

## Chapter 11: Preparing Human Service Workers for Risk Assessment and Management

### Training for Child Protection Risk Assessment in the Statutory Social Work Setting.

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“The accumulation of knowledge is a gradual process. The ongoing work with Risk Estimation is an effective means of collaboration between practitioners, supervisors, managers, trainers, policy analysts and researchers in improving outcomes for children, young people and their families, whanau and aiga.”

(Child Youth and Family, *Risk Estimation System Reference Manual* 2001 p.11.)

An excerpt from CYFS, *Strategic Direction to 2008*, (2004) states: “The Department of Child Youth and Family Services is a statutory social work Agency that employs approximately 2,300 staff. Social workers, supervisors and practice managers in the field and residential settings comprise 1,500 of these staff delivering core social work services to care and protection and youth justice clients, and working with families, caregivers and community groups. The work of CYFS is targeted rather than universal. Their role is to investigate and assess whether children and young persons (CYP) *have been or are likely to be harmed*, and work with CYP who have been harmed, or where young people have offended against the law.

The key services delivered on behalf of the Government are statutory Care and Protection and Youth Justice services to Children Young Persons and their Families. These services include: receiving notifications, statutory investigation of reports that CYP are in need of care and protection, taking emergency action where necessary, receiving referrals from police about CYP who have committed offenses, co-ordinating Family Group Conferences (FGC) for care and protection and youth justice, implementing FGC plans and court orders, ensuring services needed by CYP and their families are provided to restore or improve wellbeing, providing appropriate care services

to children in custody and guardianship of the Chief Executive including residential services. Other key services are information and education, developing and funding community services, adoption services and policy advice to ministers.

Child Youth and Family is committed to building and delivering professional social work services. Risk assessment is a key tool and critical process of that service delivery because virtually all decisions concerning children involve a judgment concerning risk as a component of the decision. As Sigurdson & Reid (1990) state, “Little attention is paid by the world in general when this process is functioning adequately, but practitioners become the focus for massive media attention when a child who has been involved with the child welfare system is killed or subjected to repeated injuries”.

The Children Young Persons and their Families Act (1989) is the major piece of legislation under which CYFS delivers its investigation and assessment processes, procedures and services. The General Objects and General Principles of this Act and section 13 Care and Protection Principles clearly state that child protection intervention should only occur in cases where there is not an adult present in the family or natural community who is willing and able to act as caregiver to the child. (Appendix 1: s4 General Objects, s5 General Principles, s13 Principles).

Therefore any decision made whether to leave a child in the care of a particular adult or family is going to involve a judgment about risk – whether or not there are forces or reasons present within this person or community that will lead them to harm the child in the foreseeable future – i.e. a risk assessment.

In 1994 CYFS established The Risk Management Project with a goal to have a consistent and effective approach to risk assessment and management. In search for a risk estimation model or tool for practitioners to consistently apply a wide literature search and review of programmes internationally was undertaken by CYFS. A Canadian model, the Manitoba Risk Estimation System (version 4.1) (MRES) was eventually identified and selected as the basis for formulating our own indigenous framework for robust social work practice. MRES was developed in Canada in response to several factors:

- No consistent practice or framework for risk assessment existed
- A lack of identification and analysis of the conditions that contribute to risk and endanger children and young persons was apparent
- A lack of supervision of cases coupled with
- A lack of sufficient robust recording containing relevant information and analysis of the case
- A review of child deaths in Canada over a 5 year period which highlighted the above factors

Here in Aotearoa New Zealand when reviewing our own child deaths all of these issues were found to exist.

“Similar patterns of practice and organisational failure: lack of clarity about the statutory role, poor or absent supervision, breakdowns in communications between workers, sites and inter-agency, inadequate recording, an incident focus with failure to recognise abusive patterns, inadequate knowledge base, an unstable organisational context, information gathering with little analysis or assessment, and finally failure to protect.” (Risk Management Briefing Paper, Craig Smith – Project Manager, Risk Management Project, CYFS, 1996).

Also at this time a review of social work practice within CYFS identified 30 different models or practices being applied to assess risk to varying effect. A study of notifications for Care and Protection revealed that up to 45% of our notifications were re-notifications, (Robertson, J. and Maxwell, G. A., Study of Notifications for Care and Protection to the Children and Young Persons Services Office of the Commissioner for Children, Wellington, New Zealand, March 1996.) This suggested that we were not able to recognise the underlying pattern of abuse and deliver interventions that addressed the structures (beliefs, attitudes and behaviours) that maintain abusive patterns and lead to abusive incidents. Each time a child is re-notified, there is a real danger that the abuse will be more severe, the problem more entrenched and the long-term damage to the child more profound.

The MRES system was the result of a comprehensive research process which had been ongoing in Canada since 1988 and was grounded in the everyday problems encountered by practitioners when trying to assess the probability of future harm to a child after a critical instance of maltreatment had occurred. A vast amount of experience accumulated by social workers which is accepted as the ‘practice wisdom’ of child protection work was tested in this research with the outcome being a refinement of current practice with statistical data reflecting practical and theoretical explanation, a blend of good practice and good science. Intensive field testing in three Canadian provinces with 2,000 persons trained in the tool yielded a collection of data from three child protection agencies and a review of child deaths over a ten-year period, a solid base from which to begin our own journey with a risk estimation system. Their results indicated it was possible to predict the risk of reoccurrence and the severity of child maltreatment with a considerable degree of certainty. However as they noted, it requires diligence in the collection of data and a comprehensive evaluation, therefore robust systems involving policies, recording, analysis and storage are essential. It is a decision-making system that should be used only within the context of a competent supervisory system; it is a practitioners tool, a framework for analysis – not an expert system.

The two main researchers and authors of the MRES, Eric Siggurdson a psychiatrist and Grant Reid a social work professor, were invited to New Zealand by the risk management project to collaborate with practitioners and other key contributors to statutory social work services to further test and evolve their work. In 1994 two pilot sites were chosen in CYPFS to begin testing out this system within our own knowledge and practice development. This work built on the publication in 1987 of Tirohanga Tukino Tamariki – Recognition of Child Abuse and Neglect (ROCAN). This booklet was an accumulation of knowledge and current practice theory defining and describing abuse and neglect to assist the recognition of signs that may suggest a child or young person is being abused or neglected. More importantly this publication contained cultural guidelines from a Tangata Whenua and Pacific Islands perspective including family typology that addressed concepts, philosophy and best practice in these cultural settings. The document states:

“Accurate recognition is an important step towards ensuring the safety of the child. However, it is only part of the journey. It is essential to also identify the pattern of abuse and neglect and the beliefs, behaviours and attitudes that create abusive patterns and lead to abusive incidents. Protection will only be achieved through accurate recognition, sound risk assessment and interventions that ensure the safety and well-being of the child or young person”. (ROCAN, 1987, p.61).

The Manitoba Risk Estimation System (MRES) pilots were set firmly amongst our supervision framework and policy and incorporated the rules of safe practice such as:

- always sight and talk to the child or young person
- provide child protection that is child focused and family centered
- never work alone
- record, record, record
- consult widely outside of CYFS
- access culturally appropriate advice
- use supervision actively
- use the minimum necessary intervention consistent with the safety and wellbeing of the child

Following the piloting of MRES and upon recommendations of cultural advisors and practitioners specific cultural guidelines were developed that formed the framework and criteria for culturally sensitive practice and build on the guidelines developed previously in the ROCAN booklet. The three main areas addressed are:

1. Worker attitudes and commitment to culturally sensitive practice
2. Knowledge of the culture and how it affects the family within it
3. Intervention skills

Whilst acknowledging that attitude, knowledge and skill form the foundation for effective practice the cultural guidelines emphasise that consultation and community resources are critical for sustainable child protection outcomes--“Each social worker should be aware of resources for culturally appropriate counseling and healing as well as other community resources.” (CYF Risk Estimation System, p.18). An effective RES relies on cultural competence, essential basic training, supervision and access to appropriate cultural consultation.

After the pilot’s evaluation, further refinements to the system occurred and policy regarding its use and recording was made. Training for all social workers (a three-day package) was designed and delivered in the organisation. It took the form a site by site national rollout and was delivered on each site over a 3-month period using practice consultants to co-deliver and be the champions of the tool and to supplement the national training resource. The details of this training are discussed further in this chapter. One of the underlying assumptions made in choosing this type of delivery approach was that supervisors and practice consultants would pick up on the role of coach and mentor and work with practitioners to implement and grow the learning. To support this happening a national network of ‘risk estimation practitioners’ were identified and cultivated, this consisted of a nominated person on each site who would champion the tool, be an ‘expert user’, and collate and pass on practice requests, experience and wisdom. Practitioner meetings were held quarterly. Continuity was maintained by a national office senior advisor co-chairing these meetings with a senior trainer. Refinements, reflection and problem solving as well as information sharing and innovation occurred at these meetings which lasted over an eighteen-month period.

Once the initial rollout had concluded, the RES training was incorporated into business as usual via the training calendar and offered 2 – 3 times a semester until the formulation of the National Induction Programme saw it integrated into a compulsory syllabus for all new social workers’ basic training in 2001. A review of RES in 2002 and subsequent evaluation raised issues of compliance and identified an uneven uptake and application of the tool across the organization, despite proof of its effectiveness in reducing harm. Some practitioners saw RES as having been ‘imposed’ and critical of their practice, some believed the time it took to complete the tool to be a major barrier and others failed to see the value of the tool. A training response was sought after tighter policy and recording requirements were put into place and the RES two-day refresher training for supervisors, practice managers and senior practitioners was designed and delivered nationally. Close monitoring of completed RES through the computer system CYRAS has seen a substantial improvement in the numbers of RES currently being completed.

## **Component of Training for Child Protection Risk Assessment.**

Child protection social work is a skilled area of practice that requires the ability to investigate allegations of child abuse and neglect, and to assess the likelihood of further risk of harm. Risk is assessed in the context of the family and focuses on the attributes of the adult caregivers responsible for a child's care and safety. To achieve any degree of accuracy in risk assessment it is necessary to examine both patterns of abuse and neglect, and the beliefs attitudes and behaviours of adults that contribute to, or maintain abusive or neglectful patterns or incidents (Smith 2004). This necessitates social workers having comprehensive information about the adult caregivers' psycho-social development and sufficient theoretical knowledge and understanding to be able to identify and articulate the types of 'risk' they present and the conditions that allow risk to exist.

Whilst knowledge taught through courses of social work study provides an important base for social work practice, there are no courses available at a tertiary level that prepare social workers specifically for the field of 'Child Protection' social work. There is an extensive range of material available including handbooks, manuals, legislation and policy documents which describe the signs and conditions that constitute child abuse and neglect. However, it is the adult 'thinking' and 'attitudes' behind those behaviours that is the focus of child protection risk assessment. The skills and knowledge required to make life-saving decisions about a child's or young person's safety and future well being is essentially dependent on sound professional judgment in information gathering and analysis, which is backed up by evidence (Strathern, 1995).

In training risk assessment, focus is primarily placed on the purposeful gathering and analysis of information with emphasis that risk assessment should be used only within the context of a competent supervisory system. The role of supervision in the transfer of learning and the development of reflective practice is essential to the successful application of the risk assessment tool (RES) and to maximizing the safety of clients, and the accountability of workers and the agency.

Most Social workers' training in risk assessment will have a tertiary qualification in Social Work, at either a Diploma or Degree level of study. In addition to social work knowledge they also have considerable knowledge and experience influenced by their own backgrounds and characteristics such as age, life stage, education and culture. Importantly, they have their own values and beliefs and their own constructs of risk. In training social workers in child protection risk assessment, a fundamental question then is,

what is 'risk'? What conditions exist that allow maltreatment to occur, and how is this understood by clients and by workers?

**The Risk Estimation System (RES)** provides a framework for conceptualizing the problems experienced in a family that contribute to 'risk' and for assessing the likelihood of further harm occurring. It also identifies protective strengths in families where these can be demonstrated. The tool is designed to improve social work analysis and demonstrate the thinking process of the social worker in reaching a decision about risk. The Risk Estimation framework provides a common language for practitioners to articulate the 'sets of risks' that they are assessing/investigating and the potential range of discourses that enable risk to exist. The structured approach of the tool reduces the value placed on social work intuition, thus to some degree reducing social worker bias.

In the training environment, risk is presented as 'potential harm' on a safety to danger continuum. Social workers are encouraged to explore and have a thorough understanding of the caregiver's situation that has led up to the incident of abuse and, to identify to what degree these factors contribute to danger or safety. This requires considerable skills of engagement and information gathering. The range of questions that can be asked is extensive but should focus on those that increase understanding of caregiver's beliefs and attitudes and how they understand them.

The RES describes three dimensions of adult caregiver characteristics. The most significant is the adult's prior pattern regarding the treatment of children, past behaviour being the best predictor of future behaviour. The second dimension concerns the importance of the adult's beliefs concerning children. These may reflect the caregiver's own experiences or cultural values, or beliefs about children reinforced by a reference group. Exploration of the caregiver's own experiences may provide some insight into how they perceive the world and how they behave in it. For example, how were they disciplined as a child? By whom? How did they perceive this? Did they think it was fair or unfair? Who acted to protect them? Was alcohol or drugs a factor? What is similar or different in the way they treat their own child? What are the current stressors for the caregiver? What are the relationship difficulties, financial problems? What level of support or social isolation does the caregiver experience? Who provides support? What are the values and beliefs held by the people offering support?

If the adult believes that their behaviour towards children is correct, they will continue to behave as they do unless prevented from doing so. Such attitudes may be grounded in cultural values, may be reinforced by a reference group and/or family; for example attitudes to discipline, level of attachment, or the intrinsic value placed on children. (Smith, 2004).

In training, Social workers are encouraged to develop a genogram for the families in their case studies as a starting point to identifying family relationships and structures. In practice this can become a starting point for engaging clients and encouraging them to talk about themselves and their own experience. By allowing caregivers to “tell their stories” they frequently reveal the experiences that have shaped their beliefs and attitudes in relation to children and parenting responsibilities.

Training in risk assessment focuses primarily on purposeful information gathering and analysis which allows a decision to be made about the probability of further harm to a child. This relies significantly on social workers being very clear about their role as child protection social workers and about the factors influencing clients’ behaviour that contribute to safety or danger. The importance of supervision in this context is implicit.

The Risk Estimation tool (RES) provides a framework which focuses on 22 areas of concern that potentially contribute to risk. These ‘scale items’ or indicators are grouped into 8 sections concerning the child, the incident or condition, and the caregivers. Each scale item measures the contribution to risk on a continuum from protective to very high. A question mark is used to indicate that the practitioner does not have sufficient information to score that particular unit of measurement. This may require further investigation by the social worker or by other professionals. A composite score is reached at the end of each section and is considered in the RES summary where the overall contribution to vulnerability, reoccurrence and severity is assessed (Department of Child, Youth and Family, 2000).

For each scale item there is a ‘Unit of measurement’ which describes what is to be considered. This provides very clear direction for information gathering. For example in assessing the vulnerability of the child, the three scale items measure the access by the perpetrator, the child’s ability to protect themselves and whether an adequate protector is present. The unit of measurement for ‘Child able to protect self’ is “*the child’s ability to perceive the adult behaviour as wrong and to act on this belief.*” Social work knowledge about child cognitive development is important for scoring this scale item. Very young children lack the cognitive and physical ability to protect themselves and are considered to be at high risk of harm. However, other factors may also need to be considered. For example, an older child who has an intellectual disability, may not understand the adult behaviour as wrong or be able to act to protect themselves. Conversely, a young person or adolescent who, because of cultural conditioning, does not disclose the abuse or denies that it occurs, is also at high risk of harm. Social work inquiry must look for evidence of how these behaviours are demonstrated.

For the descriptor ‘Adequate protector present’ the unit of measurement is the ‘*ability and willingness of the non-offending caregiver to protect child*’. Social



workers must investigate how this ability and willingness is evidenced. How does the caregiver perceive the incident or situation? Who is held responsible for the incident? Does the adult accept responsibility or is the child blamed for provoking the abusive adult? What does the caregiver do that demonstrates protective behaviour? This scale item is sometimes problematic for new practitioners especially in the case of domestic violence where the non-offending caregiver may be considered a victim of abuse, and therefore powerless to act. However, whilst diminished ability may be acknowledged, if the non-offending caregiver is aware of the abuse and does nothing to stop it, they cannot be considered an adequate protector and instead must be seen as a perpetrator of neglect.

**Understanding of the Child.** In this section there are three scale items. The first, 'Perception of the Child,' explores "*the caregiver's value of the child and acceptance of responsibility for the situation.*" The caregivers' perception of the child may be influenced by their own life experience and unmet needs, or by the values of the social group or family the caregiver belongs to. There may also be factors affecting the caregivers' emotional or intellectual state, or other situational stressors affecting them. It is critical to understand the degree of denial or responsibility the caregivers accept for the incident of abuse and their own contribution to the problem. Questioning should also explore how they have behaved in relation to previous incidents of abuse. What was the nature of the incident? Who did they see as the cause of the problem? Did they ever tell anyone or seek help to change the situation?

**Attachment.** The scale item measuring this explores the "*level of supportive, emotional interaction between the caregiver and the child.*" Whilst some information can be gained from observation, social work inquiry that allows the adult to share their experience provides important insights to the situational factors affecting the adults' behaviour. Questioning should explore the conditions around the child's conception and early childhood where significant attachments are formed. Questions should explore issues such as, Was this a planned /unplanned pregnancy? Was the child wanted/unwanted? How did the partner or other family members react? What support was available at that time? Was this an easy or difficult child? What do they like about this child? How is this child valued?

The third scale item in this section, **Parenting knowledge and skills** explores the "*the caregiver's knowledge and skills of needs of the child and child development.*" It is important to assess the caregivers' level of understanding about the child's physical, cognitive and emotional needs. Does the adult have age appropriate expectations of the child? How is this demonstrated? For example, these concepts can be explored in relation to younger children around the caregivers' expectations of toilet training or need for supervision.

Is the adults' expectation appropriate for the age and developmental stage of the child? In relation to older children, questioning can explore the caregivers' understanding of adolescence and the need for young people to develop autonomy and independence. It is also useful to explore what role-models influence the caregivers' parenting style. This is likely to reflect the beliefs and attitudes held by significant people in the adults' lives, either family or friends as a reference group.

The possible, relevant questions that could be asked for each scale item are numerous. Once practitioners are familiar with the requirements for the RES framework and understand how the scale items reflect factors contributing to safety or harm, they can develop their own questions and style of enquiry. It is worthwhile to reiterate that the effectiveness of any risk assessment depends on sound judgment in information gathering and analysis supported by evidence.

Sirgudson and Reid suggest that caregiver attitudes should be measured with respect to both abstract issues and intended behaviours and that a multidimensional analysis of attitudes is more accurate as a basis for prediction than predictions based upon single items. The two scale items which measure previous incidents of abuse of children and use of violence to control others are strong predictors of future behaviour, reflecting what the adult believes is acceptable. The premise of risk assessment is that past behaviour is the best predictor of future behaviour.

The following 14 **Essential clinical and research components** underlay the Risk Estimation decision making system:

1. Once a person has been a perpetrator of an incident of maltreatment, there is an increased likelihood that this behaviour will reoccur when compared to the likelihood of this behaviour occurring prior to the individual becoming a perpetrator.
2. The greater the severity, frequency or recency of maltreatment the greater the likelihood of reoccurrence.
3. The younger the child the greater the actual or potential severity of injuries.
4. The likelihood of reoccurrence is increased by the degree to which the functioning of the perpetrator and/or their partner is impaired by substance abuse or mental dysfunction.
5. If a partner is an active participant, or is complicit with respect to maltreatment, the likelihood of reoccurrence is increased; conversely, a partner who actively opposes the maltreatment may lower the likelihood of reoccurrence.
6. People who are violent in any context are more likely to behave in a violent manner with their children than someone who never uses violence as a means of coping with difficulties.

7. If caregivers perceive children as objects, or merely as extensions of themselves, there will be higher likelihood of reoccurrence of maltreatment than if the children are understood to be intrinsically valuable.
8. The greater the level of dysfunction within the family, the greater the likelihood of further maltreatment.
9. The higher the level of stress experienced by the caregiver, the greater the likelihood of further maltreatment.
10. The greater the disconnection of a caregiver from their family and/or community the greater the likelihood of further maltreatment.
11. The greater the acceptance of maltreatment within the family and/or community the greater the likelihood of further maltreatment.
12. The greater the relationship distance between the adult male caregiver and the female child the greater the likelihood of sexual abuse.
13. Female children are more likely than male children to experience sexual abuse within the family.
14. The greater the severity of an instance of maltreatment the greater the probable severity of a future instance of maltreatment carried out by this perpetrator.

(Source: Eric Sigurdson and Grant Reid, April 1990)

In training for Child Youth and Family social workers, participants are introduced to the Risk assessment tool and required to complete three prepared case studies. These case studies introduce cultural considerations when working with Maori or Pacific Island families. Cultural advisors are also present during parts of the training. Although there is no opportunity to practice interviewing skills as part of information gathering, the training promotes an inquisitorial approach to the case studies.

Working in small groups, participants have the opportunity to explore the issues presented and articulate the rationale for their decision making and intervention. Working in groups provides an opportunity for participants to explore their own beliefs and bias which influence their own construct of risk and how this might impact on practice. Predominantly, participants in training identify the benefits of the RES framework in that it provides direction for purposeful information gathering in the investigation process, assists with analysis of information when determining risk and informs decision making and intervention. It is emphasized that the Risk Estimation system is a framework for analysis, not an expert system. It can not make the decisions relating to intervention in cases of child abuse and neglect, but it can significantly reduce practitioner uncertainty about their decision making and identify areas where further information is needed. While the Risk Estimation is primarily used during the investigation stage of the Department's involvement, policy also dictates that it should be used

whenever a major decision affecting a child needs to be made which requires a reassessment of risk, for example, a situation where a child is being returned to the care of parents who had previously harmed the child. Equally, it may be a situation where a child is being placed in the care of extended family/whanau who have come from the same family system as the child's parent and may have harmed a child of their own or demonstrate values and beliefs consistent with the parents.

It is expected that the transfer of learning and the promotion of the benefits of the RES system will be encouraged through Supervision and integrated into the whole casework process including planning, information gathering and analysis, supervision and ongoing professional development. The Risk Estimation framework makes transparent the worker's thinking and analysis about the risks needing to be managed and consequent interventions taken to reduce these. It does not resolve all the issues in child protection, and its effectiveness will always be influenced by the practice and organizational context in which it is used. Its greatest benefit is that it provides an evidence based framework to assist social workers' decision making about the risks and probability of future harm to children. The use of the RES tool provides transparency for practice and a common language to more effectively communicate with families, Courts and other professionals who also have an investment in reducing risk to children and promoting safety.

## Conclusion

Our key role as a statutory agency is “to investigate and assess whether children or young persons have been, or a likely to be harmed.” Essentially, we gather information, analyse that information and make informed decisions which support and assist families to keep their children safe. A key tool to assist in this process is the Risk Estimation System as described (in part) in this chapter. This tool is a framework to ensure transparency and accountability of decision making, not a replacement for clinical judgement.

The effective use of the tool relies on three key areas:

1. Sound professional judgment in information gathering and analysis based on evidence
2. A competent supervisory system that ensures reflective practice and on-going professional development
3. Developing and building collaborative relationships with agencies, communities and families that enable the construct of risk to be identified, described and appropriately addressed

The importance and benefits of using this tool is that it offers a safety focused system for the client, worker and organization. It ensures we

make accurate assessments that are transparent, informative and contribute to decision making and interventions that not only reduce risk but enable protective environments to be built and strengthened. It does this by rigorous gathering and analysis of information which is articulated in a common language and makes obvious the reasons for predicting the likelihood of further harm occurring. Implicit in this system of risk assessment is the use of supervision which explores the worker's values, knowledge and thinking about the risks that need to be managed and the skills needed to do this. This reflective practice maximizes safety for all concerned and contributes to growing the body of knowledge and practice wisdom for the social work profession.

**Appendix 1:** s4 General Objects, s5 General Principles and s13 Care and Protection Principles of the Children Young Persons and their Families Act 1989.

4. Objects – The object of this Act is to promote the well-being of children, young persons, and their families and family groups by –
  - (a) Establishing and promoting, and assisting in the establishment and promotion, of services and facilities within the community that will advance the wellbeing of children, young persons, and their families and family groups and that are –
    - (i) Appropriate having regard to the needs, values, and beliefs of particular cultural and ethnic groups; and
    - (ii) Accessible to and understood by children and young persons and their families and family groups; and
    - (iii) Provided by persons and organisations sensitive to the cultural perspectives and aspirations of different racial groups in the community.
  - (b) Assisting parents, families, whanau, hapu, iwi and family groups to discharge their responsibilities to prevent their children and young persons suffering harm, ill-treatment, abuse, neglect, or deprivation.
  - (c) Assisting children and young persons and their parents, family, whanau, hapu, iwi, and family group where the relationship between a child or young person and his or her parents, family, whanau, hapu, iwi, or family group is disrupted.
  - (d) Assisting children and young persons in order to prevent them from suffering harm, ill-treatment, abuse, neglect, and deprivation.
  - (e) Providing for the protection of children and young persons from harm, ill-treatment, abuse, neglect, and deprivation.
  - (f) Ensuring that where children or young persons commit offences, -
    - (i) They are held accountable, and encouraged to accept responsibility, for their behaviour; and

(ii) They are dealt with in a way that acknowledges their needs and that will give them the opportunity to develop in responsible, beneficial, and socially acceptable ways.

(g) Encouraging and promoting co-operation between organisations engaged in providing services for the benefit of children and young persons and their families and family groups.

Cf. 1974, No. 72, s. 3

5. 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, whanau, hapu, 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, whanau, hapu, iwi, and family group.

(b) The principle that, wherever possible, the relationship between a child or young person and his or her family, whanau, hapu, 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, whanau, hapu, 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 or proposed 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.

Cf. 1974, No 72, S.4

### 13.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 3 [or Part 3A] or sections 341 to 350 of this Act shall be guided by the following principles:

- (a) The principle that children and young persons must be protected from harm, their rights upheld and their welfare promoted.
- (b) The principle that the primary role in caring for and protecting a child or young person lies with the child's or young person's family, whanau, hapu, iwi, and family group, and that accordingly -
  - (i) A child's or young person's family, whanau, hapu, iwi, and family group should be supported, assisted, and protected as much as possible; and
  - (ii) Intervention into family life should be the minimum necessary to ensure a child's or young person's safety and protection.
- (c) The principle that it is desirable that a child or young person live in association with his or her family, whanau, hapu, 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, whanau, hapu, iwi, and family group:
- (e) The principle that a child or young person should be removed from his or her family, whanau, hapu, iwi, and family group only if there is a serious risk of harm to the child or young person.
- (f) Where a child or young person is removed from his or her family, whanau, hapu, 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, whanau, hapu, 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, whanau, hapu, 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, whanau, hapu, 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, whanau, hapu, iwi,

and family group, the child or young person should live in a new family group, or (in the case of a young person) in an appropriate family-like setting, in which he or she can develop a sense of belonging, and in which his or her sense of continuity and his or her personal and cultural identity are maintained

- (g) Where a child or young person cannot remain with, or be returned to, his or her family, whanau, hapu, iwi, and family group, the principle that, in determining the person in whose care the child or young person should be placed, priority should, where practicable, be given to a person -
  - (i) Who is a member of the child's or young person's hapu or iwi (with preference being given to hapu members), or, if that is not possible, who has the same tribal, racial, ethnic, or cultural background as the child or young person; and
  - (ii) Who lives in the same locality as the child or young person.
- (h) Where a child or young person cannot remain with, or be returned to, his or her family, whanau, hapu, iwi and family group, the principle that the child or young person should be given an opportunity to develop a significant psychological attachment to the person in whose care the child or young person is placed:
  - (i) Where a child is considered to be in need of care or protection on the ground specified in section 14(1)(e) of this Act, the principle set out in section 208(g) of this Act.

Cf 1974 No 72 s 4