



# Report

**Date:** 25 October 2022

**Security Level:** IN CONFIDENCE

**To:** Debbie Power, Chief Executive

**From:** The Office of Deputy Chief Executive, Service Delivery

## MSD's Child Protection Policy and practices

### Purpose of the report

- 1 The purpose of this report is to outline the Ministry of Social Development's interactions with the parent and caregiver of Malachi Subecz, and provide this information to the Independent Inquiry. At the request of the Secretariat for the Independent Inquiry the paper also outlines the current guidelines and resources available to MSD staff to support staff where child abuse or neglect is suspected or identified.

### Recommended actions

It is recommended that you:

- 1 **note** that as part of the system-wide review, MSD Service Delivery has completed a review of case management notes focusing on MSD's involvement with Malachi Subecz and his caregivers and found no notes where staff had noticed signs of child abuse, neglect or harm committed against him
- 2 **note** that MSD will continue to have a focus on continuous improvement of our child protection practices, which is one of the key objectives of the Child Protection Policy
- 3 **agree** to submit the report to the Independent Inquiry Secretariat.

Debbie Power  
Chief Executive  
Ministry of Social Development

YES / NO

25/10/22

Date

## Context

- 2 Malachi Subecz was born in September 2016.
- 3 On 21 June 2021, Jasmine Cotter (Malachi's mother) was remanded in prison. Michaela Barriball, a friend of Jasmine's, became Malachi's caregiver.
- 4 On 1 November 2021 Malachi Subecz was taken to hospital with life threatening injuries. On 12 November 2021, Malachi died from his injuries.
- 5 In June 2022 his caregiver, Michaela Barriball, was sentenced to life imprisonment for his murder.
- 6 In May 2022, Chief Executives of six agencies undertook an independent system level inquiry to identify what, if anything, needs to change in order to prevent similar events in the future. MSD is participating in the review, and has been asked to formally submit a report outlining our involvement with Malachi and his caregivers.
- 7 As part of MSDs contribution to this review, we have outlined our interactions with Malachi's caregivers which is included as Appendix One.

## Case Management at MSD

- 8 In order to contextualise the case notes attached as Appendix One, an understanding of how MSDs case management model works is necessary. MSD offers several types of case management for clients (see Appendix Two). The level of intensity is determined on client need, priority groups and what additional supports are required to achieve equitable outcomes.
- 9 Services include general case management, dedicated case management, integrated services case management, and intensive client support<sup>1</sup>.
  - MSD's general case management service is primarily for meeting the income support entitlements of people on main benefits. People are assigned to this service if they have not been allocated to more intensive case management services, and can remain on this service indefinitely.
  - Dedicated case management is to support clients to move closer to the labour market, and ultimately supported towards paid employment. Best-practice is to build trust and rapport with those on their caseload through regular face-to-face engagement. The approach utilises existing employment products, services, and programmes to support people to get the skills, motivation, and opportunities they need.
  - The integrated case management approach provides support for New Zealanders that need our help the most. Integrated case management is a dedicated one to one service primarily provided by face-to-face engagement.

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<sup>1</sup> Please note the Intensive Client Support trial has recently ended, and we are in the process of transitioning to Integrated Services Case Management for high and complex needs clients.

- Intensive client support is for people who have high and complex needs (family violence, drug and alcohol abuse, debt, health problems, criminal activity, unemployment, housing and education).
- 10 Based on our case management notes, Michaela appeared to be receiving 'C-19 Case Management - Integrated Services', as referred in Appendix Two.

## **Notes from MSDs Case Management System**

- 11 MSDs Case Management System (CMS) is used when frontline staff interact with clients. Notes are captured to summarise the interaction.
- 12 A timeline of interactions MSD recorded in relation to Malachi's caregivers' involvement with the benefit system is included as Appendix One.
- 13 MSD granted Sole Parent Support to Michaela Barriball, effective 21 June 2021, when she advised us she had become Malachi's caregiver. The Social Security Act 2018 confirms an eligible caregiver is:
- Aged 18 years or over, and
  - Is not a parent of the child, and
  - The child is a dependent child of the caregiver, and
  - They are the principal caregiver or principal temporary caregiver of the child.
- 14 As per MSD guidance, we granted this income support assistance based on Michaela providing us with Malachi's birth certificate and a note from his mother, Jasmine Cotter. The MSD guidance states that when a client has made an application to have another child included in their benefit and that child was in the care of another person, the following information is required:
- full birth certificate of the child, and
  - written statement from the applicant stating that they are the principal caregiver and requesting inclusion in the Sole Parent Support, and
  - Child Support application, and
  - where appropriate, a letter from the previous caregiver confirming the child has left their care.
- 15 Based on our engagements with these caregivers as detailed in our case management notes, there were no documented signs of child abuse, neglect or harm committed against Malachi, and no reports of concern appear to have been lodged from MSD to Oranga Tamariki.
- 16 As part of MSD looking into these interactions retrospectively, we have spoken with a case manager who saw Michaela in the office on a number of occasions. The case manager recalls no bruises or malnourishment or indication of safety concerns for the child, and noted there were no safety concerns, and both Michaela and Malachi appeared to be doing well.
- 17 In situations where child abuse or neglect is suspected or identified, staff are expected to respond to these situations in accordance with MSD's Child Protection Policy.

## MSD's Child Protection Policy

- 18 MSD developed a Child Protection Policy (the Policy) following the introduction of the Children's Act 2014 (previously titled the Vulnerable Children Act 2014) and the multi-agency Children's Action Plan. The Child Protection Policy is an initiative to more effectively identify and respond to the possible mistreatment of children.
- 19 The policy applies to all staff and the purpose of the policy is to:
- protect the safety and promote the wellbeing of all tamariki/mokopuna, including disabled tamariki/mokopuna, who are receiving services from any staff member of MSD or are associated with adults who are receiving services from any staff member of the MSD
  - assist staff to respond when child abuse or neglect is suspected or identified
  - assist staff to respond to the needs of tamariki/mokopuna who come to the notice of the Ministry without the presence of indicators of abuse or neglect.

## MSD has taken steps to achieve key objectives of the policy

- 20 The table below outlines the steps MSD has taken to achieve key objectives of the policy:

Key Objectives of the Policy	MSD action
<ul style="list-style-type: none"> <li>• All staff understand how to make a report of concern where suspected child abuse and/or neglect has been identified</li> <li>• All staff know how to seek advice when child abuse and/or neglect is suspected or identified</li> </ul>	<ul style="list-style-type: none"> <li>• The 'Report child abuse' page on MSD's Doogle platform, which was last updated in December 2021, provides the process to follow <b><u>if you believe any child has been, or is likely to be harmed (physically, emotionally or sexually), ill-treated, abused, neglected or deprived.</u></b> The case must be referred to Oranga Tamariki (OT).</li> <li>• The definition as highlighted above is consistent with section 14AA and section 15 of the Oranga Tamariki Act 1989.</li> <li>• This page provides the process and guidelines for staff on the steps in identifying potential child abuse, making a report of concern and the follow up process with OT.</li> </ul>
<ul style="list-style-type: none"> <li>• Frontline staff will be able to identify the signs and symptoms of potential abuse and neglect, identify vulnerable tamariki/mokopuna, and will take action in response.</li> </ul>	<ul style="list-style-type: none"> <li>• Appendix 4 of the policy details potential indicators, signs or symptoms of different types of abuse.</li> <li>• The "Care and protection issues" page on MSD's Map guidance provides staff with guidelines as to potential indicators to look for in regard to care in protection issues. Guidance outlines potential social, circumstantial, and behavioural indicators and further reiterates the obligation to make a report of concern to OT if staff believe that any child has been child has been or is likely to be harmed (physically, emotionally or sexually), ill-treated, abused, neglected or deprived.</li> </ul>

<ul style="list-style-type: none"> <li>• Staff receive information about the policy, access to training and/or resource material and periodic updates appropriate to their areas of work and roles in the organisation</li> <li>• All staff are conversant with our Child Protection Policy and related procedures</li> </ul>	<ul style="list-style-type: none"> <li>• In 2015, MSD launched a 15-minute online module called 'Child Safe' which covers topics of child abuse and how to recognise and report abuse. The module also covers MSD's Child Protection Policy. The module is part of Service Delivery staff inductions and in 2022, 786 staff completed this module.</li> <li>• MSD delivers a half-day Family Violence training primarily targeted to frontline staff. This training was refreshed in collaboration with Learning and Capability and the Partnerships and Services Team earlier this year. The training content includes our reporting guidelines on child abuse and includes key definitions relating to child abuse, as explained in Appendix 3 of the policy.</li> <li>• The 'Family Violence Intervention Programme' page on MSD's Doogee platform provides staff guidelines and resources in dealing with Family Violence. This page was reviewed and updated in August this year and includes operational guidelines, practice guidelines, key relationships, escalation processes among other resources.</li> </ul>
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## Reporting Child Abuse

- 21 If MSD staff suspect a child has been, or is likely to be harmed, they must discuss the situation with the Family Violence Response Coordinator and decide whether to refer the case to Oranga Tamariki via a Report of Concern. This report must be made within 24 hours of the interaction.
- 22 The following are a guide to some of the things that may indicate a care and protection issue:
  - age of the child
  - stability and continuity of care
  - conflict
  - hints of abuse by caregivers or their close circle of friends
  - child is reluctant
  - special needs of child
  - caregiver overburdened
  - arrangements unsure.
- 23 The Family Violence Response Coordinator should keep a register of Reports of Concern made in the region and follow up with Oranga Tamariki 14 days if no contact has been made with MSD. Oranga Tamariki have 3-14 days to decide next steps and close the loop with MSD.
- 24 As part of this review, we have identified that process improvements could be made regarding the Report of Concern pathway, and have discussed with Oranga Tamariki officials, the importance of their staff 'closing the loop' with MSD as we are anecdotally aware that frontline staff do not always know whether any action has been taken when a report of concern is lodged.

25 MSD considers that understanding the outcome of a report of concern may help encourage frontline staff to be more proactive in raising concerns.

## **Next steps**

26 MSD is committed to planning and implementing ongoing work towards improving MSD's child protection practices, which is one of the key objectives of the Child Protection Policy.

27 Some of the initiatives we have planned as part of our on-going work includes:

- a review and refresh of our existing MAP and Doogle pages will be undertaken to ensure the information available to staff is clear, relevant and current
- existing training as noted in paragraph 19 will be delivered to all frontline staff in the next year, and frontline focussed training to be adapted to non-frontline staff
- increasing the visibility of the Child Protection policy and all the related resources through the various staff platforms on the MSD intranet.


*Author: s9(2)(a), Deputy Chief Executive Advisor, Deputy Chief Executive's Office Service Delivery*

*Responsible manager: Anoanoa'i Siaki, Lead DCE Advisor, DCE Office Service Delivery*

## Appendix One: Timeline of MSD Interactions with Malachi Subecz' Caregivers

Date	Interaction Type	Reason for Interaction/Action Taken	Notes
s9(2)(a)			
22 June 2021	System		Jasmine was sent to prison. s9(2)(a)
23 June 2021	Appointment Tauranga Service Centre	Michaela Barriball applied for Sole Parent Support, advising that Malachi Subecz was now in her care (as of 21 June 2022), and requested emergency housing support for herself and Malachi, as she was in temporary accommodation at a backpackers.	In line with processing standards, Michaela used a handwritten note from Malachi's biological mother Jasmine to verify that Malachi was in her care. We were advised by Michaela that Oranga Tamariki were not involved in the decision to place Malachi with her.
24 June 2021	Walk-in Tauranga Service Centre	Michaela was advised we'd need confirmation that the child in her care had no other family that could look after him, before granting emergency housing supports. We were advised that Malachi only had family in Wellington, and she was the only person he knew in Tauranga.	
s9(2)(a)			
1 July 2021	Call	Michaela called the Tauranga service centre s9(2)(a) MSD subsequently granted Sole Parent Support, backdated to 21 June, following a conversation about her circumstances.	s9(2)(a)
28 July 2021	Appointment Tauranga Service Centre	Michaela advised she could not stay in her current accommodation, and provided a quote for a new accommodation supplier, s9(2)(a) We granted an emergency housing special needs grant.	
3 August 2021	Appointment Tauranga Service Centre	Michaela requested an extension to emergency housing s9(2)(a) This was extended until 12 August 2021.	
10 August 2021	Appointment Tauranga Service Centre	Michaela requested an extension to emergency housing s9(2)(a) This was extended until 18 August 2021.	Michaela advised us that she was due to appear before Family Court on Friday 13/08/2021, to follow-up a parenting order for the child. The Wellington-based family of Malachi's mother had applied for a parenting order for Malachi.
17 August 2021	Call Tauranga Service Centre	We granted Michaela a hardship payment in order for a cabin to be installed on Michaela's fathers property.	
s9(2)(a)			

s9(2)(a)





## Appendix Two: Case Management Services

### Case management services

	Case Manager	Case Manager (Dedicated services)	Integrated Services Case Manager	Integrated Services Case Manager (Housing)	Integrated Services Case Manager (Supporting Offenders into Employment)	Integrated Services Case Manager (Paiheretia Te Muka Tangata)	Intensive Client Support Manager
<b>Programme tag</b>	N/A	C19 – Case Management C19 – Employment	C19 – Case Management	Housing ISCM	WFCM-ICS – Supporting Offenders	Paiheretia	C19 – Case Management
<b>Target client group</b>	End-to-end and integrated support for people that have income, housing and employment needs.	Dedicated service for people that need support to manage their needs, access other services, and move towards employment.	Families who have high and complex (family violence, drug and alcohol abuse, debt, health problems, criminal activity, unemployment, housing and education).	Clients in Emergency Housing who have high and complex need, families with children, and those at risk of housing instability.	Client-led case management for people with high and complex needs, are soon to be released from prison (4-16 weeks prior to release) and want to work.	Clients and their whānau engaged in Corrections system with access to social service and employment-related support. Immediate and extended whānau of the client in the Corrections system will also be able to opt-in to the service, allowing for holistic and wrap-around support.	Client-led case management for people with high and complex needs, and want to work.
<b>Expected outcomes</b>	Clients are fully 'set up' at the time that they complete an application for assistance, are navigated towards services available, and connected to employment where appropriate.	Clients are supported into work, through regular and on-going engagement with a focus on planning, identifying and responding to needs, and connection to other services.	The needs of families are met to ensure that their children are given the best opportunity to grow and develop in a safe environment.	Clients are supported to meet their needs, as well as moving out of Emergency Housing and into sustainable, long-term housing.	The needs of clients are met with a focus on: reducing recidivism moving into sustainable employment, full-time reintegration into communities.	Engagement model in development	The needs of clients are met with a focus on: improving education levels moving into sustainable, full-time employment improving work-readiness.
<b>Expected caseloads</b>	N/A	Up to 105 clients	Up to 60 clients	Up to 60 clients	Up to 60 clients	Likely 30 clients + whānau	Up to 60 clients
<b>Expected engagement</b>	As required, based on needs.	Every 28 days <i>Can be longer or shorter timeframes dependant on need</i>	Every 28 days <i>Can be longer or shorter timeframes dependant on need</i>	Every 21 days <i>Can be longer or shorter depending on needs or how long Emergency Housing SNG is granted for</i>	Every 28 days <i>Can be longer or shorter timeframes dependant on need</i>	To be confirmed, engagement model in development	Every 28 days <i>Can be longer or shorter timeframes dependant on need</i>
<b>Primary partnerships</b>	Local networks (as needed)	Local networks (as needed)	Oranga Tamariki New Zealand Police Kāinga Ora Local networks (as needed)	Kāinga Ora Community Housing Providers Local networks (as needed)	Ara Poutama Contracted providers Local networks (as needed)	Iwi Ara Poutama Te Puni Kōkiri Local networks (as needed)	Local networks (as needed)