

**Mandatory reporting of suspected child maltreatment in New
Zealand Early Childhood Centres**

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ATTESTATION OF AUTHORSHIP

ATTESTATION OF AUTHORSHIP

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.



K.A.Kerr.

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ABSTRACT

The focus of this research is to investigate the discussion regarding the introduction of mandatory reporting through the views on confidence in reporting of current practitioners working in Early Childhood Education Centres in Aotearoa/ New Zealand, and to discover whether their views in regard to recognising and reporting suspected child maltreatment reflect those views articulated in overseas literature. This research is discussed against the backdrop of informed opinion of established child advocates identified as experts in their field who were asked whether mandatory reporting of suspected child maltreatment is a useful tool in disrupting the negative experiences visited upon children and young people.

The discussion in the body of the research is predicated on the understanding that prolonged exposure to trauma in early childhood alters the architecture of the brain and has long lasting effects which compromises the physical and emotional well being of our young people, as well as damaging their ability to make a strong, positive contribution to society.

The early childhood practitioners who participated were asked to fill out a questionnaire which contained ten quantitative responses and two qualitative responses. To complement the responses of the practitioners, five interviews were undertaken with individuals known as experts within the field of child advocacy. Their inclusion was sought to provide a broader perspective to the debate regarding the pros and cons of mandatory reporting. These interviews were undertaken either through telephone interviews, written material, and the computer programme, Skype. The researcher wanted to reflect an authentic Aotearoa/ New Zealand voice to a discussion which has largely relied upon overseas research to inform its views.

The researcher then discusses future strategies should mandatory reporting be introduced in the future, as well as broader based alternatives if voluntary reporting is to be maintained

Chapter One: Introduction

“I whea koe i te tahuritanga o te rau o te kotukutuku, i te raratanga o te waha o te koekoea?” “Where were you at the time of the turning of the kotukutuku leaf, in the season when the continuous sound of the long-tailed cuckoo’s voice was heard? In other words, why did you not respond to the call to labour, in the spring of the year—digging time?” (Pomare, n.d.).

To the writer, as a social worker, counsellor and child advocate of thirty seven years, this whakataukī evokes the question every professional must ask themselves. I now ask you, the reader, “Where is your voice? What actions have you taken to try and reduce the dreadful child abuse statistics of New Zealand? Are you prepared to take a stand and be counted?” The discussion around the use of mandatory reporting of suspected child abuse as one tool which can support such direct action is a crucial one. Would the introduction of mandatory reporting make a difference in protecting the safety and well being of our children?

Positive youth development underpins the future continued success of any society. It is essential for future productivity of a healthy society to develop a younger generation which is autonomous, resilient and positively engaged in pro social activities. Well adjusted, adaptive young people play a vital role by taking their place in the work force and contributing to the taxes and economic growth of the country; conversely dysfunctional young people create demands on the country’s health, justice and welfare services. In Aotearoa/ New Zealand, there is no formal recognition of which age denotes a ‘young person’ or when that young person becomes an adult. A child is considered safe to be left unsupervised from the age of fourteen, can drive a car at fifteen and once they reach sixteen may have consensual sex, marry with parental consent, become employed, and receive some benefits. Once they turn eighteen they are entitled to vote and they are generally seen as ready to take on the responsibilities of adulthood. To allow positive development to flourish it is important that children grow up in a supportive nurturing environment which enables them to develop skills, competencies and to build strength. According to the 2006 census, nearly one in five of the population was aged between twelve to twenty four years and this figure is expected to grow over the next decade. (Ministry of Youth Development, 2006). The same site states that 19.5% of those young people identified as Māori. Māori have a growing

youthful population. Since Māori are over represented in abuse and criminal statistics (Department of Corrections 2007) it is critical that cycles of abuse and offending are interrupted if young Māori are to have a chance of a bright independent and productive future.

Lerner, Dowling and Anderson (2003) describe positive youth development, or thriving, as:

Thriving involves relative plasticity in human development and adaptive regulations of person–context relations. An integrated moral and civic identity and a commitment to society beyond the limits of one’s own existence enable thriving youth to be agents both in their own, healthy development and in the positive enhancement of other people and of society. Thriving youth become generative adults through the progressive enhancement of behaviors that are valued in their specific culture and that reflect the universal structural value of contributing to civil society. (p172)

Early childhood experiences, especially from infancy through to five years, play a critical part in shaping positive human development, as these experiences lay down the architecture of the brain which has important implications for a child’s physical, social, intellectual and emotional development. (Perry 2012). Heckmann (2008) elaborates on this when he says:

Skills beget skills. All capabilities are built on a foundation of capacities that are developed earlier. This principle stems from two characteristics that are intrinsic to the nature of learning... First, early learning confers value on acquired skills, which leads to self-reinforcing motivation to learn more. Early mastery of a range of cognitive, social, and emotional competencies makes learning at later ages more efficient and therefore easier and more likely to continue. (p4)

It is vital that any abusive or traumatic experiences are disrupted as early as possible so interventions can be introduced to minimise developmental harm. (The use of the word ‘development’ will pertain to human development unless specified in another context. e.g. economic development). The introduction of mandatory reporting of suspected child maltreatment is an example of one such opportunity to try and reduce the negative outcomes later in life for our young people. This thesis is predicated upon the understanding that early childhood experience plays a crucial part in laying down the foundation toward enabling a child to realise their full potential. New Government strategies beginning in July 2013 start to embrace the latest awareness of the critical

importance early intervention plays in producing better outcomes for disadvantaged children. For example, recipients of the sole parent support benefit will be required to ensure their children attend an approved early childhood centre from the age of three until they go to school. Other “well child” measures are also to be introduced; however one can argue that the positives of the new measures are undermined by the necessity for recipients to seek part time work, becoming “work ready” when their youngest child turns five. It is the writer’s opinion that raising children is the most important work a mother can undertake and therefore more effort should be employed in ensuring parent’s are undertaking this role to the best of their ability rather than focussing on returning a parent to the general work force.

One of the key influences in the development of a child through to adolescence is the family in which a child is raised. It is in this context a child learns about attachment, social behaviour and develops the skills which enable positive participation in social activities. Much of this learning is informal, occurring through observation and repetition of behavior modeled by parents and older family members. A Youth Development literature review published in 2002 and available on the Ministry of Youth website to inform the future policy strategies for the youth of Aotearoa, New Zealand, supports this view. The review outlines the main tasks of adolescence and early adulthood as “coping with physical and sexual development, mastering complex thinking, establishing emotional and financial independence, relating well to peers and parents and achieving at school and work.” (McLaren, 2002, p21). Another government website, the Ministry of Social Development, also acknowledges the importance of developing healthy social behaviour. In the publication of 2005, “Off to a Better Start: What we know about Early Intervention Services”, the paper reviews the literature which identifies which ingredients underpin a child’s healthy development and concludes:

The bulk of the research on early intervention services has focused on vulnerable families who are less likely to have the opportunities to ensure their children get off to a good start in life. Early intervention services have the potential to turn this around and get those children off to a better start in life, and on a better path to a better future (Sykora, 2005. p4).

This thesis examines the debate regarding the value of introducing mandatory reporting of suspected child abuse as one means of working toward better outcomes for the nation's young people, and the confidence and competence of practitioners such as early childhood educators to recognise and report suspected abuse. The focus will be confined specifically to the context of mandatory reporting within early childhood centres.

On the 17th of April 2011, the New Zealand Minister of Social Development, the Hon. Paula Bennett announced that she was developing a Green Paper. She hoped it would stimulate a national discussion as to the best way forward in addressing the need to protect and nurture the children of New Zealand. In August 2011, Coroner Wallace Bain published his findings in the child abuse case of Nia Glassie. By December 2011, focus on the need to find new ways to address child maltreatment in New Zealand was further intensified with the publication of the review authored by ex-Ombudsman Mel Smith of a horrific child abuse case. Amongst the issues identified for consideration to reduce such horrendous cases was the introduction of mandatory reporting of suspected child abuse by New Zealand professionals. Early childhood educators were one sector being considered for this mandate. According to the figures from the Ministry of Social Development (2009) website in referring to statistics from 2008:

Last year alone just over 49,000 reports of concern were serious enough that they needed to be followed up by Child, Youth and Family. Of these, there were almost 20,000 confirmed occurrences of abuse against a child or young person. Last year, 2,855 children were physically abused, 1,126 were sexually abused, and a staggering 15,615 were damaged through emotional abuse or neglect. Last year 248 children ended up in hospital as a result of abuse.

In 2007 over 6,000 children were involved in family violence incidents. 12,191 (involving 18,194 children) applications were made for care and protection orders. Between 2000 and 2004, 39 children were killed in family violence related incidents (Family Violence Clearinghouse, 2009).

New Zealand averages about ten child abuse-related deaths per year with the children most at risk being those under four years old. (Children's Commission Report, 2009.) Further figures released by the Ministry of Social Development, under the Official Information Act, and published in the New Zealand Herald (2011) confirmed that child abuse complaints have more than tripled in the Central North Island; however the

figures do not make it clear whether those allegations of abuse were upheld. As shocking as these figures are, they do not capture the number of children who may not have died but whose health and wellbeing has been severely compromised through maltreatment, such as the ‘shaken baby’ syndrome that can cause brain damage and lifelong disabilities. Dr. Patrick Kelly, a leading New Zealand paediatrician, has highlighted this issue. In 2009 the Ministry of Social Development launched a social campaign called “Never Ever Shake a Baby” in recognition of the prevalence of the condition within Aotearoa/New Zealand.

The breakdown of ethnic representation in child abuse statistics give cause for concern as Māori are over represented in both abuse and homicide statistics.

ETHNIC BREAKDOWN IN ABUSE STATISTICS

In 2006 Dr. Muriel Newman highlighted the over-representation of Māori in child abuse statistics, where Māori have double the overall rate. Newman wrote “According to police figures, 103 children were killed in the 12 years to 2001. The overall rate of deaths per 100,000 children was 12.2, but Māori had double the overall rate at 24.4, while Asians had 11.8, Europeans 8.6, and Pacific Islanders 5.7.” (Newman, 2006, p1) The reporting of over-representation by Māori in abuse statistics is upheld through the work undertaken by Dr. Patrick Kelly together with Dr. Bridget Farrant in their study – conducted between 2000 and 2002 – of cases where children presented at hospital with subdural haemorrhaging, a key indicator of non-accidental injury usually associated with ‘shaken baby’ syndrome. In the study’s conclusion the doctors observed “Non-accidental head injury is a significant child health issue in New Zealand, and the incidence is particularly high amongst Māori” (Kelly & Farrant. 2008). In an address to Iwi leaders in August 2010, the Minister of Social Development, Paula Bennett, asked for a collective response. “It is a challenge for Māori. Māori children are over-represented in abuse and neglect statistics. Māori clients make up more than half of all findings of abuse.” (Bennett 2010, p2).

Caution must be exercised when considering statistical data of child abuse. The statistics represent the abuse which is reported and assessed primarily through medical channels or Aotearoa/ New Zealand’s child protection agency, Child Youth and Family

(CYF). We cannot know the extent of the abuse which goes unreported. There are numerous factors that must be taken into consideration when discussing statistical ethnic representation. For instance, in some of the newer migrant cultures great pressure is exerted within the community not to expose personal issues, as these are considered to be private matters to be addressed either by the family itself or through religious or community leaders. Wealthy clients are under-represented possibly because they are better able to access private resources to address their issues such as private counselling, psychological advice and private health care and lawyers. Families of this kind only spill into the public domain when abuse is exposed via neighbours who report their concerns, educators, or health workers for example. It is only through the actions of these external agencies that such families come under professional scrutiny.

DEFINITION OF TERMS

Child Maltreatment/Abuse

Child maltreatment will be defined as set out in the New Zealand Children, Young Persons and Their Families Act 1989, with particular attention to Section 14, 1 (a) (b):

A child or young person is in need of care or protection within the meaning of this Part if:

(a) The child or young person is being, or is likely to be, harmed (whether physically or emotionally or sexually), ill-treated, abused, or seriously deprived; or

(b) the child's or young person's development or physical or mental or emotional well-being is being, or is likely to be, impaired or neglected, and that impairment or neglect is, or is likely to be, serious and avoidable;" (46)

The term maltreatment is preferred as it widens the traditional concept of abuse to embrace the new understanding of sustained exposure to trauma, which Bruce Perry revealed through his work beginning in the 1990s. It will be used interchangeably with the term child abuse. The implications of the research of Perry (1995), Jaffe (1990) and Barkin (2001) in the field of neuroscience, with respect to the exposure to trauma and the consequences this has to developing infant and toddler's brains, are pivotal to this discussion. Their research adds a compelling dimension to the urgency of early intervention in child maltreatment. Perry showed that prolonged exposure to trauma,

even if this was only through witnessing trauma such as family violence, rather than being the primary target, impacted on the neuron development of the brain in infants.

The exposure to trauma meant that the complex neural pathways which are laid down in a positive nurturing environment were compromised in infants exposed to trauma, and some of these connections could not be recovered as the child developed (Perry, 1995). The fact that children could be harmed through just being exposed to violence changed the landscape of what constituted abuse. Ongoing research in this field is now revealing that early childhood experiences may impact not only the psychosocial wellbeing of infants and toddlers through to adulthood, but also the physical well-being of the adolescents and the adults they become. This adds an entirely new dimension to our understanding of why early intervention is so essential (Bartlett, Sjöberg, Heim, Newport, Miller & Nemeroff, 2009) particularly if we are to maximise the life chances of our youth.

Definition of Mandatory Reporting

Mandatory reporting is the legal requirement by specified professionals to report suspected cases of child maltreatment to the agency responsible for the protection of children. In New Zealand that agency is Child, Youth, and Family (CYF) under the auspices of the Ministry of Social Development. Overseas, the definition of mandatory reporting varies. For example, in the United States of America, the legal wording varies from state to state.

In New South Wales, Australia, the Child Protection Agency describes mandated reporters as “A mandatory reporter is an individual required by law to report to Community Services when they have reasonable grounds to suspect that a child, or class of children, is at risk of significant harm from abuse or neglect and that those grounds are identified during the course of, or from the person’s work”. (New South Wales Government website). There is a difference however, between mandatory reporting of abuse that is witnessed and evidence of suspected abuse e.g. bruising, uncontrolled urinating or perhaps flinching when spoken to.

It is understood that mandatory reporters are those who belong to professions identified through legislation as having an obligation to report suspected maltreatment. In the

United States of America such professionals include teachers, principals, and other school personnel, physicians, nurses, and other health-care workers, counsellors, therapists, and other mental health professionals, child care providers, medical examiners or coroners, and law enforcement officers. This group is likely to see evidence of abuse rather than the actual inflicting of abuse. If mandatory reporting was introduced in Aotearoa/New Zealand it is likely that the legislation would include a similar body of professionals who commonly provide services for children. For the purposes of this research the writer has concentrated on early childhood education providers.

Early Childhood Centres

The term Early Childhood Centres (ECE) will include all preschool services such as public and private kindergartens, day care centres, crèches, Te Kohanga Reo, and Playcentres. Over half of our pre-schoolers attend some kind of centre (Statistics New Zealand. 2009). The report reveals that the use of Early Childhood Centres increased with age so that the figure rose from 12.9% for children under one year old to 86.7% of four year olds. Furthermore, the report indicated that:

By ethnic group, 61.7 percent of European-only children were attending at least one type of formal ECE and care arrangement. This compared with 58.0 percent of European / Māori children, 53.8 percent of Māori-only children, and 44.4 percent of Asian-only children. Pacific only children were least likely to have used a formal ECE and care arrangement – 29.9 percent. Informal care arrangements were most common for Māori-only children (53.9 percent) and Pacific-only children (52.6%) (p2).

According to the New Zealand Child Care Association, possible reasons for the high uptake of ECE could be an increase in the birth rate and that more parents are in the workforce. However the introduction, by the then Labour Government in 2007, of the 20 hour government subsidy for ECE Centres may also go some way to explain the high patronage. (New Zealand Child Care Association 2010). Given that the present National government has reduced the subsidy as of February 1st 2011, attendance may fall over the coming years as parents, particularly with more than one pre-schooler may struggle to find the required fees.

Since 2005, ECE have been required to employ an increased proportion of qualified teachers. This in turn means an increased number of educators who have had at least some exposure to training in recognising suspected child maltreatment. Whilst the increased level of professionalism is an advantage in terms of protective oversight for children attending ECE centres, it also has the disadvantage of requiring qualified teachers to receive a higher level of pay, thus making it almost impossible for Centres to drop their attendance fees. The concern is that over time attendance levels will drop and that extra layer of protective oversight will be removed for many children.

RESEARCH HYPOTHESIS

The research is an examination of the arguments for and against the introduction of mandatory reporting in early childhood centres, leading to a response to the question of whether Aotearoa/New Zealand would benefit from the recent consideration of the Minister of Social Development to introduce new legislation. It also investigates the confidence of Early Childhood Education practitioners, who are likely to be involved in carrying out such legislation, about their confidence in this arena of recognising and reporting suspected child abuse. The emphasis of the research rests upon reporting suspected child abuse rather than witnessing child abuse. The hypothesis believes that the local research will most likely reflect the findings of overseas experience. This hypothesis is set within the understanding of the neuroscience research that it is necessary to consider every opportunity that may lead to a successful tool to interrupt child maltreatment and therefore provide better outcomes for the youth of Aotearoa/New Zealand. The hypothesis is also tested through interviews with child advocates who are considered to be experts in their field, to examine whether a consensus can be established as to the value or otherwise of mandatory reporting.

Whenever a tragedy is portrayed in the media, such as a child's death at the hands of their family or some other case of horrific abuse, the public clamour for solutions to ensure such incidents do not reoccur. With the publication of the Coroner's findings into the case of Nia Glassie in August 2011 and the review of a serious child abuse case authored by Mel Smith in December 2011, it is timely to examine the value of one of the suggestions to address child maltreatment which is mandatory reporting. The Coroner in the Nia Glassie case, Wallace Bain, made an extensive list of

recommendations to the Government, as reported in the Otago Daily Times. Amongst these:

He recommended the Government took urgent steps to ensure witnesses reported child abuse immediately and said there should be significant penalties for failing to do so. He recommended an 0800 number with anonymity provided for reporting abuse. (Bain 2011, p20)

Mr Bain also called for all children from birth to be compulsorily registered with government agencies and health providers and that they are monitored through to, and including, the age of five. (p20)

LITERATURE REVIEW

The literature review investigates the subjects of mandatory reporting and child abuse, before examining the impact child abuse has on brain development, and then the impact on adolescents, and therefore the wider concept of youth development. Although there is substantive Aotearoa/New Zealand-based research on the matter of child abuse and youth development there is very limited local research on mandatory reporting. Hence the author is heavily reliant on overseas literature to analyse the impact mandatory reporting laws have, or have not, made overseas.

The literature review has accessed material which has been published since the 1970s. The justification for this decision is based upon the need for a period of reflection and analysis to pass. The United States of America led the way in the 1960s, when they first introduced mandatory reporting, where it was seen as a measure to protect the vulnerable children of society. Other countries such as Canada and Australia later followed suit. Countries such as New Zealand and Great Britain have relied upon voluntary reporting of suspected child maltreatment but both are now re-examining this policy. Mandatory reporting has raised many questions over the value of an initiative which has as many flaws as those it addresses. In countries where mandated reporting exists, simply changing the law has seen child protective services overrun with volumes of low quality, dubious notifications which in turn obscure the pathway for the acute reports of concern.

The literature reviewed has been sourced from newspapers, journals, and the World Wide Web using both a manual and automated approach. The Auckland University of

Technology's library catalogue was used to access journals and e-books. Google Scholar was used. The general World Wide Web was also used as a tool to gauge non-academic response to the discussion regarding mandatory reporting.

METHODOLOGY

Interviews with child advocates considered to be experts in their field were organised to supplement the information gathered through questionnaires distributed to Early Childhood Educators. These interviews were conducted by presenting each expert with the same schedule of questions pertaining to mandatory reporting. The medium of the interview was decided at the convenience to the expert either through the written form, Skype or by telephone. The schedule of questions introduced to each interviewee ascertained their views around the value for children of participation in early childhood education, mandatory reporting, and the need for early intervention for children exposed to abuse. They were also asked their opinion as to why NZ has an unusually high violence threshold - linking with Police risk scores as assessed through the Ontario Domestic Assault Risk Assessment (ODARA), as well as their opinion regarding the move toward collaborative approach in working with families

The research was structured to ascertain whether frontline staff here in Aotearoa/New Zealand shared the same type of concerns expressed by overseas professionals. As far as the author can ascertain, no local research has been undertaken in this sphere thus a reliance on the findings of overseas research to inform the discussion. The hypothesis of the research is that early childhood centre staff in New Zealand will respond in much the same way as their counterparts overseas in terms of their response to the prospect of the introduction of mandatory reporting. They are likely to highlight a lack of confidence and training to report and that most reporting falls to the manager of any particular centre. In the private sector this means the quality or otherwise of reporting rests with the manager who relies on the parents of their attendees to keep their business going.

An advertisement was to be placed in early childhood education academic journals such as Early Childhood Education Journal, requesting the participation of current practitioners in the field. It was decided if the journal advertisement failed to elicit

sufficient replies then a direct approach, by mail, would be made to a number of Auckland Early Childhood centres randomly selected within Auckland city. The decision to access Auckland childcare centres was based on the ease of accessibility for the author who worked full-time and was conducting the study as a part-time student.

The research with early childhood workers was conducted through the use of a questionnaire of twelve questions which employed both a quantitative and qualitative approach. The quantitative questions were structured to reflect the overseas trends, identified through academic research, with the intention of providing a local corresponding comparison to highlight any similarities or contrasts in the trends reflected in the research abroad. The two qualitative questions were included to ensure that current practitioners in early childhood education had an opportunity to express their view of any perceived challenges or solutions if mandatory reporting of suspected child maltreatment were to be introduced to Aotearoa/ New Zealand.

Practitioners' views asking whether mandatory reporting should be introduced were not sought directly as this is a contentious subject and the researcher was concerned that such a direct approach would compromise the willingness to participate.

RESEARCH FINDINGS

Chapter 4 will present analysis of the research findings, identifying any trends and comparisons with overseas findings. It will also examine the responses by participants to ascertain whether there is any new information or trend which is specific to an Aotearoa/New Zealand context.

DISCUSSION

The discussion of the research will reflect on an overview of mandatory reporting of child maltreatment, and the implications for Aotearoa/New Zealand, informed by the outcomes of local research, if new legislation is introduced. Suggestions offered through the qualitative questions will also be examined to ascertain the beliefs and experience of local frontline practitioners. Interviews with local experts in the field of child advocacy will also be examined to provide a local insight into the current thinking on the topic.

The information arising from this process will be used to explore the implications for positive youth development.

For a country which purports to see its children as its taonga, Aotearoa/New Zealand child maltreatment statistics are appalling; so much so the current Minister of Social Development, the Hon. Paula Bennett, called for a Green Paper to spark a national discussion as to how this child abuse can be addressed; a problem she sees as intergenerational (Bennett 2009). This belief is echoed in another article on child abuse that New Zealand Herald reporter, Kara, wrote:

On average 8 young children are killed every year at the hands of family members in New Zealand - and some experts say it's more like one little boy or girl a month. Often these deaths are more about the cycle of violence within families than just one person's actions. (Kara. 2010)

The possibility of introducing mandatory reporting has been raised as one possible tool to use to stem the tide of abuse and interrupt the cyclic nature of the abuse. This possibility was echoed by former ombudsman, Mel Smith, after he reviewed a horrific child abuse case which occurred in Auckland in 2011. As further non-accidental deaths have occurred since the end of 2011 and the beginning of 2012, the call to action is becoming more demanding.

First, it is important to establish what defines child maltreatment, particularly given the polarised response in New Zealand to the introduction of an amendment to section 59 of the Crimes Act 2007. The Act (2007) stated “The purpose of this Bill is to stop force, and associated violence, being inflicted on children in the context of correction and discipline.” (p61) Thus the discussion will look at the legal definition of what constitutes child maltreatment internationally and compare those definitions with the legal definition in Aotearoa/New Zealand. After establishing the context of what is understood and accepted to be child maltreatment, a discussion focussing on the mandatory reporting legislation which already exists internationally will follow together with what impact, if any, such legislation has made to the reduction of child deaths.

The discussion will then consider the strength of the causal link between early childhood experience and outcomes for young people, with emphasis upon prolonged exposure to trauma and the consequences for brain architecture. The focus of this thesis

rests upon this linking and thus the importance of early intervention, whether or not mandatory reporting is the best tool to affect good outcomes for our children through to adolescence.

Chapter Two: Literature Review

As outlined in the introduction, the literature review will begin by outlining the strategy employed for researching the material used in this thesis. This is followed by the definitions of abuse, both by the World Health Organisation and Aotearoa/ New Zealand legislation. A discussion around the debate for and against the introduction of mandatory reporting will follow. A section on the neuroscience of brain development is then included to provide the foundation, upon which the importance of early intervention is predicated, thus providing better life chances for our young people. This section will then lead into an exploration of the causal link between early childhood trauma and adolescent development and behaviour.

Some clear themes have emerged from the existing literature on the effectiveness or otherwise of introducing mandatory reporting, and these aspects will be examined and discussed with a view to ascertaining what Aotearoa/ New Zealand can learn from the experience of other countries in order to avoid some of the pitfalls and negative consequences which have been identified and voiced in the literature. Attention will also be given to the literature which discusses the causal link between early childhood experiences and outcomes for young people.

The strategy for searching material related to this topic has been based upon identifying literature which has emerged since the 1970s. This was based on the understanding that although mandatory reporting was first introduced in the mid-1960s; it was not until the 1970s that the idea of mandatory reporting spread throughout the United States of America (U.S.). The U.S. awareness triggered an international awareness to a possible method of controlling spiralling child abuse and child homicides. This influenced other countries to adopt a similar policy.

Older material was also excluded on the basis that more recent literature which reviewed the effects of mandatory reporting since the 1980s had the opportunity to reflect upon how the outcomes from the first legislation introduction in the 1960s had evolved and informed the new legislation instigated in other countries throughout the world. It was also considered a reasonable time frame for any themes, or particular

positive or negative consequences from the introduction to be established and reviewed in the literature.

Experience gained through the completion of an early childhood education university paper was used to inform access to information via the internet regarding the processes and protocols of New Zealand Care Centres with respect to reporting child abuse.

An electronic search of New Zealand literature revealed a great deal of material on the general topic of child abuse but very little which specifically included any discussion on the topic of mandatory reporting within Aotearoa/ New Zealand in general, and at early childhood centres in particular. However the public furore which arose in 1991 over the alleged sexual abuse of young children attending the Christchurch Civic Crèche provides an interesting insight into both the public and professional response to such an incident.

This apparent lack of focus in New Zealand literature triggered the writer's decision to conduct this research in order to provide an Aotearoa/ New Zealand perspective to the international discussion. The development of the questionnaire to be used in the research for this thesis draws on the knowledge derived from overseas experience and outcomes of delivering mandatory reporting.

Material was scanned and sourced if it pertained to identified trends, consequences or advantages in introducing mandatory reporting. Most of the literature which was identified arose from the fields of social work, psychology, law, education, neuroscience and medicine. Searches which were conducted included the key words "Child maltreatment, mandatory reporting, mandatory reporting in education, mandatory reporting of suspected child abuse in early childhood centres". Other searches concentrated on the neuroscience and included "Infant brain Development, Bruce Perry, Childhood trauma academy, Dr Patrick Kelly and the Brainwave Trust amongst others. Other terms such as "Positive youth development, youth statistics, links between childhood trauma and delinquency" were also investigated.

The decision to exclude more complex professional material was based on the belief that the target audience of the thesis may have no prior knowledge of child abuse, social work practice or the complexities of devising new legislation which succeeds in being

specific enough to address the desired outcomes without limiting professional discretion by becoming too prescriptive. The target audience not only includes professionals who are engaged in early childhood education, social work and healthcare, but also the wider community who participated in the Green Paper discussion.

It has been necessary to include material regarding neuroscience research conducted into brain architecture and how a brain develops, particularly during the first three years. This speaks directly to the issue of long term consequences of child maltreatment, particularly long term exposure to trauma, and how this affects the outcomes for our young people. Extensive research now confirms this linking. The material used in this thesis has been deliberately simplified to enhance its accessibility to a wider audience.

The literature reviewed has been sourced from newspapers, journals, and the World Wide Web using both a manual and automated approach. The Auckland University of Technology's library catalogue was used to access journals and e-books. Google Scholar was used to access academic material, the general World Wide Web was used as a tool to gauge non-academic response to the discussion regarding mandatory reporting.

CHILD MALTREATMENT/ ABUSE

The terms "child maltreatment" and "child abuse" will be used interchangeably. Child maltreatment connotes a wider field of abuse, such as exposure to family violence in keeping with more recent understanding as to its detrimental effects; still much of the established literature uses the term child abuse. The World Health Organisation (W.H.O.) acknowledges on its site which defines child abuse that any definition is not going to meet all the interests of specialised interests such as legal or health or other such professionals. There is also a huge disparity as to what constitutes abuse in some countries (e.g. child soldiers) as to what constitutes abuse or neglect in Western society, for example. The writer acknowledges that western society also accommodates serious exploitative abuse such as child prostitution, child pornography and child labour.

In terms of child and adolescent prostitution, a study which was published in 1997 raised the possibility of a causal link between early childhood trauma and prostitution. (Brannigan, Gibbs Van Brunschot. 1997). The study did not find a categorical link but

did acknowledge that there was evidence of rape, incest and other kinds of sexual trauma; the evidence was inconsistent and contradictory. However their findings did identify an interruption of attachment and bonding from their family of origin as a significant factor, particularly for girls. This understanding is further reflected in a study undertaken by Widom (1995) whose findings stated:

People who were sexually victimized during childhood are at higher risk of arrest for committing crimes as adults, including sex crimes, than are people who did not suffer sexual or physical abuse or neglect during childhood. However, the risk of arrest for childhood sexual abuse victims as adults is no higher than for victims of other types of childhood abuse and neglect. (p4)

However Widom did acknowledge that those who suffered sexual abuse in childhood were more likely to be engaged in prostitution if they were to commit a sex crime at all. Ken Clearwater, a New Zealand campaigner on matters relating to male sexual abuse highlighted a significant correlation between men who had suffered sexual abuse as a child and those who become incarcerated for non-sexual offending (70%) and men in psychiatric care (62%). (Clearwater, 2012). He went on to quote statistics which reveal one in eight New Zealand males have been abused in childhood but such statistics may not reveal the true rate of abuse as there is often a shame factor to disclosing such incidents. Certainly the revelation of high rates of sexual offending in the north of New Zealand which received media attention in 2012 supports such a claim. (Masters, 2012) The intergeneration transmission of violence abuse means that those affected by sexual abuse during childhood are more likely to experience anti-social experiences during adolescence and into adulthood.

Another form of abuse which does not receive much attention in New Zealand is that of child labour. Child labour is when a form of work is undertaken which is contrary to the child's well being. This issue was highlighted by the New Zealand Council of Trade Unions in June of this year, concerned that in this time of austerity children were being relied upon to supplement their family's income. The Union's spokesman, James Sleep, spoke of anecdotal evidence of young people being underpaid to deliver circulars and newspapers and to work in supermarkets at a far lower rate older employees. (Sleep, 2012). Children are also used to work in family businesses such as dairies and restaurants.

However, having acknowledged the difficulty in establishing an international definition of child abuse, the WHO goes on to offer the following general definition of abuse which states:

Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (World Health Organisation, 1999).

These definitions largely correspond to the legislation which is applicable in Aotearoa/New Zealand, the New Zealand Children, Young Persons Act 1989, with particular attention to Section 14, 1 (a) (b) (New Zealand Children, Young Persons Act (1989)

A child or young person is in need of care or protection within the meaning of this Part if:

(a) The child or young person is being, or is likely to be, harmed (whether physically or emotionally or sexually), ill-treated, abused, or seriously deprived; or

(b) the child's or young person's development or physical or mental or emotional well-being is being, or is likely to be, impaired or neglected, and that impairment or neglect is, or is likely to be, serious and avoidable. (p46)

For the purposes of this thesis the writer will concentrate on abuse which is more likely to be experienced by children within Aotearoa New Zealand before the age of five. Such treatment goes beyond the light slap which was the subject of so much controversy when the amendment to section 59 of the Crimes Act was debated in New Zealand. It is unclear why the right to hit children was so vociferously defended and why the amendment polarised the public to such an extent. The Green Party Member of Parliament, Sue Bradford, who introduced the repeal reported receiving abusive emails and described the debate as “getting pretty nasty” (Bradford, 2009). Nevertheless, it does raise some interesting questions over the cultural attitudes we hold in this country towards children and the use of physical discipline.

It is widely accepted in the literature (Egeland, Jacobvitz & Sroufe 1988) that child abuse is cyclic in nature so that abused children grow up to be abusing parents. (Briere 1992 Cawson, 2002) There are many variables which may impact on this, such as children who encounter mentors who act as a protective influence (Luthar S.S.S. 1991).

Regardless, the cyclic nature of abuse is firmly established and adds an imperative to interrupt such cycles to protect future generations from abuse.

MANDATORY REPORTING

A definition of mandatory reporting is more challenging as the actual wording varies. In the U.S. a definition even varies from state to state. Each country has used their own interpretation of mandatory reporting, in terms of who is compelled to report and how their concerns are defined, to frame the language of the legislation. This is a major area of contention because the actual wording (as discussed later in the review) informs the degree of effectiveness of the law.

Before discussing mandatory reporting in a global context, it must be acknowledged that a significant variance in cultural attitudes toward child maltreatment exists. The employment of child soldiers or child labour in some countries, including in Aotearoa/New Zealand in relation to the latter, for example, provides a sharp contrast with the definition of abuse accepted for the purpose of this thesis. However, importance of identifying and reporting abuse of children, from the 1960s onward led by Henry Kempe (1971), was accepted as a global epidemic which needed to be addressed.

By 1989, the United Nations Convention on the Rights of Children (UNCROC) was introduced and came into force on 2 September 1990, after it was ratified by the required number of nations. According to the Ministry of Youth Development (2008), 194 countries have ratified it, including every member of the United Nations except Somalia and the U.S.

Although the U.S. did not sign UNCROC, mandatory reporting was first nationally introduced there in the 1960s, led by Henry Kempe, requiring medical professionals to report their concerns to a child protection agency. At the time it was believed that no more than a few hundred cases existed within the entire United States (Melton. 2005), when the reality was the numbers were closer to millions. Melton (2005) saw this underestimation as a fundamental flaw of the policy. Mandatory reporting was soon widened to include other professionals who might encounter suspected abuse in the course of their work. This included early childhood education providers.

In 1974 this move was further supported by the establishment of The National Centre for Child Abuse and Neglect. Congress passed the Child Abuse and Prevention Act which allowed federal funding to be made available to States that met federal standards (Applebaum 1999). However the consequences of this law have been far from straightforward. Applebaum observed that the actual wording and emphasis of the mandatory statute varied from state to state but most tended to include the term “reasonable cause” when describing the standard of concern. Such a vague definition left the statute open to interpretation. By 1977 all states, except Hawaii, the state of Columbia and the Virgin Islands, had introduced mandatory reporting policies. Canada reflected the United States’ trend when the first mandatory reporting laws were introduced there in the 1960s. By the end of the 1970s “nine of the twelve provincial and territorial jurisdictions had passed such laws and the rest introduced monitoring programmes” (Swift, 1997).

Whilst it is relatively straightforward to access material about which countries have mandatory reporting of suspected child abuse, it is difficult to establish whether such laws specifically pertain to early childhood education providers. For example in his comprehensive world report on violence, Krug names Argentina, Finland, Israel, Kyrgyzstan, The Republic of Korea, Rwanda, Spain and Sri Lanka as having mandatory reporting but he states that this pertains only to health professionals (Krug 2002). It is unclear whether professionals involved in early childhood education are mandated to report.

Australia implemented mandatory reporting, first in New South Wales in 1977, and later in the rest of the country except for Western Australia. In 1998 the Children and Young Persons (Care and Protection) Act lowered the threshold and extended the grounds for reporting suspected child maltreatment. This resulted in a high number of unsubstantiated cases being referred in New South Wales of which 59.6% led to further investigation, whilst Western Australian agencies investigated 97.4% of their notifications (Ainsworth 2002). Ainsworth goes on to use homicide figures to reveal that mandatory reporting did not lead to a reduction in these figures.

In 2012, during the nation canvassing of public opinion by the Minister of Social Development Paula Bennett, through the Green Paper as to the best way forward to

nurture and protect the children of New Zealand, the National Council of Women (NCWNZ) were unequivocal in their response, issuing a media statement to announce their views. In her statement their president Elizabeth Bang (2012) announced:

NCWNZ has long advocated mandatory reporting of child abuse. There needs to be greater coordination between professionals -teachers, health professionals and welfare agencies-who may suspect child abuse.

Friends and neighbours, as well as the wider family, also have a responsibility to speak up when things don't seem right. It is no longer acceptable to hide behind excuses such as "It's not my job" or "It's not my business." It is everyone's business to keep our children safe and ensure they receive the care and protection that is every child's right," (NCWNZ website, 2012)

Whilst such a clear response to the question posed is to be lauded it is not a given that mandatory reporting immediately equates to better outcomes and protection of children.

A preponderance of countries chooses to rely on voluntary reporting. In his chapter on child abuse and neglect featured in the Cambridge book of Bioethics, 2008, Levi puts the figure at 82% (relying on voluntary reporting), but it must be acknowledged that voluntary reporting is currently subject to Government scrutiny and review with Aotearoa/ New Zealand and England being two countries re-examining the efficacy of the voluntary policy. Such voluntary reporting is underpinned by local policies and protocols within early childhood education providers that identify what constitutes suspected abuse and the need for this to be reported to child protection services.

In NZ the expectations for appropriate management of suspected maltreatment are set out in "Te Whāriki: He Whāriki Matauranga mo nga Mokopuna o Aotearoa - Early Childhood Curriculum 1996" (Ministry of Education. 1996). The relevant reference which informs the reporting policies of education centres is:

Te Whāriki: Well-being/Mana Atua: Children experience an environment where their emotional well-being is nurtured and they are kept safe from harm.

Quality in Action/ Te Mahi Whai Hua: Educators should plan, implement, and evaluate curriculum for children in which their health is promoted and emotional well-being nurtured; and they are kept safe from harm. (Strand 1, tab2)

The Education (Early Childhood Centres) Regulations 1998 also provide a regulatory framework for the reporting of suspected child maltreatment. Early Childhood Centre

managers must obtain a licence to run their centre and must meet the criteria set out in the regulations. Yet again the wording is vague and leaves it up to individual managers to create the culture and policy of reporting within their centre. Under clause 28/7 the Education regulations state “The licensee of every centre must ensure that a policy is developed on the prevention of child abuse and on the handling of any evidence of child abuse” (Part Three, Health and Safety Standards) The policy does not discuss the implementation of the policy once it is developed nor does it specify the expectations upon the manager to enforce the policy.

Such policies are open to interpretation and have to be balanced by Early Childhood Centre managers who are encouraged to build a partnership with the families and communities of their students. (Te Whāriki, p19). Since most abuse occurs within families or in the local community rather than at formal agencies, managers may fear that by reporting their suspicions of abuse to a statutory agency they risk endangering their relationship with a child’s family or community. These two expectations contained within Te Whāriki may actually raise conflicting expectations rather than facilitating the reporting of suspected child abuse.

It cannot be ignored that some Early Childhood Centres are a place of business where the goodwill of the parents is required to ensure that attendance numbers are maintained and the Centres can run at a profit. A direct conflict can arise if managers of such centres believe their good relationship with the parents of their students would be compromised through mandatory reporting.

In his paper Applebaum cites research which shows that many professionals ignore mandatory reporting (Applebaum 1999). The most common reason offered is that they believe any intervention has the potential to cause more harm than good. This particular concern is shared by many professionals in other countries where mandatory reporting exists. Applebaum indicates that prosecution for non-reporting (in the U.S.) is rare but it has occurred but not to any great effect. This view is supported by Daniel Swinton when writing about prosecutions of professionals within the U.S. Education sector. Swinton (2005) observed:

...yet the scarcity of existing case law on the matter and the ongoing call to impose civil liability as well in addition to criminal, also imply the penalties do not have the teeth intended to reduce reporting (p4).

According to the Child Welfare Information Gateway website, most states within the U.S. still class failure to report as a misdemeanour with penalties ranging from \$100 to \$10,000. Imprisonment options run from 30 days to five years. Malicious reporting is also a crime in some states which is an important counter balance to address vexatious reporting, particularly by parties embroiled in a custody dispute. Matthews and Bross (2008) argue that although mandatory reporting in an imperfect system it is a necessary one, they advance the argument that if the weight of reporting remains with family members of the victim then much abuse would remain hidden. They advance this claim by arguing that mandated professionals who report suspected child abuse have led to 67% of substantiated reports in the United States of America, and 75% of substantiated cases in Canada and this correlates to a drop in homicide child deaths. One would have to be assured of the processes which lead to such a claim before such statistics can be relied upon.

The first consequence of introducing mandatory reporting was a sharp increase in notifications to statutory agencies charged with investigating such reports of concern. This lead to agencies becoming submerged in a huge volume of reporting which may, or may not, hold substance or meet the threshold of evidence-based concern. Thus the investigating agencies became burdened with an abundance of work which may actually obscure the pathway to investigating the acute reports of abuse.

When such legislation is introduced it is not automatically accompanied by widespread training to ensure the quality of notifications reach a consistent standard. Social workers are nevertheless required to investigate every report, regardless of the quality of its content. This uses up valuable time and resources and may well lead to a delay in reaching the genuine cases of acute abuse.

Ainsworth confirmed the American experience was replicated in Australia, with increased volumes of reporting affecting the quality of the investigations carried out by Child Protection social workers. It is possible that the sheer volume of notifications affects the threshold of what constitutes serious maltreatment and the quality of the

investigation which follows. The provision of adequate resources and training for all concerned is seen as the cornerstone of realising the value of mandatory reporting (Ainsworth 2002). Gilbert, Thoburn, Sidebotham, and Radford, Glaser & MacMillan, (2009) echo the concern of the overload of Child Protection Services.

Given the shared experience in outcomes of countries which have already introduced mandatory reporting, it begs the question as to whether children who are reported as being at risk will receive an adequate assessment from Child Youth and Family (CYF) (the statutory service in New Zealand required to act in such matters) or would such reporting simply exacerbate the difficulties a child is already experiencing?

There can be no definitive answer to such a question. Any agency could always use more resources but it is questionable whether the provision of such should provide the basis of decision-making when it comes to reporting potential maltreatment, and ensuring the safety of a child. Children do not have the power to change their circumstances. The most vulnerable infants are non-verbal and cannot disclose abuse. The importance of having a champion to advocate for their safety and wellbeing is an important consideration to weigh in the balancing of the ‘for and against’ debate for mandatory reporting.

In 2011 research was undertaken in Aotearoa/New Zealand under the auspices of Aotearoa New Zealand Association of Social Workers (ANZASW) (Palmer, 2011) to ascertain the views of ANZASW members in regard to mandatory reporting. Whilst this research specifically pertains to social workers it does provide an interesting comparison with the views of early childhood practitioners. Older more experienced female social workers were over represented in the response rate to the questionnaire “respondents were mostly NZ Pākehā (66%), female (85%), worked for a Government agency (66%) and highly experienced, having been social workers for 1-2 decades or longer (58%)”(p5). Although the overall response rate only represented 6% of the total ANZASW membership, of those who did reply the overwhelming majority supported mandatory reporting. “80-90% of respondents thought doctors, police, social workers, teachers, nurses, Wellchild workers, school counsellors and midwives should be legally required to report child abuse”. (p5). Whilst early childhood educators are not specifically mentioned they may well be considered to be included under the more

generic term ‘teachers’. Interestingly older more experienced social workers were less affirming of mandatory reporting. This may reflect their understanding through experience that mandatory reporting does not automatically equate to better outcomes for children.

In some countries, such as the United States, child protection agencies are simply charged with the responsibility of establishing whether a report of concern is substantiated. There is no added requirement to actually provide support services for families struggling with poverty, poor social support networks, mental health problem or other such concerns which may have brought the family to the attention of the agency in the first place. Melton (2005) asserts there “is no logical relation between the problems presented and the response undertaken” since the process is a punitive one requiring significant resources with no surety the families investigated will be left better off (Melton 2005).

In terms of resource allocation in New Zealand, CYF is required to conduct the initial investigation and assess the safety of the child. CYF is also charged with “care” as well as “protection”, so if a subsequent intervention is required other than one invoking statutory powers, this is referred out to community agencies which are better positioned to provide ongoing support. For example, CYF has been deluged with family violence referrals since the Aotearoa/ New Zealand Police changed their reporting procedures in 2006. However much of the long term intervention in these cases has followed a differential response model where the work is referred out to local refuges, family violence and community agencies. So whilst there may be some pressure on CYF in terms of conducting the initial safety assessments, other options are utilised if further action is required. Yet in order to employ such options the Ministry of Social Development would have to ensure that sufficient numbers of social workers with sufficient numbers of cars were available to undertake the initial safety assessments.

A major concern in terms of mandated reporting is that a family is far less likely to refer or discuss their concerns because of the fear they will lose control of what happens to their family members. One can argue that in the past this was a reality for many families where CYF became involved in their lives and cases remained open for indeterminate lengths of time. Children were uplifted into non-kin care and many drifted in the care of

the Ministry of Social Development. However new models of working and built-in practice tools ensure that CYF social workers are focused in their assessment and any other intervention. These tools also require ongoing consultation with family members regarding any form of intervention which is being considered. It is the policy of Child, Youth and Family that wherever possible, the best place for a child is considered to be with their parents or their whānau. It is only in the severe cases that children are uplifted and even then kin care is the first consideration when it comes to placement.

Another real concern is that mandatory reporting will discriminate against an over-reported vulnerable population (Gilbert et al 2009). Within New Zealand, Māori are over-represented in abuse statistics (Ministry of Justice, 2009). There is justifiable concern that an investigation conducted by CYF further stigmatises the family even if the basis of the report of concern is not substantiated. However one could argue that such concerns would be better addressed through social policy changes which influence the factors that lead to these statistics such as poverty, unemployment, and poor housing and health issues. Such factors in turn have a causal link to the quality of parenting available to the children of impoverished families.

There is no shortage of research which explores the relationship between poverty and child abuse statistics. Cancian (2010) reflected this in the literature review of her recent paper “The Effect of Family Income on Risk of Child Maltreatment” (p2).

Whilst the preponderance of child maltreatment is linked to families living in poverty, it runs throughout all strata of society. It may be more difficult to access children who are abused in wealthier families who are better able to hide abuse and defend any accusations through the services of professionals such as lawyers and psychologists. Since such children are likely to attend some kind of early childhood centre, it can be argued that mandatory reporting in such areas will ensure that they are subjected to equal scrutiny as their less privileged peers. All reporting of abuse is going to be reactive rather than proactive. That is almost inevitable since indicators have to be observed, but other measures such as “At risk registers” and agency coordination can assist in targeting at risk children by encouraging early intervention.

Gilbert et al (2009) express their concern that mandatory reporting of maltreatment will cause resources to be focused on investigation rather than interventions. There may be more substance to this concern in countries which have child safety agencies which are solely focused on identifying and prosecuting abuse, but do not provide for intervention to ensure the ongoing care and protection of the child. The United States is one such example where child protective services are charged with merely identifying abuse, but in New Zealand CYF is charged with care and protection and therefore is required to ensure the ongoing safety and well-being of the child.

A further argument offered against mandatory reporting is that professionals will pass the buck rather than share responsibility. In fact a case highlighted in Pennsylvania led to the mandatory reporting law becoming known as the “pass the buck law” because the wording meant any information could be passed on to “higher authorities” rather than being directly reported (Krehbiel, 2011). The wording of any mandatory reporting law is a crucial issue. In Arizona State for example, the wording covers “any person” witnessing abuse and therefore widens the net of responsibility, especially if severe penalties follow as a consequence of not reporting.

It is not difficult to identify the basis for such concern. Health and Education are the primary services which preschool children are likely to access through their parents. A mandatory reporting law in itself may give rise to behaviour such as passing the buck but an education programme, which is run concurrent to the introduction of the law to ensure professionals understand not only the short term effect of child maltreatment but also the long term effects, may serve to encourage personal responsibility in this field.

Many professionals fear that mandatory reporting would create a negative impact on their relationship with those in their care and the parents of the children. There is some risk that such relationships may be compromised, however this is more likely to be a result of the way the process was handled rather than the reporting itself. A crucial step to avoid later conflict would be to make all parents aware of a mandatory reporting policy when their child is first enrolled at the facility. There are strategies staff can employ if they have general concerns that a child is at risk, such as spending time with the parent and discussing the child’s wellbeing in general terms. They can ensure the parent is aware that community supports are available if they are struggling to cope with

their child. An early approach and an offer of facilitating such support may not only avoid escalation of any problems but also avoid a blame-based investigative intervention.

Much can be gained by considering the fallout from the reporting of alleged sexual abuse in 1992 at the Christchurch Civic Crèche. It serves as a useful reminder that well intentioned reporting can transform into hysterical false reporting. This case had a polarising effect upon the public. Professor Felicity Goodyear-Smith, an established Aotearoa/ New Zealand forensic doctor wrote an article expressing her concerns related to this case. She called into question the reliability of the reporting, interviewing methods and other aspects of the case which eventually still led to the conviction of the crèche worker (Goodyear-Smith 1993). Thoughtful evidence based reporting together with specialised investigative interviewing techniques provide the foundation stones of a successful investigation into reports of concern. Such techniques have become more specialised and refined over the years raising confidence that children will not be influenced toward a particular disclosure or outcome.

A significant benefit of mandatory reporting identified by Gilbert et al (2009) is that mandatory reporting conveys the message that the government takes child abuse seriously. The Aotearoa/ New Zealand government has signed up to the United Nations Rights of the Child and an Agenda for Children. The country also has a Commissioner for Children and a child protection agency charged with the care and protection of its children. Yet Aotearoa/ New Zealand has an appalling child abuse record (Cutler-Naroba. 2006), indicating something more needs to be done. A social campaign such as the “It’s Not OK” campaign together with legislative changes to endorse mandatory reporting would reinforce the message that our children are our taonga and any kind of abuse will not be tolerated. Such a campaign would also serve to convey to Aotearoa/ New Zealand parents that there is a collective responsibility for child safety in New Zealand. So whether their child was enrolled at an early childhood education centre or Plunket or with a doctor, everyone would assume a responsibility. This would ensure that parents would be less likely to treat Early Childhood Education Centres with unreasonable suspicion.

An open approach policy would also assist managers of early childhood centres to address the issue of mandatory reporting with new parents when enrolling their child. At point of entry parents can be advised of the policy which may help with the conflict that managers face between needing to sustain numbers and their reputation against becoming known for reporting their concerns of possible maltreatment.

Early notifications are the next advantage cited by the paper. There is even more urgency in the need for early intervention in light of the revelations of the work undertaken by people such as Bruce Perry, (Child Trauma Academy) Shari Barkin (Vanderbilt Kennedy Center) and Peter Jaffe (University of Western Ontario). With the new understanding of neuroscience and the adverse effect on brain development in the first three years, it is imperative that we bring every effort to bear to ensure the early intervention that will limit the adverse effects of exposure to maltreatment. Professionals now understand that it is not just the broken bones and bruises which damage our children but also exposure to trauma, even when the child is not the primary victim of that trauma. The Brainwave Trust has become New Zealand's premier advocate in assisting parents and professionals to understand this material not only through the Brainwave website but also through seminars and community meetings, to understand this causal link (Brainwave Trust 2012). Further detailed exploration that this issue has to the implication to the outcomes for young people will be raised after exploring the question of mandatory reporting.

Mandatory reporting is seen as addressing the legal and ethical issues attached to reporting. Gilbert et al in their paper cite an owner of a day care centre expressing concern that she is running a business and reporting child abuse might damage the reputation of her business and lead to a downturn. It is exactly that kind of thinking which mandatory reporting can help to address. The question would no longer be one of either care and protection or profit, because owners would also have to factor in likely prosecution for not reporting, with not only the fiscal considerations of such a process but also the exposure of their reputation to the public. Mandatory reporting would lessen the likelihood of private facilities putting business interests ahead of reporting if the licensing of such facilities attached an assessment and regular review of the facilities

child maltreatment policies and procedures. The business owner can then cite the law and explain they have no discretion but are obliged to report their concerns.

Another advantage raised was the provision of a standardised and uniform data base which reflected the nature and size of the problem. Given the significant under reporting of child maltreatment it is likely the nature of the problem would resemble the profile of an iceberg. In a country as small as Aotearoa/ New Zealand a national database means there is greater certitude that transient families with histories of abuse can be tracked, and the welfare of their children can be monitored. CYF does have a national database which currently serves this vital role however a conjoint database with education and health would provide a far more accurate and reliable tracking process.

A major concern regarding the implementation of mandatory reporting is the disparity between theory and practice. Gilbert et al (2009) highlight this concern quite rightly by raising the question of training both for educators and social workers who are required to investigate notifications. The writer not only agrees with this concern but would go further to state that the success or otherwise of mandatory reporting rests upon the quality of training and awareness that educators receive to lift their confidence and awareness of this issue.

If one takes the case of early childhood educators, some attention is given to child protection protocols in their training curriculum, however based on the paucity of available publications, the issues of child abuse do not appear to be in the forefront of current discussions by professionals in this field. A recent Australian article published by Goldman & Grimbeek (2009) highlighted the lack of confidence and preparation expressed by Australian educators in their preparedness to report child maltreatment. It is reasonable to extrapolate this reporting to the Aotearoa/ New Zealand education environment given the similarities in culture, however further research in this country is required to support or exclude this assumption.

Laskey (2004) supports Goldman and Grimbeek's claims regarding the lack of experience and capacity of educationalists to report maltreatment in Australia. Australia does have mandatory reporting in some states such as Victoria. In Laskey's comprehensive address she observed that since mandatory reporting was enacted in

1994 the statistics of reported child abuse cases have dropped. Based on media reports and other research (Bradley, 2002, Davies & Ward, 2011) she believes this is attributable to the lack of training and preparedness, together with the belief that teachers are 'filled with dread' at having to make a notification. The drop in notifications is always a risk with enforced reporting. Those professionals who dread instigating a chain of events regarding a child known to them risk procrastinating until the situation becomes acute and a higher tariff of intervention is required.

A certain level of skill is required not only to accurately assess possible maltreatment and safety concerns for the child, but also in providing good evidence-based information to the CYF Contact Centre in Aotearoa/ New Zealand to ensure that social workers have enough substantive information to investigate the notification. The onus would not be on the educator to prove the maltreatment but rather on the fact that they have formed a belief based on good evidence that it could be the case.

Another significant concern raised in respect to mandatory reporting is the fear by educators that a notification may not lead to an improved outcome for the child; in fact in some cases it could harm the child even further. There is no guarantee that the assessment and subsequent action by CYF social workers will meet the expectations of the educator when making the notification. Again, good training and ongoing dialogue with CYF social workers would certainly contribute to a better understanding of the positions of each of the professionals.

A central concern for educators, particularly in early childhood education, is the fear that mandatory reporting will compromise their relationship with a child's parent, given that parents are seen as being in partnership with staff of Early Childhood Education Centres. Whilst this aspect of concern has some validity, staff can address their responsibility by outlining the Centre's procedures and protocols when a child is first enrolled and raise the issue of mandatory reporting at this time. Parents are then aware of the policy from the outset. Should staff begin to identify a concern which has not reached the level of requiring a notification, they can always approach parents directly, express their concern and enquire whether there is anything happening in the family which may need some support. Professionals tend to shy away from such difficult

conversations but again training can assist educators to learn the right kind of language to use when voicing their worries for the child in an appropriate manner.

Educators can be proactive in forging a strong relationship with their local CYF site. Whilst all official notifications are required to go through the call centre, there is much to be gained from establishing a professional liaison with the local site as this can enable trust-building, an understanding of notification criteria, and an opportunity to air concerns before a formal notification is made. By broadening their knowledge and establishing strong professional links this can contribute toward avoiding educators declining to make further notifications because they have had a bad experience with the Contact Centre or an individual social worker in the past.

Laskey's address reflected on the value of incorporating a specific module into the training of Early Childhood Education students on recognising and reporting child maltreatment. She quoted Crenshaw and Lichtenberg (1995, 1111):

Hence training must be modified to "go well beyond ordering educators to report and giving them a hotline number. It must teach them to look at themselves as a first line of defence against child abuse, how to achieve reasonable suspicion, and ways to avoid extraneous issues which should not impact on their decision.
(p4)

The subject of detecting and notifying child abuse is far too important to depend on one or two lectures. The writer would go further advocating a full mandatory component for students who are qualifying. The module would incorporate not only the recognition of, and how to report child maltreatment, but also the introduction of basic neuroscience to show the impact of trauma on the brain development of infants and toddlers, how to speak with parents of a suspected abused child, how to conduct a difficult conversation, how to deal with personal feelings in the circumstances, and how to develop professional relationships with other agencies. Then ongoing skill maintenance training should be mandatory on an annual basis for qualified educators. This should be the minimal consideration for such a critical issue and would go a long way toward mitigating the fear and reluctance by staff to report. Whilst having a reporting protocol through a manager or principal may minimise inappropriate reporting, it does mean that staff become accustomed to abdicating personal responsibility as well as jeopardising the likelihood that individuals will maintain a good skill level in recognising and

dealing with abuse. The manager or principal sets the culture for reporting, and detecting child abuse is far too important an issue to rely on the threshold and perception of one person.

“Recognising and responding to child maltreatment” (Gilbert et al, 2009), provides a useful global platform to weigh the advantages of mandatory reporting against the disadvantages. Although it was written from a medical perspective, the issues raised by the paper can just as readily be applied to an educational setting. Goldman & Grimbeek (2009) echoed the lack of confidence and preparation expressed by Australian educators in their preparedness to report child maltreatment. It is reasonable to extrapolate this reluctant reporting to the New Zealand education environment given the similarities in culture, however further research in this country is required to support or exclude this assumption.

The question must then be asked as to what how child abuse impacts on the well-being of our young people and whether early intervention is likely to enhance their outcomes.

BRAIN DEVELOPMENT

In 2004 Bruce Perry addressed this issue in a nutshell when he stated:

Persisting fear and adaptations to the threat present in the vortex of violence alter the development of the child’s brain, in changes in physical, emotional, behavioral, cognitive, and social functioning. These changes in the developing child, in turn, contribute to the transgenerational cycle of violence as these young children become adolescents. (p2)

Bruce Perry is a neuroscientist and child psychiatrist who has played a pivotal role in establishing the link between early childhood trauma and poor outcomes later in life. Perry’s work in brain development which first came to prominence in the 1990s has been taken up by other doctors and scientists, leading to a wealth of knowledge linking early childhood trauma to anti-social behaviour, mental illness and social incompetence. Perry posits that early childhood experiences both good and bad, when repeated, lay down the neural pathways in an infant’s developing brain. Stimulation by positive repeated actions creates strong healthy pathways which create a template for future similar experiences. However prolonged exposure to trauma leads to an over production of chemicals which lead to a “cascade of abnormalities in receptor number, sensitivity

and function across many brain areas” (Perry & Szalavitz, 2006). Although this quote originated from studies with rats, Perry has since gone on to validate his findings with children. (Child Trauma Website, 2012). If these abnormalities are laid down in the first five years, the chances of ‘reprogramming’ the brain and laying down healthy new pathways are severely diminished. One can extrapolate, armed with this new understanding, that if we are to develop strong healthy adolescents it is imperative we minimise their exposure to trauma in early childhood.

Introduction to Early Childhood Education provides an important opportunity for underprivileged children living in poverty to be exposed to new experiences and stimuli. In her 2012 submission to the expert advisory group on Child Poverty, Professor Anne Smith quotes Gosta Esping-Andersen, a Swedish economist and sociologist, in underlining this argument, saying:

Esping-Anderson argues that low income and its associated problems (underachievement, unemployment, poor health) are generational unless there is intervention. He shows that participation in early high quality early childhood education has substantial and lasting effects on social and educational outcomes, and that the inheritance of poverty has significantly declined in the Nordic countries due to children’s near universal participation in high quality wrap-around childcare. (p1)

Professor Smith, Emeritus Professor University of Otago, has a long and distinguished association in the field of Early Childhood Education. She is a strong supporter of preventative measures, with universal introduction to early childhood education being one means to enhance the future well-being of our children.

ADOLESCENT DEVELOPMENT

When addressing the subject of adolescent development Perry describes the likelihood of children who have been abused, neglected or traumatised as being more likely to demonstrate poor impulse control which is beyond the norm expected of an adolescent. Perry indicates this is because their brain has developed with a focus on survival rather than more advanced thinking which takes place in the cortex. An undeveloped cortex, he states, may mean these teens show delays in school and social skills. “They may be more drawn to taking risks, and they may have more opportunity to experiment with

drugs and crime if they live in environments that put them at increased risk for these behaviours”. (Welfare Information Gateway website)

Such assertions are borne out in the 2011 report prepared by New Zealand’s Chief Science advisor, Peter Gluckman. In the executive summary of a report, commissioned by the Prime Minister John Key, to look at how to improve outcomes in their transition from childhood to adulthood, Gluckman (2011) states:

The evidence shows that the risk of impulsive and antisocial behaviour is greatly increased by experiences earlier in life. It is now clear that early childhood is the critical period in which executive functions such as the fundamentals of self-control are established. Children who do not adequately develop these executive functions in early life are more likely to make poor decisions during adolescence, given the inevitable exposures to risk in the teenage years. (p1)

The experience in utero has the capacity to dictate likely outcomes for our children and young people. There is now a substantial body of research which catalogues the impact of alcohol upon foetal development leading to foetal alcohol syndrome as outlined in O’Leary’s literature review. (O’Leary 2002) It is reasonable to allow similar considerations of abnormal brain development to babies exposed in utero to drugs. Foetal alcohol syndrome is a chronic condition which leads to poor relational and social outcomes for its sufferers who often are involved with alcohol and drug problems, and often finding themselves on the wrong side of the law.

A medical study published in the British Medical Journal in 2008 which researched psychotic symptoms in adolescents found that:

Fourteen adolescents (6.6% of those interviewed) reported experiencing at least one psychotic symptom. Adolescents who reported psychotic symptoms were significantly more likely to have been physically abused in childhood, to have been exposed to domestic violence and to be identified as a bully/ victim (that is, both a perpetrator and victim of bullying) than those who did not report such symptoms. (Kelleher, Harley, Lynch, Arseneault, Fitzpatrick & Cannon, 2008; p1).

Such a finding is consistent with other studies which look into the causal links of maladaptive behaviour in young people.

Peter Jaffe well known for his work in the field of family violence published a study which has looked at the impact of prolonged exposure to family violence has on the

behavioural functioning and well-being of children and young people. The publication of a study, which he undertook with other colleagues, revealed that children of battered women displayed more behavioural problems and had a lowered social competence than a comparison group. (Wolfe, Jaffe, Wilson and Zak, 1985). Jaffe did add the caution that the fact of maternal stress had to be considered as a variable.

The U.S. Department of Health and Human Services published a fact sheet in 2008 which summarised outcomes for young people exposed to abuse in early childhood. Their findings corroborated that poor outcomes are more likely. They identified such factors as teen pregnancy, low academic achievement, drug use, poor physical and mental health problems as being more likely for adolescents who have suffered abuse. Juvenile delinquency leading to adult criminality is also an issue. A study conducted by English, Widom and Brandon (as cited by the United States Health and Human Services, 2008) found that “According to a National Institute of Justice study, abused and neglected children were 11 times more likely to be arrested for criminal behavior as a juvenile, 2.7 times more likely to be arrested for violent and criminal behavior as an adult, and 3.1 times more likely to be arrested for one of many forms of violent crime (juvenile or adult)” (Child Welfare Information Gateway website). Such statistics are replicated here in Aotearoa, New Zealand. (Becroft, 2006)

Not all children who are abused in early childhood become a statistic. The long term consequences are affected by the frequency and type of abuse, the age and stage of the child when the abuse occurred and outside factors such as the presence of a mentor or someone similar who can provide the child with positive experiences and praise. However the examples outlined are but a few from the wealth of material emerging in the field of neuroscience which identify the corrosive effect negative early childhood experiences have on healthy brain development. Compromised brain development means compromised life chances. Our children and young people are disadvantaged before they even reach their adult years. The need for early intervention is apparent. The question then becomes “Is mandatory reporting of suspected child maltreatment a useful tool in disrupting the negative experiences visited upon our children and young people?”

A Child Welfare Information Gateway report (2010) indicates that child deaths in the US continue to rise despite mandatory reporting. As with other countries children under the age of 4 years are seen as being at greatest risk. When discussing the reasons for this increase, the discussion returns to the overburdening of limited resources of child protection agencies with vexatious or unnecessary reporting, obscuring the acute cases which require immediate intervention (Woods, 2008). However these concerns might be an overreaction as much was made of the expected level of prosecutions once the section 59 amendment to the Crimes Act was introduced in New Zealand, yet the police are able to exercise considerable discretion in such cases, and the number of parents prosecuted is very low, although the exact number of prosecutions is unclear.

Mandatory reporting of suspected child abuse is a complex issue which attracts a polarised response. A 'Literature Snapshot' on Mandatory Reporting was produced by the Centre for Social Research and Evaluation (MSD, 2012). The snapshot identified the issue of the difficulty in languaging any legislation that might be introduced given the need to provide clear direction to ensure a consistent threshold for reporting. The authors cited the work of Levi and Crowell (2010) around the American wording of 'reasonable suspicion' and how open to interpretation that wording is by the different professionals required to apply the law. The report includes other challenges already included in this review such the negative attitudes to mandated reporting and the lack of training and resources for mandated reporters.

If New Zealand is to consider the introduction of mandatory reporting of suspected child maltreatment in early childhood centres it will be vital that lessons are learnt from the experience of overseas countries which have already instigated mandatory reporting. Careful consideration needs to be given to the language of the legislation along with appropriately resourcing CYF to enable an appropriate response to the increased level of reporting which follows such implementation. Early Childcare Training providers need to incorporate a mandatory child maltreatment module, as raised earlier, into their core training programme together with the provision of annual refresher courses for all registered child care practitioners and managers.

Chapter Three: Research Methodology

This chapter examines and defines the methodological approach employed in relation to my initial hypothesis, and the reasons why such options were chosen. Further, it will discuss the advantage and disadvantages of the methods selected and the consideration of the ethics involved in such an approach.

Research is “Research is the systematic and rigorous process of enquiry that aims to describe processes and develop explanatory concepts and theories, in order to contribute to a scientific body of knowledge.” (Bowling, 2002, p6). Methodology is ‘a system of methods used in a particular area of study or activity’ (Oxford Dictionary, 2012). Methodology relies upon a theoretical analysis, which informs a choice of method to test out a hypothesis, in a manner which is within a recognised research paradigm. (Clarke, 2005) Surveys are a common means of researching views on a particular subject. Specific questions can be presented on a particular topic which then affords the opportunity to identify patterns and trends when the survey is completed. Surveys can be conducted through a variety of methods such as interviews, telephone polling or questionnaires. This research employs the use of the qualitative approach of expert interviews as well as the use of a questionnaire.

Expert interviews are considered to be a standard qualitative approach in research but the method is not without its critics. Experts have what Van Audenhove refers to, as “aggregated and or specific knowledge”. He uses Meuser and Nagel’s definition of an expert as a person “who is responsible for development, implementation or control of solutions/strategies/policies” and “a person who has privileged information about groups of persons or decision process” (Van Audenhove, 2009). Interviewing experts allows the researcher direct access to a concentrated pool of knowledge. It is important the interviewer provides a consistent line of questioning in order to ensure a meaningful comparison in the responses gained. There is potential for interviewees to take control of the interview to progress their particular agenda rather than respond to the schedule of intended questions. The writer is confident that after thirty seven years of experience in conducting interviews a greater degree of consistency was maintained whilst speaking with the experts. The same schedule of questions was offered to each

interviewee. There was some flexibility in how the responses were recorded, with one expert preferring to offer a written response, one interview was recorded and three others were telephone interviews. Those interviewees who undertook phone interviews were sent a copy of the researcher's summation to read and sign off to ensure their views were accurately reflected.

A questionnaire was used to gather the views of early childhood centre workers. The use of a questionnaire allows the researcher to reach a wide variety of people through a cheap efficient process to obtain current informed responses to a specific topic. Surveys primarily employ a quantitative approach which Williams (2007) identified as having dominated western cultural research as a means to "create meaning and new knowledge" (p65) as a means of building upon existing theories. Williams goes on to identify that a researcher chooses a method of research based on the type of data and responses expected. Quantitative research most easily lends itself to obtaining statistical and numerical data. Williams names three main historical trends developed through a quantitative approach to include "research design, test and measurement procedures, and statistical analysis." Williams cites three broad classifications as outlined by Leedy and Ormond in 2008. These are descriptive, experimental and causal. The classification employed through this research would fall under causal since it examines "how the independent variables are affected by the dependent variables and involves cause and effect relationships between the variables." (Williams, 2007, p65).

This research employs a mixed method approach with the questionnaire containing two qualitative questions and interviews. At one time it was thought that qualitative and quantitative methods were incompatible. Qualitative research focuses on observations and views of participants rather than raw numbers. In reviewing the work of Creswell, Johnson & Onwuegbuzie (2004) and Tashakkori & Teddlie, Williams (2007) summarises their thinking on mixed method approach:

That is, researchers collect or analyze not only numerical data, which is customary for quantitative research, but also narrative data, which is the norm for qualitative research in order to address the research question(s) defined for a particular research study. As an example, in order to collect a mixture of data, researchers might distribute a survey that contains closed-ended questions to collect the numerical, or quantitative, data and conduct an interview using open-ended questions to collect the narrative, or qualitative, data.

HYPOTHESIS

The online Oxford Dictionary defines a hypothesis as “a supposition or proposed explanation made on the basis of limited evidence as a starting point for further investigation” (<http://oxforddictionaries.com/definition/english/hypothesis>)

The hypothesis for this research is based on existing literature including academic writing, journal articles, newspaper articles and government publications and reports. A questionnaire has been constructed to test out the hypothesis that the possibility of introducing mandatory reporting of suspected child maltreatment identified in early childhood centres in New Zealand, will generally reflect the same concerns and challenges highlighted in the established research of countries which already have introduced mandated reporting. The questionnaire has been structured to include the same issues identified in the findings of overseas research. This indicated the possibility of a causal link between the lack of confidence and training for mandated reporters resulting in either a drop in reporting, or conversely an abundance of poor quality notifications. These notifications clog child protection services obscuring the acute cases which do require the attention of the limited child protection resources.

Established research also links anxiety in reporting to the level of confidence reporters do, or do not, have in the agency required to investigate any report of concern. It is expected that local research will also reflect the same anxiety

The preponderance of overseas literature stems from the U.S. and Australia. These countries enjoy a similar western culture to Aotearoa/New Zealand and therefore there is a greater likelihood that local findings will reflect those of our overseas counterparts.

The interviews to be conducted with recognised child advocate experts are being undertaken to ensure a culturally appropriate reflection of Aotearoa/ New Zealand views. It is expected that these experts will raise similar concerns and considerations to those expressed overseas. The value of mandatory reporting is heavily debated and therefore it is likely the experts will hold differing views as to the merit of introducing mandatory reporting as a means of protecting the children of Aotearoa/New Zealand from exposure to abuse. It is likely the experts will readily identify the need for early intervention to disrupt the cycle of abuse, given the substantive body of established

research on this subject, but may hold differing views as to the best means of intervention. The experts are also in a position to comment on the causal links between prolonged exposure to trauma in early childhood leading to juvenile delinquency. As residents of Aotearoa/New Zealand they are well positioned to offer appropriate commentary on the future measures required to protect our children which embrace cultural considerations and circumstances specific to the country.

QUESTIONNAIRE

A questionnaire will be used to access the views of staff currently engaged in some Early Childhood Education Centres in a large North Island urban centre of Aotearoa/New Zealand. As far as the researcher can determine most of the discussion regarding mandatory reporting of child maltreatment in New Zealand is reliant upon overseas research. The researcher has been unable to locate research which specifically relates to early childhood education centres, either overseas or within New Zealand.

The research undertaken initially relied heavily upon quantitative information gathered through a questionnaire. A quantitative approach is numbers based, when everything is structured and predetermined, where selected participants are asked to respond to specific questions in an attempt to identify the extent of a problem.

One of the advantages of this approach to research is that it is an efficient means, low cost in materials and postage, to reach the required number of participants to gather the required data. Whilst it is acknowledged that the provision of structured questions does remove flexibility from participants' responses it does have the advantage of providing a straightforward format which is easy to follow and therefore less off putting to participants. It also has the advantage of providing consistency in the questioning and therefore the reading and comparing of the answers is more reliable. The inclusion of qualitative questions 10 and 11 does provide an opportunity for motivated participants to express themselves in an unstructured manner and to cover aspects which the earlier part of the questionnaire may have omitted.

It was hoped that by providing a stamped addressed envelope with each questionnaire would encourage a quick return and a high response rate. However a possible disadvantage of this method was the lack of a presence to encourage participants to

ensure the questionnaire was not only completed but also returned in a timely manner, which may be a reason for the low response. It is acknowledged the average response rate to questionnaires lies between twenty five to thirty percent (Baruch, 2008). This was achieved; however the researcher had hoped for a greater response.

Using a questionnaire as the preferred method of research does open up the possibility that respondents may be influenced by events which may occur around the time of completion. For example the death of a toddler in November 2011, allegedly through abuse by a caregiver, has received wide exposure in the media. Any participants reading the gruesome details may be significantly influenced by this exposure when completing a questionnaire on the subject of child maltreatment. Further child deaths have already occurred in 2012 and the subject of child abuse is receiving regular media attention particularly since the Minister of Social Development was travelling around the country holding public meetings to discuss the topic of child maltreatment and what needs to be done to stem the tide of abuse.

The researcher declares a particular interest in the topic of mandatory reporting, through current employment in a related field, and therefore chose to use a questionnaire to ensure no bias or influence will be communicated to the participants.

The questionnaire contained eleven questions which used a mixed method approach of both quantitative and qualitative questions. Questions one to four asked participants to outline their training and years of experience in early childhood education in order to provide a context for their later responses. From questions five to nine the data collection mode of the questionnaire was a quantitative process which used a simple rating system to record a response which addressed their level of confidence to specific questions around identifying and reporting suspected abuse. The questions themselves were chosen to reflect themes which have arisen as a consequence of introducing mandatory reporting overseas. The first step in devising a rating (also known as a scaling) system is to define the focus and have clarity around what is being measured. It is assumed what is being measured is one dimensional. The questionnaire employs a continuous, non-comparative, rating system from question five to nine with an itemised scale. Respondents are provided with 'a scale having numbers and/or brief descriptions associated with each category and are asked to select one of the limited numbers of

categories, ordered in terms of scale position that best describes' their response (West, King, Carey, Lohr, McKoy, Sutton, Lux. 2002)

A simple rating system enables a focused response to the researcher's questions but it can be argued that it over simplifies what is a very complex and often controversial area of enquiry. On the other hand by using a simple rating system it lessens the chance that random variables are introduced, thus rendering the data less focussed and less valid. There is no stratagem for validating the responses of the participants and therefore the research relied wholly on the goodwill and honesty of the respondents.

Questions ten and eleven were qualitative enquiries which invited the participants to voice an opinion which enabled them to expand on the previous rated questions, identify any perceived challenges and offer solutions to enhance reporting any suspected child maltreatment.

The Participants were given a scale from one, being very unconfident, to ten being very confident as a means of responding to a specific question. The wording of the questions rested upon the participants' level of confidence rather than their level of expertise. It was hoped that since this means of enquiry was less threatening than evaluating a level of expertise it was more likely to elicit a more accurate response. It was hoped that such an approach would reduce the ambiguity which might occur in a self-reporting qualitative approach, such as an interview or focus group. The sensitivity of the topic lent itself to a questionnaire which could be completed in privacy and did not require the participant to disclose the actual content of specific events or cases, but rather directed their attention to the processes, such as knowledge to inform decision making, and their confidence around utilising processes. The crucial elements of privacy and anonymity were employed to increase the probability of honest and valid disclosure which self-reporting methods might not encourage.

INTERVIEWS

Semi structured interviews were also undertaken with individuals who may or may not represent an organisation and who are considered to be experts in the field of child advocacy. These interviews served to provide a wider context to the subject of

mandatory reporting and outcomes for our young people whilst also ensuring an authentic reflection of voices within Aotearoa New Zealand.

Longhurst (2003) describes a semi structured interview as:

A verbal exchange where one person, the interviewer, attempts to elicit information from another person by asking questions. Although the interviewer prepares a list of predetermined questions, semi-structured interviews unfold in a conversational manner offering participants the chance to explore issues they feel are important (p103).

A schedule of questions allowed a central theme to be addressed whilst providing the scope for an interviewee to expand and extrapolate on the core issues. The advantage of this process, particularly when interviewing people being experts in their field, is it provided them with an opportunity to introduce material of which the interviewer may not be aware. The interview was recorded live to ensure accuracy, particularly as the interviewee was to be quoted. The ideal setting in which to conduct an interview is one free from distractions or noise. Modern technology now allows for interviews to be conducted through the Skype programme on a computer. This medium is particularly useful when interviewees do not live in the same locality or there is such a demand on the interviewee's time that the interview is required to take place to suit such demands. Given that experts in a particular field often experience a heavy demand on their time and their availability may be limited, flexibility of process is essential. Experts may also prefer to communicate through a written process wherein the schedule of questions can be provided and the expert responds in written form. This method has the advantage of accuracy whilst being completed at the convenience of the participant. It may also offer an opportunity for a more thoughtful response as there is no pressure or time constraint.

The researcher has worked in the field of child advocacy for thirty seven years. This enhances the likelihood that the interviewer and interviewees will share a common frame of reference. In addition it is likely to diminish the chances of misunderstanding a response.

SAMPLING

The frame used for the questionnaire is the simple random sample. Initially it was hoped participants would be recruited through advertisements placed in the leading academic

journals of early childhood educators. The respondents would be a random selection of early childhood educators currently employed in the field. This is desirable because educators who are working in the frontline in early childhood centres will more accurately reflect the beliefs, attitudes and understanding around the issue of mandatory reporting. There was no restriction placed upon respondents in terms of age, gender or ethnicity or the type of centre in which they are currently employed.

Ideally, in order to access a truly representative cross section of views, every employed early childhood educator would be approached. However such an extensive undertaking would be too costly and time consuming.

It is appreciated that the topic of this research is both sensitive and controversial so provision was made for access to free counselling, should it be required, through the Counselling Service of the Auckland University of Technology.

It is acknowledged that some bias may exist given that the sampling coverage were to be engaged through their professional journal or Association's Panui, thus those educators who do not read the journals or belong to a professional association were unlikely to be sampled unless they were alerted to the research by their colleagues. Those educators who did respond were motivated to do so and may have an interest or particularly strong beliefs around the topic whereas it is acknowledged there would also be value in also sampling the views of less motivated educators.

It is further recognised that by engaging a random sample there is no balance over the length of experience the respondents may have and whether this introduced a variable in that confidence and knowledge levels to identify and report suspected child maltreatment could change through direct correlation to experience. However the purpose of questions one to four is to provide some context and balance to the responses.

A further challenge which was introduced by using random sampling was the lack of controlled representation in terms of ethnicity and decile representation. In New Zealand education providers are ranked by decile indicators which reflect the average incomes of the families, and their children who attend the school. How much state funding is afforded to the school based on the decile indicators. Whilst not all early

childhood education providers have a decile rating the surrounding schools would indicate the socio-economic environment of the area. Low decile areas receive more state funding. (Ministry of Education). A report on the Children's Commission's website regarding child poverty reflects the well-known link between poverty and its correlation with greater risks of the physical abuse and neglect of children.

PROCEDURE

The attempt to place an advertisement in the professional journals fell short as a significant cost was attached to such a method and therefore was beyond the means of the researcher. Instead a random selection of centres were approached through email and their professional web sites and invited to participate. These included Kohanga Reo, Montessori, Play Centre and Kindergartens. The only response came from the Auckland and North Auckland Kindergartens who generously offered to approach their staff if the research passed the vetting of their own ethics audit. Each of their ethics application forms was completed and the questionnaire was accepted by both bodies. Fifty four questionnaires were mailed out to participants. Each questionnaire had a stamped addressed envelope to facilitate its return to Te Ara Poutama at AUT.

The questionnaires were sent to randomly selected Kindergartens but the writer did try and include a representation of different decile areas.

DATA ANALYSIS

The dataset used in this research was based primarily on a rating system in response to a question posed, as illustrated in figure 1.

Very unconfident	1	2	3	4	5	6	7	8	9	10	Very confident
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5. How confident are you in being able to recognise suspected child maltreatment in your Centre.

Figure 1: Rating System

The weighting of each answer was recorded for each assigned question. There was also a number assigned to incomplete answers to identify a missing response. In this case a non-response was coded zero.

The data responses were tabulated and converted into percentages to reflect any trends which were present in the data. The responses to the first four questions will also be tabulated with the view of providing a context in terms of experience and knowledge to the responses provided by the participants.

The two qualitative questions will also be examined for commonalities and differences in concerns around mandated reporting of suspected child maltreatment.

ETHICS

The process of this research process has been constructed in a manner mindful of the ethical considerations to which the Auckland University of Technology (AUT) subscribes. Those key principles are:

- Informed and Voluntary consent;
- Respect for rights of privacy and confidentiality;
- Minimisation of risk;
- Truthfulness, including limitation of deception;
- Social and cultural sensitivity, including commitment to the principles of the Treaty of Waitangi/Te Tiriti O Waitangi;
- Research adequacy;
- Avoidance of conflict of interest. (AUT website)

The questionnaire, together with the participants' information sheet and a copy of the advertisement to be placed in the Early Childhood Education journals was submitted through AUT Ethics Committee (AUTECH) for approval.

AUTECH recommended offering participants the right to access free counselling if participating in the study caused them any difficulties. This suggestion was followed

and permission was obtained from the counselling service at AUT to offer free access to participants. This provision was included in the participant's information sheet.

A further ethics application was submitted on 26/9/2011 and approval was granted on 19/3/12. A further application was lodged in respect of permission to interview experts to supplement the data secured through the questionnaires. Permission was granted on 26/11/2012.

As stated earlier, there was also an ethics application submitted to the Auckland and North Auckland Kindergarten associations before their permission was granted for the questionnaires to be sent to randomly selected Kindergartens.

CONCLUSION

The approach chosen in this study was a blend of quantitative and qualitative questions through the use of a structured questionnaire, mailed out to participants who can then complete the questionnaire anonymously and in private. Given the topicality and sensitivity of the research question this method was chosen to encourage an honest response to a very difficult issue. Advice was taken and adopted from the considerations of AUTEK to include an offer of free counselling, through the Counselling Service at AUT, to any participant who felt the need.

The information provided through the questionnaires was supplemented through the method of interviewing selected child advocates, considered to be experts in their fields, to provide a wider context for the discussion. This choice was also informed by a desire that a broadened response would ensure a representative, authentic Aotearoa/ New Zealand voice.

Chapter Four: Research and Findings

The findings are broken down into three sections. The first section addresses the process of finding and accessing participants, together with the construction of the questionnaire and a breakdown of the questions and the purpose behind their inclusion. Questions one to five will be discussed generally. Questions five to ten will be examined under the heading of Quantitative Questions. Questions eleven to twelve will be discussed under the heading of Qualitative Questions. A general introduction regarding the selection of the interviewees will follow. It has been decided to keep the views of each interviewee as a separate section to ensure clarity around their particular opinions and contribution. However the chapter ends with a weaving together of their views under the title of Research Summary.

To begin the research the writer approached a nationwide professional publication, by email, with a view to lodging an advertisement for participants. A response was received indicating that such an advertisement would cost \$400. This was beyond the writer's means. The writer then emailed the national New Zealand Kindergarten Association (Auckland and North Auckland), Te Kohanga Reo National Trust, Play Centre and Montessori requesting permission to place the advertisement in their panui for Auckland early childhood education centres. Only the Auckland and North Auckland Kindergartens responded. They required the researcher to complete their ethics application in addition to AUTEK requirements before approval would be given. Both ethics applications were submitted and accepted. This rigorous screening ensured both the professionals and the children are protected from unscrupulous research or exploitation.

The Auckland Kindergartens required the questionnaire to be submitted to the ethics committee. This requirement raised a concern as the researcher did not want the participants to have prior knowledge of the questions or for any gate keeping by managers to occur. This concern was baseless as only the ethics committee viewed the questionnaire.

The first mail outs were to North Auckland Kindergartens who generously and immediately agreed to participate. A letter of acknowledgement and instruction was sent

out, together with the Participants Information Sheet, the questionnaire and a stamped addressed envelope for the return of the completed questionnaire. The questionnaires were returned through the writer's primary supervisor.

The Auckland Kindergarten Association was equally generous and prompt in vetting the ethics application and reaching agreement for their members to participate in the research. Again, a letter of acknowledgement and instruction was sent out, together with the Participants Information Sheet, the questionnaire and a stamped addressed envelope for the return of the completed questionnaire. The questionnaires were also returned through the primary supervisor.

Initially twenty five questionnaires were sent out to a random sample of North Auckland and Auckland Kindergartens. There was a quick response from some of the kindergartens in higher decile areas but the number was still low so a further twenty nine were sent out, making a total of fifty four in all. Although the kindergartens themselves were selected randomly, an effort was made to ensure the chosen areas covered known lower decile ratings in an attempt to ensure a representative view of current practitioners.

Given that a cohort of twenty was desirable to obtain some indicators and fifty four were distributed through the Kindergartens alone, with the possibility of further numbers if required, it was decided not to pursue Te Kohanga Reo or Montessori providers who had not responded to the initial approach. If further research were to be conducted on this topic the researcher considers it vital that such providers should be included and encouraged to participate, together with private providers to ensure a wider range of experience.

A total of seventeen participants responded. This response rate of thirty one per cent was within the expected range, although the researcher was hopeful of a higher return. One can speculate that perhaps the issue is not a pressing one for current practitioners despite the ongoing debate in the public arena through the green paper initiated by the Minister of Social Development, Paula Bennett, as well as the publication of the white paper in October. However it may simply be the demands of the practitioners' position are so great they felt unable to take the time to complete the questionnaire. A third

possibility which can be considered is the sensitivity of the subject matter of this research. Practitioners may simply have felt the issue of mandatory reporting of suspected child abuse is too contentious to offer an opinion.

THE QUESTIONNAIRE

Questions one to four of the Questionnaire were included to provide a context for the type of responses which were received. Intentionally the researcher did not ask directly whether the participants were for or against the introduction of mandatory reporting. This was believed to be too confrontational of such a contentious issue and there was concern that such a direct enquiry might undermine the participants' willingness to involve themselves in the research.

Question one asked how long the practitioners had worked in Early Childhood Education whilst question two enquired as to how long the respondent worked in their current position. Questions three and four asked about whether the practitioner held a qualification, and for how long, respectively.

It was important to provide a context as there is a likely correlation, in terms of a response to the rated questions, between years of experience and levels of confidence.

It was also important to establish whether participants were qualified as this raised the probability that their studies had included a segment on suspected child abuse. Again, this exposure is likely to reflect a correlation in terms of qualification and levels of confidence in recognising and reporting child maltreatment.

FINDINGS

Sixteen participants held a qualification in early childhood education with one respondent not marking that particular question. Of the seventeen participants who did respond the overwhelming majority were very experienced. Ten of the seventeen respondents had over ten years experience, with four of them having over twenty years experience. Only two who returned their questionnaires had less than a year's experience. Again, it is hard to know whether less experienced staff felt unable to answer or whether kindergartens in general are staffed with very experienced practitioners.

However the advantage of having very experienced respondents was the likelihood of fewer variables influencing their views. As first stated, less experienced staff may reflect a lower standard of confidence. A smaller variation in length of experience and qualification means there is a greater chance for consistency in the response level from which one can draw a more typical response.

In terms of tenure in their present position, the numbers were more evenly spread as can be seen in Figure 2 below. Two practitioners had spent less than a year in their current position, four had spent one to five years, one had spent five to ten years, five had spent ten to twenty years and four had spent over twenty years. One participant did not answer that question. Overall the respondents were experienced practitioners who showed little mobility in terms of changing their location of employment. It is possible to construe that the lack of mobility meant the practitioners would be more likely to know the parents and children who attended their facility and therefore would be better positioned to observe any cause for concern in the well-being of their charges, however this assumption was not tested through this research.

QUANTITATIVE QUESTIONS

Question Five

Question five was the first direct enquiry which pertained to the subject of suspected child maltreatment. It asked participants to scale their level of confidence in being able to recognise suspected abuse with a score of one being very unconfident rising to a score of ten as being very confident. Seven of the participants scored an eight, three participants scored a nine, one a seven, two a six, two a five, one a four and one a level of two.

These results are not altogether surprising given the level of experience shared by the participants. Without a wider spread of experience it is impossible to interpret this confidence as being a matter of confidence built through experience, or confidence gained through ongoing training and good support.



Figure 2. Confidence vs. Experience graph

Question Six

Question six did address the issue of training and asked whether practitioners felt they had received sufficient training to allow them to identify the risk indicators of suspected abuse.

Five respondents rated their confidence on the same scale at an eight and two rated themselves with a nine. However despite the spread of experience the practitioners were less confident they had received sufficient training. Three respondents rated themselves at a level of seven, one at level six, two at level five, two at four and three at level three. Although this is a tiny sample one might deduce that ongoing training is an important factor in raising and maintaining the confidence levels of practitioners who might be mandated to report abuse.

Question Seven

Question Seven asked participants to rate their level of confidence in that they had read their Centre's policy in regard to suspected child abuse. This is an area which received a consistent high rating. Seventy percent of participants rated themselves between an eight and ten in their level of confidence. Even the less experienced staff had read the

policy so this is clearly an area in which the Kindergartens are performing well in ensuring their staff is conversant with official policy. It can also be interpreted as an indication of how seriously the Kindergartens take their responsibility in being vigilant in this area of their work, ensuring that when staff are employed their induction includes reading the policy regarding reporting suspected child abuse.

Question Eight

Questions eight asked about the level of confidence staff have that they have understood and can act on that policy. The response was solid in level of confidence with nine out of seventeen rating themselves as an eight or higher, and a further five rating themselves at a seven. The remaining three rated above a level three.

The consistently high rating may be as a consequence of the years of experience the respondents have, together with any ongoing training, however further research is required to cover a greater number of respondents with a wider spread of experience to draw any worthwhile conclusions about why the rating is so high.

Question Nine

The writer understands that in the majority of early childhood centres the responsibility for reporting suspected abuse is channelled through an identified staff member, usually the manager. Therefore Question nine enquired about the level of confidence staff have that their concerns would be acted upon.

Confidence that their concerns would be acted upon was extremely high with five respondents claiming the highest possible response of ten. One scored a nine, whilst six more rated a level of eight. Two scored a seven whilst only one scored a four and one a one. It is not known whether the low score of one was a reflection of the practitioner's fewer years of experience or whether they lacked confidence in their manager to take their report of concern seriously. Anecdotally I am aware of some managers' gate keeping in a manner which reflects their own presence or absence of risk management in the wider early childhood education community, but more rigorous research with a greater number of participants would be required to clearly identify the prevalence of such practice.

Question Ten

Any report of concern has to be made to Child Youth and Family through the National Contact Centre so an appropriate social work assessment can be undertaken. Question ten therefore asked about the level of confidence participants held in understanding the work of Child Youth and Family and what would happen to any referral made.

Eight practitioners rated themselves at a level of eight or above that they were confident they understood what would happen to their referral with two of those practitioners rating themselves at a ten. However there was a wider spread of responses which did not necessarily correlate to the respondents' years of experience. Two further participants rated themselves at a seven whilst the remaining five rating spread between a six and a three.

This raises the question as to whether this is an area where both early childhood educators and Child Youth and Family practitioners can work together through greater provision of training opportunities to raise the level of confidence and awareness in regard to the processes and protocols which are followed once a report of concern is received by Child Youth and Family. In the formal qualification, consideration could be given to allocating a larger segment to the subject of child abuse, which would include understanding Child Youth and Family and the process of the social worker's safety assessment.

QUALITATIVE QUESTIONS

Question Eleven and Twelve

Questions eleven and twelve were quantitative questions designed to access the experience and wisdom of front line practitioners to assist in identifying any concerns which might stop a practitioner reporting a case of suspected abuse or making suggestions as to what would enhance their ability to report suspected child maltreatment.

It is disappointing that six respondents chose not to answer these questions at all because those who did choose to answer offered interesting insights into aspects of this debate which identified fruitful areas for more in depth research.

Question Eleven

Question eleven asked the participants to “Please list any concerns you have which would stop you reporting a case of suspected maltreatment”, Of the seven who did answer, five raised their concern of misdiagnosis or “getting it wrong”. As one respondent noted “That an innocent family may suffer the repercussions of my reporting a case.” Others were concerned their actions would do more harm than good or might break up a family. This is a genuine anxiety for professionals that their actions may cause more harm than good. Good training and professional support can go some way to alleviating such worries. Such concerns are also reflected in more extensive overseas literature. It is possible this is the single greatest barrier to reporting of suspected child maltreatment. One participant not only replied that there could be “repercussions for the child if the reporting is badly handled with the parent/ caregiver” but also raised a new concern “repercussions for the E.C. Centre if parent/caregiver was intimidating or aggressive and can source the reporting back to the Centre”

Te Whāriki is the Ministry of Education's early childhood curriculum policy statement. The policy “emphasises the learning partnership between kaiako/ teachers, parents, and whānau/families.” There is a valid concern that if a report of concern is identified by the family as having originated from the early childhood centre then it may damage that partnership and disenfranchise the child from an important learning opportunity as parents can respond to such a situation by withdrawing their child from the Centre.

One of the practitioners elaborated on this. ‘Some families are elusive and good at hiding “issues” or... will just “disappear’. There is an argument to be made that a child is safer when it has different ‘sets of eyes’ upon it. (CYF Practice Centre 2013). If a child is withdrawn from early childhood education the risk to the child’s well-being could rise. This then raises a dilemma for staff as to whether by reporting suspected abuse they are actually increasing rather than decreasing the risk to the child.

Several respondents identified the need for careful observations, over a period of time, to be documented and discussed with colleagues before a report of concern was made to Child Youth and Family. This is a sound approach as such data will enhance the social worker’s ability to identify or trace any patterns and make it less likely to misreport an innocent accident which has led to injury.

One respondent listed the influence an opposing view from another colleague as a reason which would stop them reporting. Without further expansion it is difficult to know whether the practitioner is identifying that a vigorous discussion has allayed their concern or whether they do not feel confident enough to weather such a challenge. The fact that such discussions are occurring is an important matter as it means concerns are being aired and it can lead to closer observation of the child in question, leading to more reliable data to be passed on to Child Youth and Family if concerns persist.

Question Twelve

In question twelve the participants were invited to “list any suggestions which would enhance your ability to report any concerns of suspected child maltreatment”.

Seven of the seventeen respondents chose to answer this question. They offered some practical and helpful suggestions.

- Two respondents identified the need for a ‘hot line’ or ‘help line’ to provide “A sounding board which maintains confidentiality, to ensure that one’s concerns are valid and procedures can be explained.” One suggested “A 0800 hotline for a checklist to see whether your concern is a good reason to report”

Whilst practitioners can now ring 0508FAMILY to engage in such a discussion, the knowledge that such a service already exists needs to be better disseminated. Taking the views of the two participants who did address the question, and putting this together with the anxiety of “getting it wrong”, the importance of such an opportunity to discuss options and the appropriateness of a report of concern cannot be underestimated. This is also reflected in the response “Observations and discussions with other colleagues about what you have witnessed will encourage reporting to authorities”.

- Another issue which was raised as a factor which would enhance the likelihood of reporting was the response of the family member. “If the (suspected) abuser of the child is totally avoiding talking or dismissive”.

This response suggests that an attempt has been made to raise concerns directly with a family. Such practice is to be encouraged as it is likely to weed out misunderstandings

and misreporting and gives a family the opportunity to engage in possibly alleviating concerns before matters are escalated.

- Another significant factor which would enhance reporting is the condition the child is in. “Depends on state or condition the child is in- the loss of weight, lack of appropriate clothing, unwell or unhappy etc”. Indicating direct visual evidence is likely to cut through a practitioner’s anxiety about reporting.
- Five practitioners identified that further professional training and development opportunities would enhance their ability to report.

This is a consistent reoccurring theme both in this small sample and the wider research overseas, suggesting knowledge enhances confidence.

- One practitioner made an observation that “knowing mandatory qualifications for social workers and CYF staff are in place and that rigorous appraisal and professional supervision is in place” suggests the other part of the confidence equation lies in knowing that similar professional rigour is demanded of the staff who are required to act upon any report of concern which is made.

This is an important consideration and one the Ministry of Social Development is moving to address. All Child Youth and Family social workers are being required to not only hold a professional qualification but also to hold current professional registration. Regular supervision is also a departmental requirement.

- An interesting and more contentious issue was raised by a practitioner who suggested “lessening of current orthodoxy that family is the best placement for a child if removed from immediate family. That’s rubbish when there is extensive dysfunction in the wider family”
- In the Children and Young Persons and their Families Act 1989, the guiding principle in section five, subsections b, and c address the need to:

(b) 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 (p72).

This may be another circumstance where training and professional discussion might alleviate some of the misunderstandings or concerns held about the practice of Child Youth and Family practitioners.

- One practitioner raised the importance of a local Child Youth and Family contact in their area.

Some Child Youth and Family sites do identify specific social workers to liaise with education providers in a particular area. This personal touch may be a way to break down some of the barriers to reporting and allow an opportunity to discuss any worries educators may have about the processes of Child Youth and Family's work.

Conclusion

The sample of responses in this research is too small to draw any substantial conclusions. However it is fair to say that the response in this sample does mirror the more extensive research conducted on this subject overseas. Whilst that research did not specifically identify Early Childhood Educators as a particular category to be researched their voice would have been included in the wider sample of teachers.

If mandatory reporting of suspected child maltreatment were to be introduced for early childhood educators, then such an introduction needs to be coordinated so that a simultaneous increase in training and professional development on the subject of child abuse occurs. This will assist in allaying the anxieties of professionals in fulfilling this responsibility and will also enhance the likelihood of better evidence based notifications to which the Child Youth and Family social workers can respond. Closer liaison and professional discussions with statutory social workers will also increase the likelihood of breaking down misconceptions which exist around social work practice and the reason for certain outcomes such as prioritising kin care over non kin care. From the responses received to the questionnaires in this research, practitioners did not show reluctance to undertake this responsibility but they did wish to be adequately resourced to perform this task in a professional and responsible manner.

INTERVIEWS

Choosing Interviewees

The researcher wanted to complement the information gathered through the research with responses from recognised experts who are active in the field of child advocacy within Aotearoa/ New Zealand. It was expected that such experts are well positioned to provide an overview to the question of child maltreatment and as such, would have formed an opinion regarding the value, or otherwise, of introducing mandatory reporting.

The choices were partly informed by the researcher's own knowledge in the field and therefore familiarity with commentators on child advocacy. Assistance was also provided by the research supervisor to ensure a balanced, current representation was obtained which included an independent Māori and Pasifika voice.

The interviewees were all very generous and quick to donate their time. Dr Hassall chose to respond in writing; Ms Passells, Ms Sligo and Mr Blank chose a telephone interview whilst Mr Latta chose to be interviewed on Skype. The researcher sent ahead a schedule of questions, together with the consent form, to ensure the interviewees would be aware of the territory to be covered in the interviews.

None of those interviewed whole heartedly supported the prospect of mandatory reporting but all except Dr Hassall were clear that something needed to change and whilst mandatory reporting brought with it worrying pitfalls such as false positives and the risk of punitive targeting, it did signal to the Aotearoa/ New Zealand public that the government was serious in addressing abuse. They were in agreement that should mandatory reporting be introduced then its value, or otherwise, rested with the quality of the training given to the professionals involved in reporting. Dr Hassall is not a supporter of mandatory reporting but rather advocates the government should target policy areas such as the abolition of child poverty, and other child focused policies.

There was a general accord that the vital ingredients which led to positive outcomes for our young people rested with the attachment and nurturing provided by the family, particularly in the first five years of life.

Dr Ian Hassall

A paediatrician, former Children's Commissioner and member of AUT University's Institute of Public Policy.

Dr Hassall chose to respond to a request for an interview through a written form. He generously provided an address he had made in 2011 on the topic of mandatory reporting, as well as responding to the schedule of questions.

Dr Hassall stated that he does not identify failure of reporting by professionals as a primary factor in our failure to reduce the prevalence of child maltreatment but rather "the high rate of adult to adult and adult to child domestic violence and its distribution suggests we have a pervasive problem with relationships in this country" (Hassall 2011). He is concerned that we have a blaming and punitive attitude in our society rather than a solution focussed attitude. He echoes the disquiet expressed earlier in this thesis that mandatory reporting may target a certain vulnerable group in our society. "Our punitive and sometimes racist approach to crime will contaminate public perception of mandatory reporting, no matter what our intentions". (Hassall. 2011). It is therefore more likely to alienate the population it is trying to help. Mandatory reporting may be a palatable solution for the public and is a relatively cheap option, thus more likely to find political support, however Dr Hassall makes the point that it is likely to be less effective than more expensive, less marketable options.

What could be considered to be the most important argument against mandatory reporting is reflected in Dr Hassall's review of governments which have introduced legislation which do not have the well being of children as its central focus. He cites Paula Rebstock's Welfare Working Group (2011) set up by the current Key led government which was set up to examine welfare. The concern being the frame of reference was 'welfare dependency' and was economically focused rather than being referenced by the well-being of children. Dr Hassall gave a further example of Helen Clark's government which undertook a review "in which productivity, the value of out-of-home work to women to women and so on were the chief considerations. Children's well-being did not get a look in". Child focused policy is often discussed but rarely reflected in outcomes rather expediency and economics triumph. Dr Hassall elaborates

on the theme of building positive outcomes for our children as they transition into adulthood. He believes the important ingredients include:

- a) Ensuring fundamental self-respect in people rearing children. Contributing to this are i) parents' experience of infancy and early childhood of being loved and respected, ii) being respected by their society and community through a culture of respect including agreed decent income and living conditions and limited inequality.
- b) A healthy ideology and code (which could be but are not necessarily religion-based) of conduct of intimate relationships including the relationships of child-rearing, between couples and among the wider family. Ensuring that these are universally adhered to so that even the most disconnected from a society (i.e. the criminal, the drug and alcohol addicted, the mentally ill and the personally and socially incompetent) do not countenance doing harm to children.

The fundamental value of an inclusive society which does not leave the vulnerable and impoverished by the way side is also part of Dr Hassall's thinking in regard to why New Zealand has an unusually high violence threshold. He believes as a society we make things up as we go along rather than 'Acknowledging a right and wrong way of doing things and testing our assumptions with reasoning and research'. This approach may serve the majority of our society but also leaves a "sizeable disconnected minority in the lurch with no entrenched 'people-saving' customs". The writer agrees the establishment of an inclusive philosophy which informs social policy through government is a major cornerstone in turning around Aotearoa/New Zealand's history of violence. Particularly given the increasingly secular society in which we live, a means must be found to ensure no one is left behind.

Anton Blank

Anton Blank, Ngati Porou is Executive Director of Te Kahui Mana Ririki, an organisation founded by the late Rev Dr Hone Kaa to promote the well-being of Māori children. Anton has 25 years' experience in social work, Māori development and communications. Te Kahui Mana Ririki's (Ririki) strategy – responding to the disproportionate and unacceptably high Māori child abuse rates – incorporates the

principles of self-determination, the centrality of tradition, Māori strengths, networks and collaborations, whanaungatanga and education and communication (Kaa, 2009).

When invited to talk about the important ingredients which contribute toward building positive outcomes for young people, Mr Blank identified the family situation into which a child is born as the foundation which should provide the opportunity for attachment and a positive nurturing environment- both in utero and during infancy. He is a very strong advocate of the need for Māori children to access Early Childhood Education to ensure they begin primary school as well prepared as any other child. He explained Māori attendance is not as good as other groups. When asked to speculate as to why that might be Mr. Blank responded that for many Māori their experience of the education system is not a positive experience so they are fearful of it and don't know how to engage. When they do engage with the system then their contact is often about what is not going well rather than their strengths and what is going well. The ability for Māori to access Kohanga Reo is important as it provides a familiar, safe and supportive environment.

In terms of mandatory reporting Mr. Blank believes the children's sector is not in favour of it, believing the money would be better invested in public education on the subject of abuse. Mr Blank says he is torn in respect of mandatory reporting because something significant needs to happen. The law is a shaper of attitudes and provides an important benchmark for what is acceptable in this country in terms of what is acceptable for children. However Māori education providers hate reporting. They are suspicious of agencies because they tend to have had lots of engagement and experience with agencies and that experience is not always positive. Mr. Blank is clear that the need for reporting is a symptom of a larger problem which is the death rate of Māori children.

Mr. Blank strongly supports the need for more investment in social education, identifying the need for sustained public education in order to change public attitudes. He used the example of Quit line as such a campaign. He believes the messages of public campaign would have to be negotiated through political compromise.

The interviewer enquired whether there would be value in Iwi calling for meetings to address the issues of child abuse and the over representation of Māori in the statistics.

Mr. Blank is saddened that Iwi are preoccupied with building a strong economic base so that attendance at a significant Hui is more likely to occur for economic issues such as power or water than for the safety and well-being of children.

Mr. Blank believes the over representation of Māori in abuse and death statistics is a complex cocktail of the legacy of colonisation, disconnection from Māori culture and heritage and issues of poverty. However he does acknowledge that there is something specific about Māori experience. He gave the example of Pasifika children being more likely to live in poverty but experience less violence than Māori children. Pasifika children are more likely to appear in poor health statistics than abuse and death statistics. Prior to the 1980s, Mr. Blank said, there was no statistical difference between Māori and non-Māori abuse statistics. However after the free market restructuring the difference began to emerge, exacerbated thereafter by the impact of the “Mother of all budgets” introduced by Ruth Richardson in the 1991 which reduced benefit rates. Mr Blank advised there is a need for a candid exchange of views amongst Māori to seek solutions to address the issue of abuse and death of Māori children. However he said he encounters a level of resistance to the approach of Ririki which promotes the values “We don’t blame colonisation. We take responsibility for our situation. We are liberated. We have our own expertise. We can now heal” (Te Kahui Mana Ririki website, October 2010). This message is not well received since it is challenging a post colonial discourse which has existed for thirty years. He likened the challenge to this discourse as “trying to shoot a sacred cow”. However he makes no apology for the solution based philosophy of his organisation, he pointed out that Māori now have the resources of their own highly qualified professionals to address Māori problems. He believes it is scarier to say “We are powerful. We have to act” than to remain mired in post-colonial victimhood.

Mr. Blank sees the potential for the genesis of something really remarkable in Whanau Ora, because it will lead to less fragmentation of services and a more holistic approach to whanau. Everyone knows about child maltreatment and knowing what to do about it should be a shared responsibility of all agencies involved with children and young people. However he identified the need for sustained intervention and gave the example of Quit line where Māori smokers required more support as they were more likely to

live in smoking environments. The same model would apply to child maltreatment. Entrenched, inter-generational behaviour is more likely to require slow incremental change and long term support. He cited the change in attitude to smoking as taking a two generational cycle and the desired change in public opinion toward child maltreatment is likely to take just as long. The need for a strong public education campaign to educate and influence public opinion toward what is acceptable for the treatment of children is strongly supported by Mr. Blank.

Nigel Latta

Nigel Latta has a national profile. He is a registered psychologist and author. He is also host to the “Politically Incorrect” parenting series and “Beyond the Darklands.”

Mr. Latta chose to participate in the interview through the computer medium of SKYPE.

Mr. Latta is very clear that a substantive body of scientific research exists which identifies the causal link between early childhood trauma and poorer outcomes for those young people who experience trauma, neglect or abuse. He also links the impact of poverty in early childhood as a contributing factor since even if an individual’s circumstances improve the impact of the poverty continues throughout their life. Thus Mr. Latta stated that science says unequivocally that investing in early intervention is the way to go; however he is conflicted about the value of introducing mandatory reporting. He believes that ideally if everyone was pragmatic and capable then it would not be needed as everyone could make good decisions about what could be addressed and resolved informally within the community and what needed to be escalated to a statutory investigation. One of his concerns about mandatory reporting is the danger of false positives (False positives find an effect which in fact does not exist. This leads to a cascade of problems). He worries about families who would get caught up in the system as a result of one bad situation. On balance Mr. Latta believes mandatory reporting has to be introduced despite the associated problems of false positives, and the potential for swamping social workers.

Mr. Latta believes there is a need to concentrate on changing the disjointed approach to intervention. He identified the usual approach when concerns are raised is for agencies

to go and intervene to stabilise the family and then leave. Mr. Latta advocates for long term involvement with families as he believes it is unrealistic to expect parents to suddenly learn new behaviours such as impulse control and the ability to plan. Within this paradigm Mr. Latta raised the concepts of 'big brother' and 'Nanny' as commonly associated negative social concepts invoked when there is political or statutory intervention, however he believes steps have to be taken to protect children. He advocates for long term intervention which would be flexible, and reactive, to the needs of the family rather than one standard model of intervention. The intervention would be guided by principles and these principles would be applied consistently, but the intervention itself could change drastically from one family to the next.

If mandatory reporting of suspected child maltreatment were to be introduced, then Mr. Latta advocates mandatory standardised training needs to be introduced for frontline staff. Such training would be of an evidence based system of reporting and delivered by experienced social workers who had frontline experience rather than those who relied on purely an academic approach.

Vaiiolesi (Vai) Passells

Vaiiolesi (Vai) Passells is of Niuean/Palagi heritage. She is an Auckland University Lecturer: School of Counselling, Human Services and Social Work. Vai has a background in community social work and bridging education. Vai now lectures in the Bachelor of Social Work and Foundation Studies programmes.

Ms. Passells chose to conduct the interview by telephone.

Ms. Passells is not opposed to mandatory reporting if it is supported by trained staff that can recognise abuse. She advised that Pasifika families usually want to send their children to culturally appropriate early childhood centres where they can learn of their heritage and cultural values. This provides the children with an opportunity to learn their traditional narrative which is specific to them as well as an opportunity to learn the language of their parents, and the cultural nuances of appropriate ways of behaving.

Ms. Passells was explicit in her statement that violence is not a cultural thing for Pacific Island peoples. Prior to colonisation violence was not acceptable. She quoted a saying

from Samoa “The sister is the pupil of her brother’s eye” (O le i’o i mata o le tama o le teine); as such she must be cherished. This example pertains to all relationships. There is a covenant between parents and children, brothers and sisters and the young. Any contravention of this covenant was not dealt in a punitive way but the consequence brought shame not only upon the transgressor but also the extended whanau. Ms. Passells used the term “Le Va” to denote a relationship space. The nurturing of one another is conducted in this space. If someone violates that “Va” then they have to heal that violation. The emphasis is on healing rather than punishment. Ms. Passells advised that when working with a family from a Pacific nation it is important to ascertain whether they were Island born and Island raised, Island born, New Zealand raised or New Zealand born, New Zealand raised. Such an assessment informs the “Va” in the manner of the approach when working with the family as well as dispelling the potential for assumptions. When speaking of Pasifika youth, Ms. Passells cited an American study which focused on Tongan youth living in America. Those who know their language and culture had a stronger sense of identity and did better, whilst those who did not tended to become involved in anti-social activities. Young Pasifika people who are not Island born or Island raised might start out being disparaging about their heritage. Ms. Passells advised against their cultural identity being further undermined by Palagi interventions as when the young people begin to age they begin to seek their identity and they will remember what stood in their way.

Ms. Passells stated that colonization introduced the concept of “spare the rod and spoil the child”. This established the threshold set by society which seeks punitive measures rather than restoration of harmony, balance, and equilibrium. She believes that when those from the Pacific living in New Zealand claim that physical violence is their heritage they are not going far enough back to the true cultural values which existed pre colonisation. Ms. Passells was unequivocal when stating the use of violence whether it is against children or intimate partner violence; it is unacceptable and cannot be excused through cultural claims. She puts the current tolerance to levels of violence in New Zealand down “to complacency, patriarchy and lethargy”. She believes the threshold is set by society, set by the past which was a past of violence.

The opportunity of Early Childhood education for our children is well supported by Ms. Passells who described early childhood educators as being in a 'prime position' to pick up on untoward aspects of child health as well as to oversee the children. Although Ms. Passells supports early intervention for children who are exposed to trauma she does not support punitive methods of intervention since they do not have good outcomes. She believes the current methods employed create a rippling effect which creates blocks, something she sees as an extension of the threads of the same colonial power being "waved over the heads" of Pasifika peoples. She advocates for culturally trained practitioners who are exposed to a rigorous block course of training which incorporates conceptual frameworks of culturally appropriate interventions. She identified the seven main Pacific Islands (Samoa, Tonga, Niue, Tokelau, Fiji, Cook Islands and Tuvalu) as each requiring an approach which is specific to their heritage and language.

Judith Sligo

Judith Sligo is a manager of Next Generation Studies, Dunedin Multidisciplinary Health and Development Research Unit at the University of Otago, Dunedin.

Ms. Sligo manages two projects within the Dunedin Multidisciplinary Health and Development research unit. The original cohort of the longitudinal study is now in their 40s. They were interviewed when their first child reached the age of three years. The next cohort is the children of the original cohort who have now reached fifteen years old. There are now two hundred fifteen year olds so the researchers are accessing enough data. Ms. Sligo referred me to further research but was able to comment anectdotedly that their results show that women who experienced positive parenting as a child were self-predictive in offering positive parenting to their own children. This was the case for women but not so much for the men.

When speaking of mandatory reporting, Ms. Sligo raised the same concern raised by Nigel Latta- that of the risk of false positives and the effect this would have on families. Ms. Sligo can see the pros and cons for both sides of the argument regarding mandatory reporting but at the very least believes that practitioners are required to report what they are witnessing to the next level up. Having worked previously as an early childhood educator herself, Ms. Sligo identified the concern that when working alongside families,

practitioners want to think the best of them, they don't want to be thinking the worst. Mandatory reporting leaves practitioners open pragmatically when the reality is that boundaries are blurry as to who is really at risk. Even experts do not always agree. There is an ethical obligation to report (as there is in her current research) but where is the line drawn? This is particularly pertinent when considering young people. Some parents believe that a fifteen year old is old enough to make their own decision and that as parents they have no control since the young person is on the same power strata as themselves. There are good systems in place to support parents who are struggling to cope with young children but there are few resources to support parents struggling with difficult teenagers. This raises the question of what are the expected outcomes once the report of concern has been made.

Ms. Sligo referred me to the 2011 Gluckman report which talks about the transitioning from childhood to adulthood and the variables which influence the success or otherwise of this process. New Zealand has a relatively high adolescent morbidity rate compared to most developed countries (Gluckman. 2011). The Dunedin "next generation" studies and the Gluckman report provide a wealth of data to inform policy makers.

General conclusions

None of the interviewees was strongly in favour of the introduction of mandatory reporting of suspected child abuse in early childhood education centres. Dr. Hassall was strongly opposed to mandatory reporting, instead advocating the need for child focused policies. The other interviewees were lukewarm in their agreement that a legislative change might be a necessary evil to demonstrate that the Government is serious about addressing the issue of child abuse, however they all offered qualifications of how such a change should take place. The common theme was the necessity for skilled trainers to up skill practitioners to ensure they were adequately prepared and confident in their reporting. The concern of false positives and the attendant consequences was aired by Mr. Latta and Ms. Sligo whilst Mr. Blank and Ms. Passells emphasised the need for a culturally appropriate environment and response for those attending early childhood centres.

Research Summary

The issue of whether to introduce mandatory reporting in Aotearoa/New Zealand through new legislation was current during the period the research was undertaken. The Minister of Social Development raised the profile of the country's abuse statistics and the need for change firstly through the information gathering process of the Green Paper, and then through the findings in the White Paper which was published in October 2012.

The participants who returned the questionnaires were overall well qualified and experienced practitioners. It is acknowledged a wider sample of experience would have enhanced the breadth of the views provided. The findings obtained must be treated with caution given they are but a tiny sample. The initial responses are in keeping with overseas findings. Indications from this local research confirm the correlation between years of experience and levels of confidence in reporting suspected child maltreatment. There is also a correlation between understanding the work of CYF and levels of confidence that the outcome of any report of concern will lead to better outcomes for the child or young person.

In overseas research the need for quality training as being closely aligned with the value, or otherwise, of mandatory reporting was also reflected to a degree through the local research. However it must be kept in mind that the local respondents were predominately very experienced practitioners and therefore the degree of their concern for the need for regular training was not as pronounced as shown in overseas findings.

There was a consensus in local respondents who shared an anxiety around possibly exacerbating the difficulties facing a child who is suspected of being abused, through reporting the concerns to CYF. However given their many years of experience, the respondents held a high level of confidence in understanding the work of CYF.

The interviewees all acknowledged the wealth of research which links early childhood experience to outcomes for young people. They acknowledged the need for a strong attachment in a warm and nurturing environment if children are to develop into strong healthy young people who are able to make a positive contribution to our society.

Whilst none of the interviewees wholeheartedly supported the introduction of mandatory reporting, all were in strong agreement that change needed to take place and steps were required to reduce the child deaths and child abuse in Aotearoa/ New Zealand. Whilst most reluctantly conceded mandatory reporting was a logical step to communicate the Government's message of the need to reduce child abuse to the general public, Dr. Hassall favoured attention being given to child focused policies which would also address the issues of poverty and education, amongst others and would shape a more inclusive society where no one is left behind and no one would 'countenance doing harm to children'.

If mandatory reporting were to be introduced then Mr. Latta, Ms. Passells and Mr. Blank strongly advocated for quality training in recognising abuse to be provided by experienced, culturally appropriate practitioners.

The possibility of social campaigns which led to public education was another route favoured to reduce child maltreatment. Mr. Blank gave the example of Quit line which played a positive role in reducing smoking. The researcher is also aware the "It's not OK" campaign which has made a significant impact on raising public awareness around the issue of family violence as well as leading to earlier intervention as evidenced in a report compiled for the Ministry of Social Development in 2010.

Chapter Five: Discussion

The discussion around the topic of introducing mandatory reporting is a timely one. The Minister of Social Development, Paula Bennett, travelled throughout New Zealand seeking submissions from professionals and the general public (including children) on what steps need to be taken in order to keep children safe in a happy and supported environment. The findings from the process initiated through the Green Paper were considered and contributed toward a White Paper which was published by Minister Bennett on October 11th, 2012. One possibility which was raised as a step toward reducing child maltreatment rates was the introduction of mandatory reporting of suspected child abuse. Early Childhood Education providers are one of the groups of professionals who would be affected if the introduction of mandatory reporting were to occur.

In keeping with a greater spotlight on the needs of children, the Government has released a further policy goal to achieve a rate of 98% of children starting school to have experienced some form of early childhood education. The Government set a target date of 2016 to achieve this rate of higher participation which would ensure that not only will vulnerable children receive the benefits of early childhood education but there will also be other sets of eyes upon the children, to ensure their well being and safety.

There is good reason for the Government to introduce major changes to address the safety of vulnerable children as New Zealand has a sad history when it comes to child abuse statistics. NZ has the fifth worst child abuse record of 31 OECD countries (Child Matters factsheet). Names such as Nia Glassie and James Whakaruru were made familiar to the New Zealand public. Their torturous horrific deaths were publicised through most forms of the media during the trials of the perpetrators of the abuse. Such children represent the public faces of abuse but there is much that goes on without the accompanying media spotlight. Dr. Patrick Kelly, consultant paediatrician at Auckland City Hospital, highlighted the high rates of shaken baby syndrome which occur in NZ. This led to a social media campaign in 2011 driven by the Ministry of Social Development to try and reduce the rates of the hidden casualties of abused children who

might not have died but face a life of disability through brain damage, unable to reach their original potential.

Māori are over represented in the abuse statistics. There are a wide range of views as to why this is so. Māori are also over represented in statistics of poverty, crime, and unemployment. Dr. Fiona Cram, a New Zealand researcher links this correlation to the higher rates of abuse amongst Māori. She produced a report, published by the Families Commission in 2012, where she identified this as "the major contributing risk factor for children" - and Māori children are twice as likely as European children to live in poverty." (Cram, F. 2012). However Dr. Cram also raised the impact of colonisation as a significant factor. This possibility is echoed by Rawiri Taionui (2012) who also raised culturally based factors such as colonisation as a possible causal factor in alienating Māori from traditional values in their approach to child safety, leading to adopting western practices such as physically disciplining a child. Whatever the causal factors are in over representation of Māori in abuse statistics, solutions must be found if Māori youth are to have an equal opportunity to develop into contributing members of society. One possible strategy would be a Māori led initiative where a series of hui within each tribe, each hapu, and each ropu discussed the best approach for collective responsibility to address the issue of abuse. Māori led solutions both in the field of prevention (education) and dealing with the abuse itself - such as marae led hearings leading to the abusers being gathered up by the marae community to be taught and monitored in a safer way of parenting- may provide the most effective methods of intervention. This would also provide a proactive approach to change behaviour and expectations of young women who have had one or more child/ren removed but go on to produce more.

In 2010, the late Dr. Hone Kaa founded Te Kāhui Mana Ririki, an organisation dedicated to eliminating Māori child maltreatment. At the time he observed that such an issue had to be addressed on both the macro and micro scale. The associated issues of colonisation, poverty, unemployment and other issues of deprivation could not be ignored or separated from the issue of abuse. The values of his organisation are founded upon taking responsibility for the rate of abuse amongst Māori and acknowledging that Māori are best placed to find solutions to address that abuse. This recognises a significant shift from blaming colonisation to forward thinking of how best to resolve

the over representation of abuse amongst Māori. This mantle has been taken up by Anton Blank who has explained that moving the discourse from post colonisation victimhood amongst Māori to a debate of empowered solution based alternatives is not a popular move. However his organisation is progressing this stance, recognising that Māori now have a strong base of Māori experts to address the problem of Māori over representation in death and abuse statistics.

Niuean university lecturer, Vai Passells, firmly identifies colonisation as being responsible for introducing violence into Pasifika culture but believes the way forward is to resource culturally appropriate early childhood centres where the children can be taught their heritage narratives and conceptual frameworks. Such Centres need to be Island specific as language, oral history and nuance are important in the teaching of the heritage.

Back in 1994 Starrels, Bould and Nicholas brought attention to the feminisation of poverty in the United States, mounting the argument that mandatory reporting targeted the most vulnerable in society, exposing them to potentially baseless reports of concern based on their living circumstances and ethnicity. In 2011 through a news article, the then Children's Commissioner John Angus, brought attention to an OECD study which showed that New Zealand has the third highest rate of children living in single parent homes in the OECD. He linked this to the information that "Kiwi children were four times more likely to be living under the poverty line if they were being raised by a single parent." (Angus 2011) The article outlined that at the end of March, 113,000 people were receiving a domestic purposes benefit, of whom 88 per cent were women. A Māori and Welfare report related that a third of Māori children are living with a single parent in receipt of a benefit. (Mitchell 2009). Abuse statistics confirm that children most at risk are those living in poverty, with Māori children being over represented in those statistics.

Dr. Hassall raised prospect of mandatory reporting tapping into the punitive blaming mentality of New Zealand society. This concern was echoed by Ms. Passells who believes a healing approach is more constructive and effective. This punitive aspect is worth careful consideration. A lot can be told about a society through the language it uses, consciously or unconsciously. After Nia Glassie was killed, Dr Hone Kaa spoke

out urging the public to report abuse. Dr. Kaa was a revered child advocate but the language he used at the time was interesting. Dr. Kaa said ““We've got to learn to nark. I've said this before and I'm not afraid of saying it time and time again. Drop them in it.” (Kaa, 2008). The word “nark” has a pejorative weighting invoking negative connotations of spying, betrayal, or being an informer. Reporting child abuse should not be associated with becoming an informer or a ‘stool pigeon’ but rather with performing what potentially could be a life saving duty. The New Zealand public has to come to understand that preventing or reporting abuse is a strong, affirmative action which is the responsibility of every citizen, whether it is mandated or not.

Alternative positive approaches to engaging with vulnerable families, highlighted by Professor Smith in her submission to the Green Paper, are the introduction of skilled community outreach workers and volunteers, such as the model currently being used in South Carolina, U.S., under the banner of “Strong Communities” or through the use Early Childhood Centres as community hubs for community services, such as the Pen Green Centre which offers integrated services. (Smith 2012)

Before New Zealand follows suit in introducing mandatory reporting we may want to consider whether this is sending out the right message to the general public and professionals. Reporting suspected child maltreatment places the emphasis squarely on a reactive process rather than a preventative one. The Ministry of Social Development, together with the Families Commission, have promoted a successful “It’s not okay” social media campaign to raise awareness and increase reporting in the field of family violence. (Families Commission.2010) This sort of initiative, together with the introduction of child focused policies, could prove to be a more successful strategy in a country as small as Aotearoa/ New Zealand, in educating and mobilising the general public to take collective responsibility for protecting our children. This would ensure a more far reaching effect than simply limiting the responsibility for reporting to professional groups such as early childhood education providers. A social campaign could not only educate the public about the exposure to trauma on brain development but also highlight the causal link between early childhood experiences with adolescent behaviour and outcomes. An exciting example of a grassroots initiative is provided by a group of young people from Nelson College. In 2009, led by Manaaki Walker, Amani

Waenge and Johnny O'Donnell, they founded the organisation Students Against Violence Everywhere (SAVE). The group initiates and runs campaigns to raise awareness amongst young people to stop the violence. The group addresses bullying and violence within the school, as well as in homes and the community through the use of "Youth Get Help" cards, wristbands and teaming up with local non-government organisations. These young people are raising their voices to demand everyone should do more to stop the silence around violence and to find ways of addressing violence.

Such initiatives deserve every support and encouragement as statistics show that although generally youth crime is declining, violent crimes are increasing particularly amongst female offenders. Given that we now understand there is a causal link between early exposure to trauma and adolescent behaviour, it is worth taking a moment to consider this rise. Female youth offending (17-20 years) for the crime of 'acts intending to cause injury' since 1995 has more than doubled from 603 apprehensions to 1496 in 2011, whilst male offending for the same age range and time has increased from 3442 to 4339 apprehensions. (Statistics New Zealand, 2012) This is disturbing when one considers the overall offending population is decreasing. Whilst it is acknowledged that other variables may also contribute toward the growing use of violence in youth offending, it does not bode well for the future generations. In July 2012, the Ministry of Justice website showed the government set the target of reducing violent crime by 20% by 2017 and youth crime by 5% by 2017. Given the significant rise in violent offending by young people, and the decision by the government not to introduce mandatory reporting of suspected child maltreatment, it will be interesting to track the outcome of this policy.

Overseas studies have identified that the introduction of mandatory reporting has not lead to a reduction in homicide rates. (Lindsey & Trocme, 1994 ; Ainsworth. 2002) There is some question over what the value is of simply measuring the homicide rate in terms of contributing to the debate on mandatory reporting, especially as not all children killed through abuse were previously known to Child Youth and Family. The advantage of introducing a mandatory reporting law is the message it sends to the general public about what is acceptable in the treatment of children. This was the strongest argument for those torn about whether legislating for mandatory reporting was a positive move.

Nigel Latta and Judy Sligo both worried about the consequences of false positives, but they also appreciated as did Anton Blank and Vai Passells that something significant needed to happen to effect change to provide better outcomes for our children and young people.

The lack of tangible improvement in statistics after introducing mandatory reporting is a factor which strengthens the argument for a social initiative. A campaign to influence the thinking of the New Zealand public that reporting suspected maltreatment is a collective responsibility, rather than leaving the responsibility to others is a crucial step toward effecting change. In a discussion arising from the death of the Kahui twins, Anthea Simcock, from Child Matters, observed:

It is the tip of the iceberg. For every child who dies there's probably a couple of hundred who are severely abused and probably 3000 who are suffering ongoing abuse.

“The iceberg is quite significant,” she said.

“My other concern for those other children who never come to the attention of the authorities is that those people are at risk of not using their potential, of not contributing to our society and in fact of still coping with residual problems from their abuse that result in use of alcohol, living in violent situations, not performing well educationally - and they themselves have no strong healthy models of parenting to follow. It makes it very difficult to break the cycle”.

If New Zealand does introduce mandatory reporting laws in the future we would do well to learn from the challenges experienced by our predecessors overseas. Although the research undertaken in this thesis provided only a very small sample, the overseas challenges have already been reflected. It is important to say a broader piece of research is needed to extrapolate with more accuracy the findings which form the basis of this discussion.

When considering the question of mandatory reporting specifically as it relates to Early Childhood Education providers, there are several aspects which need to be considered. These considerations have been touched on in the literature review. The Early Childhood Education curriculum, “Te Whāriki”, outlines the expectation that the Early Childhood Education providers should work in partnership with families. The concern already raised by practitioners is that mandatory reporting would jeopardise this

partnership, in that it would compromise the trust and rapport, which may already be rather tenuous, with at -risk families. This mirrors overseas experience where virtually every review raises the same concern of threatening the relationships which are built by professionals with vulnerable families. It may be argued that this consideration carries more weight in Aotearoa/ New Zealand where we have led the way with partnerships, such as Family Group Conferences, when working with families, embracing the Tikanga Māori concept of ‘intrinsic tapu’ .However one can also argue that true partnerships are built upon transparency and honesty. Anything less would be a form of collusion and tacit approval for whatever might be taking place. Resolving conflict and undertaking difficult conversations are intrinsic to any partnership and it may be more important to develop such skills in frontline practitioners rather than using possible jeopardy as a reason not to engage or confront parents of children who are suspected of being maltreated.

The counter argument to avoiding mandatory reporting is that by enshrining the duty to report concerns of suspected maltreatment in law, the Government is promoting a clear message that it takes the matter of abuse seriously. Attention then must move to the wording of the law to avoid enabling professionals to pass the buck or avoid their responsibility. Reporting abuse is a contentious issue which professionals undertake with reluctance. Therefore it is important that any law introduced to compel reporting must be unambiguous to minimise the opportunity for avoidance. In some states in America the reporting of child abuse occurs through online channels. This is an interesting development. If potential reports of concern can be made through completing an online structured template it may enhance the notifier’s confidence to report. The provision of a template will draw attention to the type of information that CYF would require.

Another aspect of introducing a mandatory requirement is the question of who will police the law, and how seriously would New Zealand would want to go down the road of prosecuting professionals who have been found to be negligent? Overseas literature indicates that whilst prosecution does occur it is sporadic and difficult to litigate. (Krehbiel. 2011) One can draw on the outcomes from the change to s59 of the Crimes Act 1961. There was public uproar based on the belief that ‘ordinary parents’ would be

prosecuted for disciplining their own children. In fact very few prosecutions have taken place as the police are able to use their discretion as to whether to proceed with prosecution and CYF can choose educative rather than punitive interventions to teach parents better alternatives. A non-prosecutorial route may lead to better outcomes, both for the professionals and the children in their care.

One strong argument for mandatory reporting of suspected child maltreatment, particularly in Early Childhood Education centres is that early detection of trauma in vulnerable infants will increase the chance of providing an intervention before severe disorganisation of the brain function can be established. Bruce Perry's body of work (Perry 2012), particularly his Neurosequential Model, highlights how vulnerable the development of the infant brain is, particularly in the first three years, when exposed to ongoing trauma and the corresponding consequence of long term damage to the child's future opportunities in all areas of its life. Nigel Latta was unequivocal in stating that significant scientific research exists linking exposure to early trauma with compromised outcomes for adolescents. He goes further to say that even if a child's circumstances improve through adolescence into adulthood, the impact of that early experience remains with the individual. The neuroscience is the imperative for early intervention. In the 2012 Brainwave newsletter highlighted Mr. Latta's point showing that the impact of adverse childhood experiences on health outcomes for adults has been deepened by the publication of a longitudinal study from the United States of America.

These longitudinal studies add to the body of scientific knowledge to confirm the message that adverse childhood experiences contribute to the risk of poorer health outcomes. At a general level this research reinforces what we already know: If we wish to prevent poor adult health, and the associated spending, policy makers would be advised to take heed of the potentially long lasting effects of early childhood experiences.

The established connection between increased risk of serious or life threatening health conditions to a high incidence of adverse childhood experiences and the connection between childhood stress and specific health issues such as common auto-immune diseases, heart disease and early adolescent pregnancy or risky sexual behaviour are a

powerful reminder that we cannot underestimate the impact of the early years on a person's whole lifetime. (Recorded interview)

With the plethora of overseas research, together with the publication of the 2011 Gluckman report and the 2012 Child Poverty report, there is no shortage of quality, current, evidence based research to inform the government toward more child focused policy to address such disturbing outcomes.

Early childhood educators are well positioned to play a strategic role in improving outcomes for children. If a national data base were to be established, and the Government's target of 98% of preschoolers attending early childhood education before they start school were to be achieved, then early childhood education providers would play a pivotal role in tracking the safety of vulnerable children. The writer makes no apology for once again raising the necessity of mandated training for all early childhood education providers, to ensure they are well equipped not only to recognise suspected abuse in its various forms, but also to be confident in their ability to report it in a timely, professional manner. Aotearoa/ New Zealand has the advantage of being a small country and therefore the establishment of a national database is not such a daunting prospect as it would be in highly populated, larger countries. This is a particularly important tool since many at-risk families use transience as a means of avoiding agency intervention. The Government is also considering freeing up the sharing of personal information between agencies, without the individual's consent, to avoid agencies working in silos, or children falling between the gaps. These two changes would contribute significantly to ensuring any mandatory reporting became purposeful and constructive. The right to privacy is invariably raised when the topic of information sharing is raised. It is to be noted that such discussions remain focused on the rights of the adults involved whilst few, if any, include the rights of children. Children do not have a voice nor do they hold power. They rely on adults to protect them and act for them. The writer argues that children have a right to be raised in a safe, nurturing environment. Any parent who provides such an environment would have no need to fear their privacy being invaded. The position of child paramountcy must be the default position given that our children are dying and being abused at unacceptably high rates.

A major challenge which arose out of the introduction of mandatory reporting overseas was the need for the provision and implementation of adequate public and social care infrastructure to cope with the corresponding saturation of reports of concern, and the potential demand for services as a result. (Irish Medical Organisation. 2012) Most reviews identify this as a major challenge since child protection agencies charged with carrying out the investigations into any report for concern faced an exponential increase in referrals without the corresponding increase in resourcing to meet demand. (Ainsworth. 2002). Gilbert et al (2009).

Aotearoa/ New Zealand has already had a taste of this through the 2006 change in Police reporting of family violence incidents where children are present.

Between 2004 and 2009 substantiations of child abuse doubled, increasing from around 8,500 to over 20,000. The doubling of cases of substantiated abuse can be attributed to the high numbers of family violence referrals from Police where children have been present during family violence and as a result of this are found to have suffered emotional abuse. (Ministry of Social development website 2011)

Since mandatory reporting has been seen overseas to increase the rate of reporting then it is reasonable to construe that care and protection social workers would need to be comprehensively resourced if mandatory reporting is to have any real value in Aotearoa/ New Zealand. The advent of unsubstantiated or poor quality reporting uses up the resources of the child protection agency (Child Youth and Family in Aotearoa/New Zealand), blocking the path to servicing more acute referrals which as a result take longer to investigate and elicit the appropriate response. Children could be put at risk by the very mechanism designed to protect them. At present all notifications of suspected child maltreatment are channelled through CYF. However the government is moving toward providing alternatives. The CYF website states:

Work has started on a 'Strategy for children and young people in care', which will intensify assessment, planning, and support for children and caregivers; and design of a 'Child Protect Line' which will link referrals to the best service – whether that's Child, Youth and Family, or one of the new Children's Teams.

Such measures are likely to address concerns of delay and blockages.

The research undertaken for this thesis did not reflect the degree of concern echoed by most other countries in regard to the lack of training and preparedness of staff to identify and report suspected maltreatment. Of the 17 replies to the questionnaire which were received, 12 respondents noted an experience level of 10+ years, with 9 of that number having 20+ years experience. This predominance of experienced professionals means the views of less experienced staff were not accessed and represented in local terms. However, given the consistency of overseas reviews which reflect there is a correlation between experience and confidence in reporting, more extensive local research is required. Research conducted in the field of education in Queensland, Australia, confirmed that “Teachers were more likely to detect and report neglect and physical abuse when they have self-reported confidence in their ability to accurately identify it. (Walsh, Schweltzer & Bridgstock, 2005, p5)

The writer believes in depth research is required in Aotearoa/New Zealand as the lack of concern in this area expressed through the writer’s small sample does not cover a broad cross section of experience and decile area. More assurance could be held if all early childhood practitioners had completed a mandatory module on child abuse, with yearly refreshers as a follow up, as discussed in the literature review. However given that mandated, comprehensive training does not exist on a national basis, then such confidence has to be treated with caution. We cannot know what we do not know.

In Aotearoa/ New Zealand, responsibility for reporting suspected child maltreatment in Early Childhood centres is usually channelled through the manager. The responses received in the writer’s research reflected a good level of confidence that the manager would act on the participants’ concerns. Of the seventeen responses, all but three rated their level of confidence as six out of ten or higher. However care must be used in interpreting these outcomes as the respondents were primarily very experienced staff where all but two of them had been in their present position for five years or more. This would have a bearing on the nature of their relationship with the manager. One could argue the manager has, over time, had an opportunity to build rapport with their staff and come to trust their judgement. Conversely one could argue that it is possible the staff have come to accept and reflect the manager’s threshold for reporting suspected maltreatment.

The desire for more training in recognising abuse by educators is usually yoked to a concern that any report which was made would not necessarily improve the outcomes for the victim of the suspected abuse. Anton Blank highlighted this may be more of an issue for Māori providers who may have been exposed to more adverse contact with agencies such as CYF and therefore be less confident that reporting would enhance a child's well-being.

This concern about outcomes was reflected to a degree by the research here in Aotearoa/ New Zealand as the responses were more spread out along the confidence continuum. Half of the respondents rated their confidence levels as an eight or higher. However the remaining nine ratings were spread from a rating of two through seven, despite the many years of experience of most participants. As described earlier, a mandatory training in recognising child maltreatment in the professional qualification courses offered by training providers could address such worries by including how to recognise different forms of abuse, family violence dynamics and the processes of Child Youth and Family. Not only do educators need training in how to identify suspected child maltreatment, they also require training in how to make evidence based substantive reports of concern. These are skills which can be taught such as understanding the patterning and ageing of bruising, recording concerns regarding neglect over a period of time to establish a pattern or trend which can then be discussed with the child's parents. The introduction of a mandatory module should be implemented immediately, irrespective of whether mandatory reporting is introduced or not.

One of the most obvious variables which could influence an educator's level of confidence in improved outcomes for the victims of suspected abuse is their knowledge and exposure to the practice of Child Youth and Family social workers who are charged with conducting the investigation into any report of concern.

Overzealous reporting resulting in significant increases of investigations to be carried out by social workers will impact on their ability to reach the acute cases which require statutory intervention. High numbers of assessments may also run the risk of raising the social worker's threshold in dealing with child maltreatment cases.

However if mandatory reporting is to be introduced into early childhood education centres then equal attention must be paid to ensuring that Child Youth and Family care and protection social workers are adequately resourced to respond to the inevitable increase in reporting. Not only will more frontline social workers be necessary but they will also require an appropriate number of cars to ensure they can visit families in a timely manner. A soaring number of notifications will also impact on internal measures such as key performance indicators and the social workers' ability to meet such expectations. It is critical that a systemic approach be adopted by the government of the day if mandatory reporting laws are to be introduced.

The dread of professionals that they will exacerbate the problems for the child is a realistic one so attention must be paid to ensure any notifications which are made to Child Youth and Family can be addressed in a timely and comprehensive manner. In the current climate of austerity the wisdom of introducing such legislation at some later stage which will impose greater demands upon an already stretched system needs careful consideration and debate. Thereafter attention should focus on whether there are sufficient community programmes available to service the recommendations of the social workers if the children are to remain with their parents. We know already that there are insufficient drug and alcohol services to meet existing needs (particularly culturally appropriate services) (Alcohol Advisory Council.2010) There is also likely to be an increased demand for other services such as parenting classes, anger management programmes, budgeting and other related programmes.

Since the undertaking of this research Minister Bennett has published the White Paper for Vulnerable Children. Some of the issues which have been raised in the discussion of this thesis have also clearly been taken into consideration by the Minister and her advisors in respect of mandatory reporting. The decision has been made not to introduce mandatory reporting at this time but rather to strengthen reporting procedures and to increase training for frontline staff. The prospect of introducing mandatory reporting at some future stage has not been ruled out. These intentions are summarised on the Ministry of Social Development website

The issue of mandatory reporting of child abuse has been debated for many years. There are pros and cons. In some places where it has been introduced there has been an

increase in the number of children who slip through the cracks because child protection agencies are so swamped with notifications that they can't cope. There are also concerns about child protection getting needlessly involved in the lives of everyday families.

New Zealand already has high levels of notification – the same or higher than some Australian states which have mandatory reporting. In fact, the vast majority of New Zealand children who are seriously abused are already known to government agencies. Because of this the Government will not be legislating for mandatory reporting. What we will do is introduce a range of initiatives that will raise expectations on agencies and make it easier for front-line staff and the public to identify vulnerable children and report concerns.

Whilst the Minister has stopped short of introducing mandatory reporting she plans to introduce a change in legislation which will require all agencies working with children to have a child protection policy and a code of practice which reflects the expectation that the policies will be observed. This process offers a positive way forward. It will allow learning from overseas experience of the pitfalls of mandatory reporting, by recognising the need to strengthen existing policies and procedures to raise expectations in the responsibilities of frontline staff working with children to report suspected abuse. These steps, together with the introduction of changes to allow information sharing to occur more freely will provide a robust foundation for changing attitudes toward reporting suspected abuse. However it stops short of linking this approach with wider child focused policies in all areas of political decision making.

The role of non-government organisations has been central to the provision of longer term services for families which are identified as requiring support but do not require statutory intervention. In July 2013, the Ministry of Social Development (MSD) is introducing a change to the way community organisations are funded. Known as “Investing in Services for Outcomes’ (ISO) the project is endeavouring to ensure MSD funding is effective and targeted to prioritised areas to provide the best services with the best outcomes. The emphasis of ISO is on the outcomes. Community organisations will be measured in terms of meeting the outcomes agreed to in the initial funding contract. It is to be hoped that such a change in policy will not compromise long term provision of services to difficult, challenging families for more easily achievable and measured

services where success is more guaranteed and therefore continued funding is more likely.

The views of Māori could be sought through a series of national tribe based hui to discuss their views, not only on what needs to happen to reduce the over representation of Māori in child abuse statistics, but also what resources local marae can offer to provide appropriate culturally based interventions. The government of the day must be ready to finance such interventions. Aotearoa/ New Zealand is a country of growing cultural diversity. Consultation with other cultural as well as religious groups needs to be undertaken, specifically around the most effective approach to changing behaviour and educating parents to care for, and protect, their children in a safe and loving manner. They say it takes a village to raise a child. Aotearoa/ New Zealand must find ways to recreate the collective responsibility of a village approach to ensure the safety and well-being of our children. Mr. Latta raised the concepts of ‘big brother’ and ‘Nanny’ in relation to statutory intervention. Such terms do not necessarily have to be connected with a pejorative sense of state intervention but rather a positive association to the guidance and nurturing of an older adult, roles traditionally undertaken by older whānau members.

Traditionally Aotearoa/ New Zealand governments invest more money at the elderly end of the continuum than they have in provision of services for children. A 2004 report commissioned by “Every Child Counts” commented that

New Zealand is one of the most poorly performing countries in the OECD in terms of outcomes for children (28th out of 30 countries). We also have one of the lowest rates of public investment in children in the OECD (less than half the average public spend per child under the age of 6 years). Furthermore, the investment we do make ranks as one of the least effective. (p1V)

It would be timely to review this policy as a move toward complementing the policy changes introduced through the White Paper and the Honourable Paula Bennett. A 2010 report, again commissioned by the NGO, Every Child Counts estimated the economic cost to the country as being in the region of two billion dollars. This is an estimate based on direct, ongoing and indirect costs. Leaving aside the moral imperative to do

something about reducing child maltreatment statistics in Aotearoa/New Zealand, the report argues:

The economic benefits are compelling according to the report. Child abuse and neglect lead to higher incidents of poor health, criminal activity and incarceration, lower levels of educational achievement, lower paid employment and a greater reliance on state benefits.

The impacts are compounding. Lower education levels, for example, lead to lower income levels, resulting in lower tax payments and a greater call on income support payments.

It is clear that the rates of child abuse and neglect, family violence and other trauma which impacts adversely on our children impacts adversely on the country as a whole—morally and economically. Significant targeted financial investment in child focused services and policies, together with social media campaigns encouraging collective responsibility to protect our children would proactive steps in the right direction. Dr. Hassall spoke eloquently in regard to creating an inclusive society which embraces:

A healthy ideology and code (which could be but are not necessarily religion-based) of conduct of intimate relationships including the relationships of child-rearing, between couples and among the wider family. Ensuring that these are universally adhered to so that even the most disconnected from a society (i.e. the criminal, the drug and alcohol addicted, the mentally ill and the personally and socially incompetent) do not countenance doing harm to children.

This may be considered idealistic and unattainable but is a goal to work toward. Without such a goal, intervention of many kinds amounts to a service-oriented tinkering with what exists rather than a problem-oriented plan.

The government of Aotearoa/New Zealand is well positioned to take a radical new direction in respect of the safety and well-being of its children. It is well provisioned with local and overseas research, together with the advice of local experts, to inform innovative child focused policy. As Dr. Hassall pointed out ‘service –oriented tinkering’ such as mandatory reporting is unlikely to provide substantially better outcomes for our children and young people. The first three years of a child’s life lay the crucial foundation for their future prospects. The introduction of a social media campaign to educate the public on the critical importance of “The first three years” together with a campaign to shape ideas regarding collective responsibility of protecting our children is more likely to see enhanced opportunities and outcomes for our young people. The

government's policy to raise the participation rate in early childhood education is a vital step toward improving the educational outcomes for our children and young people and offers an added safe guard of extra sets of eyes assessing the well-being of our most vulnerable members of society.

Consideration should be given to the use of Early Childhood Centres as a provider of integrated services, linking with Plunket, Public Health Nurses, and other health practitioners, who could provide easy access to eye, ear and dental checks for all the enrolled children.

Within the current climate of change initiated through the publication of the White Paper, Aotearoa/ New Zealand has an opportunity to move from a targeted punitive approach to dealing with the issue of suspected child maltreatment, to a positive, inclusive approach which uses creative ideas to ensure no child is left behind.

As De Mause pointed out "The evolution of culture is ultimately determined by the amount of love, understanding and freedom experienced by its children... Every abandonment, every betrayal, every hateful act towards children returns tenfold a few decades later upon the historical stage, while every empathic act that helps a child become what he or she wants to become, every expression of love toward children heals society and moves it in unexpected, wondrous new directions." (De Mause. 2002)

Each adult in Aotearoa/ New Zealand needs to ask themselves in relation to the protection of children. "I whea koe i te tahuritanga o te rau o te kotukutuku, i te raratanga o te waha o te koekoea?". "Where were you at the time of the turning of the kotukutuku leaf, in the season when the continuous sound of the long-tailed cuckoo's voice was heard?". In other words, why did you not respond to the call to labour, in the spring of the year—digging time? (Pomare, n.d.).

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GLOSSARY

Glossary of Māori Words

Hapu	Sub tribe
Marae	Courtyard or complex of buildings for community gatherings)
Panui	Newsletter
Ropu	Group
Te Kohanga Reo	Language nest. Māori pre school
Te Tiriti O Waitangi	The Treaty of Waitangi
Whanaungatanga	Kinship
Whānau Ora	State of well-being defined by the family itself

Appendix 1: Questionnaire

This questionnaire has been developed by Kathy Kerr for the purpose of informing her M.A. thesis entitled “Should the reporting of suspected child maltreatment be mandatory in Early Childhood Centres in Aotearoa, New Zealand?”

Please circle your answer.

1. How long have you worked in Early Childhood Education?

1 < 1 year 2 1–5 yrs 3 5–10 yrs 4 10–20 yrs 5 20+

2. How long have you worked in your present workplace?

1 < 1 year 2 1–5 yrs 3 5–10 yrs 4 10–20 yrs 5 20+?

3. Do you hold a formal qualification in Early Childhood Education?

Yes. ☐ No ☐

4. If so, how long have you been qualified? _____yrs.

Please rank how confident or unconfident you feel about the following on a scale of 1 to 10 where 10 means “Very confident”, 1 means “Very unconfident” and 5 “confident”

5. How confident are you in being able to recognise suspected child maltreatment in your Centre.

Very unconfident	1	2	3	4	5	6	7	8	9	10	Very confident
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6. How confident are that you have received sufficient training to identify indicators of suspected child maltreatment.

Very unconfident	1	2	3	4	5	6	7	8	9	10	Very confident
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7. How confident are you that you have read your Centre's suspected child maltreatment policy.

Very unconfident	1	2	3	4	5	6	7	8	9	10	Very confident
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8. How confident are you that you have understood and can act on the child maltreatment policy.

Very unconfident	1	2	3	4	5	6	7	8	9	10	Very confident
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9. If someone else takes responsibility for all reporting, how confident are you that he/she will act on your concerns?

Very unconfident	1	2	3	4	5	6	7	8	9	10	Very confident
Not applicable											

10. How confident are you that you understand the work of Child Youth and Family and what will happen to any referral you might make.

Very unconfident	1	2	3	4	5	6	7	8	9	10	Very confident
------------------	---	---	---	---	---	---	---	---	---	----	----------------

11. Please list any concerns you have which would stop you reporting a case of suspected maltreatment

12. Please list any suggestions which would enhance your ability to report any concerns of suspected child maltreatment to CYF.

Appendix 2: Participant Information Sheet

Participant Information Sheet



Date Information Sheet Produced:

29.01.2011

Project Title

Mandatory reporting of child maltreatment in New Zealand Early Childhood Centres.

An Invitation

Hello, my name is Kathy Kerr and I am inviting you to participate in a research project that I am currently undertaking as a student enrolled in the Master of Arts degree at AUT University. My supervisor is Dr Teorongonui Josie Keelan, Dean Teaching and Learning (Mātauranga Māori) at Unitec.

The benefit I will derive from this research is to use it for my thesis which is the final requirement for the completion of my M.A.

I would like to know what you think about mandatory reporting. I have prepared a questionnaire which will be collated without identifying any individual or any specific centre. Your participation is entirely voluntary and of course you can withdraw from the process at anytime. By completing the questionnaire you indicate your consent to participate. A stamped addressed envelope for you to return the questionnaire thereby ensuring your anonymity is maintained.

What is the purpose of this research?

The purpose of this research is to find out what the views of some Aotearoa New Zealand Early Childhood Educators on the subject of introducing mandatory reporting of child maltreatment may be. I wish to understand the views of frontline staff.

I am also keen in stimulating a debate on this subject within the early childhood education sector and I want to publish my findings in early childhood education sector journals.

How was I identified and why am I being invited to participate in this research?

I have chosen early childhood centres within the Auckland area. Your Centre falls within this boundary. I believe it is important to have local current opinion to inform my research rather than relying on overseas data.

What will happen in this research?

I am asking Early Childhood Educators to fill out the questionnaire without consultation, in private, and then return the questionnaire in the stamped addressed envelope provided. The completed forms will not be shared with the manager of your Centre or any other staff involved in Early Childhood Education. The findings will be collated without any individual being identified or singled out. The findings will be incorporated into my thesis. If you do not wish to answer a question, you do not have to.

What are the discomforts and risks?

I understand there may be some anxiety about freely and honestly disclosing your opinions through the questionnaire. I seek to reassure you that confidentiality will be rigorously employed. However should the completing of this form trigger any issues for you regarding past or present cases you are most welcome to access counselling support at Auckland University of Technology Counselling Service. Any such access will remain completely confidential and is free of charge.

Contact details for the Counselling service are:

City Campus	North Shore Campus
Physical address WB219 in the Te Ara Poutama Building (WB), level 2 55 Wellesley Street East Auckland New Zealand	Physical address AS104, level 1 by the cafe 90 Akoranga Drive Northcote Auckland New Zealand
Postal address Private Bag 92006 Auckland 1142 New Zealand Phone +64 9 921 9992 Fax +64 9 921 9760 Email stella.mcfarlane@aut.ac.nz	Postal address Private Bag 92006 Auckland 1142 New Zealand Phone +64 9 921 9998 Fax +64 9 921 9728 Email stella.mcfarlane@aut.ac.nz

In addition you can contact Child Youth and Family to report the case. Their free phone number is 0508 FAMILY (0508 326 459).

Finally, you do not have to answer any questions that make you feel uncomfortable.

What are the benefits?

There are two main benefits from the research:

- The first is the provision of Aotearoa New Zealand material being added to the debate of mandatory reporting by frontline staff who work in this area every day.
- The second is the completion of my thesis that will enable me to graduate.

What are the costs of participating in this research?

You will be asked to give between thirty minutes to one hour of your time to complete the questionnaire. This should be plenty of time to contemplate the questions posed.

How do I agree to participate in this research?

If you have contacted me in response to an advertisement, I will have sent you this information sheet and a questionnaire. By completing the questionnaire you indicate

your consent to participate in this research. You can return the questionnaire in the stamped and self-addressed envelope that will also be provided.

Will I receive feedback on the results of this research?

A summary of the findings will be available to you on the AUT Scholarly Commons website at <http://aut.researchgateway.ac.nz/>

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Teorongonui Josie Keelan, jkeelan@unitec.ac.nz ph 8154321 ext 6201

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEK, Dr rosemary Godbold, rosemary.godbold@aut.ac.nz, 921 9999 ext 7772.

Whom do I contact for further information about this research?

Researcher Contact Details:

You can contact me Kathy Kerr : kathleen.kerr@xtra.co.nz Ph.0274040636

Project Supervisor Contact Details:

Project Supervisor: *Dr Teorongonui Josie Keelan*

Phone:815 4321 ext 6201

Email: jkeelan@unitec.ac.nz

**Approved by the Auckland University of Technology Ethics Committee on
*19/3/2012. AUTEK Reference number : 11/255***

Appendix 3: Memorandum



MEMORANDUM

Auckland University of Technology Ethics Committee (AUTEC)

To: Teorongonui Keelan
From: **Dr Rosemary Godbold** Executive Secretary, AUTEC
Date: 19 March 2012
Subject: Ethics Application Number 11/255 **Mandatory reporting of child maltreatment in New Zealand early childhood centres.**

Dear Teorongonui

Thank you for providing written evidence as requested. I am pleased to advise that it satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC) at their meeting on 26 September 2011 and I have approved your ethics application. This delegated approval is made in accordance with section 5.3.2.3 of AUTEC's *Applying for Ethics Approval: Guidelines and Procedures* and is subject to endorsement at AUTEC's meeting on 16 April 2012.

Your ethics application is approved for a period of three years until 19 March 2015.

I advise that as part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/research/research-ethics/ethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 19 March 2015;

- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/research/research-ethics/ethics>. This report is to be submitted either when the approval expires on 19 March 2015 or on completion of the project, whichever comes sooner;

It is a condition of approval that AUTECH is notified of any adverse events or if the research does not commence. AUTECH approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are reminded that, as applicant, you are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

Please note that AUTECH grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to make the arrangements necessary to obtain this. Also, if your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply within that jurisdiction.

To enable us to provide you with efficient service, we ask that you use the application number and study title in all written and verbal correspondence with us. Should you have any further enquiries regarding this matter, you are welcome to contact me by email at ethics@aut.ac.nz or by telephone on 921 9999 at extension 6902. Alternatively you may contact your AUTECH Faculty Representative (a list with contact details may be found in the Ethics Knowledge Base at <http://www.aut.ac.nz/research/research-ethics/ethics>).

On behalf of AUTECH and myself, I wish you success with your research and look forward to reading about it in your reports.

Yours sincerely

Dr Rosemary Godbold

Executive Secretary

Auckland University of Technology Ethics Committee

Appendix 4: Participant Information Sheet

Participant Information Sheet



Produced for Interviewees.

Date Information Sheet Produced

18/11/2012

Project Title

Mandatory Reporting of suspected child maltreatment in Early Childhood Centres.

An Invitation

My name is Kathy Kerr and this research will contribute toward the thesis for my M.A. majoring in Youth Development.

I have conducted some research of the opinions of early childhood educators, through the use of a questionnaire, on the subject of whether the reporting of suspected child maltreatment in their centres should be made mandatory with a view to improving better outcomes for our young people of the future. I now wish to supplement that research with a discussion using your expert opinion to inform that discussion.

What is the purpose of this research?

The results of this research will be used to write a thesis which will lead to the completion of my M.A. majoring in Youth Development.

How was I identified and why am I being invited to participate in this research?

I am seeking participants, who have an established a profile of expertise in the field of child advocacy in Aotearoa, New Zealand. I am seeking an authentic Aotearoa voice to this research.

What will happen in this research?

The research involves an interview revolving around seven questions which discuss mandatory reporting and the causal links between early interventions in suspected child maltreatment leading to positive youth development. I would like to name and quote your views in the thesis. I would like to record the interview to ensure accuracy.

What are the discomforts and risks?

I understand there may be some anxiety about your views being misrepresented. If you do not wish to answer any particular question you do not have to do so.

How will these discomforts and risks be alleviated?

It is expected that by recording the interview I can produce an accurate representation of your opinion. I can provide a draft copy of your views prior to publication for your approval.

What are the benefits?

Much of the current debate is informed by overseas research from countries where mandatory reporting of suspected maltreatment is already in place. It will be invaluable to ascertain the views of local experts who do not work with mandatory reporting at this juncture, but know the prospect of this changing has been raised by the current Minister of Social Development.

The completion of my thesis is the final step toward completing my M.A.

What are the costs of participating in this research?

The cost of participation in this research is approximately thirty minutes of your time in the initial interview, and any proofing you may wish to make of the finished outcome.

What opportunity do I have to consider this invitation?

An emailed invitation to participate provides an opportunity to consider your willingness to participate.

How do I agree to participate in this research?

An affirmative reply to an emailed invitation will be the first step. A consent form and participants sheet will be provided. A time for the interview at your convenience will be agreed upon thereafter.

Will I receive feedback on the results of this research?

Yes, electronic feedback will be available to participants upon request once the thesis is completed.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor.

Dr Teorongonui (Josie) Keelan, MA (Hons), PhD.

Email: jkeelan@unitec.ac.nz

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTECH, Dr Rosemary Godbold, rosemary.godbold@aut.ac.nz , 921 9999 ext 6902.

Whom do I contact for further information about this research?

Researcher Contact Details:

Kathy Kerr. Kathleen.kerr@xtra.co.nz

Ph: 0274040636.

Project Supervisor Contact Details:

Project Supervisor: Dr Teorongonui Josie Keelan

Phone: 815 4321 ext 6201

Email: jkeelan@unitec.ac.nz.

**Approved by the Auckland University of Technology Ethics Committee on
26/11/2012**

AUTEC Reference number 11/255

Appendix 5: Memorandum



A U T E C
S E C R E T A R I A T

26 November 2012

Teorongonui Keelan

Te Ara Poutama

Dear Teorongonui

Re: 11/255 Mandatory reporting of child maltreatment in New Zealand early childhood centres.

Thank you for your request for approval of an amendment to your ethics application.

I have approved minor amendments to your ethics application allowing interviews..

I remind you that as part of the ethics approval process, you are required to submit the following to ATEC:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/research/research-ethics/ethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 19 March 2015;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/research/research-ethics/ethics>. This report is to be submitted either when the approval expires on 19 March 2015 or on completion of the project.

It is a condition of approval that ATEC is notified of any adverse events or if the research does not commence. ATEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are

provided to participants. You are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to obtain this. If your research is undertaken within a jurisdiction outside New Zealand, you will need to make the arrangements necessary to meet the legal and ethical requirements that apply there.

To enable us to provide you with efficient service, please use the application number and study title in all correspondence with us. If you have any enquiries about this application, or anything else, please do contact us at ethics@aut.ac.nz.

All the very best with your research,



Dr Rosemary Godbold

Executive Secretary

Auckland University of Technology Ethics Committee

Cc: Kathy Kerr kathleen.kerr@xtra.co.nz

Appendix 6: Schedule of Questions for Experts

1. What do you consider to be important ingredients toward building positive outcomes for young people?
2. What are your views around participation in early childhood education?
3. What is your opinion about introducing mandatory reporting?
4. What are your views around the need for early intervention for children exposed to abuse?
5. What is your opinion as to why NZ has an usually high violence threshold-linking with ODARA scores?
6. What is your opinion regarding the move toward collaborative approach in working with families?

Appendix 7: Consent Form

Consent Form



For use when interviews are involved

Project title: Mandatory Reporting of Suspected Child Maltreatment in Early Childhood Centres.

Project Supervisor: Dr. Teorongonui (Josie) Keelan.

Researcher: Kathy Kerr

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated : 18/11/2012
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.
- ☐ If I withdraw, I understand that all relevant information including tapes and transcripts, or parts thereof, will be destroyed.
- ☐ I agree to take part in this research.
- ☐ I wish to receive a copy of the report from the research (please tick one):
Yes ☐ No ☐

Participant's Signature:

.....

Participant's Name:

.....

Participant's Contact Details (if appropriate):

.....

.....

.....

.....

Date:

Approved by the Auckland University of Technology Ethics Committee on 26/11/2012
AUTEC Reference number : 11/255

Note: The Participant should retain a copy