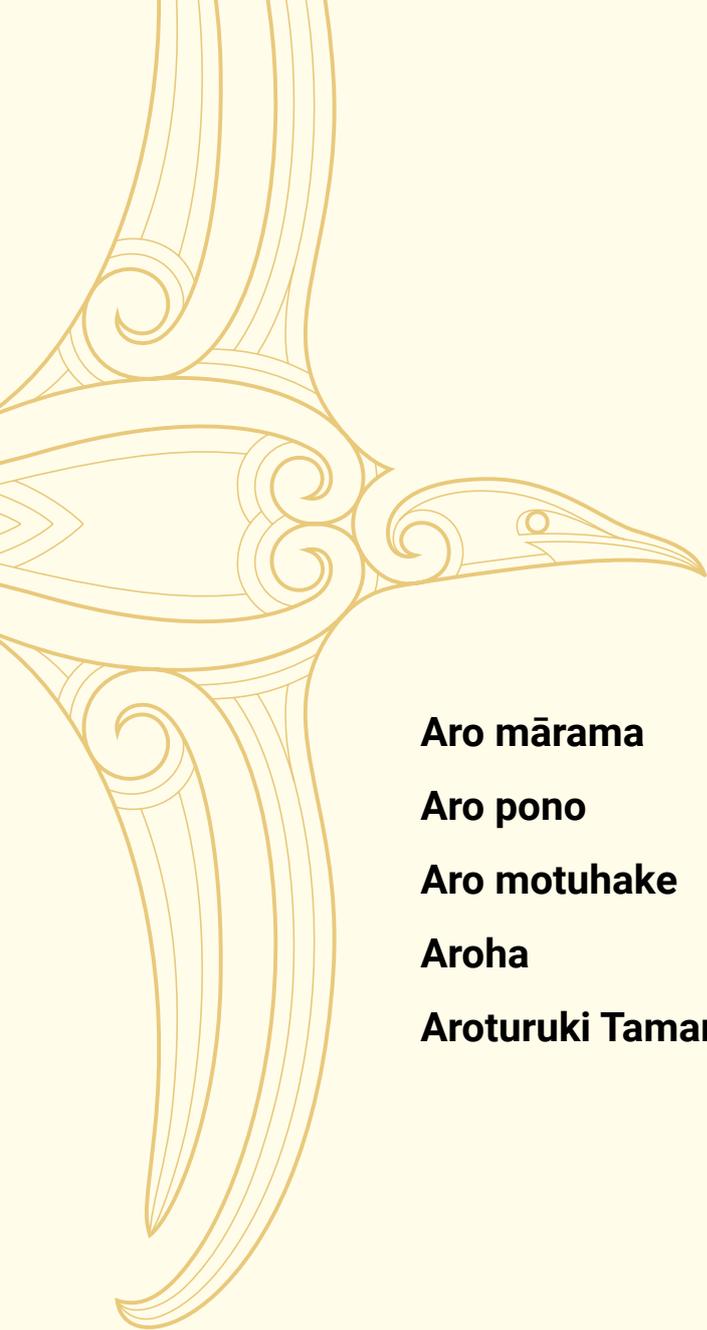


Experiences of Care in Aotearoa:

Agency Compliance with the National Care Standards
and Related Matters Regulations

REPORTING PERIOD 1 JULY 2021 – 30 JUNE 2022





Aro mārama

Clear insight

Aro pono

Truthful insight

Aro motuhake

Independent insight

Aroha

Caring insight

Aroturuki Tamariki

Independent

Children's Monitor



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Published February 2023

Independent Children's Monitor
PO Box 1556
Wellington 6140
New Zealand
Email: info@icm.org.nz
Web: www.icm.org.nz

ISSN 2816-0355 - Print
ISSN 2816-0363 - Online

Executive Director and Chief Monitor Foreword

Welcome to our second full report on experiences of the care system, agency compliance with the National Care Standards (NCS) Regulations.

Last year's inaugural report was the first time that much of the data about the NCS Regulations was made publicly available. It set a baseline. In response, agencies holding responsibility for caring for tamariki and rangatahi wrote to the Minister for Children about what they were doing to improve the quality of care.

This report presents the first opportunity to see whether those agencies have done what they said they'd do, and most importantly, has the quality of care improved. In checking this, we have again gathered data from the agencies that hold responsibility for caring for tamariki and rangatahi, as well as listened to the voices of experience. As you will see from this report, the stories and lived experiences of tamariki and rangatahi, their whānau, caregivers and community are at the centre of our monitoring approach.

Overall, agencies have made progress on their work programmes, however any impact is yet to be seen in their data, or in the voices we have listened to.

There are a couple of themes that come through strongly. More time needs to be given to establishing and maintaining relationships, whether this is between social workers and tamariki, caregivers and whānau, or between agencies. Where we hear about good practice, it is often because of the strength of a trusted relationship. It's understanding the needs of tamariki and caregivers, and it's working together to provide the services and care that is required.

Quality care also requires the help of other agencies. A continued theme is that not enough collaboration and communication occurs between government agencies. With cross-agency commitment to the Oranga Tamariki Action Plan, we will be looking for a positive impact on what occurs on the ground, and if there is a corresponding change in what we hear in communities.

This report focuses on the lives of tamariki and rangatahi in care. When the Oversight of the Oranga Tamariki System Act takes effect in mid-2023, our scope will be expanded to monitor the wider Oranga Tamariki System – this includes work that is done to support whānau, reduce risk to tamariki and prevent them coming into the care system. With this we also expect to share with you data and insights on higher level outcomes in all our future reports.

We're preparing for this expanded role, and working with Ombudsman and Office of the Children's Commissioner to ensure there is no wrong door for tamariki, rangatahi, whānau and caregivers.

Our heartfelt thanks go to those who met with our monitoring teams over the past year. You welcomed us into your communities, offices and homes and trusted us to tell your stories in order to improve outcomes for tamariki and rangatahi in care. Our people are dedicated to improving the care system for tamariki and rangatahi, and their whānau. This report is the result of their mahi.



Arran Jones
Executive Director



Nova Banaghan
Chief Monitor

Acknowledgement

We acknowledge everyone that we have spoken to and the insights that others have shared. We do not work in isolation, and we believe it is important to recognise the independence, but also the inter-dependence, of insights into the care system.

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Key Findings

This section of the report sets out our key findings. These findings primarily relate to Oranga Tamariki, which has the majority of tamariki and rangatahi in its care and custody.

Our findings are drawn from data provided by Oranga Tamariki and other monitored agencies, and insights gathered from our monitoring visits to communities across the motu.

We found that:

Some progress has been made, however Oranga Tamariki is yet to fulfil the regulatory requirement to self-monitor its compliance with the National Care Standards Regulations.

For social workers to successfully perform their role they need to be able to spend more time with tamariki, rangatahi, whānau, caregivers and communities.

When staff lack cultural competence, relationships between Oranga Tamariki, whānau and other organisations can be negatively impacted.

To support tamariki and rangatahi to express their opinions, be involved in decisions, and share concerns, they need to know their rights.

The prevalence of disability among tamariki in care is not well understood.

Caregivers continue to tell us that they need more support.

Connections between Oranga Tamariki, health and education providers and communities remain splintered.

Lack of availability and access to mental health services continues to be a barrier.

Oranga Tamariki are not always assessing caregivers and their households before tamariki are placed with them.

In its response to our 2020/2021 report, Oranga Tamariki identified a range of initiatives they considered would improve compliance with the National Care Standards (NCS) Regulations. Overall, where initiatives have been implemented, it is too soon for us to have heard about any impact on the experiences of tamariki, rangatahi and communities.

Oranga Tamariki is yet to fulfil the regulatory requirement to self-monitor its compliance with the NCS Regulations

Overall, we found that while Oranga Tamariki has made some progress with monitoring its own compliance with the NCS Regulations, its approach is still underdeveloped.

This means that the Oranga Tamariki Leadership Team are hampered in their ability to understand the quality of care, fully understand what areas of practice are working well, what areas need to improve and where best to focus effort.

Although Oranga Tamariki has provided us with their roadmap to demonstrate further development of its self-monitoring system, the absence of Oranga Tamariki having its own reporting on compliance with the NCS Regulations required us to make a detailed information request again this year.

In March 2022 we wrote to the Chief Executive of Oranga Tamariki, concerned about the lack of progress towards full self-monitoring. We encouraged Oranga Tamariki not to wait until systems were updated, as set out in their roadmap, but to prioritise the most important measures now and for every child in care, not just relying heavily on case file analysis. Where data was not available in systems, interim manual reporting could be put in place. When we met with the Oranga Tamariki Leadership Team in October 2022 they explained that they are committed to improvement, but they do not yet receive regular reporting on all key measures associated with their compliance with the NCS Regulations.

In comparison, this year Open Home Foundation and Barnardos were able to provide data and information about every child in their care for every applicable measure. This provides a much greater level of assurance.

For social workers to successfully perform their role they need to be able to spend more time with tamariki, rangatahi, caregivers and communities

Tamariki, rangatahi, whānau and social workers told us what it means to them when meaningful engagement occurs. They told us it creates opportunities for positive, respectful relationships to develop, which paves the way for safety to be assessed, for the right services to be delivered and for shared involvement in key decisions about care.

This year, Oranga Tamariki told us tamariki were visited as set out in the child's assessment or plan 65 percent of the time. Oranga Tamariki also told us that in 70 percent of the analysed case files the child was visited by their social worker on average at least every eight weeks. This data indicates an improvement, however due to a change in how this has been measured, we are unable to understand the extent.

A dominant theme across several outcomes was that social workers were struggling to find time to establish these relationships, and some tamariki, rangatahi and whānau confirmed that they were not seeing social workers as often as they needed. Last year we reported tamariki were visited by a social worker at the frequency detailed in their plan 38 percent of the time (from casefile analysis).

Across all outcomes we also heard from social workers, communities and professionals about the need to improve communication and the co-ordination of services. Where it did occur it was down to the individuals involved and to the relationships that they had formed.

Relationships take time to establish, and social workers often told us that their workload was a barrier, and that it was a significant contributor to staff turnover. For example, a social worker told us

"I've come back from being seven years away. From what I can see peoples' caseload are less, but workload has quadrupled. So many people with fingers in the pie. So many tasks. A big part of the social work role is managing internal demands. The thing is that this has grown exponentially."

In response to our last report, Oranga Tamariki told us that its new Practice Framework places the rights of tamariki and whānau at the heart of statutory social work practice, and it has prioritised social workers' visits with tamariki. We therefore hope to hear about the impact of these changes during future community visits.

When staff lack cultural competence, relationships between Oranga Tamariki, whānau and other organisations can be negatively impacted

During our visits we heard from tamariki and their whānau about how it feels to have broken connections to their culture. Whānau also shared their experiences of how it can sometimes feel as though they are being judged for being Māori.

The cultural competence of staff can impact on connections with tamariki and their whānau, and their ability to navigate the system and access support. Oranga Tamariki staff talked to us about how a lack of cultural confidence and limited support from the organisation can be a barrier to establishing relationships.

Oranga Tamariki staff also discussed intergenerational trauma and historic distrust of Oranga Tamariki and acknowledged that Kairaranga-ā-whānau staff are valuable to help tamariki connect to their wider whānau. Kairaranga-a-whānau told us that when staff lack cultural competency relationships between Oranga Tamariki and whānau can be damaged.

Oranga Tamariki told us that between now and July 2024 it will be focusing on transferring resources to partners and communities and supporting its whole workforce to build the right skills and capability to deliver quality practice. There have also been Kaiarataki recruited in regions to coach and support leaders in the changing approach to practice.

Oranga Tamariki also told us about Whānau Care, which is

“a practical commitment to Te Tiriti o Waitangi, the Treaty of Waitangi and section 7AA of the Oranga Tamariki Act, where the Chief Executive of Oranga Tamariki has custody of tamariki and rangatahi in care and has entrusted the responsibility for day-to-day care and protection to a Whānau Care Partner to facilitate connection of tamariki to their whakapapa.”¹

Next year we will report on the people and capability changes that Oranga Tamariki has made and share insights on how they are contributing to staff developing meaningful relationships with whānau, hapū and iwi.

To support tamariki and rangatahi to express their opinions, be involved in decisions, and share concerns, they need know their rights

Tamariki and rangatahi told us that when they are given information on their rights it helps them understand, and be involved in, decisions about their care. We heard about the impact of positive engagements with social workers and how caregivers and VOYCE Whakarongo Mai play a vital role in helping tamariki and rangatahi to understand their rights and express their views.

We also heard from tamariki who did not know about their rights, including their right to complain. Tamariki and rangatahi spoke to us about not being listened to or supported to be involved in key decisions about their lives. We made a similar finding in our last report.

In response to our 2020/21 report, Oranga Tamariki told us they are strengthening the feedback and complaints system through the Manaaki Kōrero project, which is a partnership with VOYCE Whakarongo Mai. Although their focus has been predominantly on rangatahi in residences, they have also updated the 'My Rights, My Voice' resource for tamariki and rangatahi in care and introduced a new Practice Framework which places the rights of tamariki and whānau at the heart of statutory social work practice.

¹ Oranga Tamariki response to the Monitor's data request, page 25

The prevalence of disability among tamariki in care is not well understood

In 2020, the Abuse in Care Royal Commission of Inquiry published its interim report, Tāwharautia: Pūrongo o te Wā. The report noted

“there is little data on how many people have been placed in care or how many disabled people were in particular types of care. Before 1996, in fact, governments did not collect official data on the number of disabled people at all.”

The interim report also noted that

“we see the lack of data on disabled people in care as impeding our understanding of the experiences of this group. As IHC director of advocacy Trish Grant aptly put it when discussing the monitoring of disabled people in education “What you count you value, and what you don’t count you don’t value.”²

Oranga Tamariki told us that its current disability indicator has not changed since 2011 and that it “significantly undercounts the prevalence of disability among tamariki in care.” This year, the disability indicator estimated 14 percent of tamariki in care have a disability³. Casefile analysis conducted on a sample of 756 children in care estimated that 25 percent have a disability. This means that neither Oranga Tamariki nor the Monitor are able to adequately see what the quality of care looks like for tamariki with disabilities.

In its response to our last report, Oranga Tamariki told us improvements to the disability indicator are planned over the latter half of 2022, using additional internal data sources such as gateway assessments, and that disability specific guidance will be introduced in September 2022. Oranga Tamariki has also appointed a new Chief Advisor,

Disability and a Disability Advisory Group and is developing a Disability Vision and Strategy.

We therefore expect to see significant improvements in the way Oranga Tamariki identifies tamariki in care with disabilities over the coming year.

Oranga Tamariki are not always assessing caregivers and their household before tamariki are placed with them

The NCS Regulations require Oranga Tamariki to assess prospective caregivers and their household before placing tamariki or rangatahi with them. The NCS Regulations also provide that, in urgent situations, Oranga Tamariki can grant a provisional approval, with a full assessment to be carried out as soon as practicable.

Oranga Tamariki quality practice tool (‘QPT’) shows that 32 percent of tamariki were placed before all parts of the assessment were completed, or before provisionally approved. In 53 percent of cases reviewed, a full assessment was completed before the child was placed. 31 percent of the remaining 47 percent were provisionally assessed.

While assessments were not always fully completed, Oranga Tamariki QPT shows Police vetting and identity checks were completed in almost all cases.

This is a decline in compliance with the NCS Regulations from last year, where 20 percent of tamariki were placed before they were fully assessed or provisionally approved.

This data is based on casefile analysis. Considering the impact that a change in care placement may have on tamariki and rangatahi, it is critical that Oranga Tamariki has assurance in all cases that the home they are going to is safe and suitable for every child, and that they can report on every child in care.

We also note from Oranga Tamariki data, that they are not complying with the requirement to review caregiver approval on time. We discuss this further in the Aroha outcome.

² www.abuseincare.org.nz

³ Oranga Tamariki response to our data request

Caregivers continue to tell us that they need more support

Oranga Tamariki data shows that support for caregivers is improving. Results from the 2021 survey of caregivers supported by Oranga Tamariki⁴ found that around half of the caregivers who responded to the survey were satisfied with the support Oranga Tamariki provides. Oranga Tamariki also reported that in 75 percent of reviewed cases that had a caregiver support plan, the caregiver's financial assistance needs were identified in the plan – a nine percent improvement from last year.

However, we continued to hear that respite care remains an unmet need with only 72 percent of caregiver support plans capturing the need for respite care. Oranga Tamariki data also shows that in 48 percent of cases reviewed, caregiver social workers were carrying out planned actions to meet the caregivers' needs.

Caregivers also told us about not having contact with social workers as often as they needed and about the lack of information they receive about tamariki and rangatahi in their care. We also heard how tamariki and rangatahi may be placed with them for emergency, temporary or respite care placements, which could be extended (sometimes for a long period), without tamariki, rangatahi or caregivers knowing how long the placements will last.

In July 2022, Oranga Tamariki implemented a new Caregiver Information System (CGIS), which is designed to provide better visibility of support for caregivers.

Connections between Oranga Tamariki, health and education providers and communities remain splintered

During our visits we heard people consistently say that connections between Oranga Tamariki, health and education providers and NGOs are splintered; communication and partnership are ineffective; and the role and responsibilities for supporting tamariki in care to achieve the best outcomes are unclear.

Both Oranga Tamariki and education staff told us that poor communication and collaboration is a barrier to tamariki and rangatahi achieving in education. Oranga Tamariki social workers say

“Schools not wanting Oranga Tamariki kids make it difficult. The minute they do anything out of line they get kicked out.”

Education staff told us about how inadequate communication and collaboration were particularly problematic when tamariki and rangatahi transitioned to a new school. One education staff member told us *“Often what happens when kids move school the [Ministry of Education] isn't told so the learning support doesn't transfer with them so over the holidays, we can have no idea which school they have gone to.”*

We heard similar messages from both Oranga Tamariki and healthcare staff relating to meeting the health needs of tamariki and rangatahi in care. We heard that agencies are not working together to strategically manage their collective resources and to provide healthcare services for tamariki and rangatahi in care. An Oranga Tamariki social worker told us

“There is an expectation [from other government agencies] that we will take a child into care – they want the certainty that we will be responsible for that child. I've been to multi-disciplinary team meetings, health, education and others. The issue becomes how are we going to get Oranga Tamariki to take custody of this child. That can become the focus. But we know that when kids come into our care they don't get accepted into schools, they don't get good health care. It's like they want us to take care and then they back off.”

In July 2022, the Oranga Tamariki Action Plan was published. The plan is a commitment by Oranga Tamariki, Ministry of Justice, Ministry of Health, Ministry of Social Development, Ministry of Education and New Zealand Police to work together to promote the best interests and wellbeing of

⁴ How well is Oranga Tamariki Supporting Caregivers, October 2022

tamariki and rangatahi with the greatest need. The plan notes that the

“challenges faced by these families are often complex, compounding, and intergenerational, including the combined impacts of poverty, racism and discrimination, long-term unemployment, low income, poor housing, unaddressed physical and mental health needs, alcohol and drug abuse and family violence.”

Support of health needs is variable and support for mental health continues to be a barrier

In November 2022, we met with senior representatives from the Ministry of Health to discuss how the Ministry is helping to meet the health needs of tamariki in care. They told us about the commitments the Ministry of Health has made under the Oranga Tamariki Action Plan. This work includes assisting Oranga Tamariki to carry out an in-depth assessment of health needs, including mental health, primary care and specialist health needs. Ministry of Health advise that stable care placements enable general practitioners, nurses and other health professionals to establish, build and maintain relations with tamariki and rangatahi, within which their health needs can be identified and met.

Under the NCS Regulations, Oranga Tamariki must ensure that tamariki and rangatahi receive support for their health needs, which includes taking reasonable steps to enrol tamariki with primary health organisations. Oranga Tamariki data shows that 53 percent of tamariki and rangatahi are registered with a GP, which has decreased from 60 percent last year. We asked Oranga Tamariki if they could tell us whether tamariki were attending annual health and dental checks as required in the NCS Regulations, however this data is still not available.

Inter-agency collaboration was also a dominant theme when we heard about support for mental health of tamariki and rangatahi in care. A DHB staff member told us

“Young people and children are coming in because they have trauma issues and finding a programme that’s the right fit... it’s not funded through our contracts.”

Social workers told us how they are left to support tamariki and rangatahi experiencing mental distress without the necessary expertise or assistance from other professionals.

We also observed that when we consider the number of concerns raised about the psychological health of tamariki, the number of tamariki and rangatahi that Oranga Tamariki screens to evaluate whether they are dealing with substance abuse, suffering psychological distress or at risk of death by suicide appears low.

Based on data provided by Oranga Tamariki, we note that the prevalence of the uses of mental health tools and resources is low. Last year, Oranga Tamariki told us about the number of tamariki in their casefile analysis that needed and then received screens. This year, they were unable to do so, and could only provide us with the number of screens completed from the casefile analysis.

We want to further understand why the usage of tools and resources in this area is low, particularly when social workers tell us that they don’t have the necessary expertise and support. Understanding the issue would also be helped by better data from Oranga Tamariki.



Our Context

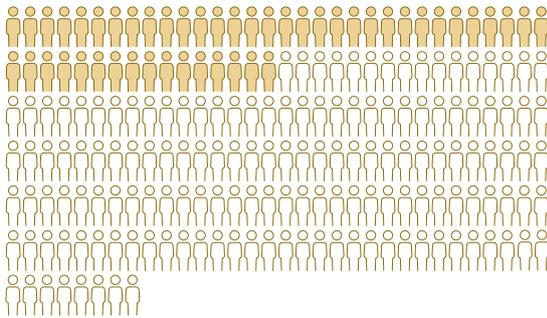
Our Context

In this section we highlight some of the key themes from this reporting period to situate this report, and our work, in context.

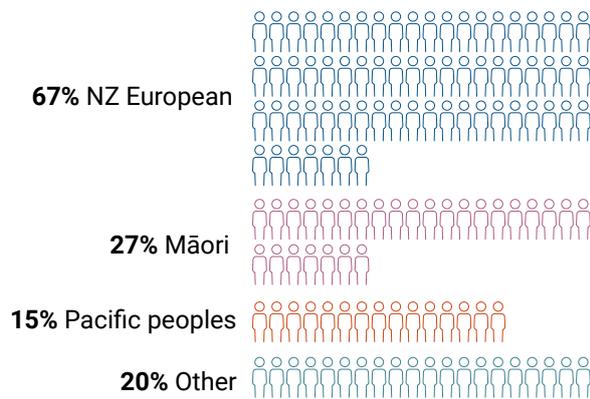
Population breakdown

The population of Aotearoa aged 18 years and under is

1.2 million



Ethnicity is the ethnic group or groups a person identifies with or has a sense of belonging to. A person can belong to more than one ethnic group. The ethnicities that all tamariki and rangatahi in Aotearoa identify as are:



6,398

tamariki and rangatahi were in the custody of the state between 1 July 2021 and 30 June 2022. This a decrease of 11 percent on 2020/2021 (7,153).

Entry into care

1,411

tamariki and rangatahi entered care in 2021/2022.

Similar to the 1,495 tamariki and rangatahi who entered care in 2020/2021.

Exits from care

1,945

tamariki and rangatahi exited care in 2021/2022.

A decrease on the 2,204 tamariki and rangatahi who exited care in 2020/2021.

Agency with custody and care responsibilities

Tamariki and rangatahi in care were in the custody of:



6,317



79



2

Oranga Tamariki figures include both tamariki and rangatahi in Care and Protection and Youth Justice custody.

Ethnicities

In 2021/2022 tamariki and rangatahi in care identified as:

4,364	Māori
2,972	NZ European
1,063	Pacific peoples
597	Other
55	Unknown



The 6,317 tamariki and rangatahi in Oranga Tamariki care identified as:

4,327	Māori
2,734	NZ European
1,060	Pacific peoples
589	Other

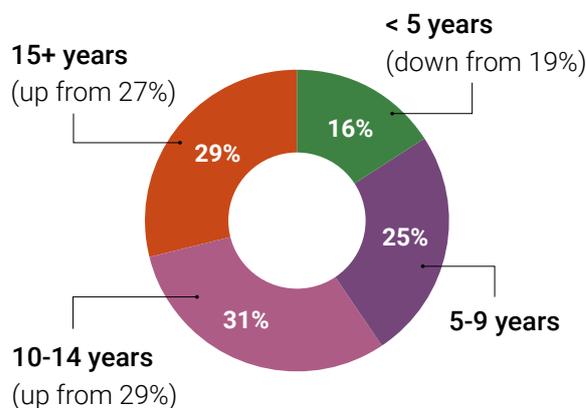


The 79 tamariki and rangatahi in Open Home Foundation care identified as:

37	Māori
58	NZ European
3	Pacific peoples
6	Other

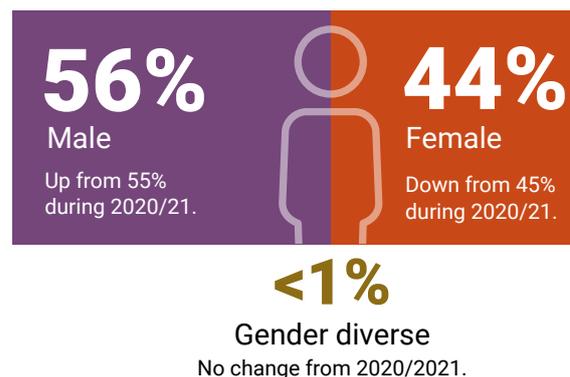
Ages

The ages of all tamariki and rangatahi in care:



Note: 15+ years (this group includes rangatahi aged 18 to 20 years, who are transitioning out of care).

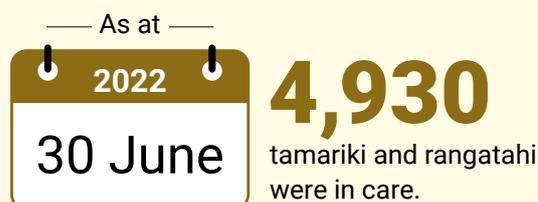
Gender



Tamariki and rangatahi with diagnosed or known disability*



* This measure is under review, the actual number is likely to be higher.



Note: tamariki and rangatahi can be of more than one ethnicity. This means the number by ethnicity appears higher than the total number in care.

— As at —

2022

30 June

Placement types

From data provided by the agencies, we have calculated the number of tamariki and rangatahi in different types of placements. Percentages compare 2022 with 2021.

Family/whānau/kin

2,063

↓ 38%, down from 43%.

Non-family/whānau/kin

807

↓ 16%, down from 18%.

Home (parent/s)

627

↑ 13%, up from 12%.

Tamariki or rangatahi are placed at home but remain in the custody of Oranga Tamariki.

NGO/iwi social services

548

↑ 11%, up from 10%.

Not recorded

350

↑ 7%, up from 6%.

Tamariki and rangatahi are in care but the placement type has not been recorded.

Other

261

— 5%, no change.

Other includes supported living, remand home and other placement types.

Independent living

123

— 2%, no change.

Residences

86

↑ 2%, up from 1%.

Family or supervised group

65

↓ 1%, down from 2%.

Stability of care

Stable placements can support tamariki and rangatahi to experience healthy relationships, love and belonging, continuity at school and health services, and consistent social connections with whānau and peers.

The table below presents four measures of stability and change for tamariki and rangatahi across their entire life-time experience in care up to year ending 30 June 2022. We observe that this data is similar to the information in last year's report, which looked at the same measures for the year ending 30 June 2021.

We note the 2020/21 data on care entries was only provided by Oranga Tamariki. For 2021/22 this data has also been provided by Open Home Foundation. The highest number of care entries for those under care and protection orders across their entire life-time experience is therefore higher this year at 16, compared to 5 last year, and this figure is from Open Home Foundation¹. The second highest number of care entries at Open Home Foundation is 3. The highest number of care entries for Oranga Tamariki is consistent with last year at 5.

2022	Care and protection orders*			Youth justice orders***		
	Average	Most common number	Highest number	Average	Most common number	Highest number
Care entries	1	1	16	3	1	18
Site or service centre transfers**	2	1	12	2	1	7
Caregivers (number)	4	1	38	5	1	31
Social workers (number)	10	6	39	10	3	35

Note:

* The data for rangatahi on youth justice orders was provided by Oranga Tamariki; the data for tamariki and rangatahi on care and protection orders was provided by Open Home Foundation and Oranga Tamariki. Tamariki and rangatahi are included in youth justice or care and protection categories on the legal orders they were on, as at 30 June 2022.

** The data on transfers exclude those who have not transferred site or service centre in the reporting period.

***The data for rangatahi on youth justice orders may include stability counts for their time on care and protection orders as part of their care experience.

¹ The young person was in a stable placement for nine years. This information was not provided last year.

The context for this reporting period

Covid-19 pandemic

During this reporting period, the Covid-19 pandemic continued to disrupt the lives and wellbeing of tamariki and rangatahi, and their whānau, across Aotearoa.

As noted in research funded by the Ministry of Social Development “In addition to the physical health threat of Covid-19 itself, the pandemic and its associated control measures have limited children’s access to their friends, extended family and schools, separated children from their families and whānau, and restricted access to child protection and other social services. These factors have the potential to negatively impact the mental health of children.”¹

Research by Child Poverty Action Group in 2022 also highlights tamariki in New Zealand experienced an increase in financial distress and food insecurity during the first year of the pandemic (2020/2021). This was evident because more New Zealanders were using foodbanks, government supplementary assistance and hardship assistance, and more tamariki were living in households that were receiving benefits.²

The social workers and other professionals we spoke with during the reporting period also told us about the effects of the pandemic. They told us about the challenges they faced and the innovation that occurred. We share details of their insights in the Kaitiakitanga and Mātauranga outcomes sections of this report.

It will take some time before we understand the full impact that the pandemic has had on tamariki in care. However, research shows that this was a period when new practices were introduced.

For example, research commissioned by Oranga Tamariki found that “a more sophisticated digital approach to social work is emerging” and “agile working models are essential for service continuity”. The research also finds that when services are culturally sensitive, local, and community-based they have the most impact and that “Education is the mainstay of stability, wellbeing and social connection.”³

Housing needs and material security

During this reporting period, various reports drew attention to how crowded housing and material insecurity are affecting tamariki and rangatahi, and their whānau.

For example, in its report Te Rau Tira, the Mental Health and Wellbeing Commission says, “The combined effect of low income and crowded housing may have a greater negative effect on wellbeing than crowded housing alone.”⁴

The Adolescent Health Research Group’s Youth19 Rangatahi Smart Survey also highlights the link between housing deprivation and tamariki in care. It says “Young people with Oranga Tamariki involvement experienced considerably higher levels of housing and material insecurity than those who have never been involved. Nearly 60 percent of students involved with Oranga Tamariki reported some form of housing deprivation in the last 12 months and half reported that their families worried about finding money to pay for food.”⁵

¹ See Life in Lockdown: Health and Wellbeing Report, www.msd.govt.nz

² McAllister, J., Neuwelt-Kearns, C., Bain, L., Turner, N., & Wynd, D. The Most Important Task: Outcomes of our collective care for low-income children in Aotearoa New Zealand in the first year of Covid-19. Child Poverty Action Group. Auckland: New Zealand. www.cpag.org.nz/publications

³ Oranga Tamariki Evidence Centre Support of children and young people during Covid 19 – general insights, www.orangatamariki.govt.nz

⁴ Te Rau Tira, Mental Health & Wellbeing Commission, www.mhwc.govt.nz

⁵ Oranga Tamariki Evidence Centre Housing and home life Youth19 Rangatahi Smart Survey reports, www.orangatamariki.govt.nz

Learning disabilities, neurodiversity and cognitive impairments

During this reporting period, more information has been published on the experiences of care for tamariki and rangatahi with learning disabilities, cognitive impairments and neurodiverse diagnosis, such as foetal alcohol spectrum disorder (FASD) and autistic spectrum disorder.

In June 2022, the Abuse in Care, Royal Commission of Inquiry, heard from survivors who experienced abuse and neglect in foster care. The Royal Commission also heard from expert witnesses, including Dr Valerie McGinn who is a neuropsychologist and clinical director of The FASD Centre Aotearoa. Dr McGinn spoke about FASD assessments and how FASD is now recognised within the legal system.⁶

Between 30 to 50 percent of tamariki and rangatahi in care are estimated to have FASD.⁷ It is vital that their needs, and those affected by other forms of neurodiversity, are identified and continue to be understood.

Clinical neuropsychologist Sarah Goldsbury is currently researching whānau Māori experiences of neuropsychological assessment for FASD. She says, *"Findings of this study will utilise participant voices as experts to formulate how neuropsychological assessment for a diagnosis of FASD can be more responsive and acceptable to Māori whānau."*⁸

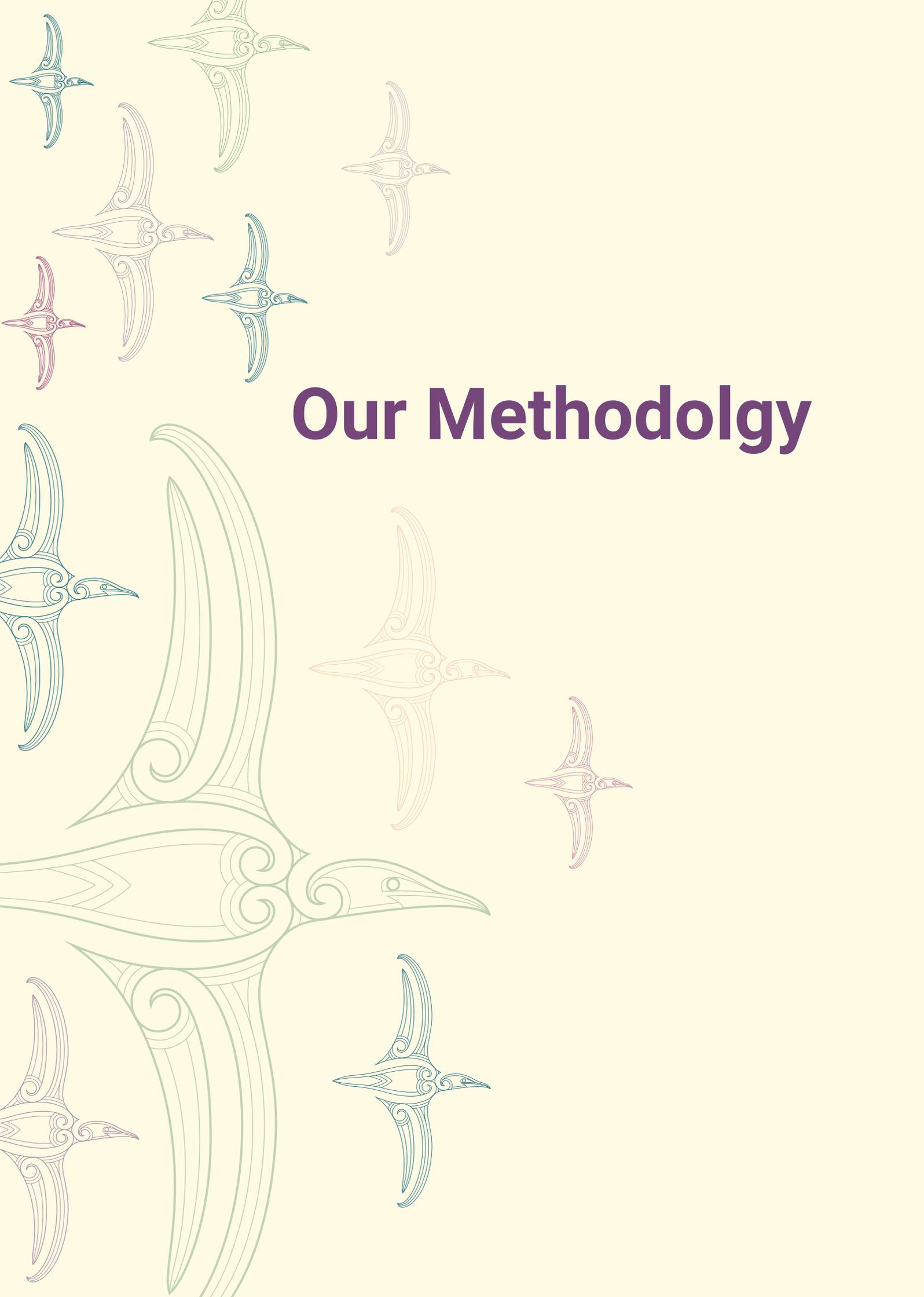
In the Kaitiakitanga Outcome section, we discuss insights we gained about supporting tamariki and rangatahi in care who have a learning disability, or neurodiversity or cognitive impairment.

⁶ www.abuseincare.org.nz/our-inquiries/abuse-in-foster-care

⁷ <https://practice.orangatamariki.govt.nz/previous-practice-centre/knowledge-base-practice-frameworks/fetal-alcohol-spectrum-disorder/>

⁸ www.otago.ac.nz





Our Methodolgy

Our Methodology

This section explains how we have gathered and analysed data and information to develop the findings and themes in this report.

Effective, meaningful monitoring requires a mix of approaches, we use quantitative (numbers) data and qualitative (experiences) information.

Our **qualitative** information is the perspectives of tamariki and rangatahi, their whānau and others who care for them, and professionals who support them.

This information helps us understand:

- what is working well for tamariki and helping them achieve good outcomes in their lives – we call these enablers
- what is getting in the way of achieving good outcomes – we call these barriers.

Analysing the **quantitative** data from the agencies with tamariki in their care (self-monitoring data) helps us to:

- look for trends and changes that have implications for children in care
- understand how the agencies are complying with the National Care Standards (NCS) regulations.

Gathering information and data

Gathering information

The stories and lived experiences of tamariki and rangatahi, and their whānau, caregivers and communities are at the centre of our monitoring approach. We combine this with information from frontline kaimahi at Oranga Tamariki, Open Home Foundation and Barnardos (the three agencies who have custody of tamariki), iwi and Māori partners, care providers, and from public sectors, such as health, education and police. This helps us develop a holistic picture of the experiences of tamariki and rangatahi in care.

Our monitoring teams cover the motu. Our people come from a range of backgrounds and have different areas of expertise, including in social work, psychology, education and law. They are trained to listen and speak effectively with tamariki and rangatahi, and have experience working with a variety of communities, including Māori communities.

Our monitors have tools they use when talking with people in communities. This includes a set of prompts that helps ensure a consistent approach to the kōrero.

In the 12 months covered by this report, we spoke with almost 1,500 people about their experiences. Most visits and interviews were done *kanohi ki te kanohi*. Due to Covid-19 outbreaks, some interviews were done remotely (by phone or video call).

Who we spoke with during 2021/2022

194

tamariki and rangatahi

59

whānau

197

caregivers

596

frontline kaimahi
(such as social workers)
from Oranga Tamariki,
Open Home Foundation
and Barnardos.

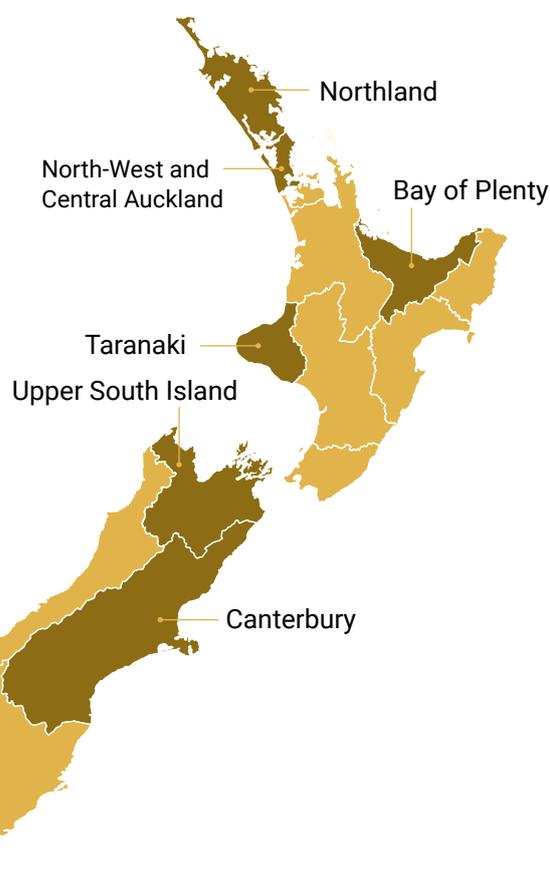
195

representatives from **Iwi/
Māori providers** and care
partners who deliver services
to tamariki in care

198

representatives from
government agencies
such as health, education
and police

Our monitors visit communities on a three-yearly cycle to ensure we get a range of regional perspectives each year and have covered the motu every three years. For this 2021/2022 reporting period, we visited communities in Te Tai Tokerau (Northland), North-West and Central Auckland, Bay of Plenty, Taranaki and Manawatu, upper South Island and Canterbury. The full monitoring schedule is available on our website.



Gathering data

The NCS Regulations require agencies who have custody of tamariki and rangatahi to make their own assessments of how well they are complying with the regulations and to provide this information to the Monitor. We use a data request to ask Oranga Tamariki, Open Home Foundation and Barnardos to provide us with this data, and information about areas we have previously identified need to improve. These data requests are available on our website.

Response from agencies



We requested information on **348 measures** from Oranga Tamariki on the 6,317 children in its custody during the year.

Oranga Tamariki could provide data for 181 measures - using case file analysis for 110 measures (61 percent of measures data was supplied for), information from the Quality Practice Tool for 38 measures (21 percent) and structured datasets from the case management system for 33 measures (18 percent).



We requested information on **334 measures** from Open Home Foundation on the 79 children in its custody during the year.

Open Home Foundation could provide data on all 334 measures for all children in its custody by reviewing records in its case management system or other sources.



We requested information on **192 measures** from Barnardos on the two children in its custody.

To protect the privacy of these tamariki, we asked Barnardos to provide a narrative response to the measures based on a practice audit and summary statements.

Analysing information and data

Analysing information

At the end of each monitoring visit, our monitoring and analyst kaimahi wānanga (meet and discuss) to understand what was heard in kōrero with tamariki and rangatahi, whānau, caregivers and support workers. We anonymise quotations to protect the identity of the people we spoke with.

Our kaimahi aggregate this information using qualitative analysis methodology and software. From this, we capture the findings and themes in this report. More information on how we wānanga and use qualitative research methodology is available on our website.

Analysing data

Using data from the three agencies, 90 measures were able to be compared with last year's figures (2020/2021 was the first year the Monitor had the mandate to monitor all the NCS Regulations).

We also examined areas of change to understand if, and how, any new initiatives or practices the agencies introduced are affecting the quality of services the agencies provide tamariki in their care.

Finally, we looked at whether measures are different for particular groups of tamariki in care, such as tamariki Māori and tamariki with disabilities.

You can find a table of data results in Appendix One.

Preparing for publication

Before publishing this report, we gave each of the three agencies two opportunities to review the content to:

- check that the facts, which were based on the data they provide, are accurate
- enable them to prepare to respond publicly to specific comments or findings.

Agency Self-Monitoring

Self-monitoring and data capturing systems aid accountability, openness, and transparency. A high level of accountability is especially important for agencies that hold responsibility to care for our tamariki and rangatahi.

National Care Standards (NCS) Regulation 86(1) requires agencies to monitor their compliance with the NCS Regulations and NCS Regulation 87(1) requires agencies to report to the Minister for Children and the Monitor on the results of their self-monitoring.

Agencies who are responsible for caring for tamariki and rangatahi are under considerable and justified social scrutiny. We know from recent research¹ that, due to gaps and deficiencies in data, we may never fully understand the scale of past failings by the care system.

We also know that insufficient data about disabled people and Māori and Pacific peoples has shown that we do not fully understand their experiences of care and how these experiences have affected their lives.

To learn from past mistakes, it is crucial that agencies close these gaps in knowledge. They need to self-monitor and collect data in a way that fulfils their regulatory obligations and commitments to the tamariki and rangatahi, and their whānau, whose lives are impacted by being in care.

Barnardos

As Barnardos have small numbers of rangatahi in its care, it can rely on peer review, supervision and case audits for self-monitoring, using its self-audit tool.

Open Home Foundation

Open Home Foundation told us it has improved its client management system to meet its self-monitoring obligations. Its current system has more reporting functions and makes it easier for kaimahi to access important information that supports good practice.

Open Home Foundation has also established an internal practice alignment group. This group is designed to look at information from a wide range of sources to support continuous improvement to practice.

Improvements in the Open Home Foundation client management system means that this year they have answered 100 percent of the applicable measures

for 100 percent of tamariki and rangatahi in its care. This provides a greater level of assurance as to whether the NCS Regulations are being met.

Increased maturity in their self-monitoring has also meant that Open Home Foundation has adopted graduated measures for the NCS Regulations. For example, they are able to say whether a measure has been met, or partially met. This enables them to better understand their level of compliance. However, because of this change, we are unable to compare much of last year's data with this. We have not included their data tables in this report, but they are available on our website. Next year, we expect to be able to compare measures year on year.

¹ Savage, C., Moyle, P., Kus-Harbord, L., Ahuriri-Driscoll, A., Hynds, A., Paipa, K., Leonard, G., Maraki, J., Leonard, J. (2021). Hāhā-uri, hāhā-tea - Māori Involvement in State Care 1950-1999. Report prepared for the Crown Secretariat. Ihi Research, p12

Oranga Tamariki

Last year, one of our key findings was that Oranga Tamariki has gaps in its data that significantly limits our ability to understand how well it is meeting its obligations.

This year, Oranga Tamariki has held a series of workshops to understand its actual practice, and how it records its practice. It has developed a scan of the self-monitoring environment which has helped it understand the extent to which it is meeting the NCS Regulations. This year, Oranga Tamariki presented information to the Monitor in a format that indicates it is considering how it can best share information with other agencies.

While it has made some progress with self-monitoring, Oranga Tamariki told us that, overall, its approach is still underdeveloped. It acknowledges its current state of data, tools and analysis is “fragmented²”.

Oranga Tamariki told us its current system cannot capture the right information and has a limited analysis toolset. Oranga Tamariki also told us that “while there is considerable work already underway, there is significantly more development required in the areas of structured data, assurance, and accountability”. Using different data source systems also means the data is siloed and not connected.

We also note that there have been some changes to the measures that Oranga Tamariki have used compared to last year. This makes it difficult to compare progress. Improving measures so they more accurately reflect practice is part of improving maturity, however we also stress the importance of keeping these as stable as possible. Otherwise, it becomes difficult to assess progress and identify trends.

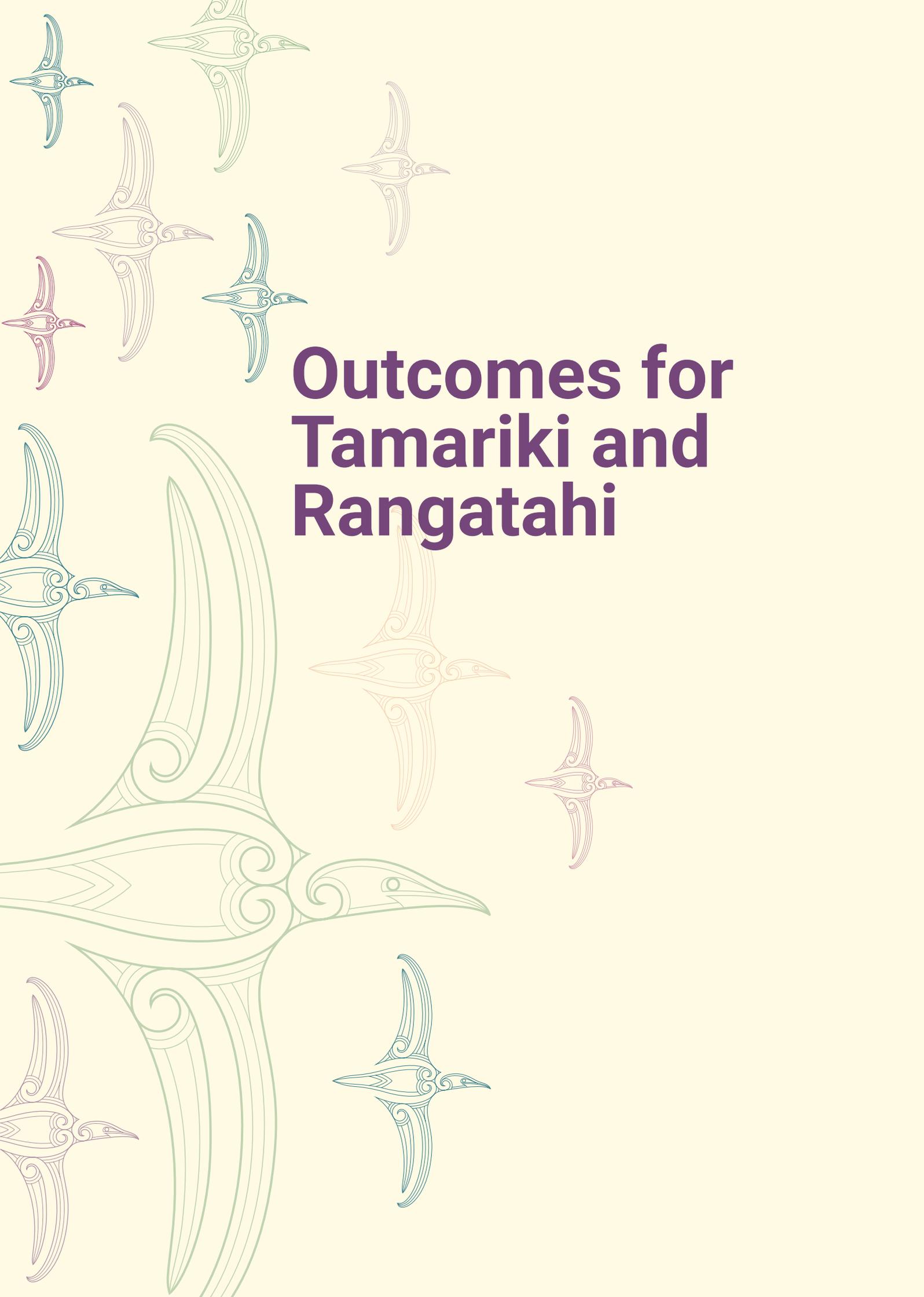
In March 2022, we wrote to the Chief Executive of Oranga Tamariki, concerned about the lack of progress towards self-monitoring. We encouraged Oranga Tamariki not to wait until systems were updated, as set out in their roadmap, but to prioritise the most important measures now.

When we met with the Oranga Tamariki Leadership Team in October, they told us that while they do not yet receive regular reporting on all key NCS measures, they are committed to improvement. For example, knowing whether every tamariki in their care has attended annual medical and dental checks, or how many are impacted by mental health and or addiction or whether they are attending school.

Until Oranga Tamariki makes more progress with their self-monitoring, it will remain difficult to measure and understand if it is making meaningful change in meeting its regulatory obligations to tamariki and rangatahi in its care. Being able to provide structured data for every child in their care, as opposed to relying heavily on case file samples, will enable them to understand what care looks like for all tamariki.

² Response to our Request for information 2022, p31





Outcomes for Tamariki and Rangatahi

Introduction

We assess people's experiences of care, and agencies' compliance with the NCS Regulations, based on outcomes.

We have an Outcomes Framework that draws on the six wellbeing outcomes in the Government's Child and Youth Wellbeing Strategy and incorporates key dimensions from the Whānau Ora Outcomes Framework and the Oranga Tamariki Outcomes Framework.

We use our Outcomes Framework to measure how well agencies are supporting the wellbeing and life outcomes of tamariki and rangatahi in care. Each outcome has a set of measures that monitor agencies' compliance with the relevant NCS Regulations, and indicators that track whether positive outcomes for tamariki, rangatahi and whānau wellbeing are being achieved.

The six outcomes are:



Manaakitanga

Tamariki and rangatahi have positive reciprocal relationships based on genuine care, generosity and respect. Parents, caregivers and whānau have what they need to meet the needs of tamariki.



Whanaungatanga

Tamariki and rangatahi have strong, healthy and positive relationships and connections with their family, whānau, hapū, iwi and people around them.



Rangatiratanga

Tamariki and rangatahi, alongside their whānau, are involved, empowered, and supported to become self-determining and leaders of their own lives.



Aroha

Tamariki and rangatahi feel loved, supported, safe and cared for, and are capable of receiving kindness through love and giving love to others.



Kaitiakitanga

Tamariki and rangatahi feel protected and are kept safe by having all aspects of their wellbeing acknowledged, nurtured and supported.



Mātauranga

Tamariki and rangatahi are learning and developing skills and knowledge about themselves, their culture, their potential, their future, and their role and place in this world.

This section focuses on what people told us, and what the data says, about the progress agencies are making towards the six outcomes for tamariki and rangatahi in care.

During this reporting period, 6,398 tamariki and rangatahi were in care. Oranga Tamariki had custody of 6,317 (almost 99 percent); Open Home Foundation had custody of 79; and Barnardos had custody of two. Therefore, our reporting centres on Oranga Tamariki, with smaller sections on Open Home Foundation and Barnardos.



Manaakitanga





Manaakitanga

Manaakitanga is about showing respect, generosity and care for others.

The presence of manaakitanga is fundamental to developing relationships that recognise, respect and enhance the mana of tamariki and rangatahi and their whānau. These relationships are safe, trusting and nurturing and help to empower individuals and communities.

Manaakitanga is achieved when tamariki and rangatahi have positive reciprocal relationships based on genuine care, generosity, and respect, and when parents, caregivers and whānau have what they need to meet the needs of tamariki.



What the Oranga Tamariki data tells us

Oranga Tamariki data shows that while there have been small improvements in some areas, there has been a decline in others.

The Oranga Tamariki data shows that:

Assessing needs



With current Tuituia needs assessment



With a current Tuituia and/or other holistic assessment*

The number of tamariki or rangatahi with a current Tuituia needs assessment has not improved and remains at 46 percent (351 of 756 cases reviewed).

A current assessment is one that was created or updated within the review period. When other holistic assessment types are also considered, 89 percent (670 of 756 cases reviewed)* of tamariki or rangatahi have some form of current needs assessment. This is the first year Oranga Tamariki provided information on other holistic assessments.

*this figure was corrected in March 2023. It was originally stated as 79 percent, which represented only those with evidence of another holistic assessment, rather than those with both a current Tuituia and/or other holistic assessment.

Actionable plans



Have an actionable plan



Actions were carried out sufficiently

Seventy-nine percent of tamariki or rangatahi in care have an actionable plan, (597 of the 756 cases reviewed had a current plan that met the criteria for being 'actionable'). Evidence from casefile analysis shows that the **actions were carried out sufficiently 67 percent of the time.**

Caregiver support



Had caregiver support plans



Caregiver support plans reviewed within the past year



2020/2021

Caregiver support plans which set out how frequently caregiver social workers should visit



2021/2022

For caregivers, 94 percent had caregiver support plans and 82 percent had caregiver support plans reviewed within the past year. This information was not available last year. Based on casefile analysis **there was a decrease in the proportion of caregiver support plans which set out how frequently caregiver social workers should visit** (56 percent, compared to 64 percent in 2020/2021).

Caregiver visits



2020/2021



2021/2022

Caregiver social workers met the planned frequency of visits



Caregivers were not visited by their caregiver social workers in the last 12 months



Caregivers had received some contact from their caregiver social worker in the last 12 months

Caregiver social workers met the planned frequency of visits in 29 percent of cases

(24 percent in 2020/2021). According to casefile analysis 28 percent of caregivers were not visited¹ by their caregiver social workers in the last 12 months. Ninety-eight percent of caregivers had received some contact from their caregiver social worker in the last 12 months.

¹ We do not know whether visits were kanohi ki te kanohi or done remotely, and note that Oranga Tamariki practice guidelines do not require visits to be kanohi ki te kanohi, and they use the word *visit* and *contact* interchangeably in their guidance to Social Workers <https://practice.orangatamariki.govt.nz/policy/caregiver-support/#visits-to-the-caregiver-by-the-caregiver-social-worker>



Key insights from our community visits

We spoke with tamariki and rangatahi, their whānau and caregivers, and professionals about how they receive support, and if they feel supported to develop meaningful relationships with one another.

The themes from these conversations, and the barriers and enablers that were discussed, were similar to those we heard last year and are also reflective of the data we received from Oranga Tamariki.

Caregiver support

Some caregivers spoke about positive working relationships with their caregiver social workers and the social workers for the tamariki in their care, information gathered through our monitoring indicates **many caregivers still feel unsupported**. Overall, we heard more negative experiences from caregivers towards Oranga Tamariki than positive experiences. They spoke about barriers to receiving support more than they talked about enablers. **Caregivers told us about not feeling supported when faced with challenges, and that they had to come up with solutions on their own.**

Social worker availability

Tamariki, rangatahi, whānau and caregivers told us how disruptive staff turnover is to them and the development of continuous, safe connection. **We heard how distressing it can be when rangatahi and tamariki don't hear from their social worker, and how many rangatahi are having to make contact themselves and go to the social worker's office if they want to see them.** Oranga Tamariki staff also often spoke about the impact of high workloads, which has a flow on effect on staff turnover.

Cultural competence

The **cultural competence of staff impacts connections with tamariki and their whānau, and their ability to navigate the system and access support.**

We heard from Kairaranga a-whānau that when staff lack cultural competence relationships between Oranga Tamariki and whānau can be damaged.

Social worker engagement

Oranga Tamariki staff often spoke about the importance of contact with tamariki, whānau and caregivers. We heard that **when meaningful engagement occurs it creates opportunities for positive, respectful relationships to develop, which paves the way for tamariki, whānau and caregivers to receive the right services and supports.**

Commitments and changes in response to our 2020/2021 report

In 2020/2021 we reported that caregivers told us they needed more support, and Oranga Tamariki data showed that visits were not as frequent as planned. We also found that connections with whānau were often disrupted by policy and processes. Oranga Tamariki made a commitment to improve reporting, train frontline staff, update practice guidance and strengthen professional supervision of social workers. Oranga Tamariki noted that it has developed a suite of new resources for caregivers and strengthened operational policy and messaging to better reflect the need for the child's social worker and the caregiver social worker to work closely together to ensure that caregivers are supported to meet the changing needs of tamariki.

Oranga Tamariki has implemented a new Caregiver Information System (CGIS) that will provide better visibility of support for caregivers. The implementation of CGIS is too recent to be able to inform this report, however we look forward to it providing Oranga Tamariki with greater visibility of their compliance with the NCS Regulations in future. For example, with CGIS, Oranga Tamariki will be able to monitor the participation of new, fully and provisionally approved caregivers in the 'Prepare to Care' training programme and also capture more information on learning and support for caregivers.

We are also yet to see how practice enhancements are improving compliance, or the experience of caregivers and whānau. We accept that it may be too soon to see changes reflected in the data and the experiences of caregivers that inform this report, however we would expect to see positive change in our next report.

Oranga Tamariki noted that it was developing a Māori cultural capability programme called *Te Hāpai O* for their staff. In May 2022, the inaugural intake of 500 Oranga Tamariki staff entered the programme, including 366 from frontline teams (Service Delivery).

It is too soon to tell if *Te Hāpai O* will lead to an improvement in cultural capability.

We also note that Kaiarataki have been recruited. Oranga Tamariki told us that this role is integral to strengthening practice within sites and regions by providing coaching and support to leaders of practice in the introduction and application of practice approaches which are effective when working with tamariki and whānau Māori.

Information gathered through our monitoring shows that Māori specialist roles helps mitigate distrust between Oranga Tamariki and whānau, and they are helping to connect tamariki and rangatahi to their whakapapa. However, most staff who talked to us about these roles said they are overextended, and Oranga Tamariki needs more of these roles equitably distributed across Aotearoa.

The impact of staff workload and turnover on tamariki, rangatahi and whānau

We heard how high workloads are impacting on staff and hindering the ability of social workers to develop and maintain strong relationships with tamariki and rangatahi, and their whānau and caregivers.

The role of social workers is complex. They empower people to develop their own skills and connect them with the resources they need to overcome a wide range of social issues and build their personal resilience. Social workers work with some of the most vulnerable people in our communities.

The results of a 2021 workforce survey report ('the Survey') published in 2021 by the Social Workers Registration Board show that 13 percent of registered social workers plan to leave the profession or reduce their hours in the next five years. The Survey found that *"the most common reason for leaving was retirement followed closely by pay and conditions and workload"*.²

The turnover of field social workers at Oranga Tamariki has increased slightly – from 8 percent turnover in 2020/2021 to 10 percent in 2021/2022. We heard from tamariki, rangatahi, whānau and caregivers is that there are frequent changes in social worker and insufficient handover.

When social workers face high workloads and receive inadequate support, it can lead to an unsustainable work culture which can contribute to burnout³ and staff turnover. This may limit the ability of staff to develop strong, trusting relationships.

We acknowledge that although social workers told us about high workloads, we are yet to fully understand the root causes of this, particularly given the reduced numbers of tamariki and rangatahi

in care, and the number of social workers has increased by 30 percent since 2017.

Some Oranga Tamariki staff spoke of the support they receive from their manager to build relationships with tamariki and rangatahi and that good leadership is essential to feel safe and supported at work. However, a consistent theme was Oranga Tamariki staff telling us about the impact of high workloads, and caregivers, tamariki, rangatahi and whānau talking to us about how staff turnover impacts them. Other staff members spoke about *"high"* turnover, and site leadership acknowledged the challenges of retaining and attracting staff, telling us

"We have had young ones [social workers] coming through saying if you can't guarantee smaller caseloads we can't stay".

People spoke about the time it takes to train new staff and the challenges of staff turnover. They say high staff turnover hinders tamariki and rangatahi from developing a long-term relationship with their social worker, which in turn could prevent them talking about issues that are important to them. One social worker said, to do their job properly they *"would have to work 55–57 hours a week"*.

Caregivers discussed their experience of the high turnover of social workers and spoke of the inconsistency this causes and the effect this has on them. They told us it can be devastating when there is a change of social worker. Due to the frequency of social worker changes they do not know who to contact when they need help, and they feel that issues may not be noticed. They told us that frequent changes result in tamariki and rangatahi

² SWRB Workforce Survey Report 2021. Retrieved from <https://swrb.govt.nz/about-us/news-and-publications/publications/#workforce-surveys>

³ Tan, K.-L. and Yeap, P.F. (2021), "The impact of work engagement and meaningful work to alleviate job burnout among social workers in New Zealand", *Management Decision*, Vol. ahead-of-print No. ahead-of-print. <https://doi.org/10.1108/MD-05-2021-0689>

being unable to build relationships with their social workers, leaving them distrustful and resistant to engagement. They told us that tamariki and rangatahi can become emotional when their social worker leaves. Concerns about changes of social workers were also reflected in conversations with some tamariki and rangatahi.

In our last report, tamariki and rangatahi told us that they can feel let down when they don't have a strong relationship with their social worker. This year we asked Oranga Tamariki social workers about what gets in the way of their ability to develop meaningful connections. They spoke of not having enough time, which impacts their ability to build relationships with tamariki, rangatahi, whānau and caregivers.

"It's definitely about relationships – trying to build that trust with them is important so that they are comfortable being honest with you about what they actually want. The timeframes for us to build those relationships is a challenge – the KPIs are too high. To build relationships with whānau takes a long time."

Rangatahi spoke of not being able to get in contact with their social workers, with one rangatahi telling us they stopped bothering to contact their social worker. One rangatahi told us that it can take a week for their social worker to respond to their text messages, with another telling us that they will call or walk into the Oranga Tamariki office for help, as they can never reach their social worker.

"Last year I was in a hostel, and I needed her [social worker] because of that, but I couldn't really reach her. She never replied back. Like I know how to reach her, but she just didn't get back to me." Some rangatahi told us they feel they always have reach out to connect with their social workers. "My Social Worker doesn't come and see me, I have to go see her, I hate that office. I haven't had any good social workers."

Some whānau also spoke of their experience of frequent social worker changes and the effect this has on them, their tamariki, and their situation. One whānau member described this as *"one of the failures of the system."*

Good relationships make a difference for tamariki, rangatahi and whānau

When social workers have good relationships with tamariki and rangatahi it supports tamariki and rangatahi to feel safe, loved and cared about.

In a trusted relationship, tamariki and rangatahi are more likely to engage with their social worker, with one Oranga Tamariki staff member telling us when a tamariki *"came up to me and gave me a hug was when I knew I'd gotten through with him."*

Some tamariki and rangatahi told us that when they see their social workers regularly, they know they can reach out to them for support, and they feel heard. One tamariki told us that it's easier to communicate with someone they know and feel

connected to. Another talked to us about how they could talk to their social worker when they were being bullied, and another referred to their social worker as *"a go to person"*.

"I love her so much. She was my social worker for ages, then she left, then she came back. I see her more than usual, we are quite close, she might have to see me every six or three months, but we see each other more than that."

Another tamariki told us *“One of my past social workers cared about the children more than the money. I could just sense it.”*

Some tamariki and rangatahi spoke of how their social worker helps to get them things that they need or want. They told us that their social workers have provided items such as a laptop, mobile phone and sewing machine for them. One rangatahi told us how their social worker arranged a bond payment, provided financial assistance for petrol and accommodation when they travelled to another area for a university interview, and told them that they will pay for accommodation for the three years they are at university.

Some whānau spoke about the good relationships they have with social workers, based on trust, understanding and good communication. One whānau member told us their social worker is

“magic” and that without them they would have gone back to jail. Another said that Oranga Tamariki has been good to them, and that we should *“look at Oranga Tamariki as placing kids in a safe place.”*

Some whānau did not receive support after their tamariki were taken into care. *“I was blinded by the drugs, the negativity, by the no hope that I had – and the no support that I had. Whatever I was reading from Oranga Tamariki, it kept me in that dark place. And it made me prolong my process that I wanted to reach that goal, but I didn’t know where to start. I had no hope, no support. Five years later I did get some support; and some good support. I wish I had found that earlier.”*

Hearing about the impact that a trusted relationship can have, highlights the importance of prioritising time to build them.

Access to support

Tamariki, rangatahi, whānau and Oranga Tamariki staff feedback was mixed about being able to access or provide support.

Tamariki and rangatahi talked to us about the positive relationships they have and the support they receive from communities. Some rangatahi told us that community providers have helped with things such as getting their driver’s licence. They spoke of community providers acting as an intermediary between themselves and Oranga Tamariki with one whānau telling us their relationship with Oranga Tamariki has been *“awesome”* since the involvement of the provider. They spoke of community providers getting the assistance they need, such as wraparound counselling services and providing food for them when *“things are really tight financially.”* They told us if they have any worries or concerns, they can go to the provider.

Other whānau members talked about being provided with material items to meet the needs of tamariki and rangatahi. They spoke of being provided with financial assistance, household appliances, items for school, and items for tamariki.

“Oranga Tamariki gave the most support during this time when I wasn’t here and that was massive. I was the stay-at-home dad before, then it changed. We were running a business, so Oranga Tamariki helped us, financially, travel vouchers and food. Our Social Worker made it all around my time, even organised before and after school care. I need to work and because I am the only adult here, I need to organise everything. Our Social Worker, she even came in her pyjamas to help us. The biggest support was her belief in us.”

Some Oranga Tamariki staff spoke of not feeling supported to provide consistent help. They described this as a *“disconnect between on the ground practice”* and national office. Some talked to us about barriers they face to access funding to support tamariki, whānau and caregivers being due to policies and budget constraints.

Social workers told us that national office staff don't realise the impact of their decisions, such as no longer accepting purchase orders for food, with one social worker telling us they had to advocate for their caregiver as this was crucial for them. They spoke of being declined requests for food vouchers, phones, and materials they need for wellbeing, as a result of a national office decision. One staff member described the disconnect, saying *"the front of house and the back of house is not working together."*

Some site leadership and Kairaranga ā-whānau told us that national office is *"trying to nationalise their policies and procedures"* without taking into account that each region is different and may have different practice requirements.

Some social workers told us they were not feeling supported by their site leadership, telling us of inequalities in gaining funding and feeling ashamed to ask for money.

"It's a real struggle when we can't provide financial support, we might look to Work and Income to help. It's not an empowering process for our families to work with. It's not the only one. There is a massive disconnect between those making decisions and those on the frontline."

Support for caregivers

We found manaakitanga is supported when resources were made accessible to caregivers and Oranga Tamariki data indicates this is improving. Oranga Tamariki reported that in 75 percent of reviewed cases with a caregiver support plan (168 of 225) the caregiver's financial assistance needs were identified in the plan, which is a nine percent improvement from last year. In 72 percent of cases (178 of 246) there was evidence the caregiver support plan included the needs of the tamariki.

Some caregivers talked to us about being provided with material items which enable the needs of tamariki and rangatahi to be met. They spoke about being provided with uniforms, beds, cots and other related baby items, school supplies, and fortnightly payments which enables them to purchase clothes for tamariki in their care. One caregiver told us that once they were aware of their entitlements, they gave a *"shopping list"* and the tamariki *"thought it was Christmas."*

Some caregivers told us that they were provided with items for tamariki in their care without even asking for them. This differs from some social workers' experience of struggling to access funding. What this tells us is that practice varies between sites and communities.

When talking about support for educational needs identified in plans, some caregivers spoke positively of the support they receive from schools, and how

this contributes to positive outcomes for tamariki and rangatahi. Some caregivers told us that tamariki and rangatahi have excellent relationships with their teachers and told us that teachers keep in close contact with them and provide regular updates. They told us that additional support is provided for tamariki and rangatahi where required, such as the school liaising with mental health services, having additional sets of uniforms provided, providing teacher aides, providing camping equipment for school camp, and providing mentors for rangatahi. One caregiver told us *"You just say what you need, and they get it for you"*.

Some caregivers also spoke positively about the lawyer for child and the relationship they have with tamariki and rangatahi.

Overall, we can see improvements in Oranga Tamariki self-reported data in the proportion of caregiver support plans capturing caregiver needs, however caregivers told us respite care remains an unmet need with only 72 percent of caregiver support plans capturing the need for respite care.

When we spoke to caregivers from care partners about access to respite care, it was clear they had a different, more positive experience. Caregivers with care partners often talked about training and respite as compulsory - something they were expected to participate in or make use of. This contrasted with the experience of Oranga Tamariki caregivers, many

of whom said they needed to advocate for training themselves or had to find their own respite carers or circumvent the requirement for safety assessments by using family or close friends to provide respite care. They also told us about not being visited at the

agreed frequency laid out in their plans and feeling disrespected and intimidated. One caregiver told us

"I can understand why caregivers walk away and give up".

Cultural competence

When staff lack cultural competence, it can negatively impact relationships between Oranga Tamariki, whānau and other organisations.

Some Oranga Tamariki staff told us they have seen negative attitudes towards whānau and caregivers. They say the system is not equitable. One staff member told us that investigations differ depending on whether a Māori or Pākehā family is involved. For example, an investigation into a Pākehā whānau concluded that

"The mum is a manager at a bank so it must be a good whānau. We'll close that [investigation]."

Staff talked about how some colleagues take whānau statements out of context, because they do not understand the differences between te reo Māori and English expressions. They told us about staff making judgements about whānau based on reading historic reports rather than meeting them, and noticing a deficit rather than taking a mana-enhancing approach and *"putting the whānau in the centre"*. One staff member told us that caregivers are judged when they ask for support. Although discussed by staff in the context of cultural competence, the cause may reflect a more general practice concern.

Some Oranga Tamariki Kairaranga ā-whānau spoke of a lack of cultural competence in non-Māori staff, which can damage relationships. We were told that staff will make decisions without involving the Kairaranga ā-whānau, and *"all of a sudden"* the situation will be escalated back to them when the whānau do not want to engage.

Some staff told us that leadership want a te ao Māori approach, but only on their terms. One social worker said *"There have been changes, but they say its CYF tikanga Māori not Māori tikanga Māori"*. Kairaranga ā-whānau told us that some leaders do not, or choose not, to understand the tikanga. One person said:

"Te ao Māori culture I feel is sometimes discouraged from our leaders. They say we will never be te ao Māori, and they say we can be Māori, but not too Māori. Some of our leaders are like this, not all."

NGO, Māori and iwi organisation staff we spoke to told us that they support and advocate for whānau, and work in a whānau-centred way, which supports manaakitanga. They say they support whānau, so that their tamariki can stay at home. They ensure the whānau voice is heard when Oranga Tamariki makes plans about tamariki and rangatahi, and they push to get whānau involved in creating solutions when Oranga Tamariki puts *"unrealistic plans"* in place.

We have noted that Oranga Tamariki has implemented *Te Hāpai O* for its workforce, and although it is too soon to see the impact of this cultural capability building programme. We will continue to listen to the experience of tamariki, rangatahi, caregivers, whānau and providers to see whether they see a corresponding improvement in how Oranga Tamariki staff carry out their roles.



Whanaungatanga





Whanaungatanga

Whanaungatanga is achieved when tamariki and rangatahi have strong, healthy and positive relationships and connections with their whānau, hapū, iwi and people around them.

Whānau and family connections are crucial for all tamariki and rangatahi. Tamariki and rangatahi living outside of their homes are particularly vulnerable to a disconnection of who they are and where they are from. Developing and nurturing wider whānau relationships can support deeper, meaningful connections to Māori whakapapa and cultural identity, preserving this knowledge for future generations.

Oranga Tamariki has a responsibility to ensure connections for all tamariki and whānau are honoured and that tamariki and rangatahi in care have every opportunity to maintain relationships.



What the Oranga Tamariki data tells us

Oranga Tamariki carried out case file analysis to understand whether there is evidence that the child's need to establish, maintain and strengthen connections with their family, family group or whānau has been sufficiently considered in the current Tuituia assessment and/or other holistic assessments.

This year, changes in Oranga Tamariki case file methodology give a better picture of how well needs for connection to whānau are assessed. There have been improvements in how well needs are assessed and planned for however, casefile analysis shows that support to maintain connections to whānau has declined since last year.

The Oranga Tamariki data shows that:

Connections with whānau



96 percent of tamariki have immediate whānau members identified in their case files and/or assessments. The need for the child to maintain connections

with their family, family group or whānau was assessed in 89 percent of reviewed cases with a current assessment.

Contact with whānau



2020/2021

2021/2022

Contact arrangements for whānau were detailed in plans for 95 percent of reviewed cases with a current All About Me Plan and/or other plan. Last year, these figures were measured from data derived from All About Me Plans alone and was 57 percent.

Supporting whanaungatanga



There was support for tamariki to have contact with their family, family group or whānau in 87 percent of cases.

Connecting with hapū and iwi



38 percent of current All About Me plans or other plans contained actions to maintain or strengthen connections between tamariki Māori and their hapū and/or iwi.

Relationships with hapū and iwi



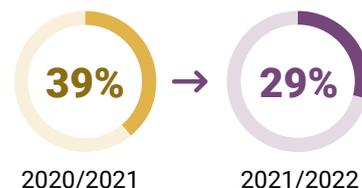
13 percent of tamariki Māori have connections to key people from their marae, hapū or iwi (64 of 492 case files). This information was not available last year.

Contact with hapū and iwi



Nine percent of plans for tamariki Māori included contact arrangements with key people from their marae, hapū or iwi. This was found in 42 of 450 cases that were reviewed.

Supporting connections



29 percent of tamariki Māori were being supported to connect with their marae, hapū or iwi. This has declined from 39 percent in 2020/2021.¹

Hapū and iwi participation



Five percent of current plans considered the views of hapū or iwi.

The NCS Regulations provide that the views of whānau, hapū and iwi must be heard, and that tamariki and rangatahi have the right to be supported to connect to their marae, hapū and iwi. Oranga Tamariki has been able to provide us with more information this year, and from this information we can see that

there is a lack of connection and consultation outside the immediate family / whānau group.

Oranga Tamariki has also told us that the low results in relation to a child's connection with their marae, hapū or iwi, may in part be explained through how information is recorded – it can be difficult to distinguish in case file analysis between an engagement which is with a whānau member, versus engagement which might more broadly represent engagement with marae, hapū and iwi. They do accept however, that they need to consider a change to the methodology of reviews or how information is recorded so they can be confident of what this says about practice.

¹ In 2020/21 casefile analysis looked at whether support was provided for connection between tamariki Māori and their marae, hapū or iwi only when there was an identified need in their plan. In 2021/22 casefile analysis looked at whether support was provided for all tamariki Māori. We consider this to be a positive change in the methodology but note that it may contribute to the decline.



Key insights from our community visits

Connecting with whānau

We spoke with tamariki, rangatahi, whānau, caregivers and agency staff about their experiences of whanaungatanga. Many told us they feel adequately supported to connect with their close whānau members even when they are living in a different area, with their **social workers organising trips home and making sure they have the resources for regular contact (such as phone calls)**. However, **we often heard that tamariki and rangatahi feel detached from their wider whānau**.

Visiting

We spoke to caregivers and communities about how, at times, **Oranga Tamariki visiting policies and processes can feel restrictive**. They told us about the creative and flexible ways they work with whānau and wider whānau to ensure tamariki and rangatahi have opportunities to develop connections to their whakapapa.

Cultural connections

We heard from tamariki and their whānau about how it feels to have **broken connections to their culture**, and whānau told us how it can sometimes feel as though they are being negatively judged for being Māori.

Establishing relationships

Oranga Tamariki staff talked about cultural nervousness and how a lack of support from the organisation can be a barrier to establishing relationships. They also discussed intergenerational trauma and historical distrust of Oranga Tamariki and acknowledged Kairaranga ā-whānau staff are valuable to help tamariki connect to their wider whānau. They also told us that that **timeframes and policies can get in the way of developing natural, meaningful connections**.

Commitments and changes in response to our 2020/2021 report

In response to our 2021 report, Oranga Tamariki reported that it has taken a number of steps to strengthen connections between tamariki Māori and their whānau and culture.

Oranga Tamariki told us it is making a “*fundamental shift in its approach to practice*” and that “*at the heart of this shift is the relationships [it] builds with the tamariki, whānau, communities and partners they work with*”. Oranga Tamariki acknowledge this will require changes, at an organisational and individual level. It told us that “*practice will draw from Te Ao Māori knowledge, methods and principles which are by their nature relational, restorative, and inclusive. This shift in practice will benefit all young people including tamariki and whānau Māori*”.

The number of Kairaranga ā-whānau and Māori specialist roles has increased. In June 2021, Oranga Tamariki had 124 Māori specialist roles situated around the country with 84 staff in positions. In June 2022, this had increased to 140 Māori

specialist roles with 100 staff in position. We have heard from Oranga Tamariki staff about how the increase of these roles is having a positive impact on connecting tamariki to whānau and wider whānau, including hapū and iwi.

The policy for the All About Me Plan has been updated to highlight the requirement to undertake thorough whānau or family searching, and engage members of the family, whānau, hapū, iwi or family group who can contribute to the planning process. We can see from the self-reported data above, this policy is yet to make an impact on practice, as engagement with hapū and iwi is very low.

Oranga Tamariki also told us they are working with Whānau Care² to recruit and support caregivers in partnership with iwi and kaupapa Māori providers to ensure that wherever possible, tamariki are in safe, stable, and loving care within their whānau, hapū or iwi.

Whanaungatanga in detail

Developing meaningful relationships with wider whānau, including hapū and iwi

While there is some evidence that indicates a positive shift in practice and staff cultural capability, Oranga Tamariki data tells us there is a need for improvement when it comes to supporting wider whānau connection.

Oranga Tamariki case file analysis showed that there was evidence that tamariki Māori were being supported to have contact with their marae, hapū or iwi in 145 out of 493 cases (29 percent of cases).

Oranga Tamariki staff experiences of this were mixed. Some told us about how a lack of cultural

confidence and knowledge can be a barrier to developing relationships. One staff member talked about feeling “*nervous*” and “*worried*” about a “*new way of working - Māori vs Pākehā*”. Other staff talked about wanting to assist in strengthening connection, in a genuine way without “*tokenism*” but not feeling supported by Oranga Tamariki.

Social workers spoke about a shift in practice, and how this is helping them to overcome disconnection. Many staff talked about this shift, and a renewed focus on including whānau in

² Oranga Tamariki and Waitomo Papakainga launched Whānau Care in 2020. It is an initiative to ensure tamariki who need care are living with carers who share whakapapa connections. Whānau Care supports iwi and Māori organisations across the country to better support tamariki Māori.

planning and decision making to support connection and to better understand the needs of whānau, tamariki and rangatahi. Many staff spoke about how cultural competency underpins their practice and supports them to connect or look for those whānau, hapū, or iwi that can be the “bridge” in reconnecting tamariki and rangatahi Māori to their identity and sense of belonging.

We talked to tamariki and rangatahi about how it can feel when connections are broken. A rangatahi told us about the power of working with an independent advocate. *“I guess Oranga Tamariki hasn’t really helped me make a connection to my whānau or hapū. When I started getting involved with VOYCE [VOYCE - Whakarongo Mai], that’s when my kaiwhakamana [advocacy worker] got me in touch with my iwi and enrolled me with my iwi. Then I found more information about my iwi and stuff. I asked Oranga Tamariki, and they wouldn’t help me. One of the comments I got was ‘I am a Pākehā lady, and I don’t know anything about te ao Māori, so I won’t be able to help you.’”*

Some whānau told us they want their tamariki to be connected to their Māori culture and identity but feel Oranga Tamariki staff disrespect Māori culture. They say they struggle to arrange for their tamariki to attend events that are personally and culturally significant (such as visits to marae or attending tangi) as social workers say their requests are made at short notice. One person told us *“We were told it’s too short of notice. People don’t die on just days of week. The Māori social workers did not make a difference. One owned up and said sorry, but this was much later, and it was too late. She wasn’t able to make any difference by then.”*

Whereas we heard about challenges with Oranga Tamariki, communities talked about how they support whanaungatanga. They *“lean into”* their social and whānau connections, using the power within the community. One staff member said

“Recently we got a call saying that they [Oranga Tamariki] were unable to connect a rangatahi with whānau. We were able to connect them and support them to come up with a plan. Just like that our nan is talking to their nan and next thing you know mountains move.”

Other staff working in communities spoke of the power of working in their own communities to help tamariki return home. For example, one staff member said

“I’ll go to where I need to make sure our whānau are well. We have managed to do whakapapa research. We find whānau, they become approved kaitiaki [guardians] through us, we maintain mana motuhake [autonomy]. Oranga Tamariki like to tell us what to do, but we lead this out and we successfully return tamariki home. We currently have five of these cases”.

The role of Kairaranga ā-whānau

Kairaranga ā-whānau is a specialist role within Oranga Tamariki designed to help weave connection between tamariki, rangatahi and their whānau, and support iwi affiliation for tamariki Māori. There are now Kairaranga ā-whānau in most sites.

Last year Oranga Tamariki reported that 88 percent of tamariki Māori had at least one iwi affiliation recorded. This year Oranga Tamariki told us that there is evidence from structured data that iwi affiliation was recorded 90 percent of the time.

Staff told us about instances when intergenerational trauma and distrust of Oranga Tamariki has created a barrier between them and whānau and made whānau hesitant to share whakapapa and whānau connections. They say that the Kairaranga ā-whānau role has been a *“huge benefit”*, helped to heal this distrust and helped staff understand what whānau need to connect their tamariki and rangatahi with their whakapapa.

One staff member told us

“I want to add that from a site perspective it’s building the confidence in our kaimahi so that they are able to do what [Kairaranga] is talking about – so that they are confident enough to talk with whānau, talk with marae, and talk with other areas they may have connected us to – it’s building that confidence within themselves. It’s part of that journey.”

However, staff often spoke about the role being “stretched in every direction”, and that all staff need to take responsibility for working in a culturally competent way, and not just rely solely on the expertise of Kairaranga ā-whānau.

In its report *Hāhā-uri, hāhā-tea - Māori Involvement in state care 1950–1999*, the Abuse in Care Royal Commission of Inquiry identified the risks of insufficient bicultural capability and capacity. The report says *“The lack of Māori capacity within the system has meant Māori staff have often had unrealistic expectations placed upon them. Māori staff were often used to provide advice on Māoritanga however, their knowledge, skill and ability went unrecognised and unrewarded. Burnout and high turnover of Māori social workers resulted in a drain of Māori knowledge and capability from the sector.”*³

Whānau visits

Oranga Tamariki reported that in 95 percent of reviewed cases with a current All About Me Plan (and/or other plan), that plan included details on contact arrangements with members of the child’s immediate family, whānau or family group.

Looking at the All About Me Plan alone, 82 percent of reviewed cases with a current All About Me Plan included details on contact arrangements. This is a marked improvement on the 2020/2021 period, when evidence was found of contact arrangements with family, whānau or family group in 57 percent of reviewed cases with a current All About Me Plan.

However, when discussing the quality of whānau visits, some staff talked to us about limited facilities for tamariki and rangatahi to use during supervised whānau visits that were fit-for-purpose. For example, a staff member told us *“Access that needs to be supervised lacks resourcing – the supervised access provider is the one and only– it is a sterile and non-natural environment. Even if we have someone willing [to supervise access] there is nowhere nice for them to go – they don’t have normal spaces– Chipmunks [an indoor playground] isn’t normal. We are setting up false pretences - we have the resources that parents don’t. Very limited in the ways to deliver to this in a natural and sustainable way.”*

Some caregivers told us about working around Oranga Tamariki policies and processes to create space and flexibility for tamariki to connect with, and visit, whānau. Sometimes they use technology to share milestones and photos with whānau. They told us that Oranga Tamariki’s support for supervised visits is inconsistent, and this has a negative impact on whānau.

One caregiver told us the responsibility to supervise and fund visits can fall on their shoulders, with limited support from Oranga Tamariki.

“Oranga Tamariki did not want to be involved because of all the issues, so now I rent a church room. It is quite a job to unlock, clean it all up and get everything sorted. I asked Oranga Tamariki for help with this. Fifty-two times a year I have to do the supervision.”

One child said their caregiver’s support has helped them connect with their whānau. *“I don’t talk to anyone, but before I leave the house I always ask [caregiver]. She says I can see my family whenever I want to. My last caregiver didn’t want me to see any of my family and made me choose between my family or her, and if I contacted my family she would kick me out.”*

Staff from communities also spoke about “working around” Oranga Tamariki to facilitate access to whānau and recognised the work of caregivers. One NGO staff member told us

“We got so sick to death of our tamariki not having access [to whānau], so we created our own processes for them to have access. I don’t have time, our social workers don’t have time, but we do it because the tamariki need to see whānau ... it’s right to stay connected with whānau in any way it can happen safely ... we’ll sit there with them for three hours if needed... they [Oranga Tamariki] get really hōhā but we’re talking about their future. Why don’t we build that safely – that relationship with whānau to make it safe for tamariki so they’re not getting into dangerous situations when they’re rangatahi”.

³ Savage, C., Moyle, P., Kus-Harbord, L., Ahuriri-Driscoll, A., Hynds, A., Paipa, K., Leonard, G., Maraki, J., Leonard, J. (2021). *Hāhā-uri, hāhā-tea - Māori Involvement in State Care 1950-1999*. Report prepared for the Crown Secretariat. Ihi Research. p.28

“We’ve got a six-year-old on site who has zero relationship with whānau and we’re still fighting with the [Oranga Tamariki] site to get something moving to see them. We have amazing caregivers who research the kid’s whakapapa and do whakapapa with them every morning so they can learn them. We had to correct some of their whakapapa because kids were being taught the wrong ones and were getting confused because they don’t know who they are ... you have to dig to find out, they don’t know their stories.”

Policies and timeframes

Oranga Tamariki told us that policies and processes create time constraints that, in turn, create barriers to connecting tamariki with their whānau, hapū, iwi and other important people in their lives.

One staff member explained that time is allocated to making connections with whānau, hapū and iwi, which results in these connections being forced. Staff say the system has created barriers and contradictions and does not give whānau the time to build trust, foster connections and come up with plans. They say it is “unrealistic” to expect social workers to build trusting connections with whānau or have a positive impact on the lives of tamariki in care.

For example, one staff member told us “Our connecting of tamariki and rangatahi to their whānau, hapū and iwi comes from a place of rush – there’s this court allocated time to get them sorted – we use the genogram for connections. Whānau can gatekeep [these connections]. If they have been in care for a while, there is a lot of mistrust of Oranga Tamariki – we do practice very differently to how we did. It’s not just about building relationships with tamariki it’s also showing the new way in which we work.”

Other staff talked about the barrier created by the initial twenty-day assessment turnaround when tamariki enter care. They spoke of the difficulty of identifying and connecting with whānau, overcoming distrust, building relationships, and supporting the participation and voice of whānau in a meaningful way within a timeframe. One staff member told us “When we talk about meaningful engagement, engagement doesn’t happen in a timeframe... engagements need to occur naturally and in whānau time, but also balancing up safety for tamariki.

But we’ve created our own system and barriers”. Another staff member told us that current time constraints risk exacerbating the current tension between a “push for whakawhanaungatanga and high caseloads”.

Oranga Tamariki told us that some timeframes are legislatively based and unable to be shifted, and that while there is a timeframe around initial assessment, assessment should be a continual and collaborative process used to understand the risks, needs, challenges and strengths of tamariki, their parents/caregivers and their whānau or family over time. Plans should be continually reviewed including ensuring the connection with family and whānau is meeting the needs of all tamariki and amended where necessary.

Some Oranga Tamariki staff talked about the pressures of external deadlines, such as court date deadlines, and the complexity of working within tight timeframes which inhibit whanaungatanga.

“Court date deadlines and the KPIs put us under pressure and are barriers to our mahi. I get frustrated when needs change and evolve and really good things are not approved because they are ‘not in the plan’. We need to be able to move with what is happening in the present for our tamariki. We need to be able to evolve so that we can give tamariki the best options when they arise, even if it was not originally the plan.”

These experiences align with recent findings in the 2020 report, Taniwha I Te Ao Ture-ā-Whānau: Whānau Experience of Care and Protection in the Family Court⁴, which found that Family Court proceedings are not whānau focused.

In response to staff comments about deadlines, Oranga Tamariki advised us that court dates, which are either every 6 or 12 months, are known well in advance. If the needs of tamariki change during the period of their court plan staff can capture this in their All About Me Plan and need not wait for the court plan to be updated.

⁴ Boulton, A., Wikaira, M., Cvitanovic, L., Williams Blyth, T. (2020). Te Taniwha I Te Ao Ture-ā-Whānau: Whānau Experience of Care and Protection in the Family Court. Whakauae Research for Māori Health and Development, Whāia Legal, Te Kōpū Education, July 2020.



Rangatiratanga





Rangatiratanga

Research shows that empowering tamariki and rangatahi to be experts in their own lives has a positive impact on them and that “wellbeing is improved by a sense of having a voice, perspective and opinions that are heard and respected.”¹

When rangatiratanga is achieved, tamariki and rangatahi, and their whānau, are involved, empowered, and supported to become self-determining and leaders of their own lives.



What the Oranga Tamariki data tells us

This year, changes in Oranga Tamariki case file methodology provides a better picture of how well tamariki and their whānau are consulted for needs assessment. Based on casefile analysis of Tuituia and other holistic assessments, in four out of five cases tamariki and their whānau are being consulted during the needs assessment. This is an improvement from last year. There has also been a small improvement of how well the views of tamariki and their whānau are taken into account in plans.

Oranga Tamariki case file analysis shows:

Views of tamariki and rangatahi



81 percent of needs assessments considered the views of tamariki and rangatahi (case file analysis of current Tuituia assessment and/or other holistic assessment).

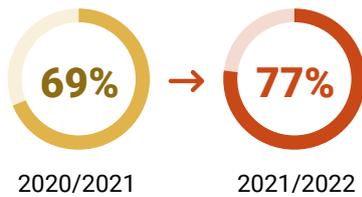
Wishes and aspirations



64 percent of current plans for tamariki over the age of five included the child's wishes and aspirations (based on current All About Me Plan and/or other plan for cases reviewed).

¹ Mental Health and Wellbeing Commission, Te Rau Tira, Report on Outcomes 2021, www.mhwc.govt.nz.

Views of whānau



77 percent of plans considered the views of whānau, an improvement of eight percent from 2020/2021 (based on current All About Me Plans and/or other plans for cases reviewed).

Views of hapū or iwi



For tamariki Māori, five percent of plans considered the views of hapū or iwi (based on current All About Me Plan and/or other plans for cases reviewed). Oranga Tamariki told us that this may in part be explained by the way these questions are framed in the case file analysis.

Oranga Tamariki data also shows:

Complaints

Oranga Tamariki continued to receive few complaints from tamariki and rangatahi.

Grievances

349

349 grievances were made by tamariki and rangatahi at youth justice residences.

108

108 grievances were made by tamariki and rangatahi at care and protection residences.

Improvements are still needed to ensure the grievance process is effective and accessible for tamariki and rangatahi.



Key insights from community visits

We asked tamariki and rangatahi to tell us if they feel listened to, are involved in decisions and plans, are supported to have their wishes and views heard, and know how to (and who to) speak to when they have a complaint or problem. The themes from these conversations, and the barriers and enablers that were discussed, were similar to those we heard last year.

Relationships with tamariki and rangatahi

Oranga Tamariki staff told us that a lack of time was impacting on their ability to build relationships and have purposeful conversations with tamariki and rangatahi. They told us about how **completing internal administrative tasks and the time, and distance, it can take to travel to see tamariki posed barriers to spending time, and building relationships, with tamariki and rangatahi.** We also heard how relationships between different Oranga Tamariki sites can impact on the quality of care that tamariki and rangatahi receive when they move, or transition, to a new care placement.

Involvement

When tamariki, rangatahi, whānau, caregivers and Oranga Tamariki staff spoke about the quality of their involvement in assessments, plans and decision making we found that their **experiences were mixed.**

Supporting participation

Tamariki and rangatahi shared both positive and negative experiences of being involved in decisions and being supported to express their views. We heard how **caregivers and VOYCE play a vital role in helping tamariki and rangatahi to express their views and participate in decision-making.**

Relationships with caregivers

Caregivers told us how important it was for them to be able to speak up, be heard, and **advocate on behalf of the best interests of the tamariki and rangatahi in their care.** Caregivers with negative experiences of rangatiratanga told us how they felt **excluded from care decisions, despite feeling like they knew the tamariki and rangatahi best.**

Relationships with whānau

Some whānau members told us they had a good social worker, or other professional, that advocated for them and helped their voices to be heard. However, **many whānau members told us about their experiences of not feeling listened to, not being able to have a say in decisions, and complaints or concerns not being heard.**

Commitments and changes in response to our 2020/2021 report

In our last report, we found that tamariki and rangatahi do not know and understand their rights. In response to this finding Oranga Tamariki told us they are strengthening the feedback and complaints system through the Manaaki Kōrero project which is a partnership with VOYCE Whakarongo Mai. They also told us that they have updated the

'My Rights My Voice' resource and have introduced a new Practice Framework which place the rights of tamariki and whānau at the heart of statutory social work practice.

Rangatiratanga in detail

Informing tamariki and rangatahi about their rights

Oranga Tamariki has focused on improving awareness of rights, particularly for rangatahi in residences, however we continue to hear mixed experiences from tamariki and rangatahi in communities.

Agencies are required to give tamariki and rangatahi in care, and their whānau, information about their rights and advocacy services. This supports tamariki and rangatahi to share their opinions and shape their plans and pathways to success.

In our 2020/2021 report, we said that Oranga Tamariki quantitative data does not show whether tamariki and rangatahi are informed about why they have been brought into care, or if someone has explained how their whānau, hapū or iwi will be involved in decisions about their care. In 2021/2022, this continues to be the case.

Oranga Tamariki says that *"Given the importance of ensuring that every tamariki and rangatahi is entitled to receive information about what they can expect when they are in care, and be supported to raise any concerns they have, we have a high expectation set of the quality of work done by social workers and do not measure compliance with structured data or analysis".²*

Most tamariki and rangatahi we spoke to knew someone they could turn to if they had a complaint or a problem, although some told us they did not know how to make a complaint. For example, when we asked one rangatahi if a social worker had talked about what to do if they were unhappy about a decision relating to their plan, they said *"No, I don't know about that"*.

As already noted Oranga Tamariki is working with VOYCE Whakarongo Mai to strengthen the feedback and complaints system. VOYCE was established in 2017 to *"...amplify the voices of [tamariki and rangatahi in care] and ensure that they are heard – so as to positively influence their individual care and to collectively affect change in the wider care system."³* We expect to be able to report on the changes made to the feedback and complaints system in our next report.

² Oranga Tamariki Response to the Monitor's Data Request

³ www.voyce.org.nz

Giving tamariki and rangatahi a voice

Oranga Tamariki case file analysis shows that the views of the child were considered in the current Tuituia assessment and/or other holistic assessment in 81 percent of the cases.

We also asked Oranga Tamariki for data on whether the child's current All About Me Plan and/or other plan contained information on the child's wishes and aspirations. Oranga Tamariki told us that they do not collect this data for children under the age of five. For children over the age of five, there was evidence of the child's wishes and aspirations in 64 percent of reviewed cases with a current All About Me Plan and/or other plan.

During our community visits, we spoke to rangatahi and tamariki about their experiences of being supported to become leaders of their own lives. Some tamariki and rangatahi we spoke with say they feel listened to, are involved in decisions and are being supported to have their wishes and views heard. Others say they do not feel heard and

described the impact this has on them. A rangatahi said

"I do get a say. They act like they do it, but then they don't do it. They give me a timeframe, and then when the month passes – it still hasn't happened. For example, I asked if I could move to [other place] to a home – and they say wait and wait – and it never happens. I hate getting false promises".

Tamariki and rangatahi told us that caregivers and VOYCE also help them to express themselves.

A rangatahi said *"I think coming into VOYCE I learned how to build up my own courage and make sure my voice is heard. It makes a huge difference to be heard. Prior to February, I guess, before then I was in about nine placements".*

Building and maintaining relationships with tamariki and rangatahi

As we outlined in Manaakitanga, building and maintaining strong relationships leads to better outcomes for tamariki and rangatahi.

During our visits, we asked Oranga Tamariki staff about what helps tamariki and rangatahi to have a say in the big decisions that affect them. Staff spoke of the importance of being honest, following through with promises, and admitting when things have not gone well or as they planned. A staff member said

"for me it is about the relationship and being able to trust that you won't just drop it, you will follow through. If they are brave enough to tell you – you need to act on it. Time is really important too".

Oranga Tamariki told us that it is working with VOYCE on various projects and VOYCE representatives and Oranga Tamariki National Residence Managers have monthly meetings.

VOYCE kaiwhakamana visit tamariki and rangatahi in residences on a weekly or bi-weekly basis nationally.

Oranga Tamariki staff also told us how different sites are working with community organisations to support tamariki and rangatahi. For example, an Oranga Tamariki staff member said *"We engaged two other youth services in the community. It's becoming a youth hub so we can access preventative stuff. Creating solutions within our own communities is possible. The community has come on board to use this space. We are looking at a satellite space also. A joint co-located site is possible in the future. Covid has held this up. Will be with hapū services eventually. Trying to address the issues we have identified. We work on the connections between the community and us. We do the best we can with what little resources we have."*

Oranga Tamariki staff told us that limited resources (such as transport), and the distance and time

involved to travel to tamariki and rangatahi, mean that sometimes they cannot visit them. A staff member told us: *"If I don't have the time and they are an hour away, I don't have the time. I can't book the car; I have no time, and this inhibits this happening. It can be a barrier"*.

Staff also say the pressures and demands on social workers, and the nature of their work has changed. A staff member told us

"I've come back from being seven years away. From what I can see peoples' caseload are less, but workload has quadrupled. So many people with

fingers in the pie. So many tasks. A big part of the social work role is managing internal demands. The thing is that this has grown exponentially."

Another staff member told us *"Caseloads are a common theme. It's not just that though. Caseloads have gone down but it's just the tasks that we have to do have gone up. I think the assessment team is probably two years tops for experience. That has quite an influence on things. There are lots of tasks around moving information into different templates for different assessments, Tuituia (assessments), changing it for referrals."*

Whānau, hapū and iwi involvement in decisions

Oranga Tamariki data shows an improvement in the number of plans considering the views of whānau. However, many whānau told us about their experiences of not feeling listened to.

Oranga Tamariki casefile review shows that the views of whānau were taken into account in the current All About Me Plan and/or other plan, in 77 percent of cases. This is an improvement on 69 percent of cases in 2020/2021, although we note Oranga Tamariki has made some small adjustments to the collection methodology between years.

Oranga Tamariki casefile reviews also shows that for tamariki Māori the views of hapū or iwi were taken into account in the current All About Me Plan and/or other plan in five percent of cases. Oranga Tamariki told us that the low results may in part be explained by the way these questions are framed in the case file analysis template.

Whānau of tamariki and rangatahi in care told us about their experience of rangatiratanga and being involved in planning and decisions for their tamariki and rangatahi.

Some whānau told us that they had been given information and felt that their views were listened to. A whānau member told us

"I was given a voice the whole way through. If any decisions about the girls [were to be made] they [Oranga Tamariki] would come to me. They were consistent with that".

Other whānau told us they feel judged and not trusted. A whānau member told us

"When [rangatahi] was under another social worker...there was no listening. It was really frustrating in that she'll bring up things like 'if this is how you're gonna be I'll have to think about the visitation'. It was like she was playing with our heads. It comes across as there's hope...then crush us just like that".

The views of one mother we spoke to suggest that age can be a barrier to receiving information and being involved in decisions. She said *"When I gave birth to my second son, the social worker came to the hospital and assessed me, and my son and I was told that I can go home but not my son. A social worker approached me and asked me to sign documents. The message was not clear. I was not told what those documents were. No one explained to me. He was given to my parent. When I tried to check what was going on, I gave the name of the social worker, we were told that she was on leave and at that time, my son was in ICU. I didn't know the process. I was young and they assumed that just because I am young, I won't understand anything; and they kept excluding me from conversations. They would talk to my parents and everyone else around me."*

Involving tamariki and rangatahi in decisions about their care placements

Oranga Tamariki data shows a decrease in tamariki and rangatahi moving between care placements this year. When speaking with tamariki and rangatahi they shared a mix of positive and negative experiences of involvement in decisions about care placement.

A care placement change can occur when tamariki or rangatahi move in to live with a new caregiver, moves into or out of a residence, returns home, moves to live permanently with a new whānau or family or when they move to live independently.

When a change to a care placement is planned, tamariki, whānau and other important people can get involved in the plan and decision. Transitions can be disruptive and risky, so helping tamariki understand the reasons for moving placements helps to make them less vulnerable. This is especially true when changes to their placement are unplanned.

Oranga Tamariki case file analysis shows a decrease in the number of children who moved to a new care arrangement during this reporting period. Oranga Tamariki reviewed 756 cases and found that a child had moved to a new care arrangement during the review period in 28 percent of cases (210 of 756 cases). In 2020/2021, Oranga Tamariki analysis showed that in 48 percent of cases reviewed, a child moved to a new care arrangement.

The analysis also looked at whether the transition was planned or unplanned. An unplanned transition may take place in a situation where tamariki need to be moved to a new home urgently.

Of the 210 cases in which the child moved to a new care arrangement during the review period, the transition was planned in 116 cases. At 55 percent of cases, this represents a slight decrease in the number of planned transitions when compared to 2020/2021, when 58 percent of cases reviewed involved a planned transition.

Related to planned transitions, Oranga Tamariki data also shows:

- in 89 percent of cases reviewed (103 out of 116), a meeting took place to create a plan to make the transition successful
- in 78 percent of cases reviewed (90 out of 116), evidence was found that the child was consulted or participated in the transition planning meeting
- in 94 percent of cases reviewed (109 of 116), evidence was found that the child's family, whānau and family group were consulted. This is an improvement from last year, where evidence was found 79 percent of the time.
- for tamariki Māori, in seven percent of cases reviewed (5 of 72), evidence was found that the child's hapū or iwi was consulted or participated in the transition planning meeting.

Relationships between Oranga Tamariki sites can impact on changes in care placements

Oranga Tamariki staff told us that relationships between different Oranga Tamariki sites can affect care transitions. A staff member told us

"Some sites work cohesively but ...If kids have been transferred outside my area, I have to advocate to my sister site, and they do not see this as important. Tamariki then feel like they don't trust Oranga Tamariki, they have disclosed and then been dropped. I have to kick people up the bum to get the voice carried through the system. It can be lost in the transition".

Another staff member said *"I have [young person] in a different area; I've got this case [and] I haven't even met with the kid even once. I don't have a relationship. There is a co-worker at the other office, but the budget comes from our area, I think it should come out of the national budget if children are in [a] specialist home; this place is a specialist home. They are schooling there and living there, the young person is improving a lot and is developing a lot but what's the point in us holding the case? You know?"*

We should transfer [them]... There is no point in me being involved; [just] because whānau is here, it doesn't mean the social worker should be here. This is about the child and where they live to get the support from that local office... Now the lawyer has got the court to organise whānau access, and I'm the main social worker - I got a co-worker there [in the child's region] to do the visit. But you know: what am I doing? I don't know the child; I don't have a relationship."

Assessing life skills and providing support to transition to adulthood

During the development stage between adolescence and emerging to adulthood, rangatahi learn new life skills to gain self-efficacy and self-determination. The NCS Regulations support the transition to adulthood by requiring agencies to carry out a life skills assessment.

A life skills assessment helps agencies understand whether and how much support rangatahi need to access housing, financial and health care services and obtain key documents, such as a birth certificate and other forms of identity.

Oranga Tamariki policy requires that a summary of the life skills assessment information and life skills needs of the rangatahi should be recorded in its database.

In November/December 2021, Oranga Tamariki practice leaders reviewed practice in a sample of 209 cases of rangatahi aged between 16 and 18 years old who were eligible for transition services.

This review showed that in 43 percent of the cases life skills were assessed to some extent. Of those cases, 54 percent had a summary of the assessment recorded in the Tuituia assessment for the rangatahi.

The NCS Regulations also require agencies to ensure that before rangatahi leave care or custody they understand their legal obligation to enrol on the General or Māori electoral roll once they turn 18.

The analysis found evidence that advice and assistance was provided to rangatahi to ensure that they were aware of their legal obligation to enrol on the electoral roll once they turn 18, in 11 percent of cases.

Oranga Tamariki says *"it can be particularly challenging to find evidence of this activity recorded in CYRAS, as there is no specific record in which it should be captured – therefore it is likely that this result does not fully reflect the practice that has occurred."*

Complaints

Oranga Tamariki is required to provide an effective process for people to raise concerns about their services and support for tamariki and rangatahi. An effective complaints process is one that is safe, responsive, and accessible for tamariki and rangatahi in care, and their whānau and others who want to raise concerns.

Data from Oranga Tamariki shows there was a decrease in the total number of complaints, compared to the last reporting period, falling from 1,400 to 1,147 complaints.

Of these complaints the breakdown of issues identified two key themes - related to communication and fair treatment.

We asked Oranga Tamariki to provide us with additional information on complaints including details of the timeframes for providing a substantive response to a complainant. Oranga Tamariki told us that it could not provide this data. Oranga Tamariki intends to be able to track the timeframes between the date the complaint was made and when the complaint is closed. Going forward, it also intends to capture information on actions relating to recommendations following the complaint findings.

We also note that other bodies, including the Office of the Ombudsman, have commented that it is difficult to find and then navigate through the Oranga Tamariki complaints process.

Complaints from tamariki and rangatahi

This year, Oranga Tamariki received 16 complaints, one compliment and one suggestion from tamariki and rangatahi in care.

Of these complaints, the breakdown of issues identified three key themes – fair treatment, issues raised related to the standard of care that they received, and communication.

To improve its complaints system, Oranga Tamariki is working with VOYCE on a project called Manaaki Kōrero. The project has three workstreams:

- early improvements to current residential grievance processes
- early improvements to current feedback and complaints processes and designing and delivering future state feedback
- complaints processes that are fit-for-whānau and tamariki.

Oranga Tamariki told us that this project will help it gain better insights from its grievance process and the complaints it receives.

Complaints from whānau of tamariki and rangatahi

During the reporting period, 898 complaints, 27 compliments and six suggestions were received from whānau of tamariki and rangatahi in care.

The complaints made by whānau of tamariki and rangatahi also related to fair treatment and communication.

Complaints from professionals

Oranga Tamariki defines professionals as education or health professionals, lawyers and other professionals involved in the lives of tamariki and rangatahi.

Oranga Tamariki recorded 57 complaints and 13 compliments from professionals during this reporting period. Professionals mostly complained about communication and fair treatment, and also the timeliness and the participation of families and victims in family group conferences.

Grievances

Residences are secure facilities designed to care for tamariki and rangatahi who are sentenced or on remand for alleged offending and for those whose behaviour is a serious risk to themselves or others. Tamariki and rangatahi in residences must also have access to a complaints process that is safe and accessible. This is called a grievance procedure.

Between 1 July 2021 and 30 June 2022, Oranga Tamariki data shows that 349 grievances were made by tamariki and rangatahi at youth justice residences and 108 grievances were made by tamariki and rangatahi at care and protection residences. After investigating the grievances, Oranga Tamariki recorded 40 percent as justified and 60 percent as unjustified. Although we did not have the full year's grievance data for our 2020/21 report, the number of grievances appears to be consistent.⁴

Of the 11 grievance categories, 33 percent of grievances from youth justice residences and 15 percent of grievances from care and protection residences were classified as "staff other". A further 23 percent of grievances from youth justice residences were classified as "general other".⁵

During 2021/2022, several reports were released following concerns being highlighted in the media about the care of young people in residences. The Office of the Children's Commissioner released a series of reports on youth justice and care and protection residences and in October 2021 agreed to proactively publish future OPCAT monitoring reports. The Ministerial Advisory Board for Oranga Tamariki also published a report on its review of residences⁶.

The Ministerial Advisory Board found that the "overall assessment of care in institutional residences is mixed". Within its report, the Ministerial Advisory Board noted that "the inflexibility of the grievance process within residences was raised several times" and that "changes could be made immediately to strengthen the grievance process to ensure it is more accessible and trusted by the tamariki and rangatahi it needs to work for".

Oranga Tamariki told us that it is currently taking several steps to improve the grievance process, including:

- improving the language and accessibility of tools/resources
- developing multiple mechanisms to support tamariki and rangatahi to make a complaint
- teaching how to make a complaint as a social skill
- improving investigation standards and training for kaimahi
- increasing the profile of advocacy services.

This will address the concern that we raised in last year's report that tamariki and rangatahi are required to ask staff members for a form to make a grievance. These are the same staff that manage the day to day living arrangements of tamariki and rangatahi, including them being able to leave the residences, have visitors and make phone calls.

We will continue to co-ordinate our monitoring activities with other oversight bodies and monitor the impact of these changes.

⁴ 78 rangatahi were in residential placements under Youth Justice orders during 2021/22 compared to 63 in 2020/21. 15 rangatahi were in residential placements under Care & Protection orders during 2021/22 compared to 18 in 2020/21

⁵ Oranga Tamariki defines "staff other" as "decisions or actions made by staff other" than "physical" or "verbal" actions. "General other" is defined as "any area that is not specifically covered in the alternative categories". See Oranga Tamariki response to our request for data, page 84.

⁶ www.orangatamariki.govt.nz





Aroha





Aroha

Aroha is vital for tamariki and rangatahi to feel safe and develop emotionally. Aroha is achieved when tamariki and rangatahi feel loved, supported, safe and cared for, and they can receive love and give love to others (reciprocity).

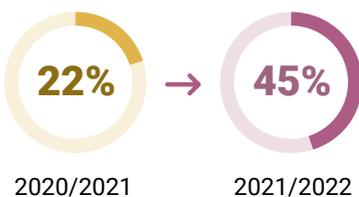
Without aroha, tamariki and rangatahi risk experiencing negative life outcomes, including abuse and trauma, poverty and poor health.



What the Oranga Tamariki data tells us about allegations of abuse and neglect

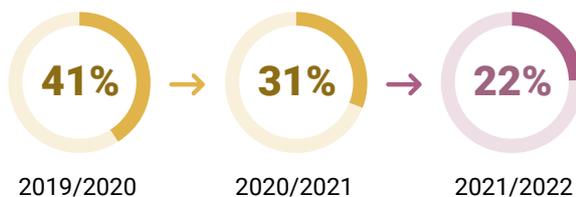
This year, we know that the response to allegations of abuse or neglect for tamariki in care has worsened in some key areas. Timeliness of completing investigations continues to decline, along with the number of caregiver support plans being reviewed following an allegation being made. We also note that the number of incorrect 'no further action' decisions has also increased. Oranga Tamariki has explained that this increase is mainly due to improper recording, rather than any failure to act.

No further action decisions



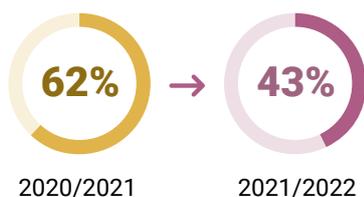
Oranga Tamariki made a 'no further action' (NFA) decision in relation to 137 reports of concern for tamariki in care and found that 62 of the NFA decisions (45 percent) were incorrect. This is a significant increase in the proportion of incorrect NFA decisions, up from 22 percent last year. Oranga Tamariki has advised that in 38 of the 62 NFA decisions, notwithstanding that a new assessment should have commenced, there is evidence of other case work underway, and the allegation was being considered within the context of that work. However, Oranga Tamariki accepts that these allegations should have been managed like any other allegation, and therefore categorised them as 'incorrect'.

Timeliness



The trend of the number of reports of concern being investigated or assessed within 20 working days, as required the Oranga Tamariki policy, continues to decline. In 2019/2020, 41 percent of cases met this standard, 31 percent of cases met this standard in 2020/2021, and this year 22 percent of cases met this standard. This decrease in timeliness and quality of decision making has occurred despite Oranga Tamariki having made changes to its assurance processes at the National Contact Centre.

Reviewing support plans



There has been a decrease in the number of caregiver support plans being reviewed following an allegation of abuse or neglect being made relating to a child or young person who is being looked after by a caregiver. Last year, a review took place in 62 percent of cases. This year, a review took place in 43 percent of cases.

What the Oranga Tamariki data tells us about other aspects of Aroha

Emergency accommodation

186 One hundred and eighty-six tamariki and rangatahi spent a total of 6,151 nights in motel accommodation.

The median length of stay in a motel was four nights. However, one rangatahi stayed in motel accommodation for over two years. Oranga Tamariki told us that motel accommodation use is closely monitored at a national and regional level.

Social worker visits



Social workers visited tamariki at the planned frequency set out in the child's assessment, or plan, or at least once every eight weeks, 70 percent of the time.

This is similar to last year.

Caregiver and household assessments



QPT analysis shows that 32 percent of tamariki were placed with a caregiver before a full assessment of the caregiver and their household, or a provisional approval, was completed.



Key insights from our community visits

Changes

We asked tamariki and rangatahi if they felt safe, loved and cared for and what made them feel that way. As with last year, many of the tamariki and rangatahi that we spoke to told us that there were important people in their lives who made them feel loved and cared for. However, we also heard from **tamariki and rangatahi who told us that they found it difficult to feel loved because of frequent changes in placements and social workers.**

Transitioning home

Whānau members told us about their experiences of receiving support when tamariki transition home, and how vital these services are. When talking about their impressions of the safety and stability of care placements for their tamariki who were yet to transition home, **most whānau members told us about how changes in their children's placements and placements breaking down have negative impacts on tamariki.**

Supporting caregivers

Caregivers talked about positive experiences of making sure tamariki and rangatahi in their care were being loved and cared for. However, as with last year's report, we continued to hear about how **a lack of information sharing impacted on caregivers' ability to care for tamariki.** Caregivers also told us about the considerable personal sacrifices they are making to safeguard stability of placements and provide tamariki and rangatahi with stable, safe and loving care.

Transition Services

Care partners, including iwi and Māori social services and other NGOs, told us that there are **challenges in the way contracts for Transition Services for rangatahi transitioning to adulthood are issued** and that there is a need to ensure that the provider has meaningful connections with rangatahi.

Commitments and changes in response to our 2020/2021 report

In our last report, we found that Oranga Tamariki respond well when tamariki first enter care but practices weaken over time. In response to this finding Oranga Tamariki told us that they were improving policy and implementing a new performance reporting tool, called Whiti, which Oranga Tamariki anticipates will strengthen the oversight of casework

Oranga Tamariki told us that Whiti was released to some Oranga Tamariki regions in May 2022, then went live for all Services for Children and Families sites and regions in late June 2022. We have also been told that additional work on the design and development will continue into 2023.

In our last report, we found that caregivers need more support. As noted in the Manaakitanga outcome chapter Oranga Tamariki has implemented a new Caregiver Information System (CGIS) that will provide better visibility of support for caregivers and has developed new resources to support caregivers. It is too early to assess if these are making a difference.

Oranga Tamariki told us they have prioritised social workers visits with tamariki, however this is also too soon to expect to hear what impact this is having in the conversations that we have with tamariki and caregivers. We expect, if this increased focus is successful, to see a change in time for next year's reporting.

Aroha in detail

Allegations of abuse and neglect in care

National Care Standards (NCS) Regulation 69 sets out the chief executive's duties when an allegation of abuse or neglect is made about tamariki and rangatahi in care. These duties include providing a prompt response to the allegation, recording information about the allegation, informing the tamariki or rangatahi of the outcome where appropriate and taking steps such as reviewing the caregiver's support plan.

Oranga Tamariki compliance with Regulation 69 has improved in some areas and decreased in others.

We have mapped Regulation 69 to the aroha outcome in our Outcomes Framework because the way that allegations of abuse and neglect are handled relates to tamariki and rangatahi feeling loved, supported and safe. The importance of how allegations are handled has been emphasised through the work of the Royal Commission of Inquiry into Abuse in Care. In particular, tamariki

and rangatahi need to feel that they are able to raise concerns and know that appropriate action will be taken to keep them safe.

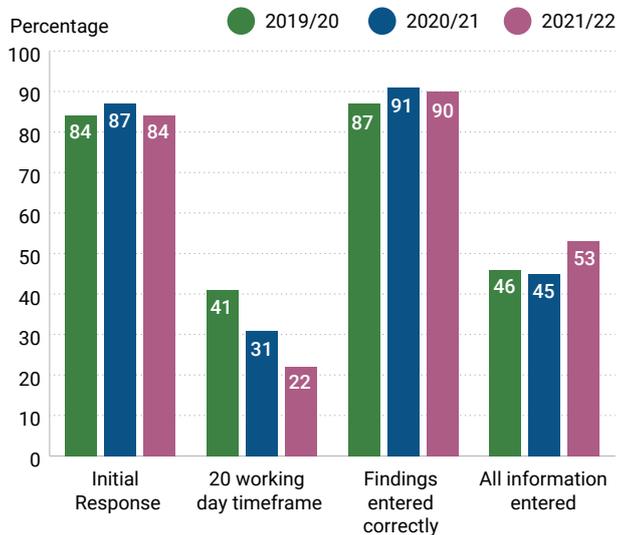
We have been reporting on compliance with NCS Regulation 69 since December 2019. Oranga Tamariki has reported improvements in a number of areas when handling allegations, including record keeping and advising tamariki or rangatahi of the outcome of the investigation. However, in other areas, data shows that practice has deteriorated, in particular timeframes for completing investigations. This is despite Oranga Tamariki having introduced new assurance processes reporting that they were placing a greater focus on compliance with regulation 69, including timeliness.¹

The table below compares findings for 2019/2020, 2020/2021 and 2021/2022 on whether the initial response at the site office was prompt, if the standard of completing the assessment or

¹ Agency Compliance with Regulations 69 and 85 of the Oranga Tamariki (National Care Standards and Related Matters) Regulations (icm.org.nz)

investigation within 20 working days was met, whether findings were entered correctly and if all information relating to the allegation was entered correctly into the Oranga Tamariki database.

Regulation 69 Assessments/Investigations



Initial decisions and actions when an allegation of harm is received

Oranga Tamariki policy states that when an allegation is made that a tamariki or rangatahi in care *“is being, or is likely to be, harmed”*, the allegation must be recorded as a report of concern. Most allegations are recorded as a report of concern by the National Contact Centre, with some recorded by Oranga Tamariki sites.

At the time of writing Oranga Tamariki has not released its Safety of Children in Care Unit annual report for 2021/2022. However, Oranga Tamariki has told us that 1,894 reports of concern were recorded. Of these 1,367 were considered to be allegations of harm to tamariki while in care for this reporting period. The others were a variety of concerns including self-harm and/or suicidal ideation, behavioural issues and pre-care incidents.

After the report of concern has been recorded for children in care, Oranga Tamariki makes one of three decisions:

- Take no further action (NFA). This decision is taken when the report has no substance, the concerns do not indicate harm to a child, or concerns are being appropriately responded to by others.

- Carry out a child and family assessment. This decision is appropriate if the child is experiencing (or is likely to experience) serious harm, and/or the concerns are having a significant impact on their development, safety, health and/or wellbeing but do not indicate abuse which may constitute a criminal offence.
- Carry out an investigation. This decision is appropriate when the concern for the child meets the criteria in the Child Protection Protocol.

Oranga Tamariki data shows of the 1,367 reports of concern that they considered to be allegations of harm:

- an assessment or investigation was required in 1,230 cases
- no further action (NFA) would be taken in 137 cases.

Oranga Tamariki reviews all NFA decisions as part of its quality assurance checks, and this is done weekly. These reviews found that 62 of the 137 NFA decisions (45 percent) were incorrect. This is a significant increase in the proportion of incorrect NFA decisions, up from 22 percent last year. However, Oranga Tamariki has advised that this result requires context and that in 38 of the 62 NFA decisions other case work was underway, and the allegation was being considered within the context of that work. Oranga Tamariki accepts that these allegations should have been managed like any other allegation, and therefore categorised them as ‘incorrect’.

For the other 24 cases (20 percent of NFA decisions), Oranga Tamariki has engaged with staff to review the decisions for further assessment or an investigation.

Timeliness of investigations

The Safety of Children in Care Unit (SoCiC Unit) reviewed the findings of 1,155 assessments and investigations between 1 July 2021 and 30 June 2022. For 968 cases (84 percent), the SoCiC Unit found the initial response at the site office was prompt and within the expected timeframe for completing an initial safety screen. This is similar to last year, where Oranga Tamariki reported that 87 percent of initial responses were within expected timeframes.

Following an initial safety screen, the site is expected to complete an assessment or investigation within 20 working days.

The SoCiC Unit found that 251 cases (22 percent) met the standard of being completed within 20 working days. The 20-working day standard is set by Oranga Tamariki, with the NCS Regulations only requiring that the response is “prompt” (regulation 69(2)(a)). Timeliness of investigations has continued to decline since we first looked at this in 2019/2020, with overall timeliness falling from 41 percent in 2019/2020.

The lack of timeliness in investigating allegations was reflected when we spoke to members of staff from Police, education and healthcare services who told us about what they perceived as a lack of action in response to reports of concern.

A member of Police staff told us

“We have had some good experiences with Oranga Tamariki recently, but it took five or six reports of concern before we really got any traction. Once we all came together, Oranga Tamariki and family, we have got a really good outcome”.

While these comments relate to how Oranga Tamariki responds to all allegations of harm rather than specifically allegations of harm relating to children in care, we have included them here because they provide wider contextual information on how allegations of harm are responded to.

In relation to timeliness, Oranga Tamariki was unable to explain the continued decrease in timeliness but told us “We acknowledge that on occasion the 20-working day timeframe is not sufficient. Some of the complexities involved mean that social workers require a longer period of time to gather all relevant information needed for an assessment”. Oranga Tamariki also told us that it has introduced new policy requirements, which state “the assessment or investigation should be completed within 20 working days. However, if the matter is complex or further time is needed to engage with the caregivers, the assessment or investigation must be completed within 40 working days.”²

Next year we will be asking Oranga Tamariki to provide the average time to complete investigations so we can accurately understand trends, irrespective of any policy change.

Advising tamariki and rangatahi of the outcome

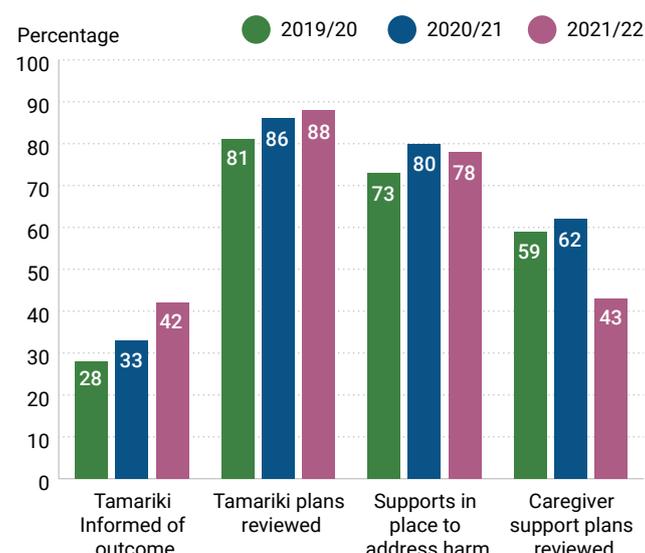
In an earlier report on the handling of allegations of harm and abuse, we noted the importance of advising tamariki and rangatahi of the outcome of the allegation. We said that “informing tamariki and rangatahi of the outcome of an assessment or investigation is important so they feel that they have been heard and that the concerns were taken seriously”. Since 2019/2020 Oranga Tamariki data shows that in cases where it is appropriate to advise tamariki and rangatahi of the outcome, performance has improved from 28 percent in 2019/2020 to 42 percent in this reporting period.

Steps taken in response to allegation(s)

Once an allegation is made the NCS Regulation 69 requires Oranga Tamariki to take appropriate steps, including a review of both caregiver and tamariki plans.

The table below compares findings for 2019/2020, 2020/2021 and 2021/2022 relating to whether tamariki plans were reviewed, whether supports were put in place to address harm, whether the caregiver support plan was reviewed and whether tamariki were informed of the outcome of the assessment/investigation, as appropriate.

Regulation 69 Actions



² Oranga Tamariki Practice Centre <https://practice.orangatamariki.govt.nz/>

Oranga Tamariki practice requirements

Oranga Tamariki developed a set of 12 practice requirements that, if followed, would assure it is compliant with NCS Regulation 69.

Data shows that for the period 1 July 2021 to 30 June 2022, performance against the 12 practice

measures, to support achieving NCS Regulation 69, has not been achieved for the majority of tamariki or rangatahi who have had outcomes for allegations of abuse or neglect.

Demonstrated full compliance with the 12 practice measures was found in five percent of cases.

Oranga Tamariki acknowledges that there is a need to significantly improve its practice in this area.

Assessing the safety needs of tamariki

Assessing the safety needs of tamariki and rangatahi in care is part of an overall assessment of their needs as per regulation 14 of the NCS Regulations. It's important that support plans address any safety issues for tamariki or rangatahi, including situations where they may pose a risk to themselves or others.

This is the first year that Oranga Tamariki has provided information on the specific safety elements of the process for assessing safety needs for all tamariki in care. The four aspects are:

- the nature of harm experienced by tamariki and the effect this may have on their ongoing safety and wellbeing
- the risk of harm to tamariki by other people they come into contact, or may come into contact, with
- the resilience and protective factors present for tamariki in their environment
- aspects of the behaviour of tamariki that may present a risk to their safety or the safety of others.

Data from analysis of the case files where tamariki had a current Tuituia or other assessments was used to establish how well these four aspects were addressed by Oranga Tamariki over the reporting period. This data shows that in:

- 86 percent of cases, the nature of the harm experienced by tamariki and the effect this may have on their ongoing safety and wellbeing was assessed

- 79 percent of cases, the risk of harm to tamariki by people they come into contact, or may come into contact with, was assessed
- 89 percent of cases, the resilience and protective factors present for tamariki in their environment were assessed in
- 75 percent of applicable cases, aspects of the behaviour of tamariki may present a risk to their safety or to the safety of others were assessed in (in some cases, this question was not applicable as there were no behavioural concerns that might present a safety risk).

Oranga Tamariki policy requires that actions to address assessed safety needs must be recorded in the child's plan (either the All About Me Plan, Court plan or FGC Plan) and where the child has an Oranga Tamariki caregiver, the caregiver support plan should also be updated to reflect the assessment.

In the cases reviewed through case file analysis, safety needs were addressed in 'other' plans more commonly than in the All About Me Plan. Other plans include court plans or family group conference plans. They contained actions to address the safety needs of tamariki in 83 percent of cases, compared to 70 percent of cases with a current All About Me Plan.

Social worker visits with tamariki and rangatahi

Part of keeping tamariki safe in care requires regular visits from social workers to assess how things are going. Regular visits are more likely to create a trusting relationship, where tamariki and rangatahi are more likely to discuss their needs and any concerns.

In 2021/2022, the frequency at which tamariki should be visited by their social worker was set out in their All About Me Plan in 62 percent of reviewed cases. This is almost unchanged from 2020/2021. Social workers visited tamariki at the planned frequency, or at least every eight weeks, in 70 percent of reviewed cases (similar to 2020/2021 at 69 percent).

This year, Oranga Tamariki introduced a measure to understand how well its social workers were engaging with tamariki. Evidence was found of quality engagement with the child in 76 percent of the cases reviewed (576 of 756 cases). When assessing quality engagement, Oranga Tamariki looks for evidence that social workers are:

- meeting the child regularly
- engaging where appropriate with the child in private (so they can freely express their views)
- talking about what's going well and what's not going well for the child.

As outlined in Manaakitanga, the views of tamariki and rangatahi on the quality of their relationships with social workers is mixed. What we often hear from social workers is the impact their workload has on their ability to develop and maintain relationships.

This year, Oranga Tamariki also provided information on how well social workers were carrying out actions set out in children's plans. It has advised that in 81 percent of cases with a current plan (577 of 710 cases), there was sufficient evidence in the casework that the social worker was carrying out the actions as set out in the plan.

Placing tamariki and rangatahi with whānau

Oranga Tamariki social workers told us that, whenever possible, they aim to place tamariki and rangatahi who are entering care in whānau placements. This approach recognises that a child's wellbeing is intrinsically linked to their position in, and relationship with, their family or whānau. For tamariki and rangatahi Māori, wellbeing is also linked with, and improved by, connections to their whenua, marae, hapū and iwi.

Oranga Tamariki social workers say that suitable whānau placements are not always immediately possible. The reasons for this included, known family members being unable to take on tamariki and rangatahi because of a lack of suitable accommodation. A social worker said

"Since Covid, housing has become a serious problem, which has become a problem for placements for children. Our intake has gone up by 14 percent and transfers from other sites have been increasing."

Oranga Tamariki social workers, and Kaupapa Māori organisation kaimahi, also told us that through using local knowledge and connections, searches to identify other members of the whānau usually identified whānau care placements. However, this can take time and in the meantime, they need to find other stable, safe and caring placement options.

Māori whānau told us they are happy when an iwi social service is involved in the care of their tamariki. They see this is good for maintaining cultural knowledge and creating a pathway for tamariki to return to the whānau.

Of whānau we spoke with, one told us: *“When I heard they were coming under [name] I was quite glad. What’s happened so far has been really good. I have noticed a change in the girls’ attitudes - a lot happier now.... I was hoping that in the near future they would come back to whānau. They could be 18 and then they want to start their own life.”*

Whānau also told us about the impact Covid-19 was having on services and placing tamariki with whānau. A whānau member told us

“I had a nephew who was transitioning here from [place], but it wasn’t done properly by Oranga Tamariki in [Oranga Tamariki site] so it kind of just fell over.. They were basically non-existent at the time. I am not talking about [other Oranga Tamariki site] but I am talking about [Oranga Tamariki site]. It was pretty hard, people working from home because of lockdown, hard over Covid to communicate.”

Assessing caregivers and their household

NCS Regulation 47 places an obligation on Oranga Tamariki to assess a prospective caregiver and their household before the tamariki or rangatahi is placed with the caregiver. NCS Regulation 51 also allows Oranga Tamariki to grant a prospective caregiver provisional (interim) approval to care for a child in urgent situations.

Last year, Oranga Tamariki QPT showed that in 57 percent of placements, a full assessment was completed before the child was placed. For the others, 55 percent of were provisionally approved. This means that tamariki were placed before full assessment or provisional approval in 20 percent of cases.

This year, Oranga Tamariki QPT showed that in 53 percent of cases reviewed, a full assessment was completed of the caregiver and the household before the child was placed. For the others, 31 percent were provisionally approved. This means tamariki were placed before an assessment was completed or provisional approval given, in 32 percent of cases.

Oranga Tamariki data shows that elements of the assessment of caregivers were completed:

- Police checks 99 percent
- Identity checks 98 percent
- CYRAS checks 98 percent
- Referee checks 95 percent.

When looking at household members aged 18 years or over, Oranga Tamariki data shows that:

- Police checks were completed for 98 percent of the sample
- CYRAS checks were completed for 89 percent of the sample
- Referee checks were only done in 67 percent of the sample.

A list of previous residential addresses was checked 56 percent of the time.

For provisional placements, a full assessment was completed within 25 working days of the placement in 31 percent of cases and in 88 percent of sampled cases there was evidence that support was offered to the caregiver until the full assessment was completed.

From a data perspective, Oranga Tamariki has told us that they expect to see an improvement in the quality owing to the introduction of the new Caregiver Information System (CGIS). This will mean Oranga Tamariki can see the performance for every aspect of the caregiver and household assessment, and not just rely on a sample. While this will be progress, it is also important to understand the number of tamariki placed in households prior to approval.

Reviewing caregiver approval

NCS Regulation 50 provides that once a person is approved as a caregiver, that approval must be reviewed every two years. There are also other times when an approval review is needed, which include:

- when there's a significant change to the circumstances of the caregiver or their household
- when they wish to change their approval type or conditions
- following an investigation or assessment of an allegation of abuse, neglect, or harm of tamariki by the caregiver.

Of those cases reviewed through case file analysis in which the child was placed with an Oranga Tamariki caregiver, a review of the caregiver's approval was due during the review period in 54 percent (238 of 442 cases).

Of those 238 cases, there was evidence that the review was completed on time in 26 percent (61 cases), the review was completed late in 50 percent (118 cases) and, at the time the case was reviewed, the review of the caregiver's approval was overdue and not yet done in 25 percent (59 cases).

Difficulties in finding suitable homes

What we heard in some areas (this includes central Auckland, Canterbury and Te Tai Tokerau) is that there is an acute shortage of placement options, especially for tamariki with high and complex needs, behavioural disorders, substance use issues or disabilities. The reasons for the shortage include not enough approved non-kin caregivers, residences and family homes being closed, and increasing demand for specialist placements.

Caregivers told us that when tamariki and rangatahi are placed for emergency, temporary or respite care, these placements may be extended – sometimes for a long period, without tamariki, rangatahi or caregivers knowing how long the placements will last.

A parent of a child in care told us that their child was briefly returned to them at short notice because other placements had “*broken down*”. They said:

“[Oranga Tamariki] asked if I could look after her for a whole week. [...] Then they ring me, say there's a new caregiver, you need to drop her here, we will pick her up and take her away. No one looked back [to when she was with me] and said things are going well, they say nup, she's going Home for Life. [...] It was a big effect. She said to me, 'why am I leaving, why am I going to them, I'm home with you'. I said, 'they [Oranga Tamariki] have said this is how it needs to be.' [...] I was gutted, absolutely gutted. I thought yay, they were going to give me a chance.”

Whānau also spoke about their tamariki being placed in separate, geographically distant placements, which makes it difficult for them to maintain contact and regularly visit them all. Some tamariki we spoke to say being separated from siblings is one of the most painful parts of their experience of being in care.

We also spoke to Police and lawyers, who represent tamariki and rangatahi in care, and some told us that while they understand the reasons for the move away from residences, they were concerned about the impact of this. We heard about tamariki waiting in police stations, respite or temporary placements being extended or rangatahi being placed in motel accommodation with trackers. They told us that this risked re-traumatising tamariki or leaving them with the impression that “*nobody wants them*”.

We observe from Oranga Tamariki data that 186 tamariki and rangatahi spent a total of 6,151 nights in motel accommodation. The median length of stay in a motel was four nights. However, one rangatahi stayed in motel accommodation for over two years.

Oranga Tamariki told us that motel accommodation use is closely monitored at a national and regional level because they appreciate that it is not suitable.

Transitioning within and out of care

One of the key findings in last year's report was that Oranga Tamariki responded well when tamariki first enter care, but that practices weaken across the duration of care. This finding continues to be reflected in both the data and what we heard about transitions within and out of care.

Transitioning between placements

When tamariki and rangatahi transition between care placements they can feel isolated. Oranga Tamariki policy states that social workers, and other kaimahi, "must support a positive and successful transition when tamariki come into care, move to live with a new caregiver, including residences, move into, between or out of a residence, return home or live permanently with a new whānau or family."³

In Rangatiratanga, we outlined the mix of experiences tamariki and rangatahi have in decisions about their care placements. Over the 2021/2022 review period, tamariki moved to a new care arrangement in 28 percent of cases reviewed through case file analysis (210/756). Of those cases 55 percent were 'planned transitions', where Oranga Tamariki was aware of the transition in advance and planning could take place; the remaining 45 percent of cases were 'unplanned transitions' where the move was urgent and most, or all, of the planning steps took place after tamariki had moved to the new care arrangement (referred to as 'unplanned transitions').

When we spoke to tamariki and rangatahi about transitioning between placements they said they want to be told where they were moving to and why and be given time to think about what the move means. They also say they want the chance to visit the new placement and have a social worker check in with them.

Tamariki and rangatahi shared examples with us of the negative transition experiences they have had.

A rangatahi said

"Transition was a bit nerve wracking. Having to live from one place to another. I experience anxiety...My social worker did not communicate with me, I got no information. I was just moved from one place to the other, from one care placement to the next, to my parents and those sorts of things."

Sharing information with prospective caregivers

When Oranga Tamariki staff share information about tamariki and rangatahi with prospective caregivers, it gives them time to make plans. When the transition involves tamariki and rangatahi moving to a new area, it gives time for them to be enrolled at a new school and healthcare provider.

Caregivers told us they had experienced situations when the tamariki or rangatahi did not have a plan, or Oranga Tamariki social workers were unwilling to share the plan, or parts of it, with the caregivers. They say that sometimes the plans do not include the details they think they need to take care of tamariki and rangatahi and keep them safe.

Care partner staff say that Oranga Tamariki social workers do not always understand the legal requirement to share information. They told us social workers sometimes withhold important information that they need to care for tamariki.

³ www.orangatamariki.govt.nz

They told us

"We don't get the All About Me Plan, we have to really push for it. Some of them say 'no we can't see that information.' It's critical for legal to be clear what we are entitled to see. Some say no NGOs don't get to see that information. But we know the legislation says we can have that information. The lack of information is dangerous. We have had tamariki with heart conditions and diabetes and no one knew. It wasn't until [parent] wrote on the forms that we found out."

An iwi social service provider told us about the 'transitional whare' that they established to provide care for tamariki. The purpose of this service is to provide a 'stepping-stone' for tamariki before they return home to their whānau. Kaimahi spoke about using support from their clinical psychologist and their wraparound services (which included health services and social workers in schools) to ensure a safe and stable placement for the tamariki until they could return home to their whānau. With reassessment and deployment of new strategies, tamariki settled well and quickly moved beyond their previously described "behavioural issues". They also noted that information and assessments they received from Oranga Tamariki were out of date.

Returning home

Whānau told us it is important to plan for tamariki returning home, so they understand what needs to happen. Whānau members and social workers say wraparound support is necessary during the transition period.

Oranga Tamariki social workers talked about how they build relationships with whānau and give them emotional and practical support. Several social workers told us about programmes such as multi-systemic therapy and functional family therapy, which they use to help whānau prepare for tamariki transitioning home.

However, we also heard that a lack of specialist support is impacting transitions between placements. A social worker told us *"They [psychologists] are great for advice i.e., transitioning between placements. They are able to point us to their [child's] natural contact. Lack of specialists mean up to nine months waitlist. The psychologists are getting burnt out and risk adverse. Massive systems issues"*.

We also heard from care partner staff that there is not enough planning to ensure tamariki and rangatahi have a pathway to exit care and return to their whānau.

A care partner staff member said

"Yeah. Social workers I really feel for. They look absolutely exhausted [...] We have ten kids with us [at organisation] and four possibly have an exit plan, but the rest have nothing... They [Oranga Tamariki] go after the ones that are screaming the loudest and they openly say they know the kids are safe with you guys [care partner] so they [Oranga Tamariki] don't stress about them... The kids' lives are held up because they're sitting in placement with no exit plan and now you risk institutionalising them."

Transitioning to adulthood services

Emerging into adulthood is an important time for rangatahi. Oranga Tamariki set up its transition support service to support rangatahi during this time. The service provides a transition worker to help them plan for their future when they leave care.

Some care partners told us that the way services are implemented requires the establishment of a new relationship between the provider and rangatahi,

and that this can be a barrier to achieving the best outcomes for rangatahi.

We spoke to Oranga Tamariki social workers about this service. Most were enthusiastic about increased use of transition services, but some admitted they felt there were gaps in eligibility criteria and others expressed reservations about the consistency of service quality.

An Oranga Tamariki staff member told us

"I was working with the tamariki transitioning out of care. I was really surprised that most of those young people hadn't been visited for about six months. My biggest thing I saw in that space, was lots of focus goes on younger tamariki. People lose sight of how vulnerable young people are that are exiting care. They need the right stability. They are just as vulnerable [as the younger tamariki]. What I have seen, lots of those young people are really unsettled. Social workers give them a food grant or buy them this but there is no meaningful planning. The entry to care is good but falls off towards the end. They [social workers] are waiting for timeframes to finish but they [rangatahi] don't have the support. Especially for young people who have offending histories, success as a young adult is limited, without the right supports. We shouldn't be doing a Transition to Independence referral when they turn 18 next week and we've forgotten."

Several organisations we spoke with, told us about the need for these services to be operated by a provider who has a meaningful connection with rangatahi.

A care partner told us "We do not have that contract for this. Sorry, before we [move] on I have a view about transition to independence. It is nonsense. [Oranga Tamariki] brings in this provider with no connections [to the rangatahi] and the time frame is short. Often the person who is assigned [to the rangatahi] does not turn up [for visits or planning] and it does not happen weekly. Why would you not have kaitiaki who already have the relationship with the rangatahi doing this planning and this engagement? Why would you bring in kaitiaki who only meet with rangatahi to tick the box? We have kaitiaki [within our organisation] with skills and [who] know that rangatahi. There is so much more that could be done in that space."

Another care partner told us that they have a contract for transition services, but said it is difficult to plan transition to independence for rangatahi who are almost 18 years old. They told us that it is important to have more time to plan, and support, rangatahi to transition to adulthood.

A disability services provider raised the same issue. "They [rangatahi] might not actually be known to us because they've been with Oranga Tamariki for years. Oranga Tamariki will send a referral three months before their transition at 18 and then they're yours. Preparation for transition should start at 15 at a minimum. Steps to independence don't happen overnight. Need time to develop a relationship "three years easy". You need years to trial things with the kids ... put a safety net under them. If they say they want to transition back to whānau ... it's a significant piece of work. Six months out they [Oranga Tamariki] say they need Steps to Independence. Some haven't seen their whānau in 10 years and then all of a sudden, they're going back to their whānau ... This isn't good for the kids."

Oranga Tamariki has a "responsibility to assist rangatahi who are in, or have left, [its] long-term care or youth justice residential placements from the age of 15, to acquire the knowledge, skills, resources and supports they need to thrive." It told us that in recent months it has carried out work to increase understanding of transition obligations and processes with frontline kaimahi and to promote earlier referral to a transition worker.⁴

⁴ Oranga Tamariki response to our data request



Kaitiakitanga





Kaitiakitanga

The kaitiakitanga outcome focuses on agencies' obligations to assess whether they are supporting the physical and psychological health and wellbeing of tamariki.

When tamariki and rangatahi, and their whānau, are deprived of kaitiakitanga and the ability to be the kaitiaki of their own wellbeing, they are disadvantaged and at risk of becoming disempowered and marginalised.



What the Oranga Tamariki data tells us

This year, changes in Oranga Tamariki case file methodology gives a better picture of how well health and disability needs are assessed. Notably there have been improvements in how well disability and emotional needs are assessed and planned for. However, it remains difficult to understand overall how many tamariki and rangatahi require support for mental health needs. This is due to limited knowledge of who is eligible for services or support.

Oranga Tamariki's data shows that:

Medical practice registrations



53 percent of tamariki and rangatahi in Oranga Tamariki care are registered with a specified doctor or medical provider. This is a decrease from last year.

Annual Health Checks

Last year, Oranga Tamariki was unable to tell us if tamariki and rangatahi had received an annual health check within the reporting period. It is still unable to provide us with this information, which makes it difficult to understand whether tamariki are engaging with health services.

Prevalence of disability



Disability indicator estimate



Analysis on a sample of children in care

The disability indicator estimated 14 percent of tamariki in care have a disability, however analysis on a sample of 756 children in care estimated that almost 25 percent have a disability. The disability indicator, currently used by Oranga Tamariki, has not changed since 2011 and Oranga Tamariki has acknowledged that it "significantly undercounts the prevalence of disability among tamariki in care".

Wellbeing screening

From the 756 cases reviewed through case file analysis, Oranga Tamariki have confirmed that:

- 21** a Substance and Choices, Kessler and Suicide screen (SKS) was completed for twenty-one tamariki and rangatahi
- 18** a suicide risk screen was completed for eighteen tamariki and rangatahi
- 25** a Towards Wellbeing consultation was provided to twenty-five tamariki and rangatahi.

This year, Oranga Tamariki data could only tell us the number of screens and assessments that were completed from with the file sample (see below). What they couldn't tell us was the number of tamariki and rangatahi that needed to be assessed. Without this information, there is no way of understanding whether tamariki received the assessments they needed.



Key insights from our community visits

We asked tamariki and rangatahi to tell us if all aspects of their wellbeing are acknowledged, nurtured and supported. Overall, **we heard mixed views about accessing health services. In particular, access to mental health services remains a barrier.**

Some tamariki told us that they were met with barriers, such as miscommunication or a lack of support, when they wanted to access health services. Tamariki told us that they can talk to their caregiver when they are unwell, and that their caregiver supports them to access health services.

Access to health services

Caregivers also spoke to us about their experiences of supporting tamariki and rangatahi to access health services. Some caregivers spoke about positive experiences, when there was support and planning from Oranga Tamariki to meet specialist needs such as accessing orthodontist or optometrist services. However, **many caregivers told us that they did not feel supported to understand or deliver on the needs of tamariki and rangatahi. They told us that Oranga Tamariki was unresponsive, and they had to push for communication, access to information or other support from Oranga Tamariki.**

Responding to mental distress

Tamariki and rangatahi also spoke to us about experiencing mental distress while in care. **Some tamariki and rangatahi told us that when they did tell Oranga Tamariki staff how they were feeling they felt staff did not respond appropriately. A rangatahi told us "I felt like that whenever I expressed that I wasn't doing well mentally, the next time she came to see me she'd come with a piece of paper and say we are going to do a risk assessment and I felt like she missed an opportunity to connect with me. It was just ticking boxes..."**

Interagency collaboration

We also spoke to Oranga Tamariki staff to understand the enablers and barriers that they face to support tamariki and rangatahi to access health services. Some staff spoke to us about the high criteria to access services and supports. We also heard that **agencies are not working together to strategically manage resources to provide services for tamariki and rangatahi in care.** Some staff also spoke to us about how they are **left to support tamariki and rangatahi experiencing mental distress without the necessary expertise or assistance from other professionals.**

Commitments and changes in response to our 2020/2021 report

In our last report, we found that agency support of health needs, especially mental health needs, is variable. In response to this finding, Oranga Tamariki committed to improving the information available about tamariki with disabilities, beyond those that just meet the criteria for Disability Support Services. They also committed to establishing interagency governance groups across residences, to help improve access to services.

More information is now recorded for tamariki and rangatahi with disabilities. Future case file analysis will capture the diagnosis type (rather than just yes/no to disability), providing insights into the nature and complexity of disability needs for those in care.

Improvements to the disability indicator are planned over the latter half of 2022, using additional internal data sources such as gateway assessments, and disability specific guidance will be introduced in September 2022.

A new position of Chief Advisor, Disability was established, and an appointment made in October

2021. Oranga Tamariki has appointed a Disability Advisory Group of tāngata whaikaha Māori, Pacific disabled people, neurodiverse people, care-experienced young people and caregiving whānau of disabled children to work with the Chief Advisor, Disability to provide advice and feedback to senior leaders at Oranga Tamariki. Work has also started on developing a Disability Strategy and Vision.

The National Manager Clinical Services is establishing the interagency governance groups across the residences. Joint work programmes are being developed with the Ministries of Education and Health to improve outcomes for tamariki in residences.

It is too early to understand the impact of these changes and we intend to follow up on this work in our next report. However, case file analysis changes have already shown that the existing disability indicator is underestimating the proportion of tamariki and rangatahi in care with a disability.

Kaitiakitanga in detail

Health needs

Oranga Tamariki is responsible for assessing the needs of all tamariki and rangatahi in their care and collaborating with healthcare providers to ensure they get support and care to address those needs. This includes taking reasonable steps to enrol tamariki with a primary health organisation and ensuring that they have annual health and dental checks. We heard that the experiences of tamariki and rangatahi accessing health services remains varied.

Oranga Tamariki reviewed the case files of 756 tamariki to see if their health needs had been assessed in a current Tuituia and/or other holistic assessment. In 11 percent of case files reviewed,

there was no current Tuituia or other holistic assessment. For the 89 percent of cases where tamariki and rangatahi had a current Tuituia and/or other assessment, the case file analysis shows:

- the physical health needs of tamariki were assessed in 87 percent of cases (580 of 670 cases)
- emotional needs were assessed in 80 percent of cases (536 of 670 cases)
- behavioural and developmental needs were assessed in 82 percent of cases (549 of 670 cases)

- the mental health needs of tamariki were assessed in 64 percent of applicable cases (78 of 121 cases). This question was not applicable if there was no evidence of mental health needs recorded.

Last year, Oranga Tamariki casefile analysis only considered cases with a current Tuituia assessment. Because of the low proportion of children in care with a current Tuituia assessment (in 2021/2022 46 percent of tamariki had a recent, approved Tuituia assessment), the inclusion of other holistic assessments is an important step in understanding the health needs of tamariki in care. Because of the changes in methodology, making a fair comparison between 2020/2021 and 2021/2022 is difficult. We will review progress for these measures in our 2022/2023 report.

Last year we reported that caregivers frequently told us that they were given limited information about the health needs of tamariki and rangatahi that they cared for.

This year, we spoke to caregivers who were able to speak about some positive experiences of getting support and planning from Oranga Tamariki to meet specialist needs. Many caregivers also told us that they did not feel supported to understand or meet the needs of tamariki and rangatahi.

A caregiver told us

"I feel like we are constantly trying to get help. There was the eating disorder. I think, what am I doing, I'm not getting what I need."

Another caregiver told us *"We felt we were an easy family to deal with and felt we were put on the back burner as they could see there was no violence or concerns. We were left to deal with it."*

Oranga Tamariki data shows that 53 percent of tamariki and rangatahi are recorded as having a specified doctor or medical provider. Our conversations in communities reflect this proportion. Last year, Oranga Tamariki data showed that 60 percent of tamariki were enrolled with a primary healthcare provider.

When we spoke to tamariki and rangatahi, they told us about both positive and negative experiences of accessing health services.

A rangatahi told us *"Yes, I def knew I could go to them and ask for those things [doctors and dentists]."*

We also heard from tamariki that there are barriers such as miscommunication or a lack of support to access health services. A rangatahi told us

"My doctor is all the way up in [town] too. I would ring my social worker if I really need to go to my doctor and that. I'm trying to get my social worker to sign me up to a doctor in [town]. My social worker keeps telling me to do it myself and I don't know how to do it."

During our visits, we heard about the importance of services and supports being connected and how adopting an integrated approach strengthens positive outcomes for tamariki and rangatahi. An iwi care partner described the services that they can provide and how this supported tamariki and rangatahi. *"We are fortunate that for us we are fully integrated, we have hauora and education and community services. Our system when tamariki come in automatically kicks in – do tamariki need checks, immunisations...It's hard to breakdown because everything is so integrated. We don't have to look externally a lot. Everything is on site so its accessible. If tamariki are in care they get a priority. We can hook up with our social worker in schools, social worker, nurses".*

In November 2022, we met with senior representatives from the Ministry of Health to discuss the key healthcare related insights from our community visits and Oranga Tamariki data. They told us about the commitments the Ministry of Health has made under the Oranga Tamariki Action Plan. This work includes assisting Oranga Tamariki to carry out an in-depth assessment of health needs, including mental health, primary care and specialist health needs. Ministry of Health advise that stable care placements enable general practitioners, nurses and other health professionals to establish, build and maintain relations with tamariki and rangatahi, within which their health needs can be identified and met.

Access to healthcare

We spoke to Oranga Tamariki staff about their experiences of accessing health-related services and support for tamariki and rangatahi. We often heard from social workers about barriers they face accessing these services. One social worker told us *“There is an expectation [from other government agencies] that we will take a child into care – they want the certainty that we will be responsible for that child. I’ve been to multi-disciplinary team meetings, health, education and others. The issue becomes how are we going to get Oranga Tamariki to take custody of this child. That can become the focus. But we know that when kids come into our care they don’t get accepted into schools, they don’t get good health care. It’s like they want us to take care and then they back off”*.

Another staff member said

“There are silos when dealing with the Ministry of Health and the Ministry of Education. To make sure kids have what they need – we have to go in to fight to get them seen. The difference with kids

in care, is that the [health and education] system doesn’t see us as a parent – they just expect us to fund everything for these kids. We shouldn’t have to fight so hard for kids in care”.

We also heard that agencies are not working together strategically to manage their collective resources and provide healthcare services for tamariki and rangatahi in care. A staff member from a disability services provider said *“When a child has a dual diagnosis of mental health and impairment, it comes down to money really. Mental health is funded through [district health board], and disabilities by Ministry of Health. They ask what percentage is mental health and what percentage is impairment, they are quick to pass the buck”*.

These comments show no change from the findings in our 2020/2021 report relating to the way in which services work together to support tamariki and rangatahi in care. This is an area that we will continue to monitor, and report on.

Gateway Assessments

When tamariki enter care a Gateway Assessment will be conducted unless *“they are already engaged in services and wouldn’t benefit from a Gateway Assessment”* or in situations where consent is not granted for the assessment to be carried out.¹

A Gateway Assessment helps Oranga Tamariki staff to understand a child’s social, emotional, educational, physical and developmental needs and consists of information gathered from health and education professionals.

Oranga Tamariki data tells us that, 80 percent of tamariki and rangatahi in care as at 31 March 2022 (3,830 of the 4,760) had received a comprehensive health and education assessment through the Gateway service.

Time to complete a Gateway Assessment

Oranga Tamariki data also shows that the length of time that it takes to complete a Gateway Assessment can vary. According to Oranga Tamariki data for 2021/2022, it took:

- 0 to 30 days to complete 12 percent of assessments
- 31 to 60 days to complete 24 percent of assessments
- 61 to 90 days to complete 20 percent of assessments
- 91 to 180 days to complete 29 percent of assessments

¹ See Oranga Tamariki Practice Centre Guidance, www.orangatamariki.govt.nz

- 181 to 365 days to complete 12 percent of assessments
- 1-2 years to complete two percent of assessments
- over two years to complete less than one percent of assessments

We spoke to Oranga Tamariki staff about Gateway Assessments. They told us that the length of time that it takes to complete an assessment can be impacted by the availability and location of required services and/or the legal status of the tamariki or rangatahi.

Staff also told us that even when tamariki and rangatahi get access to a Gateway Assessment,

there can be delays in tamariki and rangatahi receiving the support or services that they need.

A staff member told us *"...the majority of the children we are working with have trauma backgrounds but services like community adolescent mental health service will come back and say it is behavioural and so they don't get the support and guidance in the community that they need. I mean the Gateway is only useful to a point. If they need something, they still have to go on the waiting list with everyone else."*

Staff also told us about the impact that Covid-19 had on the Gateway Assessment service. A staff member told us *"I know because of Covid-19 the Gateway team is not doing assessments at the moment, which is hard. We have kept tamariki and rangatahi open with us just so they can have a Gateway Assessment completed..."*

Mental Health Needs

In 2021 the Office of the Chief Coroner and the Ministry of Health started to make combined suicide statistics on deaths by suicide in Aotearoa available. In the year to 30 June 2021 (the latest data available), this information revealed that there was a decrease in suspected suicides for females and males in the 15 to 24 age range.

However, former Director of the Suicide Prevention Office Carla na Nagara says *"While it is encouraging that the numbers of suspected suicides are lower than last year, there are still far too many whānau, families and communities who have lost loved ones"*.²

It is important that every opportunity is taken to address psychological distress, self-harming and suicide risk for tamariki and rangatahi. NCS Regulations 13 (2b) and 13 (2c) consider the psychological health of tamariki in care, and what help they need to recover from the effects of trauma, and any alcohol or drug misuse.

Oranga Tamariki uses the Substance and Choices, Kessler and Suicide (SKS) screens, to evaluate whether tamariki and rangatahi are dealing with substance abuse, suffering psychological distress or are at risk of death by suicide.

Oranga Tamariki uses SKS screens to assess the emotional health of tamariki and rangatahi

aged 12 years and over. Oranga Tamariki policy provides that the screens must be used when:

- mental health, suicide, and/or substance use are potential concerns
- significant events, trauma, behaviours and/or risk factors are present
- tamariki and rangatahi are held in Police custody
- tamariki and rangatahi enter a residence, and at any time during the residential stay when mental health is identified as a concern or potential concern.

Oranga Tamariki policy states that staff do not need to use SKS screens with tamariki and rangatahi if they have recently been assessed by a mental health or alcohol and drug service provider, that assessment includes details of current risk of suicide and/or self-harm, and these details are recorded on CYRAS, and their circumstances have not significantly changed since they were assessed.

Oranga Tamariki told us that, in regard to the 756 cases reviewed through case file analysis, it is *"unable to determine from its data"* how many children [in the sample] identified as having mental

² See media statement on release of 2020/2021 suspected suicide statistics, issued by the Office of the Chief Coroner, 4 October 2021

health-related needs would have required an SKS., a suicide risk screen, or a consultation with Towards Wellbeing³.

Last year, we reported that the number of screens seemed low compared with the concerns raised about the psychological health of tamariki, even when we take into account that some tamariki may not be screened because they are already being seen by a mental-health service. We observe the same situation this year.

Last year, Oranga Tamariki told us of the 700 tamariki and rangatahi whose casefiles were reviewed. In 2020/2021, 333 were 12 years and over. The data showed that not all rangatahi that needed to be assessed received the screening they needed:

- 71 percent (30 out of 42) did not have the Substance and Choices Scale
- 65 percent (40 out of 62) did not have the Kessler Psychological Distress and mental health screen
- 55 percent (24 out of 44) did not have the Suicide ideation screen
- Six out of 15 rangatahi placed in residences did not have SKS screening completed within 24 hours of being admitted
- 59 percent (16 out of 27) did not have a suicide-risk tool applied when a high score on the Kessler Psychological Distress and mental health screen and a “yes” response on the Suicide Ideation screen indicated it was needed.

This year, from the 756 cases reviewed through case file analysis, Oranga Tamariki has confirmed that:

- a Substance and Choices, Kessler and Suicide screen (SKS) was completed for twenty-one tamariki and rangatahi
- a suicide risk screen was completed for eighteen tamariki and rangatahi
- a Towards Wellbeing consultation was provided to twenty-five tamariki and rangatahi.

Oranga Tamariki data could only tell us the number of screens and assessments that were completed from with the file sample. What they couldn't tell us was the number of tamariki and rangatahi that needed to be assessed. Without this information, there is no way of understanding whether tamariki received the assessments they needed.

Support for tamariki and rangatahi experiencing mental distress

Some tamariki told us that when they are feeling down or having a bad day, they can talk to those around them, such as parents, siblings, caregivers, teachers or Oranga Tamariki staff. Some tamariki told us how they have been supported to understand their needs and how to effectively support their own mental health. A rangatahi told us *“I go to counselling. I also talk to these guys. I am pretty good cos we do so much. Yesterday I had a bad day so I went to the gym. I talk to people. I see friends.”*

Tamariki also told us about not currently having someone to express how they are feeling to, or to be supported by; and those tamariki shared a desire to have this in their lives. Some tamariki and rangatahi told us that when they did express to Oranga Tamariki staff how they were feeling they felt staff did not respond appropriately.

We also heard from tamariki who told us that they didn't know why their access to counselling services had stopped. A rangatahi told us

“[Discussing counselling] to make sure I am on track, especially with my course, cos I have really bad depression and anxiety. My moods can go down and it's not fun – basically, I need help with that. I'm not sure why it ended – I got told it was my last session. They never told me why. It just ended – see ya later. She thought she could help me, but in reality, she couldn't.”

During our visits, Oranga Tamariki staff told us that they do not have the expertise to help rangatahi experiencing mental distress and/ or trauma but are left to do so without help from other professionals.

³ Oranga Tamariki response to the Monitor's request for data

A staff member said *"Some [tamariki] have social issues. Now we have to deal with marijuana, drugs. I am not trained on suicide. I cannot do that. If you see the amount of things [we deal with], there is no person to do that amount of work. They say: "you need to build skills in this area" but I am still busy building skills on this other area"*.

Another staff member told us

"We have good relationships with the services, [but] mental health support is non-existent. This lady has been trying to access support for two years. If she was able to access support when she needed, we might not be here".

A staff member also told us *"It is easy to get the assessment for mental health but very hard to get the follow-on work. Typically told it is a behavioural issue not mental health. But from my experience both often go hand in hand. Often, I am told that it's months before I can get them in."*

We also spoke to District Health Board (DHB) representatives about access to mental health services and assessments. A DHB staff member said *"We've got kids in Oranga Tamariki care and we follow the process to get funding for interventions for that child. It's massive. They might get this much when they actually need this much ... it's still a barrier especially in respect to trauma."*

Another DHB staff member told us *"Young people and children are coming in because they have trauma issues and finding a programme that's the right fit ... it's not funded through our contracts."*

Care partner staff also told us they have problems accessing mental-health services for tamariki and rangatahi they provide services for. A staff member from a Māori care partner told us they often end up paying for health appointments *"And mental health: if they are not moderate to high, they are having [little] chance of getting seen. The biggest frustration and gap is that, if they disengage, they are taken off the books. But they have mental health problems; so where ... is the logic and in that? If you are in YJ [Youth Justice], you at least get seen, if you are in Care and Protection, you don't."*

Managing trauma

The NCS Regulations include obligations to help tamariki and rangatahi recover from trauma. Some tamariki and rangatahi in care told us that they struggle with trauma and experience low self-esteem.

For this reporting period, the mental health needs of tamariki were sufficiently assessed in a current Tuituia assessment and/or other holistic assessment in 64 percent of cases (78 of 121 cases). Oranga Tamariki consider an applicable case to be one where there is some evidence of a mental health need. The current All About Me Plan and/ or other plan was found to contain actions to sufficiently address the child's mental health needs in 60 percent of applicable cases (83 of 138 cases).

While trauma can affect everyone, Māori experience trauma in ways that are linked to their experience of colonisation, racism and discrimination, poverty and ill health.

In 2011, the Health Research Council ('HRC') awarded funding to Te Atawhai o Te Ao, a Kaupapa Māori research institute, to carry out research into Māori Intergenerational Trauma and Healing. The HRC acknowledges that *"through their research programme, Te Atawhai o Te Ao have changed the national discourse within Aotearoa through the acknowledgement of historic and intergenerational trauma and improvements in Māori trauma-informed care"*.⁴

The NCS Regulations require agencies to provide tamariki and rangatahi Māori with access to culturally specific interventions that are trauma-informed and tikanga-informed.

Currently, information is not collected to understand whether tamariki and rangatahi have access to a health practitioner with knowledge and experience of the cultural values and practices of the child, and in particular, knowledge and experience of Māori models of health. Oranga Tamariki told us that *"any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach"*.

⁴ Health Research Council website www.hrc.govt.nz

The challenges of Covid-19

This year, we also heard how Covid-19 has continued to disrupt the lives of tamariki, rangatahi and whānau. Social workers, health-care staff and communities told us about the challenges they face and the additional pressure the pandemic is putting on families.

An Oranga Tamariki staff member told us *“The impact of Covid on all these outcomes is huge as well. We don’t have access to [the same] community services because they have redeployed to other spaces [to support Covid response]. Having to respond to Covid on site and managing all of that has been a challenge. It is a lot to manage on top of everything else”.*

Social workers told us about the steps they were taking to support tamariki and rangatahi during this time. A whānau member said

“She’s [social worker] been very helpful. When we were isolating and stuck at home because of Covid, she bought formula for my baby. She was very helpful. She dropped off presents to the kids on Christmas and birthdays”.

Research commissioned by Oranga Tamariki shows that new practices have been introduced as a result of the pandemic. For example, *“a more sophisticated digital approach to social work is emerging”* and *“agile working models are essential for service continuity”*. The research also finds that when services are culturally sensitive, local and community-based they have the most impact and *“education is the mainstay of stability, wellbeing and social connection”*.⁵

Oranga Tamariki staff told us the pandemic helped them be more *“tech savvy”* and provide support online. A staff member told us *“Recently, we have been given the opportunity to deliver these programmes online due to Covid and the restrictions. So previously a caregiver social worker had referred whānau on to the programme. They loved the knowledge, support and freedom to talk with other caregivers and those taking responsibility of whānau [and] tamariki”.*

⁵ www.orangatamariki.govt.nz





Mātauranga





Mātauranga

Mātauranga is achieved when tamariki and rangatahi are learning, developing skills, and building knowledge about themselves, their potential and future, their culture, and their role and place in the world.

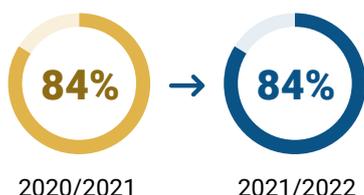
Education is the key to the success of our future generations. All tamariki and rangatahi have the right to thrive, realise their potential, and have equal opportunities to succeed. They deserve to have the right supports to help them reach their goals and dreams. Agencies have a role to ensure the environments for tamariki and rangatahi promote a culture of learning and success.



What the Oranga Tamariki data tells us

Oranga Tamariki data shows very little change from last year. As we noted in last year's report, for us to know how well tamariki and rangatahi are doing at school, Oranga Tamariki need access to information from the Ministry of Education about attendance and educational progress. We hope to access this information from next year, following work associated with the Oranga Tamariki Action Plan.

Opportunities



84 percent of tamariki had opportunities for play and experiences (based on 632 of 756 reviewed case files). This is unchanged since last year.

Early childhood enrolment



65 percent of tamariki under six years old were enrolled in educational facilities. This is a slight decrease on last year when 68 percent of tamariki were enrolled. The remainder were either not enrolled, or it was not recorded whether they were enrolled. The most common types of educational facility in 2021/22 were centre based ECE (35 percent), school (10 percent), Kōhanga Reo (nine percent) and kindergarten (six percent).¹

¹ This age group included tamariki too young for educational facilities. There are 102 tamariki who are under the age of one in the care of Oranga Tamariki.

School enrolment



96 percent of tamariki and rangatahi aged between six and 15 years old were enrolled in education (education is compulsory for this age group).

Enrolment is unchanged from 2020/2021. One percent of tamariki and rangatahi were not enrolled in education and enrolment was not recorded in three percent of cases. The majority of tamariki and rangatahi (91 percent) in this age group are enrolled in school, with the remaining five percent enrolled in a range of other educational facilities or programmes.

Monitoring attendance

Oranga Tamariki couldn't tell us whether an update had been obtained, at least once a term, from the school or caregivers on the regularity of school attendance.

Enrolment in education or training



Eighty-six percent of rangatahi over 15 years old were enrolled in education or training, six percent were not enrolled, and for nine percent it was not recorded. This is a one percent increase in overall enrolment since 2020/2021. The most common types of educational facility in 2021/2022 were school (66 percent), alternative education or correspondence (eight percent) and tertiary training or employment (11 percent).



Key insights from our community visits

Interagency collaboration

Last year we heard from tamariki, whānau, caregivers and professionals that **an obstacle into achieving positive outcomes in education settings was a lack of collaboration, information sharing and communication between agencies.** This issue dominated our conversations again this year.

Covid-19

Tamariki, rangatahi and whānau spoke about the impacts of COVID-19, and how important relationships are with education staff, and how their **social workers support them at school.**

Responsibilities and funding

Staff talked about **a lack of clarity about responsibilities and funding** and there was a view that Oranga Tamariki and the Ministry of Education struggle to coordinate services. However, they also spoke about what positive things can happen when agencies work together.

Changing schools

Transitioning between schools was **often spoken about as an unsettling, disorganised process with little interagency collaboration.**

Commitments and changes in response to our 2020/2021 report

Last year, we found that agencies not communicating and working together effectively was a common barrier to achieving outcomes. It remains a significant finding this year.

Oranga Tamariki advised that the Children's Act 2014 requires chief executives of children's agencies to have an Oranga Tamariki Action Plan (Action Plan) that sets out how they will work together to improve the wellbeing of the core

population of interest to Oranga Tamariki. The Action Plan sits under the Child and Youth Wellbeing Strategy (published in 2019) and must give effect to its outcomes.

We will be able to understand how these commitments from agencies, including the Ministry of Education, improve collaboration, information sharing and reduced the siloed nature of working to promote wellbeing of tamariki.

Mātauranga in detail

Coordination of services

Coordination between Oranga Tamariki and education services remains a barrier.

Oranga Tamariki staff told us about some of the barriers they face supporting tamariki and rangatahi to thrive in education settings, particularly if tamariki have behavioural issues, trauma, or if they need specialist support due to learning needs.

Oranga Tamariki data indicates that approximately 24 percent of reviewed cases showed evidence of educational issues (184 of 756 cases). Of those cases there was evidence that the social worker took steps to address those issues, including consultation with others, in 85 percent of cases (156 of 184 cases). Oranga Tamariki was unable to provide information about whether there was a need for specialist support (other than specialist support for a disability), or how many tamariki were excluded from school during the reporting period and what steps were taken to minimise any impact on their education.

When trying to address educational needs of tamariki, Oranga Tamariki staff told us they feel as though they are a sole agency with responsibility for providing much of the support to tamariki at school. A staff member told us *"Education pushes us and want us to fund everything. We cannot fund everything"*. Another staff member spoke about how

"The education system and Oranga Tamariki is failing tamariki miserably due to a lack of understanding about each other's roles and responsibilities. This siloed approach is contributing to poor educational and wellbeing outcomes".

Funding issues and inequity around the availability of services can also impact learning and development. Education staff talked about the difficulties to access the right services. We heard

“Services aren’t there for those in terms of these tamariki for our education sector. Specific therapies, like counselling, there’s a gap for our young people around intermediate - high school age. It’s hard to keep them in school, they start to disappear. There’s a gap around counselling type services for them in terms of managing their trauma”. Another education staff

member told us “We haven’t had a speech language therapist for two years. We are trying to get someone else. There’s a speech language therapist in [closest town] but [our] school isn’t on [the] list, so we haven’t had one come out”.

Whānau also identified barriers in getting tamariki and rangatahi with disabilities to engage in education. *“With his autism, he has needs that make returning to school difficult. He has missed so much school and does not like to feel like he has missed out and that is part of the struggle getting him back into school.”*

Communication between agencies

Poor communication, and barriers to working together remains a dominant theme.

Ministry of Education staff told us they are concerned about poor communication from Oranga Tamariki, which affects their ability to provide services. For example, one staff member said

“The other thing is talking about working in silos. I’ve lost count of times where Oranga Tamariki will place kids in school and this kid has got a developmental history that shows that they will struggle to adapt to that school environment, and at that stage they don’t consult with us. [They] must contact us to set up a better transition to school”.

Some social workers say that education providers have negative attitudes towards tamariki and rangatahi. One told us *“Schools not wanting Oranga Tamariki kids make it difficult. The minute they do anything out of line they get kicked out”.* Another social worker said

“The attitude I had with the principal was appalling. ‘Not wanting to be a brown dumping ground’ was the words the principal used about enrolling our kids. It is the only mainstream co-educational school in our area”.

When agencies do get together, it can mean a range of services are delivered seamlessly. We heard from

education staff about what can help. One person said *“An enabler is calling professional meetings, bringing heads together and having a joined-up approach and knowing who can do what as early as possible. This has been growing over the last five years. It’s a safe space to share because the young person is the focus. This has been a real benefit especially when everyone is starting on the same page. The key is to have a skilled facilitator to make sure voices are heard and runs smoothly – RTLB [Resource Teachers: Learning and Behaviour] staff are often the ones who run it”.*

Caregivers also spoke about the impacts of having positive relationships with education staff and other professionals. This helps them advocate for the tamariki in their care.

In July 2022, Oranga Tamariki published the **Oranga Tamariki Action Plan**. The plan is a commitment by Oranga Tamariki, and the Ministries of Justice, Health, Social Development, and Education, and New Zealand Police to work together to promote the best interests and wellbeing of tamariki and rangatahi with the greatest needs. Related to education, the plan says: *“Care-experienced children and young people are much more likely to change schools, which often negatively affects learning, social skills, and relationships”* Alongside the plan, Oranga Tamariki and Ministry of Education have agreed to take actions related to accessing educational services, learning in residential care environments and supporting tamariki and rangatahi with the highest learning-support needs.

Truancy and Covid-19

Truancy is a current issue across New Zealand. Oranga Tamariki does not have data on whether it has given caregivers information about the importance of tamariki attending school, or whether it has received regular updates — at least once a term — from schools or caregivers on how regularly tamariki are attending school.

Monitoring attendance is crucial to understand the extent of the problem, and whether strategies for encouraging attendance (such as providing information to caregivers) is sufficient.

The Oranga Tamariki Practice Centre advises social workers to be aware of patterns of school attendance and have open dialogue with tamariki and their caregivers to understand the reasons for not attending school. Recently, there has been widespread concern about the impacts of Covid-19 and the education system and truancy², and how this may exacerbate existing inequities in the education system particularly in low-decile schools.³ Government has recently developed an attendance and engagement strategy to mitigate this impact.⁴

Education staff said that Covid-19 has introduced more stressors into the lives of tamariki, rangatahi and whānau, and there are not enough services to meet their needs. They also said that while online technology has enabled them to maintain connections with tamariki and rangatahi during lockdowns, they cannot see their home environment to understand how it may be affecting them.

Several rangatahi said Covid-19 has interrupted study or work plans that they would otherwise have had access to. One young person said *“At the same time I was doing the course, I was doing a job. My tutor got me a job and I was working at the packhouse ... but I had to stop working there because of Covid”*.

We heard from whānau about the impact of Covid-19 on access to education services. One said

“There was a breakdown, because of Covid and funding. For three months they were waiting for a teacher aide, and it took about five months when she wasn’t at school because they had to transfer from one school to another. There was a no funding was the excuse for her teacher aide. So, there were all these excuses, and she still didn’t get to go because the school couldn’t have her until this was done. She missed five months of school because they couldn’t get it sorted for her”. Another whānau member told us the young person they care for did not really attend school last year due to Covid-19 interruptions and is “not doing much educationally”.

² He Whakaaro: How COVID-19 is affecting school attendance. Andrew Webber, Evidence, Data and Knowledge, Ministry of Education. December 2020. Retrieved from <https://www.educationcounts.govt.nz/publications/schooling/he-whakaaro-how-covid-19-is-affecting-school-attendance>

³ *Learning in a Covid-19 World: The Impact of Covid-19 on Schools*. Education Review Office. Retrieved from <https://ero.govt.nz/our-research/learning-in-a-covid-19-world-the-impact-of-covid-19-on-schools>

⁴ <https://assets.education.govt.nz/public/Documents/our-work/strategies-and-policies/Attendance-and-Engagement-Strategy-Document.pdf>

School transitions

Oranga Tamariki does not have data on the number of tamariki and rangatahi that experience changes to their school environment, such as transitioning to a different school. We heard about the impact that moving to a new school can have.

Whānau told us that when rangatahi change high school it affects their stability. They say there is not enough support and information to help them with this transition, and sometimes they get their support from NGOs instead of Oranga Tamariki.

One whānau member told us about their experience *“He was hard to handle. They put him with me with no support, I rung them for help. It took four to five months to arrange school. I wanted to address issues before school. I told them this. Just got intensive wraparound, mentor and new school”*.

Education staff also say that poorly organised transitions are an issue. One staff member told us

“Often what happens when kids move school the MOE [Ministry of Education]

isn't told so the learning support doesn't transfer with them. So over the holidays we can have no idea which school they have gone to.”

They told us about the creative ways they use to access counselling services to help tamariki transition back into education. For example, one staff member said *“We have had to become creative in finding places to get free counsel services, for example from AUT [Auckland University of Technology], to help enable transition after long periods away from school. We listen to the child and the whānau, we get to know and understand their goals, then we work alongside them to get them to a better place”*.

Oranga Tamariki staff talked about how long it can take to get assessments for tamariki, particularly assessments of learning difficulties. This can be because agencies do not know who should lead the assessment process. One staff member told us

“Transitions into schools takes months.”

Engaging with education providers

Tamariki and rangatahi told us that their relationships with school staff, especially teachers, and teacher aides are important to them. In general, they also talked about how they enjoy school and enjoy their favourite subjects and learning in a positive environment. Overall, tamariki and rangatahi said they have opportunities to do sports, tertiary courses, and recreational activities, which are supported by caregivers and social workers, and schools and community organisations.

One rangatahi said *“They [teachers] are really, really nice. And helpful. They are not those teachers who get grumpy over nothing. They support the LGBTQ+ community so I love that”*.

We heard about how good support from social workers can contribute to positive outcomes, with one rangatahi saying *“I've enrolled for the half year,*

and yes, the social worker from Oranga Tamariki helped me”.

Some tamariki and rangatahi say they avoid going to school because they feel bullied. They feel that Oranga Tamariki is not supporting them to find a better environment, or to access services to help them with learning, such as speech therapy. When they have to change to a school they don't like, rangatahi say they don't feel Oranga Tamariki is listening to them. One person said

“I was bullied at high school and the teachers did nothing. They just told Oranga Tamariki and Oranga Tamariki did nothing. I told my social worker, she did nothing”.

Some whānau told us they feel supported when they receive information about the educational development of their tamariki and rangatahi and get access to the right services. For example,

“One school didn’t keep us informed and we missed out because nobody told us. We missed out on school reports. Now with [NGO], we are kept up to date. I get to see all of the correspondence so can keep up and attend or see photos if she wants to share them. It’s working a lot better now”.

Oranga Tamariki staff talked with us about funding that supports tamariki and rangatahi to connect with Māori cultural activities like carving, mau rākau, kapa haka and weaving. One staff member said *“Because it is so difficult to get rangatahi into formal education at times, we need to ensure they get other experiences and I think we do that very well, looking at ways to offer different opportunities. Different types of education and support. We are really lucky here, we have a youth worker who connects kids with pro social things, doing the work themselves as well. Cultural mentoring, engaging in sports and activities, looking at alternative training and education, formal education is non-existent for some of the rangatahi we have in care, so we are really creative around ensuring their needs are met in that way, other opportunities to learn different skills”.*

Open Home Foundation Outcomes

This section summarises Open Home Foundation's compliance with the NCS Regulations, measured by outcomes for tamariki and rangatahi in its care. Definitions for each outcome can be found at the beginning of the Outcomes section of this report.

Open Home Foundation refer to caregivers as 'foster parents'. For consistency we have used their terminology in this section of our report.

This year, Open Home Foundation were able to provide answers to all measures for all 79 tamariki and rangatahi in their custody and care.



Manaakitanga

Open Home Foundation data showed that 87 percent of tamariki and rangatahi had a needs assessment completed within the review period and 61 percent of these were current and completed in the last six months. Immediate needs are included most of the time (96 percent) and long-term needs were included 91 percent of the time. Tamariki and rangatahi received support to develop relationships with their peers and people in the community in 95 percent of cases.

Building relationships

Open Home Foundation kaimahi told us it is important to take time to "sit and talk" with tamariki and rangatahi. They said that having good relationships is really important to:

- assess the needs of tamariki and rangatahi
- support and advocate for tamariki and rangatahi
- listen to the child's voice
- ensure that the needs of tamariki and rangatahi are being met.

Some kaimahi said that having a good, trusting relationship allows tamariki and rangatahi to open up to them.

Working together

Open Home Foundation leaders told us that the organisation works on the basis that "no one is an expert". All kaimahi "learn and discover together". Leaders say there is a flat structure and they are available to their kaimahi. One leader said "I know I can ring the CEO anytime", and kaimahi told us if they need support they are comfortable to approach senior management.

Leadership told us their partnership with Oranga Tamariki is improving and they have more input. They say they have noticed a revitalised willingness to work together.

"In our conversations with Oranga Tamariki, they ask "are you going to do it, will we?". We love the opportunity to take the lead in partnership it was not like this in the past".

Staff spoke of working with other agencies, including Oranga Tamariki, education and health, and creating plans to engage with iwi. Open Home Foundation told us about a successful collaboration with Oranga Tamariki. The agencies "made the time to get together and work out a plan", shared resources in a way that placed the child at the centre of decision making, and respected the wishes of the whānau to engage with Open Home Foundation rather than Oranga Tamariki.

Supporting foster parents

Open Home Foundation reported that the views of foster parents are taken into account to some extent, in around 95 percent of CANS assessments and Child and Young Person's plans. Seventy-four percent of foster parents have a support plan.

Foster parents told us about the availability of support "I can't fault them, particularly our high needs guy. Anything we needed support with they were willing to help. This has changed over year and half ago with staff, they always keep us well informed. The Open Home Foundation social worker is great". Another foster parent told us that Open Home Foundation is "forthcoming" when they identify a need for the tamariki in their care.

In its most recent 'Better Off' survey, one foster parent said of Open Home Foundation "I have always felt well listened to and supported by both the Foster Parent social worker and the child's social worker".

Another said

"Open Home Foundation have felt like an extension of our whānau. Our social worker is always available, always answers her phone and regularly rings and checks in on us. Our child's social worker is also excellent and very approachable and easy to get hold of".



Whanaungatanga

Open Home Foundation told us that its most recent Child and Adolescent Needs (CANS) Assessment identified connections with whānau for 92 percent of tamariki, and connections with significant members of hapū or iwi for 77 percent of tamariki Māori.

Seventy-eight percent of tamariki plans identify contact arrangements with whānau, and 64 percent of plans for tamariki Māori identify contact arrangements for their marae or significant members of their hapū or iwi.

Making connections

Open Home Foundation gave us an update on its work with Ngāpuhi Iwi Social Services (NISS). "One of the areas that was being discussed was the secondment of one of the Ngāpuhi social workers on to our Permanency team. The long-term goal of this was to transition the Permanency contract for Kaikohe to NISS. Unfortunately, during the time of our discussions NISS embarked on the development of a new model of community engagement and service delivery that would not fit well with working with

OHF. We are continuing to talk with Hapu Ora and, more recently with a representative from Te Atiawa, regarding partnering to provide support for tamariki and whānau in the Wellington region. Although it is 'early days' and without any detail, the potential to connect tamariki to their hapū, iwi and culture would be greatly increased."

Open Home Foundation also told us it has changed the way it supports tamariki Māori and their whānau. It has adapted internal policies to better reflect the care standards, and has changed how it records cultural information, such as 'pepeha for te temaiti', whether a tamariki is learning te reo Māori, or whether a tamariki has visited their whenua. This cultural information is now available in a report, which helps kaiwhakahaere matua (leaders) and te whaitakitanga (members) of Te Roopū Māori (Māori group) access to information and data on tamariki Māori.

Open Home Foundation reports that it has:

“Worked on embedding the care standards that specifically relate to tamariki Māori into our Te Aho Takitoru Christian Māori Social work model so that we have a framework to use when doing cultural consults and planning. In areas where we have a Kaitiaki a Whānau, cultural plans and consults are happening, and we are seeing the difference this is making for tamariki and their connections to whānau and their culture. We have met with Te Roopū Māori and have developed a shared vision of what our tumanako is for tamariki Māori in Open Home Foundation custody (N=39 out of 79 in their custody) and have created a plan to ensure all tamariki Māori will have a cultural consult and plan in the next 12 months.”

“At the point where a tamaiti/rangatahi is identified as Māori, Te Roopū Māori are involved to assist in gathering whakapapa links. At times this does not occur until later in their care journey as it often aligns with the cultural journey of the whānau. Through this review we can see our teams, with the support of Te Roopū Māori, actively working to create and strengthen connections as soon as they become aware that there is a connection.”

Transitioning home

Open Home Foundation described to us what a successful transition home looks like. It said that foster parents have been using video calls to support tamariki maintain connections with their whānau. Kaimahi also gave us examples of working collaboratively with other agencies, which is resulting in some positive outcomes. One kaimahi said:

“A whānau requested to work with Open Home Foundation instead of Oranga Tamariki around the care of their tamariki. Open Home Foundation and Oranga Tamariki made the time to get together and work out a plan for what was best for this whānau and their tamariki. Open Home Foundation and Oranga Tamariki were able to share resources (including foster parents) to ensure the tamariki received care that was focused on their best interests and that respected the requests of the whānau.”

“In the North Island, a tamaiti has been supported to return home to their parents which resulted in a change of city. The safety planning for this involved their parents, whānau carers, extended whānau and professionals across two Open Home Foundation service centres who worked together to create enough safety for the return to take place. Throughout the process whānau were consulted with and listened to and supported with teamwork from both service centres throughout the process.” Another rangatahi who has recently returned home was involved in review meetings and was supported to attend court to discharge custody orders.

Open Home Foundation told us it has two advisors to support its teams with the Entitlement to Return or Remain (ETRR) – which are obligations it must fulfil for eligible rangatahi that wish to remain with, or return to live with, a foster parent. The advisors help teams with the placement-negotiation process. Open Home Foundation reports *“This can be difficult to navigate in some of our more complex situations or where rangatahi in Oranga Tamariki care are placed with Open Home Foundation Foster Parents and want to take up ETRR.”*



Aroha

Assessments

Open Home Foundation reported that 87 percent of tamariki and rangatahi had a Child and Adolescent Needs Assessment (CANS) completed or updated in the reporting period and told us that 61 percent of tamariki and rangatahi in their care have a current Child and Adolescent Needs Assessment. Safety needs were at least mentioned in CANS assessments for 95 percent of tamariki, and for 58 percent of tamariki safety needs were covered in detail or included examples of the child's voice.

Managing allegations of abuse and neglect

Open Home Foundation is responsible for reporting to Oranga Tamariki any allegation of abuse and neglect of tamariki and rangatahi in its custody, and for supporting them through the process. Oranga Tamariki is responsible for investigating and assessing the allegations.

In the past year, Open Home Foundation reported 15 allegations of abuse and neglect to Oranga Tamariki, compared with 11 in 2020/2021. In seven of the 15 cases, Open Home Foundation told tamariki what would happen after they made their allegations, in two cases tamariki were too young to be informed.

In every instance, allegations were responded to, and Open Home Foundation supported tamariki with the effects of the harm. In three cases, Open Home Foundation's initial report was not completed in the required 24-hour timeframe to Oranga Tamariki, but all initial reports were made within 48 hours. Only one of these allegations is yet to be resolved.

Kaimahi told us they use the foster parents' assessment process as the starting point for providing safe and stable placements for tamariki and rangatahi. A staff member said *"The assessment process is first. It is a massive process with long conversations. We discuss, culture, relationships, environment, their life, how they were bought up. We get to know them and whether they can provide a safe loving home. We assess their understanding of trauma, then we do therapeutic*

training, training on brain development. Constant conversations happen. We discuss their [foster parents] own triggers. Training can be confronting. It's a different frame of thinking and being, the love and care that they [tamariki and rangatahi] need."

Open Home Foundation leaders talked about what happens when an allegation is made. This is supported by the reporting systems and relevant form in OSCAR. *"We have a clear process when a disclosure has been made that becomes a multidisciplinary approach because you heard us say we make this decision as a whole. Multiple people will know at different levels going through that then going back to the child. Speaking to the adults making sure and reminding them you know and not letting it stand still otherwise it doesn't go anywhere."*

Complaints

Open Home Foundation received three complaints relating to tamariki in their custody during the reporting period. One complaint was from a parent who did not agree with whānau contact arrangements, the other two were from foster parents regarding the handover of a case from Oranga Tamariki and safety checks that were required.

Open Home Foundation advise that all complaints have been addressed and resolved.

Recruiting and supporting caregivers

A practice manager told us the organisation's Christian values helped with recruiting foster parents, and it relies on Christian communities for support through local churches.

We asked Open Home Foundation if the needs assessment covers how often tamariki should be visited by their social worker, and they told us it was covered in 95 percent of cases. They also had a plan to address safety needs 76 percent of the time. Tamariki were visited by a social worker at the frequency detailed in their plan 61 percent of the time. They were visited on average at least every eight weeks in 90 percent of cases.

Open Home Foundation told us that staffing constraints have affected the support it gives foster parents through plans and visits. It reports:

"In service centres that have carried vacancies that have been difficult to fill, the visits to tamariki and rangatahi in care are prioritised over the dedicated support visits to foster parents/whānau carers. We have identified that we need to have a clearer strategy on foster parent support when the foster parent social worker role is vacant."

"We know from our work on this data request that often the social worker for the tamariki or rangatahi provide support to the foster parents/whānau carers while visiting tamariki and rangatahi, but do not record this in the foster parent or whānau carers record. This is an identified area we will work with our teams on. Further complicating the area of foster parent/whānau carer support has been the challenge of training our foster parent social workers who have a specialised role in the organisation. Two attempts at a foster parent social work gathering have been cancelled due to Covid, a third attempt is now being impacted by budget constraints which have been caused by the delay of the F23 funding round by Oranga Tamariki."

Open Home Foundation also told us that Covid-19 has presented opportunities to work in different ways. It has trained foster parents through online and in-person events. Some areas now have online support groups for foster parents/whānau carers.

Open Home Foundation continues to develop its annual 'Better Off' survey, which helps it understand the experiences of tamariki, rangatahi, whānau and foster parents, and the people they work alongside. The survey aims to find out:

- how they experience us [Open Home Foundation] and what it is like to have us in their lives
- what is happening to them as we work with them, and whether they are better off.

In their response to the survey, a foster parent said

"[I have found] Open Home Foundation to be a very caring organisation, not only for the children but for the families who care for the children."

Open Home Foundation has recently amended the survey to ensure it aligns with the NCS Regulations.



Rangatiratanga

Communicating with tamariki, rangatahi and whānau

In 2020/2021, Open Home Foundation reported 35 percent of tamariki were told about the reasons they were brought into care. During this reporting period, one tamariki entered Open Home Foundation's custody and, as they are an infant, they were not able to be informed of the reason why.

This year, Open Home Foundation told us:

- Of 77 tamariki with a CANS assessment, there was some evidence for 39 tamariki that their views were taken into account and for a further 25 their voice was clear in the assessment. For 13 tamariki, there was no evidence of their voice in the assessment.

- Of tamariki with a CANS assessment, there was some evidence the views of their whānau were taken into account for 38 tamariki, and for a further 11 tamariki the voice of their whānau was clear throughout the assessment. For 27 tamariki, there was no evidence the views of their whānau were taken into account in the assessment.
- Of 36 tamariki Māori with a CANS assessment, there is some evidence the views of their hapū or iwi is taken into account in the assessment for 14 tamariki, and for a further six tamariki the voice of their hapū or iwi is clear throughout the assessment. For 16 tamariki, there is no evidence the views of their hapū or iwi are taken into account in the assessment.

- Of 77 tamariki with a Child and Young Person's plan, the plan somewhat took into account the views of the child for 36 tamariki, and for a further 18 their views were taken into account throughout the plan. For 23 tamariki, their views were not taken into account in the plan.
- Of 76 tamariki with a Child and Young Person's plan, the plan somewhat took into account the views of the whānau for 37 tamariki, and for a further 6 tamariki the voice of their whānau was clear throughout the plan. For 33 tamariki, the views of their whānau were not taken into account in the plan.
- Of 36 tamariki Māori with a Child and Young Person's plan, the plan somewhat took into account the views of their hapū or iwi for 13 tamariki, and for a further 3 tamariki the views of their hapū or iwi were throughout the plan. For 20 tamariki, the views of their hapū or iwi were not taken into account in the plan.

Open Home Foundation staff told us about how they uphold the voices of tamariki and rangatahi. They say that their case notes and plans must include the words and stories of tamariki.

Other staff members say that resources, such as 'Mind of My Own' app and VOYCE -Whakarongo Mai, give tamariki and rangatahi a platform to be heard.

During this reporting period, 37 of the 79 tamariki in Open Home Foundation custody had been introduced to 'Mind of My Own'. Staff say that 71 percent of tamariki and rangatahi who use the app say that they feel positive in general, and 92 percent say they felt positive about where they live. Talking about the app, Open Home Foundation reports *"this is by no means replacing face-to-face social work but a tool for the tamariki to express themselves 'in the moment' whenever they feel they want to say something instead of having to wait until their social workers visit them. All statements sent to social workers are followed up with the tamariki when the worker meets with them."*

Some Open Home Foundation social workers perceive that Oranga Tamariki does not always listen to tamariki or rangatahi in care. One social worker told us how her client had said *"We are not heard"* by Oranga Tamariki, and that foster parents had also told them about Oranga Tamariki does not always listen to tamariki and rangatahi.

Open Home Foundation leaders told us that they try and support tamariki and rangatahi to be independent, by giving them chances to make

their own choices in day-to-day life, although they balance this with what is in the best interests of the child. One leader said *"It's hard work to help him understand why he can't have all his money why he can't buy a car. Yes, we know it's difficult, but we have to respect his voice, some of it has to do with ethic, yes, he needs access to this but if we give full access, he'll blow it. How much of a voice can they have?"*

Last year, Open Home Foundation told us 98 percent of tamariki and rangatahi received pocket money. This year, they told us 92 percent received pocket money. For the six percent where the data shows they did not receive pocket money, this is because, though still in Open Home Foundation custody, they are living at home with their parents who are now financially responsible for their tamariki.

Open Home Foundation leaders told us it is important to work with whānau of tamariki and rangatahi in care to find the best way forward for everyone. They said that connecting tamariki and rangatahi with their culture, or with people from their culture, can help them foster a sense of identity.

Providing information about the care journey

In response to information requests from people who have left care in the last 10 years, Open Home Foundation has developed a way to help rangatahi understand and process their care journey in a supportive environment.

"The Privacy Team has proposed that we put together a 'Care Story' for these young people. The team will review the file to put together a chronological record of events and anecdotes from their time in Open Home Foundation care. Their record will also include documents such as school reports, certificates, placement summaries, words and pictures account of the worries within their whānau that brought them into care, social worker and foster parent/whānau carers comments/reflections, a chronological timeline of key transitions and experiences, pepeha, information on their whakapapa, foster parent Te Whānau Nei etc. This may depend on what has been recorded on the file, but the team will also contact previous foster parents/whānau carers where appropriate to gain additional accounts."

"By doing this we can make sure that every rangatahi leaving care has their story, not only of why they came into care but also an account of their life in care according to their record in OSCAR, in a way that Life Story work and Memory Boxes do not."

Managing staffing shortages and high workload

Open Home Foundation says that staffing is an issue as some staff are leaving the care sector, and others are leaving for better pay prospects. Open Home Foundation recognises that this is affecting the workloads of current staff, at times it means they cannot visit foster parents and whānau as frequently as outlined in plans and assessments.

In August 2019, Social Service Providers Aotearoa lodged a pay equity claim. The claim covers community social workers and others doing the same or similar work. The claim covers staff who work for iwi social services, kaupapa Māori services, NGOs and community social services. There is currently a 34 percent pay gap between this group and Oranga Tamariki social workers, despite them having the same qualifications and experience, and doing the same work with the same clients. In October 2022, Government agreed to address the pay gap for community social workers.¹



Kaitiakitanga

Open Home Foundation require all tamariki to be enrolled with a primary health care provider to ensure they have access to a health check when required.

Open Home Foundation data shows 49 tamariki had at least some mention of health needs in their CANS assessments, with four having no details about health needs in their CANS assessments. For 24 tamariki, Open Home Foundation indicated that health needs assessments were 'not applicable'.

Overall, 65 percent of tamariki had an annual health check and 59 percent had an annual dental check. Open Home Foundation advised dental checks have been difficult to access due to COVID-19 backlogs. They also said that during the reporting period, support (including financial support) was provided to all tamariki in their care to meet any assessed health needs. All but one of those tamariki and rangatahi are currently enrolled with a primary health provider.

Supporting health care needs

Open Home Foundation told us it supports 28 tamariki and rangatahi who have diagnosed developmental disorders and mental health conditions. It reports:

"Our support of these tamariki and rangatahi is designed to ensure their needs are being met both in relation to their impairments and their experience of trauma. We have a team of Trauma and Disability Advisors who work closely with social workers and foster parents to advise on issues such as education

planning, NASC support, therapeutic plans and behaviour support. We refer tamariki for private psychologist and counselling services as well as other therapeutic interventions such as animal-assisted therapy, music therapy and play therapy. We provide support workers and mentors for disabled tamariki and rangatahi so they can access their communities with support where required. We also assess their play and activity preferences and ensure their plans include play and activities that meet their sensory needs. Our approach takes into account that all tamariki have the right to grow and develop according to their full potential."

"We recognise the social model of disability (people are disabled by barriers in society, such as buildings not having a ramp or accessible toilets, or people's attitudes, like assuming people with disability can't do certain things) in our mahi; tamariki and rangatahi with impairments are disabled by a world that is not designed to be accessible to them. Our goal is increased access so that disabled tamariki and rangatahi can live their lives on the same basis as their non-disabled peers."

Open Home Foundation gave us examples of its creative, flexible ways of working with disabled tamariki and rangatahi. For example, staff use alternative means of communication if tamariki are non-verbal and social workers provide continuous communication with whānau. According to staff, when they asked the whānau of one non-verbal child if they were happy with how things were going, the whānau said "Hell yeah".

¹ <https://www.sspa.org.nz/pay-equity/>
<https://www.beehive.govt.nz/release/government-takes-pay-equity-action-social-workers>

Over the next 12 months, Open Home Foundation plans to improve training for its support workers to ensure they have the skills and knowledge to meet the needs of disabled tamariki and rangatahi.

Transitioning to adulthood

In the coming year, Open Home Foundation plans to focus on its transition to adulthood work. It recognises that disabled tamariki and rangatahi need extra support to navigate disability support services for adults. This extra support will include help to plan living arrangements, obtain income

support and seek opportunities for higher education, vocational courses and work.

Open Home Foundation plans to work with the Transition Support Service and other providers to ensure disabled rangatahi have ways to meet their individual goals for transitioning to adulthood.

Open Home Foundation has trauma and disability advisors who will lead this work, with rangatahi, foster parents/whānau carers and practice staff across the motu.



Mātauranga

Open Home Foundation data shows that 85 percent of the time, tamariki and rangatahi have 'lots of opportunities' to access resources for play and learning, and the remaining 15 percent were described as 'somewhat' having opportunities for play and learning. Financial support for costs related to education and training were prompt and provided in all cases where a need was identified.

Eighty-three percent of tamariki between the ages of one and four are enrolled with an education provider, and 100 percent of five-year-olds are enrolled. Tamariki aged between 6 and 15 years are enrolled at a registered education provider in 96 percent of cases.

Open Home Foundation told us the continued development of OSCAR will enable them to record more information about changes in school enrolment going forward.

Working with other agencies

Open Home Foundation told us about how it supports tamariki and rangatahi to reach their potential, and how it works with other agencies to do this. Staff told us that they attend regular (monthly or fortnightly) hui with other agencies, including the Ministry of Education, where the support needs of tamariki are considered.

Establishing relationships with other professionals

Staff told us about the benefits of having positive, established relationships with other professionals. One staff member said *"Organisations have rules and boundaries, but we can see this as a guideline if everyone has the will. Agencies are going slightly outside their brief to meet the needs. I'm finding more often agencies are going outside their brief to do their best, but we do have funding pressures and staffing pressures"*.

Open Home Foundation updated us on how it has continued to develop its approach to working with other professionals, including refining its information sheets on tamariki and rangatahi to make it easier for social workers to complete them for foster parents/whānau carers and schools.

Transition to adulthood

When rangatahi turn 15, Open Home Foundation can identify who is eligible for the transition service. This means they can start the transition and referral process early. Open Home Foundation can also self-monitor this process to assure itself that the process is timely. Its database now has a screen called Transition to Adulthood where staff can easily enter and view all important information around the transition process.

When rangatahi are eligible to be referred to the transition service, Open Home Foundation gives them information about this service and what they can expect from it. If rangatahi opt out of registering with the transition service, Open Home Foundation will continue to follow the process with them to prepare them for adulthood.

Open Home Foundation has amended its CANS planning form to include a transition to adulthood plan. This plan details all the steps that need to occur, and have occurred, to help rangatahi transition to adulthood. The plan also records the date of their most recent life skills assessment.

Open Home Foundation told us four of the five rangatahi transitioning to adulthood were assessed for life skills in this reporting period. They reported that all had been assessed for their personal and healthcare needs, including needs around sexual health. Information about accessing health care services once they leave care had been provided to four of the five rangatahi.

Social workers and supervisors can also access online training and refresher training on transition to adulthood.

Open Home Foundation told us how it is using correspondence learning to upskill rangatahi, to support help them successfully transition to independence and connect with their culture. It reports:

"In the South Island a whānau hui was held for a rangatahi where the decision was made to set up a 'foster flat' to see him through to adulthood. The foster flat consists of several young men (known as 'foster flatters') assessed, trained and approved by Open Home Foundation to flat with and mentor the rangatahi. His whānau and important people were on board with this plan. When he moved in with his foster flatters, his whānau and other past carers and important people attended a housewarming BBQ for him."

"A tamaiti and his Pākehā foster parents have been supported to connect with the culture of the tamaiti. In the past year a detailed plan was put in place by his social worker and kaitiaki a whānau. The tamaiti began having weekly te reo lessons and is now enrolled in a te reo course through correspondence."

Barnardos Outcomes

This section summarises Barnardos' compliance with the NCS Regulations, measured by outcomes for tamariki and rangatahi in its care.

This year, Barnardos had two rangatahi in its care, no disabled tamariki or rangatahi and no tamariki or rangatahi that identify as Māori. The information provided by Barnardos was reviewed by the rangatahi and confirmed as an accurate report of their situation. Therefore, this section contains only information reported to us by Barnardos.



Manaakitanga

Barnardos told us that tamariki and rangatahi in its care feel a sense of belonging. They are in long-term placements with their caregivers and continue to report they feel settled. Barnardos told us that it records rangatahi special milestones and achievements, and stores photos for them. Rangatahi have access to their belongings and taonga.

Barnardos assures us that rangatahi in its care have consistent and thorough needs assessments. It says it has a quality-assurance process in place that monitors whether kaimahi are regularly reviewing and updating plans for rangatahi. The needs assessments consider general and specialist health, behavioural, cultural, educational and emotional needs, and financial support needs.



Whanaungatanga

Barnardos involves rangatahi, whānau, caregivers, and other professionals in creating the initial needs assessment plan, and in meetings to review it at least every six months. Sometimes rangatahi chair these meetings.

Plans for rangatahi contain a mandatory section on how they will stay connected with their whānau, hapū, iwi, culture, and identity. Rangatahi lead conversations with their social workers about how they want to maintain these connections.

Barnardos supports caregivers to form relationships with whānau of rangatahi they care for, by visiting each other's homes, and helping each other with communication and logistics. When Barnardos has limited contact with whānau, social workers work with other agencies to help access and collate information about whakapapa. They help rangatahi and their caregivers understand this knowledge and the importance of connections.

Barnardos continues to make progress with its 7AA Action Plan (Section 7AA of the Oranga Tamariki Act sets out responsibilities to improve outcomes for tamariki Māori working alongside whānau, hapū, iwi and Māori). Barnardos reports: *"The commitment reflected in Barnardos strategic plan working for and with Māori has been evident in the trainings undertaken with both social workers and caregivers. The goal of strengthening connections to local iwi to enable whanaungatanga with our foster care team and caregivers is in process."*



Aroha

During this reporting period, Barnardos received one allegation of abuse or neglect of a child in its care. It lodged a report of concern with Oranga Tamariki, and a safety plan was enacted immediately. At the time of its response to us, Barnardos had been waiting for Oranga Tamariki's final report for five months. Barnardos told us it had recorded information appropriately and adhered to the policy regarding escalation. It had also complied with its Caregiver Safety and Review policy, which itself aligns with the NCS Regulations. Barnardos told us that all its documentation reflects rangatahi voices.

Barnardos caregiver-support plans identify caregivers' needs, and actions it will take to support caregivers to meet the needs of rangatahi. All Barnardos caregivers have completed the required approval processes and Barnardos says it conducts regular safety checks. Caregivers attend training to help them develop and maintain positive connections with rangatahi. Barnardos supports them to learn te reo Māori through online modules.

Barnardos' assessments of tamariki and rangatahi cover how often their social workers will visit them.



Rangatiratanga

Barnardos separately records rangatahi views in a way that ensures they are heard, included in their plans and form part of a feedback cycle. Barnardos tell us that rangatahi assertively express their feelings to caregivers and Barnardos staff about

contact with whānau, exploring their identity, and expressing their likes and dislikes.

Barnardos tell us that rangatahi in its care know who their 'lawyer for child' is and how to contact them and meet them.



Kaitiakitanga

When rangatahi in Barnardos' care reach the age for more independence, Barnardos has a plan to prepare them for this transition. This involves assessing their life skills and referring them to a transition support service. Barnardos informs them of their option to connect with kaupapa Māori

organisations that can help them with the transition. To help ensure rangatahi have a seamless transitional experience and equitable access to resources, Barnardos refers to the Oranga Tamariki transition service and works in partnership.

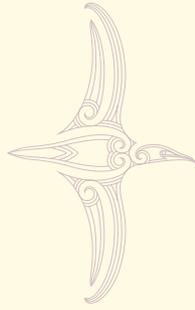


Mātauranga

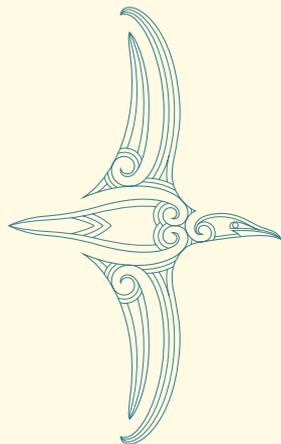
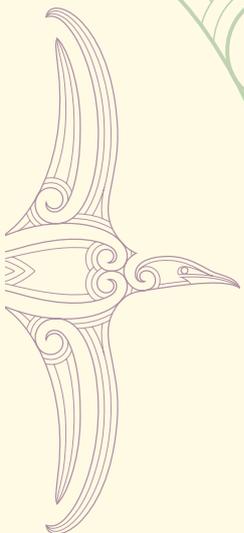
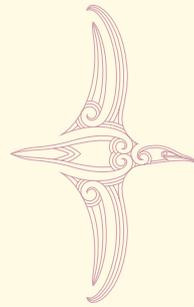
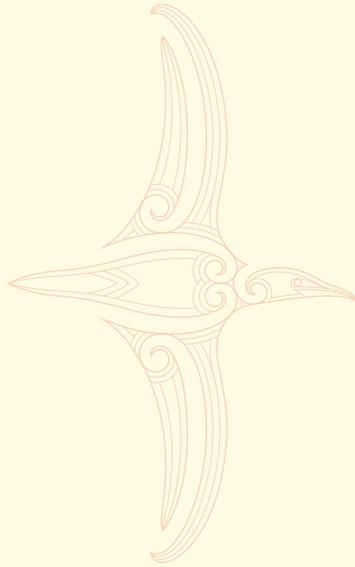
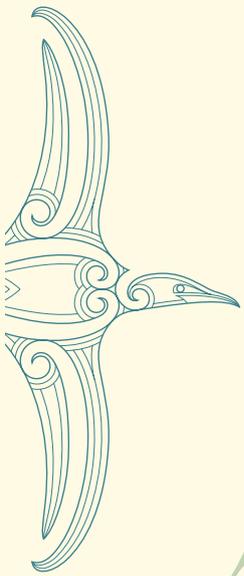
Rangatahi in Barnardos' custody are enrolled in various forms of education. Barnardos supports them to access learning opportunities and extracurricular activities and works with caregivers to support rangatahi in their education.

Barnardos says that rangatahi in its custody are performing well in their education and employment.

When there are concerns about an individual's education, Barnardos works hard to develop a plan to address these concerns. It receives regular reports and updates from caregivers and education providers about the progress rangatahi are making with their education. It stores education reports and assessments, and these are readily accessible.



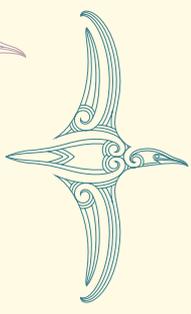
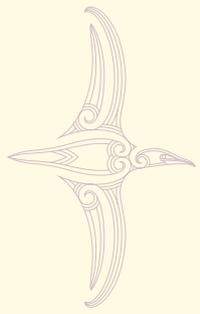
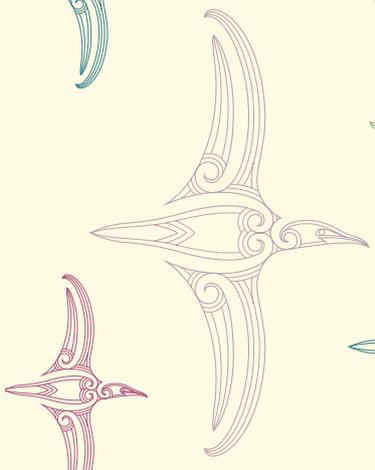
Glossary



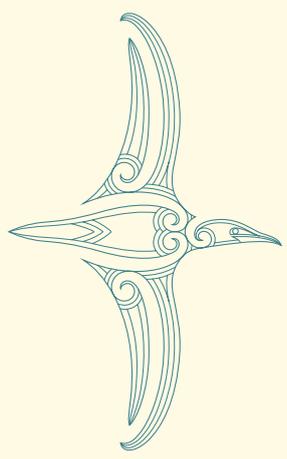
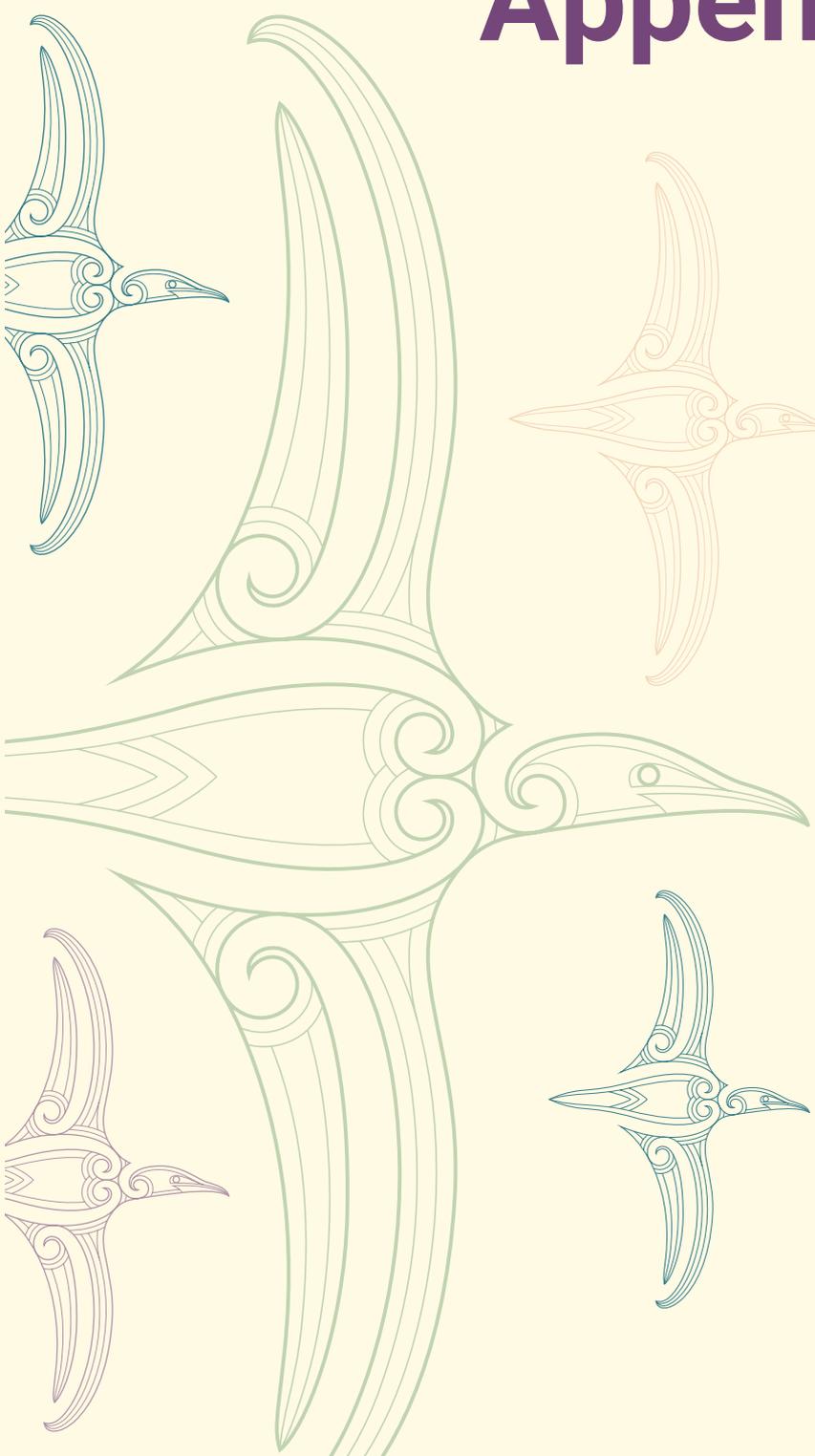
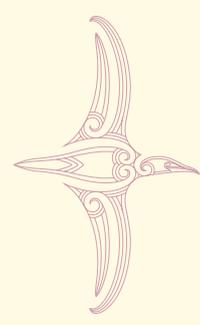
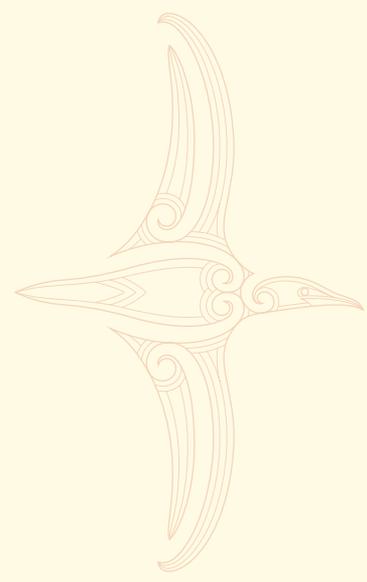
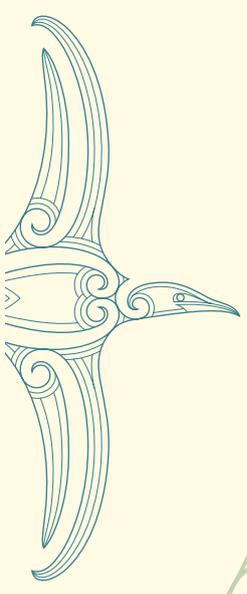
Agencies	Oranga Tamariki, Open Home Foundation and Barnardos - the three agencies in Aotearoa that have custody of tamariki and rangatahi.
All About Me plan	The primary plan that Oranga Tamariki uses to support tamariki and rangatahi needs and objectives.
Care or custody	In relation to tamariki and rangatahi, being subject to an order for custody or sole guardianship or to a care agreement, in favour of the chief executive of Oranga Tamariki—Ministry for Children, an iwi social service, a cultural social service, or the director of a child and family support service.
Caregivers	People who care for tamariki and rangatahi in custody of Oranga Tamariki, Open Home Foundation or Barnardos. Caregivers can be whānau or non-whānau. They provide a range of care options including respite, short-term, or permanent care. Caregivers are sometimes referred to as foster parents or carers.
CGIS	Oranga Tamariki caregiver information system.
Child and Adolescent Needs and Strengths (CANS) assessment	An internationally recognised assessment and planning tool that supports decision making, used by Open Home Foundation.
Communities	When we talk about communities, we are referring to iwi and Māori organisations, care partners and organisations providing services to the community.
Complaints process	An opportunity for service recipients to raise concerns about services related to tamariki and rangatahi in care or custody of the agencies. See also grievance procedure.
CYRAS	Oranga Tamariki administrative database.
DHB	District health board (now Te Whatu Ora Health New Zealand).
Foster parent	Open Home Foundation's term for a caregiver or carer.
Gateway assessment	An interagency process between health and education services and Oranga Tamariki to identify the health and education needs of tamariki in care, and how they will be supported.
Grievance procedure	An opportunity for tamariki and rangatahi to raise concerns about services related to their care in a residential facility.
Hapū	Sub-tribe
Hauora	Health
Hōhā	Annoyed
Iwi	Tribe
Kaiarataki	Staff who coach and support leaders within Oranga Tamariki to change their approach to practice.
Kaimahi	Staff

Kairaranga ā-whānau	A specialist role at Oranga Tamariki that is designed to help weave connections between tamariki and rangatahi, and their whānau, and support tamariki Māori affiliate with their iwi.
Kaitiaki	Caretaker, caregiver, guardian
Kaiwhakamana	Advocacy worker
Kanohi ki te kanohi	Face-to-face
Kaupapa Māori	An approach underpinned by Māori values.
Kōhanga reo	An early childhood education and care centre where all education and instruction are delivered in te reo Māori.
Kōrero	Conversation or discussion.
KPI	Key performance indicator.
Legal guardian	An adult who is responsible for making decisions about important decisions in a child's life, for example religion and education.
Mana motuhake	Autonomy and independence.
Motu	Country
NCS Regulations	Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018. Came into effect on 1 July 2019, to set out the standard of care tamariki and rangatahi can expect to receive when they are in the care of one of the agencies.
NVivo	A qualitative data analysis software programme.
OECD	Organisation for Economic Co-operation and Development. Aotearoa is one of 38 member countries.
Office of the Children's Commissioner	An independent Crown entity that has three key functions: monitoring, assessing and reporting on services provided to children in care; advocating on issues that affect children and young people; and raising awareness of and advancing the United Nations Convention on the Rights of the Child.
OSCAR	Open Home Foundation's administrative database and case management system.
Outcomes Framework	A tool the Monitor uses to measure how well agencies are supporting the wellbeing and life outcomes of tamariki and rangatahi in care.
Pākehā	A New Zealander of European descent.
Rangatahi	Defined by the Oranga Tamariki Act 1989 as a young person or young people aged 14 years or over.
Shared-care partners	Organisations that provide care for tamariki in custody of one of the three agencies under the Oranga Tamariki Act 1989. There are approximately 50 shared-care partners. Can be called shared care providers.
SKS screens	Substance and Choices, Kessler and Suicide Screens. Screening tools used to evaluate whether tamariki and rangatahi are dealing with substance abuse, suffering psychological distress or are at risk of death by suicide.

SoCiC Unit	Oranga Tamariki Safety of Children in Care Unit.
Tamaiti	Oranga Tamariki use Tamaiti to refer to a singular child.
Tamariki	Defined by the Oranga Tamariki Act 1989 as children aged under 14 years.
Tamariki Māori	Children of Māori descent
Taonga	Treasures
Te ao Māori	The Māori world
Towards Wellbeing	Towards Wellbeing is a risk assessment and monitoring service that provides advice to social workers who work with tamariki and rangatahi who may be suicidal.
Tuituia assessment	An assessment used by Oranga Tamariki to capture information about the needs of tamariki and rangatahi. Tuituia focuses on holistic wellbeing of tamariki and rangatahi; capacity of their caregivers to nurture their wellbeing; and whānau, social, cultural, and environmental influences on them and their caregivers.
Tūrangawaewae	Place of belonging, location of identity through kinship and whakapapa (see below).
VOYCE Whakarongo Mai (VOYCE)	An independent NGO that helps to advocate for children with care experience. VOYCE stands for Voice of the Young and Care Experienced.
Wānanga	To meet and discuss.
Whakapapa	Genealogy that connects a person to their identity and tūrangawaewae (see above).
Whakawhanaungatanga	Process of establishing relationships.
Whānau	People who are biologically linked or share whakapapa. For the Monitor's monitoring purposes, whānau includes parents, whānau members living with tamariki at the point they have come into care (this does not include whānau caregivers) or whānau who are close to, and/or involved with tamariki on a day-to-day basis (this does not include whānau caregivers) and who have been involved in decision making about their care.
Whenua	Land, country



Appendices



Appendix 1

Agency Commitments from 2020/2021

Each year we ask agencies about their compliance with the NCS Regulations and the progress they are making with self-monitoring. This year, we also asked for progress reports on the commitments made in response to the findings of our 2020/2021 Experiences of Care Report.

We've summarised the agencies' responses below. The full responses will be available in the reports section of our website.

Oranga Tamariki: Commitment to improving practice

What Oranga Tamariki told us it would do:

Training frontline staff, updating practice guidance, and strengthening professional supervision of social workers. Improved performance will be measured by its delivery of these initiatives, and their results.

What Oranga Tamariki told us it has done

Training for frontline staff:

- Te Hāpai Ō is a whole of organisation approach to build Māori cultural capability (staff development) and develop an organisational culture that enables cultural authenticity (organisational development).
- Tū Māia is a cultural capability training programme for staff. In May 2022, the inaugural intake of 500 Oranga Tamariki staff included 366 from frontline teams (Service Delivery), 166 of those staff are in direct frontline roles.
- Oranga Tamariki has surveyed staff to determine a baseline measure of staff and organisational cultural capability. An evaluation framework is also being developed.

Continue development of the Practice Shift programme:

- A new practice framework guides and supports staff when working with tamariki, rangatahi, whānau and partners, embedding an understanding of tamariki within the context of whakapapa and oranga. It describes rights, values, and obligations to guide the mahi, with knowledge, methods, and skills to draw on that help staff to reflect on and strengthen their practice.

Supporting Māori specialist roles and communities of practice:

- Kaiarataki have been recruited in regions to coach and support leaders in the changing approach to practice.
- A six-month trial across four sites (three in Tāmaki Makaurau and one in the South Island) will assess new applied practice resources across all service lines.
- The Leaders in Practice Programme has been developed and is being rolled out to strengthen supervision. In 2022, 22 Oranga Tamariki staff completed the Kaitiākitanga Postgraduate Diploma in Bicultural Professional Supervision programme, with the potential for further placements in 2023.

What difference has it made

Information gathered through our monitoring shows that Māori specialist roles help mitigate distrust between Oranga Tamariki and whānau, and they are helping to connect tamariki and rangatahi to their whakapapa.

However, most staff who talked to us about these roles said they are overextended, and they need more of these roles equitably distributed across Aotearoa.

This year, Oranga Tamariki told us connections for tamariki with members of their immediate family/whānau/family group were found to have been identified in 97 percent of cases reviewed. Eighty-nine percent of reviewed cases had connection needs assessed, 91 percent of completed plans contained contact arrangements tamariki with immediate whānau members, and tamariki were supported to have contact with their family, family group or whānau in 86 percent of cases.

Changes in how Oranga Tamariki conduct casefile analysis make it difficult for us to say if there is any change in how well tamariki in care are being supported to establish/maintain/strengthen connections with whānau. However, now Oranga Tamariki has indicated the casefile analysis process has matured, we anticipate being able to track changes year on year. We will also look for any changes in the way tamariki, rangatahi, their whānau and their caregivers talk about being supported to maintain connections. We will monitor how connections are identified for tamariki and rangatahi to their marae, hapū and iwi from this year – last year, we were not provided with data. Oranga Tamariki told us there was evidence of this connection in 13 percent of reviewed case files (64 of 492).

What Oranga Tamariki told us it would do:

Deliver a programme to improve tamariki and rangatahi understanding about their rights and entitlements

What Oranga Tamariki told us it has done

- The 'My Rights My Voice' resource has been updated to better reflect Te Ao Māori and relational practice. It was released in September 2022.
- Guidance on *Rights of Tamariki in Practice Centre - Whakamana Te Tamaiti through Advocacy* has been updated. Staff were advised how these resources will support them to meet the NCS Regulations and help them to communicate key messages to tamariki and rangatahi in a child-friendly way.

- Welcome booklets have been developed for Puketai and Epuni to ensure tamariki and rangatahi understand their rights and entitlements.
- Youth Justice staff take rangatahi through an admissions process where they are provided with an orientation around life in the residence and their rights. Information about their rights, and how to make a complaint, are displayed visually within each unit and are communicated to tamariki and rangatahi every one to three weeks. Clinical teams provide a similar overview of rights and complaints to whānau and caregivers.
- Grievance Panel members visit Care and Protection and Youth Justice residences one to three times per month to engage with tamariki and rangatahi and ensure they understand how the grievance process (Whāia Te Maramatanga) operates. It is intended that end of quarter meetings be scheduled between the residences and the Grievance Panel, prior to the Grievance Panel's Quarterly Reports.
- Monthly meetings have been established with National Residence Managers and VOYCE – Whakarongo Mai. VOYCE kaiwhakamana visit tamariki and rangatahi in residences on a one to two weekly basis nationally.
- The Manaaki Kōrero project with VOYCE facilitates co-design with tamariki, rangatahi and whānau to describe a future-state blueprint for fit-for-whānau feedback, complaints, information and advice systems and processes. This will inform work on the Oranga Tamariki Future Direction Action Plan.

What difference has it made

Data and evidence gathered through our monitoring shows that tamariki and rangatahi do not consistently know about their rights. Some know what their rights are, others feel unsure. Some talked about VOYCE Whakarongo Mai positively as an organisation that supports them to exercise their rights.

We will be able to determine how well rangatahi in youth justice and care and protection residences understand their rights as our monitoring approach expands.

What Oranga Tamariki told us it would do:

Expand the question set and frequency of case-file analysis, including broadening the scope to include residences.

What Oranga Tamariki told us it has done

In October 2021, Oranga Tamariki expanded the question set and frequency of case file analysis. Case file analysis is an evidence-based approach to sample around 200 cases every quarter against NCS requirements. This is in addition to ongoing quarterly oversight and the provision of individualised feedback at a local level by site-based Practice Leaders using the Quality Practice Tool.

The case file analysis process is now due for a period of review and refinement. Oranga Tamariki anticipates this will provide them a valuable opportunity to identify further areas in which they can expand and/or strengthen case file analysis to better meet the needs of Oranga Tamariki and the information needs of the Monitor.

What difference has it made

Oranga Tamariki provided the Monitor with the questionnaires and results from casefile analysis from 2020/2021 and 2021/2022. Assessing the changes Oranga Tamariki implemented between years, there were improvements in:

- the completeness and robustness of assessment such as including other holistic assessments to give a better understanding of how well tamariki needs are being assessed
- the inclusion of new measures for aspects of practice, such as writing actionable plans, the quality of engagement between social workers and tamariki, and social workers carrying out planned actions.

There were also changes in methodology which were improvements but limit our ability to compare measures from 2020/2021 with 2021/2022. We recommend that Oranga Tamariki minimises future changes to mature and improve measures in areas such as needs assessment, plans, social worker visits and support around care transitions.

We encourage Oranga Tamariki to continue to make smaller adjustments to casefile analysis, and in particular we recommend they continue to focus their efforts on areas such as:

- estimating the number of tamariki with disability, mental health needs and those eligible for SKS and suicide screens, so Oranga Tamariki and the Monitor can understand how well those needs are being addressed by the system.

Oranga Tamariki has increased the frequency of casefile analysis rounds to quarterly.

What Oranga Tamariki told us it would do:

Monitor the participation of new, fully and provisionally approved, caregivers in the 'Prepare to Care' training programme on a monthly basis. Implementation of the new Caregiver Information System (CGIS) will capture more administrative data on learning and support for caregivers.

What Oranga Tamariki told us it has done

Oranga Tamariki is monitoring the participation of new, fully approved and provisionally approved caregivers in the Prepare to Care training programme monthly using a new report from the Caregiver Information System (CGIS).

What difference has it made

Oranga Tamariki could not provide any data on how many caregivers attended *Prepare to Care* training. It was also unable to tell us whether caregivers were provided with information about being a caregiver.

Although, some caregivers spoke about positive working relationships with their caregiver social workers and the social workers for the tamariki in their care, information gathered through our monitoring suggests many caregivers still feel unsupported. Overall, we heard more negative experiences from caregivers towards Oranga Tamariki than positive experiences. They spoke to barriers to receiving support more than they talked about enablers. Caregivers told us about not feeling supported when they are faced with challenges, and they had to come up with solutions on their own.

What Oranga Tamariki told us it would do:

Launch a new whānau survey to collect more information on the experiences of parents and whānau.

What Oranga Tamariki told us it has done

A pilot Whānau Experience Survey ran in June/July 2022. An internal report on the survey was due in September 2022.

What difference has it made

The results of this survey have not been made available to the Monitor.

Information gathered from our monitoring indicates the experiences of whānau are mixed, with some whānau feeling judged and that they are not trusted.

Oranga Tamariki data shows some more involvement with whānau in some areas.

Of cases of tamariki or rangatahi with a current Tuituia assessment, the views of the family/whānau/family group were taken into account in 66 percent of applicable cases – an improvement on 55 percent of cases in 2020/2021.

In 95 percent of cases with a plan for the child (All About Me Plan and/or other plan), that plan included details on contact arrangements with members of their immediate family/whānau/family group. When looking only at the All About Me Plan, such contact details were identified in 82 percent of plans reviewed, an improvement on 57 percent of plans reviewed in 2020/2021.

What Oranga Tamariki told us it would do:

Explore options for replacing the main case management system (CYRAS).

What Oranga Tamariki told us it has done

A programme business case is being prepared to determine options. If it proceeds, a full replacement of the case and care management system will take several years.

What difference has it made

Apart from the limitations of the Monitor not receiving full data from Oranga Tamariki, we remain unable to understand the impacts of a case management system replacement until this is implemented and will expect an update on this project next year.

What Oranga Tamariki told us it would do:

Utilise the Social Wellbeing Agency's data exchange and other information sharing initiatives to identify any gaps in the support delivered to those who are referred to other services.

What Oranga Tamariki told us it has done

Eight care partners have migrated to the Data Exchange, with a further seven in testing. A progressive rollout to all care partners will continue through 2023.

What difference has it made

We will be able to understand how outcomes for tamariki, rangatahi and their whānau are supported when a full migration and rollout occurs. However, we know from our monitoring work that information sharing barriers are an issue for care partners and caregivers. Some care partners said they felt critical information was withheld from their agencies (and their caregivers), and that the resulting lack of information was 'dangerous'. Although sharing of information from Oranga Tamariki to care partners, will not be implemented until Phase 2 of the programme, we will continue to look for any changes in what care partners and their caregivers say about information sharing over the coming year.

What Oranga Tamariki told us it would do:

Roll out a new performance reporting suite, Whiti by the end of the financial year.

What Oranga Tamariki told us it has done

Whiti was released to some regions in May 2022, then went live for all Services for Children and Families sites and regions in late June 2022.

Training for staff in the first tranche of the national on-boarding (teams in the East Coast, Canterbury, and Upper South regions) has occurred. Onboarding will continue thorough to October 2022 and training will continue through the year.

Additional work on the design and development of further pages to assist staff to plan and manage their work will continue into 2023. This will include extending out to Youth Justice and caregiver related activities.

What difference has it made

We have attended a demonstration of the Whiti performance reporting suite. Based on what we saw and what Oranga Tamariki told us about their vision for Whiti, we understand its intent is to:

- support social workers to plan and prioritise their work
- give leaders at team, site and regional levels oversight about how Oranga Tamariki is performing.

Based on what we heard this year, some Oranga Tamariki kaimahi feel they need more time and support. They said that time consuming aspects of their work, such as long travel times between visits and time-consuming preparation of assessments, plans and reports get in the way of visiting tamariki and building relationships with whānau. If Whiti achieves its intent, social workers will be better able to plan their work and leaders will be able to respond proactively to bottle necks or resource pressures.

If this happens, we anticipate seeing:

- more up-to-date needs assessments and plans
- more tamariki being visited to the frequency set out in their plans
- better engagement between social workers and tamariki
- more social workers carrying out actions in tamariki plans and caregiver support plans.

As well as looking for these improvements, we will continue to ask Oranga Tamariki social workers about enablers and barriers which help or hinder their ability to do their mahi so we can understand if Whiti and other initiatives are having their intended effects for the Oranga Tamariki workforce.

What Oranga Tamariki told us it would do:

Invest further in the ability of supervisors to support individual social workers to improve their practice.

What Oranga Tamariki told us it has done

A survey of social workers and supervisors to better understand the current capacity and practices of social work supervision within Oranga Tamariki was carried out early in 2021. A report of the findings was published internally in October 2021. Recommendations from that report, as well as recommendations from Te Kahu Aroha and actions within the Future Direction Action Plan are being responded to.

Work is progressing on the development of a supervision approach, as well as development and trialling of a new Tangata Whenua and Bi-cultural Supervision Model. Additional opportunities are being taken to strengthen the quality of supervision currently being provided.

What difference has it made

Oranga Tamariki did not provide timeframes for when this will occur. The Oranga Tamariki Practice Centre has not yet been updated to reflect this change.

We will be able to understand the impacts of this approach once it is implemented and will expect an update next year.

What Oranga Tamariki told us it would do:

Develop governance mechanisms to ensure effective feedback loops from self-monitoring activities at the national level.

What Oranga Tamariki told us it has done

Formal governance mechanisms, starting with Te Riu, are under review. A new governance structure is expected to be embedded by the end of 2022.

External advisory groups including the Māori Design Group, Pacific Panel, Youth Advisory Group, and a soon to be established Tāngata Whaikaha/Disability advisory group, continue to provide insights to the organisation.

What difference has it made

We expect an update on the impacts of these mechanisms once this strategy is embedded.

Oranga Tamariki: Response to key findings from our 2020/2021 report

2020/2021 report finding: Connections with whānau and culture are important for tamariki Māori in care

Oranga Tamariki reported it had taken a number of steps to strengthen connections between tamariki Māori and their whānau and culture.

What Oranga Tamariki told us it has done

The number of Kairaranga ā-whānau and Māori specialist roles has increased. In June 2021, Oranga Tamariki had 124 Māori specialist roles situated around the country with 84 staff in positions. In June 2022, this had increased to 140 Māori specialist roles with 100 staff in positions.

The policy for the All About Me Plan has been updated to highlight the requirement to undertake thorough whānau or family searching, and engage members of the family, whānau, hapū, iwi or family group who can contribute to the planning process.

Oranga Tamariki is working with Whānau Care to recruit and support caregivers in partnership with iwi and kaupapa Māori providers to ensure that wherever possible, tamariki are in safe, stable, and loving care within their whānau, hapū or iwi.

What difference has it made

Oranga Tamariki data for this reporting period shows a decline in the number of current All About Me plans addressing the need to maintain or strengthen connections with their hapū and/or iwi - from 40 percent in 2020/2021 to 33 percent in 2021/2022, however we do acknowledge the positive impacts of the Kairaranga ā-whānau role and anticipate we will see this reflected in next year's data.

2020/2021 report finding: Oranga Tamariki respond well when tamariki enter care; practices weaken during their time in care

Oranga Tamariki practice policy and guidance requires that social workers continue to build their relationship with tamariki and continue to reassess and respond to needs throughout the child's journey in care, and that the All About Me Plan reflects this.

What Oranga Tamariki told us it has done

Operational policy no longer requires social workers to visit eight-weekly, instead requiring social workers to ensure that frequency of visits is based on the needs of the child, their views and wishes, how events in their lives are impacting them and the level of attachment and connections they have with significant people in their lives.

Once the new performance reporting suite, Whiti, has been rolled out, it is anticipated this will provide staff with enhanced visibility on when a child is next due a visit.

What difference has it made

Oranga Tamariki told us that policy is in place requiring social workers to ensure that frequency of visits with the child are based on needs with the child. They said *"While information captured in case notes and needs assessments is of generally high quality in relation to individual needs, at an organisational level we lack structured information on tamariki needs in general. This prevents us from comparing the prevalence of needs with the availability of services in any particular area or for any particular group of tamariki."*

They anticipate the rollout of Whiti will help staff have an overview of the tamariki they are working with to help them plan and prioritise their work.

This year Oranga Tamariki told how often a child should be visited was evidenced 62 percent of the time (433 of 697 cases) in the All About Me Plan and/or other current plan. Last year, this was found 59 percent of the time.

We expect to be able to see the impacts of this policy and how Whiti assists social workers to complete their visits in our next report, once data is made available.

2020/2021 report finding: Caregivers need more support

Oranga Tamariki told us that since 30 June 2021, a suite of new resources for caregivers had been developed.

What Oranga Tamariki told us it has done

New resources include brochures for people who are considering becoming an Oranga Tamariki caregiver, and a Caregiver Kete and NCS Regulations booklet for caregivers who are provisionally or fully approved.

Oranga Tamariki said the new Caregiver Information System (CGIS) initial rollout occurred in February and continued through to June 2022. Data will be able to be reported on using the new CGIS system from 1 July 2022.

Practice Advisors are delivering learning to the Caregiver Recruitment and Support (CGRS) Supervisor group (monthly) and developing exemplar Caregiver Support Plans to support practice change.

Feedback from caregivers and staff about the user experience of the Caregiver Support Plan document has led to improvements in the layout and functionality.

A proposal for reforming the system of financial assistance and support for caregivers is being reviewed to ensure consistency with the refreshed Oranga Tamariki strategy.

What difference has it made

In 2020/2021, Oranga Tamariki did not give us data about whether there was a record of a caregiver plan. For this reporting period it provided evidence from the CYRAS case management system that showed that 94 percent of caregivers had a caregiver support plan and 89 percent of caregivers had a caregiver support plan reviewed within the past 12 months. From next year onwards, Oranga Tamariki said they will provide information from the new CGIS system. We anticipate seeing more information on:

- caregiver assessments
- reviews of caregiver approvals
- learning and support for caregivers

These areas are all critical for ensuring tamariki in care have safe and stable placements. They are also all areas where we have heard caregivers speak of having concerns or mixed experiences. As well as looking at new information from the CGIS, over the next year we will continue to look for any changes in the way caregivers speak about their experiences of assessment, review, training and how they are being supported to provide care to the tamariki in their care.

2020/2021 report finding: Agency support of health needs, especially mental health needs, is variable

Oranga Tamariki said that following the care standards case file analysis completed in 2020/2021, it improved the data capture for case-file analysis for 2021/2022.

What Oranga Tamariki told us it has done

More information is now recorded for tamariki and rangatahi with disabilities. Future case file analysis will capture the diagnosis type (rather than just yes/no to disability), providing insight into the nature and complexity of disability needs for those in care.

Improvements to the disability indicator are planned over the latter half of 2022, using additional internal data sources, for example Gateway Assessments.

The National Manager Clinical Services is establishing interagency governance groups across the residences. Joint work programmes are being developed with the Ministries of Education and Health to improve outcomes for tamariki in residences.

What difference has it made

We will not be able to understand what difference this is making until the disability indicator is refined, and joint work programmes are implemented. Based on evidence from casefile analysis, the current disability indicator may be underestimating the number of tamariki in care with disabilities by as much as ten percentage points (in 2021/2022 the disability indicator estimated 14 percent of tamariki in care had a disability, but casefile analysis on a sample of 756 cases estimated 25 percent had a disability). Guidance for social workers will be published on the Practice Centre to support parents with mental health and addiction needs in March 2023.

Assessment of mental health needs is an ongoing area of concern. As noted in the chapter on Kaitiakitanga, currently Oranga Tamariki is unable to give accurate estimates on the number of rangatahi in care who required SKS screens, suicide screens or consultation with the Towards Wellbeing programme during 2021/2022. Although both the current disability indicator and casefile analysis include mental health issues, we continue to encourage Oranga Tamariki to develop separate estimates of the numbers of tamariki in care with disability and/or mental health needs, so we can monitor how well the system is meeting those needs.

2020/2021 report finding: Agencies not communicating and working together effectively is a common barrier to achieving outcomes

Oranga Tamariki said that the Children's Act 2014 requires chief executives of children's agencies to have an Oranga Tamariki Action Plan (Action Plan) that sets out how they will work together to improve the wellbeing of the core population of interest to Oranga Tamariki. The Action Plan sits under the Child and Youth Wellbeing Strategy (published in 2019) and must give effect to its outcomes.

What Oranga Tamariki told us it has done

The Oranga Tamariki Action Plan and Implementation Plan were published on 8 July 2022, with first steps to be completed by December 2022 and six-monthly progress reports.

The Future Direction Plan and Oranga Tamariki Action Plan provide direction on the areas that need to improve and the actions needed to be taken.

Other work underway included Ngā Tini Whetū, a collaboration between Oranga Tamariki, Te Puni Kōkiri, ACC, and the Whānau Ora Commissioning Agency, to develop and implement a new, whānau-centred early intervention prototype. Ngā Tini Whetū is being implemented across the North Island and will enable more whānau to access early support tailored to their needs.

In November 2021, a new principle-based schedule (Schedule 5) was added to the existing Memorandum of Understanding between Oranga Tamariki, Police, Ministry of Health and Health New Zealand (formerly DHBs). It provides a framework for working collaboratively with mana whenua to ensure appropriate processes are in place when

working with whānau where concerns exist about yet to be born or recently born pēpi.

What difference has this made

We do not yet know how many whānau are accessing early support, and the impacts it is having on outcomes.

Oranga Tamariki have not provided any data to tell us how this framework is being operationalised, or how staff are being trained to understand the Memorandum of Understanding.

Open Home Foundation: Commitment to improving practice

What Open Home Foundation told us it would do: Continue to refine its self-monitoring and data capturing systems.

What Open Home Foundation told us it has done

Extensive work has been undertaken on Open Home Foundation's Client Management System (OSCAR) to make recording easier for social workers. The reports from this provide a more efficient way for social workers and supervisors to see information regarding a tamariki or foster family.

What difference has it made

This year, Open Home Foundation were able to respond to our request for self-monitoring information on 100 percent of measures for all tamariki in their care.

What Open Home Foundation told us it would do: Continue working on an approach to better support tamariki and rangatahi Māori and their whānau.

What Open Home Foundation told us it has done

Open Home Foundation have made changes to their '*Working with tamariki Māori Tamariki and their Whānau*' policies to better reflect the NCS.

The client management system, OSCAR now records cultural information including pepeha, and whether the tamariki has opportunities to learn te reo Māori or been supported to connect to their whenua. This enables their Kaiwhakahaere Matua and Te Whaitakitanga (the leadership of Open Home Foundation's Te Roopu Māori) to have visibility of the support around tamariki Māori and to assist in gathering whakapapa links.

The NCS Regulations that specifically relate to tamariki Māori have been embedded into the Te Aho Takitoru Christian Māori Social work model.

Cultural plans and consults are occurring in areas where there is a Kaitiaki a Whānau and Open Home Foundation advise that all tamariki Māori will have a cultural consult and plan within the next 12 months (2022/2023). They are seeing evidence of teams actively working to create and strengthen connections.

What difference has it made

Open Home Foundation is now reporting on all tamariki in its custody so we expect to be able to measure change in 2022/2023.

What Open Home Foundation told us it would do: Purchase the Mind of My Own App to amplify the voice of tamariki and rangatahi.

What Open Home Foundation told us it has done

Open Home Foundation have acquired *Mind of My Own* (an app co-designed with young people in care in the UK) which has been adapted for use in New Zealand, including a translation into te reo Māori. All staff have been trained in how to coach tamariki and rangatahi in the use of the App.

The App provides tamariki with a range of scenarios that they can create a statement about. For example, preparing for a visit, sharing good news, sorting a problem and wellbeing statements are assigned to the relevant person and can be sent to someone other than a social worker, for example, a lawyer. If a social worker receives a statement, Open Home Foundation policy provides that they must send an acknowledgement to the tamariki within 6 working hours. Statements are recorded on OSCAR.

Four social workers are 'Mind of My Own Champions', meeting fortnightly with the Principal Advisor Social Work and the Mind of My Own representative to look at the use of the App by social workers and tamariki in care. Tamariki and rangatahi have made a total of 112 statements via the app since November 2021.

What difference has it made

Open Home Foundation told us that 37 of the 79 tamariki and rangatahi in its custody have been introduced to the App in this reporting period.

What Open Home Foundation told us it would do: Continue updating policy and processes to reflect the change in legislation regarding the right to remain or return home, and the implementation of the National Transition Services

What Open Home Foundation told us it has done

Open Home Foundation reported this work has 'progressed at a steady pace' including:

- Policies and processes for transition to adulthood have been updated and align with legislation and the NCS.
- More sophisticated reports and data collection methods have been developed in OSCAR to identify which rangatahi are eligible for the transition services as soon as they turn 15 and transition information is now easy to view.
- The Child, Adolescence, Needs and Strengths (CANS) planning now has a CANS Transition to Adulthood plan which details all the steps that have occurred and need to occur to assist rangatahi in their transition. It records the date of their most recent Life Skills Assessment.
- Transition to Adulthood training is available online to support social workers and their supervisors understand what is required to support this transition.
- There are now two advisors supporting teams in the Entitlement to Return or Remain (ETRR) in a placement negotiation process.

What difference has it made:

It is too early to measure improvements because of these changes.

What Open Home Foundation told us it would do: Work towards compliance by supporting, training and resourcing staff and foster parents.

What Open Home Foundation told us it has done

Regional Managers Practice (RMPs) have been trained in policy and process, who in turn have been training the Practice Managers and Social Workers. This will be an ongoing process and will become part of the mentoring process for RMPs.

Open Home Foundation told us COVID-19 has been disruptive. It told us "*Complicating the area of foster parent/whānau carer support has been the challenge of training our foster parent social workers who have a specialised role in the organisation. Two attempts at a foster parent social work gathering have been cancelled due to COVID, a third attempt is now being impacted by budget constraints.*"

Open Home Foundation reported that staff retention levels, Covid-19, the Royal Commission, and the impact of contract uncertainty in the sector have negatively impacted progress in this area.

What difference has it made

There continues to be a mix of positive and negative experiences for foster parents.

Barnardos: Commitment to improving practice

What Barnardos told us it would do: Continue to apply a quality assessment framework to help to understand child wellbeing outcomes and the quality of practice. Measures, mechanisms and processes would be completed by September 2021.

What Barnardos told us it has done

Barnardos reported their quality assurance process has been implemented.

A variety of measures are underway including peer review, supervision and case audits using the self-audit tool. This is supported and evidenced through the developed quality assurance template, and areas of practice improvement are identified and addressed through professional development.

What Barnardos told us it would do: Develop regular peer supervision where Maiatanga assessments and plans are presented and reviewed. Best practice guidance would be developed to sit alongside policy.

What Barnardos told us it has done

The foster care team now engage in fortnightly 'quick learn' sessions with a focus on consistent recording and assessment of best practice. Bi-monthly professional development sessions and case consults support continuous improvement, and responsiveness to rangatahi need.

A focus on understanding te ao Māori has been implemented through the participation in local pūrākau, matariki training and full attendance at the *Mō tātou, ā, mo ka uri ā muri ake nei - For us and our children after us* symposium.

Best practice guidance to sit alongside of policy remains under development.

What Barnardos told us it would do: Update Children's Charter and ensure consistency across all care services.

What Barnardos told us it has done

This is 'incomplete', as Barnardos have not had any additional rangatahi enter their care.

What Barnardos told us it would do: Develop a self-monitoring tool.

What Barnardos told us it has done

This tool (template) is utilised with full care rangatahi files and brought for discussion at social work supervision.

What Barnardos told us they would do: Develop a financial template to ensure tamariki do not experience funding barriers to accessing services.

What Barnardos told us they have done

This work is "*underway and ongoing*".

Individual tracking of forecasting and expenditure shows financial needs and provision at a glance and assists in proactive planning to minimise delays.

What Barnardos told us they would do: Strengthen connections with local iwi to enable whanaungatanga with the foster care team and caregivers.

What Barnardos told us they have done

The strategic plan "*working for and with Māori*" has been evident in the training undertaken with social workers and caregivers.

The overall goal of strengthening connections to local iwi to enable whanaungatanga with the foster care team and caregivers is in progress.

Appendix 2

Oranga Tamariki 2021/2022 compliance tables

NCS Regulation 86(1) requires the agencies to self-monitor their compliance with the NCS Regulations and self-improve. When an agency does not collect information on measures related to the regulations, they are non-compliant with NCS Regulation 86(1). This appendix provides information about the questions that Oranga Tamariki could and could not respond to.

For each outcome in the Outcomes Framework, the tables show:

- the type of activity the measures relate to
- the measures we used to assess compliance with the outcome
- the NCS Regulations that the measures are assessing
- the source of data Oranga Tamariki used to answer the questions
- the percentage of compliance with the measure each year and the change over time
- the number of tamariki and rangatahi that the responses relate to (sample size)

Abbreviations explained:

CYRAS = Administrative database.

CFA = Casefile analysis.

CR = Case review.

QPT = Quality Practice Tool.

Surveys as described.

The following notes apply to all tables:

- Needs Assessment: In 2020/21 Oranga Tamariki provided figures based on Tuitiā assessments only, which meant results were available only for approximately half the casefile analysis sample. In 2021/22, Oranga Tamariki provided figures based on Tuitiā assessments or other holistic assessments. We chose to provide results based on both Tuitiā and other holistics assessments, since this gives the largest sample size and the best estimate on the experience of tamariki in care, but where we draw comparisons against last year, we look at results based on Tuitiā assessments only.
- Plans: Since 2020/21, Oranga Tamariki provided figures based on either All About Me Plans or other plans (including court or family group conference plans). We chose to provide results based on both All About Me Plans or other plans, since this gives the largest sample size and the best estimate on the experience of tamariki in care.
- Change figures are percentage point differences between reporting periods. They are described with the symbol %, rather than the common abbreviation pp for general understandability.
- Data sources CFA: casefile analysis; QPT: quality practice tool; SoCIC: data provided by Oranga Tamariki Safety of Children in Care unit.
- For a each measure, we have provided references to questions asked in the Monitor's Request for self-monitoring information on the National Care Standards Regulations 2021/22. This document is available on the Monitor's website (<http://www.icm.org.nz>). Please note, there may be differences between the question asked in the request, and the measure description in this report. The occurs when monitored agencies provide measure response that differ from what the Monitor asked, but the Monitor accepts are reasonable substitutes.
- denotes a new measure or methodology has been used which means year on year comparison is not possible.



Manaakitanga

Questions asked by the Monitor that Oranga Tamariki have responded to in accordance with regulation 86(1)

Activity	Measure	Regulations	Data Source	Compliance			Sample Size	
				2020/21	2021/22	Change	2020/21	2021/22
Needs assessments	Does the child have a Tuituiā assessment?							
	Has a record of a Tuituiā assessment	7(1)(a)(b)	Structured Data	99%	91%	-8%	7056	6317
	Has approved Tuituia Report in the last 12 Months	7(1)(a)(b)	Structured Data	52%	40%	-12%	7056	6317
	Was the Tuituiā assessment completed or updated in the reporting period?	7(1)(a)(b)	CFA	46%	46%	0%	700	756
	How well does the most recent Tuituiā assessment identify the following for the child?							
	iii) their strengths (1)	10(3)(a)(iii)	CFA	73%	88%	15%	323	351
	iv) their immediate needs	7(1)(a)	CFA	72%	91%	19%	323	351
	v) their long-term needs	7(1)(b)	CFA	66%	74%	8%	323	351
	How well does the most recent Tuituiā assessment (or other holistic needs assessment) identify the following for the child?							
	iii) their strengths (1)	10(3)(a)(iii)	CFA	-	90%	-	-	670
	iv) their immediate needs	7(1)(a)	CFA	-	95%	-	-	670
	v) their long-term needs	7(1)(b)	CFA	-	82%	-	-	670
	How well does the most recent Tuituiā assessment take into account the views of the following?							
	iv) their caregivers (2)	10(2)(b)	CFA	44%	72%	28%	323	288
	How well does the most recent Tuituiā assessment (or other holistic needs assessment) take into account the views of the following?							
	iv) their caregivers (2)	10(2)(b)	CFA	-	86%	-	-	562
	Does the child have a Gateway assessment?	7 (1)						
There is a record of a Gateway referral for the child		Structured Data	81%	83%	+2%	7056	6317	
There is a record of a completed Gateway assessment for the child		Structured Data	76%	79%	+3%	7056	6317	



Questions asked by the Monitor that Oranga Tamariki have responded to in accordance with regulation 86(1)

Activity	Measure	Regulations	Data Source	Compliance			Sample Size	
				2020/21	2021/22	Change	2020/21	2021/22
Plans	Does the child have an All About Me Plan?	17(1)	CFA	50%	53%	3%	700	756
	Does the child have an All About Me Plan (or other plan)?	17(1)	CFA	92%	92%	0%	700	756
	Was the All About Me Plan completed or updated in the 6-months to 30 June 2022?	22(1)(b)(ii)	Structured Data	-	24%	-	-	5946
	How well does the most recent All About Me Plan take into account the following needs of the child (as identified in a needs assessment)?							
	xi) their needs to maintain connections with other important people	18(1)	CFA	51%	57%	6%	171	141
	How well does the most recent All About Me Plan take into account the views of the following?							
	iv) their caregivers	23(c),29	CFA	45%	67%	18%	350	326
	v) relevant professionals (for example, health and education professionals, cultural experts) (3)	23(c),29	CFA	32%	51%	19%	350	399
	How well does the most recent All About Me Plan (or other plan) take into account the following needs of the child (as identified in a needs assessment)?							
	xi) their needs to maintain connections with other important people	18(1)	CFA	-	68%	-	-	225
	How well does the most recent All About Me Plan (or other plan) take into account the views of the following?							
iv) their caregivers	23(c),29	CFA	-	83%	-	-	569	
v) relevant professionals (for example, health and education professionals, cultural experts) (3)	23(c),29	CFA	-	63%	-	-	697	
Support	During the reporting period, has the child been engaging in the following play, recreation, and community activities? (4)							
	ii) maintaining peer and community relationships	34(2)(b)	CFA	-	72%	-	-	756
	iii) participating in sporting activities	34(2)(c)	CFA	-	42%	-	-	756
	v) participating in community and volunteering activities	34(2)(d)	CFA	-	39%	-	-	756
Caregiver Assessment	Did the assessment determine the extent to which the prospective caregiver was likely able to promote mana tamaiti, acknowledge the whakapapa, and support the practice of whanaungatanga in relation to the child?	46(d)	QPT	-	98%	-	-	172
	Does the most recent caregiver support plan identify the caregiver's needs for the following? (5)							
	i) access to training	58(a)	CFA	74%	74%	0%	166	221
	ii) financial assistance	58(b)	CFA	64%	75%	+11%	157	225
	iii) access to respite care	58(c)	CFA	71%	72%	-1%	137	188
	iv) access to advice and assistance	58(d)	CFA	66%	70%	+4%	149	202
	v) access to a support person	58(e)	CFA	77%	80%	+3%	153	227
	Does the most recent caregiver support plan identify the needs of tamariki in their care?	58(a)	CFA	39%	72%	+33%	178	246
	Does the most recent caregiver support plan describe the support the caregiver is provided to meet the needs of tamariki in their care?	58(b)	CFA	39%	46%	+7%	178	246
	Did caregivers receive the support described in their most recent caregiver support plan?	59	CFA	48%	48%	0%	178	246
	Was the planned frequency of visits by the caregiver social worker recorded in the caregiver support plan?		CFA	64%	56%	-8%	178	246
	On average during the reporting period, were the caregivers visited by their caregiver social worker to the frequency identified in their support plans?	60(2)(c),60(3)	CFA	24%	29%	+5%	114	138



Manaakitanga

Questions asked by the Monitor that Oranga Tamariki have responded to in accordance with regulation 86(1)

Activity	Measure	Regulations	Data Source	Compliance			Sample Size	
				2020/21	2021/22	Change	2020/21	2021/22
Care transitions	If the child moved between placements, was All About Me Plan updated to reflect the care transition for 1) planned transitions 2) unplanned transitions Planned transition	72(b)	CFA	30%	30%	0%	128	116
			CFA	30%	29%	-1%	-	94
Transitions to adulthood	How well did the life-skills assessment address the young person's knowledge of the following?							
	viii) safe and positive relationships	75(3)(b)(iii)	QPT	34%	43%	+9%	268	209
Caregiver support plans	Do caregivers have a caregiver support plan?	58(a)	Structured Data	-	94%	-	-	2863
	Was the caregiver support plan created or reviewed during the reporting period?		CFA	-	82%	-	-	202

Questions asked by the Monitor that Oranga Tamariki were not able to answer

Activity	Measure	Regulations
Needs assessments	When was the Tuituiā assessment last updated?	7(1)(a)(b)
	Overall, in the most recent Tuituiā assessment, how well are the needs of the child identified?	10
Plans	When the All About Me Plan was last updated, was the child's Tuituiā assessment also reassessed?	15(b)(i)
	In the reporting period, how many times was the All About Me plan reviewed?	22(1)(ii)
	How well does the most recent All About Me Plan record the actions others agreed to undertake to help meet the needs of the child, including?	-
	i) caregivers	19(2)
	ii) whānau	19(2)
	iii) relevant professionals (for example health and education professionals, cultural experts)	19(2)
	Overall, in the most recent All About Me Plan, how well have the assessed needs of the child been taken into account?	19(1)(a)
Support	Does the child have an All About Me plan (or other plan) that contains specific actions for others to take to meet the child's needs?	
	During the reporting period, was appropriate support (including financial support) provided for the child to:	
	ii) maintain peer and community relationships	34(2)(b)
	iii) participate in sporting activities	34(2)(c)
	v) participate in community and volunteering activities	34(2)(d)
	Overall, thinking of the support provided during the reporting period to meet the child's play, recreation, and community needs:	
	i) How appropriate is the amount and type of support provided?	30(3)(b)
ii) How prompt is the support provided?	30(3)(a)	
iii) How well is cultural safety of the child considered in the way support was provided?	30(3)(c)	



Questions asked by the Monitor that Oranga Tamariki were not able to answer

Activity	Measure	Regulations
Caregiver support	For the caregivers of tamariki who were in care at any time during the reporting period, before tamariki were placed with them, were the caregivers provided with the following information about being a caregiver?	-
	i) information about the assessment and approval process	44(2)(a)
	iii) information about the impact that caregiving may have on their household and their lives	44(2)(c)
	iv) information about the availability of support, training and resources	44(2)(d)
	xv) information about how caregivers can make a complaint	44(2)(n)
	Did caregivers of tamariki who were in care during the reporting period attend the following training?	-
	i) 'Prepare to Care' training (delivered to prospective caregivers before tamariki are placed with them)	44 (2)(d)
	ii) 'Understanding NCS' training (delivered to approved caregivers)	44 (2)(d)
Caregiver assessment	Did the assessment determine the extent to which the prospective caregiver can provide a safe, stable, and loving home for the child?	46(b)
	Was a provisional approval made where placement was urgent?	51(2)



Manaakitanga

Questions asked by the Monitor that Oranga Tamariki were not able to answer		
Activity	Measure	Regulations
Caregiver support	For the caregivers of tamariki who were in care at any time during the reporting period, before the child was placed with them, were the caregivers provided with the following information about the child?	57(3)(a)
	i) a copy of the child's current All About Me Plan	57(1)
	ii) information on their roles and responsibilities to meet the needs of the child	57(3)(b)
	iii) information about why the child came into care	57(3)(b)
	iv) information about the child's needs (in particular, any critical information relevant to their immediate needs)	57(3)(c)
	xi) information about support available for caring for the specific child (for example support for caring for a child with a disability)?	57(3)(j)
	How many times was the caregiver support plan reviewed within the reporting period?	61(1)
	How well does the most recent caregiver support plan take into account the following needs of the caregiver?	
	i) access to training	58(a)
	ii) financial assistance	58(b)
	iii) access to respite care	58(c)
	iv) access to advice and assistance	58(d)
	v) access to a support person	58(e)
Care transitions	How well did the updated plan address the following needs or considerations?	
	iii) support to maintain the relationship with the current caregiver (where that is considered to be in the child's best interests)	74(2)(h)

- (1) These figures are are not directly comparable to those in last year's report. Last year, we asked wishes, aspirations and strengths were included in needs assessment. This year we asked about assessment of strengths and inclusion of wishes and aspirations in needs assessment separately, so last year's figures are not directly comparable.
- (2) These figures are are not directly comparable to those in last year's report. Last year, we asked how the views of caregivers were taken into account in needs assessment and planning combined. This year, we asked about caregiver views in needs assessment and planning separately, so we can understand how well consultation with caregivers happens for both aspects.
- (3) These figures are are not directly comparable to those in last year's report. Last year, we asked how the views of experts were taken into account in needs assessment and planning combined. This year, we asked about expert views in needs assessment and planning separately, so we can understand how well consultation with experts happens for both aspects.
- (4) These figures are are not directly comparable to those in last year's report. Oranga Tamariki changed the methodology it uses in its casefile analysis to look at support for play, recreation and community activities.
- (5) 2020/21 figures are as reported in last year's report, but differ slightly to those provided by Oranga Tamariki this year in some cases.



Whanaungatanga

Questions asked by the Monitor that Oranga Tamariki have responded to in accordance with regulation 86(1)

Activity	Measure	Regulations	Data Source	Compliance			Sample Size	
				2020/21	2021/22	Change	2020/21	2021/22
Needs assessments	Is whakapapa whānau known for tamariki Māori (is at least one iwi affiliation recorded for tamariki Māori)		Structured	88%	90%	+2%	4830	4327
	How well does the most recent Tuitiā assessment (or other holistic assessment) identify the following people? (1)							
	i) members of the child's family/family group/whānau	12(1)(a)	CFA	-	96%	-	-	756
	ii) significant members of the child's hapū or iwi	12(1)(b)-(d)	CFA	-	13%	-	-	492
	How well does the most recent Tuitiā assessment identify the following needs of the child?							
	i) their identity and cultural needs	10(1)(a)(b)	CFA	63%	70%	7%	323	351
	How well does the most recent Tuitiā assessment (or other holistic assessment) identify the following needs of the child?							
	i) their identity and cultural needs	10(1)(a)(b)	CFA	-	75%	-	-	670
ii) their need to maintain connections with their family / whānau (2)	10(1)(a)(b)	CFA	-	89%	-	-	670	
iii) need to maintain connections with hapū, iwi and family group (2)	10(1)(a)(b)	CFA	-	46%	-	-	434	
Plans	How well does the most recent All About Me Plan take into account the following needs of the child (as identified in the Tuitiā assessment)?							
	i) their identity and cultural needs	18(1)	CFA	57%	56%	-1%	350	395
	ii) their need to maintain connections with their family / whānau? (2)	18(1)	CFA	65%	71%	+6%	350	399
	iii) their need to maintain connections with hapū, iwi and family group (2)	18(1)	CFA	40%	33%	-7%	170	250
	How well does the most recent All About Me Plan identify contact arrangements for the following people? (1)							
	i) members of their family/family group/whānau	20(a)	CFA	57%	82%	25%	350	399
	ii) members of their hapū, iwi and marae	20(a)	CFA	-	6%	-	-	246
	How well does the most recent All About Me Plan (or other plan) take into account the following needs of the child (as identified in the Tuitiā assessment)?							
	i) their identity and cultural needs	18(1)	CFA	58%	58%	0%	645	680
	ii) their need to maintain connections with their family / whānau? (2)	18(1)	CFA	-	91%	-	-	697
	iii) their need to maintain connections with hapū, iwi and family group (2)	18(1)	CFA	-	38%	-	-	456
	How well does the most recent All About Me Plan (or other plan) identify contact arrangements for the following people? (1)							
i) members of their family/family group/whānau	20(a)	CFA	-	95%	-	-	697	
ii) members of their hapū, iwi and marae	20(a)	CFA	-	9%	-	-	450	



Whanaungatanga

Questions asked by the Monitor that Oranga Tamariki have responded to in accordance with regulation 86(1)

Activity	Measure	Regulations	Data Source	Compliance			Sample Size	
				2020/21	2021/22	Change	2020/21	2021/22
Support	During the reporting period, was support provided to the child, their caregivers and/or their whānau to enable the child to do the following: (3)							
	i) establish, maintain or strengthen their connections with their family/whānau	31(1)(a)	CFA	85%	87%	+2%	350	756
	ii) establish, maintain or strengthen their connections with their hapū/iwi	31(1)(a)	CFA	39%	29%	-10%	323	493
	iii) establish, maintain or strengthen their connections with other important people	31(1)(b)	CFA	-	67%	-	-	205

Questions asked by the Monitor that Oranga Tamariki were not able to answer

Activity	Measure	Regulations
Support	Overall, thinking of the support provided during the reporting period to maintain connection with family/whānau/hapū/iwi:	
	i) How appropriate is the amount and type of support provided?	30(3)(b)
	ii) How prompt is the support provided?	30(3)(a)
	iii) How well is cultural safety of the child considered in the way support was provided?	30(3)(c)
	During the reporting period, has the child had opportunities and provided with appropriate support (including financial support) to do the following:	
	i) connect with whānau, hapū, iwi to attend special whānau events	32(2)(a)
	ii) gain knowledge of their culture and identity	32(2)(b)
	iii) participate in activities and experiences relevant to their culture	32(2)(c)
	iv) connect with places of cultural relevance	32(2)(c)
	v) maintain or improve proficiency in the language of their culture or identity (for example, te reo Māori, sign language)	32(2)(d)(i)
	vi) connect with other children and young people in care	32(2)(d)(ii)
	Overall, thinking of the support provided to meet the child's culture, belonging and identity needs during the reporting period:	
	i) how appropriate is the amount and type of support provided?	30(3)(b)
	ii) how prompt is the support provided?	30(3)(a)
	iii) how well is cultural safety of the child considered in the way support was provided?	30(3)(c)



Whanaungatanga

Questions asked by the Monitor that Oranga Tamariki were not able to answer

Activity	Measure	Regulations
Caregiver Support	For the caregivers of tamariki who were in care at any time during the reporting period, before tamariki were placed with them, were the caregivers provided with the following information about being a caregiver?	
	xii) information on need for connection between tamariki and their family, whānau, hapū, iwi and wider family group	44(2)(k)
	xiii) information about the support the caregivers will receive to facilitate this connection to whānau	44(2)(k)
	xiv) information on the rights of legal guardians and how these are to be preserved	44(2)(l)
	For the caregivers of tamariki who were in care at any time during the reporting period, before the child was placed with them, were the caregivers provided with the following information about the child?	
	vii) information about the child's family, whānau, hapū, iwi, family group and cultural background	57(3)(f)
	ix) information about ongoing planned contact with their family, whānau, hapū, iwi and family group or other people important to the child	57(3)(h)
	During the reporting period, did caregivers receive support for any of the following?	
	i) promote the child's knowledge of whakapapa and the practice of whanaungatanga?	62(1)(b)
	ii) understand the importance for tamariki Māori of establishing, maintaining, or strengthening relationships with their whānau, hapū and iwi?	63(a)
	iii) facilitate the child's participation in contact arrangements with whānau?	63(c)
	iv) facilitate the child's participation in contact arrangements with hapū and iwi?	63(c)
	v) promote the identity and culture of tamariki in their care?	65(a)
	vii) enable tamariki to attend or participate in cultural events relevant to their culture and identity?	65(c)

- (1) These figures are are not directly comparable to those in last year's report. After changes to the casefile analysis methodology, this year we ask separately about i) identification of and ii) contact arrangements with important members of whānau, hapū or iwi
- (2) These figures are are not directly comparable to those in last year's report. Last year, we asked about connection needs with whānau, hapū, iwi and family group. This year, we asked about connection with family/whānau and hapū/iwi separately - so we can look at both connection with family/whānau for all tamariki in care and also connection with hapū/iwi for tamariki Māori.
- (3) These figures are are not directly comparable to those in last year's report. Last year we asked about support to maintain relationships identified in the plans. This year we are asking separately about support to maintain connections to i) whānau ii) hapū/iwi (for tamariki Māori) and iii) other important people in the child's life.



Rangatiratanga

Questions asked by the Monitor that Oranga Tamariki have responded to in accordance with regulation 86(1)								
Activity	Measure	Regulations	Data Source	Compliance			Sample Size	
				2020/21	2021/22	Change	2020/21	2021/22
Needs Assessment	Does the child's Tuitiā (or other holistic needs assessment) identify their wishes and aspirations (1)	10(3)(a)(i)	CFA	-	65%	-	-	536
	Does the most recent Tuitiā (or other holistic needs assessment) take into account the views of the following?							
	i) the child	10 (2) (a) (i)	CFA	-	81%	-	-	670
	ii) their family/whānau (2)	10 (2) (a) (ii)	CFA	-	78%	-	-	670
	iii) their hapū/iwi (2)	10 (2) (a) (ii)	CFA	-	4%	-	-	502
Plans	Does the most recent All About Me Plan take into account the following for the child? (1)							
	i) their wishes and aspirations	18 (1), 10 (3) (b), 19 (1)	CFA	-	71%	-	-	319
	Does the most recent All About Me Plan take into account the views of the following? (3)							
	i) the child	18 (2) (a)	CFA	68%	75%	+7%	350	398
	ii) their family/whānau (2)	18 (2) (a)	CFA	59%	66%	+7%	350	399
	iii) their hapū/iwi (2)	18 (2) (b)	CFA	1%	4%	+3%	183	247
	Does the most recent All About Me Plan (or other plan) take into account the following for the child? (1)							
	i) their wishes and aspirations	18 (1), 10 (3) (b), 19 (1)	CFA	-	64%	-	-	553
	Does the most recent All About Me Plan (or other plan) take into account the views of the following? (3)							
	i) the child	18 (2) (a)	CFA	-	73%	-	-	696
	ii) their family/whānau (2)	18 (2) (a)	CFA	-	77%	-	-	697
iii) their hapū/iwi (2)	18 (2) (b)	CFA	-	5%	-	-	451	
Support	If an important education-related decision was made about the child, were the following people given the opportunity to participate in the decision-making							
	i) the child's parents or other legal guardians	31 (1) (e)	CFA	-	74%	-	-	178
	If an important health-related decision was made about the child, were the following people given the opportunity to participate in the decision-making							
	i) the child's parents or other legal guardians	31 (1) (e)	CFA	-	85%	-	-	198
	When planning for a care transition, were the following people consulted?							
	i) the child	73 (1) (a)	CFA	45%	78%	+33%	128	116
	ii) their whānau	73 (1) (d)	CFA	79%	94%	+15%	128	116
iii) their hapū/iwi	73 (1) (d)	CFA	16%	7%	-9%	64	72	
Transition to Adulthood	Before rangatahi transitioned to adulthood, were they provided with assistance to obtain official documentation (for example photo identification, birth certificate, IRD number, bank account, verified online identity)	76 (c) (i), 76 (c) (ii), 76 (c) (iii), 76 (c) (iv)	QPT	51%	61%	+10%	272	209
	Before the rangatahi transitioned to adulthood, were they provided with the following?							
	iii) information about the legal requirements to enrol in the electoral roll once they reach the age of 18 years	76 (d)	QPT	2%	11%	+9%	266	209
	vi) information about accessing housing services once they leave care	76 (e)	QPT	87%	49%	-38%	114	209
	viii) information about accessing financial services once they leave care	76 (e)	QPT	89%	49%	-40%	111	209
	ix) information about accessing legal services once they leave care	76 (e)	QPT	-	49%	-	-	209



Questions asked by the Monitor that Oranga Tamariki were not able to answer

Activity	Measure	Regulations
Plans	How well does the most recent All About Me Plan record the actions others agreed to undertake to help meet the needs of the child, including?	
	Has the most recent All About Me Plan been given to the child and explained in a way that they understand according to their age, development, and any disability they may have?	24(1)
	Has information been provided and explained to the child when their plan is reviewed?	68(2)
Support	During the reporting period, how well were the following people kept informed of the progress and development of their child on a regular basis:	-
	i) their whānau	31(4)
	ii) their hapū/iwi	31(4)
	Does the child get pocket money?	34(2)(f)
	If the child entered care during the reporting period, were they provided the following information?	-
	i) the reason they were brought into care	66(a)
	ii) their All About Me Plan	66(b)
	iii) how often they will be visited	66(b)(iii)
	iv) who they can contact if they have concerns	66(b)(iv),(h)(ii)
	v) how their family, whānau, hapū, iwi and family group will be involved in decisions made about them	66(c)
	vi) how they can participate in decisions about their care, and how their views will inform decisions about them	66(d)
	vii) the advocacy services available to support them	66(e)
	ix) their right to confidentiality and privacy, and how information will be collected, recorded, used, and disclosed?	66(f)
	x) that records are being maintained and how to access these records	66(g)
	xi) the timing of the assessment of their needs and making a plan to meet their needs	66(b)(ii)
	xii) obligation of a social worker to meet with tamariki on their own	28(2)
	If the child entered care during the reporting period, were they provided the following information about their rights?	-
	i) their right to be supported with a disability	66(b)(i)
	ii) their right to stay close and connected to important members of their family and whānau	66(c)
	iii) their right to give feedback	43(2),66(h)(i)
	iv) their right to make a complaint	66(h)(i)
	v) what to expect once they give feedback or make a complaint (for example support available and how they will be kept informed about the outcome)	43(2),66(h)(iii)
	vi) what they can do if they are not satisfied with the Ministry's response to their complaint	66(h)(vi)
vii) their right to participate in their culture, language, and religion	32(2)(d)	
viii) their right to try new and fun things	Schedule Two	
Has information been provided and explained to the child about their right to have their personal belongings with them?	67(1)(c)	



Rangatiratanga

Questions asked by the Monitor that Oranga Tamariki were not able to answer

Activity	Measure	Regulations
Caregiver Support	For the caregivers of tamariki who were in care at any time during the reporting period, before tamariki were placed with them, were the caregivers provided with the following information about being a caregiver?	
	ix) information about decisions caregivers can and cannot make about day-to-day care arrangements	44(2)(i)
	x) information about decisions tamariki can and cannot make about day-to-day care arrangements	44(2)(i)
	xvi) information about how tamariki can make a complaint	44(2)(m)
	During the reporting period, did caregivers receive support for any of the following?	
	vi) understand and respect the personal choices of tamariki regarding their identity and culture?	65(b)
Care Transitions	When planning for the care transition, were the following people consulted?	
	iv) their current caregiver	73(1)(b)
	v) their prospective caregiver	73(1)(b)
	Before the care transition took place, was the transition plan or updated All About Me Plan shared with the following people?	-
	i) current caregiver	74(2)(f)
	ii) future caregiver	74(2)(f)
	Before the care transition took place, was the child provided with the following?	-
	i) an explanation about why the care transition is happening	74(2)(c)
	ii) information about the new environment, caregiving household or residence	74(2)(d)
	iii) the opportunity to visit the new care environment	74(2)(e)
	If the child has a disability, did they continue to receive disability-related support throughout the care transition?	74(1);75(2)
	Before the rangatahi transitioned to independence, were they provided with the following?	-
	i) a copy of their record of important life events and achievements	76(a)

- (1) These figures are not directly comparable to those in last year's report. Last year, we asked wishes, aspirations and strengths were included in needs assessment. This year we asked about assessment of strengths and inclusion of wishes and aspirations in needs assessment separately, so last year's figures are not directly comparable.
- (2) These figures are not directly comparable to those in last year's report. Last year, we asked if whānau, hapū, iwi and family group given the opportunity to participate in important decisions. This year, we asked about consultation with family/whānau and hapū/iwi separately - so we can look at both consultation with family/whānau for all tamariki in care and also consultation with hapū/iwi for tamariki Māori.
- (3) These figures are not directly comparable to those in last year's report. Last year, we asked if the views of the tamariki were taken into account for both assessment and planning. This year, we asked about needs assessment and planning separately, so we can understand how well consultation happens for both aspects.



Questions asked by the Monitor that Oranga Tamariki have responded to in accordance with regulation 86(1)

Activity	Measure	Regulations	Data Source	Compliance			Sample Size	
				2020/21	2021/22	Change	2020/21	2021/22
Needs Assessment	Does the most recent Tuitiā assessment identify how often the child should be visited?	10 (1) (j)	CFA	40%	36%	-4%	323	351
	Does the most recent Tuitiā assessment (or other holistic needs assessment) identify how often the child should be visited?	10 (1) (j)	CFA	-	28%	-	-	670
	Does the most recent Tuitiā assesment (or other holistic needs assessment) consider the following when identifying the safety needs of the child?							
	i) the nature of harm, loss, or injury that tamariki may have experienced, and the effect this may have on their ongoing safety or wellbeing	14 (b) (i)	CFA	-	86%	-	-	670
	ii) the risk of harm posed by other persons who come into, or may come into, contact with tamariki	14 (b) (ii)	CFA	-	79%	-	-	670
	iii) the nature and level of resilience and protective factors present for tamariki	14 (b) (iii)	CFA	-	89%	-	-	670
	iv) aspects of behaviour that may present a risk of harm and the impact this may have on their own safety or the safety of others	14 (b) (iv)	CFA	-	75%	-	-	231
Plans	Does the most recent All About Me Plan identify how often the child should be visited?	19 (1)(c), 27 (2)(b)	CFA	72%	76%	+4%	350	399
	Does the most recent All About Me Plan (or other plan) identify how often the child should be visited?	19 (1)(c), 27 (2)(b)	CFA	59%	62%	+3%	645	697
	Does the most recent assessment and/or plan identify how often the child should be visited?	19 (1)(c), 27 (2)(b)	CFA	-	65%	-	-	494
	Does the most recent All About Me Plan take into account the safety needs of the child?	18 (1)	CFA	65%	70%	+5%	350	353
	Does the most recent All About Me Plan (or other plan) take into account the safety needs of the child?	18 (1)	CFA	86%	87%	+1%	645	606
Visits	Was the child visited by their social worker on average at the planned frequency? (1)	27 (1)	CFA	38%	65%	+28%	700	494
	Was the child visted by their social worker at the planned frequency or at least once every eight weeks?	N/A	CFA	69%	70%	+1%	700	756
	Is there evidence of quality engagement with the tamaiti, including i) where practical engaging privately to enable them to express their views freely ii) talking about what's happening for them - what's going well and what's not	28 (2), 28 (1)(a), 28 (1)(a)	CFA	-	76%	-	-	756
	Is there evidence that the social worker is carrying out actions set out in the All About Me Plan (or other plan)?	26 (c)	CFA	-	81%	-	-	710



Aroha

Questions asked by the Monitor that Oranga Tamariki have responded to in accordance with regulation 86(1)								
Activity	Measure	Regulations	Data Source	Compliance			Sample Size	
				2020/21	2021/22	Change	2020/21	2021/22
Caregiver Assessment	Was a full assessment completed before the child was placed with the caregiver?	47	QPT	-	53%	-	-	172
	Before the child was placed in their care, was an assessment made of their caregivers' suitability to provide care to the child, including the following:							
	i) confirmation of identity	52	QPT	-	98%	-	-	172
	ii) police vet	53 (1)	QPT	-	99%	-	-	172
	iii) consideration of other relevant information	54	QPT	-		-	-	172
	A list of residential addresses	54	QPT	-	74%	-		172
	Referee checks	54	QPT	-	95%	-		172
	Immigration status	54	QPT	-	87%	-		172
	Medical report	54	QPT	-	92%	-		172
	Search of CYRAS and TRIM records	54	QPT	-	98%	-		172
	iv) risk assessment	55	QPT	-	96%	-	-	172
	i) the prospective caregiver's experience, skills and attitudes relevant to providing care	56 (a)(i)	QPT	-	100%	-	-	172
	ii) the safety, adequacy and appropriateness of the physical care environment	56 (a)(ii)	QPT	-	100%	-	-	172
	iii) the caregiver's needs for support and capability development	56 (a)(iii)(iv)	QPT	-	96%	-	-	172
	iv) the identity of members of the caregiver's household or others likely to have regular unsupervised or overnight contact with the child	56 (a)(v)	QPT	-	62%	-	-	172
	Before the child was placed in their care, was a suitability check carried out for all members of the caregiver's household aged 18 or over?		QPT	-	98%			172
	Did the suitability check include the following:							
	i) confirmation of identity	52	QPT	-	95%	-	-	172
	ii) police vet	53 (1)	QPT	-	98%	-	-	172
	iii) consideration of other relevant information	54	QPT					
	A list of residential addresses	54	QPT	-	56%	-		172
	Referee checks	54	QPT	-	67%	-		172
	Search of CYRAS and TRIM records	54	QPT	-	89%	-		172
iv) risk assessment	55	QPT	-	89%	-	-	172	
Did the assessment assess the likely effects of the placement on the following people? (2)							172	
i) the child	56 (b)(i)	QPT	-	90%	-	-	172	
ii) the household	56 (b)(ii)	QPT	-	90%	-	-	172	
Were two-yearly reviews of caregiver approvals done when due within the reporting period?	50 (1)	CFA	65%	75%	+10%	148	238	
Were provisionally-approved caregivers closely monitored or visited weekly until they become fully approved? (3)	51 (6)	CFA	-	4%	-	-	19	
Care transitions	Before the care transition took place, was a meeting held to create a plan to make the transition successful?	72 (a)	CFA	60%	89%	+29%	128	116
	If the transition was a Return Home, was the child visited weekly for at least one month or until the child's All About Me Plan was updated?	74 (1)	CFA	20%	19%	-2%	69	42
	Tamariki in unplanned transitions were visited within the first week	74 (1)	CFA	47%	39%	-8%	57	94
	Tamariki in planned transitions were visited within the first week	74 (1)	CFA	24%	30%	+6%	82	116
Transition to Adulthood	Has a transition plan been developed for those transitioning to adulthood?	75	QPT	43%	54%	+11%	271	209



Questions asked by the Monitor that Oranga Tamariki have responded to in accordance with regulation 86(1)

Activity	Measure	Regulations	Data Source	Compliance			Sample Size	
				2020/21	2021/22	Change	2020/21	2021/22
Response to allegations of abuse or neglect	How many cases reviewed had a prompt initial response	Context	SoCIC	87%	84%	-3%	1156	1155
	How many cases reviewed met the expected 20 working day timeframe?	Context	SoCIC	31%	22%	-9%	1156	1155
	How many cases reviewed were found to have findings entered correctly?	69 (2)(b)	SoCIC	91%	90%	-1%	1156	1155
	How many cases reviewed were found to have all information entered correctly?	69 (2)(b)	SoCIC	45%	53%	+8%	1156	1155
	Where appropriate, was the child informed of the outcome of the abuse allegation/s?	69 (2)(c)	SoCIC	33%	42%	+9%	1156	1155
	Were the child's plans reviewed?	69 (2)(d)	SoCIC	86%	88%	+2%	1156	1155
	Were supports in place to address the impact of harm?	69 (2)(d)	SoCIC	80%	78%	-2%	1156	1155
Were caregiver plans reviewed?	69 (2)(d)	SoCIC	62%	43%	-19%	1156	1155	

Questions asked by the Monitor that Oranga Tamariki were not able to answer

Activity	Measure	Regulations
Visits	During the reporting period, how many times in total was the child visited by their social worker?	27(1)
Support	During the reporting period, were visits (or other sources of information) used to ensure that the child had the following:	
	i) their own personal belongings with them in care including taonga, clothing, a suitable bag, and bedding	33(a)
	ii) somewhere to store their belongings	33(b)
	Did the child receive information about their prospective caregivers and placement before being placed with them?	67(1)(a)
	Was there an offer for the child to meet their prospective caregiver before being placed with them?	67(1)(b)
	If placed under urgency, was information provided to the child about the caregivers and household as soon as is practicable?	67(2)
Are records maintained about the important life events for the child?	70	



Aroha

Questions asked by the Monitor that Oranga Tamariki were not able to answer

Activity	Measure	Regulations
Caregiver Support	For the caregivers of tamariki who were in care at any time during the reporting period, before tamariki were placed with them, were the caregivers provided with the following information about being a caregiver?	
	ii) information on the level of care expected and what will happen if it is not provided	44(2)(b)
	v) information about the importance of informing the monitored agency when there is a significant change in circumstances or membership of their household	44(2)(e)
	vii) information on appropriate behaviour management to be provided by the caregiver?	44(2)(g)
	viii) information on the primacy of the child's best interests in decisions, and the importance of child's views and participation in those decisions?	44(2)(h)
	xi) information on the rights of tamariki to keep a reasonable number and type of personal belongings	44(2)(j)
	For the caregivers of tamariki who were in care at any time during the reporting period, before the child was placed with them, were the caregivers provided with the following information about the child?	
	vi) information about the child's wishes, strengths, preferences, and behaviour	57(3)(e)
	viii) information about how often the child will be visited by a social worker	57(3)(g)
	x) any other information needed to keep the caregiver and the child safe	57(3)(i)
Caregiver Assessment	Were the caregivers for the child's current placement (most recent placement during the reporting period) fully approved when the child was placed with them?	47
	Was the approval of the caregivers for the child's current placement (or most recent placement during the reporting period) granted or reviewed within the past 2 years?	50
	Where provisionally approved, how soon after placement was a full caregiver assessment carried out?	51(5)
Care Transitions	How well did the assessment determine the necessary steps for the child to experience a positive care transition?	72(a)
	How well did the updated plan address the following needs or considerations?	-
	i) transition-related support needs	74(2)(a)
	Based on information from visits (or other sources), was the child able to take personal belongings of importance with them to the new care environment?	74(2)(g)
	Overall, thinking of the support provided during the care transition:	-
	i) How appropriate was the amount and type of support provided?	74(2)(a)
	ii) How well was cultural safety of the child considered in the way support was provided?	74(2)(b)

- (1) In 2020/21, Oranga Tamariki provided figures for all sampled cases. In 2021/22 this measure is restricted to only those with a planned visit frequency recorded in their Tuituia (or other holistic assessment) or All About Me Plan (or other plan). This change in methodology may contribute to the year on year change in this measure of 27 percentage points. As needs assessments and plans are updated to include planned visit frequencies in line with the current Oranga Tamariki policy, we anticipate to see a higher proportion of cases with visit frequencies recorded next year.
- (2) Data provided by Oranga Tamariki does not separate effects on the child and effects on the household
- (3) Last year, we also asked Oranga Tamariki whether provisionally approved caregivers were closely monitored. Oranga Tamariki said this information was unavailable due to a question design error in its casefile analysis process.



Questions asked by the Monitor that Oranga Tamariki have responded to in accordance with regulation 86(1)

Activity	Measure	Regulations	Data Source	Compliance			Sample Size	
				2020/21	2021/22	Change	2020/21	2021/22
Needs assessments	Does the most recent Tuitiā assessment identify the following needs of the child?							
	v) their behavioural needs	10(1)(d)	CFA	76%	82%	+6%	323	351
	vii) their emotional needs	10(1)(f)	CFA	68%	78%	10%	323	351
	ix) their health needs	10(1)(h),13(2)(a)	CFA	78%	85%	7%	323	351
	x) their needs relating to any disability	10(1)(i)	CFA	64%	80%	+16%	56	104
	Does the most recent Tuitiā assessment (or other holistic assessment) identify the following needs of the child?							
	v) their behavioural needs	10(1)(d)	CFA	-	82%	-	-	670
	vii) their emotional needs	10(1)(f)	CFA	-	80%	-	-	670
	ix) their health needs	10(1)(h),13(2)(a)						
	- their physical health needs		CFA	-	87%	-	-	670
	- their mental health needs		CFA	-	64%	-	-	121
	x) their needs relating to any disability	10(1)(i)	CFA	-	80%	-	-	188
	Does the most recent Tuitiā assessment (or other holistic assessment) take into account the views of the following?							
	v) relevant professionals (for example health and education professionals, cultural experts)	10(2)(b)	CFA	-	78%	-	-	670
Plans	Does the most recent All About Me Plan take into account the following needs of the child (as identified in any assessment)?							
	v) their behavioural needs	18(1)	CFA	60%	63%	+3%	350	297
	vii) their emotional needs	18(1)	CFA	62%	67%	+5%	350	365
	ix) their health needs	18(1)	CFA	69%	-	-		
	- their physical health needs			-	72%		-	353
	xii) mental health and trauma recovery needs				51%		-	84
	xiii) alcohol or drug misuse				28%			32
	x) their needs relating to any disability	18(1)	CFA	51%	66%	15%	78	115
	Does the most recent All About Me Plan (or other plan) take into account the following needs of the child (as identified in any assessment)?							
	v) their behavioural needs	18(1)	CFA	67%	70%	+3%	645	477
	vii) their emotional needs	18(1)	CFA	71%	77%	+6%	645	639
	ix) their health needs	18(1)	CFA	84%	-	-	645	-
	- their physical health needs			-	86%	-	-	619
	xii) mental health and trauma recovery needs			-	60%	-	-	138
xiii) alcohol or drug misuse			-	23%	-	-	64	
x) their needs relating to any disability	18(1)	CFA	69%	68%	-1%	124	190	



Kaitiakitanga

Questions asked by the Monitor that Oranga Tamariki have responded to in accordance with regulation 86(1)								
Activity	Measure	Regulations	Data Source	Compliance			Sample Size	
				2020/21	2021/22	Change	2020/21	2021/22
Support	Overall, during the reporting period, was the child supported to meet their assessed needs relating to a disability?	30(2)	CFA	-	85%	-	-	193
	Evidence of appropriate services and supports in place for the caregiver		CFA	-	76%	-	-	147
	If during the reporting period concerns were raised about substance abuse behaviour of the child, was a Substances and Choices Scale (SACS) assessment completed for the child? (1)	13(2)(c)	CFA	29%	Oranga Tamariki reported that for seven tamariki a SACS was completed out of 756 cases reviewed	-	42	Oranga Tamariki were not able to determine from the data how many children identified as having substance abuse-related needs would have required a SACS during the review period.
	If during the reporting period, were concerns raised about self-harming or high-risk behaviour of the child, was a Kessler Screen completed for the child? (1)	13 (2)(b)	CFA	35%	Oranga Tamariki reported that for 21 tamariki a SKS was completed, 18 tamariki a suicide risk screen was completed, and 25 tamariki there were evidence of consultation with Towards Wellbeing out of 756 cases reviewed	-	62	Oranga Tamariki was not able to determine from the data how many children identified as having mental health-related needs would have required a SKS or suicide risk screen during the review period.
	If during the reporting period, were concerns raised about the suicidal ideation of the child, was a Suicide Screen completed for the child? (1)	13 (2)(b)	CFA	45%		-	44	
	Is the child currently enrolled with a primary health organisation?	35(1)(a)	Structured Data	60%	53%	-7%	7056	6317
Transitions to adulthood	Did the life-skills assessment address the young person's knowledge of the following? - personal and healthcare - sexual and reproductive health - sexual or gender identity	75 (3) (a)(i); 75 (3) (b) (i - ii)		34%	43%	+9%	268	209
	Before the rangatahi transitioned to independence, were they provided with the following?							
	iv) information about accessing health services once they leave care	76(e)	QPT	87%	49%	-38%	115	209



Questions asked by the Monitor that Oranga Tamariki were not able to answer

Activity	Measure	Regulations
Needs assessments	How well does the most recent Tuitiā assessment describe whether reasonable efforts were made to access health practitioners who have:	-
	i) knowledge and experience of the cultural values and practices of the child	13(1)(a)
	ii) knowledge and experience of Māori models of health	13(1)(b)
	If the disability was diagnosed within the past 12 months, was a Needs Assessment and Service Coordination (NASC) referral made?	10(1)(i)
	If the disability was diagnosed within the past 12 months, was another allied health assessment completed (for example occupational therapy)?	10(1)(i)
	If the disability was diagnosed within the past 12 months, was a specialist assessment completed?	10(1)(i)
Support	Does the child have access to a health practitioner with the following?	-
	i) knowledge and experience of the cultural values and practices of the child	13(1)(b)
	ii) knowledge and experience of Māori models of health	13(1)(b)
	If not currently enrolled with a primary health organisation, was the child enrolled with a primary health organisation at any point during the reporting period?	35(1)(a)
	Has the child received an annual health check within the reporting period?	35(1)(b)
	If over the age of two, has the child received an annual dental check during the reporting period?	35(1)(d)
	During the reporting period, was support (including financial support) provided to meet the child's assessed health needs?	30(2)
	During the reporting period, was the child supported to access private health services to address their assessed health needs?	35(1)(g)
	During the reporting period, how well was the child supported to access publicly-funded health services to address their assessed health needs?	35(1)(f)
	During the reporting period, how well was the child provided with information on relevant health matters?	35(1)(e)
	Overall, thinking of the support provided to meet the child's health needs during the reporting period:	-
	i) How appropriate was the amount and type of support provided?	30(3)(b)
	ii) How prompt was the support provided?	30(3)(a)
	iii) How well was cultural safety of the child considered in the way support was provided?	30(3)(c)
	If the child entered care during the reporting period, were they provided the following information?	
viii) iwi or kaupapa Māori services available to them	66(e)(i)(ii)	



Kaitiakitanga

Questions asked by the Monitor that Oranga Tamariki were not able to answer

Activity	Measure	Regulations
Caregiver Support	For the caregivers of tamariki who were in care at any time during the reporting period, before tamariki were placed with them, were the caregivers provided with the following information about being a caregiver?	
	vi) information about the effects of trauma on child's behaviour and development, including services available to support recovery	44(2)(f)
	For the caregivers of tamariki who were in care at any time during the reporting period, before the child was placed with them, were the caregivers provided with the following information about the child?	
	v) information about access to assistance	57(3)(d)(j)
Care Transitions	How well did the updated plan address the following needs or considerations?	
	ii) disability-related needs	74(2)(a)
	How well did the life skills assessment address development or disability needs of the rangatahi?	75(2)

(1) 2020/21 figures are not comparable due to a change in the way the question has been asked.



Questions asked by the Monitor that Oranga Tamariki have responded to in accordance with regulation 86(1)

Activity	Measure	Regulations	Data Source	Compliance			Sample Size	
				2020/21	2021/22	Change	2020/21	2021/22
Needs assessments	Does the most recent Tuitiā assessment identify the following needs of the child?							
	vi) their play, recreation and community needs	10(1)(e)	CFA	60%	69%	+9%	323	351
	viii) their educational or training needs	10(1)(g)	CFA	76%	81%	+5%	311	351
	Does the most recent Tuitiā (or other holistic assessment) assessment identify the following needs of the child?							
	vi) their play, recreation and community needs	10(1)(e)	CFA	-	71%	-	-	670
viii) their educational or training needs	10(1)(g)	CFA	-	88%	-	-	670	
Plans	Does the most recent All About Me Plan take into account the following needs of the child (as identified in the Tuitiā assessment)?							
	vi) their play, recreation and community needs	18(1)	CFA	59%	64%	+5%	350	370
	viii) their educational or training needs	18(1)	CFA	62%	66%	4%	350	375
	Does the most recent All About Me Plan (or other plan) take into account the following needs of the child (as identified in the Tuitiā assessment)?							
	vi) their play, recreation and community needs	18(1)	CFA	65%	68%	+3%	318	642
viii) their educational or training needs	18(1)	CFA	85%	88%	+3%	627	654	
Support	Overall, does the child have opportunities for play and experiences?	34(2)(e)	CFA	84%	84%	0%	700	756
	During the reporting period, has the child been engaging in the following play, recreation, and community activities?							
	i) accessing developmentally appropriate books/toys	34(2)(a)	CFA	-	46%	-	-	756
	iv) participating in cultural activities	34(2)(c)	CFA	-	28%	-	-	756
	Were actions taken to address any concerns raised about the child's educational progress?	42(2)(d)	CFA	90%	85%	-5%	228	184
	If aged between 1 - 4 years, is the child currently enrolled in a licensed early childhood service or certified playgroup?	36	Structured Data	60%	58%	-2%	1364	999
	If aged 5 years, is the child currently enrolled in a registered school (or a licensed early childhood service or certified playgroup)?	37	Structured Data	90%	89%	0%	334	309
	If aged, 6 - 15 years, is the child currently enrolled at a registered school?	38	Structured Data	93%	93%	0%	3972	3679
	If aged over 16 years, has the young person been assisted to do either of the following?							
	i) enrol at a registered school or tertiary education organisation	39(a)	Structured Data	76%	77%	+1%	1386	1329
ii) obtain employment	39(b)	Structured Data	9%	9%	0%	1386	1329	
Transitions to adulthood	Before the rangatahi transitioned to independence was an assessment made of their life skills?	75	QPT	50%	43%	-7%	268	209
	Did the life-skills assessment address the young person's knowledge of the following? - managing money - shopping - cooking - driving - culture and identity	75(3)(a)(ii)	QPT	34%	43%	9%	268	209
	Before the rangatahi transitioned to independence, were they provided with the following? (1) - assistance to develop any life skills needed for their independence? - information about accessing education services once they leave care - information about accessing employment services once they leave care	76(e)	QPT	-	69%	-	-	209

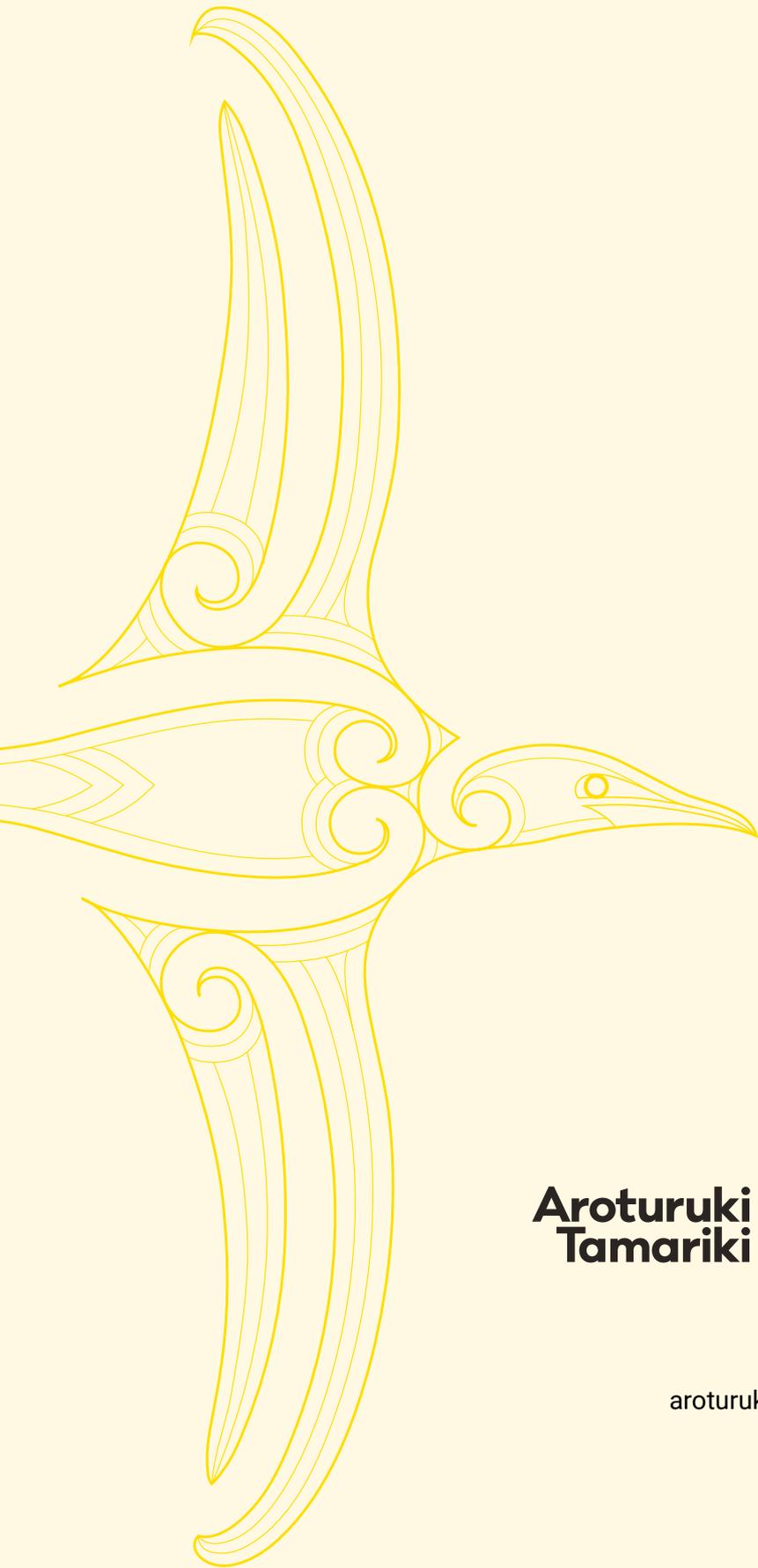


Mātauranga

Questions asked by the Monitor that Oranga Tamariki were not able to answer

Activity	Measure	Regulations
Support	During the reporting period, was appropriate support (including financial support) provided for the child to:	
	i) access developmentally-appropriate books/toys	34(2)(a)
	iv) participate in cultural activities	34(2)(d)
	If enrolled at a registered school, was information provided to the school about the child's circumstances?	42(2)(a)
	During the reporting period, was the child provided support (including financial support) to address their education and training needs, including?	
	i) equipment and materials for education that are not funded (for example, school bag, uniform and stationery)	41(1)(a)
	ii) education-related costs such as donations or fees	41(1)(b)
	iii) additional support for the child to succeed in education	41(1)(c)
	If the child is enrolled at a registered school, have the following things been done to support attendance?	
	i) provision of information to caregivers about the importance of attendance (including their role in supporting the child's attendance)	40(2)(a)
	ii) an update obtained at least once a term from the school or caregivers on the regularity of the child's attendance	40(2)(b)
	iii) arrangements to address any concerns about attendance	40(2)(c)
	During the reporting period, were the following things done at least once a term?	
	i) the education provider was engaged with to discuss the child's progress	42(2)(b)
	ii) a written update from the education provider was obtained on the child's educational progress (for example a school report to the parents)	42(1)(a),42(2)(c)
	Was the need for specialist support (other than specialist support for a disability) identified for the child?	30(2)
	If the child was excluded from the school during the reporting period, which of the following were done?	
	i) alternative educational arrangements were facilitated	40(2)(d)
	ii) representation was provided at hearings to consider the suspension or exclusion from the school	40(2)(e)
	Overall, thinking of the support provided to meet the child's education and training needs during the reporting period:	-
i) How appropriate was the amount and type of support provided?	30(3)(b)	
ii) How prompt was the support provided?	30(3)(a)	
iii) How well was cultural safety of the child considered in the way support was provided?	30(3)(c)	

(1) Practice Leaders found evidence that the activities and supports identified in the transition plan for the rangatahi were being implemented to some extent or more.



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