the tamariki which enhances their health and growth (Bird and Drewery, 2000:43-44). Cultural well-being is seen (by adult Māori)
as a pivotal component in identity formation by young Māori (Youth Mental Health Promotion, Ministry of Health, 1996).

Considering identity as socially constructed, incorporates both continuity and change. It supports the notion of shared values and acknowledging that culture is an ongoing adaptation to new ideas while still retaining uniqueness and a set of values. Walsh-Tapiata sums it up:

Our identity is who we are. We are seeds of our tupuna and we represent a great whakapapa and history, and that is why it is important for us to learn the ways of our old people and to know where we come from and ultimately where we want to be. It’s about awareness. It’s about being aware. Our identity is influenced heavily by those around us and by the type of environment we live in. Our mum, dad, kuia, koura, our brothers and sisters and other family friends all play a big part in the development of our identity (2002:25).

**What the literature says about children and young people living in care**

Once in care, the often overwhelming challenge for foster children is to overcome the trauma of separation from family (Aldgate, 1988; Phelan & Wedge, 1988; Kluger, et al., 1989; Palmer, 1990). The next challenge is becoming part of their foster families and developing attachments with other significant adults in an environment that does not include family supports (Maluccio, et al., 1990). Later, as adolescents they must resolve the pain and anger they often feel towards their parents and try to come to terms with it (Levine, 1990). Many of the uncertainties which face them have been created through anxiety behaviours and lifespan transitions. Evidence tells us that early intervention in a number of mental health conditions for children and young people can result in better outcomes (Ministry of Health, 2005).

Research findings indicate that children in foster care demonstrate significantly higher rates of acute and chronic medical problems, developmental delays, educational disorders and behavioural problems than do other children of similar backgrounds (Simms & Halfon, 1998). A study showed that 80% of children in foster care have at least one chronic medical condition, 25% have three or more chronic problems, and an estimated 30% - 70% have severe emotional problems (Silver, et
Many of the children entering foster care have high rates of emotional, behavioural and physical health problems and are in need of specialised services and stability. According to CYFS:

Mental health disorders are common amongst 14-16 year-olds accessing Child, Youth and Family services. Alcohol, drug and substance abuse disorders are likely to be evident in 40% of the care and protection population and 54% of the youth offender population. Equally present in care and protection and offender populations are depressive disorders (30%) and anxiety disorders (40%). Conduct and oppositional disorders are likely to be present in 85% of the youth offender population (CYFS, 2000:7).

Three specific reasons for the impaired progress of children in care are most frequently discussed and debated: a poor start within their family of origin, a lack of continuity in foster care and low aspirations for children in care from carers and social workers (Aldgate 1994; Health, Colton & Aldgate 1989; Timberlake & Verdieck, 1987; Triseliotis 1980). Research findings suggest that children least likely to progress in care are those entering care compulsorily for reason of abuse or neglect by parents. Such studies conclude that pre-existing family and child environment risk factors are responsible for a significant portion of foster children's problems. These factors include coming from an ethnic minority family, a family with an income below the poverty line, or having a parent with a criminal history or a mental health problem (St. Claire & Osborn, 1987; Aldgate, 1994; Glisson, 1994; Ayasse, 1995; O'Neill & Absler, 1997; Stein, 1997).

It is widely recognised that children and young people that have stayed in care, particularly those who remain long-term in State care, often suffer psychological problems. This is prevalent in this country and has been echoed by international studies in Britain, (Heath, Colton, & Aldgate, 1989; Iglehart, 1995; Levine, 1990; Ayasse, 1995; Cashmore & Paxman, 1996; McMillen & Tucker, 1999; Parker, Salahu-Din & Bollman, 1994; Stein, 1997; Smith & Beutrais, 1999; Ward, 2000; Yates, 2001). In recent years, schools in Aotearoa/New Zealand have increasingly voiced concerns about the impact that social and family problems are having on their students, and how this affects their ability to learn. Research reports indicate that children in care are more likely to have a low educational attainment compared to other children of similar age and background. According to a Britain Social Services Committee Report (1984), 'It would appear that few
children in care attain educational qualifications and that fewer still go on to further and higher education.' It appears that Aotearoa/New Zealand is consistent with the results reported in Britain, Canada and the United States. Ward found that the percentage of sixteen-year-olds in care who were at risk of academic failure and future economic disadvantage was significantly higher than that of the general population (Ward, 2000).

Foster care demonstrates a commitment to the central importance of attachment and growth within a pattern of protective bonds as a fundamental right. It involves ongoing agency assistance in three specific areas: help given to a child through work with birth parents, help given to the foster parents on behalf of a child and direct help to a child with particular emphasis on behavioural, developmental or identity difficulties (O'Connell, 1976). Yet research studies generally demonstrate a common acceptance that, despite such intervention, the progress of children in care compares poorly with the general population, particularly in the areas of education, social skills, identity, and self-image.

Many young people have experienced inadequacies in State care including constant shifts of placement, carers, schools and case workers. Some have also experienced overt abuse, including sexual and physical assault and emotional maltreatment (First Key, 1991; Parker, et al., 1991; Hutson, 1995; Cashmore, 1996; Stein, 1997; Ince, 1998; Marsh, 1999; Smith, et al., 1999; Brown, 2000; Bullock, et al., 1993; Iglehart, 1995; Cashmore and Paxman, 1996; Collins, 2001; Ward, 2000a; Ward, 2000b; Yates, 2001; Propp & Ortega, 2003). The life experiences of the young person prior to entering care and the consequences of foster care on the young person's overall development have significant implications for her/his individual readiness for discharge, and her/his ability to take advantage of any preparation for discharge that might be offered (Ward, 2000a). Two New Zealand studies, by Ward (2000a) and Yates (2001), clearly indicate that young people leaving care in Aotearoa/New Zealand are like their overseas cohorts, significantly at risk of poor adult outcomes such as homelessness, early parenthood, long-term mental health and substance abuse problems, long unemployment, criminality and loss of potential.

The issue of whānau/family is another area that contains a number of complexities for children or young people placed in care. Research findings suggest that dysfunctional families and children who have experienced trauma often have negative outcomes and separation and loss usually occurs
as the result (Rutter, 1971; 1981; 1989). It is self-evident that children placed in care following abuse or neglect are significantly at risk of poor adult outcomes. This risk appears to be compounded for many by their experiences in care.

3. Leaving Care

The focus of this section is to collate information related to young people leaving the care system in Aotearoa/New Zealand. The literature found in Aotearoa/New Zealand specific to this area was minimal. Research on outcomes for children in a care and protection system like that in Aotearoa/New Zealand is a relatively rare venture (Maxwell, et al., 1995:10). Available research suggests that CYFS care leavers suffer from moderate to severe mental health disorders, and that the primary disorder involved alcohol and drug misuse (Wells and Smith, 2000). Te Puni Kokiri reports:

Depression in Māori young people, like substance use and misuse, is increasing significantly. Māori rates of first admission to psychiatric services have increased dramatically over the last 30 years, while Pakeha rates have remained stable. (Trends in Maori Mental Health, Te Kokiri, 1993).

In 1990 a proposal for a longitudinal study of outcomes was commissioned from Maxwell and Vincent and presented by the Commissioner for Children to the Minister of Social Welfare. Discussions on research options followed which shaped the context and framework of the study proposal in 1995 for a longitudinal multi-dimensional study of families and children under the Children, Young Persons and Their Families Act 1989 who had been subjected to care and protection, focusing specifically on what outcomes had been achieved. This study found, like the previous research, a linkage between care experiences and drug abuse. The analysis of data also identified the main reason older children entered care was more related to the behaviour of the child rather than the nature of the environment (Maxwell et al., 1995).

Youth experience important life changes between the ages of 15 and 21 years. Adolescence and the transition to adulthood can be traumatic and full of ‘ups and downs’ for youth and their caregivers, even in the best of situations. During these years, youth try to figure out who they are,
where they belong, and what they need to do to satisfy the expectations of the adult world. Young people in out-of-home care face unique challenges as they assume increasing levels of independence and responsibility. Surveys and research studies into the problems and experiences of foster adolescents in the process of leaving, and having left care, have been undertaken in Australia, United States, Canada, Great Britain and New Zealand. These studies identify a number of specific deficits evident in such young people, as well as noting that the severity and range of symptoms has increased over the past decade: poor educational attainment and reduced chances of employment, poor health, poor self-image, limited social skills, low aspirations, unstable accommodation, lawlessness, drug and alcohol abuse, lack of family support, few compensatory services from social workers, poverty, loneliness and depression, unwanted pregnancy and limited parenting skills, transience of lifestyle and relationships, emotional and psychiatric disturbances and increased risk of suicide, and involvement in gangs and prostitution (Prasad, 1975; Parker et al., 1991; Aldgate, 1994; Salahu-Din & Bollman, 1994; Ayasse, 1995; Cashmore & Paxman, 1996; Evans et al., 1997; Iglehart, 1995; Stein, 1997; McMillen & Tucker, 1999; Smith & Beautrais, 1999; O'Brien, 2000; Pinkerton, 2000; Stein, 2002; Ward, 2000a; Besharov, 2003; Yates et al., 2003). Also, foster care graduates are disproportionately represented as welfare recipients, imprisoned inmates and in shelters for the homeless.

Youth who neither finish high school nor receive training are less likely to secure jobs that allow them to receive a salary to make ends meet. Studies have shown that youth in foster care often achieve at lower levels than their non-foster peers as a result of multiple placements. Iglehart (1995) compared 63 non-foster care adolescents with 42 adolescents placed in kinship care and 69 adolescents in non-relative foster family care and their readiness for independent living. She found that foster care and non-foster care adolescents were not significantly different in their perceptions of independent living skills, types of employment held, and perceived overall preparation for independent living. However, there was significant difference in school functioning, with the majority of foster care adolescents living with a non-relative foster family abandoning school earlier and with no form of qualification.

Bullock et al. (1993), discussed the return of children separated from their families and explored the experiences of children in care, the long-term consequences of rehabilitation and consequences of reuniting children in care with their birth parents. This qualitative and quantitative study
showed that 9 out of 10 children in care are eventually reunited with their families, but return was not easy; it was as stressful as separation.

In the United Kingdom, the idea that children are best brought up by their own families was given legislative expression by the Children Act 1989, which gave local authorities a positive, outreaching duty of support to children in need and their families. There has been a drive away from removing children from their families with far greater emphasis placed on helping families to remain intact. In most countries, it is now generally accepted that the interests of the child can best be served by supporting the birth family and maintaining biological links. Foster parents are no longer ‘substitute’ parents but are expected to complement the child’s own parents (Colton & Williams, 1997). Young people who are raised in families and remain in their parents’ homes can draw on both financial and non-financial parental support. By contrast, youth in care do not have this option and often are cut off from their sole support system at age seventeen (Parker et al., 1991; Aldgate, 1994; Yates, 2001).

Much overseas research explores the preparation for discharge with an emphasis on promoting or assessing the effectiveness of independent living programmes. Like all adolescents, those in care need to develop or enhance a range of self-sufficiency life skills in order to move towards competent adulthood. Skills are required for the day-to-day management of self, such as finding and keeping employment and accommodation, shopping, cooking, and handling money and health care. They also need the “think and feel’ skills which emphasise the making and sustaining of relationships such as social and communication skills, identity issues, decision-making, setting goals, self-esteem, assuming responsibility, and confronting anger, past losses and rejections. These skills are considered interdependent (Maluccio et al., 1990). Young people discharged from care are often overlooked and unprepared. In order to improve outcomes Propp & Ortega (2003) suggest that major issues impacting on their lives must be addressed. They examined the idea of reshaping practice approaches that were more favourable and enabled adolescents to work towards self-sufficiency.

As a result of being in statutory care young people often present with low self-esteem and self-worth and a deficiency in interpersonal and problem-solving skills, thus increasing the risk of becoming involved in antisocial activities or criminal offending during or immediately following
the discharge process. In Aotearoa/New Zealand, a scheme of preparing youth for independence originated from the Family Resolution Team in the Nelson Office of CYF which implemented a programme of readying foster-care adolescents for life after State custody. The programme assisted young people in care to acquire the appropriate skills and knowledge for independent living. The aim was to reduce the risk factors for our young people by promoting pro-social skills, empowering, motivating and setting in place resources and systems that would remain after the Department had withdrawn (Carnegie, 2001).

Research studies generally suggest that Independent Living Programmes are worthwhile, despite the tendency to over-emphasise the measurement of practical skills rather than emotional skills (Iglehart, 1995; Kluger et al., 1989). It could be that practical skills are a safer option and are more able to be taught, and are more effectively measured for funding purposes, than emotional skills. Certainly, much depends on how successfully independent living skills programmes adapt to the individual needs of the participants.

Do Aotearoa/New Zealand foster care adolescents return home when they leave care? Going home for fostered young people is a much talked about goal within CYF and whānau/families. A delineation of services to assist an adolescent to attain his/her goals is a critical component of every teenager’s care plan. Information in Aotearoa/New Zealand is limited because there has been no extensive research on the transition home for young people in care. What research has been undertaken has focused on the transition to independence.

Ward (2000a) examined the files of 35 young people on the point of leaving care and Yates (2001) provided a qualitative study of eight young care leavers who had left care up to four years earlier. Both studies questioned the readiness for self-sufficiency of foster care adolescents upon their mandatory discharge from statutory guardianship, and they uncovered the unique experiences of foster adolescents, as a population, providing information and understanding around their special needs, particularly in the areas of continuity of care and significant relationships, education, employment and recreation, physical, emotional and behavioural development, and self care skills. Ward’s study showed that placement for young people in care is punctuated by frequent breakdowns, often instigated by the young person or due to their behavioural difficulties. Of a sample of 35, fourteen young people had a total of 27 “return-home placements” while in care.
Twelve of those returning home did so within nine months of automatic discharge. Seven of these young people had previously experienced an unsuccessful return home. All the home placements broke down within five months and the young person was again placed away from home (Ward, 2000). The majority of return homes broke down and these findings identify common problematic outcomes for this group of young people. Like care leavers overseas, they exhibit much emotional, social and whānau/family dis-attachment. Yate’s study of eight care leavers revealed frequent changes of address, transience and periods of homelessness after leaving care, particularly where adult support was inadequate (2001).

In 2001, Ward discussed the practice and policy implications of her research entitled ‘The tyranny of independent living’. She highlighted the need for social workers to receive specialised training in preparing foster adolescents for discharge. For interdependence planning to be effective, sensitive and detailed assessment and planning on a case-by-case basis is needed. In addition, young people should leave care with formal acknowledgement of the event, recorded personal information and available supports (Ward, 2001).

Research carried out by Borja (2005) suggested that teens are released from foster care too early in the United States and that states should extend foster-care services to youths until age 21. Young people who ‘aged out’ of the child-welfare system at 18 years old were three times more likely to be unemployed and not enrolled in school than young people overall, according to the Chapin Hall Center for Children based at the University of Chicago. In the response to the report, the federal legislation provided funding to provide additional services and supports for youth and young adults leaving foster care. In 1999, Congress passed the Foster Care Independence Act, which introduced the John H. Chafee Foster Care Independence Program. The Foster Care Independence Act of 1999, and the Chafee Foster Care Independence Program, included funding that supported youth in transition from foster care. The Chafee Program identified five purposes: (1) identify children who are expected to be in foster care to age 18 and help them make a transition to self-sufficiency; (2) help these children receive the education, training and services necessary to obtain employment; (3) help them prepare for and enter post-secondary training and education institutions; (4) provide personal and emotional support for children ‘ageing out’ of foster care; (5) provide a range of services and support for former foster care recipients between ages 18 and 21 to complement their
own efforts to achieve self-sufficiency and to assure that the program participants recognise and accept their personal responsibility for adulthood (Collins, 2004; Borja, 2005).

Summary

Foster care is complex and necessary for some children and young people. Despite an emphasis upon reunification and permanency, for many young people in foster care the options of returning to their whānau/family or remaining long-term with their caregivers is not viable. The literature challenges the validity of the current trend of 'ageing out' of care, seventeen years old is not the ideal age to live independently, especially if the young person lacks maturity and the necessary skills to negotiate in the world – communication, social, cognitive, emotional and problem-solving skills to cope with day-to-day challenges. The literature confirms a crucial need for significant preparation and ongoing support for young people leaving care to return home or to live independently. It is clear that Māori can strongly articulate the key role and responsibilities of whānau/family, creating an environment for growth and development.

My review of the literature relating to foster care highlighted the fact that the process of foster care, while addressing the dependence and security needs of children and young people, has typically neglected their growth and self-sufficiency needs. It indicates that more attention needs to be given to children 'in care' and 'leaving care' so that they can achieve the goal of going home or living independently. It confirms the view that the progress of children or young people in care compares poorly with the general population, particularly in the areas of education, social skills, self-image and mental health. The key factor is the development and maintenance of positive relationships between whānau/families, the child or young person, their social worker and caregiver. Intervention practices and maintaining or rebuilding relationships are instrumental to the welfare of the child or young person. Even though the Act is protective of the child or young person’s rights and aims to ensure that less disruption occurs, it fails to provide a clear process for their return to their whānau/family group or to independence. Evidence tells us that the department’s tunnel vision, individual-child focus approach fails to recognise the needs of the whānau/family. The Act and ANZASW code of ethics support the notion that whānau/families have the right to participate in the decision making process; they have the right to a relationship of respect, trust, privacy and support.
Social work practices and CYFS policies and procedures strongly influence resource consideration and professional decisions concerning client/family needs. Ward's suggestions for improvements to case work practice has virtually been ignored, as is evident when considering the issues whānau/family and children are still experiencing. The paucity of literature that has examined the transition from care to home or independence strongly indicates that more research is required in this area. Within Aotearoa/New Zealand, research on outcomes for children and young people in State care and their transition home is rare. According to the available literature, many young people have experienced negative outcomes when making the transition from care to home or independent living; very few have overcome the complex nature of mental health problems – depression, anxiety disorders, suicide thoughts/attempt and substance misuse. The evidence indicates that young people leaving care are vulnerable and ill-prepared; they are the most disadvantaged group in society, causing an increase of numbers in the welfare, justice and health sectors. This confirms that State care has not served children and young people well; gaps in service delivery and the process of including whānau/families still remain a problem.

The concerns are not new and have been referred to in publications such as Puao-te-Ata-tu (1986), Mason’s Report (1992), Mick Brown’s Report (2000) and Walker (2001). These reports have all noted that the provision of care for Māori children and young people has been controlled by the State and have all challenged the role of the State as ‘parents’. Such State control clearly places Māori values, beliefs and practices at risk of becoming an ‘add on’ or ‘extra’, penalising the tangata whenua of Aotearoa/New Zealand. Without challenge and change, the care system will continue to fail our children and young people.
CHAPTER TWO

Methodology

Introduction

This chapter describes the theoretical framework that informs the research approach used in this study. The core approach was a multi-method qualitative enquiry with a triangulation analysis. The study took an exploratory and descriptive approach to collecting information, utilising a participatory approach and constructivist and narrative theories which provided a platform for understanding the needs of those leaving statutory custody. This qualitative methodology was based on the use of in-depth interviews and focus groups, and was chosen as an ethical approach because of my cultural and humanistic preference for working ‘kanohi ki te kanohi’ (face to face).

This chapter also provides an overview of the research methods applied to sampling data collection, and collating and analysing the information. It also includes some of the researcher’s personal reflections at significant points throughout the process. As the purpose of this research is to identify the outcomes for young people that have left the Child, Youth and Families care system, and different research methodologies may focus on different aspects of this experience, it is necessary to discuss the researcher’s approach. This piece of research is undertaken by a Maori researcher that considers the wider concept of Māori society and values the importance of whānau/family togetherness. Revisiting Puao-te-Ata-tu and the principles it embodies has influenced my focus on exploring the extent to which whānau/family links were maintained during the time the participants were in care. Taking a constructivist and narrative approach allowed the participants to share their stories, construct new ideas or concepts based on their past or current situation, arising from personal learning and development. The theoretical framework and research processes will be covered under the following headings.

• Theoretical framework
List:
- Choice of topic
- Defining the population
- Research methods
- Data collection process
- The sample
- Individual interviews and focus groups
- Analysis of information
- Ethics approval
- Limitations to the study
- Conclusion

Theoretical Framework

Participatory Constructivism, combined with Kaupapa Māori views, is the theoretical approach used to describe and analyse this project. This research was conducted by a Māori researcher for a Masters thesis under the auspices of a tertiary institution. Given that it is important that Māori knowledge be accorded respect, this approach operates by treating tikanga Māori practices and systems as normal. Constructivism allows indigenous people to create their own theory and interventions as they seek to promote advancement and development. Māori had their own long-standing ideas about society, social rules, responsibilities and family networks long before colonising settlers arrived. Constructivism stresses the importance of culture and context in understanding what happens in societies and emphasises knowledge based on this understanding. This social construction is part of the postmodernist complex of ideas, with its awareness that socio-cultural contexts change over time and meanings alter.

Kaupapa Māori Research

Research is the gathering of knowledge – more usually, not for its own sake, but for its use within a variety of applications. It is about power . . . social science research is specifically focused on people, and is particularly pertinent to political management and planning (Te Awekotuku, 1991:13).
Just as there is no single Māori theory, neither is there a single authoritative definition of what it is to be Māori. Different iwi have their own traditions, histories and protocols. Māori people have been researched from the time Europeans colonised Aotearoa/New Zealand, and Europeans over the years have constructed knowledge from research on Māori. Some Māori consider that most of this research has not been undertaken in the best interest for Māori; instead it is used for self-serving purposes. Over the last 200 years Māori societies have been fragmented and only in recent years have Māori reclaimed their heritage and Tino Rangatiratanga.

A Kaupapa Māori theory of explanation is one of the key initiatives that have been driven by Māori communities. Māori have questioned western notions of knowledge, culture and research practices. Te Awekotuku (1991:7–12) outlines differences that constitute knowledge or research within the Māori world compared with western perspectives. She links Māori traditional tikanga concepts of knowledge, research and the ancient world to a social and economic world that is sustained through a gate-keeping system. These differences take on a critical dimension if it is accepted that one group is in a position to over-power another. The difficulty I have being Māori is that we are entirely dependent on the tainted statistics provided by Pākehā researchers. Research on Māori has been abused ‘as an extension of colonialism, albeit within the cloak of the social sciences’ (Teariki and Spoonley, 1992:2). One of the enduring suspicions is that non-Māori undertake research for personal career purposes (Stokes, 1985), contributing to Māori being resistant and reclaiming Tino Rangatiratanga, which translates to sovereignty, self-determination. Kaupapa Māori theory provides an explanation of the shift necessary to research and interact with Māori people. It allows Māori to put into practice traditional cultural practices and, whatever the research, it is done to advance the interests of Māori. According to Te Awekotuku, research should be responsive to express Māori needs:

To avoid the cultural imperialism of past research practices and researchers, research itself should be responsive to express Māori needs; needs expressed from within the community, and not needs perceived by those outside it . . . a misjudgement often made by political agencies. It is also vital that the knowledge gained from the research benefits the community . . . the activity itself should have value and relevance to the people studied” (Te Awekotuku, 1991:14).
When applying Kaupapa Māori specifically to this study involving young people, the role played by whānau/family and caregivers was expressed by the idea of whānaungatanga – making connections, forming and maintaining relationships. This process enabled the researcher to gain consent of the participants through whānau and community connections. For Māori researchers it is nothing to use the ‘kumera vine’, as this process reaches the wider community, and within no time whānau have identified and located potential participants that meet the criteria of this study. Following up participants and informing them about the study always led to them knowing someone else that would be interested, and this provided a collective approach. The use of Te Reo Māori was restricted and mixed (English and Māori), given that three of the five participants identified as Māori with only limited exposure to the Māori language. Involving the participant’s needs was carefully negotiated before we proceeded to the next stage of engaging through the interview process. This included a wider explanation about the project in tikanga terms and how the collection of data would be stored and protected. Tikanga practices included whānau, Kuia and Kaumatua participation, providing support to the young person through the process and protection and ownership of shared knowledge. This meant the researcher was aware of individual and whānau needs. This should not be construed to imply that non-Māori participants don’t have specific needs.

Given that the researcher is coming from a Māori theoretical framework and has a holistic view of the world (this is often described as the state where body, mind, and spirit are not separated entities, but are interlinked to capture the concept of ‘wholeness’). Durie’s model developed in 1982 portrays the Māori worldview towards health and wellness. Te Whare Tapa Wha model compares health to the four walls of a strong house, all four walls being necessary to ensure strength and symmetry, with each of the four walls representing a different dimension to health - taha whānau, taha tinana, taha wairua and taha hinengaro. The connection between these four dimensions is fundamental, all four walls need to be secure to form a strong foundation; when one wall is slightly unwell or removed impacts on the person’s wellbeing and they become unwell. Whānau is especially significant, for it allows

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1 Kumera Vine, also known as ‘word by mouth’. Maori connections and networks, a means to spread information from person to person.
for the use of whakapapa (genealogy) to come in to play. In this context what is valued socially, culturally, politically and educationally are the cornerstones of a Māori worldview. Te Whare Tapa Wha has assisted Māori and Pākeha to work together in health from a holistic approach (1998).

Constructivist and Narrative Theory

The constructionist approach does not privilege professional, disciplinary or expert knowledge over client’s knowledge. On the contrary, a person’s knowledge of his or her experience (local knowledge) is viewed as an essential element of the work. In order to understand a human situation we must go to the actors themselves and the act of telling their stories not only becomes the focus of the work but a central way in which their situation can be improved (Parton & O’Byrne, 2000:184).

Constructivist theory can work together with other theoretical perspectives of explanation and understanding. This theory has a social context that draws a solution-focus and narrative approach. The constructive approach of this research has been achieved by focusing on the dialogue, listening to the participants and talking with them. Mahoney acknowledged that “The self is not an isolated island . . . persons exist and grow in living webs of relationships” (2004:3). Parton & O’Byrne agree:

We cannot separate the person from his/her world from how it is constructed nor can we assume that our constructions are not influenced by a world ‘out there’ . . . we cannot assume that any construction is as good as any other.” (Parton & O’Byrne 2000:175)

In terms of this research, prior to entering foster care the young people had established constructed worlds, they all had a whānau/family and in some cases hapū and iwi. Being removed from their whānau/family turn their world upside down, only to be replaced by new constructions. ‘Constructions are tested out and validated ‘in the world’, which includes relationships with others . . . our relationship with the world is complex . . . There is a danger of assuming that everyone is equally capable of redefining and reconstructing their own lives.” (Parton & O’Byrne 2000:177)
Narrative is a term related to telling a story. Fisher (1984) viewed all meaningful communication as a form of storytelling and argued that human beings experience and comprehend life as a series of ongoing narratives, each with their own conflicts, characters, beginnings, middles and ends. Fisher argues that human communication is something more than its rational form; that its cultural context and the values of a Kaupapa Māori, Constructivism and Narrative approach and experience of the audience are as important. It was, therefore, the theoretical approach used by the researcher to describe and analyse this research material. Through narratives the researcher made connections between thinking in terms of knowledge, intellectual skills, attitudes and behaviour.

Fisher’s (1984) narrative paradigm builds upon the narrative foundation of communication:

- People are essentially storytellers
- We make decisions on the basis of good reasons
- History, biography, culture, and character determine what we consider good reasons
- Narrative rationality is determined by the coherence and fidelity of our stories
- The world is a set of stories from which we choose, and thus constantly re-create, our lives.

People create narratives when they create an original story. The narratives that are the central focus of this research are very similar but also unique. They have been told in the course of interviews and focus-group hui. The participants have a deep sense of their worlds and have dealt with major events of life, including the experience of separation when placed in the care of CYFS.

**Choice of Topic and Ethical Consideration**

With any research there are ethical, legal and political requirements. Being both Maori and non-Maori, with the choice of walking in either world, dissolved the majority of my problems when considering ethnicity. I decided to include all ethnicities in the study with the knowledge and link to the Multi Nations group within the Southland region.
In research the question of conflict of interest can occur in any situation when one’s primary interest may be unduly influenced by a second interest (Lemmens & Singer, 1998:960). As a social worker and a past ‘insider’ as a caregiver for Child, Youth and Family Services (CYFS), ethical consideration around risks and professional boundaries were deeply considered. Even though I was not a CYFS social worker, over the years I have worked collaboratively with Department case workers in partnership to ensure that the wellbeing of the child is protected and to provide support to whānau/families. I was constantly aware of the importance of having a clear understanding of the purpose of the research and possible self interests. As part of the process, self-reviews and prohibiting any issues that could lead to any form of conflict were given serious consideration and addressed. Given my motivation for choosing this particular research topic, having a personal and professional interest, more emphasis has been given to relationship boundaries. Throughout the study I needed to explore all the risks and identify solutions that would manage dilemmas of both divided loyalties. On a personal level, as a caregiver and social worker I have established a close web of networks and kinships.

My close association with some of the participants crossed normal positivist research boundaries. However, this is difficult to separate when working within the Southland Māori community as a social worker because of the nature of Whakapapa links.

The Aotearoa New Zealand Association of Social Workers (ANZASW) code of ethics and Code of Practice as a researcher influences the author’s ethical decision making process. Throughout the study I have considered self and participant’s safety with the hope of maintaining a distinct separation between my past experience role as a caregiver and my research role. Alongside this was a hope that the issues raised would begin to be discussed at a community and national level.

**Defining the Population**

Research involving children or young people is never easy, even though theorists convincingly argue for theory and practice to be informed by the population it intends to serve (Dietz, 2000; Connolly 2001). In consideration children or young people under seventeen
that are or have been in the care of CYFS require parental consent or CYFS approval. Because of this I decided to seek young people that had left the care system. Involving young people in the project under the CYFS umbrella had potential to cause difficulties around power influences and barriers. To apply for approval through CYFS to conduct research with children or young people in their care is a lengthy process, with restrictions according to fellow researchers that have already been down that road. Given that the researcher is on time restraints, approval sorted through CYFS appeared to hinder the process. In my opinion, children and young people still living in the care system are in survival mode and they may not have the experience of living independently. Because this research is focused on the outcomes of young people living in the care of CYFS, young people outside the criteria have not been considered. The decision to limit the focus of this study to young people aged from 17 to 22 was made on the basis that their experience was recent and therefore more germane to the current practices and experiences in Aotearoa/New Zealand.

The inclusion of young people and their whānau/family and foster caregivers in this study was considered important to provide a comprehensive and balanced insight into this area because one without the other would provide only part of the picture. Information from whānau/family and foster caregivers was considered necessary to provide insights into their experience of having a child removed and in particular any difficulties experienced. It was also considered necessary to provide insight into the foster caregiver’s experience of working alongside CYFS social workers and whānau/families. Equally important was to gain an understanding of the young people’s experiences, the issues and concerns they had about living in foster care and leaving foster care and their relationship with CYFS social worker(s), foster caregiver(s) and their whānau/family members.

Research methods
This research was a multi-method qualitative enquiry that aimed to increase understanding by collecting narratives, which provided an opportunity for the researcher to explore uniqueness and diversity. The data gathering methods used was individual interviews and a focus-group approach.
Qualitative methods of data collection were an obvious choice for this research because this type of research uses unstructured methods which are sensitive to the social context of this study. This type of method allows the researcher to study selective issues or events in depth. Qualitative research focuses on how individuals and groups view and understand the world and construct meaning out of their world. This research method permits the researcher to study selected issues, cases or events in depth. Importantly, these methods produce a wealth of detailed, rich and complex data and capture an in-depth understanding of people's experiences and perspectives in the context of their personal circumstances or settings. Among many distinctive features, it is characterised by a concern with exploring phenomena from the perspective of those being studied. According to Denzin and Lincoln (1994; 1998) despite many different approaches and traditions within qualitative research, there remains a wide spread of concerns about its validity. Qualitative methods take into account the notion that reality is socially constructed and people can interpret and provide meaning to their experiences.

**Data Collection Process**

*Background*

Information was gathered by the researcher for this study with the support of the research supervisor and was submitted to the University of Otago Ethics Committee and Research Consultation with Maori for approval. Once the approval for the study was gained, the information was distributed and discussed with key community networks. A letter of introduction was included in the information package.

Data collection was achieved through semi-structured individual interviews and three focus groups. The study contained two phases: the first involved distribution of information about the study to the young people and their whānau/family along with a kōrero (discussion), followed by collection of information and gaining consent from the young person to involve whānau/family members and foster caregiver(s) to participate in the focus groups. The second phase involved distribution of information to focus-group participants, followed by collection of consent forms from whānau/family and foster caregiver(s).
The information sheet, interview guide and focus-group discussion guides were drawn up with the guidance of the research supervisor and Kaumātua (See Appendices: Appendix 1, information sheets; Appendix 2, consent forms; Appendix 3, Interview outline). Information on the study was distributed through the 'kūmara vine' (Māori connections and networks) and personal networks. Prior to any data collection, a meeting was held with the researcher's supervisor to carry out a pre-interview to ensure the adequacy of the interview guide in preparing participants to tell their story specific to the research topic. This process identified practical considerations around interviewing and confirmed the initial outline of the study. The right to withdraw at any stage of the study was made clear to the participants and was advised in the consent process.

**Interviews**

The study was done in two stages. First of all the interviews were carried out in a variety of locations, organised in conjunction with the young person's preference. Some of the young people preferred to be interviewed in their own home environment and others preferred to be at their whānau/family home. All participants were offered the opportunity to have a whānau/family member present during the interview for support purposes. The interviews were arranged to take approximately one hour, though the actual time varied between participants and always took longer because of difficulties timeframing stories. Prior to the interviews, we started with whānaungatanga – making connections, forming and maintaining relationships. This process usually took around 15 to 30 minutes, the participants were also given the opportunity to ask questions and seek clarification about the research. Following the interviews the participants were thanked for their valuable input and time. All the interviews were audio-taped with the consent of the participant, following the interview; session notes were transferred from recorder to CD and transcribed by the researcher.

**Focus Groups**

The second stage was carrying out the focus-group hui (meeting). A phone call, followed up with a letter, was made to participants. Originally, the study had planned to hold two focus groups, a first group for the young people participants and a second group for whānau/family and foster caregivers. This changed due to the availability of caregivers willing to attend a focus group discussion on the scheduled date outlined in the letter. The groups were formed
through pure interest and commonalities. The caregivers requested a separate hui because of availability, and the researcher arranged a third hui to accommodate the caregivers' wishes. The participants were provided with refreshments and some kai (food-nibbles) in order to promote a relaxed and comfortable environment. The participants received a brief outline on key themes for discussion in written form, allowing them to have written responses. At the end of the focus-group hui part of the process was a poroporoakti (farewell), when participants farewelled one another and discussed the benefits that arose from the focus group discussions. Following this farewell process the researcher thanked the participants for their time and input.

The Sample
Prior to distribution of any information regarding the study, a demographic chart of Te Waipounamu/ South Island was drawn up to assist the researcher, consideration was given to personal cost and time and it was decided to restrict the sampling to Southland. The aim was to ensure a range of diversity and gender balance was represented in the study. The process of establishing the sample for the study was lengthy and challenging. Gaining access to a group of young people who have experienced chaotic lifestyles was not an easy task. The "opportunistic sampling" approach allowed the researcher to take anyone who matched the broad criteria and young people who had been discharged from the Department of Child, Youth & Family Services in the past five years were sought, utilising the researcher's professional networks in the Southland area. These professional networks included past and current caregivers with CYFS, practitioners in the social, health and education sectors, mana whenua and matai waka whānau. The researcher used the kumara vine and kanohi ki te kanohi (face to face) process to distribute the kōrero (information). A factor taken into consideration was that the nature of the study was seen as being sensitive as the information being sought was of a personal nature.

An important issue was the total size of the sample; generally there are a number of conflicting considerations. The larger the sample size, the more reliable the results are likely to be, the more comparisons will be possible within the sample and the greater the workload. A smaller the sample size would enable a more detailed examination of individual issues and would lead to a deeper understanding of a person's narrative/story (Patton, 1990), as well as
entailing fewer expenses and less workload. Ultimately, considerations of cost (financial and physical) and the amount of work involved in interviewing and transcription lead to the decision to access a smaller sample.

The aim was to attract six people between the ages of 17 to 24 years old, and this was achieved. I was fortunate, for those who did come forward represented diversity in culture, gender and age. There was overwhelming interest from people over the age of 24 years old; and there was also a strong interest in both individual interviews and focus-group data collection methods. The six participants were drawn from the people that came forward, but unfortunately prior to the interviews one person moved without leaving contact details. The sample was then reduced to five people who had entered care at various ages; four of the participants having spent three years or longer in foster care. With respect to gender, ethnicity and reason for notification, the sample was based on participation. Not all young people that meet the criteria wanted to participate for personal reasons. The sample was made up of two females and three males, aged between 17 and 24. From the information provided by the participants, the most common age at entering care was in the teens. The number of entries into foster care ranged from just once for one participant to four participants who had experienced multiple occasions. Length of time spent in care ranged from one year to thirteen years.

To maintain confidentiality, a nom de plume name was assigned to each participant following the signing of the consent form. The change was to protect the identity of the participants and prevent them being linked to the quotes and data.

Table 4: Respondents shown by nom de plume and by ethnicity, age into care, length of care time and age at exit.

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Amber</th>
<th>Gina</th>
<th>Luke</th>
<th>Tama</th>
<th>Hemi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age entering care</td>
<td>9 years</td>
<td>14 years</td>
<td>15 years</td>
<td>10 years</td>
<td>4 years</td>
</tr>
<tr>
<td>Length of time in care</td>
<td>8 years</td>
<td>3 years</td>
<td>1 year</td>
<td>7 years</td>
<td>13 years</td>
</tr>
<tr>
<td>Age Exit Care</td>
<td>17 years</td>
<td>17 years</td>
<td>16 years</td>
<td>17 years</td>
<td>17 years</td>
</tr>
</tbody>
</table>
Table 4 provides a snapshot of when the young person entered care, the length of time they spent in care and the age at which they exited from CYFS. Ethnicity has been defined by the participants and is sometimes difficult to classify. Three of the sample have been identified as being of Māori descendant, this include one person identifying as both Māori and European. The data shows that three of the five participants have spent more than six years in the care system, which suggests that there may have been difficulties for those young people to return home. As noted in the literature, developmental changes and transitions in life occur at various ages. The age of criminal responsibility is 10 years and at 14 years young people can be charged in the Youth Court for a range of criminal offences. The data shows clearly that three of the sample entered care around 10 years and nearly all the sample left CYFS around seventeen years of age.

Individual Interviews and Focus Groups

Interviews and focus groups have been used as information collection methods. The interview can be a complex system to analyse, given that it is affected by a myriad variables such as the nature of the participants and their previous experiences, the physical location, the time of day, the objectives of both parties, the actual function of the interview and etc. As Jones (1985) notes, over their lives people develop a personal framework of beliefs and values with which they selectively and subjectively build meaning and significance in events. It is this framework, or schema, and its ‘real consequences’ for action that the qualitative researcher is interested in learning about. Lopez (1975) stated:

An interview is initiated to achieve one or several objectives, takes place in a particular physical and social setting, and occurs as part of a procedural sequence of events. Further, it focuses on the present, past or future behaviour, beliefs, opinions, attitudes or convictions of the interviewee.

The Participatory method used in this study ensured that the methodology fulfilled the guidelines set out in the focus groups and interviews. In terms of this research the interviews were semi-structured and ‘kanohi ki te kanohi’ or ‘face to face’. This process allowed the researcher and participant to establish and build a trusting relationship. The interviews took
the form of shared conversations in an environment of the participant’s choice. The kawa (power of the process) was determined by the participants, and for some we started with a cup of coffee and kai (food). During the interview the participants were asked to talk about their experiences in foster care, leaving care and where they are now, based on the Interview Question Guide (see Appendix 3). The question guide was vital for maintaining the direction of the interview. Prior to the interview, consent was obtained to record the session, and it was stressed that the information was owned by the participant and if they chose to withdraw the information it would be destroyed. Following the interviews, recorded data was transferred to a CD and transcribed by the researcher. The researcher also discussed with the participants that following the collating of information the major themes identified out of the data would be shared at the focus-group hui. All interview material had been labeled with codes and a nom de plume had been assigned to maintain confidentiality.

The second stage of data collection was to arrange three separate hui involving participants, designed to feedback the key themes revealed from the data collected in the individual interviews. Focus-group hui consisted of:

1. Participants focus group
2. Whānau/family focus group
3. Caregiver focus group

It was important to separate the groups to capture and reflect the views of the above three groups. Also, arranging three separate hui allowed for triangulation of the data by gaining the multiple perspectives of the young people, their whānau/family members and foster caregiver(s). Using a triangulation approach is based on the premise that no single method ever adequately solves the problem of rival explanations. Because each method reveals different aspects of empirical reality, multiple methods of data collection and analysis provide more grist for the research mill (Patton, 2002). Focus groups provided an opportunity for the participants to contribute to the analysis of the data, thus reducing the risk of interviewer bias. According to Powell and Single (1996), a focus group can be described as:
A group of individuals selected and assembled by researchers to discuss and comment on, from personal experience, the topic that is the subject of the research. (1996: 499).

Focus groups are designed to do exactly what the name states, "focus". Each group meeting has a focus and a clearly identifiable agenda. There are a variety of views on the use of focus groups. Stewart and Shamdasani (1990) have summarised the more common uses of focus groups to include:

1. Obtaining general background information about a topic of interest.
2. Generating research hypotheses that can be submitted to further research and testing using more quantitative approaches.
3. Stimulating new ideas and creative concepts
4. Diagnosing the potential for problems with a new program, service, institutions, or other objects of interest.
5. Generating impressions of products, programs, services, institutions, or other objects of interest.
6. Learning how respondents talk about the phenomenon of interest. This, in turn may facilitate the design of questionnaires, survey instruments, or other research tools that might be employed in more quantitative research.
7. Interpreting previously obtained quantitative results.

Research employing focus groups shares many of the same characteristics and steps as other types of research. Over the years, a great deal of theoretical and empirical research has been undertaken on the behaviour of groups and the interactions among people in groups. The usefulness and validity of focus-group data are affected by the extent to which participants feel comfortable about openly communicating their ideas, views or opinions. The overall connectiveness of the focus-group environment influences the level of rapport and participation. It is important to recognise that focus groups should be structured to facilitate the goals of the researcher. This structure includes composition of group members, the physical layout of the group and the location in which the group discussion occurs.
Prior to each focus group we started with whānaungatanga – making connections, forming and maintaining relationships – and this process usually took around 15 to 30 minutes. All the groups shared their story in written and verbal form; each hui constructed their own kawa and made connections. The process of creating narratives seemed simple for the participants, the interaction among the focus-group participants brought out differing perspectives, in discussions multiple meanings were revealed as each participant reflected on their personal experience and filled the gaps. At the end of the focus-group hui part of the process was a poroporoaki (farewell), where participants farewelled one another and discussed the benefits that had arisen from the focus-group discussions, the researcher thanked the participants for their time and input. To maintain confidentiality, all original names have been taken out of all the quotations from the participants.

Both in-depth interviews and focus-group discussions have their disadvantages related to aspects of group dynamics and, for individual interviews, the participant responding solely to the interviewer. However, the range and depth of data across these two methods did produce substantial variety in described experiences, together with a consistency of shared experience across participants.

Analysis of Information

Analysis is the process of bringing order to the data, organising what is there into patterns, categories and basic descriptive units. Interpretation involves attaching meaning and significance to the analysis, explaining descriptive patterns and looking for relationships and linkages among descriptive dimensions (Patton 1987:145).

The researcher has used a triangulation approach; the mixing of methods has helped to provide a diverse range of perspectives on life experiences. The data gathered through the interviews and focus-groups reflected accurately the responses from the questionnaires. One needs to be cautious making generalisations as the sample is not necessary representative of all children and young people in care.
The researcher adapted Sarantakos's method of qualitative analysis to unfold the narratives. This method has four steps: 1. Transcription, 2. individual analysis, 3. generalisation — identifying differences and similarities, and 4. Control — going back to interview documentation and verifying information (Sarantakos, 1993:300). This method was adapted to fit a Kaupapa Māori process; this allowed the participants to be involved throughout the process. Stories in research interviews are rarely provided clearly, and often there is negotiation between the interviewer and the storyteller. Deciding which parts to analyse and putting boundaries around them is an interpretive decision.

The data collected from the interviews and focus groups was grouped together and checked by the research supervisor. The method of narrative analysis has a broad applicability and has been used to examine larger scale social and political changes, but it is particularly appropriate for the smaller focus of this study upon young people's life experiences and understandings over time as they live in care and make the transition out of care. According to Potter, narrative analysis is an analytical technique that seeks to fit messages into a pattern of storytelling. The storyteller uses characters and events to convey his or her interpretations about how things in the world behave and change (1996:139). For Māori, storytelling has been a means of passing on knowledge, maintaining tikanga and whakapapa for generations. Contemporary Māori continue to embrace elements of traditional Māori thought and action, such as Te Reo Māori, traditional chants and waiata (songs), kapahaka (posture dance), carving and tukutuku panels (traditional art, symbols, patterns and myths), Marae kawa and traditional protocols. Māori knowledge has been handed down through the generations to ensure traditions and tikanga are not lost or forgotten and often the vehicle by which such knowledge is carried is the story. When we tell stories about our lives, we perform our (preferred) identities (Langellier, 2001).

The analysis of the data was undertaken by the researcher. Following each interview and focus-group hui, the researcher partially transcribed notes and recordings, selecting conceptually intriguing phases that either connected with the literature or suggested patterns emerging from previous data. Preserving the data on CD and combining transcription with preliminary analysis increased the efficiency of data analysis. The major themes arising from each of the interviews and focus-group hui were formulated and were given subject headings,
followed with common statements/data. Ten general headings surfaced from this process and they were: access with whānau/family, care plans and transition plans, placements, psychological wellbeing, decision making, education, employment, transition from care and CYFS level of involvement. The transcripts were then given back to the participants so that changes could be made.

The process was collaborative and the participants became closely connected, particularly in the focus-group stage, and all expressed a desire to meet again. In the final stage of the analysis, participants, whānau/family and foster caregivers were contacted and informed about the completion of analysing data. At this stage, the focus-groups were invited to read the transcripts and make comments.

**Ethics Approval**

A Code of Ethics has been developed across disciplines to ensure researchers or professionals avoid harming people. Each discipline is unique and exists in its own context. A Code of Ethics does not seek to provide answers to situations encountered in practice. Ethical concerns and situations are resolved using an approach which incorporates exploring values applicable to the context. This study was subjected to the approval of the University of Otago Ethics Committee; a proposal to undertake a research project involving young people that have been in the care of CYFS was put together by the researcher and the research supervisor. The proposal included the purpose of the project and research design. This study has been a collaborative and interactive process where individuals and whānau/family have come together with a common interest.

The researcher and the research supervisor have taken the appropriate steps to minimise harmful effects on participants. Particular emphasis was given to setting up the research process and ensuring that confidentiality was maintained and additional supports were made available if necessary following the interviews. Where appropriate, throughout the study Kaupapa Māori processes were implemented and supported by the participants.
Limitations to Study

Research is governed by ethical, political, practical and legal constraints. Early in the first phase of the research study, the decision to research young people over the age of seventeen was made because of the sensitive nature of the study. Researching young people under the age of seventeen comes with its own difficulties and these are compounded if the young person is still living in the care system. Such a research project would require Child, Youth and Family Services approval, which is not a straight-forward process and would possibly have delayed this research. In addition, the strong possibility of encountering controls, restraints and data ownership issues with CYFS involvement was viewed as a further potential difficulty. The researcher decided to be independent to ensure participants and Māori knowledge were protected.

Involving young people that have experienced trauma in their lives has its difficulties. When the researcher received the ‘OK’ to make contact with the young person, it was not always a simple process to do so. Some of the difficulties experienced were:

- no land-line
- reliant on a cell phone
- living between places, no formal address

I found that if the young person’s environment became unstable or relationships broke down, they quickly became unwell, and this sometimes led to impulsive behaviours and responses that largely ignored the situation and potential consequences. One of the participants left home without any forwarding address following whānau/family relationship difficulties. The withdrawal of this participant reduced the sample to five, causing a gender imbalance in the sample.

The fact that this study was restricted to the Southland area and involved transient whānau/family raised two issues. Firstly, this study did not represent any group in the wider community and larger population of interest. Secondly, identity and kāiaanga (home) is based on the young person’s belief and connection. The location was important to the researcher because of resources and funding. When I choose the methodology, consideration was given
to the best methods to use and if they were participant-friendly. A major limitation of the in-depth interview method was that, because such interviews take a considerable time (as does their transcription and analysis); it imposed a limit on the number of participants I could use in this study. Like any other qualitative analysis, this study was dependent on both the participant's ability to respond to the researcher's questions and how well the data was analysed, especially when any generalisation was made. In this method transcription and analysis happen at the same time and the researcher is guided by the findings of other research. This necessitates familiarity with the literature and a close and careful reading of the interview transcriptions, made it quite a time-consuming process.

This research would not have happened if it were not for the participants sharing their stories. The process of bringing structure and pulling together a mass of data can be messy and time-consuming. Limitations to resources forced the researcher to be selective instead of using all the data available. Sometimes the literature was difficult to access and was not always available.

The chosen topic may have been seen as being straightforward, but far from this, every key theme revealed from the interviews provided potentially fruitful areas of research. The difficulty for the researcher was to down-size the research, that is, not to focus in detail on any specific area but to provide a sufficiently detailed, but succinct, overview of the many issues the interviews raised. Given that there is a lack of literature in New Zealand on the outcomes for children and young people who have lived in the care system, there is an opportunity for practitioners to take the wero (challenge).

Conclusion
This methodology chapter has been a discussion of the theoretical framework which has shaped this research. The researcher has taken a Participatory, Kaupapa Māori, Constructivist and Narrative approach to explore and understand the needs of foster care young people as they encounter discharge from statutory care. This theoretical approach enables one to form a better understanding of the participant's worlds, which they have constructed and reconstructed over time. Qualitative methods, contemporary and Kaupapa Māori
methodology weaved together is an appropriate process for research in Aotearoa/New Zealand given that we live in a bi-cultural society, and it addresses issues of power and control.

The chosen topic may have failed to provide a big picture of the outcomes for children leaving foster care, given that the study is restricted to the Southland area and is limited to a small group of ‘care leavers’, but the interview method used in this study allowed the voices of the participants to create a clear picture of, and add a depth of meaning to, the experiences they have endured over time, and this is presented in the following chapters.

The next chapter presents the five young people’s perspectives on their experience of living in the care of CYFS.
CHAPTER THREE

Findings – Living in Care

As outlined in the literature review, a significant number of young people experience multiple problems that psychologically impact on their wellbeing, whānau/family and home. Children in care experience separation from whānau/family and are expected, in most situations, to cope with this loss and form new attachments, often without additional supports.

Using the term ‘young people’ surfaced during a discussion with the participants in this research, when they expressed mixed feelings about where they fitted within society. Leaving care was confusing; they were expected to take on adult responsibilities at the same time as they were still being treated as a kid. Some participants did not view themselves as young adults or adolescents; all participants preferred to be referred to as ‘young people’ during their stay in the care system. The data presented here pertains to their experience of living in the care system. The overwhelming nature of the experience for the young people has been difficult to overcome. Issues of behaviour, attachment, family and social worker contact are only some of the dilemmas the young people were faced with.

The young people’s stories are covered under the following headings.

- Entering care – Summary
- Care plans, level of involvement – Summary
- Placements – Summary
- Contact with whānau/family – Summary
- Feelings about being in care – Summary
- Education – Summary
- Social worker relationship – Summary
Entering Care

Participant 1

Amber was nine years old when she first entered care; she lived with her mother, step-dad and younger brother before that. Her step-dad's family (nana and grandfather) are non-accepting of Amber because she is not a blood relative. Her biological father only became aware of Amber's existence when she became difficult at home and was dropped off by her mother at his place. Amber described her parents as struggling with her and her younger sibling, as they drank a lot and her mother sometimes smoked drugs. She described her step-dad and mother as violent people who could not cope with Amber and her brother fighting all the time.

Amber outlined her understanding of what was happening at home before entering care:

*We had hardly any rules, as my parents didn't care, and I was abused physically and verbally, and me and my step-dad didn't get on. I was kicked and hit and also with weapons...Mum just about fractured my cheek bone, when me and my little brother was fighting on the couch, she threw a school shoe at me and then dragged me by my hair up to my room.*

Amber had this to say about why she went into care:

*Mum and dad sat there and pretty much said you and your brother fight and you don't get on with your step-dad ra ra ra...cause she (mother) had a decision to make, if it was me or my step-dad and she (mother) chose him.*

Amber explained her understanding of what needed to change if she was to return home:

*My behaviour is what they said and my step-dad as well to do a parenting course as well. It was because he couldn't get over the fact that I wasn't his daughter, so I wasn't his real blood and his family... (nana and grand-dad) were saying that I shouldn't be living there because I wasn't his real daughter...when it comes to money so anything that is not their family shouldn't be there...that sort of thing. To be honest*
I felt like going over there and smashing all their heads in, but to be honest now they can just shove it.

Amber reported her social worker's explanation for being in care as:

_Social worker said it was all me. But my parents needed to change as well._

**Participant 2**

Gina was fourteen years old when she entered care; she lived with her mother, step-dad and five younger siblings before that. She had no contact with her biological father. Gina described her family as unhealthy; they fought all the time and the responsibility to look after her younger siblings fell on her shoulders.

Gina explained what was happening at home before entering care:

> It was horrible living at home...I was always expected, because I was the oldest, I was expected to do everything, look after my brothers and sisters and everything, yea help mum out...I almost felt like a slave to my parents.

Gina had this to say about why she went into care:

> Because I use to run away all the time and I didn't like my step-dad so that's why I kept on running away and they just got sick of it. I was going somewhere better...than living at home with my parents.

Gina explained her understanding of what needed to change if she was to return home:

> I think my parents wanted everything their way and weren't prepared to listen to anything I had to say...and there was really no chance for me ever going home. I didn't want to be there.

Gina was given no explanation from her social worker or family about why she entered care.
Participant 3
Luke was fifteen years old when entering care for the third time; his parents divorced and he was living with his mother and two younger siblings. Luke maintained contact with his father and stayed with him on numerous occasions. Luke described his father as a violent person who had gang affiliations.

Luke explained what was happening at home before entering care:

One night I went and threatened my mother and some other person walking down the street with her, with a knife and mum rang up the police. They took me away and placed me into care that night.

Luke had this to say about why he went into care:

I knew I had an angry problem and um I was taking it out on my family and people I didn’t know and yea suppose so... there was a family group conference, they had this big all...I wasn’t even listening I wasn’t paying attention, I didn’t real care.

Luke explained his understanding of what needed to change if he was to return home:

Yes, I knew what needed to change, but I wasn’t worried, I didn’t care.

Luke remembers his discussion about the reasons for being in care with the social worker:

After the night with the incident that happened with my mum, they put me in the cells and then...social worker came down...talked to me and I said na fuck them I don’t want to be there either, fuck em...took me away.

Participant 4
Tama was 12 years old when he entered care; he lived with his mother, step-dad and three younger siblings. Tama did not speak of his biological father but spoke of some difficulties he had with his step-dad.
Tama explained what was happening at home before entering care:

*At home I was allowed to do what ever I wanted and no-one could control me and I was involved in a lot of criminal activity and my parents didn’t want me because they couldn’t handle me. And cause I was a violent person in general – drug problems.*

Tama had this to say about why he went into care:

*I was the problem...To give the parents a break, because they couldn’t control me – suspended from schools, a lot of criminal activities, thief, assault...they were the two main ones.*

Tama’s understanding of what needed to change to return home:

*Yes, same standards as parents. I needed to co-operate with my mum, stop all my criminal activities and behave.*

Tama does not recall any explanation from social worker or family about why he entered care.

*Participant 5*

Hemi was four years old when he entered care; he lived with his parents, one older sibling and two younger siblings. Hemi described his father as a violent person who had gang affiliations and a lot of parties. All the children entered care together; Hemi and his older brother were placed together but were split up after about two years because of fighting. All the children returned home except for Hemi.

Hemi explained what was happening at home before entering care:

*Abuse, all sorts, every sort, everything in the book...verbal abuse, physical abuse, neglect etc.*

Hemi had this to say about why he went into care:
My old man and his mates...everyone was abusing us.

Hemi explained his understanding of what needed to change if he was to return home:

Not sure...It was complicated, it wasn’t so much my side, it was their side as well, it was...just because I had been ready for some time but they said I couldn’t...like I done everything they asked me too, they wouldn’t put me back home...it was either I go back home and they take all the kids back into care or I stay in care that’s what they threatened my mum with.

Hemi was given an explanation of the reason he entered care by his mother.

My old lady explained why, apparently she was unfit, CYFS said she was unfit, cause she was struggling for money and shit...pretty much.

Summary

Prior to entering care, all the young people resided with their biological whānau/family. They all entered care for a variety of reasons, including, problem behaviour, whānau/family relationship difficulties, whānau/family violence, and parenting problems. All participants indicated that they had experienced and/or been exposed to forms of abuse/violence (physical, emotional, mental). Studies have shown that children who have witnessed violence exhibit more aggressive and antisocial, as well as fearful and inhibited, behaviours, and have lower social competence that the norm (Wolfe et al., 1985).

Three of the five participants came from a blended whānau/family situation, and they all seemed to have struggled with developing a positive relationship with their step-parent. In two of the three cases, both females experienced difficulties forming any type of relationship with their step-father, and they often avoided the problem situation by causing havoc within the whānau/family environment. Both girls also appeared to be the outsiders within their own whānau/family unit.
All participants experienced some form of trauma during the removal process. Only two of the five stated that they received an explanation from their social worker, one young person was informed by his mother and two participants received no explanation. Research findings indicate that a substantial proportion of children do not always know or understand the reasons for their placement in care; when explanations are given they are often watered down (Smith et al., 1999).

Being removed from whānau/family is often stressful and can sometimes become overwhelming for some people, four of the five young people believed they were placed in the care of CYFS because of their ‘acting-out’ behaviour and/or attitude. One participant stated that it was more about his parents’ situation. Three of the five participants actually blamed themselves for being placed in CYFS care. All of the participants had some level of awareness of what needed to change before they could return home, however, two of the young people stated that they did not want to return home.

Care Plans – level of involvement

Four of the young people entered care on a 28-day temporary-care agreement; this allowed decisions for the ongoing care of the young person to be made. The decision made for these young people resulted in them staying in the care system. None of these four participants had any awareness or knowledge of a care plan or any other form of plan that might have been in place. Only one participant was able to share knowledge of his multiple care plans that had been in place over the time he was in care: sometimes he got frustrated and struggled to keep up with the care plans that were in place. All the young people were placed with non-kin caregivers, and none knew for how long. Four of them said that the goal to go home was always in their minds and at some stage in care their social worker had informed them that this was so.

Hemi was the only participant who knew what a care plan was:

*There was heaps of care plans, I can’t remember any them...every single one of them had worked towards going home and I done everything they told me to so I could get*
home...but na, every time I done what they told me to, they just threw another one at me.

Summary
All children and young persons with whom CYFS is involved should have a casework plan; four of the five participants stated that they had no awareness of their care plan. The care plan is part of the overall casework plan that looks at the care arrangements in detail. This document is a map for the young person, whānau/family and social worker that guide’s their work towards making positive changes. Without them, the children or young people sit in limbo, and the care process becomes one-sided. Plans are not static; they change and evolve but should not deviate too much without calling in the decision-making group, such as whānau/family members and the young person and their lawyer. Only one of the five participants knew what a care plan was, even though he experienced multiple plans over time while he was in the care of CYFS. Four of the five participants, at least, had the belief that the goal was to go home, and sometimes just having hope can reduce anxieties. However, for one young person it was an ongoing battle to return home, it seemed to him that no matter what work he did towards going home, it was never enough.

Placements
All the young people experienced difficulties with placements, and for most of them behavioural problems resulted in placement disruption. Externalised behaviour difficulties, such as being defiant, aggressive and engaging in delinquent behaviours, were usually the cause of breakdown in care and at home.

Amber returned home approximately six times from multiple care placements – foster care, respite care and relative/whānau care. Overall, Amber said she had about 20 placements in total:

They (caregiver) wanted to go on holiday up in Christchurch because they found out their daughter was pregnant and they put me in respite care...the (caregiver) grabbed
my arm and started touching me and grabbed my leg...I rang mum...I ended up living there for a week until they could find me somewhere else. You know, it was little things like that, if it didn’t work out with my foster parents and they couldn’t find anyone else they would dump me at my parents’ until they could find somewhere else...and both times they dumped me at my parents’ house and tried to find me somewhere else between the time, it actually worked, we actually worked together as a family. But when they actually, when my parents were expecting me to come home and when I was expecting to come home it would never work out. Like when we had our hopes up, like we just, I think we just worked too hard to make it work, but when I was dumped at my parents place, we didn’t really work that hard because it was a spur of the moment thing, you know, something we weren’t expecting and um...I don’t think we tried so hard you know, I just think we got on perfectly well as a family....I was 14 years when I moved out of (foster home) and 14 when I moved back out of my parents’. I only lasted sixish weeks, sixish weeks...we’re had fights...my step-dad thought if he whacked me and my brother over the palm of the foot or the palm of the hand with a belt that the metal part of the belt that it would sort us out but....kind of got bruises...that didn’t work out, and I just got sick of it, noticed that things weren’t going down too well. I actually think it was my grandmother, um...that told CYF that I needed to go back into care because it wasn’t working out, ’cause dad booted me around the house 10 to 15 times with a steel cap boot on...and my nanny narked to CYFs to go back into care and I did.

Gina did not return home while living in care and had two placements – relative/whānau care and foster care:

I lived at my aunty’s...was there a few months, not very long...I ran away again from them and the cheque they gave me for skiing...we didn’t end up going skiing so I went and cashed it and then I decided I was going to run away, so I went home and I had left my house key inside, then they done me for breaking and entering...(foster home) this was where they were putting me for now and yea it was dealt through that way, I just got put down there for thirty days or twenty eight days whatever that was and then
my case went to conference and then they decided that I was going to stay there permanently.

Luke had short-term placements before being placed in a foster home; he had three placements – two respite care and one foster home placement:

They took me away and placed me into care that night...They took me to some farm...I was only there for two nights and they took me away from there and put me in another place...and then I think they took me to town. I didn’t like being in care. I didn’t like being away from my family...na told them I hated them and did all the worst things I could do but um yea staying away from my family, living with total strangers...didn’t feel like welcomed but didn’t feel you know, it didn’t feel the same...I really didn’t have a say in anything because they would ask me if I loved where I was but I wanted to go home and they would say well you either stay here or we try and find another home for you...so I said I’m going stay here I’m used to the people and then um yea I just wanted to go home.

Tama returned home on numerous occasions while in care; he experienced multiple placements – residential centre, family home, respite care, foster home, backpackers and camping ground. He had eight placements; this does not include returning home.

It sucked going into care. It felt you were locked up, that was at the Windsor family home, you weren’t allowed to go out of the property. Spent two to three years in residential home, about fifteen or sixteen when I left...I just use to play up all the time, then the cops turned up at mums’...then I ended up in the police cell and then CYFS came along...I got sent up to Christchurch to McKenzie residential, that was a boys home, that was a lock up...it was a lock down, you couldn’t do anything, weren’t allowed to go anywhere and I didn’t get to see my parents, about once a term, that’s about once every six or seven weeks. I don’t know, I just got picked up and sent up there. All I knew was that I was going on an airplane. Dad went up there with me. They had to lock me in a big room...it wasn’t really big, it was pretty small, it had a big steel door, steel benches, bullet-proof glass up the top, it was like a time out room
and um they locked me in there and dad came in to see me before he went...they restrained me again and chucked me back into the cell because I tried to go with him. He just walked away...At sixteen I got put in the Backpackers by CYF. I would of just come out of the foster home. That's when I went home and things didn't go well at home and then I went down to CYF and they said to me that they where going to put me in the Backpackers. Was there probably about a month, then I moved to the camping ground. I stuffed it up there too.

Hemi experienced an extreme number of placements while living in care, from one end of the country to the other. He had 157 placements – foster home, respite care, family home, residential centre and prison.

Me and my older brother were together for a while, a year or two...we got split up because too much fighting and shit...All I remember is a couple of caregivers but I can't remember all of them, like I can't remember their names but I can remember the house, it's faintly in the back of my mind...I have a family in Auckland, we have a good understanding...I did some time in juvenile up in Auckland, some time in Mount Eden, some time in Paparoa, and in Christchurch at McKenzies residential...I went into prison when I was fourteen, came out when I was sixteen and a half.

Summary
The data indicates that all participants experienced more than one placement while living in CYFS care. Amber experienced twenty placements over an eight-year period and Hemi experienced 157 placements over a 13-year period. Four of the five young people experienced multiple alternative care placements. Three were placed with whānau/family members, but these placements were all short-lived. These figures indicate little stability in placement. Research findings suggest that some children and young people experience separation anxiety disorder; this condition involves excessive, prolonged anxiety concerning separation from home or from people to whom a child is attached (Papalia et al., 1998).
Only two of the five young people experienced stable, loving placements and made permanent attachments to non-kin families; both of the participants came from blended whānau/families and had not established a positive relationship with their step-parent. Three of the five participants experienced long-term, although not permanent, placements and struggled to form any attachment to non-kin families and/or biological whānau/family. Instability in care occurred when the young person went home and returned back into care. The most common occurrence was caregivers struggling to cope with the young person’s behaviour. Hemi was separated from his sibling while they were in care and research findings indicate that siblings who are separated are less emotionally involved with their foster families and generally more emotionally detached than children who are placed with siblings (Cutler, 1984).

Contact with whānau/family

Both the United Nations Convention on the Rights of the Child and the Children, Young Persons and their Families Act, 1989 stipulate children’s right to be with family and their right to be protected from harm within their whānau/family. For this reason, return home is the ultimate goal in the majority of cases. When return to home is not possible, the child or young person’s knowledge and understanding of their own whānau/family is critical to resolving the distress of what has happened and to settling into a new life. Most children and young persons in care have some contact with parents and relatives. There is, understandably, wide variation in the frequency and type of whānau/family visits (supervised or unsupervised) depending on the whānau/family circumstances. Details of how access is to be managed should be outlined in the care plan. It is very important to maintain whānau/family ties because it provides a sense of identity and stability.

Amber saw her whānau/family regularly but had some concerns about the way this was organised:

I would see them every now and then. They’d come over pick me up and take me back to their house stuff like that...Social worker arranged access with my parents, the minute I moved in with that certain caregiver to make sure it was all right, and it was
usually Sundays between 12 and 1pm or 12 and 2pm depending on how good I was, and as soon as the CYF worker worked that all out...I'd never see them again, until it was time to move again...I'm concern, you know, the caregiver doesn't always ring up when something is going wrong and they don't always let you use the phone to ring saying if something is going on and some of the caregivers stopped me from seeing my parents. Now...my social worker said specifically I was to see my parents, some social workers some caregivers stopped me from seeing my parents on that once a week hour visit...they didn't explain why, they just said no you're not going and when the respite worker turned up they would say no she's not going...and the respite worker would go OK then and leave...I told CYF that...oh no, we can't do a thing about that, it's up to your caregivers. They could've been a hell of a lot better...I mean, come on, I mean the social workers, at the end of the day, should be the foster parents, just to see how they feel.

Access for Gina was not frequent:

I didn't see my parents and at that age I didn't care if they fell off the face of the Earth...I see them occasionally but yea not very often...I think I seen them a couple of times and that was it...I don't like my step-dad...Caregiver, I think she might have arranged access through CYF, I'm not sure.

Luke's access was restricted:

I wasn't allowed to ring my mother, she was only allowed to ring me because I think I threatened her over the phone or something...wasn't allowed to use the phone virtually but my father came out every second weekend to see me, which was cool, but he wasn't allowed to take me out of town...I think caregiver arranged it.

Tama's contact with whānau/family was irregular:

Yes and no...not often, about once a week. Sometimes they would come and pick me up and take me out for a couple of hours, then drop me back off there...Over those two
and a half years at Christchurch McKenzie Residential, seen family around about eight or nine times...they paid for me to come down on the airplane...argue with mother and end up fighting over anything, felt gutting he had to leave again...Access arranged by Social Worker, about once a week, not always consistent...Supervised access for the start, near the end I was allowed to have home stay...got stoned and drunk.

Hemi’s access to his whānau/family was limited; he experienced supervised and unsupervised access:

No experience on keeping in contact with family. Tried but wasn’t allowed. Varied sometimes once, twice or three times a year, five days at the most...I used to see my mum like once or twice three times a year the most...not even that sometimes. There was a point when I only saw my mum once...like I would fly down from Auckland or fly down from Christchurch or Tauranga where ever I was staying...I stayed in heaps of places ...Access arranged by social worker.

Summary
Three participants returned home during care and all returns broke down. Gina and Luke did not return home while they were living in care. Luke’s violent behaviour prevented him from making any form of contact with his mother and Gina had disowned her biological whānau/family. Amber experienced regular contact with her whānau/family but sometimes it was an exhausting exercise to maintain, especially if some caregivers controlled the process. For Hemi, access to his whānau/family was minimal and infrequent; he found it difficult to maintain contact and sometimes would just give up. Contact arrangements with whānau/family members is often the responsibility of the social worker and is only granted if the child or young person is not likely to be put at risk. Alternative arrangements are made if re-occurring problems persist, such as supervised access; this is when whānau/family members are supervised during visits. Three participants acknowledged that their social worker organised access, and two participants stated that their caregivers had arranged access with whānau/family. Some parents stayed connected with their children while they were in
care, however, access availability was inconsistent and sometimes strained relationships. Tama and Hemi experienced out-of-district placements which resulted in limited whānau/family contact, and in some instances the young people experienced feelings of rejection. Two stated in the focus-group hui (meeting) that their parents tried to be what they weren't: nice, calm, cool, everything that was good, they were all over them in front of people and when they moved back home they were awful.

Feelings about being in care
Significant problems occurred for the young people while they were living in care that led to extremely vulnerable moments. All the young people experienced emotional difficulties and struggled to cope with change. For most young people living in foster care is not the ideal place to be, however, like all children they need to be nurtured in a safe environment.

Gina felt care was best for her:

*I think it was better for me to have gone into care...if I had any problems I just went straight to (the caregiver), so she mostly dealt with everything.*

Amber experienced a range of negative emotions while living in care:

*My feelings in foster care were angry, upset, sad...I was just very angry, I notice that when I was young I was very angry with myself, with the way I tried so hard to be put back into mum's house, I done the gain course with my mum, I done everything I could to get back with my parents and they would sit there and say well, in a week's time you might be able to go home...it would come to the week and I would go, can I come home now and they would go 'no, you haven't done well enough.' I done courses, I had done what it took to go home, mum done it, my step-dad wouldn't, for the mere factor of I wasn't his real daughter, so why should he do it, and I went to counselling, then I found out that the counsellor was telling CYF everything, so I never trusted a counsellor again...and I got really angry and went back pretty much to*
square one...I bottled my feelings up and hoped it would go away...its how I learnt to get rid of it.

She also resorted to bad behaviour in order to influence her situation and when this did not work her difficulties increased:

I misbehaved a lot in foster care because I thought if I misbehaved no-one would want me and then I would go back home...that was my sort of thing that I got in my head...I misbehaved at school, misbehaved at foster care, misbehaved everywhere, it didn't work. I just kept on getting moved around. So one day I thought to myself maybe I should just settle down because I'm not going to get to go home because my step-dad did not want me home...At school I was going through the self-mutilation stage as well, like cutting my arms, and she would try to help me...She couldn't do much because, you know, she was my teacher. She rang CYF and told them this was going on and CYF didn't do anything. She rang my caregiver and said hey this is what's going on. The caregiver done her best, she done her best to help me, but that kind of didn't work either.

Amber's mother attempted to help by arranging a placement with a family member and this ended up making matters worse:

Mum told CYF that she was taking full custody of me and she moved me into my uncle's...she was taking half custody of me and social welfare CYF was going have something to do with me and she didn't want me so she dumped me off at my uncle's, which is my real dad's brother and he cross me and two friends, he kind of violated our privacy a bit...my uncle was standing in the room naked and I kind of freaked out...about half an hour later, I was just about to go to sleep, and he come in and jumped into bed with me, and I just thought it was normal behaviour from your uncle at the time...like I didn't know better, he treated me right and he brought me everything I wanted and I thought I was in a place that was safe...and my parents didn't believe me, until they got DNA evidence saying he did rape me and that's when my mother started to believe me...I got blamed for making up stories. My real dad was
the only person in the whole family that believed me and the two friends it happened
too as well and they wouldn't say anything because he threatened to kill them...moved
from uncle's to a foster home, I moved in with her and I was all messed up and stuff,
she didn't seem to understand, so I ran away...I had bits of support, and I don't want
to have counselling because of what happened to the CYF counsellor...I couldn't
handle going to school, I couldn't handle being around males...I hitched-hiked into
town.

Luke experienced drugs, violence and alcohol while in care:

Drugs and violence. I use to hang around a lot of the Mongrel Mob prospects. I
became one myself and use to smoke a lot of pot...drink whatever I could and just beat
up random people...it just felt like an everyday thing. I use to steal a lot of stuff,
shoplifting at times...Managed emotions with drugs, if I felt bad I would go get stoned
and I'll be happy again but I had no drugs in the caregivers house, I wasn't that
stupid...Yea being in CYFS care um sort of helped me in a way because um if I had
stayed living with my family I probably would of done something way worst than
that...living in CYFS care fucked me up, like um psychological, emotional yea
seriously...it made me think differently.

Tama felt rejected:

I didn't want help from anyone. I wanted to be on my own; I wanted to be on my own
when I was fourteen or fifteen years old...I didn't trust anyone; they were just
strangers to me. I can't trust them (family) anymore. I don't see them as my really
family anymore because family don't just don't reject you, they stand by you
100%...family supposed to be unconditional love isn't it, that's not what I had...I
couldn't even trust my family...I just felt rejection all the time. You ask them to come
pick you up and take you out for a outing or for lunch and your parents won't.
He also had negative experiences while in care:

In care I didn't like it sometimes ah, because you get relieving parents that come into
the family home and some of them weren't very nice...they had these relieving parents
come in one time, this fellow (young person) he was feeling up kids and stuff, he didn't
get near me because I would've attacked him...I think CYFS care drives kids nuts.
They just make them do stupid shit you know...(this young person and a younger
boy)...they got together in the toilet, (The younger boy) was only 10 years old, the
other boy was the same age as me...you know that sort of stuff...no couldn't trust
anyone.

Tama also felt cut off from his friends and trapped in some of his placements:

You just feel rejected, couldn't see your own friends, and if friends are friends I would
of felt rejected too...felt trapped, I wasn't allowed to do my own thing...except when I
was with (caregivers), and I had freedom, that was good. I would ask to go away
somewhere and I was allowed and be back at a certain time...when I was in the
Windsor Street home I wasn't allowed to do anything...I try not to think about it, it
didn't mean anything to me, it was just more or less a sleep over...I just forget about
it, I just don't let it worry me. I just try to forget about it because it's a horrible place
being in CYFS care, because your limits are restricted...Care felt confusing; I felt like
part of the furniture being shifted around. I had better feelings for some other family
than my own, my parents didn't show the same support, they didn't show the same
love.

Hemi spent the longest period in care and his experiences are overwhelmingly negative:

I experienced jail, experienced drugs, alcohol, sex, fights, police, self-harm, every
drug in the book, gangs...well I used to carve myself up and shit...I used to harm
myself to get over it and that became a serious addiction...but then CYF said it was a
attention-seeking behaviour but I wasn't...I was left... sometimes it feels better to hurt
on the outside sometimes than the inside ah, it takes away that pain from the
inside...But CYFS didn’t see it that way; they saw it as a young boy looking for attention, just ignore him...they neglected me all my life like that, until I started to kill myself, then they went holy shit this cunt might be for real... then once again they said he was looking for attention...I can’t remember what age I was trying to kill myself; I tried it in many ways, I slit my wrist a couple of times, I’ve hang myself a couple of times, I tried to run into a car but that just broke my ribs...I tried jumping off this desk, there was a desk in the cell, I tried standing up on the desk jumping down cracking my head, cracking my head open all right, I got stitches but I didn’t die...words can’t express all these feelings ah, can’t be put to words...its something you have to go down, suffer yourself, to understand, it not just something you can put to words...you wouldn’t be giving it enough credit if you put it to words, because it is serious shit.

As a consequence he has strong opinions about CYFS:

I mean CYFS has scarred me for life... no matter what I do wherever I go its always in the back of my head...I mean not saying that its not my fault yea, since I have matured up and I have become more responsible I’ll take responsible from there now on but I shouldn’t anyway because you know everyone says you kids become of what your parents are. My parents were CYFS and they made me the way I am...I mean I lived under their rules, I lived under their houses, I didn’t live under my house or my mum’s house, so my mum aren’t to blame, I’m to blame for the choices I made, but CYFS didn’t help it...its like riding a bike; if the tyres are working right and the brakes are all good, sweet, the bike’s going to work fine and everything will turn out right...me being brought up in CYFS I was riding a bike with no brakes whatsoever, flat tyres, muted up, buckled wheels and shit you know...I need a strong base to pedal on you know, but they gave me a shitty road to pedcl on and I went straight the wrong way, and I couldn’t go that way because if I went that way I would wreck the bike even more and if I go that way I will be all right you know, not for me but for them, for the bike you know and that’s exactly what happened...I couldn’t cope cause I felt I was different to everyone else and made me worse.
Summary

Table 5: Behavioural Issues – Respondents and the types of behavioural issues they experienced and/or were exposed to.

<table>
<thead>
<tr>
<th></th>
<th>Amber</th>
<th>Gina</th>
<th>Luke</th>
<th>Tama</th>
<th>Hemi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self harm</td>
<td>X</td>
<td></td>
<td></td>
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<td>X</td>
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<tr>
<td>Criminal activity</td>
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<tr>
<td>Drugs &amp; alcohol</td>
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<td>X</td>
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<td>X</td>
</tr>
<tr>
<td>Gang affiliation</td>
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<td>Sexual abuse</td>
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<tr>
<td>Witnessed sexual activities</td>
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<td>X</td>
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</tr>
</tbody>
</table>

Being cared for by whānau/family provides children and young people with identity, security and safety. When a child or young person is in need of care and protection, CYFS steps in. What happens when a child or young person is placed at risk while living in care? The data in Table 5 indicates that, despite their greater needs, four of the young people in care faced numerous additional challenges. Hemi and Amber exhibited extreme distress: both self-harmed and attempted suicide. The issues of negative self-image, depression, lack of confidence and anxiety were common amongst them all. The data has also captured relevant information on types of activities these young people have participated in, such as: four young people were involved in some form of criminal activity that involved police, and four of the five participated in taking drugs and alcohol. Luke and Hemi found security and protection on the streets; they both were affiliated to gangs. When in care, Amber was sexual violated when placed with a whānau/family caregiver and Tama witnessed sexual activities when he was living at a family home. Another important concern is that all the young people reported involvement in sexual activity while in care, and four reported that they had lost their virginity. Only Gina had positive things to say about her time in care, however, she experienced difficulties establishing any form of relationship with her biological whānau/family. After consideration of the issues, what these young people have experienced reflects considerable social, psychological and personal damage.
Education

Education for the young people while in care was less than satisfactory. Many of them experienced behavioural difficulties and relationship problems at school. Descriptions of education attainment and issues are included in the following.

Amber achieved a general education:

*I was at school and working part-time...I passed School Cert and stayed until sixth form. All my reports were good...I only done half a year at six form. I stopped going because I got into a fight with some chick and I didn’t know she was popular...I gave her the bash.*

She established a close relationship with a teacher:

*I had a teacher at school (Mrs Smith) and I’d talk to her all the time, stuff like that...I was going through the self-mutilation stage as well, like cutting my arms, and she would try to help me...She couldn’t do much because, you know, she was my teacher. She rang CYF and told them this was going on and CYF didn’t do anything. She rang my caregiver and said hey this is what’s going on. The caregiver done her best, she done her best to help me, but that kind of didn’t work either.*

Four of the participants said they did not gain any formal qualification and struggled socially at school. Gina thought her:

*Behaviour wasn’t too bad; I never got kicked out permanently. I was only ever suspended. Got a few credits, no qualifications from it. Got to seventh form, surprisingly enough, I came out with nothing but still made it there; I left middle of the seventh form. I just took every year as it come pretty much. CYFS never had anything to do with me, the caregiver sorted it out. After I left care, I done Mahi Ora course. That’s my only qualification, it wasn’t hard, anyone could have done it.*
Luke said school wasn't for him:

_="I got kicked out halfway through third form. I must have been thirteen and yea I hated school, didn't want to listen, yea did my own thing...I was probably at high school for four months but got kicked out...got kicked out for being violent...I did the YMCA alternative education course, I think I got kicked out when I was about fifteen or sixteen 'cause lunch times we were getting around and stealing on course time._

Tama described difficulties he was having at school:

_Education wasn't for me because of my drugs and alcohol problems. I couldn't control myself. I was dumb...I had bad experiences, I lost the plot at school, this guy pushed me off my bike, I done him over...I dropped out of school when I was Form Five...school just wasn't for me. I haven't got one qualification, its pretty sad ah, I never liked school anyway._

Hemi experienced minimal schooling opportunities:

_I was dumb, I couldn't even get detention right. I had to write out everything – I wouldn't swear in class, I would not disrupt the class...I only had three and a half years schooling all up...I had two years schooling in Primary, if that, and I had a year at Intermediate, form one and it was it...I was bullied and then I fought back and took no shit...CYFS wouldn't put me into school...school didn't want me, they kept kicking me out because I was too violent and anger and shit because I wanted to go home...but they wouldn't let me go home...when I asked to go back to school they wouldn't put me in school because they said it wouldn't work...I had a bit of correspondence here and there but fuck all._

Summary

Four of the five participants left school with no formal qualification. Perhaps the young person’s performance and behavioural difficulties have contributed to this; four of the young
people were suspended at some stage during their schooling and three were excluded. The four young people who attained no form of qualification had experienced or were subjected to: bullying incidents, personality conflict, classroom conduct issues, anti-social behaviour, violence, aggression, drugs, alcohol, self-mutilation and truancy. Hemi experienced approximately three years of schooling and Luke was excluded half-way through the Third Form (Year 9), both struggled to form positive relationships and their extreme ‘out of control’ behaviours tainted any further schooling opportunities. On the other hand, the two girls in the study reached Sixth Form (Year 12); Amber gained School Certificate and left half way through the Sixth Form year; Gina made it to the Seventh Form (Year 13), she left with a few credits and went on to further study. Three of the young people did not participate fully in school and they all had issues with very low self-esteem. Overall, there were moments when all the participants struggled mentally and physically to achieve, the embedded psychological issues carried by the young people in this study sometimes tilted the scales, preventing the educational system from coping and catering for their complex needs.

Social Worker Relationship

The relationship between the social worker and the young people in care appeared unstable, lacking communication and partnership. The majority of the sample described their social worker in a negative way; however, two young people identified one specific social worker as being ‘the bomb’, as he provided the necessary support.

Amber had this to say about some of her social workers:

_Thought that they could’ve done a better job and you know...the social worker sits there and goes, I’m going to keep in contact, I’ll ring you up once a week...we’ll have an hour visit once a week, you never get to see them...once you are in care, as soon as you’re in a place, that’s it until something goes wrong... Its fun because you piss the hell out of them and get them pissed off, I love doing that, it’s probably why they didn’t visit me... if they were really good to me, you know, and respected what I had to say, and if they stayed and listened to me they wouldn’t get it, but they wouldn’t listen._
She rated one social worker as being ‘the bomb’:

He was the best but they changed him from when I turned 14, they changed him because I was a female over the age of 14 and needed a female social worker...and I got on with him really well... he was really nice to me, he was good to me...I never once felt heard except when I sat down with him, I said can you please get me out of this place, I don’t like it, he listened and within two weeks I was out, you know he couldn’t exactly find me a place straight away but he said I hear you, I’m going to do something about it and I will try, can’t promise you anything but I’ve heard you and I will try, he said that’s all he can do, I felt so listened to that day, but all the other social workers didn’t listen at all, like he would come over for an hour and we’d go for a walk to the park or go for a walk down the street, you know, and I have my pocket money and we would get $10 a week pocket money and we’d buy an ice cream, go to the park and just sit down like two normal people, sit down and talk you know, he’ll go, how are you feeling, what’s going on today, you know, he was one of the most high quality social workers, he was the best.

Hemi also identified the same social worker at being ‘the bomb’:

He’s the bomb, yea...only had one good social worker...he did his job, he was a Social Worker, he was a friend, good person but he still stayed professional. He was the shit man...he was on top of his game, he was on to it...he just wasn’t there for the money I could tell, he actually cared, he wouldn’t talk shit, he would do it, if he couldn’t do something he would tell me straight up and if he could he would have it done by a week from that phone call...he’s alright, he’s the shit.

He felt rejected by his other social workers:

Social workers...they sucked, they ignored me, ignored me, ignored me, ignored me every single one of them and they shit me, they made my life a living hell...they neglect all the way.
Luke said he hardly saw his social worker:

*Didn’t really meet with him...seen him a few times, not much.*

Gina also did not see her Social Worker on a regular basis:

*I had two maybe three...I didn’t see my Social Worker, if I needed anything the caregiver sorted it out.*

Tama reported that he had little involvement with his Social Workers:

*I didn’t have anything to do with them, usually no contact, probably had about four social workers...every time I wanted to talk to him I felt like I was going to punch him, he was agro – you’d say something, he won’t see your side to it, he’d see his side of it and that was the only one that counts...so he didn’t listen to what I had to say...and it gets annoying because you could talk to another person and they could understand...I got sick of him because they were the ones in control...they try to run your life.*

**Summary**

Amber and Hemi identified the same social worker as being supportive and maintaining contact with them while in care. In particular they appreciated his honesty. Apart from this, all five young people experienced minimal contact with their social workers and the majority did not form a positive relationship. Gina said if she needed anything the caregiver would sort it out. Three of the young people reported that there was a breakdown of communication; they felt the social worker did not listen to them and as a result they resorted to bad behaviour. The issue of relationships is a very crucial element, without strong connected relationships things are more likely to fall over. It’s even more difficult when someone has power over another.

Tama viewed the social worker as someone in control who tried to run his life. When he did try to voice his opinion, Tama felt unheard and that his thoughts had been rejected, causing further relationship disruption. Hemi also experienced rejection from social workers and
reported that they ignored him and made his stay in the care system a living hell. Hemi struggled to remember names of all the social workers he crossed paths with but he was able to identify and name one exceptional social worker that made a positive impact on his life.

With one exception, all participants did not have regular contact with their social worker and four of the five young people have reported that the majority of the social workers did not provide adequate support while in care.

The following chapter explores the experience of the five young people leaving State care. Return home is not always possible, but at the age of seventeen, if not before, young people are discharged (on their seventeenth birthday) regardless of their readiness or maturity.
CHAPTER FOUR

Findings – Leaving Care

The young people reported a variety of experiences when leaving care. Hemi entered foster care at the age of three years and eventually ‘aged out’ of care. He only returned home prior to his seventeenth birthday because there was no other placement available after he came out of jail. At the other end of the spectrum, Luke had entered foster care at the age of 15 years and also ‘aged out’. Four of the five young people returned home prior to ‘ageing out’ of the care system, however, three of the home returns broke down within the first month. Gina ‘aged out’ of care and lived independently until she became pregnant and could no longer care for herself. Gina did not return home to her biological whānau/family, but instead Gina returned to the caregivers she had established a close relationship with.

The young people’s stories are covered under the following headings:

- Transition out of care – Summary
- Consequences of living in care around issues of whānau/family and home – Summary
- Findings – Current situation – Summary

Transition out of care

Hemi’s personal goal was to return home, but his goal was only achieved by default because there were no caregivers available to take him:

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1 ‘Aged out’ of care refers to the mandatory discharge provisions of CYP&F Act 1989, that when a custody order shall cease to have effect: Section 108 (c) In the case of a young person, that young person attains the age of 17 years. The young person is then discharged from care and outside of legislative jurisdiction.

2 ‘Ageing out’ is in the year the young person turns 17 years old; decisions are made for the young person to return home or live independently.
I got out of jail and come back down...CYFS couldn't put me anywhere, no-one wanted me...I feel like I've been ditched...like CYFS have dragged me along at the back of this car and finally just cut the rope, ditched me, after all the pain and everything they just ditched me.

Hemi said he had an exit plan:

There was promises, they said that they will get me a caravan, they would do all this bullshit for me, get me a job at least get me a course, give me pocket money, support my mum on food cause no-one else would have me...so my mum reached out, cause they had no where to put me...my mum said yes under the conditions that they support me financially and they said yes and they haven’t, they have paid my mum twice since I have been out of prison and that’s it, so they have given me three loads of pocket money and that’s it...they’re not willing to give me anymore, which fucks me off.

He does not know who his social worker is:

They just ditched me. I can’t remember who the last social worker was...he was just there, they did a care plan and shit but I don’t know what it was but now that I’m out, they just ditched me, I’ve got nothing...nothing whatsoever...left to survive all by myself, no support, nothing.

Amber met with her social worker before she ‘aged out’ of care:

One week before my birthday they discharged me, one week before my 17th birthday. She (social worker) sat down, had a interview with me, saying...you can get your forms, everything like that, everything written down from the past, you can apply for that and get all your information from us and do what you want to do with it, read through it, stuff like that, she said when you turn seventeen that is when we stop paying your doctor’s bill, that’s when we stop giving you this, that and the next thing and see you later, have a nice life, that was it...She said are you going to be staying with (caregivers)? I said yes and she said fine, cool, see you later.
She returned home after leaving care and it broke down within the first month:

*When I left care and went back home, it lasted for about a month. The first week was good, and then after a while it just sucked...I just didn’t want to be there. My step-dad kept going off at me, he always does, my mum going mental because the dishes are not dried or something like that and considering I done all the homework beforehand it didn’t matter. I’ll do the housework, do all the washing, mow the lawns, do the gardens everything like that, it still wasn’t good enough...they have such high expectations and so, I kind of gave up. I moved out of there and moved in with (caregiver) which was my last caregiver, and I went into a boarding situation...then I found out there was a room available here...and took it. Left there to here (flattening).*

Luke exited care at the age of 16:

*They (CYF) just told me that we see an improvement in you and um on Xmas day (caregiver) and that gave me presents and stuff and sent me packing...that was very sad actually, I didn’t want to leave there cause um yea...I didn’t want to leave, I liked it, I was starting to like it.*

Luke’s return home also broke down within the first month:

*I went back and lived with my mum...um that didn’t work out so I moved in with my dad and we had a fight and moved backed in with mum and then moved back in with dad and then found my own flat and when it got raided by the Police I went to jail for a while and then I ended up back here (at dad’s).*

Tama experienced multiple problems before leaving care:

*At sixteen I got put in Backpackers from CYF. I would of just come out of (caregivers), that’s when I went home and things didn’t go well at home and then I*
went down to CYF and they said to me that they where going to put me in the Backpackers. Was there probably about a month, then I moved to (camping ground).

He said he had no exit or transition plan to independence and he also resorted to bad behaviour in order to survive:

Nothing set up – I stuffed it up at (backpackers) too...At the camping ground I had no money, I had no food...I had nothing and CYF was paying them for me to stay at the camping ground type thing and um I got hungry one night and I was drunk, I went into the house, grab some money, went next door and took their car for a burn...and I shouldn’t of...I look at it now and I don’t know why I did it and um the cops were there by the time I got back. I took about three hundred dollars...got myself some food and stuff, then CYF had nothing to do with me after that. I didn’t care; they were ruthless to me... CYF left me by then; he told me on the phone, (social worker) just said I could do my own thing because I was discharged.

Gina said she was not aware if she had an exit or transition plan to independence.

I don’t know, I don’t think so, left at seventeen...board with them (caregivers) for a while, then went flatting...Had my first baby at eighteen, I moved back home to my foster parents’ place, because they were very supportive.

Summary

The young people differed in their reports regarding the extent to which they were involved in the planning and decision-making about leaving care. Four of the young people reported that their wishes were not respected while in care and decisions were made for them. Transition from care was non-existent for the majority of the participants. Hemi felt ditched and betrayed, promises were made, an exit plan was discussed but nothing was followed through. The participants reported that social workers appeared to be more preoccupied with managing their case loads and supporting the foster whānau/family rather than establishing and maintaining a relationship with the young person and their biological whānau/family. The
transition home or to independent living was confusing for all the young people; one minute they were being cared for by CYFS and then all of a sudden they became adults at the age of seventeen. This was a particularly vulnerable time for the participants, especially in their teens; there were reports of loneliness, no sense of belonging anywhere, broken promises, lack of skills and education, of being dumped by CYFS, of minimal support given to leaving care, no exit or transition plan and poor accommodation situations. Tama was placed in the backpackers and then at a camping ground when he ‘aged out’ of care. Luke and Tama both returned home for a very short time, but breakdown occurred, resulting in them becoming homeless and welfare dependant. This situation caused further problems; both young people participated in criminal activity and went to prison. The data indicates that all participants were ill-equipped to cope with day-to-day challenges; some were simply left to fend for themselves. The participants reported similar issues throughout the process of leaving care; some lacked detailed knowledge of their transition out of care, and there was no follow-up from the social worker following their discharge. Some young people experienced patchy support from whānau/family members. Overall, they all experienced major changes in their lives.

Consequences of living in care around issues of family and home

The young people all experienced separation, loss and grief issues. Some were able to establish an attachment with a caregiver, at the cost of their own biological whānau/family; but others did not have the same connectedness to whānau/family that they had before entering care.

In Amber’s case she no longer felt close to her parents:

Well, personally, I thought being in foster care would’ve got me a lot closer to my parents but it’s just dragged us apart, same with my grandparents... We were quite a united family before all of this happened, before I went into foster care, you know, we kind of worked it out for ourselves... I just don’t feel I want to be in the family anymore because they’re so different now, I’ve been brought up a completely different way than what my parents tried to bring me up and it’s like.
Amber maintained contact with her whānau/family after moving out:

Now that I have moved out it’s good I suppose but it could be better...they (CYFS) done nothing to help our family, absolutely nothing, now my brother is going through the system sort of pretty much how I went through it...he’s not in foster care but he was and he will be soon.

Gina established and maintained a close relationship with her caregiver:

I think my foster parents were more family orientated than what my actual family were, so I think in a way that it helped me with my own family...like with my children and that...There was no parental bond with my family at all, they were pretty much strangers.

Luke experienced distrust towards his whānau/family:

I didn’t um love my family as much cause I seen it as their fault but I knew it was mine but um still really hated for letting me go through that...I felt more comfortable talking to my foster parents.

Tama’s relationship with his whānau/family dissolved:

I found it confusing. I felt as if I was a part of the furniture being shifted around...I loved other people’s family more than my blood family...They (Caregivers) cared for me more than my family, they loved me the way I loved them, that only happened with one set of foster parents...I can’t trust them anymore, I don’t see them as my really family anymore because family don’t just don’t reject you, they stand by you 100%...family suppose to be unconditional love, isn’t it, that’s not what I had.

Tama said he would have been a different person if he did not go into care:
I would have been different. I would have had the support from my mates, I would have had my family. I’d probably be living more wealthier than I am now, probably have a stable job, I wouldn’t be in this much trouble than I was in care.

Hemi said he did not feel close to his whānau/family, they were strangers:

I don’t know my family. I know my old lady and that’s about it; I don’t even know her, you know what I mean...like I know her but I don’t, not as a son should know his mother, I don’t have a relationship with any of my family like your average person does.

Summary
The problems that faced the young people leaving care were significant; they all reported that whānau/family relationships became crippled over time while living in the care of CYFS. There were similar reports of whānau/family breakdown, confusion and blame about being placed in care, separation issues and a lack of support given to maintain whānau/family links. All the participants experienced serious relationship difficulties and were particularly angry towards their parents. It was also evident that some of the young people made positive connections with caregivers and remained close when they left care. Gina reported that her foster parents were more whānau/family-orientated than her own whānau/family, and this helped Gina to parent her children differently.

The message is clear from the participants, links with whānau/family were lost, absent parents and whānau/family members resulted in whānau/family detachment. The views of whānau/family connections are far from being resolved, it has been a struggle for the participants to deal with the overall trauma of being placed in care. Feelings of rejection and loss have increased the range of problems faced by the participants. These difficulties have weakened links with whānau/family, friends and community. The disruption caused by placement moves is also partially linked to problems experienced by the young people in maintaining relationships with whānau/family members. Those in care longer experienced
more disruption, causing some of the young people to drift. Hemi and Tama both struggled with identity issues and have found it difficult to trust anyone.

Findings – Current Situation

It has been a long journey for the participants in this study. The data collected over the previous chapters indicate that the young people were ill-equipped, both practically and emotionally, when leaving the care system. In the eyes of the young people, whānau/family relationships dissolved or weakened over the time they were in care. This has caused difficulties for some of the participants to ‘move on’, especially those who have faced additional problems leaving care.

Amber said she still does not talk to her step-dad and has not kept in contact with her biological father:

'Don't talk, at all...I don't go there when he's (step-dad) there, he does not come here, he's not welcome here and I'm not welcome there when he's there, so we don't talk, at all, neither does me or my real dad...He's re-married, she has a daughter and he had a decision to make, it was me or her daughter and he chose her daughter. I really didn't care, because I don't know him very well to judge on that, you know I would of really liked to have got to know him...I don’t know where he is, I don’t care where he is, you know, he’s out of my life, and I can’t do anything about it but I still go and see his mother...her two sons have totally ditched her and won't even talk to her...I've been two years part of her life and I just kind of want to get to know her, I want to get to know her so much, if she dies I'm going to be devastated, I don't want to get too close because I know she is going to die soon, so I don't want to get too close, I will just get upset, I only talk to her every now and then, you know.'

She has maintained a steady relationship with her mother and has tried to gain employment:

'Mum comes around to see my boyfriend and sometimes me...the skills I have learnt since I have been out of care is flatting and budgeting...tried to get employment and
got turned down by all of them because I am on the sickness benefit – (connected to sexual violation incident as reported earlier in this study).

Amber’s current living arrangements:

I am now flatting but that is thanks to WINZ. CYFS left me with a huge doctor’s bill and CYFS left me hanging and I’m still having trouble with money...I see my boyfriend everyday, I see my parents whenever I see them...my friends have been there for me, have helped me and supported me in any way they could, but you know, so has my boyfriend, you know, they have all been there and they’re not even family...like I class them as family more than my own family...I want to do something to help people like kids in care, don’t want to be a caregiver, social worker – social workers are stuck up and caregivers get blamed for everything.

Gina said she is happy with her life but there have been moments she has struggled:

I’ve been out on my own...then I met my partner and had kids, we have three kids and we live together, we have moved a few times...still keep in contact with my (foster parents) and their kids. We go there a lot, they have helped me so much...don’t have much to do with my family, I see them sometimes...we don’t really have a close bond or anything but we still see them...I’ve never had a job, had a baby instead...I was doing a Salvation Army course and I’ve done correspondence and that since but I haven’t actually been out to work...I am trying to get a job...it’s been hard, we have had our ups and downs.

Gina said she would not parent like her mother:

We have totally different opinions on how to bring up kids. My oldest brother is in Christchurch on the dole, my middle bother ended up in Kinslea, my younger brother has been expelled from two schools and my younger sister got done for shoplifting and they still think they are good parents.
Luke has maintained whānau/family contact:

*I see mum a couple of times a week cause I've got a trespass order there because we always argue a lot, cause I talk to her in bad ways...My brother and sister come out here every second weekend to my father’s...it’s good, me and my sister argue a lot but I love her, she loves me, my brother he is in a wheelchair, so, you know, I love him...can’t talk or anything. My sister is younger and my brother is older...they reckon the way I am is because I used to watch my mother get thrown through windows and stuff. My dad was a very agro person, he was in the Mongrel Mob seven years, I was brought up around that...I saw a lot of violence, hate.*

He is currently attending a course and living with his father:

*I was working at the Works; they paid stuff all...now I’m at the dive school and live here (at dad’s).*

Tama has moved on since being in care:

*I feel like a good person again. I learnt my lessons on my own when I made mistakes. I don’t take drugs anymore...can’t stay at a job cause my mind tends to roam and then can’t be stuffed doing anything...I was promised I would get along with my parents but I had no help and no clue, they (CYFS) were supposed to help me...I have recently been back in the mental health unit.*

Tama’s current arrangements:

*I’m flatting...I live where I want, do what I want to do and couldn’t be happier. Left care – I was dumped and left to rot and unhappy about life. Freedom outside of care, life is easier.*

Hemi described himself and his situation:
The person I have come today, come to be today, a fucken looser...well I haven’t got an education, I don’t have a job, I can’t get a job, it’s too hard, no-one will hire me, I keep trying...because I’m an ex-convict and my connections and shit, no-one wants me...I don’t have an income, I can’t support my own mother, little my own habit...drugs and alcohol, can’t stay out of trouble gang-wise...I’ve just got back from Auckland...seen my other family...still living at home...don’t really know them.

He has made positive changes but struggles to gain employment:

Given up smoking cigarettes, lowered my alcohol habit, control my anger and done some counselling...the only jobs in my life I’ve had was a dope dealer for four months, a hammer hand for nine months. I’ve applied for six jobs since I have been back and have been denied coz of my criminal record and being a CYFS kid doesn’t help...It’s a lot easier since I have been out of care, less stressful but financially fucked.

Summary
Entering the world of working has not been easy; no one individual in the study has held down a job, all of the young people are financially struggling and all experienced major changes. Some of the participants have lacked life skills, causing housing problems and loneliness. All the participants have had to cope with challenges and take on adult responsibilities regardless of their maturity or readiness. A lack of education and preparation has hindered their efforts to find and maintain employment; they have all been surviving on benefits. Issues that the young people have carried with them have been unresolved; whānau/family relationship difficulties are still evident. The young people are relieved to be living outside the CYFS care system but this has come at an emotional, mental and spiritual cost. The emotional effects have caused psychological disruption and depression amongst the young people. The current situation for the young people indicates extreme instability and it is unlikely that this would change in a hurry. Most of them have faced independence alone and have lacked a safety net of whānau/family. Gina entered parenthood soon after leaving care and Amber is currently receiving a sickness benefit because of the detrimental effects sexual abuse has caused to her mental wellbeing. These young people have suffered a
combination of economic and social disadvantages, adverse whānau/family circumstances and particularly stressful events. Other studies conducted on young people leaving care have identified similar problems and experiences (Page and Clarke, 1977; Festinger, 1983; Stein and Maynard, 1985; Morgan-Klein, 1985; Knapp, 1989; Barnardo’s, 1989; First Key, 1991; Parker et al., 1991; Hutson, 1995; Cashmore, 1996; Stein, 1997; Ince, 1998; Marsh, 1999; Smith et al., 1999; McMillian and Tucker, 1999; Stein, 1999; Ward, 2001; Yates, 2001; Stein, 2002; Propp and Ortega, 2003).

The following chapter provides some suggestions that may improve service delivery to ensure the needs of children and young people are being met.
CHAPTER FIVE

Suggestions for Social Workers and Young People

The focus of this section is to provide the young people a voice and opportunity to make suggestions regarding improvements in service delivery. The information provided by the five participants is direct but colourful. These suggestions and advice are covered under the following headings.

- Suggestions for Social Workers – Summary
- Advice for Young People – Summary

Suggestions for Social Workers

Amber suggested that a Social Worker should do the job they are paid to do and that part of this is to support the young person in their transition to new placements:

*Suggestions and advice, well there's listen and there is do your job, do what you're paid for, go around and see the kids, see the environment they are living in...you know, some of them get dumped off by respite care workers, I never got dumped off with my social workers, the social worker never came in to see what the environment looked like, the respite worker will pick you up...in two weeks time you're be moving to another place...the respite worker would help me bring in all my stuff, that would be it, I go to my room unpack it...It kind of felt strange, because I'm living with complete stranger, and you kind of get that weird sensation, oh god, I'm nervous, I don't know, it's weird living with strangers.*

The lack of support led to a feeling that being in care was a punishment, Amber continued:

*CYFS care, it's sort of like a prison for kids that have been bad towards their families or their families don't want them and we'll punish them, it's pretty much punishing the*
kids, you know half the time kids had no choice in being in there, their parents were either drug smokers, alcoholics or were abusers, you know. My mother was all three.

Gina expressed that open communication is important:

*Talk to the kids more and see how they feel about things...and listen...yea what they have to say.*

Luke would tell social workers to:

*Leave the kids with their parents unless the parents cannot care for their children because I think even if their kids are little nuts or druggies they can find their own help for it I reckon. I don't know, it's not really their fault but I reckon they should have some other way, having to take the child away from their family for long period of time 'cause it just messes with their heads...and emotions.*

Tama focused on improving the care system:

*They should give kids activities to do, go places, at least go see their friends, give them time and boundaries to be home.*

Hemi describes the social worker's process:

*Kids need to have a say, even though you're not independent, not old enough to make all the decisions, but you're old enough to take all the consequences...CYFS are like this, they work like this...You're not old enough to make your own decisions right but you're old enough to take the consequence of their decisions and that's what fucks me off. They (social worker) are the ones; at the end of the day they go home, they go to sleep, they go back to their husband or wife and their kids and have a good time, meanwhile this kid in foster care is wondering what the fuck is going on with their life, what's happening. I want to be with my family, wherever they want to be, they might*
not even want to go home, they want to be in CYFs but you know its someone’s life
they’re talking about, it’s not a toy, it’s not something that should be toyed with
because in the long run it’s that person that’s going to come out second best, they are
the ones that are going...to turn out every single plan and every single decision you
make, you make it knowing this is going change somebody’s life, this is going do
something to this person, you know...it’s not something that I just sign because I’m in
a fucking rush to buy me a pie at the bakery because it’s lunchtime.

Hemi’s suggestions to social workers:

Be more involved, be more involved. They only should have two clients at the most,
that’s if you’ve got heaps of experience because how could you be concentrating on,
they can’t concentrate on one let alone five or six...if you’re been doing it for years
maybe two because they need to concentrate on that person...the way I see it, you stick
with one, you make change, you’re going to do something, you know, impact in their
lives, with five you’ll be shit, you’ll be rushing all around, you don’t have time to sit
down and get involved and get to know the person and all that stuff and at the same
time still stay professional because you’ve got to know your place, you know, and they
think they’re god, they think they can do all this, listen hopefully it turns out all right
but it never does...yea I’m pretty sure they’ve done pretty good for some people before
but they aren’t done shit for me...Be more involved, that these kids they’re looking
after aren’t fucken toys, its not a game you know, it’s real live people that have real
live needs...not, think about it before you scribble something on piece of paper making
a decision about someone’s life, its not something dared to be toyed with or played
with, this is someone’s life you’re talking about.

Summary
It is evident that maintaining relationships have been an issue for the young people. Hemi
mentioned that social workers with high caseloads are unproductive, causing children or
young people to stay in care longer than necessary. According to the participants,
engagement, regular contact and active listening from the social worker are the most
important ingredients to tackle problems. The reality is that the participants experienced
difficulties both with living in care and leaving care. Luke reported that children are best left
with their parent unless they cannot care for them; his solution is to strengthen the
whānau/family group by wrapping appropriate services around them. Working in
collaboration can often remove barriers, preventing children and young people from entering
care.

The data confirms the participants were often not part of the decision-making process.
According to the data, care plans have been fragmented or non-existent. It is important for
'care leavers' to contribute to the assessment of their needs and to the identification of how to
achieve them. This is a step towards the young people learning new skills. Through care
plans it is crucial to ensure that the young person, their whānau/family, caregiver and the
social worker are all involved and committed. To achieve a balance in active involvement
and engagement requires attention to detail, both in assessment and planning.

Advice for Young People

Four of the participants have provided advice to young people that are on the fringe of going
into the CYFS care system or who are already living in care.

Amber has some strong and robust advice:

*Don't go into foster care...Honestly, you're going have to be the toughest...toughest
person in the bloody house, to stop one...stop the males and females from touching
you, two, from get hidings, three, from putting up with the shit from your social
worker, you're going to have to be the most brainiest person...I feel sorry for them (in
care), I really honestly do, I would rather go to jail, I honestly would, foster care was
worse than jail, I've never been to jail but I have heard about people that have gone to
jail.*
Luke says:

*Stay at home. Stay at home as long as you can...because it’s not that nice.*

Tama highlights the importance of whānau/family:

*Don’t let them tramp you; don’t let them stop you from seeing your family. Don’t go into a residential. If you want to see your family, see them...don’t let no-one stop you, your family is the closest thing to you. I feel closer to my family now because I’m out doing my own thing...I’m doing what I want to do.*

Hemi says to be yourself and maintain your identity:

*Never hold back in what you do but don’t be tempted by the temptations of life...be yourself, don’t let no-one change you, if you want to be that way or if you want to be this way then fucken don’t let anyone tell you what to do, be want you want to be, be yourself, don’t let no-one take that away from you, don’t let anyone take your manhood...don’t let anyone take your pride away from you.*

**Summary**

Overall, the majority of the young people believed that going into care was not the ideal situation and they encouraged other young people to remain living at home. From the responses, it seems there is a clear message that you have to be strong to survive the experience of living in care – you have to fight to retain contact with your whānau/family, you have to fight to retain your identity and to protect yourself from abuse. According to the participants in this study, the care system has not been the ideal living arrangement, but at the end of the day they had no choice in the situation.

The following chapter presents the rich data thoroughly discussed and analysed by three focus group. The discussions reveal the good and bad experiences young people have faced leaving State care – and the consequences of that experience. The data is then divided into six key themes.
CHAPTER SIX

Focus Groups

This chapter presents a summary of findings from three focus-group hui held in Invercargill. The groups consisted of:

1. Participants' focus group
2. Whānau/family focus group
3. Caregiver focus group

Three semi-structured, kanohi ki te kanohi (face-to-face) focus groups were arranged to feed back the key themes identified from the individual interviews outlined in chapter three. Whānau/family and caregivers of the participants were only approached after permission was granted from the young person. During the course of seeking permission from the young people, relationship difficulties experienced during the period they were living in care with particular whānau/family members and caregivers were revealed.

Each focus group constructed their own kawa (set of rules and procedures) and the results of the emerging themes provided a starting point for discussion, in which participants shared their story in written and verbal form. We started with whānaungatanga – making connections, forming and maintaining relationships – and ended with a poroporoakī (farewell), in which participants farewelled one another. I have chosen individual examples and used quotes to show experiences and perspectives. This way of presenting these findings allow the previously silent voices to become heard by virtue of sharing a collective voice on relevant issues.

Particular attention has been given to addressing the issue of confidentiality; all names and identifying data have been removed. The interview questions were a guide only, a stimulus that would allow the kōrero/stories to flow; structure was provided by setting group rules and providing questionnaires that allowed written participation. All focus groups openly
communicated their views, ideas and opinions about the care system in Aotearoa/New Zealand. The focus groups are arranged in the following order.

- Young People's Focus Group
- Focus Group with Whānau/Family members
- Focus Group with Caregivers

**Young People's Focus Group**

The young people in this group were those who gave individual interviews. A number of commonalities emerged throughout the whānaungatanga process. Two of the participants had crossed paths previously and together the group identified several connections of importance. These connections influenced group cohesiveness in a positive way; the level of rapport and participation grew as the participants realised that they each had had similar experiences and feelings. The experiences of the young people’s focus group are reported under the following headings:

- Experience in Care
- Transfer from Care
- Summary

**Experience in Care**

All participants lived with their biological whānau/family group prior to entering care. Individual and cultural interpretations about whānau/family varied greatly. Whānau in Māori terms encompasses the extended/wider family group, whereas the Pakehā (European) family unit usually referred to the ‘nuclear family’ (two parents and two children). Decision making within a whānau is a collective process on all matters which affect them. Whānau is connected to a hapū (sub-tribe) and iwi which is the largest political unit in Māori society. Compared to Pakehā (European) families, decisions are usually made within the immediate whānau/family group only.
The participants discussed how being away from whānau/family was not always the best solution but was necessary for some children. The often overwhelming challenge for foster children is to overcome the trauma of separation from whānau/family and become part of their foster family. A period of adjustment can sometimes break a young person’s spirit and exert a tremendous impact on their lives, sometimes causing long-term damage. Although, State care is to protect children and young people at risk, in so doing they have equally been unsuccessful in providing the best care. These are the participants’ views:

*The good thing about care was the food and clothes...the bad things were rules, no social life, hardly seen my family and I learnt how to be a bitch, done alcohol, drugs and sex!! ...it was hard as I didn’t know who my family was.*

One participant reported that:

*CYFS drew me further away from my real family...I learnt drugs and alcohol, flatting and criminal activity.*

Whānau/family links were not maintained, and this participant learnt some new skills when living in care:

*The bad thing was being away from whānau and you had to ask to talk to whānau...I had consequences, no pocket money and made to do extra chores for bad behaviour or be excluded if you were bad at school, you weren’t allowed to do anything...drink, drugs and learnt firebug, learnt to... learnt how to steal, learnt how to fight...I found it confusing (being part of two families), I felt as if I was a part of the furniture being shifted around, I loved other people’s family more than my blood family...hardly seen them.*

There were some positive things said about living in the care system:

*To me nothing was good about care except good food, only had one ever good caregiver...I got good clothes...CYFS have a good clothing grant.*
Not all the young people adjusted to change well. This sometimes affected whānau/family, caregiver and social worker relationships, leading to these relationships breaking down or becoming vulnerable. Multiple placements or placement changes sometimes raised issues.

*I got placed in a hotel for a day because I went nuts at my social worker and they had to change my social worker...if things went wrong they just packed your gear said we're going and that was it...the social workers use to go on that, 'your parents don't give a crap about you, they don't care about you' and my parents would also turn around and say, 'we didn't say that' and have said that, 'I don't love them and don't want to come home'...she(social worker) just totally stuffed up everything...at the end of the day my social worker came to one of my placements, packed my gear up and said we were off. I had just got home from school.*

Caregiver breakdowns occurred regularly with this participant, sometimes resulting in residential care placements:

*If the caregiver did not want you, it was good-bye...I done heaps and heaps of stuff-ups, I went to juvenile when I was about fourteen, I got out and back in when I was fourteen, hit Mount Eden when I was fifteen because I got sentenced, went to Paparoa and just got out about five months ago...went to McKenzie when I was nine, first time I went to Pukatai I was seven...CYFS drew me right away from my family, they ripped me right out and now I've gone back after fourteen years and I have to live with them, you're my bro and I don't even know you.*

For this participant, one positive caregiver placement made a difference:

*I only had one set of caregivers that cared for me and the food was good.*

The participants in the focus group entered the care system and were automatically placed outside their whānau/family group. The participants were left with complete strangers and were expected to cope. Those that did manage to ‘fit in’ used a variety of coping strategies:
In one situation I had more feelings for another family than my own because some of them loved me back the same way I showed them, and my parents knew that...I had more respect for other people looking after me than my parents because my parents did not show the same support, they didn't show the same love...I couldn't trust my parents as far as I could throw them. I still can't.

Relationships between whānau/family members have changed, especially for this participant:

Me and mum bro, don't have a really son to mum situation, we're like mates...she gets on with all my boys when they come over.

This participant remembers what it was like being separated from his whānau/family:

I was so confused I started cutting my arm, confused about who my mum is, who my dad was, who my really family was, the ones that loved me...it was just weird...I went through a lot in care, I think its made me a better person even though I am having problems now...I tried to hang myself and my two uncles walked in, I was unconscious and I had done some harm to my neck...my uncle played with me, that was bad enough and then he saved my life.

Transfer from Care

Leaving care for the young people was experienced in different ways. This participant reported:

They put me in the backpackers and left me there, I shifted myself to a camping ground...and I was pretty much on my own by then...I got picked up by (social worker) dropped me off at mum's and that was the last I seen him (social worker)...left home...I turned up there (CYFS) to get a food grant and he asked me what I was doing, I was about sixteen...I left on my own and have had no support from anyone since then.
At the age of seventeen, young people are discharged from CYFS. Discharge did not happen the way CYFS had informed this participant:

\[
\text{I went home, it broke down and then I went flatting... I officially left care when I was seventeen, on my seventeenth birthday I got a letter saying 'bye, bye'. They wrote here (referred to care plan) that there would be an exit plan and there wasn't... they also said that they would have a plan for me and come back in six months after I got out of care and that didn't happen. I went to a meeting... and pretty much said bye then and that was it.}
\]

Promises were made and broken, this participant reported:

\[
\text{I went home, what I'm doing is being a bum, they actually told me when I was in prison, they told me when I got out that they had a caravan for me. They were gonna help my mum out with some rent sort of shit so they could pay for my feed. Mum didn't have to take me in, if she didn't they had nowhere to put me which means they couldn't put me back in prison or put me in a residential home, what sort of residential place would take a person like me because I've been a prison man, the only other place was a foster home and no foster home would take me... now they just dumped me with my mum, they kept me away all these years and now they just dumped me with my mum.}
\]

The transition from care to adulthood has been a bit of a rollercoaster ride for the participants. The participants want to inform CYFS about their current situation. Employment has been difficult to obtain, and some participants could not hold down a job. They reported:

\[
\text{I've got nothing, I've applied for five maybe six jobs and I have been turned down by every single one because I have a criminal history, a serious one... these are jobs anyone could get... I've nothing good to say on my CV... I'm not even on the benefit yet, I don't even have a birth certificate.}
\]
This participant obtained Sixth Form Certificate and still struggled to gain employment:

I've applied for five to six jobs and I've been turned down and I don't even have a criminal record...Burger King, there was twenty five positions there and I didn't get one...I haven't even got a bad work thing...I've got Fifth and Sixth Form Certificate, I've done a work and employment skills course, I done my first aid course, I done a nannies course, which I failed by with one paper, and done a typing course and left that...and now I can't get a job because my case manager (at WINZ) is saying that I am mentally unstable and is saying that to all the places I try and get work at, considering the benefit people try and get you into work not out of work.

It has been difficult for this young person to stay employed:

Scaffolding, forestry, meat works, wool scourer, kitchen, and Wensley developments, can't stay at a job because my mind tends to roam and then can't be stuffed doing anything.

Plans with clear achievable goals and objectives are helpful to improving or achieving the desired outcome. All of the focus group participants were placed outside their whānau/family unit. For them, 'going home' was the most talked about goal but for some this was often difficult to achieve, especially if the 'goal posts' kept shifting:

The goal is to go home, they (CYFS) should keep their promises...My goal was to go home...done what they said...they just kept changing things.

Plans are often inclusive; all the focus-group participants agreed that they should have been part of the decision-making process. This participant suggested:

The care plan should include your social worker, (they) should sit down and talk to you and say this is what's happening, you should been taken to meet the caregivers
first, just to get to know them on a one and one basis and see what their family life
is like instead of being stuck there, dumped there, they don’t give a crap about you.

One participant spent majority of his life growing up in state care. He reported:

Don’t know who I am...It (care plan) should always definitely have getting back with
your family, getting back to bonding the family...they should work towards it (going
home); CYFS are like this, they grab a whale from the sea and rise it on the beach.

This participant believes:

They (CYFS) should leave the family together...should help them (the family).

Summary
The focus group discussions with the young people clearly highlighted more negative
experiences than positive experiences whilst living in state care and leaving care. The Act
highlights the importance of strengthening the immediate and extended families and iwi
(tribe) or community networks, rebuilding and maintaining original attachments or, where that
is not possible, forming new ones. According to the focus group, CYFS failed to maintain or
rebuild whānau/family links. Some participants reported that the minimal contact they had
with whānau/family usually resulted in confusion or conflict. The periods for which the
young people returned home were all short-lived. The majority had suffered abuse or
rejection prior to entering care, in the majority of the cases unfolding the experience and hurt
often did not help the situation.

All of the young people were aware of being discharged at the age of seventeen, even if the
reason for entering care in the first place was unresolved. The movement towards returning
home or living independently was not always a shared care process. One young person
received a letter saying ‘good-bye’ and some were sent home ill-prepared prior to or on their
seventeenth birthday. Not one of the participants successfully connected back to their
whānau/family group, forcing the majority to leave and live independently, regardless of their
maturity and readiness. Again, care leavers are falling through the gaps; the data confirms that young people have to make adult decisions whether or not they have the skills or maturity to do so. Although the experience of leaving care was different for all the participants, they all reported some similar issues: decisions about where to live was a common major concern, along with employment issues and wondering where the next meal was coming from. One also had to deal with becoming a parent.

Living independently provided challenges for the majority of the participants; they recall being homeless, foodless, indulging in drugs and alcohol, and some participated in criminal activity. Issues of injustice experienced by the participants have negatively impacted on their physical/fitness and mental/psychological wellbeing. Leaving care and preparing to make the choices of adulthood was difficult for all the participants. The transition process set out by CYFS appears to be heavily influenced by the social worker and the success or failure of young people adjusting to more changes creates problems if the supports are not in place. It is evident that all of the participants have experienced a lot of movement and disruption while in care. Not one young person has managed to hold down a job, and they have all become welfare dependent.

The impact of care on personal identity has caused some of the young people to retaliate and question their own cultural identity – belonging. According to the data, outcomes for all the participants have been influenced by a number of things, such as personal issues, whānau/family relationship difficulties, experiences in care, low educational attainment, attitude and level of motivation, interpersonal and practical skills. All these have contributed to their current situations.
Focus Group with Whānau/Family members

Introduction
In this section the findings from the whānau/family focus group will be discussed. Background information on the research was revisited; this was to ensure that all the participants were focused on the same subject for discussion. These findings are presented in the following order.

- Reason for child/young person going into the care system
- Care plans
- Whānau/family access with child/young person
- CYFS involvement and transition from care
- Summary

Reason for child or young person entering State care
From whānau/family reports it is apparent that having a child or young person entering into care was not always an easy decision, but for some there was no alternative. The young person’s behavioural difficulties and whānau/family relationship breakdown have most often brought their child or young person into the care system. Parenting practices have been detrimental to the welfare of the child or young person, resulting in problems escalating and their child or young person entering state care. This stage is most often considered a particularly vulnerable time for the child or young person and their whānau/family. One whānau/family member remembered:

*He originally went into CYFS care because I had no family support for us immediately after his father stabbed me. He first went into care on a 28-day care plan, however, ended up in long-term, permanent care. His father was extremely violent towards me, him and siblings. There were boundaries and consequences however, it was hard to put things in place.*

This parent did not have the resources or finances to access the specialised care her child required:
He went back into care, that was under the guidance of the school, basically he went away from school to give his school and teachers a bit of a break and we had some difficulties getting him in there, then he ended up in care when he got back because we couldn’t handle him, couldn’t deal with the problems he already had. He needed specialised help and the only way to get specialised help was to have him in care. Honestly, the only way to get specialised help...was to put him into care. The only way to get help, in any shape or form is having your kids in care. I know it sounds really wrong and it sounds stupid but the best help you can get is from that source.

This mother struggled to cope with her child’s demanding attitude and ungratefulness:

She thought the grass was greener on the other side of the fence...my husband, who is her step-dad, didn’t get on either...she moved in with the neighbours, my daughter moved out of the house because she had to wash the dishes at nights and I was abusing her...I went on a bus trip and all these kids in ‘care’ were talking to the ones that weren’t in care, telling them how to get into care so they too could get $300 dollars worth of new clothes every three months, and we could not afford new clothes for her, what she expect us to buy.

It was not easy to admit to others that she could not manage her own child. This mother was sleep deprived and struggled to deal with her son’s behaviour:

Severe behavioural problems at home and school. No sleep for family. Stressed family due to child’s behaviours. Needed extra help to address child’s behavioural problems? Running away from home and violent outbursts, beating up his sisters.

Several whānau/family members reported struggling when their child or young person was diagnosed with a specialised condition. For one mother, the news of her child having a clinical problem was difficult to absorb:
I had never heard of ADHD, didn’t know about it, hadn’t heard a word about it, because my son had so many problems at school...and even before school, even at kindergarten, play centre, that sort of thing...that was the school that came to me and said, hey we think we know what’s wrong with your son, but before I actually took him to my doctor or a psychiatrist, anything like that, I actually got a lot of information from America...A year after he was diagnosed there was just a heap of them, all went through the system and of course it was blown right out of kilter...He was six.

It is sometimes difficult to understand why your child is the one always out of control. Even worse was that this mother could not afford the care her child required. This mother reported:

> I have to say once that diagnosis came I haven’t had the hassles with mental health...immediately thousands of dollars was ready and available to assist financially and anything that was needed, CYFS picked that up quickly...As far as I know it was for the duration time while he was in care and he was diagnosed when he was a baby about five or six...He had severe serious conduct disorder and ADHD.

The finger is often pointed at the parents if anything was wrong:

> All these kids have problems, what happens is the parents get blamed.

Some whānau/family members avoided administering drugs/medication to their child or young person. There was a period when it was common to have children diagnosed with ADHD. One mother failed to stop the health system giving her son drugs; this is what she had to say:

> I wouldn’t put my kid on medication because nearly every second kid in the neighbourhood had ADHD...you imagine how much Ritalin was floating around our neighbourhood, it was big time...They have got him on psychotic drugs...enough to slow down an elephant and they also had him on Ritalin...one drug counteracted the other drug that stopped the drugs from working...that makes kids commit suicide.
This mother struggled to watch her child being drugged at such a young age:

He was about five, I was very reluctant to do it, place him on medication...I took him off Ritalin, I demanded that they take him off Ritalin when he was telling me that he was thinking of killing himself...in fact he hang himself...they walked in when he was swinging...their response to that was that they rushed the worker away to counselling to the hospital and everything, but they made him get on the phone and ring me and tell me what he had just done...me and the (lawyer) actually wrote to the commission for children and told them what was going on...and all his medication stop from there...he was only medicated via me and that was only for childhood things like headaches and stuff like that. He now has a permanent appetite suppressant, like he go a week without eating, he’s gotta keep telling himself, that’s right I have to eat today.

Care Plans

Plans are necessary for children, young people and their whānau/family when entering any form of support service. Care planning follows an assessment usually carried out by the caseworker in a participatory process. During the assessment process it is necessarily to involve interested parties, and establish trust and understanding to obtain meaningful information. In regards to this study, it is important for CYFS social workers to work alongside the whānau/family, caregiver and other professionals to achieve an understanding of particular situations and worldviews. Plans need to be SMART (Simple, Manageable, Achievable, Realistic and Time-framed). The whānau/family participants reported their involvement in the process.

I think they (CYFS social workers) learnt to work with me, they know it was better to work with me, than have an alternative motive...there was period of times when I uplifted my kids from CYFS care or they ran away and I hid them, and that was the way it was, you (CYFS) get your shit together and look after my kids properly or I won’t tell you where they are... two rivers going the other way.
This mother was grateful for the support provided to her whānau/family:

*A agencies can only do so much to support you...I can’t say I didn’t get all that because I got everything...the problem is they can only do so much for a family, it’s normally when the agencies aren’t there.*

For one mother, she had no idea what was going on:

*No ‘care plan’...didn’t see anything...they (CYFS) made up their own rules.*

Some of the whānau/family members struggled with what needed to change before their child or young person returned home. The plan or goal was not always clear to them:

*I was told he wasn’t coming home. He was placed in long-term, permanent care, after the twenty-eight-day care plan rolled over, they applied for a 101 on the grounds of his behaviour while he was in care and they (CYFS) got it and he was placed in long-term, permanent care then...The explanation given to him by the Social Worker was that his behaviour needed to change, a lot of people were present when that was given to him, however, the explanation given to me was totally different, there was no chance...I knew he couldn’t come home...the consequences would be that CYFS would have to uplift my other children.*

This mother often experienced episodes of breakdowns when her child returned home:

*Things can change when kids are in care...but when they integrate them back into the family circle things may seem alright at first but they quite often deteriorate because in your own home you don’t have the same network...we didn’t always have the same back up and network that (caregivers) have got around them at all times through the social welfare system.*

Whānau/family members discussed the purpose of the care plan and the key focus that will enable barriers to be removed to achieve a positive outcome for everyone concerned:
The care plan should be more family-focused...it should not be only about the child, I think it should be about the mum, the dad, the immediate family, whoever's in the house...help the whole family adjust to what's going on.

Sometimes whānau/families are left to make changes that will allow their child or young person to return home, regardless of skills, knowledge and resources.

A care plan should address the needs of the child and the family.

It is important to them that relationships are maintained or rebuilt. This mother commented:

The plan to be more family-orientated.

Whānau/Family access with child/young person

Traditionally, Māori whānau make collective decisions and no one is treated as an individual. The development of a child's identity, which starts when a child comes into this world, is dependent upon their whānau/caregiver; their needs are met within a supportive environment. Those children and young people that are not secure or are removed from their whānau/family often contribute to the breakdown of culture and whānau systems. According to the literature, when a child or young person is removed from their whānau/family group this is likely to cause devastating effects if not managed appropriately. A key factor is maintaining whānau/family links or rebuilding relationships that will continue providing ongoing support. Some whānau/family members reported that it was difficult to have regular visits because they had no say in the matter, and some of the parents had restrictions placed upon them. One participant reported:

We had to have supervised visits, two hours every second week, we had to write out a plan, show it to the social worker, he would decide 'yes' or 'no'.

Types of access with the child or young person varied amongst the group. This mother said:
I have had supervised and unsupervised access. We had planned and unplanned things to do during access. We done things such as baking, gardening, restaurant visit, park visits, movies and other times we would just hang out at home and play video games. Access took place in a few different places from caregivers’ homes, my home and mutual places.

One mother looked forward to spending time with her son:

Access was great. We did family things, bush walks, spend time with family... (Visits were) inconsistent, I would say.

Some whānau/family members found it hard to cope with someone else making decisions for their child. This parent nearly reverted to using violence, just so she could see her child:

We were only allowed to see our children (all access with their child was controlled, regardless of the family wishes), they weren’t allowed to stay at home and do things...It was a nightmare, I didn’t realised they (CYFS) had that much power; I just about walked in there with a shotgun.

Reactions from the child or young person posed additional difficulties for whānau/family relationships.

She (young person) would make a great author one day with the stories she told, we are lucky not to be in jail...she accused us of everything, the whole lot, total humiliation.

It is hard enough when children and young people go into care; it is even harder when all but one child comes home:

It was really hard for him while he was in care, knowing all the kids were at home, however, when he came home for access in that period of time or if we went to
him...the time was spent around him... sometimes it was great and sometimes it was diabolical and he had to go back.

No matter what some children or young people say or do, the connection with siblings often remains. This mother reported:

They (siblings) love their brother unconditionally, even though he bullied them.

CYFS Involvement and Transition from Care

The State says that if a child requires placement outside the family, this should cause minimal disruption of the child’s life. It is important to establish and maintain positive relationships between CYFS, the child or young person and whānau/family so that the best outcomes are achieved. CYFS social workers are sometimes caught between a rock and a hard place, where decisions are not always black and white. Whānau/family members expressed mixed feelings about their child or young person’s social worker.

Couldn’t and still don’t have a relationship with a social worker. I am too angry with the way they mistreated and abused my family.

It is helpful for everyone if the social worker’s practice is transparent and inclusive. This mother formed good relationships with her son’s social workers:

My son’s social workers were very good. I never had any problems with them. I was kept informed about my son’s care at all times. They respected my opinion and never passed judgement.

Sometimes it is difficult to keep up if there have been multiple social workers involved. For this whānau/family, there was one exceptional social worker that stood out from all the rest:

I had a variety of relationships with social workers over the years. They range from appalling to fabulous. (There) was an amazing social worker, he was honest, up-
front, and he showed compassion and empathy while always staying on task and to the point.

Whānau/family members expressed a lack of support from CYFS when their child left care. This was generally seen as extra pressure for whānau/family members to cope with, especially when relationships with caregivers and social workers were not always the best. There was some variation in opinions about this.

When the child becomes of an age and they decide to pull all the supports because they don't know what to do with them and they can't find a caregiver to look after them, so what do they do? They (CYFS) throw them in a backpackers...then tell them they are own their own and are given a benefit to live on. They (young person) are then put in the 'too hard' basket.

This mother tried to access support through CYFS but was declined:

None (no support)....I was told it was not about me.

Some whānau/family members were opposed to some of the decisions social workers made when their child was due to be discharged from State care:

They put them (young person) on the equivalent of the independent youth and they pay their own way.

Finding placements for young people is often difficult; this parent was appalled that CYFS were spending large sums of money on alternative care facilities:

The security guard across the road looked after kids in a hotel room, my son stayed in there for three nights...they got a security firm to look after them, two guys on at a time.
Informationsharing is sometimes awkward; how much is too much? This mother believes it is important to be on the same playing field, information sharing is a two-way process:

There's not enough support is given to the foster parents, or enough information on the child's background. In some cases I think some foster parents need a wee bit more information so they know what they are dealing with...No surprises – information on caregivers should be given to parents. My relationship with caregivers has always been good.

Whānau/families often worry about their child or young person and care placements. It has not been easy for this participant:

I think more information should be given on caregivers. I've had some pretty wicked caregivers...when a placement broke down and they had found a replacement home I was rang up and I was told this is what's happened and this is where he is going.

Leaving care is often a vulnerable time for young people, this mother reported:

The social worker gave my child the independent youth benefit papers to take down to her mother to sign. I said no you want to go on the independent youth benefit, they are the ones that have custody of you, they can fill them out.

All whānau/family participants agreed that the goal was for their child or young person to return home. This participant said:

They (CYFS) weren't helping my child to return home, they were dicking us around, my son hadn't seen me for five months.

Work with whānau/families to ensure safety and security for their children is a key responsibility for CYFS social workers. According to one mother, her son's transition from care was poorly handled:
This mother remembered that her son’s transition out of care was rushed:

*It contained a period of home visits to days, then proposed home visits for a night, then a whole week and then after that whole week 'home'. There was a transitional period but we thought it would be longer than what they anticipated, it jumped from one extreme to the next pretty fast, it didn’t work, it broke down...I think the transition period needed to be longer.*

Whānau/families are often ill-prepared when their child returns home. This mother was involved in the transitional plan and still struggled:

*The weaning programme started off like a day here and then two days and it goes into a night and then two different nights, it was a couple of weekends and then a week...all of a sudden home, I think it was supposed to be over a period of six months and it ended up about three months, about half the time, they said, the weaning period needs to be longer...you need to see over that time how the child is actually going to fit in, it’s like a shock to the system going from a household that is regimented...every household runs differently.*

**Summary**

Whānau/family members were very clear why their child or young person entered the care system. In two families, one of their children was diagnosed at a young age with ADHD and
both received medication (Ritalin). For one child with extreme behavioral difficulties, the parents struggled financially to provide the specialised care their son required. Placing their son in State care appeared to be their only option. A study showed that eighty percent of children in foster care have at least one chronic medical condition, 25% have three or more chronic problems, and an estimated 30-70% has severe emotional problems (Silver et al., 1999).

According to the data, young people in their teens are often unpredictable and are particularly vulnerable. One mother reported that her child was influenced by others living in State care; the attraction was having a clothing grant. Some whānau/families experienced supervised and unsupervised access to their child; this often made whānau/families powerless. Access with children and young people varied amongst whānau/family members. One parent found that access to her child was inconsistent, leaving her no choice but to take the law into her own hands. Thoughts of walking into CYFS with a shotgun crossed her mind. Overall, relationships between whānau/family members and CYFS have been very fragile. This has often led to whānau/family participation in the decision-making process being non-existent.

All whānau/family were ill-prepared; one parent was surprised with independent allowance forms and another parent received minimal warning that her child was returning home. It has been difficult for all whānau/family to cope with the blame and shame of their child or young person living in State care. Another major problem that faced whānau/families was the lack of information provided to them about their child’s wellbeing and whereabouts. It is clear that whānau/family structures and links continue to breakdown when whānau/family members remain separated.
Focus Group with Caregivers

Introduction
This group was made up of two caregivers and their partners, as three of the young people choose not to invite their caregivers to participate in this research. Those young people that have established strong ties with their caregivers were more likely to involve them. The findings from the individual interviews are discussed and explored below.

These findings will report on the caregivers' perspectives on their experience of being a caregiver for CYFS and identify possible barriers preventing positive outcomes for children and young people. The findings are arranged in the following order.

- Involvement with CYFS
- Care plans
- Relationship with child/young person
- Involvement with whānau/family
- Advice to social workers
- Summary

Involvement with CYFS
The caregivers' experiences differed; both couples have, over the years, experienced changes with CYFS practices and procedures and they were critical of many aspects.

I have been a caregiver for CYFS for years, they have changed their name a lot, just like they change social workers, and they have lost a lot (of caregivers). There have been some really good ones (social workers) and real useless ones...I always end up with the ones (children) no-one wants...I've had heaps of foster children live with me...some go home, most end up on the street or in jail...social workers have become accountants, they spend more time monitoring the funding than actually the child... (social worker) plays mind games, plays the foster parents and the child off... the only
time we contact the social worker is for reimbursement or purchasing things for the foster children.

Caregivers often set clear rules and boundaries that are realistic for the child or young person. Confusion and conflict usually occurs when young people receive mixed messages.

We have been caregivers for about five years...CYFS tolerate or allow children under age to smoke, truancy and other bad habits, which in today's real society is not acceptable. CYFS need to seriously look hard at themselves and need to put better policies and practices in place.

The day-to-day care remained with the caregiver:

Hardly seen a social worker, you only see them if something goes wrong or approval is needed...Most don't have anything to do with the foster children, they just drop them off, we are only supposed to be short-term caregivers.

This caregiver pushed to get counselling for one of the participants in this study:

Lots of kids come with baggage, (young person participant) had heaps of problems, she hated her step-dad, hated herself, but no, CYFS said no...I did get counselling for one of the kids that stayed; it took so long it was too late because he was shifted out of our care because of the damage he done to our house.

CYFS involvement with the caregiver and the child or young person often occurred in extreme situations and advice given was not always helpful.

The only time we had involvement with CYFS was when our child we were caring for got in trouble at school or with his parents...Found the case worker very useless. He explained the child, when he ran away, that he should not be told off, that he was like a person that needed a plaster. He needed pampered. No understanding of rules and boundaries set out by our house.
This caregiver has many years experience in caring for children and young people. Contact with CYFS often related to incidents or when the child or young person required financial assistances.

*It's been fourteen years...very little (involvement from CYFS). We only contact them when there is a problem with the children or they need some funds to be paid. The social workers are supposed to visit once a month. This doesn't happen; we see them about three-monthly and talk on the phone approx six times a year max for each child in our care. Most of the time, the caregivers are kept in the dark.*

Some children and young people remain in care longer than planned; one participant in this study stayed longer than they were supposed to:

*We start off as 28-day contracts, went on for years, the foster children wouldn't leave, couldn't chuck them out...me and (husband) dealt with all the behaviours and school, everything.*

Caregivers are often placed in awkward positions, especially when care plans change:

*He came to us only four to five nights, which lasted 10 months. It was respite care; they just forgot to take him back.*

Some young people that have been in CYFS care for a while eventually got to know the system well. The caregiver reported:

*The CYFS system failed him (young person in study). CYFS need to realise children need boundaries, guidelines and strong disciplinary rules for all...He knew the system too well and manipulated it to the extreme. CYFS owed this boy everything and he wanted all he could get...He is really good, he is likeable, he fitted in but struggled with the rules. Going home for him always ended up breaking down.*
The transition for young people to home or to living independently often falls over as a consequence of the lack of support provided by CYFS. This caregiver has witnessed and been in contact with young people on the streets that have left their care. This includes two of the participants in this study.

Too many young people end up on the streets. Go to town, you always see them, some have gone home and never stayed, they collapse, they put them on independent youth if they can, if not earlier than seventeen ... The family can’t help them if they don’t get the help... most end up on benefits with no education, job and girls get pregnant.

Not all young people that aged-out of care are prepared and mature enough to make adult decisions; according to the literature, those young people that fall through the gaps often become another statistic in the health, welfare and justice systems. This caregiver reported outcomes for some of the young people leaving their care, including two of the participants in this study, who have made bad choices.

Approx four boys have ended up in jail. The girls have had families young and only one has gone on to achieve more education.

This caregiver’s last memory of the young person in this study was when access with whānau/family broke-down.

Our child we cared for had another incident with his family and never came back. His social worker came and got his gear.

Care Plans
The data, so far, confirms that the participants and their whānau/families received patchy support from CYFS. There were similar reports that once in the care system, care plans were easily lost or not in place. This caregiver often did not know what the child or young person and their whānau/family needed to achieve to return home.
Knew very little, haven't been consulted about care plans much in the past five years. The plans are very vague and a lot of the time incomplete, with none of the relevant information in them.

Not all caregivers received a care plan.

No, never seen one (care plan) with (young person).

Again, minimal information was provided to the caregiver.

Never had one, he was supposed to stay long.

Transition plans for young people leaving care was acknowledged as an issue. Caregivers sometimes struggled to get hold of the child or young person’s social worker. Young people leaving care were particularly vulnerable, especially if the transition process was rushed or a plan was not in place. This caregiver reported on one of the participants’ situation in this study:

No plans were in place for (young person in this study). He aged out of care but has not successfully adjusted to real life... (social worker) was useless, he was hard to get hold of and rarely returned your call... getting respite care because we were going on holiday was even difficult, we were still going. he (social worker) rushed around at the last minute.

Another caregiver made comment about another participant in this study; they were often kept out of the loop regardless of the child or young person’s problems:

No transition plan, they tell us nothing, after the twelve month review they make decisions, we are the last to know... we keep all letters from the lawyers, FGC meetings and anything else... it’s hard for foster parents if children have special needs and they don’t know.
Not all social workers worked in isolation or abandoned children or young people. However, caregivers often had to push things along. This caregiver made comment:

(social worker), she's good, if I have a problem, I let her know what I want, she sorts it out – no bull-shit...we have seen some plans, depends on the social worker...(young person) was a good kid, his dad came down most weekends...he went home, (social worker) rang me and said he was going home, I had to ring because it was nearly Christmas, we needed to know if he was staying or going.

There is often little emphasis given to information sharing and care plans. Two of the caregivers voiced frustrations that they didn't always have all the information that was needed. It was sometimes difficult to know if the child had behavioural difficulties needing specialised support or if access with whānau/family was arranged. This caregiver found out the hard way about a child in her care:

They would drop them off, it can be any time...we got their name, got stuff all information, you would find out down the track. (Child) came with old plan, it contained old information, it was not up-dated at all with his behaviours, he smashed things, had bad tempers, vandal everything, cost us thousands, CYFS didn't care, went to the insurance, they said if the (child) was destructive we weren't covered, went and seen his previous caregiver only because I knew her, she told me about his behaviours, she told the social worker and it wasn't passed on.

Caregivers get to know a child or young person really well while they are in their care. Social workers that do not maintain contact with the child or young person are often unhelpful. This caregiver reported:

The social worker just rolled over to smooth things over. He (social worker) was not at the same level as the caregivers and therefore giving false hopes to the child...we were given no background information on (child) and he had been in and out of care.
Relationship with child/young person

The caregivers noticed that the child or young person would experience particular challenges when going into care.

(Participant in this study) is a good kid... yea we have honeymoon periods with them all but he was a gentle giant... he got on well with the other foster kids... he struggled sometimes because he couldn't come and go as he wanted... we let him smoke because his parents let him and (caregiver) smokes, the rule for all of them is that they had to buy their own and it was outside... we don't allow drugs at home, can't stand the shit... number one rule: bring drugs into our home, you're out.

The caregivers all have clear rules, boundaries and consequences in place both for their own children and foster care children. This sometimes causes difficulties if the child or young person's boundaries have been non-existent prior to entering care. The caregiver reported:

Can't stand drugs... don't mind them smoking cigarettes... not allowed to drink, some of these kids can do it all at their homes, some are brought up with it and ya wonder what planet the parents are on... we treat the kids just like we treat our own, the young ones have rules just like the older ones... (young person) got stood down so I made her do the gardens, she wasn't just going to sit at home and do nothing... (social worker) rang me once because I made a young person clean the floor for punishment... they get grounded if they stuff up, some have tried to please themselves and they don't like it when you have rules. Have mostly been very good, we have had about three cases that the children have wanted to leave, so we have let them.

Children and young people living with caregivers often become part of their whānau/family group. One of the participants had no problem blending into this whānau/family:

When he was in our care fully we did not have any problems; he was one of the family. The only times we had trouble was once he had contact with his family. This seemed to kick off bad behaviour.
Caregiving is often full of challenges and rewards. It can sometimes place strain on whānau/family relationships:

No relationship with person now. Relationship OK – near the end he was straining relationship with husband and me, as playing us off...He rang up from school one day sick, so I went and got him, pulled me away from work, brought him home. When I returned later on he was cooking up a storm, he said he didn’t want to be at school.

One caregiver voiced concerns that it was difficult to get specialised services for some of her foster children.

We asked for counselling for some of them because you know which ones need it, really that’s why they end up in foster care because they have naturally been damaged, physical, emotional, some sexually abused. Trying to get funding is hard because they look at what it’s going to cost, it takes months and sometimes years to get help, some miss out completely.

Caregivers are sometimes referred to as substitute ‘parents’ and sometimes establish close relationships. One of the participants blended into this whānau/family:

(Young person) is like our daughter, she spends lots of time at home and her children call us taua and poua, (young person) calls us mum and dad. (Young person) blended into our family like she was meant to be there...she didn’t get on with her family, so we welcomed her into ours.

The caregiver participants often did not refer to the children and young people in their care as foster children. This caregiver has maintained contact for a while:

(Young person in this study), we didn’t even know he was here, became part of the family...these foster children get labelled but he wasn’t that bad, he had problems...he got to go home and I think he’s still there, I’ve caught up with him, he’s doing a course, (young person) is one of the lucky ones, most of them that go home don’t stay, foster
children that turn seventeen usually end up on the independent youth benefit and on the street.

**Involvement with whānau/family**

The caregivers spoke about their contact with whānau/family members. Their experiences varied amongst the group. This caregiver reported:

*(Participant in this study), no really contact with his family, just dropped him off to his parents when they wanted to see him... (young person) arranged to see his mother through (social worker), he would tell us that he was going to his mother’s and would ask to be dropped off.*

This caregiver has experienced good and bad relationships with whānau/family members:

*Some family have been very good to get on with and we have tried to help them get their children back, and others have just been anti-us and anti-CYFS, so you cannot help them... It’s easier when the family and young person get on, otherwise it’s hard for everyone, sometimes we get caught in the web... some families remain connected, others don’t give a damn.*

Whānau/family relationship difficulties have sometimes caused problems for caregivers. This caregiver said:

*Every time (young person in this study) went home he always came back angry... The less, the better, it seemed... the less he seen his family, the less problems we had.*

This caregiver went out of her way to help whānau/families but the ‘extra’ help was not always appreciated:

*I go out of my way when it comes to family, I help support the family, bites me badly in the ass sometimes. If the mother doesn’t have a car I have picked her up and taken*
her to get groceries, then I received a phone call from social worker telling me I'm not a good supportive foster parent, even when I had taken time out to help, I have supplied food so the children don't miss out...I try to make friendships, it makes it easier to work as a team, doesn't always work.

Suggestions for CYFS social workers

The caregivers agreed that it is essential to establish and maintain healthy working relationships with CYFS social workers. However, working in true collaboration is sometimes difficult to achieve, especially if one side is not being transparent. This caregiver's advice to social workers is:

Learn some life skills, when you tell a foster parent or child something, follow through on these promises; don't promise things you cannot give. Don't try to tell the foster parents how to run their household. Be there to support them.

This caregiver suggested social workers should:

Be more interactive with caregivers. Give them the full details of the child they are looking after. Speak regularly with caregivers and listen to what they have to say.

According to the caregivers, children seem to 'drift' because decisions have not been made early enough. They often struggle with rules and boundaries because they have pleased themselves. This caregiver made comment:

Be harder, have more rules in place. Understand that caregivers have rules in place and expectations required for people living in their house...Instead of placing children in homes, children in long-term care should be placed in a (residential) home for children, the people running this (residential home) should run a very military style place. Hard but fair rules set. Which will enable them to learn new skills, which will enable them to be prepared for independence? How many 14- to 17-year-old children are ready for this in care? They can only do what they are taught. Most youths on
CYFS books know every entitlement due to them...They expect, rather than are grateful, for what they get. Most, if living in their own family, would not get what they do receive being with CYFS.

Information on care plans regarding the children or young people in their care was often incomplete or drip-fed. This caregiver reported:

_They need to include the foster parents and share information; these foster children need help, they all need counselling, they need to learn how to live independently, the reality is they don’t stay at home, most don’t have a relationship with their family...transition plans need to be strong._

**Summary**

The caregivers have provided a snapshot of their experience working as a caregiver for CYFS; their reports have been both positive and negative. They have identified that social work practices and CYFS relationships with the caregivers have not always been the best. According to the data, caregivers have received limited information on the children and young people they have cared for. This has often made it difficult for the caregivers to provide the necessary support to children and young people with special needs. One caregiver reported that counselling services for children and young people in care is often difficult to access regardless of their circumstances. According to the literature, children and young people that enter care often struggle emotionally and mentally. Children and young people have been dropped off and left, leaving caregivers to cope, with limited resources and supports. One caregiver had established a stable, working relationship with a social worker because they had formed an understanding. Their relationship was built on trust, respect and good communication. Relationships varied between caregivers and whānau/families, from being good to challenging. Where possible the caregiver ensured that children and young people maintained access with their whānau/families. This sometimes meant that caregivers would supervise access or provide transport. Some parents have remained connected with their children right throughout their time in care. Others were ambivalent or irregular in their commitment to access arrangements. The underlying problem for young people in care,
probably like in any home setting, is gaining sufficient freedom to act autonomously while at the same time feeling clearly the consequences of their actions. Young people in care do not have the freedom that some of them have previously been use too, and this often leads to conflict and/or breakdown of placements. The caregivers have provided some strong advice and challenges to CYFS.

The final chapter, Chapter Seven, reports on the key themes and answers the questions proposed in the introduction. Informed by the findings of this study the final part of this chapter recommends some changes to improve State care services.
CHAPTER SEVEN

Discussion

In conjunction with the material presented in the literature review and findings chapters, this discussion examines the key factors that either helped or hindered the care leavers’ transition back into whānau/family care or to living independent. This study has examined and explored both the five young care leavers’ narratives and the three focus group perspectives on State care. Considering this study is undertaken in Aotearoa/New Zealand, the Treaty of Waitangi and Puao-te-Ata-tu are both relevant. It is important to note that the two major cultures existing together have very different systems and operate differently. Therefore, it is important to determine if State Care is meeting the needs of young people and their whanau/families or do we need to make changes?

Though this study is small, it has produced much evidence to suggest that little has changed in nearly fifty years in child care services in Aotearoa/New Zealand. Prasad’s (1975) research highlighted that foster care does not always promise a successful outcome, and children and young people are at risk of adverse psychological, physical and emotional damage when in care. This study, too, found that young people were particularly vulnerable and confused when living in care and leaving care. All the participants made similar reports of anger, lack of support, criminal activity involvement, low educational attainment, self-harming episodes, loneliness, lack of emotional and physical skills, and poor health (often related to alcohol, drug and substance abuse).

The State care system has experienced over a decade of restructuring attempts, following reviews, reports, grievances and negative media attention concerning the major issues of poor practices and services affecting children and young people in care. Research, both in Aotearoa/New Zealand and internationally, tells us that children and young people that ‘drift’ in care or remain in care until they ‘age out’ often lack the emotional and physical skills to cope. Mandatory discharge at seventeen places a population of young people who often have major mental, emotional and behavioural difficulties, who have life skill deficiencies and who
do not have the ‘safety net’ of whanau/family, in a position where they often fail to make good life choices. Though young people often enter care under extreme circumstances in the first place, the literature suggests that early intervention, social support and adequate resources may reduce or prevent this vulnerable group from filtering into the mental health, welfare and justice systems following State care (Ministry of Social Development, 2004).

The findings are discussed under the following headings and conclude with suggestions for further policy and practice development.

- Relationships
- Psychological wellbeing
- Decision making
- Education and employment
- Leaving care
- CYFS involvement
- Conclusion
- Recommendations

**Relationships**

The sample complained that their relationships with whanau/family were often difficult to maintain, and this sometimes impacted on aspects of attachment and security. Research has consistently indicated that, with some exceptions, children do better when they maintain a stable and consistent bond with a parent to whom they have originally formed an attachment (Bowlby, 1980; Rutter, 1988). When considering the importance of relationships with whanau/family, as well as friends, caregivers and social workers in the child’s life, the findings indicated that the participants did not have regular access to their whanau/families and were cut off from friends and people they cared for.

Caregivers and social workers play an important role in creating stability and a sense of security for children placed in statutory care. Social workers, like all people, have personal values and need to be skilful in multiple roles for example case worker, counsellor, mediator,
advocate and social change agent. Skills and values (personal and professional) can influence behaviours and attitudes that determine on how much one gives to a task or how much one individual cares about the job they carry out. Findings from this study revealed that social workers were often absent or inaccessible; only two of the sample valued the support of one social worker that maintained regular contact and had the ability to advocate on their behalf. The young people were happy living in some care settings when they had established a trusting relationship with a caregiver.

For many years CYFS focused on its core responsibilities of abuse investigation and providing safety to children and young people at risk. Reuniting children with their biological whānau/family and maintaining links often were given less priority. Research over the years has provided a wide body of knowledge on the effects care practices and services have on children and young people in State care. Concerns have been raised as to the appropriateness of care practices that have left some of the young people facing particular challenges adjusting to their current life situations. It seems more attention is needed to nurture and preserve whānau/family connections therefore, minimising the trauma of separation and problems in later life. The willingness of the State to retain children in their homes by providing social support and resources was a means to strengthen or re-build networks. It’s a cheaper option for the State to keep whānau/families together where possible as alternative care placements have often been more expensive.

The findings from this study also suggest that CYFS has failed to maintain or re-build whānau/family relationships and networks. A lack of whānau/family exploration and social support resulted in children and young people being placed in alternative care outside their whānau/family of origin. While one care arrangement experienced minimal disruption, the other four faced multiple placements. Ongoing alternative placement breakdowns resulted in out-of-district care placements; this caused considerable stress for two young people and their whānau/families. This limited and restricted whānau/family access created another layer of psychological issues. Hemi explains his reflection on whānau/family contact:

*Over those two and a half years at Christchurch McKenzie Residential, seen family around about eight or nine times.*
For Tama, staying in contact with whānau/family was ‘too hard’:

No experience on keeping in contact with family. Tried but wasn’t allowed. Varied, sometimes once, twice or three times a year, five days at the most...there was a point when I only saw my mum once.

The data confirms that the young person and their whānau/family both have struggled to maintain contact because access was often inconsistent or restricted (see page 116). The young people’s views were broadly similar to the focus groups, and they emphasised that conflict often caused relationships and placements to breakdown. This is consistent with other research findings. The return home was often as stressful as the separation; they all experienced feelings of anger, resentment, guilt and frustration. The fact is that attempts made for three of the sample to return home also posed additional challenges of belonging and fitting in. The reality is that the ‘safety net’ of whānau/family dissolved over time; the longer the young person remained in alternative care placements, the harder it became to re-establish identity links (see pages 70-72). Some fostering arrangements were maintained until the child reached independence (Connolly, 1994). These findings supported the international understanding that placement instability often results in patterns of placement breakdown and provides a less consistent role of parenting. Instability and insecurity prevented three of the sample (Māori male rangatahi) from participating in their culture, they all experienced multiple placements and identity issues. This is alarming given Recommendation 7 (Maatua Whangai) of Puao-tu-Ata-tu, that children are to be returned to their whānau/family group and have the supports wrapped around them. Nothing in the current research indicates that State care shared any of their ‘power and authority over the use of resources’ (Recommendation 2) because Māori were not invited to provide support to the rangatahi (young person) or their whānau/family. On the contrary, the research found that whanau/families often felt ill-treated and did not know where their children were. The social support was not there to help them to help their children. That is, if State care implemented Recommendations 1, 2, and 7, the outcomes for the rangatahi would likely have been much different.

It is crucial for the wellbeing of children and young people that they remain connected to their whānau/family network. Of course, it must be acknowledged that it is often the
whānau/family that has placed the child at risk in the first place, but the degree to which links are maintained often comes down to the social support capabilities available for engaging with the whānau/family. While ensuring that the safety needs of the child are met. According to the sample, family case work contributed to the breakdown of the whānau/family systems and relationships.

**Psychological Wellbeing**

According to both international and Aotearoa/New Zealand research, many children and young people entering foster care have high rates of emotional, behavioural and physical health problems and some are in need of many specialised services and stability. Alcohol, drugs and substance abuse are evident in some young people living in State care system (Aldgate, 1994; Besharov, 2003; CYFS, 2000).

It was difficult to determine the sample’s overall mental, emotional and physical wellbeing status, however, the findings revealed that entry into care was a traumatic experience, four of the sample reported it was worse than living at home (see pages 60-64). The extent to which young people have to adjust and form new relationships contributes to the overwhelming challenge of overcoming the trauma of separation from family (Aldgate, 1988; Phelan & Wedge, 1988; Kluger et al., 1989; Palmer, 1990) and the dilemma of unresolved pain and anger towards their parents for being in care in the first place. The findings confirmed that all five participants experienced separation and grief issues, including rejection, guilt, confusion, loneliness and isolation. These feelings and challenges have at times impacted negatively on the young person’s development and functioning (see pages 73-77). This suggests the young people were vulnerable right from the start of entry; they carried ‘baggage’ and often lacked the emotional skills to cope with day-to-day challenges. One caregiver summed it up as follows:

> Lots of kids come with baggage, (young person) had heaps of problems, and she hated her step-dad, hated herself. I did get counselling for one of the kids that stayed, it took so long it was too late because he was shifted out of our care because of the damage he done to our house.
The low level of social support reported in the findings suggests much more is needed; in my view, contact with the young person and their whānau/family must be regular and supportive (see pages 81-83, 118). Section 13 of the Children, Young Persons and Their Families Act 1989, makes it clear that the primary role in caring for children lies with the whānau/family, hapū, or iwi; they should be given all the assistance necessary to do this. Social work support is not provided to carers as of right, on the basis of policies created in care and protection services. What is confusing is where, on the one hand, assistance should be given to help whānau/family, hapū, or iwi to provide the necessary care, and on the other hand, social support is not provided as of right. Reports from the participants indicate that less effort has been put into resources and the provision of social support services to help rebuild and maintain whānau/family relationships. Opportunities to break through the intergenerational cycle of abuse, violence and health problems have sadly been missed. The data gathered in this study suggest that often whānau/families do not have the skills or knowledge to resolve the issues that have put their children at risk in the first place. There is a need to both protect children and young people from harm or neglect and help whānau/families to provide a safe environment. A caregiver made this comment:

Too many young people end up on the streets. Go to town, you always see them; some have gone home and never stayed, (return home) collapse they (CYFS) put them on independent youth if they (CYFS) can, if not earlier than seventeen...The family can't help them if they don't get the help...most end up on benefits with no education, job and girls get pregnant.

Research findings confirm that children in foster care demonstrate significantly higher rates of acute and chronic medical problems, developmental delays, educational disorders and behavioural problems than do other children of similar backgrounds (Prasad, 1975; Festinger, 1983; Morgan-Klein, 1985; Priestley, 2003). The reality is that some young people enter State care with these medical or behavioural problems. One mother reported:

Severe behavioral problems at home and school...Needed extra help to address (child's) behavioral problems? Running away from home, and violent outbursts, (and) beating up his sisters.
According to the literature, young people often enter State care with behavioural problems (CYFS, 2000). Four of the sample in this study, were involved in some form of criminal activity that involved police when living in State care. This type of behaviour was often linked to the described or identified serious ‘acting out episodes’, addiction or mental health problems, including depression, isolation, Conduct Disorder, Attention Deficit Hyperactive Disorder (ADHD) or Attention Deficit Disorder (ADD), drug, alcohol and substance dependency (see pages 106, 110, 111). Furthermore, the behaviour particularly around conducting the crime(s) often involved anger, fighting, attitude, socialisation (gang affiliation, peer pressure), drugs, and substance and alcohol usage (see pages 72, 73). What was surprising, however, was that despite the level of behaviour problems the young people exhibited prior to entering care, medication was not always seen as the best choice of action. One mother reported:

*I wouldn’t put my kid on medication because nearly every second kid in the neighbourhood had ADHD...you imagine how much Ritalin was floating around our neighbourhood, it was big time. They (CYFS) have got him on psychotic drugs...enough to slow down an elephant and they also had him on Ritalin...one drug counteracted the other drug that stopped the drugs from working...that makes kids commit suicide.*

From numerous reports from this study, both psychological and physical difficulties are among the problems young people have been faced with. Two of the sample used self-destructive behaviours; both self-harmed more than once and attempted suicide. At the time of their attempts, they were both living in foster care, disconnected from their whānau/family network. I am of the view that these acts of self-harm or attempts of suicide are ‘cries for help’. The factors that led to their behaviour, such as psychological distress, relationship (whānau/family, peer, friendships) breakdowns or unhappiness, were still present when they left care (see pages 82-88). According to research, when suicidal thoughts are combined with drug and alcohol misuse the risk of suicide increases (Drummond, 1996). In an expansion of these issues Hemi said this:
I experienced jail, experienced drugs, alcohol, sex, fights, police, self-harm, every drug in the book, gangs...well I used to carve myself up and shit...I used to harm myself to get over it and that became a serious addiction...sometimes it feels better to hurt on the outside sometimes than the inside ah, it takes away that pain from the inside...I was trying to kill myself, I tried it in many ways. I slit my wrist a couple of times, I've hang myself a couple of times, I tried to run into a car but that just broke my ribs...words can't express all these feelings ah, can't be put to words...it's something you have to go down, suffer yourself, to understand, it not just something you can put to words.

Although this finding appears to support the notion that the young people placed in State care are at risk of psychological and health problems, it also suggests that negative affects limit their ability to make positive life choices. I am inclined to think that young people with compulsive habits and psychological health problems are in need of specialised services. However, this could be difficult if a child is under the age of twelve years. According to the literature, mental health services for children and young people has increased but gaps in age-specific services, such as substance, drug and alcohol rehabilitation, and accessing them still remains a problem (Ministry of Health, 2005). One mother placed her child in care because he required specialised assistance that she could no longer afford (see page 111). The challenge to address the behavioural and addiction problems alone was too much for her whānau/family to manage. This problem emphasises the importance of broadening the types of services for children aged 6-12 years old affected by addictions and behavioural problems.

The health of children and young people in care is the responsibility of CYFS; their medical and physical needs are in the hands of the social workers and caregivers. Though young people in care are experiencing adverse psychological and emotional problems, it is clear from this study that the emotional issues have often been invisible and much harder to address than physical behaviours. In my view, children and young people have often entered State care under stressful circumstances, leaving them vulnerable. Specialised services, such as counselling, aimed at addressing these issues should be a 'given'. The willingness of the State to provide support services has not always been apparent, as one caregiver reported:
We asked for counselling for some of them (foster children and young people) because you know which ones need it, really that's why they end up in foster care, because they have naturally been damaged; physical, emotional, some sexually abused. Trying to get funding is hard because they (CYFS) look at what it's going to cost, it takes months and sometimes years to get help, (and) some miss out completely.

This caregiver attempted to access resources that would have supported the child or young person to address their problems (hinengaro, wairua, tinana, whānau). In my view, funding has not been channelled appropriately; Recommendations 1 and 2 of Puao-tu-Ata-tu indicates that the State care has failed to provide resources and services in places that need them most. The data reported indicates that caregivers have struggled to access specialised services to support the children or young people in their care.

Decision Making
According to the Children, Young Persons, and Their Families Act 1989, at all times the welfare and interests of the child shall be the first and paramount consideration. The belief that children are best left in the care of their own families where possible and any decision made affecting the child should include whānau/family participation are also reflected in the Act.

Four of the five young people entered care on a 28-day temporary care agreement until decisions were made. Every child or young person who enters the care system has a social worker who will work together with the whānau/family group to reach an agreed plan and a lawyer is appointed by the Family Court to represent the child or young person’s best interest. It is apparent that CYFS social workers are often more knowledgeable about care and protection services than whānau/families; in my view, they have often taken the lead and, in some cases, left the whānau/family behind. This has often caused plans to be one-sided and not specific enough. Plans that only exist on paper have a tendency to fall over (refer to pages 65, 66, 85-88).
This study supports the findings of the Children's Issues Centre (Smith et al., 1999), which found that a substantial proportion of children did not know or understand the reasons for their placement in care. The data in this study indicated that three of the five participants reported it was their fault (self-blame); only two young people received a partial explanation. Amber reported:

*Mum and dad sat there and pretty much said you and your brother fight and you don’t get on with your step-dad...she (mother) had a decision to make, if it was me or my step-dad and she (mother) chose him.*

Gina's relationship with her step-dad caused difficulties; she made this comment:

*Went into care, pretty much my parents couldn’t handle me and my auntie didn’t want me... I used to run away all the time and I didn’t like my step-dad, so that’s why I kept on running away and they just got sick of it.*

A central principle of the CYP&F Act 1989 is to involve whānau, hapū and iwi in decisions that affect them and their child. The study conducted by Connolly and McKenzie (1999) highlighted the concerns being expressed concerning child and care practices that isolated children from their family network. They reinforced the concept of partnership in the decision-making process and particularly the potential value of harnessing the resources of the wider extended group and community. This family group conference (FGC) process is a formal meeting for members of the family network – whānau, hapū, and iwi, and the child or young person. Where a young person has offended, the victim can also attend and decide how the young offender can be held accountable or take responsibility for their behaviour. However, this process is dependent on the young offender to put things right; they can accept or decline the recommendations from the group. In my view, this can often create an evolving cycle of non-compliance, leaving the whānau/family helpless and ill-equipped to manage the behaviours. But on the other side of the coin, FGCs have the potential to resolve issues earlier rather than later. One caregiver reported that State care services needed to get tough on young people. She reported:
Be harder (CYFS), have more rules in place. Understand that caregivers have rules in place and (there are) expectations required for people living in their house...Instead of placing children in homes, children in long-term care should be placed in a (residential) home for children, the people running this (residential home) should run a very military style place. Hard but fair rules set. Which will enable them to learn new skills, which will enable them to be prepared for independence?

Research tells us that the more whānau/family are involved in the process, the less likely children are to experience disruption (refer to pages 21-22). In order for contact to be a positive experience for all concerned there should be a plan agreed to by all parties. Four of the five young people reported that they were not involved in the care planning process and the decisions were often made for them. Not all participants received a care plan and/or transition plan when leaving care. Much concern was reported in the interviews and focus group discussions regarding State care and transition plans lacking involvement and substance. One family member reported:

*No care plan, didn’t see anything...they (CYFS) made up their own rules.*

One might ask how these care and transition plans are put together and managed, given that key people have not always been included in the process. Even though some whānau/families attended a FGC, that does not mean that they felt heard or part of the process. The data indicated that some social workers have made judgements regardless of the young person’s and their whānau/family’s wishes, capabilities and skills (refer to pages 116, 126). Even caregivers have been kept in the dark; they often endure children in their care longer than expected, with little background information on their circumstances and difficulties. In my opinion, it is difficult to assess a child or young person’s needs based on fragmented information, this can often cause problems where ‘acting-out’ behaviours can often be seen as ‘being naughty’. It’s often what’s behind the behaviour that may require specialised medical support or for care adjustments to be made to better cater for the needs of the child or young person. The data in this study indicated that caregivers were often not part of the planning process when children and young people left care. One caregiver reported:
No transition plan, they (CYFS) tell us nothing, after the twelve month review they 
(CYFS) make decisions, we are the last to know... it's hard for foster parents if 
children have special needs and they don't know.

Only one of the five young people had some knowledge of a care plan, it is clear from one 
participant that the unhelpful intervention from CYFS has made the return home goal too 
hard. Hemi reported:

*There was heaps of care plans...every single one of them had worked towards going 
home and I done everything they told me to so I could get home... every time I done 
what they told me to, they just threw another one (plan) at me.*

The fact that young people and their whānau/family received minimal social support, if any, is 
concerning. The CYP&F Act, ANZASW\(^1\) code of practice and Puao-te-Ata-tu all highlight 
the importance of whānau/family involvement in the decision-making process regarding their 
children. The care and transition planning process is often an inclusive process involving the 
young person, their whānau/family, the young person’s lawyer, and sometimes the young 
person’s caregiver and CYFS social worker. I think plans require detailed attention; those 
leaving care need to be in a space where they can learn to make positive choices. Examining 
the research indicates the importance of obtaining ‘buy in’ and commitment from the young 
person throughout the planning process; this collaborative and empowering practice often 
teaches them new skills and helps identify areas that need strengthening.

**Education and Employment**

Young people in the care of the State are reported as having generally poor education and 
employment outcomes due to such factors as non-attendance, frequent placement moves with 
consequent school disruptions, high rates of school exclusions and lack of attention to 
education needs by carers and caseworkers. For young people to be adequately prepared for

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\(^1\) ANZASW – Aotearoa New Zealand Association of Social Workers
work, research shows that intervention is required during school years to develop career planning and life skills (Besharov, 2003).

The transition from school to work and/or further education is a concern for Aotearoa/New Zealand, vital to improving workforce development. Early exit from education has been identified in this study as one of the major issues. The data reported in this study indicated that all the five young participants were struggling financially and living on the bread line of poverty. They have found it difficult to secure and maintain full-time employment. Only two of the sample managed to obtain labouring positions following care, however, all employment opportunities gained were all short-lived. For some, stepping out into the big wide world has been a painful exercise. Gina chose to have a baby instead of working and Amber is dependent on the Work and Income Sickness benefit. The future life prospects for these young people are bleak, with a growing concern of negative long-term outcomes such as poor social adjustments and unemployment.

The research and data reported confirms that the young people in this study did not have the emotional and physical skills to live independently. My experience as a social worker has shown me that it is not uncommon for 'care leavers' living independently to live on the fringe of communities; some become street wise and homeless, others fall under the radar and often become another statistic in the mental health and justice sectors (Yates et al., 2003; Ministry of Social Development, 2004). Learning difficulties and poor educational attainment have often hindered their chances of gaining employment (refer to pages 92-95). According to Besharov (2003), poverty is recognised as a key issue impacting on the lives of children and young people. Young people who do not finish high school or receive training are less likely to secure jobs that allow them to make a living wage. Four of the five participants did not obtain any formal qualification. Luke made this comment:

*Education wasn't for me because of my drugs and alcohol problems, I couldn't control myself. I was dumb...I had bad experiences, I lost the plot at school...I dropped out of school when I was Form Five...school just wasn't for me. I haven't got one qualification, it's pretty sad ah, I never liked school anyway.*
Amber did achieve School Certificate while living in care. She reported:

I was at school and working part-time...I passed school cert and stayed until Sixth Form, all my reports were good...I only done half a year at Sixth Form. I stopped going because I got into a fight...I gave her the bash...I was going through the self-mutilation stage as well, like cutting my arms.

Studies have shown that youth in foster care often are achieving at lower levels than their non-foster peers due to multiple placements and their lack of willingness to complete. The data suggests that some of the young people have made bad choices not to attend school and some hide behind their ‘acting out’ behaviour (refer to pages 79, 80). Four of the five participants were suspended at some stage during their schooling and they were expelled because of their bullying tactics. It appears that behavioural difficulties and low self-worth have both impacted on the young person’s ability to learn (refer to page 80). These difficulties in the school environment have been well researched overseas, and such studies have increasingly voiced concerns that children and young people living in State care often have learning difficulties. The school years are supposed to be a time of learning and acquiring new skills; the skills used in criminal activities are not actually the skills we want for our children (refer to pages 73-77). While most young people in New Zealand are successfully completing their years of compulsory education and move on either to employment or further study, many young people in the care system are struggling to stay in the education system (Simms & Halfon, 1998; Stein, 2002).

Research tells us that low educational attainment puts people at risk of ‘doubled up’ housing, which increases the risk of eventual homelessness; four of the five participants became homeless and experienced flatting episodes after they left care. Hemi returned home by default, there was no available caregiver to take him. He made this comment:

I’ve got nothing. I’ve applied for five, maybe six, jobs and I have been turned down by every single one because I have a criminal history, a serious one...these are jobs anyone could get...I’ve nothing good to say on my CV...I’m not even on the benefit yet. I don’t even have a birth certificate.
According to the literature, young people in care, particularly those who remain in care for a long period, fail to complete schooling or fail to obtain a trade that will provide an income following care. It appears that Aotearoa/New Zealand is consistent with Britain, Canada and the United States, which have also experienced negative outcomes for young people leaving care. As the data reported in this study confirmed, all the participants have multiple issues that have impacted on their social, health and educational wellbeing.

**Leaving Care**

The management of transition from any care setting must be well planned with clear rules and responsibilities. The quality of the relationships affect all concerned in the process; if communication breaks down at any stage of the transition out of care it is unlikely that the outcomes will be successful. The information gathered confirms that the transition to adulthood has been a traumatic experience and stable accommodation after leaving care for some has been a problem. The young people differed in their reports regarding the extent to which they were involved in the planning and decision-making process when leaving care (refer to pages 83-86). Four of the five participants reported that their wishes were not respected while in care and decisions were made for them. According to whānau/family members, transition plans have not been a transparent and/or inclusive process; social workers have often made the decisions. The data reported from the caregiver focus group highlighted that care plans and transitional plans were often incomplete or fragmented, little if any information was provided. One mother from the whānau/family focus group was fortunate to be included in the transition home plan for her son, and she reported:

> It contained a period of home visits to days, then proposed home visits for a night, then a whole week and then after that whole week 'home', there was a transitional period but we thought it would be longer than what they anticipated, it jumped from one extreme to the next pretty fast, it didn't work, it broke down...I think the transition period needed to be longer.

The data confirmed that the transition home or to independent living had been confusing, young people often had to grow up overnight and take on adult responsibilities. All five of
the sample had to eventually survive on their own, with little or no support from whānau/family and CYFS social worker (see page 85). Four of the five young people lacked a detailed knowledge of their transition out of care; there was minimal preparation and little contact with the social worker. Hemi reported that his plan was never followed through; promises were made and broken.

CYFS have dragged me along at the back of this car and finally just cut the rope, ditched me after all the pain and everything they just ditched me... There was promises they said that they will get me a caravan, they would do all this bullshit for me, get me a job, at least get me a course, give me pocket money, support my mum on food, 'cause no-one else would have me.

In my view, young people leaving care require a secure, stable and supportive network. The data gathered in this study confirms that the young people belonged to a whānau/family group; unfortunately, their identity and sense of belonging dissolved over time while living in State care. In most countries it is now generally accepted that the interests of the child can best be served by supporting the birth family and maintaining biological links. Foster parents are no longer 'substitute' parents but are expected to complement the child's own parents (Colton & Williams, 1997). Many young people who are raised in families remain in their parent's homes and draw on parental support, both financial and non-financial. By contrast, youth in care do not have this option and often are cut off from their sole support system at seventeen. The data suggests that young people in Aotearoa/New Zealand are falling through the gaps; instead of being reunited with whānau/family, they are often living independently by choice. The decision to leave their whānau/family network has often occurred within the first month of returning home, and conflict and frustration have been major contributing factors.

The findings revealed that some of the participants just 'aged out' of care, and those that did received little, if any, support from their social worker. Gina and her whānau/family received no support around maintaining biological links. She reported:
Left at seventeen...board with them (caregivers) for a while, then went flatting...Had my first baby at eighteen. I moved back home to my foster parent's place, because they were very supportive.

Despite attempts to return home, it has been a long journey for all the young people in this study. Overall, the relationships between the young person, their whānau/family and the CYFS social worker have often lacked collaboration and seemed unstable. All of the sample had experienced whānau/family relationship difficulties and had struggled to move on with their lives. Luke returned home prior to 'ageing out' of care. He reported:

_They put me in the backpackers and left me there. I shifted myself to a camping ground...and I was pretty much on my own by then...I got picked up by (social worker) dropped me off at mum's and that was the last I seen him (social worker)... left home...I turned up there (CYFS) to get a food grant and he asked me what I was doing, I was about sixteen...I left on my own and have had no support from anyone since then._

Overseas research confirms that preparation for discharge improves the outcomes for care leavers; programmes and care plans have contributed to adolescents in care developing or enhancing a range of self-sufficiency life skills in order to move towards competent adulthood. The skills required for the day-to-day management include finding and keeping employment, accommodation, shopping, cooking, and handling money and health care. These physical skills have clearly been identified through research; the data reported in this study confirms the emotional and mental skills to cope with living independently were not attended to. These skills neglected can influence the making and sustaining of relationships such as social and communication skills, identity issues, decision-making, setting goals, self-esteem, assuming responsibility, and confronting anger, past losses and rejections (Maluccio et al., 1990). Research studies generally suggest that Independent Living Programmes are worthwhile, despite the tendency to overemphasise the measurement of practical skills rather the emotional skills. In my view, it could be that practical skills are a safer option and are more able to be taught and are more effectively measured for funding purposes than emotional skills. Four of the five participants have faced independence alone and the majority have lacked the 'safety net' of whānau/family. The young people were relieved to be living
outside the care system but this came at an emotional, mental and spiritual cost. Their extremely sad situations are unlikely to change in a hurry, given that they were ill-prepared and lacked maturity prior to discharge. Amber’s transition from care was full of surprises. She reported:

I went home, it broke down and then I went flatting...I officially left care when I was seventeen, on my seventeenth birthday I got a letter saying ‘bye, bye’...They (CYFS) wrote here (referred to care plan) that there would be an exit plan and there wasn’t...they (CYFS social worker) also said that they would have a plan for me and told me to come back in six months, after I got out of care, and that didn’t happen. I went to a meeting ...and pretty much said bye then and that was it?

CYFS Involvement

Everyone says your kids become of what your parents are, my parents were CYFS and they made me the way I am...I mean I lived under their rules, I lived under their houses, I didn’t live under my house or my mum’s house, so my mum aren’t to blame, I’m to blame for the choices I made but CYFS didn’t help it...it’s like riding a bike, if the tyres are working right and the brakes are all good, sweet, the bike’s going to work fine and everything will turn out right... me being brought up in CYFS, I was riding a bike with no brakes whatsoever, flat tyres, munted up, buckled wheels and shit, you know...I need a strong base to pedal on, you know, but they gave me a shitty road to pedal on and I went straight the wrong way, and I couldn’t go that way because if I went that way I would wreck the bike even more and if I go that way I will be all right, you know, not for me but for them, for the bike, you know, and that’s exactly what happened...I couldn’t cope ’cause I felt I was different to everyone else and (this) made me worse.

This study has reported messages of frustration, anger and alienation. They have been messages flavoured with hope and unfulfilled expectations. Hemi experienced more of his life in State care than with his whānau/family. He entered care aged approximately 3 years old and then ‘aged out’ prior to his seventeenth birthday. As he grappled with the issues of
separation and identity, CYFS intervention suggests that poor planning was a factor in Hemi falling through the gaps. In my view, this type of abuse and poor oversight suggests that Hemi may have been better left at home in the first place.

The data reported in this study confirms that young people in this study have suffered a combination of economic and social disadvantages, adverse family circumstances and particularly have struggled in the ‘real world’ after leaving CYFS. The data reported in this study indicates some social work interventions have been unhelpful, but attention is needed in strengthening the social worker, young persons and their whānau/families and caregiver relationships. The findings indicate that young people need to know they are being heard and their best interest is truly the focus.

According all four caregivers, some children and young people entering care are difficult to care for; some demonstrate behavioural difficulties and some whānau/families that have serious additional, or mental health, problems just add to the complex task of foster care. The increasing numbers entering State care would possibly stretch budgets and increase CYFS social worker caseloads. One caregiver reported that:

*Social workers have become accountants, they spend more time monitoring the funding than actually the child.*

Statutory social workers often carry heavy caseloads; they work in an environment of power and are under pressure from both ends (Brown, 2000). The media attention regarding high unallocated cases and childhood deaths has placed urgency and stress on care and protection services in Aotearoa/New Zealand. It is clear from the outcomes of this study that some CYFS social workers have struggled to manage their caseloads, often putting their clients and social work practice at risk. Amber reported:

*Thought that they (CYFS social worker) could’ve done a better job...the social worker sits there and goes, I’m going to keep in contact, I’ll ring you up once a week...we’ll have an hour visit once a week. You never get to see them... as soon as you’re in a place, that’s it until something goes wrong.*
Three of the five participants described their social worker in a negative way; they did not receive the necessary social support to make positive changes in their lives. Reports of incomplete plans, if any and a disturbingly low level of intervention social support is a concern. In my view, realistic caseloads, regular support, and clinical and cultural supervision are essential for social workers to provide a quality service. It is also essential to complete detailed assessments on the child or young person’s attachments and physical/emotional needs to enable the whānau/family or caregiver to provide good care services. This type of practice is not new; the registration for social workers following a comprehensive competency process developed by ANZASW provides a body of knowledge and skills needed to enhance the quality of social work practice. Two of the sample and their whānau/families have identified one social worker that was truly supportive:

*He’s the bomb, yea...only had one good social worker...he did his job, he was a social worker, he was a friend, good person but he still stayed professional, he was the shit man...he was on top of his game, he was on to it...he just wasn’t there for the money I could tell, he actually cared, he wouldn’t talk shit he would do it, if he couldn’t do something he would tell me straight up and if he could he would have it done by a week from that phone call.*

It is obvious from the data that key areas of assessment have often been neglected or watered down. Resources have been difficult to access to support the young people and their whānau/families. As I have stated before, this sample does not represent all of the Southland care leavers, but it does tell us that CYFS need to improve social work practices and develop or strengthen specialised services that will address the needs of foster children. In my view, the recruitment and retention of staff in the Southland area has always been a problem, the turnover of staff has not been good. The changing nature of our economic and political climate adds to the complexity of care and protection services in Aotearoa/New Zealand. I believe it will take an inter-sector and iwi treaty-based approach to reduce the barriers preventing children, young people and their whānau/families from achieving good outcomes in social, health and education.
Conclusion

The aim of this participatory qualitative study was to provide the young people and their whānau/families with a vehicle to share their experiences in an attempt to have their voices heard. This study provides a lot of ‘rich data’ and detail about areas that require improvement in CYFS. Although changes have been made in legislation to include a more family-centred approach in care and protection services, it seems social support to whānau/families is being neglected, leaving children in care longer than necessary. The findings indicate that not much has changed in State care services because the same old problems and issues keep surfacing. The extensive review of State care undertaken by the Ministerial Advisory Committee (Puato-te-Ata-tu) and the Mick Brown report both remain useful documents that continue to attack and eliminate deprivation and alienation by ensuring legislation recognises social and cultural needs of Māori. I would suggest that CYFS should revisit both reports to address the problems in care services that have been failing our children and whānau/families. Until there are radical changes in Government controls, criteria, conditions and policies, there will be little change in State care services in Aotearoa/New Zealand.

Like all other research involving people, there are ethical considerations involved in the process, especially when exploring care and protection services. This study was restricted to the Southland region within Aotearoa/New Zealand because of the cost, networks and time restraints involved in completing such a project. The data collected through the interviews and focus groups provides answers to the researcher’s four questions presented in the introduction. They are:

1. What is it like for children living in the care of Child, Youth and Family Services?

Whilst this study is small and can only draw on data from the five narratives and three focus-group perspectives, it confirms that these care leavers faced multiple problems that started prior to entry into care and persisted while they were living in care and when they were discharged from care to their current situation. They all experienced episodes of unhappiness, fear and confusion. Young people are expected to deal with uncertainty in their relationships with parents and in their new relationships with caregivers that are sometimes affected by their previous attachment experiences. Living in care, children and young people have to deal
with many different things, psychologically and emotionally at that time, including moving between caregivers, adapting to unfamiliar schedules and different rules, dealing with separation, grief and sometimes a parent’s anger. Not surprisingly, research also indicates that a large part of children’s experience is often overlooked (Cashmore & Paxman, 1996; Besharov, 2003).

According to the information provided, the longer children remained in State care the more likely care placements were to break down. Mistakes have been made; the impact of statutory care has left these care leavers with fragmented whānau/family relationships, low self-worth, episodes of depression, identity issues, behavioural problems and emotional difficulties. The participants freely spoke about communication problems with their parents that were linked directly to the separation. The level of support they received during their stay in care varied, but was mostly reported as inadequate. They all said that no-one helped them to make amends if their whānau/family relationship broke down, only one social worker stood out for two of the sample.

2. What is the fate of young people leaving statutory care?

Although attempts were made for the young people to return home, the deterioration of whānau/family relationships that had occurred while the young people were in care made this a difficult process. Social support aimed at maintaining and rebuilding whānau/family networks was often minimal or entirely lacking and frequently failed to make any difference. Poor planning resulted in some of the young people ‘drifting’ in care, without any direction. Transition planning prior to discharge often did not exist or was rushed, leaving whānau/families frustrated and the young people confused. Separation, grief and loss issues were never addressed and problems were never resolved, creating another level of problems. The information provided sheds some light on the issues:

- One young woman became pregnant following discharge; she received support from her previous caregiver. Unresolved issues prevented the young woman from returning home.
• One young woman was sexually violated while in State care, causing psychological and emotional damage. She has struggled to hold down a job and is now totally reliant on a sickness benefit.

• Two young men obtained employment at some stage after leaving care; however, their lack of a work ethic caused them to be dismissed. All three have continued to struggle to obtain employment.

• Three young men have been involved in criminal activity involving police and two have been to jail since leaving State care.

• Four of the young people continue to indulge in drug, substances and alcohol. They reported feeling that they do not belong anywhere, and a couple still blame their parents for being in care in the first place.

• One young male was discharged prior to seventeen and sent home because a placement for him was too difficult to find.

Overall, the care system that was set up to protect them has, in my view, not served them well. The abuse they have experience or been exposed to suggests that some may have been better off staying at home. Whānau/families have felt ill-treated; the support was not often there to enable them, in turn, to support their child. The difficulties experienced by the care leavers in this study are similar to those reported in other studies and include problems such as poor education attainment, employment difficulties, single parenthood, psychological and emotional problems, low self-care, identity issues, family, peer and friendship problems, criminal activity involvement and dependency on welfare. They did not have the follow-up support to maintain stability.

3. Is seventeen the ideal age for young people to live independently regardless of readiness and maturity?

The findings from this study indicate that seventeen is not the ideal age for young people to live independently, especially without the safety net of whānau/family or other regular supports. Four of the five young people returned home prior to 'ageing out', but three of the return homes broke down within the first month, forcing the young people to fend for themselves without the 'safety net' of whānau/family.
Only a couple of the young people were given a real voice in decisions that affected them during the time they were living in care, despite the CYP&F Act supporting the view that children have a right to participate in the decision-making process. The literature reviewed indicated that young people living independently is not ideal; young people experience important life changes between the ages of 15 and 21 years. These changes can be traumatic and full of ups and downs. It’s even more difficult if they have poor educational attainment because of the reduced chances of employment. They all have struggled to obtain employment and where some have, the opportunity has been short-lived. They all are currently beneficially reliant on State services.

The level of support the young people received varied, but they all mostly reported that the level of support and input into the transition from care was poor. Despite the uniqueness of each of their experiences the problems they faced were similar, in particular they did not know how to access support services and were unable to fully support themselves living independently. In my view, this group was ill-prepared and ill-equipped; they lacked readiness, maturity and the knowledge required to make adult decisions.

The literature and findings indicate that young people at the age of seventeen are mentally and developmentally unable to manage living independently.

4. What role do statutory social workers play in the care of a young person?

Before this study commenced, considerable time was spent holding discussions to explore perspectives on statutory versus community social work practices. This generated a lot of interest and a lot of questions around power differences. Statutory social workers have additional powers conferred upon them by legislation and Crown controls. Further research is needed in considering social workers ethical procedures and practices to clients, family, whānau, hapū, iwi and the wider community. This study indicated some confusion and dilemmas when applying the Children, Young Persons and Their Families Act 1989, and the ANZASW Ethical Responsibilities and Bicultural Code of Practice of NZASW. The data reported in this study challenges Statutory care as ‘parents’; there is considerable criticism of
social work practices and lack of resources. Services delivered by CYFS highlight the need to explore the effects State care polices and practices have on children and their whānau/families. It is hoped that the voices from this study and previous ones will be taken into consideration. Policies and procedures need to reflect the people they affect. The young people, their whānau/families and their caregivers have provided some suggestions to help make changes (see Chapters 6 and 7).

When considering the fate of all five care leavers in this study, it seems that core social work practice is what’s missing. It might mean going back to the basics of spending adequate time with whānau/families and providing the necessary supports and information so they can make informed decisions to make positive changes in their lives. I suggest that a move from being problem focused to building on strengths with support wrapped around would seem to be a better approach. Much attention has been placed on adverse risk assessments, and there’s often more time spent in avoiding risks and managing risks instead of solving the problems.

5. Are Puao-te-Ata-tu recommendations still relevant today?

It appears little change has been made to State care services in Aotearoa/New Zealand following the Puao-te-Ata-tu report recommendations. In spite of the Maatua Whanagai programme receiving attention, for Māori there was little input and the programme was under-resourced.

The difficulties experienced in this study by whānau/family members and young people highlight the need to revisit Puao-te-Ata-tu. The focus groups identified a lack of communication between themselves (whānau/family and caregivers) and CYFS. All stressed that social work practices often contributed to the breakdown of whānau/family input into the care of their children. One of the major criticisms of the Department was the limited whānau/family involvement in their child’s life: access was often not regular or it was too difficult to get their children back.

It is clearly noted in Puao-te-Ata-tu that Māori children should not be viewed in isolation, or even as part of a nuclear family, but as a member of a wider hapu and iwi. Three of the four
participants identified as being Māori. The reason for their children entering care in the first place varied but all acknowledged that the entering stage was the most vulnerable time. The whānau/family focus group reported that they were often not consulted about changes and care plans were not always clear. All the young people experienced difficulties with placements and their behaviour often caused placement disruption. Three young people were placed with whānau/family members, but all these placements broke down.

Although this report suggests making radical changes in care and protection services and legislation, much work is needed to ensure that State care services implement the changes appropriately. Until deficiencies in policy and practices change, care and protection service outcomes will remain poor.

**Recommendations to CYFS and Government**

- It is recommended that CYFS undertakes to revisit Puao-te-Ata-tu (Day Break) to ensure policy, planning and service delivery are addressing Māori concerns and meeting their needs.

- That CYFS undertakes to improve statutory social work practice and to ensure case worker caseloads are manageable and realistic.

- The information provided through the interviews and focus group stated that it was important for children and whānau/family relationships to be maintained. It was also reported by the young people that other support services would have made things a bit easier. It is recommended that CYFS undertakes to improve the child or young person’s access to their whānau/family and develop or strengthen services that will support the needs of the young people leaving care.

- That CYFS, where possible, uses the whānau/family agreement. This is a less stressful process for everyone concerned.
• That CYFS ensures that all care and transition planning involves the key people—the young person and their whānau/family group, their lawyer, case social worker and maybe others, e.g. Community support, caregiver, iwi liaison. Plans are to be monitored (regular contact with child or young person and their whānau/family and caregiver), time-framed, regularly reviewable (3-6 monthly) and achievable. Plans may even run in conjunction with a whānau/family plan to address the problems that have put the child at risk.

• That CYFS ensures that social support (internal or external) is provided to whānau/families, to enable them to address the care and protection concerns that has placed their child in care in the first place. Access arrangements to whānau/family should happen within 48 hours (supervised or unsupervised).

• The focus group interview with the caregivers identified a lack of communication between CYFS social workers and caregivers for many reasons. They stressed that a copy of the care plan and background information on medical problems, dangerous behaviours and learning difficulties or anything else that might contribute to placement disruption would be helpful. It is therefore recommended that CYFS find ways to assist caregivers by providing the relevant information when a child or young person is placed in their care.

• The literature review and the findings indicated that children and young people can experience high levels of anger, grief and trauma when separated from their whānau/family. Because young people are especially likely to experience multiple difficulties when entering care, it is recommended that assessments should be standard procedures based on concerns when a child or young person enters CYFS. Placement arrangements, preferably within their whānau/family network and counselling or specialised services should be activated immediately if required.

• International literature indicated that children or young people frequently enter care with ‘baggage’; often they have experienced some form of neglect and/or abuse. The participants indicated that rules were often broken when they had enough of being told
what to do or when difference of opinion caused conflict. Four of the young people in this study reported that they did not have rules at home and could please themselves. One caregiver suggested that a boot camp/ military style residential care be established for young people that repeatedly offend or break the rules (totally non-compliant). The camp would also include a strong education, health and social focus – addiction rehabilitation support, counselling support, health and social support, reading and writing skills. Whānau/family participation or access to the young person is required throughout their stay, to ensure relationships/networks are maintained. The length of stay (1-2 month) would depend upon the needs of the young person involved, and leaving may be an opportunity for the young person to return back home permanently to their whānau/family. It is therefore recommended that CYFS explore the idea of a place where young people with extreme behavioural difficulties can learn to self-manage anger and address issues with the support of their whānau/family.

- It is recommended that non-government and government departments have access to equal resources and are funded at similar levels. This will enable communities to provide the specialised supports and services needed to prevent or reduce children from being put at risk of poor social, health and education outcomes.

- It is recommended that all government agencies work from a Treaty-based framework. The Tangata Whenua, Community and Voluntary Sector with the support of the Community Sector Taskforce developed what is known as a Treaty Methodology. The function of the Treaty Methodology, also known as the two house model, is a framework to understand how to work with Māori values alongside those of non-Māori.

**Further Research**

Although this is a small exploratory research study, it has provided valuable information and there is a clear need for a larger and better funded research study on the fate of children and young people leaving State care. Areas for investigation are:

1. The impact of past experiences of living in care.
2. How disabled children or young people manage in care.
3. The experiences and consequences of social isolation and its impact on decision making.
4. How the Act and Puao-te-Ata-tu are implemented into everyday practice.
5. The evaluation of current transition programmes.
6. Are children who return home from care services better off?
7. Why are children in care failing to thrive or failing to achieve a good education?
8. What is happening to Māori children in State care?

It is crucial that further Aotearoa/New Zealand research is undertaken examining the experiences of children and young people living in and leaving CYFS care. Research into the consequences of those experiences is also needed. Although this study drew on the perspectives of five young people, aged 17 to 22 years, and three focus groups, it seems important to explore both younger and older age groups. This is especially important for a more comprehensive understanding of how State care services are experienced and the long-term effects of such care.

For this thesis to be heard, a copy will be sent to:

- Child, Youth and Family Services – Chief Executive
- Kai Tahu – Kaiwhakahaere – Mark Solomon
- Children’s Commission Office – Nicola Atwool

The researcher intends to publish the findings of this thesis in:

- Social Work Review
- Social Work Now
- Considering publishing in overseas journals.

Nā tō rourou, nā tāku rourou, ka ora ai te iwi

*With your food basket and my food basket, the people will be well*
Bibliography


Pages 174-176 of this research were omitted from the Library copy of the thesis.
APPENDICES

Appendix 1. Information Sheet

Information Sheet for Young People

Going Home?

"The fate of children who leave care”

Whakatauakii – Proverb (rito – child, harakeke – whānau/family)

Hutia te rito o te harakeke
Kei hea te kōmakō e ko
Ki mai ki ahau
He aha te mea nui o te tēnei ao

Māku e kī atu
He tangata
He tangata
He tangata!

If the center shoot of the flax is pulled out
(and the flax dies)
Where will the bellbird sing?

If you were to ask me
What is the most important thing in the world?

I would reply
It is humanity, its is humanity, it is humanity

INFORMATION SHEET FOR YOUNG PEOPLE

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you of any kind and we thank you for considering our request.

What is the Aim of the Project?

The aim of this project is to investigate the perspectives of young people leaving foster care. I seek to understand what young people have experienced and what the consequence of that experience has been for them around issues of family, home and being in foster care.

The results will be published as a Masters Thesis and may be used in journal articles and conference presentations but none of the participants will be identified.
What Type of Participants are being sought?
I am seeking young people aged between 17 and 20 years who have been in foster care with Child, Youth and Family and have left that care in the last five years.

What will Participants be Asked to Do?
Should you agree to take part in this project, you will be asked to be interviewed for approximately 1 hour on your thoughts about your family, home and your experience in foster care. You will not be expected to provide any personal details of your experience, unless you so desire.

Please be aware that you may decide not to take part in the project without any disadvantage to yourself of any kind.

Can Participants Change their Mind and Withdraw from the Project?
You may withdraw from participation in the project at any time and without any disadvantage to yourself of any kind.

What Data or Information will be Collected and What Use will be Made of it?
Information about you and your perspective of family, home and experience of being in foster care is all that will be collected. There will be no identifying comments made in the final report.

The information is being used to increase understanding of what happens when children and young people leave foster care and to identify whether any changes are needed.

The data is only available to my university supervisor, Nicola Atwool and Pania Coote, the researcher. All information given will be used purely for the purposes of this project.

Results of the project may be published and will be available in the library but every attempt will be made not to identify any specific participant.

You are most welcome to request a copy of the results of the project should you wish.
The data collected will be securely stored in such a way that only those mentioned above will be able to gain access to it. At the end of the project any personal information will be destroyed immediately except that, as required by the University's research policy, any raw data on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed.

**What if Participants have any Questions?**

If you have any questions about our project, either now or in the future, please feel free to contact either:-

Pania Coote or Nicola Atwool
Barnardo's Department of Community and Family Studies
1 Esk Street PO Box 56
Invercargill Dunedin
Telephone: 03 214 7751 Telephone: 03 479 9019
Email: ptcote@ihug.co.nz Email: nicola.atwool@stonebow.otago.ac.nz

This project has been reviewed and approved by the University of Otago Human Ethics Committee.

This project involves an open-questioning technique where the precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops. Consequently, although the University of Otago Human Ethics Committee is aware of the general areas to be explored in the interview, the Committee has not been able to review the precise questions to be used.

In the event that the line of questioning does develop in such a way that you feel hesitant or uncomfortable you are reminded of your right to decline to answer any particular question(s) and also that you may withdraw from the project at any stage without any disadvantage to yourself of any kind.
Information Sheet for Young People’s Focus Group Participants

Going Home?

“The fate of children who leave care”

Whakatauakii – Proverb (rito – child, harakeke – whānau/family)

Hutia te rito o te harakeke
Kei hea te kōmākō e ko
Kī mai ki aha
He aha te mea nui o te tēnei ao

Māku e kī atu
He tangata
He tangata
He tangata!

INFORMATION SHEET FOR YOUNG PEOPLE’S FOCUS GROUP PARTICIPANTS

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you of any kind and we thank you for considering our request.

What is the Aim of the Project?

The aim of this project is to investigate the perspectives of young people leaving foster care. I seek to understand what young people have experienced and what the consequence of that experience has been for them around issues of family, home and being in foster care. The results will be published as a Masters Thesis and there will be no identifying or personal information in the results.

What Type of Participants are being sought?

I am seeking the participants from stage 1 who have consented to being interviewed.
**What will Participants be Asked to Do?**

Should you agree to take part in this focus group hui/meeting, you will be provided with information on the key themes identified from the transcripts of the individual interviews to discuss and comment on. You will not be expected to provide any personal details of your experience, unless you so desire.

The focus group hui/meeting will take approximately 2 hours and the venue will be dependant on the group of participants.

**Can Participants Change their Mind and Withdraw from the Focus Group?**

You may withdraw from participation in the focus group at any time and without any disadvantage to yourself of any kind.

**What Data or Information will be Collected and What Use will be Made of it?**

Data and information relating to the key themes is all that will be collected. There will be no identifying comments made in the final report.

The information is being used to increase understanding of what happens when children and young people leave foster care and to identify whether any changes are needed.

The data is only available to my university supervisor, Nicola Atwool and Pania Coote, the researcher. All information given will be used purely for the purposes of this project.

Results of the project may be published and will be available in the library but every attempt will be made not to identify any specific participant. You are most welcome to request a copy of the results of the project should you wish.

The data collected will be securely stored in such a way that only those mentioned above will be able to gain access to it. At the end of the project any personal information will be destroyed immediately except that, as required by the University's research policy, any raw data on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed.
What if Participants have any Questions?

If you have any questions about our project, either now or in the future, please feel free to contact either:

Pania Coote or Nicola Atwool
Barnardo's Department of Community and Family Studies
1 Esk Street PO Box 56
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In the event that the line of questioning does develop in such a way that you feel hesitant or uncomfortable you are reminded of your right to decline to answer any particular question(s) and also that you may withdraw from the project at any stage without any disadvantage to yourself of any kind.
Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you of any kind and we thank you for considering our request.

What is the Aim of the Project?
The aim of this project is to investigate the perspectives of young people leaving foster care. I seek to understand what young people have experienced and what the consequence of that experience has been for them around issues of family, home and being in foster care.

The focus group hui/meeting is to explore the personal experience of the whānau/family and caregivers when a child is in foster care and what happens to the young people leaving care. The results will be published as a Masters Thesis and may be used in journal articles and conference presentations but there no identifying or personal information will be used.
What Type of Participants are being sought?
I am seeking the whānau/family members and past caregivers of the young people who have consented to participant in stage 1 and are over the age of 30 years.

What will Participants be Asked to Do?
Should you agree to take part in this focus group hui/meeting, you will be provided with information on the key themes identified in stage 1 from the transcripts of the individual interviews to discuss and comment on. You will not be expected to provide any personal details of your experience, unless you so desire.

The focus group hui/meeting will take approximately 2 hours and the venue will be dependant on the group of participants.

Can Participants Change their Mind and Withdraw from the Focus Group?
You may withdraw from participation in the focus group at any time and without any disadvantage to yourself of any kind.

What Data or Information will be Collected and What Use will be Made of it?
Data and information about the key themes and your perspective on what happens to the whanau/family unit and young person is all that will be collected. There will be no identifying comments made in the final report.

The information is being used to increase understanding of what happens when children and young people leave foster care and to identify whether any changes are needed.
The data is only available to my university supervisor, Nicola Atwool and Pania Coote, the researcher. All information given will be used purely for the purposes of this project.

Results of the project may be published and will be available in the library but every attempt will be made not to identify any specific participant. You are most welcome to request a copy of the results of the project should you wish.
The data collected will be securely stored in such a way that only those mentioned above will be able to gain access to it. At the end of the project any personal information will be destroyed immediately except that, as required by the University's research policy, any raw data on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed.

**What if Participants have any Questions?**

If you have any questions about our project, either now or in the future, please feel free to contact either:

Pania Coote
Barnardo's
1 Esk Street
Invercargill
Telephone: 03 214 7751
Email: ptcoote@ihug.co.nz

or

Nicola Atwood
Department of Community and Family Studies
PO Box 56
Dunedin
Telephone: 03 479 9019
Email: nicola.atwood@stonebow.otago.ac.nz

This project has been reviewed and approved by the University of Otago Human Ethics Committee.

This project involves an open-questioning technique where the precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops. Consequently, although the University of Otago Human Ethics Committee is aware of the general areas to be explored in the interview, the Committee has not been able to review the precise questions to be used.

In the event that the line of questioning does develop in such a way that you feel hesitant or uncomfortable you are reminded of your right to decline to answer any particular question(s) and also that you may withdraw from the project at any stage without any disadvantage to yourself of any kind.
Appendix 2. Consent Form

Consent Form for Young People

Going Home?
"The fate of children who leave care"

CONSENT FORM FOR YOUNG PEOPLE
I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:-
1. My participation in the project is entirely voluntary;

2. I am free to withdraw from the project at any time without any disadvantage;

3. the data [audio-tapes] will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed;

4. I understand this project involves an open-questioning technique where the precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops and that in the event that the line of questioning develops in such a way that I feel hesitant or uncomfortable I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind.

5. I understand that the results of the study will be treated in strict confidence and that I will remain anonymous. Within these restrictions, results of the study will be made available to me at my request.
6. Any personal information gathered during the study will not be passed on or used within this project.

7. The results of the project may be published and will be available in the library but every attempt will be made to preserve my anonymity.

I agree to take part in this project.

................................................................. ..............................................................
(Signature of participant) (Date)

This project has been reviewed and approved by the University of Otago Human Ethics Committee
CONSENT FORM FOR YOUNG PEOPLE'S FOCUS GROUP

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

1. My participation in the focus group is entirely voluntary;

2. I am free to withdraw from the focus group at any time without any disadvantage;

3. The data [audio-tape] will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed;

4. I understand this focus group interview involves an open-questioning technique where the precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops and that in the event that the line of questioning develops in such a way that I feel hesitant or uncomfortable I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind.

5. I understand that the results of the study will be treated in strict confidence and that I will remain anonymous. Within these restrictions, results of the study will be made available to me at my request.
6. Any personal information gathered during the study will not be passed on or used within this project.

7. The results of the project may be published and will be available in the library but every attempt will be made to preserve my anonymity.

I agree for my whanau/family to participate in the second stage: Yes ☐ No ☐

I agree for my past caregiver to participate in the second stage: Yes ☐ No ☐

I agree to take part in this focus group: Yes ☐ No ☐

.................................................................................................
.................................................................................................

(Signature of participant)  (Date)

This project has been reviewed and approved by the University of Otago Human Ethics Committee.
Going Home?
"The fate of children who leave care"

CONSENT FORM FOR FAMILY/WHĀNAU OR FOSTER PARENT FOCUS GROUP

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

1. My participation in the focus group is entirely voluntary;

2. I am free to withdraw from the focus group at any time without any disadvantage;

3. the data [audio-tape] will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for five years, after which it will be destroyed;

4. I understand this focus group interview involves an open-questioning technique where the precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops and that in the event that the line of questioning develops in such a way that I feel hesitant or uncomfortable I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind.

5. I understand that the results of the study will be treated in strict confidence and that I will remain anonymous. Within these restrictions, results of the study will be made available to me at my request.
6. Any personal information gathered during the study will not be passed on or used within this project.

7. The results of the project may be published and will be available in the library but every attempt will be made to preserve my anonymity.

I agree to take part in this focus group, I am a: (please tick appropriate box)

Family/Whānau Member ☐ Past Caregiver ☐

................................................................. .................................................................
(Signature of participant) (Date)

This project has been reviewed and approved by the University of Otago Human Ethics Committee.
Appendix 3. Interview Outline for Young People Participants

Interview Outline for Young People Participants

Interviewer will introduce herself and describe the project and an outline of the interview process. There will be an opportunity for the young person to ask questions.

The young people will be given a piece of paper with three circles inside each other. The interviewer will outline the following task. They will be invited to first complete the inner circle on the members of their family before going into the care of Child, Youth and Families (written and/or picture). They will then be asked to complete the center circle on the people who were their family and important to them when living in care. They will then be asked to complete the outer circle on the people they considered family when they left care. This will facilitate discussion about whom they see as family and who has been important to them.

The interview will then focus on the child entering care, living in care and being discharged from care. The interviewer is seeking to understand what the young person has experienced. The following topics will be covered:

- Age when young person went into care
- Length of time in care
- Understanding of why they went into care and what that meant to them
- Whether they were given an explanation of why they were in care and if so, who gave this to them and at what stage
- Understanding of what would need to change for them to return home
- Understanding of intended length of time in care and awareness of care plan
- Feelings about being in care
- Managing feelings and coping strategies
- Experience of being in care
- Contact with family they lived with prior to coming in to care
- Access - who arranged this and frequency
- Experience of being part of two families
- Number of care placements
- Living arrangements since leaving care
- Experience of leaving care
- What has happened since?
- Consequences of living in care around issues of family and home
- What advice would you give to other young people
- What advice or suggestions would you give Child, Youth and Family Social Workers?
Appendix 4. Te Tiriti O Waitangi / Treaty of Waitangi – Article brief.

TE TIRITI O WAITANGI

The Text in English
Her Majesty Victoria Queen of the United Kingdom of Great Britain and Ireland regarding with Her Royal Favour the Native Chiefs and Tribes of New Zealand and anxious to protect their just Rights and Property and to secure to them the enjoyment of Peace and Good Order has deemed it necessary in consequence of the great number of Her Majesty’s Subjects who have already settled in New Zealand and the rapid extension of Emigration both from Europe and Australia which is still in progress to constitute and appoint a functionary properly authorised to treat with the Aborigines of New Zealand for the recognition of Her Majesty’s Sovereign authority over the whole or any part of those islands – Her Majesty therefore being desirous to establish a settled form of Civil Government with a view to avert the evil consequences which must result from the absence of the necessary Laws and Institutions alike to the native population and to Her Subjects has been graciously pleased to empower and to authorise me William Hobson a Captain in Her Majesty’s Royal Navy Consul and Lieutenant Governor of such parts of New Zealand as may be or hereafter shall be ceded to Her Majesty to invite the confederated and independent Chiefs of New Zealand to concur in the following Articles and Conditions.

Article the First
The Chiefs of the Confederation of the United Tribes of New Zealand and the separate and independent Chiefs who have not become members of the Confederation cede to Her Majesty the Queen of England absolutely and without reservation all the rights and powers of Sovereignty which the said Confederation or Individual Chiefs respectively exercise or possess, or may be supposed to exercise or to possess over their respective Territories as the sole Sovereigns thereof.
Article the Second
Her Majesty the Queen of England confirms and guarantees to the Chiefs and Tribes of New Zealand and to the respective families and individuals thereof the full exclusive and undisturbed possession of their Lands and Estates Forests Fisheries and other properties which they may collectively or individually possess so long as it is their wish and desire to retain the same in their possession; but the Chiefs of the United Tribes and the individual Chiefs yield to Her Majesty the exclusive right of pre-emption over such lands as the proprietors thereof may be disposed to alienate – at such prices as may be agreed between the respective Proprietors and persons appointed by Her Majesty to treat with them in that behalf.

Article the Third
In consideration thereof Her Majesty the Queen of England extends to the Natives of New Zealand Her royal protection and imparts to them all the Rights and Privileges of British Subjects.

William Hobson
Consul and Lieutenant-Governor

Now therefore We the chiefs of the Confederation of the United Tribes of New Zealand being assembled in Congress at Victoria in Waitangi and We the Separate and Independent Chiefs of New Zealand claiming authority over the Tribes and Territories which are specified after our respective names, having been made fully to understand the Provisions of the foregoing Treaty, accept and enter into the same in the full spirit and meaning thereof: in witness of which we have attached our signatures or marks at the places and the dates respectively specified.

Done at Waitangi this Sixth day of February in the year of Our Lord one thousand eight hundred and forty.
TE TIRITI O WAITANGI

A Literal English translation of the Maori Text

Signed at Waitangi February 1840, and afterwards by about 500 chiefs.

Victoria, the Queen of England, in her kind (gracious) thoughtfulness to the chiefs and hapus of New Zealand, and her desire to preserve to them their chieftainship and their land, and that peace and quietness may be kept with them, because a great number of the people of her tribe have settled in this country, and (more) will come, has thought it right to send a chief (an officer) as one who will make a statement to (negotiate with) the Maori people of New Zealand. Let the Maori chiefs accept the governorship (kawanatanga) of the Queen over all parts of this country and the islands. Now, the Queen desires to arrange the governorship lest evils should come to the Maori people and Europeans who are living here without law. Now, the Queen has been pleased to send me, William Hobson, a Captain in the Royal Navy to be Governor for all places of New Zealand which are now given up or which shall be given up to the Queen. And she says to the chiefs of the Confederation of the hapus of New Zealand and the other chiefs, these are the laws spoken of.

This is the First (Article 1)
The chiefs of the Confederation and all these chiefs who have not joined in that Confederation give up to the Queen of England for ever all the governorship (kawanatanga) of their lands.

This is the Second (Article 2)
The Queen of England agrees and consents (to give) to the chiefs, the hapus, and all the people of New Zealand the full chieftainship (rangatiratanga) of their lands, their villages, and all their possessions but the chiefs of the Confederation and all the other chiefs give to the Queen the purchasing of those pieces of land which the owner is willing to sell, subject to the arranging of payment which will be agreed to by them and the purchaser who will be appointed by the Queen for the purpose of buying for her.
This is the Third (Article 3)
This is the arrangement for the consent to the governorship of the Queen. The Queen will protect all the Maori people of New Zealand, and give them all the same rights as those of the people of England.

William Hobson
Consul and Lieutenant – Governor
Now, we the chiefs of the Confederation of the hapus of New Zealand, here assembled at Waitangi, and we, the chiefs of New Zealand, see the meaning of these words and accept them, and we agree to all of them. Here we put our names and our marks.
Text Differences

Although there are many different opinions on the text differences, here is a key indication on the main ones.

ENGLISH VERSION
Article 1
British Crown obtain Sovereignty
– full control – over New Zealand

MAORI VERSION
Article 1
British Crown obtain Governance
(kawanatanga) over New Zealand

DIFFERENCE
The argument here is that governance does not mean the same as sovereignty. Governance being a limited power.

Maori believed that they would remain as sovereign tribes and governance would extend to Pakeha settlers and the land (with Maori consent)

ENGLISH VERSION
Article 2
Maori get full exclusive possession over their lands, forests and fisheries.
(Under British law in article one)
Any resources the tribe wish to sell can only go to the Crown

MAORI VERSION
Article 2
Maori are given full control and authority (tino rangatiratanga) over their lands, villages, and treasures. Any selling once again goes only to the Crown.

DIFFERENCE
The debate in these articles is that in the English text Maori will have lands etc. protected, but are under British law (sovereignty).

Article two in the Maori text gives Maori full authority (rangatiratanga) over their lands etc. Therefore, Maori would remain in control to pass their own laws as they had in the past.
ENGLISH VERSION

Article 3
The same rights as British subjects.

MAORI VERSION

Article 3
The same rights of citizenship as the people of England.

DIFFERENCE

There is not much to debate here, although some will argue that in the English version Maori will be ‘subjects’.

The word to translate ‘subjects’ in the Maori text is Tangata (people). Traditionally Tangata were free people, under nobody’s authority – as the term subject implies.

Article 4
Gives Maori the right to determine which religious belief they will follow, including traditional Maori values.

Article Four was given orally, (therefore some will say it has no legal standing). There is no text conflict here.

Furthermore, under international law, when two versions of a Treaty are in conflict, the text written in the indigenous language is the valid text.

This is called ‘Contra Preferentum’

For further reading: