ETHICAL ISSUES FOR MĀORI IN PREDICTIVE RISK MODELLING TO IDENTIFY NEW-BORN CHILDREN WHO ARE AT HIGH RISK OF FUTURE MALTREATMENT

Anton Blank

Fiona Cram

Tim Dare

Irene De Haan

Barry Smith

Rhema Vaithianathan

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INTRODUCTION

The 2012 White Paper for Vulnerable Children acknowledges that children "who are at greatly elevated risk of maltreatment … require more intensive and cross-cutting interventions to address the depth and breadth of vulnerabilities they present" (p.58). In order to intervene early to mitigate the risk of maltreatment, the White Paper includes a proposal to use predictive risk modelling (PRM) tools to assist professionals in identifying children who are at risk of abuse or neglect. The goal of using PRM tools is to support an early preventive intervention strategy. The implementation of PRM tools is subject to the outcomes of a feasibility study, ethical evaluation and trialling.

The White Paper proposed that the PRM tools would be linked to an information-sharing platform for those children identified as being at risk above a certain threshold (i.e. just below that which would require a statutory care and protection response). Children's Teams, composed of key community professionals from welfare, health, education and justice sectors, would be able to access this information to "ensure that children at risk of maltreatment are identified early, have their needs and strengths assessed, and receive services to achieve outcomes" (p.3). A key outcome is the prevention of harm, distress and trauma that might be suffered by these children and their whānau and families.

Families and whānau would be offered more intensive, child-centred family support, and the risk assessment could facilitate priority access to services for whānau and families. The

White Paper also proposed that PRM tools would not be the only source of referral to Children's Teams. Referrals would also be made by front-line professionals, with PRM tools augmenting professional judgements (New Zealand Government, 2012). Identified children would have their needs assessed by the Children's Teams and a plan developed for coordinated service delivery to assist each child and their whānau or family in order to alleviate risk. An essential prelude to the development of such plans is a thorough, comprehensive assessment that enables whānau and families to discuss their difficulties and needs. Salomen and Sturmfels (2010) emphasise that the outcome of this kind of assessment is dependent on the quality of the relationship developed between the practitioner and the whānau or family.

At this stage the PRM tool is only in an initial exploratory phase and as such is only a theoretical possibility with no specific decisions or timelines on whether it will ever be used. As part of the background work on PRM the Ministry of Social Development (MSD) commissioned two ethical evaluations. The first evaluation (Dare, 2013), by Tim Dare (an Associate Professor of Philosophy at The University of Auckland), outlines the main ethical issues involved with implementing PRM. In his review (the *Dare Review*) he catalogues a number of important potential sources of harm that could be created with the application of PRM, and methods of mitigating such harm. Dare argues that in the case of PRM we ought to be "balancing" competing and complementary moral perspectives – and that there is no one approach (for example, a rights-based approach) that should be granted *ipso facto* primacy.

The second evaluation, presented here, provides a Māori ethical review of the PRM tool. The starting point for this review is *Te Ara Tika* (Hudson et al.), a Māori health research ethics review framework. Discussion of relevant ethical issues raised in the *Dare Review* and by Māori commentators is incorporated into an adaptation of this framework for the review of PRM. It is particularly appropriate that there be a Māori ethical review in the context of child maltreatment because in recent years 61 percent of children who have a substantiated finding of maltreatment by age 5 have been Māori (based on MSD (2013)). This means that Māori will more keenly feel the adverse impacts (or "burden" as it is termed in the *Dare Review*), as well as the potential benefits, of the use of a PRM tool. That MSD commissioned this review is appreciated by the authors as a Treaty of Waitangi partnership response.

If a PRM tool was to be trialled within our care and protection system, it would be the first such trial in the world (to our knowledge). As such, there is not the evidence basis to suggest the size of the benefits and no way of knowing whether any benefits would outweigh the costs identified in this report. This is why a trial and evaluation phase of any potential implementation of a PRM tool is important.

BACKGROUND

Over the last several decades there has been tremendous growth in administrative data collected for individuals. Although entered as discrete service interactions, such data can be linked within and across systems for predicting future adverse events. This Predictive Risk Modelling (PRM) requires: (1) a sufficiently wide net of the target population captured in the

systems from which data can be harvested; (2) comprehensive and timely administrative data on risk factors; (3) risk scores that can be generated with ease and efficiency; and (4) outcomes that can be predicted with sufficient accuracy (Vaithianathan et al., 2012, 2013).

The use of PRM is relatively advanced in healthcare but it has not, to our knowledge, been used to stratify children based on their risk of maltreatment. From a statistical perspective there is no reason why risk assessment principles from the healthcare arena cannot be applied to child maltreatment. Correctly assessing a child's vulnerability would enable early intervention and preventive resources to be strategically focused on reducing the vulnerability of those children and their families and whānau who are identified as being most at risk. Provision of preventive services and support has been recommended as a key strategy for responding to vulnerable children and their families (Australia Research Alliance for Children & Youth (ARACY), 2008; Department for Education, 2003; Dubowitz et al., 2011; Reynolds et al., 2009).

Initial research was commissioned by MSD from The University of Auckland to test the potential for linked administrative data records from the benefit system (Work and Income) with the Child, Youth and Family system to be used to automatically risk-score children who enter the benefit system before age two. This early prototype version restricted attention to children who were in the public benefit system. However, subsequent research by MSD (Ministry of Social Development, 2014) as part of a wider feasibility study has shown that PRM could be extended to include children who are registered at birth but are not in the benefit system – potentially capturing 94 percent of a birth cohort.

This fuller model reported on by MSD (2014) shows that administrative data is good at predicting substantiated maltreatment. For instance, they find that of the five percent of the 2007 birth cohort with the highest predicted scores based on PRM, 31 percent had a substantiated finding and 57 percent had at least one notification by age five. This group accounted for 22 percent of all children who had a notification of maltreatment by age 5.

Vaithianathan et al (2012) investigated whether "individualised" models for each category of maltreatment (emotional, physical or sexual abuse or neglect) would be beneficial, and concluded that there was no significant difference in these disaggregated models and therefore little to be gained by developing variant models for specific categories of maltreatment. Instead it was recommended that an "omnibus" PRM be developed at this stage of initial exploration.

The Ministry of Social Development (2014) analysed how well the PRM models predicted maltreatment in the Māori sub-population (where ethnicity was identified from birth records). Māori children would be slightly over-represented among the children identified as most at risk, relative to their share of known maltreatment (comprising 69 percent of the 3,000 children with the highest risk scores compared with 61 percent of children with findings of maltreatment by age two, where ethnicity is known). They concluded that a Māori-specific model could be used to address this disproportionality.

POVERTY

Poverty is one of the singular characteristics of those who are maltreated and those who are identified as being at high risk of maltreatment (Gluckman, 2011). New Zealand has high rates of child poverty, and this rate is particularly high among Māori and Pacific children. For example, Perry (2014) found that from 2011 to 2013, on average around 16 percent of European/Pakeha children lived in poor households, compared with 28 percent of Pacific children and 34 percent of Māori children (double the rate for European/Pakeha children). The substantially higher rates of poverty for Māori suggest that there are some important social justice and distributional issues at the heart of maltreatment.

It is important to note that there is nothing in the manner in which the tool will be deployed that necessarily addresses these core social justice issues that might contribute to adverse outcomes for vulnerable families. However, it is conceivable that the tool could be used to highlight vulnerabilities and therefore identify families for whom poverty alleviation would be most beneficial.

It is sometimes argued that because poverty is a major predictor of maltreatment, one might be just as well off by simply focusing on families in poverty (or deep poverty). While poverty is one of the predictors of substantiated maltreatment, the predictive risk model allows for a richer set of variables than simply poverty. The full model (Ministry of Social Development, 2014) finds that the main predictors of substantiated maltreatment include the presence of previous children who have had contact with care and protection services in the last five years, the presence of a parent or caregiver who had contact with care and protection services in their own childhood, and the length of time the parent or caregiver was supported by main benefits in the last five years. Other variables with high predictive utility include indicators related to mental health, location, sentencing history, family violence, single-parent status and caregiver age. Only the length of time on benefit is directly associated with poverty – to the extent that the length of time on benefit determines average income levels. Therefore, it is arguable whether simply using poverty as the sole variable would provide sufficient discriminating power.

IDENTITY& CULTURE

Another issue that needs to be canvassed is that although reports such as these tend to treat Māori as a homogeneous entity, this is far from the truth. In today's world, identity is an open question. This sense of fluidity is due to a number of factors and has been expedited by (among other things) colonisation and globalisation. It is important to recognise the diversity in modern Māori society, and any social model that does not acknowledge this diversity will not capture the reality of all Māori in Aotearoa New Zealand.

Mason Durie (1995) concludes that:

> Far from being homogeneous, Māori individuals have a variety of cultural characteristics and live in a number of cultural and socio-economic realities. The relevance of so-called traditional values is not the same for all Māori, nor can it be assumed that all Māori will wish to define their ethnic identity according to classical

> constructs. They may or may not enjoy active links with hapū or iwi or other Māori institutions … Sometimes ethnicity will be the most significant affiliation but on other occasions it may be less important than belonging to a school, a sports club, a socio-economic grouping or a family constellation. (p. 15)

The connection made between identity and culture may also be problematic, as culture itself is a contested concept. The essentialist view of culture holds that it is a concrete social phenomenon, which represents the essential character of a particular people. A non-essentialist view says that "culture" is a movable concept used by different people at different times to suit purposes of identity, politics, science etc.

According to the findings of Te Kupenga 2013, Statistics New Zealand's survey of Māori wellbeing (Statistics New Zealand, 2014), only 10 percent of Māori adults said that it was not important for them to be involved in things to do with Māori culture. Most had been to their ancestral marae and had some ability to speak te reo Māori. Between 2001 and 2013 there was a large increase in the proportion of younger Māori who reported some ability to speak te reo Māori.

It is with this background in mind that we turn to an examination of the ethical implications of a PRM tool for Māori, using the *Te Ara Tika* framework as our analytical lens.

TE ARA TIKA FRAMEWORK

Te Ara Tika (Hudson et al.) was developed in 2010 as a framework for addressing Māori ethical issues by a group of Māori experts, the Pūtaiora Writing Group (see Figure 1). It has its foundations in *tikanga Māori* (Māori protocols and lore) and, although intended for use mainly by researchers and ethics committee members, it provides a structure for the consideration of any research or data-driven endeavour that engages with and potentially impacts upon Māori. It is Te Ara Tika's focus on real-world impacts that makes it particularly applicable to PRM. PRM is aimed at the real-world application of identifying children at risk of maltreatment, and we need to address the ethical risks that arise from its real-world implementation.

The process of ethical review in *Te Ara Tika* is about moving Māori health research proposals from a state of *tapu* (restriction) to a state of *noa* (not restricted). "The concept of kia tūpato (to be careful) becomes the starting point for considering the value or potential benefit of a research project. Kia āta-whakaaro (precise analysis) and kia āta-korero (robust discussion) of the practical/ethical/spiritual dimensions of any project are necessary to provide a foundation to kia āta-whiriwhiri (consciously determine) the conditions which allow the project to kia āta-haere (proceed with understanding)" (Hudson et al., 2010, p.5).

Each segment of *Te Ara Tika* is divided into three parts that identify progressive expectations of ethical behaviour. The outer quadrant relates to what has been termed minimum standards. The middle quadrant refers to good practice that indicates a more Māori-responsive approach. Best practice extends the ethical consideration to align with expectations of behaviour within Te Ao Māori.

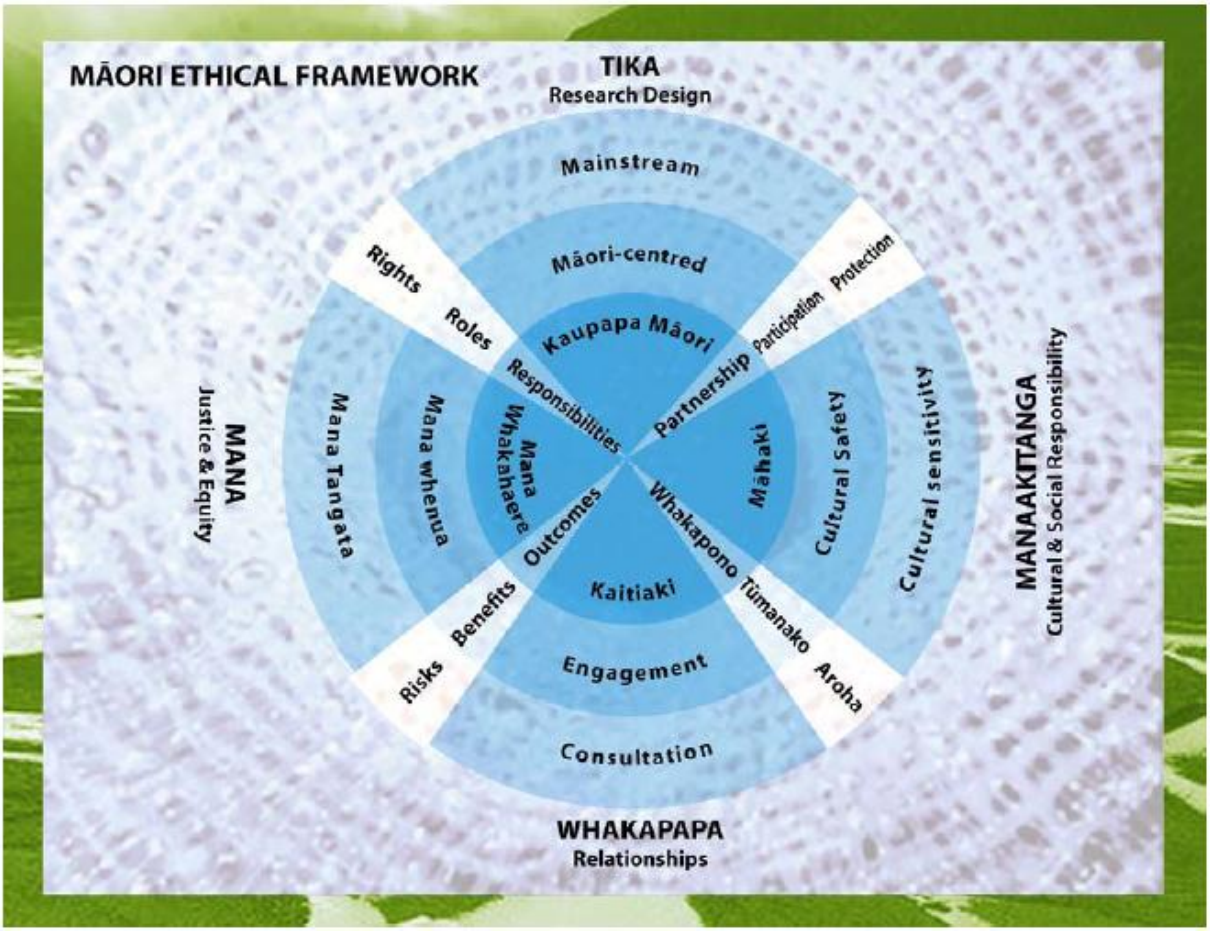

FIGURE 1: TE ARA TIKA FRAMEWORK (HUDSON ET AL., 2010, FIGURE 2)

The *Te Ara Tika* framework reflects four key principles derived from tikanga Māori, namely *tika* (appropriate research – or project – design), *manaakitanga* (cultural and social responsibility), *whakapapa* (relationships) and *mana* (justice and social equity). A major attribute of the framework is its flexibility, seen in terms of its capacity to deal with "mainstream", Māori-centred and Kaupapa Māori contexts and their respective expectations of ethical behaviour.

Each of the four principles is considered in turn for the ethical review of PRM being conducted by MSD. Only the minimum standard and good practice levels of each dimension are examined here. Because PRM, if approved, would be implemented by a government department rather than by Māori themselves, the "best practice" level (requiring Māori governance and control) is unobtainable.

The authors held a one-day colloquium where we analysed the relevance to Māori of the issues identified in the *Dare Review*, according to *Te Ara Tika*. We have used the *Te Ara Tika* as the central framework and selected the relevant *Dare Review* recommendations for integration into this framework.

The focus of our recommendations is heavily weighted toward consultation-related issues, for reasons outlined in the next section, and also because, as mentioned before, PRM has yet to

be used in this arena and so we need to wait until the design is finalised and piloted for concrete evidence on risks and benefits.

WHAKAPAPA

"Within the context of decision-making about ethics, whakapapa refers to quality of relationships and the structures or processes that have been established to support these relationships" (Hudson et al., 2010, p.6).

Consultation is the minimum standard and refers largely to risk mitigation within the context of *aroha* (care). Consultation with Māori is needed to ensure that there has been full identification of potential risks from PRM. Appropriate reporting is the reciprocity component of consultation; that is, feeding back to those who have assisted with advice.

From this perspective, the appropriate questions to ask from the process would include:

- ***Is this project the right thing for Māori?***
- ***What type of consultation has taken place?***
- ***How will ongoing consultation be ensured?***
- ***What types of dissemination and communication with Māori are planned?***

Engagement moves beyond risk mitigation to help align the project with Māori hopes and aspirations (*tūmanako*). Engagement will provide opportunities for assessing the extent to which the potential beneficial outcomes of the project outweigh any potential risks. The National Health Committee's (NHC) (2003, p.3) wording is, "The potential benefit from the screening programme should outweigh the potential physical and psychological harm (caused by the test, diagnostic procedures, and treatment)."

Questions to ask include:

- ***How have Māori been involved in the development and design of the model?***
- ***Have Māori been closely involved in the identification of benefits and risks?***
- ***Do the potential benefits for Māori outweigh the potential risks?***

In assessing the risks and potential benefit, we start from the position that, because Māori are disproportionately represented in the high-risk groups, targeting on the basis of the risk score will necessarily draw more resources towards Māori. Therefore, one might argue that a tool such as this, which helps target resources, is beneficial to Māori. Universalism can advantage low-risk populations at the expense of high-need groups. However, this presupposes that there exists a targeted response service that will be *effective* for Māori high-risk populations.

One of the dangers of the PRM tool is that of hyper-vigilance. Even though the proportionality might be reasonable (in that the tool does not over-identify Māori), there is nonetheless the danger that Māori will be subject to hyper-vigilance. This is a situation where those families identified by PRM consequently have more contact with social workers and other professionals, who might be more likely to identify maltreatment. To the extent that this hyper-vigilance leads to a reduction in the harm caused by maltreatment (through, say, the

removal of a child who was being harmed by his or her family), it is beneficial. On the other hand, to the extent that it leads to false accusations or the incorrect removal of children, it is harmful. Moreover, given that 70 percent of children identified as high risk do not subsequently go on to have a maltreatment event by age five[1] (Ministry of Social Development, 2014), the sense of being "monitored" would be unpleasant and indeed unwarranted for the majority of families. Because high-risk families and children who are maltreated are more likely to be Māori, both the potential benefit and harm of hyper-vigilance will fall disproportionately on Māori.

Arguably all families find child welfare intervention difficult and stigmatising. Māori families situate their experiences with agencies within multi-generational patterns of child removal and cultural erosion. The impact of stigma arising from the identification of risk by a PRM tool, and the subsequent involvement of agencies, might therefore be felt by Māori over future generations.[2]

Strategies to reduce the harm of this hyper-vigilance require exploration. Although the *Dare Review* outlines the need for training and high-quality social work skills, there has been little discussion among Māori providers of how this risk could be mitigated. Services must be perceived by whānau as providing useful support that helps them meet actual needs and facilitates their aspirations. Māori services and culturally responsive non-Māori services will be essential. A hallmark of the success of such services will be the strengthening of whānau capability and agency, agencies working in partnership with whānau, and whānau dignity and respect (i.e., *mana*) (LIMA, 2000; World Health Organization, 2010).That is, such services should enhance self-efficacy as opposed to fostering dependence, and support whānau in their aspirations for *whānau ora* (family wellbeing). Short-term intervention may be preferable to long-term intervention, which could be interpreted as a form of monitoring. Alternatively, some more intensive interventions may be more effective.

A slightly different type of harm to hyper-vigilance is the problem of stigmatisation. Māori already suffer from discrimination (Harris, et al., 2006) and there is evidence that they receive lesser access to many services (Jeffreys, 2005; Tobias & Yeh, 2007). To the extent that PRM exacerbates stigmatisation, those families identified by the tool could have an additional burden of harm compared to non-Māori families who are similarly identified.

An additional aspect of stigma not discussed in the *Dare Review* is the stigma that arises within some Māori communities as a result of high-profile child abuse cases. Publicity surrounding child abuse will very likely bring shame upon the whole whānau, hapū or Iwi that is identified with the perpetrators, and (anecdotal) evidence of this has already been seen in recent high-publicity cases. It is to be hoped that the PRM tool will have the effect of preventing at least some of these cases. Nevertheless, this is an issue that we ought to be aware of when discussing the relationship between maltreatment and stigma.

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[1]Although this rate is considerably lower if we followed these high risk children through the end of their childhood.

[2]We thank a referee for pointing out the particular burdens imposed on Māori by stigma.

This latter point relates to the mechanisms available to counteract stigma. In particular, New Zealand is a small community with few degrees of separation. Using PRM to identify families who need help to reconnect to support networks – within whānau, Iwi and the wider community – would be a way of re-positioning the tool from identifying risk to identifying the need for strengthening connections.

RECOMMENDATIONS

Our assessment is that while there are potential benefits there are also risks and that a larger Māori consultation process has to be conducted. However, one of the dangers of consulting at this stage is that there are few details apart from the broad brushstrokes signalled in the White Paper. It would be more useful and efficient if this consultation occurred *after* a more detailed proposal was established.

- **Māori need to be consulted on the benefits and risks of the tool and ways to mitigate the latter – especially the potential problems of hyper-vigilance and stigmatisation.**
- **Māori need to determine what the potential benefits of this tool might be and whether the (mitigated) risks outweigh the benefits given the manner in which the tool will be deployed.**

TIKA

"Tika provides a general foundation for tikanga and in the Māori context refers to what is right and what is good for any particular situation" (Hudson et al., 2010, p.8). Thus, "what is right and what is good" depends on context, i.e. the "particular situation". In *Te Ara Tika*, Tika is seen as the section that can be altered to adapt the framework for other contexts.

Mainstream: The minimum standard is the protection of Māori rights within the mainstream context. For PRM, this is taken to mean MSD and mainstream agencies and organisations that may be involved in any part of the PRM screening/intervention pathway (assessment, follow-up, service provision, programme evaluation).

Clarity of the PRM agenda and purpose of the project is important, and would be much enhanced for Māori if they could be assured that there was high-quality evidence that supported PRM's potential to reduce Māori child maltreatment (NHC, 2003, p.3). However, the newness and untested nature of the PRM tool means that there is very little evidence about how it might impact on Māori or minority child maltreatment. In the absence of this evidence, the principle of Tika would suggest that the following questions need to be answered prior to accepting the project:

- ***Is it clear why PRM is being used with Māori whānau?***
- ***Is there evidence that PRM might improve access to services for Māori at risk of child maltreatment?***
- ***Is there consideration of the determinants of Māori child maltreatment?***

A **Māori-centred** approach involves Māori in all stages of PRM, from design to the follow-up of whānau and the evaluation of the programme. This includes Māori and Iwi organisations being involved in the delivery of interventions and initiatives for whānau identified at risk.

Questions to ask include:

- ***Has a Māori review of the PRM methodology been sought?***
- ***Does PRM allow for a Māori analysis of the data?***
- ***Will there be a Māori-centred/whānau-centred screening/intervention pathway?***

The central question that has not been answered so far in the context of this tool is what the extant gaps in services are for the vulnerable Māori families who are identified by the PRM tool. In our opinion, such a gap analysis does not currently exist but would be crucial to developing a coherent targeted approach to building the evidence and a framework for determining any improved access to services that this tool can offer for Māori.

RECOMMENDATION

- **We believe that a gap analysis of the needs of vulnerable Māori families is required to ensure that a Māori-centred / whānau-centred screening/intervention pathway is developed.**

Any such gap analysis would also need to undertake a workforce analysis. For example, if the gap analysis identified that much of the targeted response would rely on Māori-based services, it is important to identify what the workforce development needs might be in order to ensure that these services are available. Without a plan to address gaps in knowledge, service or workforce in an overstretched service provision environment, to merely identify high-need families would subject them to all the costs that were identified in the *Dare Review* (e.g. stigmatisation) without the benefits.

It is important for such a gap analysis to recognise that there might not simply be a need for more services or a larger workforce, but rather a different kind of service and workforce who specialise in preventive services for high-need populations.

It is desirable, of course, that all services are accessible to the people for whom they are designed, but this is even more important when providing services targeting people in adverse circumstances. Such services must be flexible enough to meet a wide range of needs and must be provided by professionals who are skilled in engaging people who may be wary of service providers because, for example, of previous negative experiences with professionals. Some whānau may fear that professionals will disapprove of aspects of their way of life and intervene in a way that would be distressing and unhelpful for them.

Although the PRM tool has an individualistic focus it could be argued that a targeted approach should focus on particular communities as much as the individual. At a practical level, it is difficult to know how to do this since by its nature PRM identifies high-risk

families. However, one could imagine that a high-risk community (a particular neighbourhood, say) could be defined as a locality that has more than some threshold percentage of high-risk families. In this case, targeting the community as a whole might be beneficial.

SuPERU (Social Policy Evaluation and Research Unit) at the Families Commission undertook a survey (Robertson, 2014) of parenting programmes, including selected Kaupapa Māori programmes. The study considered critical success within the context of whānau Māori and found that:

> "The literature is supportive of the idea that programmes framed within a Māori worldview, where Māori values, principles and beliefs are included, are more likely to meet with success. It supports the view that if the participants can clearly identify themselves in the programme then there will be some measure of success in engaging and retaining those participants in the programme ... [and] there is a growing body of practice in this area." (p.100)

However, the evidence in this area is sparse – mainly because of a lack of evaluation of many programmes. Some programmes such as *Incredible Years* have been evaluated specifically for their effect on Māori children and found to be effective, although some of the benefits appear to be less for Māori than non-Māori and there have been calls for developing more culturally appropriate refinements (Berryman, 2012).

RECOMMENDATION

- **A Māori-centred/whānau-centred screening/intervention pathway should be developed**

MANAAKITANGA

"The concept of manaakitanga encompasses a range of meanings in a traditional sense with a central focus on ensuring the mana of both parties is upheld. In this context it is associated with notions of cultural and social responsibility and respect for persons" (Hudson et al., 2010, p.10).

Cultural sensitivity speaks to the appropriate treatment of whānau identified by PRM as potentially at risk of child maltreatment. Whānau members should obtain respect for themselves and their beliefs, including being treated with dignity and respect, and the retention of their privacy and confidentiality in the context of linking them with any follow-up assessment, supports and services. Whānau members who are identified as a result of the PRM tool should be able to access appropriate advice, in much the same rights-driven way as health consumers.

Questions to ask include:

- ***Is there a code of rights for whānau members? Is there a formal complaints procedure?***

- ***Is there a support system that whānau members can access for advice?***
- ***How will the confidentiality and privacy of whānau members be respected?***

Cultural safety extends the respect for persons to respect for whānau, and to the use of appropriate cultural protocols. In order for this to happen, Māori practitioners will need to be part of any team that engages with whānau, and the team will need to respect such practitioners' expertise and follow their guidance.

Questions that could be asked include:

- ***How will those working with whānau ensure that appropriate cultural protocols are followed?***

The *Dare Review* has an extensive discussion of privacy and confidentiality. However there has been little input from Māori about how to view the privacy and confidentiality issues around the deployment of the tool. Without a clear understanding of how the tool will be implemented (e.g. who will have access to the scores; whether people know the exact score; and whether professionals will be able to find out why scores are elevated), it is difficult to clearly articulate and delineate these concerns. These latter questions will need to be addressed before any meaningful consultation can be undertaken.

There is a need for Māori governance of the screening tool. One option is that there would be Māori representation on the governance and project groups that are established to oversee the project. An alternative approach would be to establish a separate Māori body to oversee the use of the tool, similar to the Māori Advisory Group for the National Screening Unit.

The PRM tool enables targeting, but a targeted approach should go beyond the child and caregiver identified as a result of the PRM tool to address vulnerable communities and whānau. The critical point here is the recognition that a child does not exist in a social or cultural vacuum but rather in a set of interactions with whānau and community members, many of whom might also be vulnerable.

A persistent problem is lack of workforce capacity. For example, based on the feasibility study (MSD, 2014) we would expect that roughly 2,000 Māori births per annum would fall into the "high risk" category. These children could potentially absorb the entire Māori workforce that is available for preventive services leaving no workforce for the other Māori newborns.

By identifying a group of high-need children we risk overstretching the service resources. The operation of the PRM tool would need to maintain service access for Māori who are not identified by the tool but who might nonetheless be vulnerable.

MANA

"In the context of this framework mana relates to equity and distributive justice. Mana acts as a barometer of the quality of relationships by acknowledging issues of power and authority in

relation to who has rights, roles and responsibilities when considering the risks, benefits and outcomes of the project" (Hudson et al., 2010, p.13).

Mana Tangata relates to the autonomous individual. It can be argued here that this should not be a minimum standard for PRM as there is no "autonomous individual" in the PRM pathway. A more appropriate minimum standard is **mana whānau**. In inquiring whether child maltreatment is a suitable condition for screening and whether PRM is a suitable test, we are asking whether each decision (be it yes or no) upholds the mana of the whānau. In other words, when exploring equity and distributive justice in the implementation of PRM, these are more appropriately addressed to the whānau as a whole rather than the individual members.

Mana whenua builds upon mana whānau by recognising the authority of hapū and Iwi. The consent of Iwi authorities, for example, to the use of a PRM tool acknowledges their *kaitiakitanga* (guardianship) of whānau within their *rohe* (area) and of the wider diaspora of whānau that whakapapa to the Iwi.

Once there is an opportunity for Iwi consultation, questions to ask include:

- ***Has there been engagement with mana whenua and in what capacity?***
- ***What have Iwi advised about the screening and follow-up of whānau connected with them by whakapapa and/or location?***
- ***What opportunities are there for Iwi to validate the findings of the PRM tool, and to be involved in the support of whānau?***

Up to now, there has been little opportunity to consult widely among Iwi. The reason is that PRM is at this stage only a theoretical possibility, and there have been no detailed plans to implement it. We understand that the next stage is to take it to trial. At that stage, we expect there will be greater detail about what is being planned, and a more meaningful engagement with Iwi could be pursued.

The "ideal" time to consult is always contestable. One would like there to be sufficient content to the proposal so that a meaningful conversation can be held. On the other hand, if there has been too much detailed work undertaken, there could be reluctance on the part of Government to re-design the project in response to consultation.

The need for the development and consultation on the PRM tool to be in consort with the development of the services is particularly pertinent to Iwi given that existing child welfare interventions often codify structural issues as "parental deficits".[3]

[3]An example of a service that appropriately addresses structural issues as such (that a referee has alerted us to) is the Family Unification Program (FUP) in the United States which apparently is one that First Nations in Canada are actively considering as a progressive intervention option for families predisposed to neglect. FUP developers estimated that up to one-third of families had their children placed into child welfare due to inadequate housing (National Center on Child Welfare and Housing, 2011). Traditionally, child welfare addressed housing needs predominantly via a referral to housing NGO's or the provision of social assistance. FUP provided child welfare workers with vouchers valued up to approximately $14,000 per family to alleviate housing concerns with the

RECOMMENDATIONS

- **As soon as more details on the deployment of PRM are available, we suggest that there be a systematic consultation with Iwi, in particular to provide them with opportunities to validate the model.**
- **The interventions need to be developed in consort with PRM to ensure that the programme does not codify structural issues as "parental deficits".**

CONCLUSION

Applying the *Te Ara Tika* framework, we conclude that the key actions that need addressing at this stage are to develop a firm proposal of how the tool will be deployed and to consult widely with Māori. The consultation agenda should include the rationale for PRM, its implementation, and an assessment of its relative benefits and burdens.

Prior to this, an analysis of Māori-specific services for vulnerable families would provide useful background for the consultation. This should include a gap analysis of services, workforce, and knowledge about the kinds of services that should be provided to high-needs groups. An important problem to address in such an analysis is the fact that in some programmes structural issues are inappropriately codified as "parental deficits".

Ultimately, we recommend that the gap analysis and consultation be the basis of the development of a Māori-centred/whānau-centred screening/intervention pathway that builds on the growing body of practice in Kaupapa Māori programmes. We envisage a PRM tool that can be used to identify needs for strengthened whānau connections to support networks, and able to target resources on a community-wide level.

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intention of reducing the numbers of children placed in foster care. Results indicate that a 15-million-dollar investment in FUP vouchers resulted in 7,500 children in the US not being placed in foster care or being reunited with their families and savings of over $130 million that would have otherwise been spent on foster placement (National Center on Child Welfare and Housing). Perhaps in the New Zealand context such experimental services could be tried (e.g. conditional cash transfer programmes that provide parents with cash incentives to complete parenting programmes).

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