

The White Paper for Vulnerable Children: Summary and implications for NZNO

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Introduction

The White Paper for Vulnerable Children was published in October 2012 by the Minister for Social Development at the time, Paula Bennett. The White Paper was preceded by publication of the Green Paper for Vulnerable Children, a consultation paper that sought significant input from across the country into actions designed to prevent child abuse and neglect. NZNO made a substantial submission on the Green Paper and the key aspects of this submission are noted in Appendix 1. This paper summarises the key elements of the White Paper (Volumes I and II) and outlines the implications for NZNO and the regulated nursing profession¹ in general.

¹ Regulated nursing profession refers to registered nurses, enrolled nurses and nurse practitioners. The term ‘nurse’ or ‘nursing’ used in this document refers specifically to the regulated nursing profession.

The White Paper

The White paper has been published in two volumes and both are available here: [Volume I](#) and [Volume II](#). There is also a [Children's Action Plan](#). Volume I outlines the proposed actions in brief and Volume II provides the evidence behind the proposed actions. Detailed analysis of Volume II can be found in Appendix 2. The action plan outlines the timeframe in which actions will be undertaken.

Volume I – key points

- > The focus of the paper is very much on vulnerable children to the exclusion of any other child who does not meet the definition now provided in the White Paper:

Vulnerable children are children who are at significant risk of harm to their wellbeing now and into the future as a consequence of the environment in which they are being raised and, in some cases, due to their own complex needs. Environmental factors that influence child vulnerability include not having their basic emotional, physical, social, developmental and/or cultural needs met at home or in their wider community.

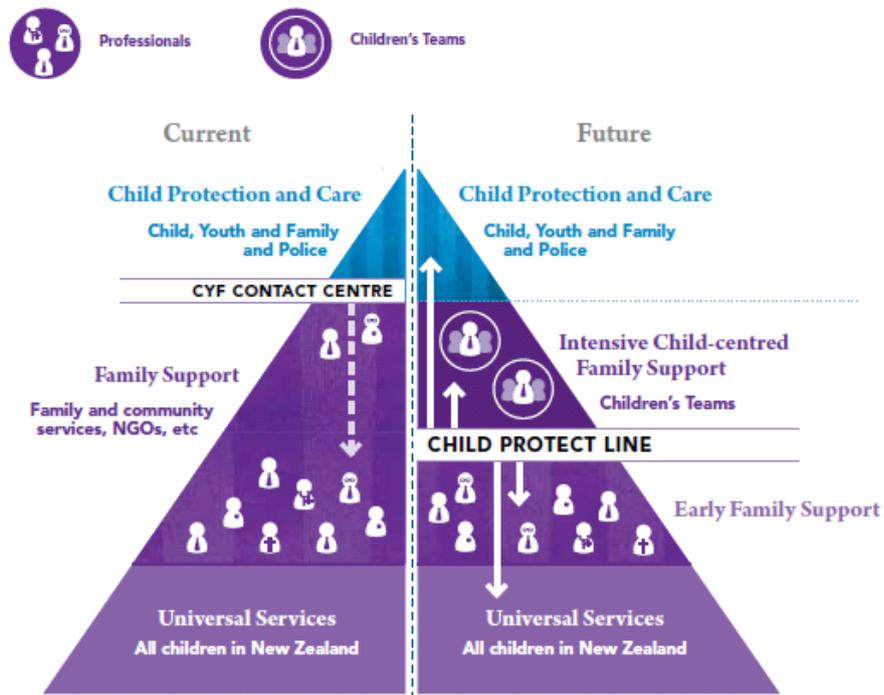
- > Children are intended to be at the centre of everything that is done – the White Paper is calling this ‘a traditional Māori view of children’.
- > Mandatory reporting is NOT going to be legislated for, instead agencies that work with children must have policies and a code of practice for recognising and reporting suspected child abuse and neglect, and all front-line public sector staff will be trained to recognise the signs of abuse and neglect in children by 2015.
- > A ‘Child Protect’ telephone line will be established by the end of 2014 to take all calls about at-risk children (email, text and online reporting will also be available) – calls will be taken by trained people.
- > A public campaign will be launched by the end of 2014 that aims to increase public awareness of child abuse and neglect and how to take action.
- > A new information system will be developed by the end of 2014 which will record all information about at-risk children or families. The proposed database will be accessible by ‘relevant’ professionals who will be able to both read and input information. An associated code of conduct for those using the database will be developed and used concurrently – there appears to be no allowance for consultation and trialling of the proposed code..
- > A risk predictor tool is under development and will be available for professionals to use to assess at-risk children.
- > Each individual child identified as vulnerable will have a multi-agency plan developed and implemented. Responsibility for enacting the plan will lie with an identified lead professional.
- > A new multi-agency structure comprising a regional children’s director who will oversee local children’s teams will be established. the children’s director will be responsible for appointing lead professionals.

- > Age appropriate risk and vulnerability assessment tools will be developed for use by professionals.
- > Funding will be shifted from existing services that are having 'less' impact to those that have been identified as 'achieving more for vulnerable children'.
- > Work will be undertaken that will look at how Family Start and the well child/tamariki ora programmes can be better integrated (within six months).
- > The new Social Policy Evaluation and Research Unit (SuPERU) in the Families Commission will examine research-based ways to improve outcomes for vulnerable children, starting with effective parenting programmes and reporting by the end of 2013.
- > A cross-agency care strategy will be developed within six months to ensure children already under the care and protection of CYFS receive optimum care.
- > A register of pre-approved iwi caregivers will be established before the end of 2013 to help children who are in the care and protection of CYFS to remain within their iwi where possible.
- > All people who work with children, including volunteers who work with children alone, will be subject to new vetting and screening processes within six months
- > A tiered set of core competencies and minimum quality standards will be developed for all those working with children by the end of 2015.
- > By the end of 2013, legislation will be introduced to allow the court to make:
 - child abuse prevention orders that will restrict the activities of people who pose a high risk to children; and
 - special guardianship orders to ensure safe and stable permanent care for children who have been removed from their parents.
- > Mentoring of children by interested adults as a means of supporting them to achieve is to be promoted within six months.
- > An independent trust will be established to support awards and scholarships for vulnerable children to succeed in school (six month time frame).
- > An independent review into how the Ministry of Social Development handles complaints about actions taken under the Children, Young Persons, and their Families Act will be commissioned within six months.

Volume II – key points

A full summary of each chapter of volume 2 can be found in Appendix 2.

- > The proposed new structure for care and intervention for vulnerable children is outlined in the following diagram taken from Volume II (page 4):



- > Of particular note is the proposed governance structure that will oversee the above (see over page). It remains to be seen how effective adding further layers of bureaucracy will be.

White Paper Governance



MINISTERIAL OVERSIGHT GROUP



Chair

Chaired by the Minister for Social Development, and comprising the Ministers of Finance, Justice, Health, Education, Police and Whānau Ora.

Vulnerable Children's Board



Chair

Chief Executives of Ministry of Social Development (Chair), the Ministry of Health, the Ministry of Education, the Ministry of Justice, the Police, the Ministry of Business, Innovation, and Employment (Housing) and Te Puni Kōkiri.

Joint responsibility for achieving results through:

- collective advice to Ministers on overall strategy and resource allocation.
- individual responsibility (as a member of the collective) for ensuring implementation of the White Paper.

National Director for Vulnerable Children



Regional Children's Directors

National Director will be accountable to the Vulnerable Children's Board for establishing regional arrangements, including regional directors.

Regional Director will provide strategic leadership by:

- acting as a conduit between Children's Teams and Vulnerable Children's Board
- acting as advocate/arbitrator for Children's Teams – Intervening with other agencies and quickly escalating where necessary
- reporting on outcomes of children in their region, both publically and to Ministers
- taking responsibility for other social sector provider contracts in their areas
- reporting to the Vulnerable Children's Board on provider performance and impact across the vulnerable children/social sector

Leader



Professionals from the health, education, justice and social service sectors.

Better results achieved through comprehensive, coordinated system with clear roles:

- 'Whole of child' assessment to determine strengths and needs.
- All parties required to address those strengths and needs are brought to the table.
- Cross agency plans with specific roles and services across agencies.
- Lead professional to coordinate delivery across agencies.

A full summary of each chapter from Volume II can be found in Appendix 2.

Implications for nursing

- > Disappointingly there is little mention of nurses or nursing in the White Paper despite the strong evidence of effective interventions made by nurses with vulnerable families (e.g. the Family Nurse Partnership programme and the Triple P parenting programme).
- > In addition, little mention is made of the importance of addressing poverty as a key determinant of vulnerability for children. Nurses must continue to ensure vulnerable children and families are assessed and effective interventions put in place that address the broader determinants of health regardless of the lack of strategy in the White Paper.
- > For those nurses working in organisations that do not already have child protection policies, it will be important to ensure these are developed and implemented. This will also be a good opportunity for those organisations that do have policies in place to review these and ensure they meet best practice standards.
- > Nurses must be aware of the development of new interventions being put into place such as the information system and 'Child Protect' telephone line. Those nurses who work with vulnerable children must have access to the new information system and it will be important that nurses advocate for this access to occur.
- > Nurses should be involved in developing, testing and implementing risk and vulnerability assessment tools and must advocate strongly to ensure this involvement.
- > Nurses may well be ideally placed in their work with children and families to take on roles as lead professionals. Nurses must position themselves to be able to take on this role and be supported by their organisations to do so.
- > Shifting of funding from existing programmes that have not demonstrated improved outcomes for vulnerable children is likely to occur. Nurses currently involved in initiatives to support children and their families, that have not demonstrated improved outcomes or that rely on poor evidence, may be at risk of job loss.
- > Nurses who work with children will be subject to the new vetting and screening processes to be put in place for people who work with children. Organisations should have systems in place to ensure any new process is able to be implemented quickly and effectively and as a matter of course.

Implications for NZNO

- > NZNO must continue its work in promoting the visibility and value of nursing practice generally as well as looking at specific practice areas such as nurses working with children and the role of nurses in these areas.
- > NZNO must continue to advocate for government policies that address the specific issue of poverty.
- > NZNO must continue to advocate and educate nurses to ensure the determinants of health are assessed and appropriate interventions and referrals are made to help alleviate the effects of poverty.
- > NZNO should provide support and advocacy for nurses who work with children and their families to be involved in developing new assessment tools, competency frameworks, and the proposed code of conduct. This may include press releases,

ensuring nurses are knowledgeable and involved in working parties, and any other relevant policy work.

- > NZNO should advocate and support nurses to become lead professionals where appropriate.
- > NZNO may need to provide support and advocacy for nurses at risk of job loss due to anticipated funding changes in the sector.
- > The significant lack of detail regarding what services are likely to be cut as a result of the recommendations in the White Paper is concerning. While the SuPERU is charged with reviewing current parenting programmes, there is little to suggest robust analysis of other existing child programmes is likely to occur. There is a significant risk that such programmes may be cut without due analysis of outcomes – particularly given that evaluation of such programmes is rarely included in government funding and therefore rarely undertaken, leaving providers with little evidence to support what is often much-needed, grassroots work with vulnerable children and families.
- > Overall, a narrow focus, little strategy on the prevention of vulnerability, a lack of analysis on future need, and poorly articulated funding mechanisms significantly limit the White Paper. A huge opportunity to develop a strategy that could have benefited all New Zealand children has been lost.

Appendix 1: Summary of NZNO submission on the Green paper for vulnerable children

In February 2012, NZNO made a substantial submission to the Ministry of Social Development on their Green Paper for Vulnerable Children. The submission was based on the following principles:

- > all tamariki have the right to a life free from violence, abuse and neglect²;
- > all children have the right to have their physical, emotional, developmental, and spiritual needs met, and to grow up in a supportive and nurturing environment;
- > addressing the broader social and economic determinants of health (including, for example, increasing the minimum wage, addressing housing issues, and improving employment opportunities) is a pre-requisite for supporting tamariki;
- > preventative approaches to health and social issues are a requirement for long-term success in supporting all tamariki;
- > investing in child health now, will have long-term economic, social and physical benefits for all New Zealanders;
- > collaborative, cross-sectoral approaches to child health and wellbeing are essential for improving child outcomes; and
- > the Tiriti o Waitangi provides a framework for addressing inequalities in health.

These principles then informed NZNO's specific recommendations. In general, NZNO and Te Runanga **agreed** with the following aspects of the Green Paper:

- > the development of a children's action plan;
- > the use of an evidence-based approach to piloting and independent evaluation of those programmes and services that have proven effective overseas, for their suitability in New Zealand;
- > the independent evaluation of home-grown programmes and services and show promise;
- > increased funding for evidence-based early intervention programmes;
- > development of a 'child first' policy;
- > developing and implementing a set of common principles and standards to guide those working with tamariki; and
- > mandatory information sharing between agencies.

NZNO and Te Runanga did **not agree** with the following aspects of the Green Paper:

- > a focus on 'vulnerable' children, which is limiting and will mean some children will miss out;
- > removing funding from existing child services to fund targeted services; and
- > mandatory reporting of child abuse/neglect.

² New Zealand is a signatory to the United Nations Convention on the Rights of Children (UNCROC) adopted by the United Nations in 1989 and ratified by Aotearoa/New Zealand in 1993. The rights outlined in the UNCROC form the basis of the principles upon which this submission is made.

A full list of recommendations from NZNO's submission on the Green Paper can be found here: [NZNO submission on the Green Paper for Vulnerable Children](#), however a summary of the key recommendations is as follows:

- > remove the term 'vulnerable' and focus child policy on all tamariki regardless of social, ethnic or income group;
- > ensure approaches to working with children are based around a whānau ora model;
- > reach cross-party agreement among all political parties on approaches to child health and well-being that include appropriate levels of funding and commitment to long-term outcomes;
- > appoint a full-time nurse in every New Zealand school and early childhood centre;
and
- > address the social determinants of health, such as poor housing and low incomes as this will have the greatest impact of any intervention on improving outcomes for tamariki.

Appendix II: Summary of Volume II

Chapter 1: Child vulnerability

- > The chapter starts by stating that all children are vulnerable but goes onto qualify this toward the end of the chapter, with the definition of vulnerable child that forms the basis for the White Paper and is listed above.
- > This chapter describes the processes of neurological development in the early years and highlights the role of parents in nurturing their children:
 - The most important aspect here is acknowledgement that positive experiences during the early years of life will lay the pathways for positive development, whereas negative experiences, stress or trauma, will compromise development – there is a clear link between biology and development.
 - Positive parenting behaviour, including the development of attachment during infancy and authoritative parenting during early childhood, lay the foundations for healthy development.
- > A range of specific threats to healthy development are identified:
 - Poor maternal health behaviours in pregnancy
 - Poor maternal mental health
 - Parental substance abuse
 - Parental antisocial behaviour and criminality
 - Material hardship and financial stress (poverty)
 - Malnutrition
 - Exposure to violence in the family
 - Recurrent child maltreatments
- > The chapter presents data on New Zealand children's exposure to the above risk factors and notes that a quarter of children were living in households with more than three risk factors and six per cent live in households with five or more risk factors. The paper also notes that one in five children live in poverty in New Zealand.
- > A range of protective factors are detailed that may protect children from the risks outlined above:
 - parental-child attachment
 - positive parenting
 - family stability
 - social support
 - social capital
 - parents' knowledge about child development
 - family traits and practices, including cohesion, belief systems, coping strategies and communication patterns
 - cultural identity
 - community cohesion
 - high-quality early childhood education centres and schools.
- > The chapter concludes with a detailed examination of the vulnerability of children to maltreatment, including definitions of the differing types of abuse, and risk factors for the maltreatment of children, including risk factors in parents and caregivers,

risk factors in the child, relationship factors, community factors, and societal factors.

Chapter 2: Preventing vulnerability

- > The chapter begins by noting that prevention is the starting point for protecting children and promoting their health and development, and that future economic and social success is dependent on healthy, nurtured and well-educated children.
- > Prevention is defined as occurring along a continuum of universal, selective and indicated.
- > Evidence for effective prevention is included such as:
 - Ensuring an ecological approach (recognising the interplay of individual, family, community and society in the health and well-being of the individual);
 - The role of parents, family, whānau and other networks in nurturing and developing children – NZ parents are identified as more likely to use informal networks for parenting advice;
 - The role of safe and supportive communities (little evidence of support for developing these in the White Paper);
 - Public marketing campaigns (no evidence for the effectiveness of these in the prevention of maltreatment is presented, but evidence of effectiveness in other areas such as family violence and smoking cessation is).
- > Selective prevention is mooted as an effective approach, based on international research.
- > Universal services are identified as important in preventing children's vulnerability through early identification and referral to more intensive services.
- > The following other services are identified as having a key role in preventing vulnerability through the above mechanism and also through specific intervention:
 - Maternal antenatal care (note that midwifery care is funded but antenatal education and associated peer support is not universally funded)
 - Early childhood education
- > The Nurse Family Partnership programme is identified as specifically effective in preventing vulnerability (but no mention of how this may be utilised in New Zealand)
- > Early Start (which is a NZ-based programme) is also singled out as having good outcomes but again no evidence of how this could be rolled out is included in the White Paper.
- > The White Paper does note that vulnerability needs to be addressed at all levels: child, parent, community and government and that parental responsibility, universal services and improving social and economic environments are necessary to achieve this (and yet the paper largely ignores the issue of poverty in terms of actions to address vulnerability).
- > The two key responses noted in the Paper for preventing vulnerability are to improve support to parents through undertaking a review of current parenting support initiatives (SuPERU review noted above) and implementing a public awareness initiative.

- > The chapter also notes the Better Public Service targets and other agency initiatives such as improved maternity support, violence intervention programmes, free care for under six year olds, the healthy homes programme, and current welfare reforms as initiatives that prevent vulnerability. While agreeing that some of these initiatives do prevent vulnerability, many come too late to make any difference.

Chapter 3: Targeting to reduce vulnerability to maltreatment and improve outcomes

- > This chapter justifies targeting of interventions as the main approach to reducing vulnerability.
- > The focus is on:
 - Identifying the human and fiscal consequences and impacts of child maltreatment;
 - The advantages and disadvantages of universalism and evidence-based targeting;
 - The identification of two key target groups to reduce the extent and impacts of child abuse and neglect.
- > The chapter argues that children who are already being maltreated or are prone to maltreatment are an important subgroup and that targeted interventions will be most beneficial for this group. In particular the two priority groups identified for targeted intervention are:
 - Children who have been significantly maltreated and are currently receiving a statutory care and protection response as a consequence;
 - Children who are not currently receiving a statutory care and protection intervention but who have been identified as at risk of maltreatment (these children will be identified in government records using statistical risk modelling – see chapter 4).
- > Targeted interventions are identified as potentially harmful if applied to those who do not need them. For example, intensive investigation or intervention can impair parental confidence and competence, or weaken existing support structures.
- > The chapter summarises current statistics regarding child maltreatment in New Zealand and compares this with international figures (pages 58-59).
- > It then summarises the impacts of child maltreatment under the following headings:
 - Health impacts
 - Crime and justice impacts
 - Cognitive development and educational impacts
 - Employment and earnings impacts
 - Family and intergenerational impacts
- > The chapter commits to a 'public good' investment in a base level of service provision - it is of concern that although well child 'parent advice and education' is mentioned along with highly subsidised or free access to health and maternity services for expectant women, immunisation and primary medical care for children, ECE and compulsory schooling, there is no mention of the current well child screening, surveillance, education and support service offered under the current well child/tamariki ora framework. Whether this is simply included under 'parent advice and education' or is an intentional omission is unknown.

- > The paper continues by describing a cascading service delivery, whereby access becomes progressively more specialist and targeted, however noting that this system often still fails to reach those hardest to reach families.
- > Disadvantages and advantages of universalism are included. Of note, is reference to 'middle class capture' (page 63) which appears to be a direct reference to Plunket, although could be accurately applied to the current primary care system in general.
- > The chapter advocates for 'smart' targeting, ie ensuring resources are appropriately committed where they can make the greatest difference.
- > The chapter finishes by advocating for understanding how child maltreatment is associated with poorer outcomes in later life as important in targeting interventions and offers evidence for this.

Chapter 4: Identifying children in the target populations

- > This chapter outlines how the two priority intervention groups identified in the previous chapter will be more effectively identified through:
 - Enabling professionals to better recognise and act on signs of concern;
 - Simplifying and clarifying how to report concerns around child safety; and
 - Improving processes for information sharing between professionals working with children and their families and whānau.
- > The chapter provides the evidence and rationale for not introducing mandatory reporting (no evidence for its efficacy) and for the following proposed interventions:
 - Introduction of the 'Child protect' line for all concerns and enquiries from members of the public, health professionals and others;
 - Improved information sharing (through development of a shared access database);
 - The use of common, evidence-based predictive risk assessment tools;
 - The requirement that organisations that work with children have in place child protection policies covering the identification and reporting of child abuse and neglect.

Chapter 5: Responding to children at risk of maltreatment (page 82)

- > This chapter provides the background to the implementation of the following initiatives:
 - more effective assessments of children's risks, needs and strengths;
 - more effective inter-agency working; and
 - more effective planning, funding and contracting of services.
- > The chapter argues that children at risk of maltreatment are likely to have multiple and interrelated needs that existing assessments by different and need-specific agencies may not meet, and more comprehensive assessments and interventions are required.

- > There is particular comment on the ad hoc manner in which current services are provided and funded – page 84
- > There is a note that evaluation of existing services has been limited and must be improved.
- > Evidence of effective international and local programmes is noted, including the following:
 - Integrated assessment frameworks:
 - Framework for the Assessment of Children in Need and their Families (UK)
 - Common Assessment Framework (UK)
 - Multi-agency responses:
 - Family Intervention Projects (UK)
 - Lead professionals (UK)
 - The Family Nurse Partnership programme (US)
 - Early Start (NZ)
 - Triple P Parenting Programme (US and NZ)
 - The Incredible years (NZ and others)
- > Examples of how other countries are prioritising access to services for children at risk, including incentivising service providers, is included.
- > The importance and effectiveness of involving the community in service planning and delivery is noted, as is the importance of ensuring practitioners take a community development approach – it will be essential this approach is included in any training offered to providers; there is no specific mention of this approach in the section on training of health professionals.
- > The White Paper proposes the following approaches to responding to children at risk:
 - establishment of children’s teams who will develop a ‘whole-of-child’ plan based on a new ‘Common Assessment Framework’;
 - appointment of lead professionals to oversee implementation of the ‘whole-of-child’ plan;
 - mandate interagency working through legislative change (page 97);
 - establishment of Child Protect contact centre; and
 - SuPERU evaluation of existing programmes as well as internationally recognised programmes.

Chapter 6: High-performing child protection services

- > This chapter outlines the changes that are proposed for the Child, Youth and Family Service. Key changes proposed are listed on page 106 – there is a particular focus on early intervention and improving the family group conference process.
- > The chapter notes the increasing number of referrals to child protection services over recent years and the demand for services. While improving child protection services is important, this will do nothing to reduce the number of referrals or demand for services.
- > Specific interventions to improve services include:
 - Improving child protection services by:
 - intervening earlier;
 - improving CYFS assessments of children and young people;

- strengthening the family group conference process; and
- strengthening parental obligations and timeframes in relation to family group conferences and court processes
- Establishing a new, multi-agency strategy for children and young people in care and as a result:
 - improving current practices for children in care through better assessment, care planning, monitoring, review and transition, and increasing care options for children in care;
 - reviewing legal provisions to ensure quality, stable and timely permanency outcomes;
 - establishing new guardianship orders for ‘Home for Life’ caregivers;
 - paid parental leave for principal caregivers in permanent fostering arrangements; and
 - financial assistance available to family/whānau carers within the benefit system.
- Improving Child, Youth and Family Service’s responsiveness through:
 - an independent review of complaints processes relating to Child Youth and Family Services; and
 - strengthening CYFS’s workforce capabilities

Chapter 7: The management of serious abusers

- > In this chapter, the Government outlines its plans to take action to prevent people assessed as posing a high risk to children having contact with them.
- > Such adults include those who:
 - have had children already removed from their care;
 - adults with a history of perpetrating abuse who enter relationships with parents, potentially posing a risk to their children; and/or
 - adults who have been suspected of physical or sexual abuse or other offences who remain at high risk of perpetrating harm against children.
- > Current limits to agencies’ ability to share information on suspected or convicted child abusers are problematic.
- > Despite evidence from the US, cited in the chapter, that offender management policies are discouraging, as only about 10 per cent of offenders re-offend, instead of suggesting more effective preventative measures, the paper suggests more targeted intervention with those identified as at ‘high risk’ of re-offending, and increasing the likelihood that the offender will get caught (situational crime prevention).
- > The White Paper proposes:
 - Introduction of Child Abuse Prevention Orders which will be made against people who are convicted of, or are found, on the balance of probabilities to have committed an offence against a child (such an order may also be made applied for by the Commissioner of Police, CEO of the Department of Corrections or Ministry of Social Development) – pages 139-140 outline the specifics;
 - Greater monitoring of high-risk adults;
 - Improving vetting and screening processes for all those working with children. (see chapter 8);

Chapter 8: The children's workforce

- > This chapter outlines how those who work with children will be upskilled through the development of tiered standards and competencies. In addition, the chapter proposes greater promotion of social-worker registration and better processes for vetting and screening within the workforce.
- > Examples are given of members of the core and wider workforce who work with children. Nurses are not included in either list.
- > The cultural diversity of the workforce is noted as a strength.
- > Issues with the current workforce are noted as:
 - The breadth and range of the workforce poses challenges to ensure consistent levels of skill, knowledge and expertise;
 - The ability of the workforce to respond to the needs of children if the skill, knowledge and expertise required is not present – particularly in the social worker workforce where registration is limited;
 - Inconsistent approaches to screening of employees;
- > A range of skills and competencies for those working with children are outlined (pages 146 and 148).
- > The chapter suggests the proposed development of standards and competencies, improved screening processes and promoting social worker registration is a comprehensive programme of workforce reform that will result in improved care of vulnerable children.
- > It Nurses must be involved in developing the new standards and competencies.

Chapter 9: Governance, accountability and legislation

- > The chapter starts by noting that one of the central principles of the White Paper is shared responsibility for vulnerable children and the need for all agencies to work in an integrated way.
- > To achieve the goals of an integrated, multi-service approach to supporting vulnerable children the Government will establish:
 - A Vulnerable Children's Board;
 - regional children's directors and local children's teams.
- > There is a critique of the current public service approach of 'single purpose' organisations that result in departmentalism and a silo-based attitude.
- > There is evidence in the chapter of how some current programmes, eg Strengthening Families, have been frequently ineffective, due to a lack of support, recognition and prioritisation of the programme at the government level.
- > These issues sit behind the White Paper response to governance and legislation, namely:
 - The establishment of the Vulnerable Children's Board (comprising the CEOs of the MSD, MoH, MoE, MoJ, NZ Police, MoBIE (housing) and Te Puni Kōkiri. The board will report to a Ministerial Oversight Group chaired by the Minister of Social Development and will make decisions regarding re-prioritising funding;
 - The board will also appoint the National Director for Vulnerable Children who, in turn, will oversee the regional children's directors who will oversee the children's teams.
 - A Vulnerable Children's Bill will be introduced in 2013 that will set out the responsibilities of agencies and professionals, give effect to the structure

outlined above, and support improvements in the care and protection system. The Children, Young Persons and their Families Act (1989) will remain in effect also.

- > Various diagrams that outline the proposed bureaucratic structure are provided on pages 167-168.

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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