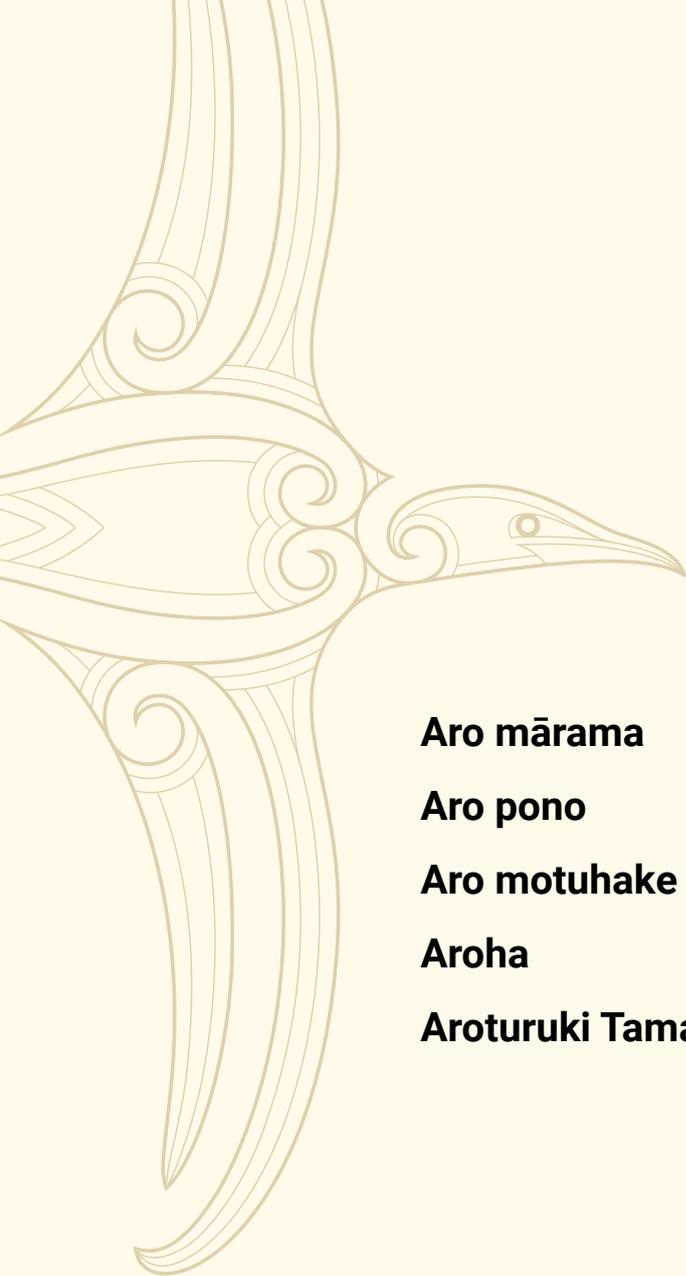


Experiences of Care in Aotearoa

Agency Compliance with the National Care
Standards and Related Matters Regulations

1 JULY 2024 – 30 JUNE 2025





Aro mārama

Clear insight

Aro pono

Truthful insight

Aro motuhake

Independent insight

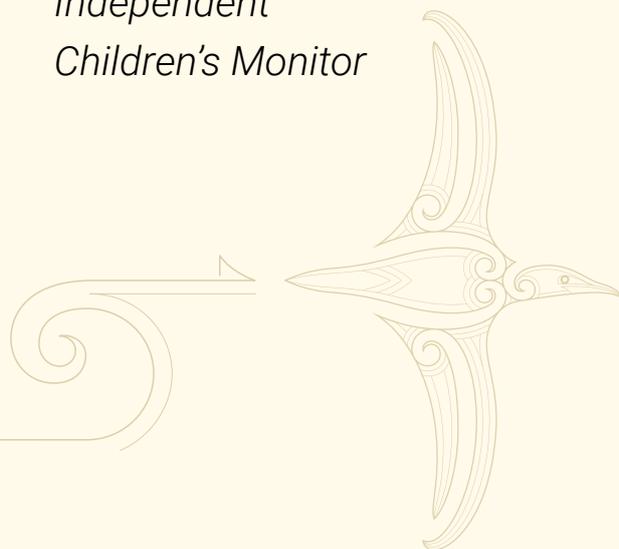
Aroha

Caring insight

Aroturuki Tamariki

Independent

Children's Monitor



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We are grateful to the tamariki and rangatahi in care, and their whānau and caregivers, who shared their experiences with us for this report.

We acknowledge the contribution from agencies that have custody of tamariki and rangatahi. We also acknowledge the input of representatives from hapū, iwi, strategic partners, Māori organisations, non-government organisations (NGOs) and government agencies.

Kupu Whakataki

Koinei tā mātou pūrongo whānui tuarima mō te tautuku ki Ngā Waeture a Oranga Tamariki (Ngā Paerewa Maru Karauna ā-Motu me Ngā Waeture Take Hāngai) 2018 (Ngā Waeture NCS). I ahau i tuhi i taku kupu whakataki mō tā mātou pūrongo Ngā Wheako o Te Maru Karauna i Aotearoa tuatahi i te tau 2021, i pōhēhē ahau ka pai ake te tautuku whai muri i te rima tau. Ko tāku i manako ai, he poto ake ā tātou pūrongo e whai ana i ngā raraunga hira e whakaatu ana i te tautuku me te nui haere o ngā kōrero a te hunga mōhio mō ngā mea kei te whai take ki a rātou.

Mai i te rima tau, kei te rite tonu ngā kōrero o ia tau – kāore tonu a Oranga Tamariki i te tautuku ki ngā waeture, ka mutu he iti noa te pai haere. He paerewa mōkito ngā waeture. Otirā, e hāngai ana ēnei waeture ki te maru karauna o ngā tamariki me te rangatahi.

Ko ngā tino take e toru e uru ai ngā tamariki me ngā rangatahi ki te maru karauna ko te inu waipiro me te kai pūroi a ngā mātua, te whakarekerekē ā-whānau me te kore manaaki. Pā mai ai te whētuki me ngā whakararu ki ngā taura here nō reira me manaaki. Engari e ai ki ngā tiro tiro a Oranga Tamariki i āna anō mahi kei runga paku atu i te hautoru anake o ngā tamariki me ngā rangatahi katoa kei raro i a ia kei te manaakitia tikatia.¹ He auau te whakarerekē i ngā hononga hira o ngā tamariki me ngā rangatahi ki ngā pakeke me whakawhirinaki atu rātou pērā i tō rātou tauwhiro hapori. He koretake te whakarite mahere kia pai ai tō rātou wehe i te maru karauna, ka mutu kāore hoki i te tino whiwhi i ngā tautoko mātauranga me te hauora e hiahia ana rātou. Me te aha, ka kitea he maha ngā tamariki me ngā rangatahi i raro i te maru karauna i tūkinotia, i whakahapatia rānei.

Kei a Oranga Tamariki me ētahi atu whakahere whai mana maru karauna te here mō te whakatutuki i ngā Waeture NCS. Engari e whakawhirinaki ana rātou ki Te Tāhuhu o Te Mātauranga, Te Manatū Hauora me Te Whatu Ora hei whakaraupapa i ngā ratonga me ngā tautoko mā ngā tamariki me ngā rangatahi kei raro i te maru karauna, ka mutu kia tōtika te mahi tahi a te rāngai. Kāore he herenga ā-ture i runga i ērā atu tari kia pērā. I ia hapori e haere ana mātou, ka rongu mātou mō ngā tamariki me ngā rangatahi e tatari ana kia whiwhi ratonga mātauranga me te hauora, me ētahi kia whakauru atu ki te kura, ā, kei reira ngā tari kāwanatanga e tohetohe mā wai e utu. Kāore tēnei i te pai.

I kī a Oranga Tamariki kei te tino pokea ana ratonga i tēnei tau, i uaua ai te whakapai ake i ana mahi tautuku. I kī rātou kua piki te maha o ngā tamariki me ngā rangatahi kei te tae atu ki a ia mā te 17 ōrau, ā, he tino matatini ake ngā ao o ngā tamariki, ngā rangatahi me ngā whānau.

I roto i te rima tau e pūrongo ana mātou mō te tautuku me ngā Waeture NCS, i manei te maha o ngā pūrongo māharahara me ngā tamariki me ngā rangatahi i raro i te maru karauna. Engari ko te mea kei te rite tonu kāore i te eke i a Oranga Tamariki ana mahi katoa. Ahakoa e mōhio ana mātou kua piki haere ngā mahi a Oranga Tamariki, kāore he kōrero mō te ngoikore ki te whakatutuki i ēnei waeture. Ko ngā waeture i whakamanatia i te tau 2019. Me mātua pai ake ngā mahi, kāore i tua atu.

Koinei tā mātou pūrongo manaaki tuatahi mai i te whakarerekē a Minita Upston i te Oversight of Oranga Tamariki System Act, e whakakaha ana i te noho haepapa a ngā tari mō rātou tēnei pūrongo. I kī te Minita i taua "mā ngā whakahau pūrongo tāpiri ka kakama ake ngā Minita ki te whakarite kia pai ake te tautuku a ngā tari hāngai me te whakapiki i te oranga o ngā tamariki me ngā rangatahi kei raro i te maru karauna". He mea nui tēnei, ka herea ngā tari ki te tuku kōrero ki ngā Minita whai muri i te whā marama o te putanga o tēnei pūrongo.

He marama te puta o ngā reo o ngā tamariki, ngā rangatahi me ō rātou whānau i roto i tēnei pūrongo. Me pai ake te hunga e manaaki ana, e tiaki ana i a rātou ki te whakatutuki i ō rātou hiahia. Ina whiwhi ngā tamariki me ngā rangatahi i ngā tautoko me whiwhi rātou, ka pai ō rātou whakaaro mō ngā rā e heke iho. He ōrite ngā kōrero a te hunga i roto i tēnei pūrongo ki ngā wheako i kōrerohia i roto i ā mātou pūrongo o mua. Ka mutu, he rite tonu ki ērā i roto i te pūrongo mō te āhua o te maru karauna a VOYCE – Whakarongo Mai.²

He 5 tau te pakeke o te tamaiti i te wā i whakamanatia Ngā Waeture NCS i te tau 2019, ā, kua 11 tau ia ināiane. He roa tērā mō te tamaiti, otirā rātou i hiahia kia manaakitia, kia tiakina hoki mō ngā take e kōrerohia ana i konei.



Arran Jones
Tumu Whakarae

¹ E whakaatu ana tēnei i te maha o ngā tamariki me ngā rangatahi i whiwhi i ngā tohu hira whānui e iwa a Oranga Tamariki – kei roto ko ngā tohu hira mō ngā aromatawai hiahia, te hanga mahere, te whai whakaaro ki ngā whakaaro o te whānau, ngā whakaaro o te hunga ngaio, te haere ki te kite i ngā tamariki me ngā rangatahi, te kounga o te kōrerorero tahi, ngā arawātea mō te tākaru, kei te tutuki i ngā tauwhiro hapori ngā mahi i roto i ngā mahere tamariki, ka mutu kua tautuhia, kua whai whakaarohia ngā whakaaro o ngā tamariki. Kāore e whakaurua atu ngā tohu e hāngai ana ki te mātāwaka, te taipakeke rānei pērā i te eke ki te pakeke, tērā ka hāngai anake ki ētahi tamariki, rangatahi hoki kei raro i te maru karauna i tētahi wā.

² VOYCE – Whakarongo Mai. (2025). Kei te rongu koe? Are you listening? Ō mātou reo mō te āhua o te maru karauna. voynce.org.nz/wp-content/uploads/2025/10/State-of-Care-2025-Digital.pdf

Foreword

This is our fifth full report on compliance with the Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018 (NCS Regulations). When I wrote my foreword for our inaugural *Experiences of Care in Aotearoa* report back in 2021, I expected compliance would have improved five years on. I hoped that, by now, we would be producing a shorter report with key data that demonstrated compliance and that the voices of experience would increasingly be talking about what is working well for them.

Five years down the track, our reports are saying pretty much the same thing from one year to the next – Oranga Tamariki continues to not comply with the regulations and improvement has been limited. The regulations are a minimum standard. Crucially, these regulations relate to the care of tamariki and rangatahi.

The three most common reasons why tamariki and rangatahi come into care are parental alcohol and drug use, family violence and neglect. They have often experienced trauma and broken relationships and need to be cared for. Yet Oranga Tamariki has assessed itself as only meeting all of its own performance measures for a little over one-third of tamariki and rangatahi in its care.¹ Tamariki and rangatahi have had frequent changes in important relationships with adults they should be able to trust such as their social worker. There is poor planning for them to leave care, and they haven't always had the education and health support they need. And an increased number of tamariki and rangatahi in State care were found to have been abused or neglected.

The obligation for meeting the NCS Regulations sits with Oranga Tamariki and other organisations with custody and care. But it relies on the Ministry of Education, Ministry of Health and Health NZ to prioritise services and support for tamariki and rangatahi in State care, and for the sector to collaborate effectively. There is no regulatory requirement for these other agencies to do so. In every community we visit, we hear about tamariki and rangatahi waiting for education and health services, some even for school enrolment, while government agencies debate which of them will pay for it. This is not good enough.

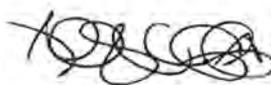
Oranga Tamariki has said it has faced unprecedented pressure on its services this year, making improved compliance a challenge. It says there has been a 17 percent increase in the number of tamariki and rangatahi coming to its attention and that the lives of tamariki, rangatahi and whānau are more complex.

Over the five years we have been reporting on compliance with the NCS Regulations, the numbers of reports of concern and of tamariki and rangatahi in care have fluctuated. But what has stayed constant is the partial level of compliance by Oranga Tamariki. While we recognise the increased demands on Oranga Tamariki, it does not explain the ongoing failure to comply with these regulations. Regulations that have been in place since 2019. Performance can and must be improved.

This is our first care report since Minister Upston amended the Oversight of Oranga Tamariki System Act, strengthening accountability for agencies that are the subject of this report. The Minister said at the time “additional reporting requirements will give Ministers the ability to take decisive action earlier to ensure relevant agencies are improving compliance and enhancing the wellbeing of children and young people in care”. This is an important step, requiring agencies to provide an update to Ministers four months after the publication of this report.

The voices of tamariki, rangatahi and their whānau come through clearly in this report. They want and need better from those responsible for their care and protection. When tamariki and rangatahi get the support they need, they feel positive about their future. The voices heard through this report echo the experiences described in our previous reports. And they are consistent with those reflected in the recent state of care report compiled by VOYCE – Whakarongo Mai.²

A child who was aged 5 when the NCS Regulations came into effect in 2019 is now 11. That is a long time in the life of any child, let alone one who needed care and protection for the reasons reported here.



Arran Jones
Tumu Whakarae | Chief Executive

¹ This is a measure of how many tamariki and rangatahi have all nine Oranga Tamariki universal lead indicators met – it includes lead indicators around needs assessments, planning, consideration of whānau view, the views of professionals, visits to tamariki and rangatahi, the quality of engagement, opportunities for play, that social workers are carrying out the actions in tamariki plans and that tamariki views have been identified and considered. It excludes indicators that are specific to ethnicity or to ages and stages such as transitioning to adulthood, which only apply to some tamariki and rangatahi in care at any one time

² VOYCE – Whakarongo Mai. (2025). *Kei te rongō koe? Are you listening? Our voices on the state of care.* voyce.org.nz/wp-content/uploads/2025/10/State-of-Care-2025-Digital.pdf

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Key findings

There has been no real improvement in compliance with the National Care Standards Regulations

The key findings in our last report were straightforward. We said tamariki and rangatahi were still not receiving the minimum standard of care required by the Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018 (NCS Regulations). We also said we did not expect much improvement in our next report. This has proven correct.

This is because social workers are not always able to work effectively and other government agencies are not sufficiently prioritising access to help

In our 2023/24 report, we pointed to underlying causes of the minimum standard of care not being delivered. This included social workers not being supported to work effectively, and we listed a range of things getting in the way of social workers doing social work.

In 2024/25, social workers continued to tell us they are fatigued by changes and the struggle to deliver without the tools and resources they need to do their work. A shortage of care placements and of services to refer tamariki and rangatahi to, make social workers' jobs even harder.

"We go with what we've got. We're expected to put FGC [Family Group Conference] plans in place and the courts expect x amount to be seen in FGC plans. But we're struggling to do that. We do it ourselves, the mentoring and the community work." ORANGA TAMARIKI SOCIAL WORKER

We also pointed to the lack of priority given to tamariki and rangatahi in care by government services such as health and education. Funding available to Oranga Tamariki or other agencies does not follow the child, and social workers are still having to spend time negotiating for the services and support that tamariki need. This includes things like teacher aide support and access to mental health services. This also has not changed.

Areas of high and low compliance, although Oranga Tamariki developed regulations and should comply with them all

Oranga Tamariki has again assessed itself as partially compliant with the care standards. For around one-third (37 percent) of tamariki and rangatahi in Oranga Tamariki care, it determined a subset of its lead indicators were met.

Oranga Tamariki should strive to comply with all of the NCS Regulations. They were developed by Oranga Tamariki with input from care-experienced rangatahi and other organisations with expertise and experience in delivering care.

We have seen continued good practice and stability in Oranga Tamariki compliance in some areas such as establishing, maintaining and strengthening whānau connection for tamariki and rangatahi in care. However, some measures continue to show low levels of compliance. Compliance continues to be poor with requirements for placing tamariki and rangatahi with approved caregivers, planning care transitions and assessing life skills for rangatahi getting ready to leave care.

We continue to hear about the struggle to access the support tamariki and rangatahi in care need such as health and education services. While we hear about few barriers to accessing primary health, accessing mental health services, in particular, remains a challenge.

"One of our workers still works with [connecting] families to ICAMHS, and it's been months and months. Two years – it's very long." NGO LEADER

Not all tamariki and rangatahi in care are in education. Stand-offs continue between Oranga Tamariki and Te Tāhuhu o te Mātauranga | Ministry of Education and/or individual schools. Agencies dispute which of them will fund educational supports for tamariki and rangatahi in care, especially those with particular needs. Meanwhile the tamariki and rangatahi miss out, even though they're legally required to be in education.

"Same with education, schools even look at us, if a kid's disengaged, well it's for [Oranga Tamariki] ... There are issues about who's going to fund, they always look towards [Oranga Tamariki]."

ORANGA TAMARIKI KAIMAHI

We encourage Oranga Tamariki to continue with its National Care Standards Action Plan and to use it to lift performance. However, it must both sustain improvements and avoid a decline in performance in other areas.

Again, we emphasise that, to do this, Oranga Tamariki must address barriers to good social work practice and must continue to advocate for access to services across government. This requires it to focus on improving leadership and culture throughout the organisation. It must also focus on practical things to make it easier for social workers to do the fundamentals of their role: to be there for tamariki, understand their needs and help them to have those needs met.

New action plan is expected to improve performance

More positively, in 2025, Oranga Tamariki developed a National Care Standards Action Plan (see Appendix B), which is focused on improving its compliance in priority areas. It is using this plan to target action and track progress. Oranga Tamariki is confident this is improving performance and expects to be able to show some improvement in priority areas in 2025/26. The development of a specific action plan is positive, and we encourage Oranga Tamariki to maintain its focus on it.

Improved compliance may be easier with a more dedicated focus

Open Home Foundation show that improved compliance with the regulations is possible.

"Our policy in general is once a month [to visit tamariki] but that's a minimum. So this young person is getting visited a bit more."

OPEN HOME FOUNDATION KAIMAHI

A key difference is that Open Home Foundation does not have responsibilities for managing the front door – assessing and responding to reports of concern, or for managing youth justice custody. Its ability to focus solely on the quality of care may be one reason it is able to visit tamariki in its care more often.

The challenge for Oranga Tamariki is to find a way to ringfence the resource and effort required to meet care standards. Alternatively, it could delegate and support more responsibility for the care of tamariki and rangatahi to iwi/Māori and community providers.

Areas of focus for future improvement

Once compliance in its 10 priority areas has been achieved and Oranga Tamariki performance has improved, Oranga Tamariki could then focus on additional measures. We have identified the following key issues across five parts of the regulations that may assist Oranga Tamariki, and other government agencies, in considering future focus areas.

Part 1: Assessing needs and developing plans

- We continue to have concerns about the capacity of social workers to do quality work across assessing needs, developing plans and visiting tamariki and rangatahi to ensure their needs are being met and plans are up to date.
- Increasing the frequency of social worker visits to tamariki and rangatahi has been a priority for Oranga Tamariki for several years. We have not seen any change in compliance with the NCS Regulations for social work visits in 2024/25, with one-third of tamariki and rangatahi in care still not being visited as required. However, Oranga Tamariki was able to show an improvement in the proportion of tamariki and rangatahi who were at least being visited every eight weeks between May and June 2025.

- Just over one-third (38 percent) of All About Me plans are current. This is similar to last year, and we continue to hear from caregivers and professionals about the quality and availability of these plans to support the care of tamariki and rangatahi. Oranga Tamariki has made updating All About Me plans a priority in its National Care Standards Action Plan.

Part 2: Meeting health and education needs

- There continues to be a lack of assurance that the health and education needs of tamariki and rangatahi in care are being met. Oranga Tamariki data is questionable, both in terms of quality and what is being measured, and people continue to tell us health and education needs are not being met.
- The responsibility for securing health and education support sits with Oranga Tamariki. Other government agencies such as Manatū Hauora | Ministry of Health, Te Whatu Ora | Health NZ and the Ministry of Education are not required to comply with the NCS Regulations. Requiring other government agencies to comply could be one way of ensuring access to services and support for tamariki and rangatahi in care. In the meantime, funding stand-offs between agencies result in tamariki and rangatahi in the care of the State missing out.
- There appears to have been no progress in ensuring that tamariki and rangatahi have an annual health check as required by the NCS Regulations. No progress was made during the 2024/25 reporting period in identifying what an annual health check should include, although we understand work has since started on this.
- We continue to hear that access to mental health services is particularly challenging for tamariki and rangatahi in care.
- Access to education continues to be denied for a number of tamariki and rangatahi of compulsory school age in care. There is a continued failure to enrol some tamariki and rangatahi in education and a lack of urgency from kaimahi at both Oranga Tamariki and the Ministry of Education to secure the support needed for tamariki and rangatahi to access education.

Part 3: Supporting caregivers

- Compliance with the requirement to place tamariki and rangatahi with approved caregivers was worse this year, with 64 percent of caregivers being at least provisionally assessed before tamariki and rangatahi enter their care. However, Oranga Tamariki is actively focusing on improving this.
- A shortage of caregivers and a complex and lengthy approval process are contributing to non-compliance.
- Caregivers are more likely to have a support plan, and support plans are more likely to be being actioned by Oranga Tamariki than in previous years. This reflects work by Oranga Tamariki to prioritise support for caregivers following our *2022/23 Experiences of Care in Aotearoa* report.
- Caregivers continue to ask for better information about tamariki and rangatahi when they are placed with them and to have regular visits from their social worker. Caregivers also need adequate financial support and training that fits with their availability and that addresses the needs of the tamariki and rangatahi in their care.

Part 4: Keeping tamariki and rangatahi safe and ensuring they have a say in their lives

- More tamariki and rangatahi were found to have been abused or neglected in care in 2024/25, with 10 percent of all tamariki and rangatahi in care being abused or neglected – that's 530 tamariki and rangatahi. This is an increase from 507 tamariki and rangatahi abused or neglected in 2023/24 and continues the trend seen since we started monitoring the NCS Regulations.
- Fewer tamariki and rangatahi were informed of the outcome of the investigation following an allegation of abuse. Only one-third were informed, where it was appropriate to do so. Not being informed can result in a loss in trust of those who are there to protect them and can make them reluctant to raise future concerns.
- Despite being well-known areas of risk, residences continue to have disproportionately high rates of findings of abuse for tamariki and rangatahi. Although less than 10 percent of tamariki and rangatahi in care spent time in residences, they account for 20 percent of tamariki and rangatahi who were harmed in care.
- Oranga Tamariki has a focus on reducing peer-to-peer fighting in residences. In our visits, we found the underlying culture, including poorly trained staff and unstructured programmes, contributes to an environment where harm occurs.
- Most tamariki and rangatahi in residences, and their whānau who we heard from in our 2024/25 engagements, know how to make a complaint or raise a grievance. This is an improvement on previous years.

Part 5: Care transitions between placements and towards adulthood

- Better planning is needed across all types of care transition and would make a real difference to the experiences of tamariki and rangatahi in care.
- More than one-quarter of tamariki and rangatahi in Oranga Tamariki care transitioned between placements in 2024/25. More than one-third of those transitions were because the previous caregiver was unwilling or unable to continue caring for the child.
- There is limited planning for transitions in care, and many are urgent or unexpected. Tamariki, rangatahi and their whānau tell us they are often not included in planning and do not always know what is happening when they move between care placements.
- Harm has again increased for tamariki and rangatahi who return home. Despite repeated acknowledgements from Oranga Tamariki that it must improve in this area, planning for returns home, and the frequency of social worker visits following a return home, have not improved. Oranga Tamariki prioritised tamariki and rangatahi returning home in its National Care Standards Action Plan in 2025.
- While referral rates to transition support (TSS) are improving year on year, only 63 percent of rangatahi aged 16 in 2024/25 and 77 percent of rangatahi overall were offered a referral.
- Not all Oranga Tamariki social workers understand their responsibilities and do what policy requires to support rangatahi to successfully transition to adulthood. Only 11 percent of eligible rangatahi had a life skills assessment, a further decrease on 2023/24. TSS workers are left filling the gaps, sorting out birth certificates, IRD numbers and bank accounts. This takes them away from working towards bigger goals with rangatahi such as making a career plan, learning to drive, finding somewhere to live and learning how to be a good flatmate.

About tamariki and rangatahi in care

Care population

The population of Aotearoa aged 18 and under is

1.2 million

5,640

tamariki and rangatahi spent time in the care of the State or approved child and family social service during the year 1 July 2024 – 30 June 2025.

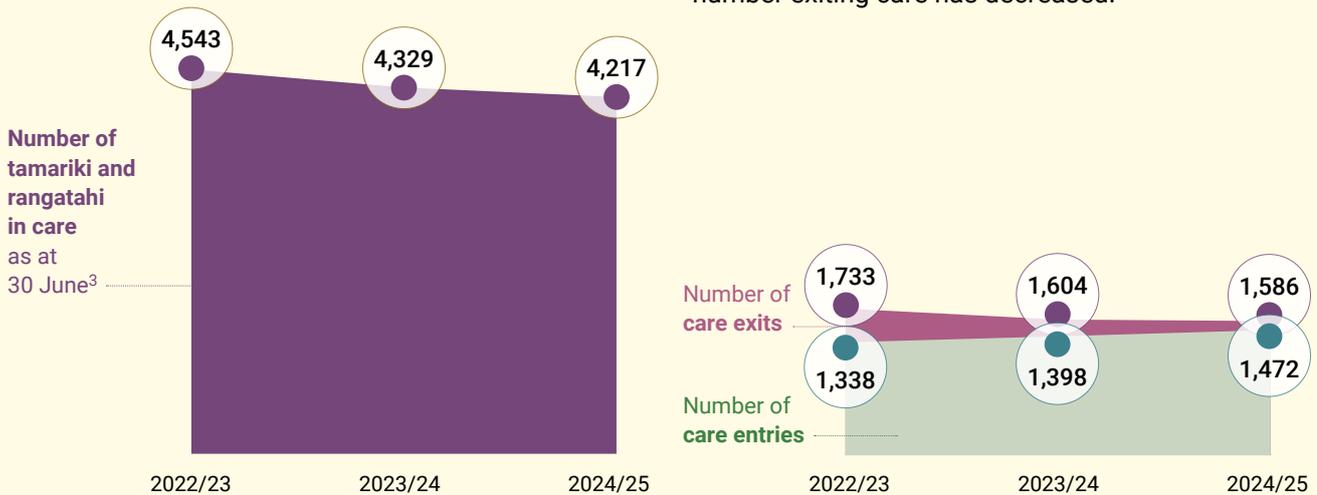
4,217

tamariki and rangatahi were in the care of the State or approved child and family social service on 30 June 2025.

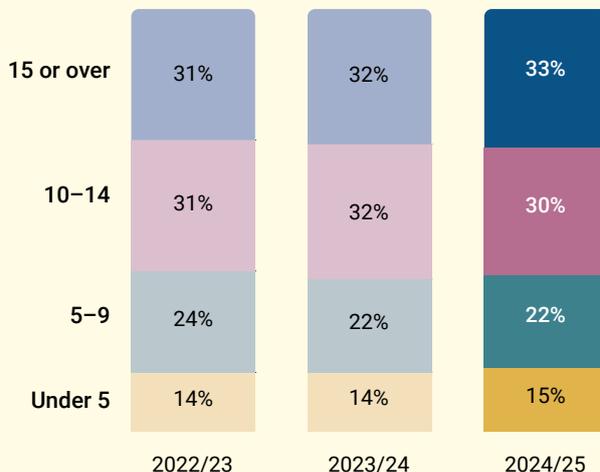
Care entries and exits

The number of tamariki and rangatahi in care has continued to decrease.

The number of tamariki and rangatahi entering care has increased over the past three years while the number exiting care has decreased.⁴



Age



Nearly two-thirds of tamariki and rangatahi in care are aged 10 or over.

There has been a small increase in the proportion of tamariki aged under five and an ongoing increase in the proportion aged 15 or over.

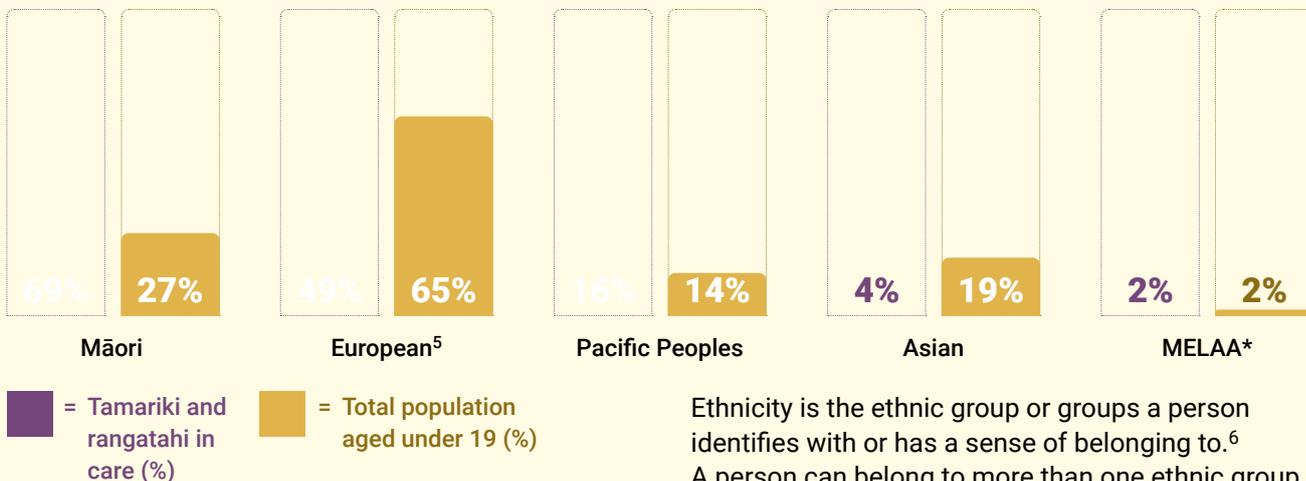
³ Oranga Tamariki was unable to include tamariki and rangatahi in care under short-term care and protection warrants in figures for those in care as at 30 June or during the period 1 July – 30 June.

⁴ Each child could have entered or exited more than once during the reporting period, including under different orders. Entries and exits into care under short-term care and protection warrants are included in these figures.

Ethnicity

The over-representation of tamariki and rangatahi Māori has not changed over the past three years. Around 69 percent of the care population is Māori.

The ethnicities that tamariki and rangatahi in care identify with



Ethnicity is the ethnic group or groups a person identifies with or has a sense of belonging to.⁶ A person can belong to more than one ethnic group.

*Middle Eastern, Latin American and African

Disability

Tamariki and rangatahi in care are three times more likely to be disabled than the general population.⁷

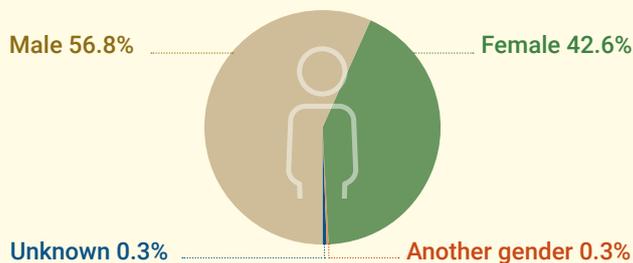
30 percent of tamariki and rangatahi in care are disabled.



10 percent of the total population aged under 15 are disabled.⁸

Gender

There continue to be more male tamariki and rangatahi in care than female.



There has been no change in the gender balance of the care population since last year.

Custody Agency

During the 2024/25 year, around 5,640 tamariki and rangatahi spent time in care. The majority were in Oranga Tamariki custody.⁹



5,580



62



<6

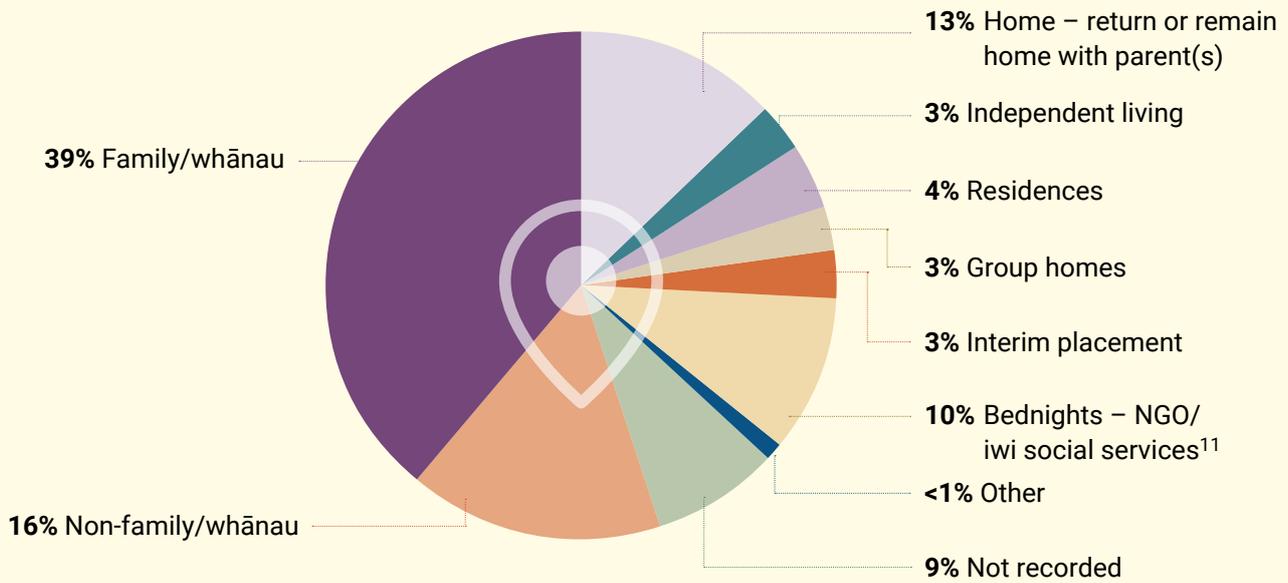


<6

5 This also includes 'other ethnicities' not further defined which account for less than 1 percent of those in care and custody.
 6 For younger tamariki, ethnicity is usually identified by their parent or guardian.
 7 The general population figure relates to tamariki and rangatahi aged under 15, whereas the in-care figure relates to tamariki and rangatahi aged 0–17. The methodology used by Oranga Tamariki and Stats NZ for disability differs. This may impact on comparability of figures. Oranga Tamariki relies on diagnosed disability, whereas Stats NZ relies on self-reported disability in the New Zealand Disability Survey.
 8 Stats NZ Household Disability survey 2023. stats.govt.nz/information-releases/disability-statistics-2023/
 9 To protect the privacy of individuals, we follow Stats NZ guidelines and do not disclose the exact number of individuals when that number is below 6. This is to reduce the risk that information could be used to identify individuals or learn private information about them.

Placement types

Family/whānau placements have the highest proportion of tamariki and rangatahi in care¹⁰

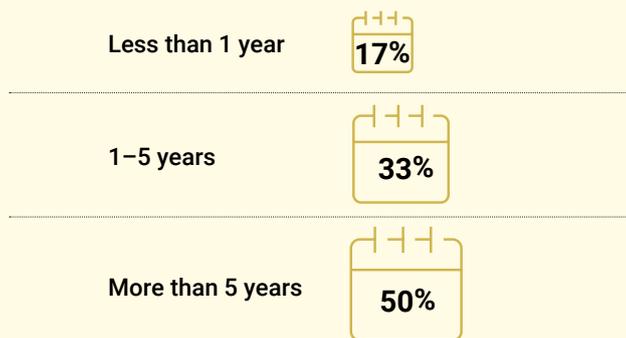


Family/whānau placements have increased since 2024, after declining from a high of 42 percent in 2022. They now account for 39 percent of placements.

The proportion of tamariki and rangatahi whose placement type was not recorded has increased from 7 percent in 2024 to 9 percent. The proportion whose placement is recorded as 'other' has dropped from 9 percent in 2024 to less than 1 percent in 2025.

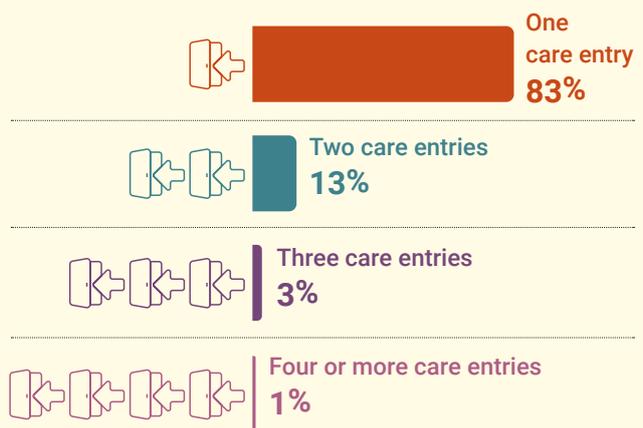
Duration in care and care entries

Half of tamariki and rangatahi in care have been in care for more than five years



There has been no change in duration in care over time.

Most tamariki and rangatahi in care have only entered care once in their lives



The number of care entries is in line with previous years. While most tamariki and rangatahi in care have only entered care once in their lives, 17 percent have been in care more than once.

¹⁰ As at 30 June 2025. Because of changes to the Oranga Tamariki data platform, there are differences between the figures shown here and what we have published previously.

¹¹ Oranga Tamariki describes bednights as placements where Oranga Tamariki has a contract with another organisation to provide a placement. Under these contracts, Oranga Tamariki pays for a certain number of beds for a certain number of nights per year. The contract is not tied to a particular child, location or caregiver. The type of placement can vary depending on the type of care the organisation specialises in. This care ranges from 1:1 care for tamariki with higher needs to placements that are similar to family homes.

Reasons for care entry

Parental alcohol and drug issues, family violence and neglect are the most common reasons for tamariki and rangatahi entering care

For more than half of tamariki and rangatahi who come into care, the risk factors that led to the custody application include parental alcohol or drug issues and/or family violence. Neglect is cited as a key concern for almost half of them. Unhygienic or unsafe living arrangements, parental mental health issues or physical abuse are also a key concern in a quarter of all care entries.

Alcohol and other drug (AOD) – parent(s)	56%
Family violence	54%
Neglect	45%
Unhygienic and/or unsafe living environment	23%
Mental health – parent(s)	23%
Physical abuse	23%
Emotional abuse	15%
Transience or homelessness	12%
Parental supervision	10%
Parental aggression	9%
Offending behaviour of child	9%
Historical information – previous child removed/serious harm	9%
School non-attendance	9%
Medical neglect	8%
Behavioural issues/unable to manage behaviour	7%
Parent(s) unable to manage high/complex needs of child	7%
Offending behaviour of parents	7%

This data is based on Oranga Tamariki analysis of a sample of case files of tamariki and rangatahi who had recently been brought into care. Multiple reasons may be recorded for each child.¹²

¹² As reviewers could record more than one concern, the total percentages will add up to over 100 percent. Oranga Tamariki noted that the reviewer's interpretation of the recorded information may not accurately reflect which concerns were the most significant or the complexities of multiple concerns at the time the child came into care.

Change in key relationships – caregivers and social workers



Caregivers

Many tamariki and rangatahi experience changes in caregiver

On average, tamariki and rangatahi had three caregivers during their time in care.



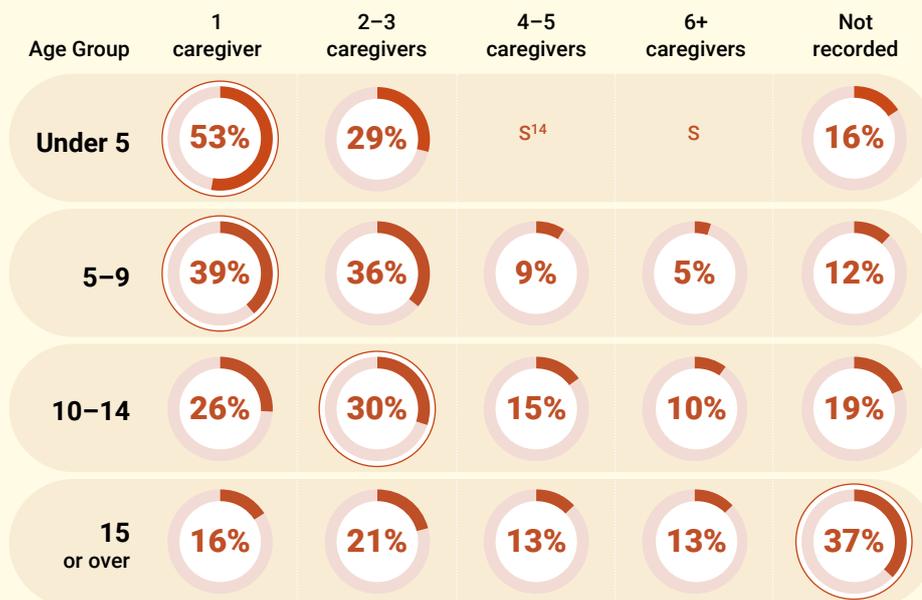
This hasn't changed over time.¹³

For the 2024/25 period, there is a significant proportion of tamariki and rangatahi in each age group where Oranga Tamariki is not able to report the number of caregivers.

Of those aged 15 or over, 13 percent had six or more caregivers and 37 percent have had an unknown number of caregivers.

From the data, we know at least half of tamariki aged 10–14 had more than one caregiver.

At least one-third of those aged under 5 have experienced a change in caregiver, and 14 percent of those aged 5–9 had four or more caregivers during their time in care.



¹³ Figures differ from our previous reporting due to changes in the data provided by Oranga Tamariki.

¹⁴ The letter 's' shows we have suppressed the data. To protect the privacy of individuals, we follow Stats NZ guidelines and suppress (do not disclose) the exact number of individuals when that number is below 6. This is to reduce the risk that information could be used to identify individuals or learn private information about them.



Social workers

Most tamariki and rangatahi have had frequent changes in social worker

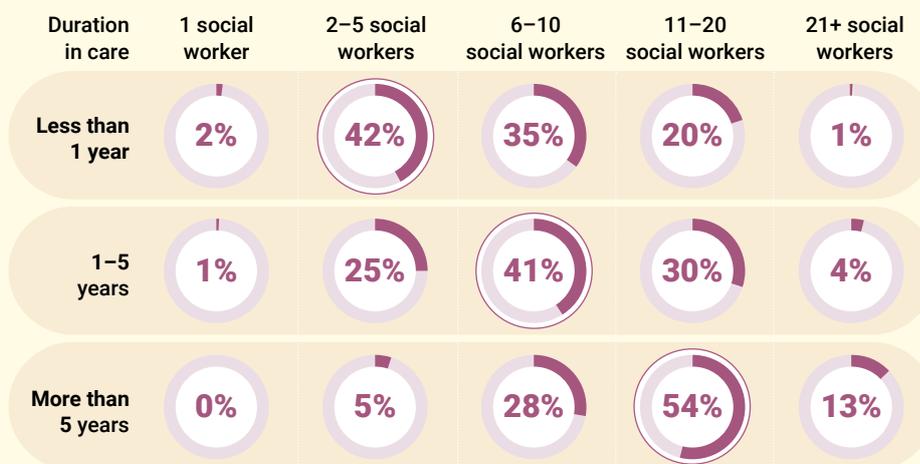
On average, tamariki and rangatahi had 11 social workers during their time in care.



This has not changed over time.

Tamariki and rangatahi experience changes of social workers throughout their time in care.¹⁵ Changes are frequent in their first year in care, with tamariki and rangatahi having an average of seven social workers. Tamariki and rangatahi in care for 1–5 years have had an average of nine social workers, and those who have been in care more than five years have had an average of 14 social workers over that time.

The majority (67 percent) of tamariki and rangatahi who have been in care more than five years had 11 or more social workers over their time in care. The majority (77 percent) of tamariki and rangatahi who have been in care less than one year have had 2–10 social workers.¹⁶



¹⁵ Figures differ from our previous reporting due to changes in the data provided by Oranga Tamariki.

¹⁶ Figures include social workers from before tamariki and rangatahi entered care.

Care settings

This section describes the different care settings for tamariki and rangatahi who are in the custody and/or care of the chief executive of Oranga Tamariki. The chief executive of Oranga Tamariki is responsible for deciding where to place tamariki and rangatahi.

Return or remain home

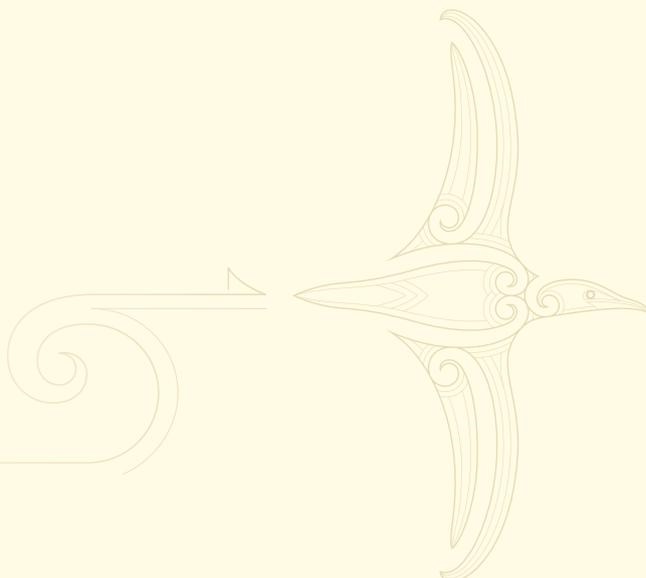
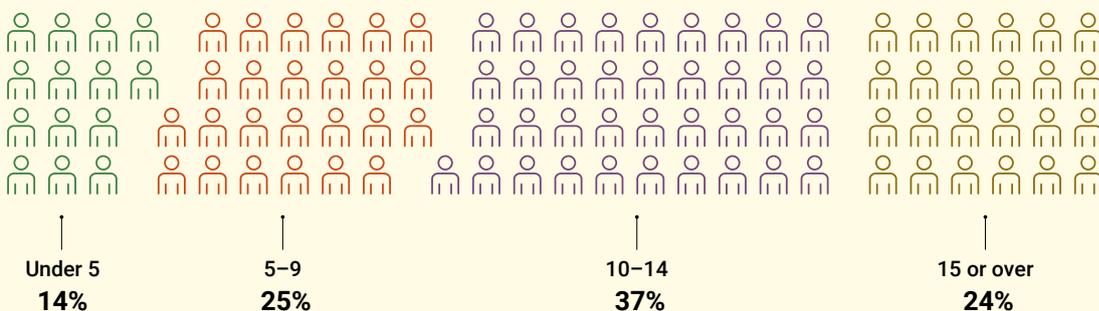
Some tamariki and rangatahi in custody return or remain home and are cared for by their parents, guardians or usual carers.¹⁷ This can be a placement made by Oranga Tamariki, or occasionally tamariki and rangatahi may decide by themselves to return home.

While parents, guardians or usual carers care for tamariki and rangatahi day to day, Oranga Tamariki is responsible for meeting the assessed needs of these tamariki and rangatahi. This includes responsibility for providing supports, services and resources it has agreed to give to tamariki, rangatahi and their parents, guardians or usual carers to help tamariki and rangatahi who return or remain home.

Around 550 tamariki or rangatahi were in a return or remain home placement as at 30 June 2025. This is 13 percent of the Oranga Tamariki care population.

Tamariki aged 10-14 are more likely to be in return or remain home care than younger tamariki or older rangatahi

Percentage of total return or remain home placements by age as at 30 June 2025



¹⁷ Usual carer in this context means another member of the child's family, whānau, hapū, iwi or family group who was caring for them before they came into care or custody.

Caregivers

More than 2,300 tamariki and rangatahi are cared for by a caregiver in the caregiver’s own home. Caregivers must be assessed and approved before tamariki and rangatahi are placed in their care and every two years thereafter.¹⁸

Some caregivers care for tamariki and rangatahi over the medium or long term.

Some caregivers provide short-term, emergency care. This is where tamariki and rangatahi are placed with a caregiver at very short notice because of immediate concerns for their safety and care is provided for a short time while other arrangements are made.

Some caregivers provide respite care, where a caregiver provides care over a weekend or short period to give primary caregivers time and space to recharge.

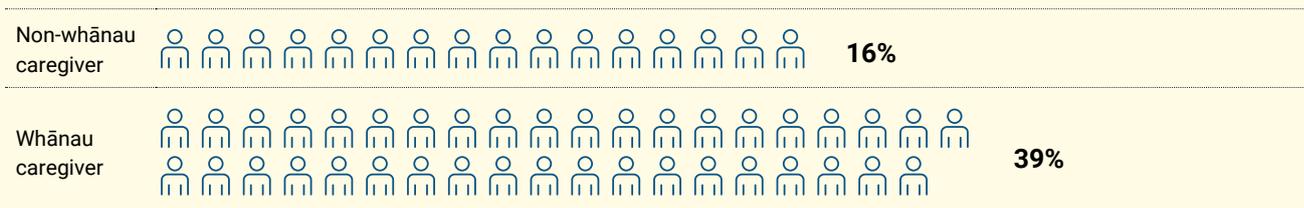
Whānau caregivers

Whānau caregivers are caregivers who are related to tamariki or rangatahi. The priority of Oranga Tamariki or the shared-care partner is to find a caregiver from the wider whānau, where this is in the best interests of tamariki and rangatahi. Around 1,600 tamariki and rangatahi were in the care of whānau caregivers.

Non-whānau caregivers

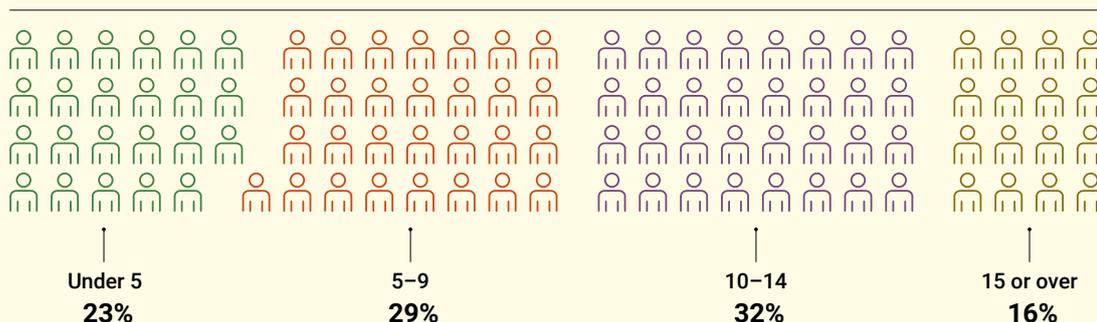
Non-whānau caregivers are caregivers who are not related to tamariki or rangatahi. Around 700 tamariki and rangatahi were in the care of non-whānau caregivers.

More than half of tamariki and rangatahi in care were in a caregiver placement as at 30 June 2025



Younger tamariki and rangatahi are more likely to be cared for by whānau and non-whānau caregivers than those aged 15 or over

Percentage of total caregiver placements by age as at 30 June 2025



¹⁸ In accordance with the requirements set out in Part 3 of the NCS Regulations. This assessment is undertaken by either Oranga Tamariki or a shared-care partner.

Specialist out-of-home care arrangement

Some tamariki and rangatahi in care who have high and complex disability needs are cared for in a specialist out-of-home placement designed specifically for the individual.

In this arrangement, one child or rangatahi is cared for by either whānau or non-whānau caregivers and/or rostered Oranga Tamariki or provider kaimahi. These arrangements may be delivered or supported by Oranga Tamariki or a contracted provider.

Specialist out-of-home care arrangements are usually medium to long term.¹⁹

Group homes

Some tamariki and rangatahi in care are cared for in a group home for a range of reasons:

- It is not possible for them to be cared for by a caregiver or to return home.
- A group home is assessed as being the most suitable care setting or in their best interests at that time.
- They are in youth justice custody.

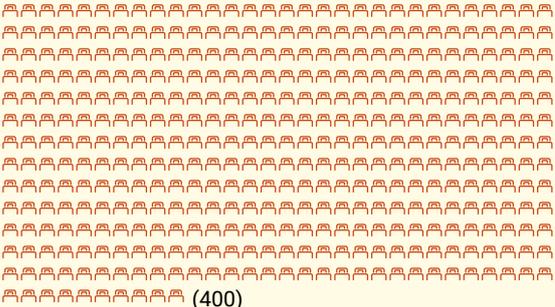
Group homes are usually family-like settings located in communities, where a small group of tamariki and/or rangatahi live together. Oranga Tamariki uses various types of group homes: community homes, supervised group homes, specialist group homes,

family homes, remand homes, bail homes and iwi-led homes. Group homes are owned or leased by Oranga Tamariki or contracted providers.

In most group homes, staff work in the home on shifts rather than living in the home on a full-time basis. However, some care and protection group homes and some remand homes may have house parents who live in the home with the tamariki and rangatahi.

Group homes are run by Oranga Tamariki or by NGO or iwi providers contracted by Oranga Tamariki.

There are separate care and protection group homes and youth justice group homes.

	Number of group homes	Bedroom capacity – as at December 2024
Care and protection		
Care and protection (family home)	 (19)	 (80)
Care and protection (other group home)	 (120)	 (400)
Bail home	 (2)	 (9)
Youth Justice		
Youth justice group (remand home)	 (9)	 (46)

¹⁹ Oranga Tamariki was not able to provide information about the number or ages of tamariki and rangatahi in specialist out-of-home care arrangements as at 30 June 2025.

Care and protection group homes

Care and protection group homes are run by Oranga Tamariki or NGO or iwi providers. Generally, the tamariki and rangatahi in care and protection group homes are aged 9–17.²⁰ Usually, between three and six tamariki and rangatahi are cared for at any time in each group home.

A supervised group home provides short to medium-term care for tamariki and rangatahi in the care of Oranga Tamariki when suitable alternative care is not available. Supervised group homes are often used as a step down from a care and protection residence.

Other care and protection group homes are run by Oranga Tamariki or NGO providers contracted by Oranga Tamariki and are intended to provide medium to long-term, stable placements for tamariki and rangatahi who are in the care of Oranga Tamariki. These can deliver specialist support, including addressing harmful sexual behaviour, disability or other high and complex needs.

Oranga Tamariki also has family homes where a caregiving couple live and care for up to six tamariki and rangatahi. Professional staff may also help (including relief or respite care support) within these homes. Unlike other group homes, the caregiving couples who provide the day-to-day care in these homes are not usually paid a salary and are akin to caregivers who deliver care in their own homes.

Bail homes are run by NGO or iwi providers contracted by Oranga Tamariki. Bail homes care for tamariki and rangatahi who are on bail from the Youth Court where an alternative bail address is not available. Tamariki and rangatahi being cared for in a bail home are usually in the care or custody of Oranga Tamariki, but this is not always the case.²¹

Youth justice group homes

Most youth justice group homes offer a community option for tamariki and rangatahi who have been placed in custodial remand because they are unable to stay at home. Reasons for their placement include:

- their risk of reoffending
- the likelihood of them absconding
- to prevent the loss or destruction of evidence or interference with witnesses.

These remand homes look similar to care and protection homes but may have some enhanced safety and security features. Remand homes are run by Oranga Tamariki or an NGO or iwi provider contracted by Oranga Tamariki.

Remand homes are used to care for tamariki and rangatahi aged 13–17 who have been arrested and are waiting to come before the Youth Court or who have appeared before the Youth Court and have been remanded into the custody of Oranga Tamariki while their matter is still before the Court. Remand homes are used as an alternative to youth justice residences, where appropriate.

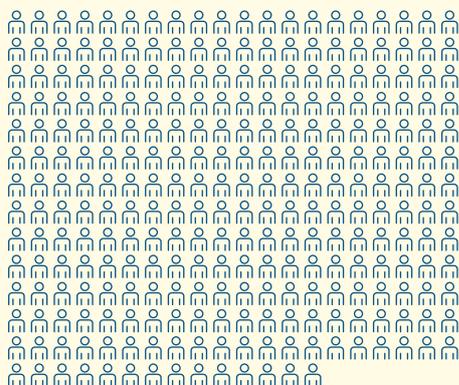
Remand homes are monitored by Mana Mokopuna | Children's Commissioner under the Optional Protocol to the Convention against Torture as they are deemed to be places where tamariki and rangatahi are detained. Group homes can be inspected by the Ombudsman because of a complaint or if the Ombudsman decides to undertake an investigation.

²⁰ However, family homes can provide care for tamariki and rangatahi aged 0–18.

²¹ In cases where Oranga Tamariki does not have care or custody, Oranga Tamariki has advised that the consent of a parent or guardian is sought.

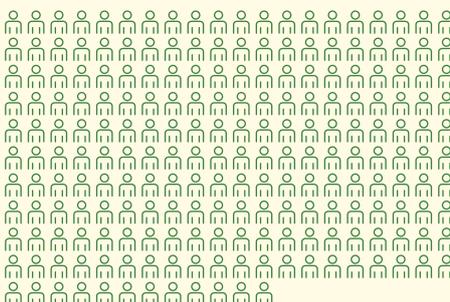
Around 130 tamariki and rangatahi were in a group home placement as at 30 June 2025, and nearly 500 tamariki and rangatahi spent time in a group home during the 2024/25 year

Care and protection group home



274 tamariki and rangatahi

Youth justice group home



212 tamariki and rangatahi ²²

Of the total care and protection care population, 5 percent of tamariki and rangatahi spent some time in a care and protection group home during the year 1 July 2024 – 30 June 2025. Of the total youth justice custody population, 35 percent of tamariki and rangatahi spent some time in a youth justice group home during the year 1 July 2024 – 30 June 2025

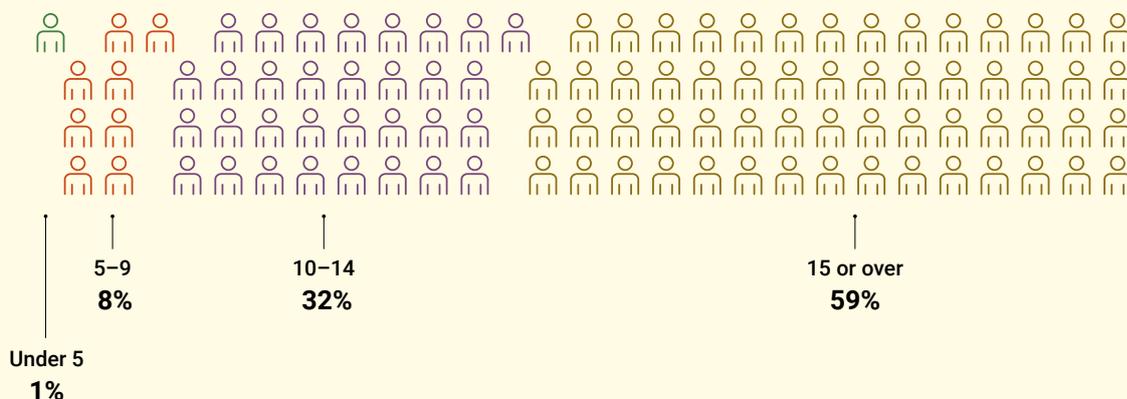
As at 30 June 2025, the median length of stay in a care and protection group home was 80 days and the average was 219 days (based on their most

recent group home placement). However, 50 percent of tamariki and rangatahi stayed in their most recent care and protection group home placement for less than 60 days, while 25 percent stayed for six months (181 days) or more.

As at 30 June 2025, the median length of stay in a youth justice group home was 16 days and the average was 35 days for their most recent stay.

Most tamariki and rangatahi in a group home placement at any time during the year to 30 June 2025 were aged over 10

Percentage of total group home placements



²² The minimum age of criminal responsibility is 10 years old in Aotearoa.

Residences

Residences are generally larger secure residential facilities that are established and operated under a specific regulatory framework. Tamariki and rangatahi cared for in a residence have their own bedroom but share living spaces with other tamariki and rangatahi in the residence. Tamariki and rangatahi cannot freely come and go from residences and they are closely supervised.

Residences are subject to some special provisions in the Oranga Tamariki Act 1989 as well as the Oranga Tamariki (Residential Care Regulations) 1996. These regulations cover:

- specific rights of tamariki and rangatahi being cared for in residences
- requirements for the management and inspection of residences
- how grievances must be dealt with
- limits and requirements around the use of coercive powers such as searching, force, punishments and secure care.

Residences are also monitored by Mana Mokopuna | Children’s Commissioner under the Optional Protocol to the Convention against Torture as they are deemed places where tamariki and rangatahi are detained. Residences can also be inspected by the Ombudsman because of a complaint or if the Ombudsman decides to undertake an investigation.

There are two types of residence: care and protection and youth justice.

Tamariki and rangatahi in care and protection residences can be aged 9–17. The largest care and protection residence can accommodate up to 20 tamariki and rangatahi at any one time.

Tamariki and rangatahi in youth justice residences can be aged 10–17.²³ The largest youth justice residence can accommodate up to 46 tamariki and rangatahi at any one time.

Oranga Tamariki currently operates five youth justice residences²⁴ and three care and protection residences.²⁵

One further care and protection residence previously operated by Oranga Tamariki is not currently operational.²⁶ In October 2025, the Minister for Children announced that this residence will be upgraded and will resume operations in late 2026.²⁷ When reopened, the residence will be for children with high and complex needs, with a focus on therapeutic, trauma-informed care.

A fifth care and protection residence²⁸ delivers therapeutic care for a specific purpose and is operated by an NGO provider.

As at 30 June 2025, there were around 150 tamariki and rangatahi in a residence placement. Around 20 were in a care and protection residence and around 130 in a youth justice residence.

Around 150 tamariki and rangatahi were in a residence placement as at 30 June 2025



23 There can also be rangatahi aged 18–19 in youth justice residences.
 24 Korowai Manaaki, Whakatakāpokai, Te Maioha o Parekarangi, Te Au rere a te Tonga and Te Puna Wai o Tuhinapo.
 25 Puketai, Epuni and Kaahui Whetuu ki te Pito.
 26 Te Oranga (admissions have been paused since mid-2021).
 27 Chhour, K. (2025, October 10). *High-needs residential care to re-open*. beehive.govt.nz/release/high-needs-residential-care-re-open
 28 Te Poutama Ārahi Rangatahi.

Independent living

Some rangatahi in care are helped to live independently where:

- they are aged 16 or over
- they have adequate practical and life skills
- they are engaged in work or study and have an identified and engaged network of support
- this would be the right thing to do to support their successful transition to adulthood.

Rangatahi who live independently are still in the care or custody of Oranga Tamariki, and Oranga Tamariki remains responsible for them. They continue to need the supports and structures required by the NCS Regulations, including regular visits and contact from their social worker. These regular visits should help ensure their circumstances and changing needs are assessed and that they receive the supports and entitlements identified in their All About Me plan. Around 100 rangatahi were in independent living as at 30 June 2025.

Other accommodation

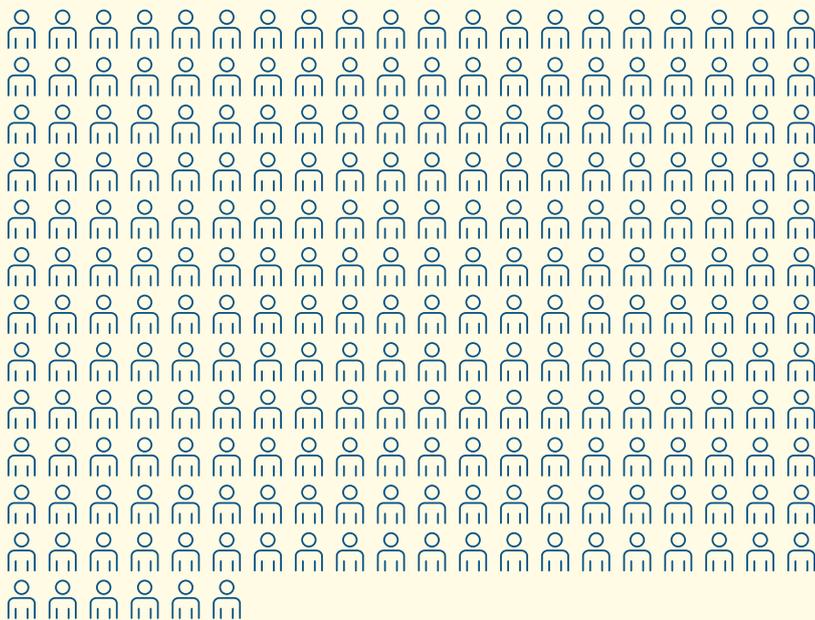
Sometimes tamariki and rangatahi live in other types of accommodation. These include boarding schools, residential schools and interim arrangements such as a hotel, motel or boarding house or staying overnight at an Oranga Tamariki site office. Other alternatives include living with carers (either whānau or non-whānau) who have not yet been provisionally or fully approved as caregivers under the NCS Regulations.

Hotels and motels

Hotels and motels are meant to be used as a last resort in emergency situations for a short time while a more suitable care option is identified.

When tamariki and rangatahi are living in interim accommodation such as a hotel or motel, they are cared for by a minder, a security guard, a casual staff member, a family member, a reliever or a social worker.

Nearly 250 tamariki and rangatahi stayed in a hotel or motel during the year 1 July 2024 – 30 June 2025²⁹



246 tamariki and rangatahi

1 in 20 tamariki and rangatahi stayed in a motel or hotel in 2024/25, this is 5 percent of those in care



²⁹ For the last two years, we have asked Oranga Tamariki for more information about the tamariki and rangatahi it had placed in motels (including information on the ages of tamariki and rangatahi). Last year, Oranga Tamariki told us it had begun tracking data on motel usage and should be able to provide this information for our future reports. However, Oranga Tamariki was not able to provide additional information this year. Some further information about motel usage (total number of nights tamariki and rangatahi spent in motels and length of stay) is included in the section of this report on Oranga Tamariki compliance with Part 3 of the NCS Regulations.

Tamariki and rangatahi told us what helps improve their care experience

Throughout our engagements, tamariki and rangatahi shared their thoughts and experiences of being in care. Many tamariki and rangatahi we heard from did not have a positive care experience, but when we asked what helps them feel supported and understood, this is some of what they told us.

“

“I reckon the best way to help [young people] is just give them time and let them know you understand them. Just be beside them. There’s healthier ways of doing it. It’s an individual connection with each kid. If you can’t do that then you shouldn’t be a social worker.”

RANGATAHI

“

“Show support. If you have worries, they support you. I remember the first night I came to this house, I was scared shitless and that lady on the wall [photo of kaimahi] sat with me for three hours and read me a book until I fell asleep. They support you when you’re not feeling the best mentally. They will be there to support and guide you. They try and make things better for you the way you want.”

RANGATAHI

“

“[Residence kaimahi] just help me stay in my own waka.”

RANGATAHI

“

“I think a lot more support and trust in adults ... I have been able to have a lot of connections. I wouldn’t change my life in any way. I am a better person than yesterday, a lot of wise men in my life and I need to be a wise man myself. Right people right choices.”

RANGATAHI

“

“I am working to get my NCEA level 2. Because I was out of school for quite a while. Now, I’ve got 10 credits, so when I get out, I will go back to school. [I’ve] been out of school for two to three years, but I am physically and mentally fit now. I’ve changed a lot while here, and once am out [of residence], I will go back to school.”

RANGATAHI

“

“He says calm down in the cells and I’ll take you home. He stuck to his word. We need more police, more like him, [who don’t] use and abuse his badge.”

RANGATAHI

Our approach

This section explains our approach to reporting agency compliance with the NCS Regulations this year.

The Oversight of Oranga Tamariki System Act 2022 requires us to report annually on compliance with the NCS Regulations for tamariki and rangatahi in care. We do this through our annual *Experiences of Care in Aotearoa* report.

Agencies with compliance obligations under the NCS Regulations are those who have, or who previously had, custody or sole guardianship of tamariki and rangatahi under an Oranga Tamariki Act custody order or care agreement. For the reporting year, these agencies were Oranga Tamariki, Open Home Foundation, Barnardos Aotearoa and Kōkiri Marae Keriana Olsen Trust (Kōkiri Marae).

Like last year, this year's report closely follows the structure of the NCS Regulations. This is different from our first cycle of three annual reports, which were structured around our outcomes framework.³⁰ Aligning our report with the NCS Regulations makes it very clear to agencies what actions they need to take to improve compliance. Like our previous reports, this report shines a light on the experiences of tamariki and rangatahi in care and the impacts compliance and non-compliance with the regulations has on them.

This report has a particular focus on the experiences of tamariki and rangatahi who were cared for in group homes during the reporting period and the standard of care provided to them.

The voices of tamariki, rangatahi, whānau and caregivers

During the reporting period, we spoke with significantly more tamariki and rangatahi, whānau, Oranga Tamariki kaimahi, and iwi and NGO kaimahi who lived in, worked in or had whānau members residing in a group home than we did in previous years.

Compliance with the NCS Regulations directly impacts the experiences and outcomes of tamariki, rangatahi, whānau and caregivers. For this reason,

their voices are central to our report and are highlighted in the use of quotes throughout the text.

Sometimes we use a quote to highlight an example of good practice in an area where the experience is primarily negative. Learning from these areas of good practice helps drive improvement.

Collecting and analysing data and information

Our approach to collecting and analysing the data and information remains the same as in previous years.

Our monitoring approach is based on a rigorous methodology with evidence at the centre. We use a mixed-methods approach – collecting qualitative information from the communities we visit and gathering quantitative data from agencies we monitor.

Analysis of the qualitative information enables us to validate and triangulate the quantitative data. It tells us about the quality of tamariki and whānau experiences from their own perspectives and helps us identify areas of good practice and areas for improvement.

As shown by other independent oversight and investigative bodies, including the Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions, quantitative data collected by agencies must be offset by hearing directly from tamariki and rangatahi, whānau, caregivers, NGO and iwi providers, and kaimahi involved in the oranga tamariki system. The stories and lived experiences of tamariki and rangatahi and their whānau, caregivers and community are at the centre of our monitoring approach.

We also receive information on agencies' policies, strategies, funding and recruitment and updates on the commitments agencies have made in response to our previous reports. Further information about how we collect and analyse data is available on our website.³¹

³⁰ aroturuki.govt.nz/assets/Uploads/Documents/Core-documents/Our-Outcomes-Framework-with-indicators.pdf

³¹ aroturuki.govt.nz/what-we-do/our-approach

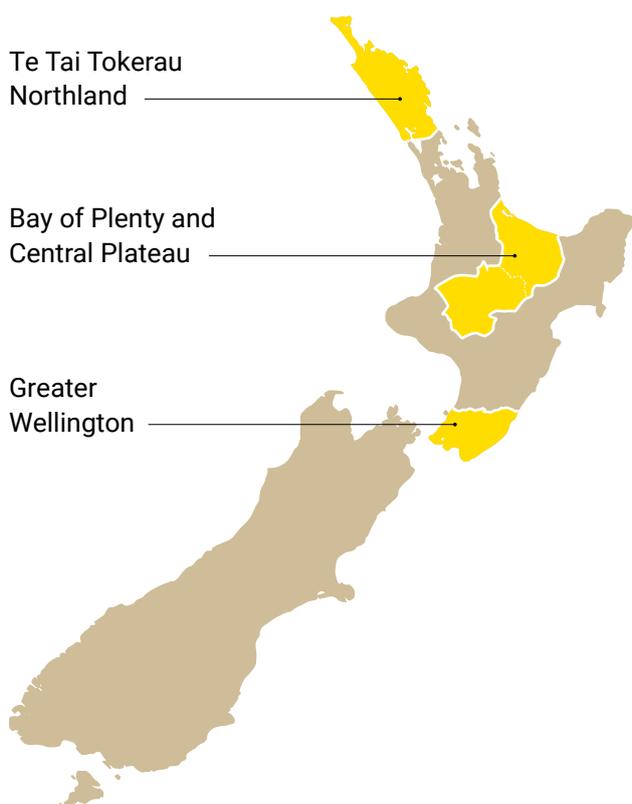
Who we spoke with during 2024/25

We visit communities on a three-yearly cycle to ensure we get a range of regional perspectives and cover the motu (10 regions) every three years.

In the 12 months to 30 June 2025, we spoke with around 1,250 people about their experiences.

	Tamariki & Rangatahi	Whānau	Whānau and non-whānau caregivers		
	170	120	80		
Oranga Tamariki	Open Home Foundation	Iwi/Māori social service providers	Non-government organisations	Government agencies	
Kaimahi	Kaimahi	Kaimahi	Kaimahi	Kaimahi	
315	20	130	190	220	

For this 2024/25 reporting period, we visited three regions. In the previous reporting period (2023/24), our monitoring cycle meant we visited four regions.



Agency commitments

Where agencies we monitor have committed to actions in response to our previous *Experiences of Care in Aotearoa* reports, we follow up to ask them how those commitments are progressing. Relevant information on previous commitments in response to our reports is included in the body of our report. Details of agency commitments are available on our website.³²

Compliance tables

Data was requested from Oranga Tamariki and Open Home Foundation measuring compliance with each of the NCS Regulations. We analyse this data to understand how compliance has changed over time, and where there is greatest need for improvement. We have included these measures in this report where they are relevant to our overall findings. Compliance tables containing the full set of measures provided in response to our request can be found on our website.³³

We did not request data from Barnardos and Kōkiri Marae because of the small number of tamariki and rangatahi in their care. Instead, we asked them to provide a narrative response to how the NCS Regulations were being met. As part of our monitoring of Oranga Tamariki, we also meet with Barnardos and Kōkiri Marae leadership and kaimahi in their capacity as shared-care partners.

³² aroturuki.govt.nz/reports/agency-responses

³³ aroturuki.govt.nz/reports/eoc-24-25/compliance-tables





Oranga Tamariki compliance with the NCS Regulations

The NCS Regulations set out the standard of care that all tamariki and rangatahi in care should expect to receive.

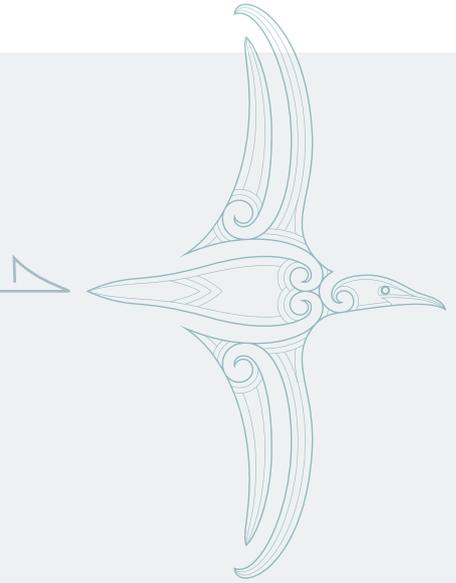
Rather than developing measures for every regulation, Oranga Tamariki chose to focus on 21 lead indicators it considers to be “the foundational aspects of practice” to meet its regulatory obligations.

In this section of our report, we look closely at the lead indicators – what they show us and what they don’t. By comparing these with other data we requested, alongside what we heard from our regional engagements over the course of 2024/25, we are able to get a more comprehensive picture of the experiences of tamariki and rangatahi in care. Importantly, we are able to see where improvements can be made.

Part 1:

Needs assessments and plans for tamariki and rangatahi in care





What Part 1 of the NCS Regulations requires

Part 1 of the NCS Regulations requires needs assessments for all tamariki and rangatahi when they come into the care or custody of the State or an approved iwi, cultural social service or child and family support service. Needs assessments identify the support tamariki and rangatahi need and are used to inform the development of a plan.

The NCS Regulations require all tamariki and rangatahi in care or custody to have a support plan that sets out how their needs will be met, including who will do what. The regulations are clear that a plan should be developed jointly with the tamariki and rangatahi, their whānau and their caregivers.

Part 1 of the NCS Regulations also requires regular visits to tamariki and rangatahi in care by their social worker to ensure their ongoing safety and wellbeing. Needs assessments and support plans must also identify how often the tamariki and rangatahi should be visited. This requirement recognises that visits need to be planned around individual needs rather than a standardised approach of engaging with children in care every eight weeks.

Some of what tamariki and rangatahi told us about needs assessments and plans

““

“The latest [social worker] has been the best ‘cos she actually calls and lets me know she is coming. Before that, I had only seen a social worker once or twice a year.” RANGATAHI

““

“I don’t even know if there is a relationship there at this point ... I never heard from [social worker]. I rung her and she never rings you back or answers. I never had contact with her for three months straight. I don’t know why she was never there when I needed her.” RANGATAHI

““

“My social worker is useless! ... she does her job I guess, contact my family and courts and that but I have to call her! Sometimes like my own lawyer. I reach out to her! [social worker].” RANGATAHI

““

“[I have a good relationship with my social worker] because she understood me when I didn’t think anyone else would have, when I really needed help, she would always be there, she just knows my situation well enough to do something about it.” RANGATAHI

““

“Listen actually to what we’re saying ... Don’t just sit there and say, ‘yep, I understand’ and then don’t do what we say.” RANGATAHI

““

“[My last social worker would] pick me up, go out for hours. [She would ask] how things are going, how I am doing physically and mentally, what I needed, [she would] give me a full rundown, [cover off my] necessities and wants. With [current social worker], ‘You alive, want anything? Bye.’” RANGATAHI

““

“My voice was heard pretty clearly – there was no point in having that meeting if everyone else had to speak for me, I told them what I wanted – and I did.” RANGATAHI

Summary of compliance

There has been no improvement in the lead indicator measures that Oranga Tamariki uses to measure whether needs assessments and plans are completed and up to date and whether social worker visits are happening when they should.

Social worker visits to tamariki and rangatahi, at the frequency required by the NCS Regulations, have not improved

Social worker visits are vital opportunities to check on the wellbeing of tamariki and rangatahi in care as well as ensure that actions set out in plans are carried out and that the plans themselves are updated.

The Minister for Children has introduced quarterly reporting on areas where improvement was thought to be urgently needed. This includes reporting on the frequency of social worker visits. Since its introduction in September 2024, the measure used for social worker visits indicates sustained good practice – the first three quarters for 2024/25 showed that 95–96 percent of tamariki and rangatahi were visited at least once in the eight-week period prior to data collection.

However, the lead indicator used by Oranga Tamariki to measure compliance with the NCS Regulations shows that only two-thirds (66 percent) of tamariki and rangatahi in care were visited at the frequency in their plan or a proxy measure of every eight weeks over a 12-month period. While we recognise that the lead indicator does not account for everyday realities such as when visits need to be postponed and are rescheduled outside of the frequency identified in plans, this measure has not meaningfully improved over the five years that we have been reporting on compliance with the NCS Regulations.

In our regional engagements in 2024/25, we heard that concerns remain about the frequency of social worker visits. While tamariki and rangatahi generally said they see their social worker frequently enough, the kaimahi we spoke with had differing opinions. Group home kaimahi, in particular, expressed concern about the frequency of Oranga Tamariki social worker visits. Sometimes this is due to the group home being located away from the social worker's site such as in another region.

There has been no improvement in updating plans for tamariki and rangatahi

Oranga Tamariki lead indicators show no improvement in the proportion of tamariki and rangatahi in care having current plans.

Additionally, as we have previously reported, the lead indicators that Oranga Tamariki use are not aligned with what the NCS Regulations require. The regulations are clear that plans should be updated every six months, but Oranga Tamariki continues to use a 12-month measure.

We again heard this year that funding constraints and caseloads make it difficult for social workers to undertake good social work practice and work in the way they want to with tamariki and rangatahi in care. We also heard that a scarcity of services or higher thresholds to access services limit the effectiveness of needs assessments and plans.

In March 2025, Oranga Tamariki prioritised social worker visits and All About Me plans in its National Care Standards Action Plan, intended to improve the agency's compliance with the NCS Regulations. Oranga Tamariki has shared operational data indicating that, since 1 July 2025, its performance may be improving.

Oranga Tamariki compliance with Part 1 of the NCS Regulations

Compliance with NCS requirements to visit tamariki and rangatahi has not improved

The NCS Regulations require an assessment of how often tamariki and rangatahi need to be visited and to have this recorded in their plans. Visits are the primary way for social workers and tamariki to interact, for tamariki to share what is happening for them and for social workers to ensure plans take account of their emerging needs. Strong connections between social workers and tamariki, developed through regular high-quality visits, are the base for accurate needs assessments that reflect the individual tamariki and rangatahi and their specific context.

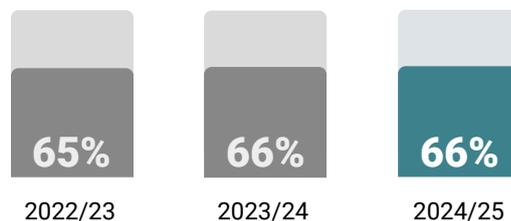
As with previous years, Oranga Tamariki data on social worker visits to tamariki and rangatahi shows that the standard – to visit tamariki and rangatahi at the frequency set out in their plans – is not being met for all tamariki and rangatahi in its care.

Oranga Tamariki lead indicator 10 shows that around two-thirds of tamariki and rangatahi in Oranga Tamariki custody are, on average, visited at the frequency set out in their plan or at least every eight weeks. Compliance with the NCS Regulations for regular visits has not improved since we began reporting five years ago.

Analysis of the 2024/25 data further shows that Māori were less likely to be visited than non-Māori, with 63 percent of tamariki and rangatahi Māori in care visited regularly compared to 73 percent of tamariki and rangatahi in care who do not identify as Māori.

Compliance with social worker visits has not improved

Oranga Tamariki lead indicator 10: Tamariki have received regular visits over the preceding 12 months



Lead indicator 10 measures whether tamariki and rangatahi have received regular visits over the preceding 12 months. It includes:

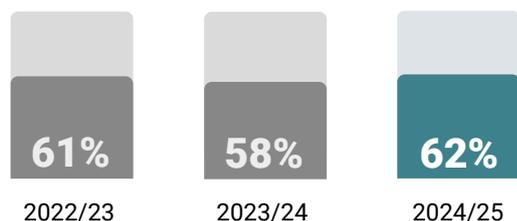
- tamariki and rangatahi who were visited at the frequency specified in their assessment or plan
- where there is no frequency set in their assessment or plan or where tamariki and rangatahi were not visited at the required frequency, whether those tamariki were visited by their social worker at least once every eight weeks over the 12-month period.

The lead indicator draws from sample-based case file analysis and looks for evidence of regular visits over the 12-month review period. It is a stringent measure that is not met if a single visit over the 12 months is missed or late.

Further Oranga Tamariki data on these visits suggests that most of the tamariki and rangatahi who are visited at the frequency in their plan (or at least every eight weeks) are also receiving quality visits.

More than one-third of tamariki and rangatahi are not receiving regular and quality visits

Oranga Tamariki data: Tamariki have received quality visits at the frequency set out in their plan



The Oranga Tamariki 2024/25 *Compliance with National Care Standards* report³⁴ gives some further insight into how often tamariki and rangatahi in care are visited as well as the reasons visits did not take place. It notes that, of the 34 percent of tamariki and rangatahi who were not visited at the frequency they should have been (or at least once every eight weeks) over the 12-month period:

- 59 percent were visited at least six times
- 88 percent were visited at least four times.

Accepting that there will sometimes be circumstances that prevent a visit that are outside the control of the social worker, this was not the case for most – 84 percent of the time, there were no factors outside the control of Oranga Tamariki that impacted its ability to visit. That such a high proportion of the reasons for visits not occurring is within Oranga Tamariki control underlines what we found in our 2023/24 *Experiences of Care in Aotearoa* report that social workers are not always able to work effectively.

Although compliance with the NCS Regulations has not improved, Oranga Tamariki has prioritised visiting tamariki and rangatahi

In 2024, the Minister for Children identified social worker visits as a priority area for Oranga Tamariki. She instructed Oranga Tamariki to report quarterly, from September 2024, on the percentage of tamariki and rangatahi in its care who have been visited by their social worker at least once in the eight weeks prior.

The quarter three reporting on ministerial priorities³⁵ notes that Oranga Tamariki has had a significant focus on visits, including planning and preparing for visits as well as reviewing and updating plans with tamariki and their caregivers/whānau during visits. It notes it has used a variety of approaches and tools to support social workers to visit tamariki, including Whiti,³⁶ the agency's practice approach 'organising my practice' tool, as well as close operational oversight and monitoring. In addition, it said it has provided additional resources to support sites with high workloads and provided guidance to support social workers to record what they are doing and how they evidence the actions they are taking to implement plans.³⁷

Most tamariki and rangatahi are visited in the eight weeks prior to quarterly reporting

Oranga Tamariki operational data:³⁸ Percentage of tamariki and rangatahi in care who have been visited by their social worker at least once in the last eight weeks to ensure their ongoing safety and wellbeing



³⁴ The Oranga Tamariki *Compliance with National Care Standards* report is appended to the organisation's 2024/25 annual report published in October 2025. orangatamariki.govt.nz/assets/Uploads/About-us/Corporate-reports/Annual-Report/Annual-Report-2024-2025.pdf

³⁵ Oranga Tamariki. (2025). *Performance measures for ministerial priorities: Quarter three 2024/25*. ot.govt.nz/assets/Uploads/About-us/Performance-and-monitoring/Ministerial-priorities/Ministerial-Priorities-Report-Q3-2024-25.pdf

³⁶ This online performance reporting tool enables every Oranga Tamariki social worker and supervisor to easily see when visits are due, which is intended to support planning for visits.

³⁷ See (p. 6) of reference at footnote 34.

³⁸ Data from Oranga Tamariki quarterly performance reporting to the Minister.

The data shows the rate of visits to tamariki and rangatahi in care has been sustained since Oranga Tamariki reporting began in September 2024. However, we understand that this measure overcounts social worker visits. This is because the measure looks for evidence of a visit case note in the child's record and automatically counts it as a visit that took place. It does this even when, on occasion, the visit case note is there to record in the system that the visit did not occur.

Oranga Tamariki advised that it has done case file analysis looking at whether and how often the measure overcounts visits and is looking to understand the impacts of what the case file analysis found. Once completed, this analysis will enable us to report more accurately on which of the visits measures reflect sustained social work practice over time.

We also note that the quarterly performance data is at a set point in time and does not consider key aspects of the NCS Regulations such as whether the visit occurred at the frequency in the child's plan. While being visited once every eight weeks will meet the needs of some tamariki and rangatahi, others will need more frequent visits. Almost 30 percent of the tamariki and rangatahi in care who spoke with us about visits in our 2024/25 regional engagements told us they are visited more often than once every eight weeks.

Oranga Tamariki told us that the reporting for ministerial priorities is not intended to measure compliance with the NCS Regulations but to provide assurance that it is focusing on the Minister's priority. The lead indicator measure of whether tamariki and rangatahi are visited at the frequency in their plan is a more useful indicator of whether visits are happening as often as they need to than the quarterly performance measure.

The Oranga Tamariki 2024/25 Compliance with National Care Standards report notes that, in March 2025, in response to our 2023/24 *Experiences of Care in Aotearoa* report, Oranga Tamariki developed a plan to improve the experiences of tamariki and rangatahi in care – the National Care Standards Action Plan.³⁹ One of the priority areas within this plan includes visits to tamariki and rangatahi in care. Unlike the quarterly performance reporting on social worker visits, the National Care Standards Action Plan is aligned to the requirements in the regulations.

The Oranga Tamariki 2024/25 Compliance with National Care Standards report states that work to advance the priority areas in the National Care Standards Action Plan has involved practice leaders championing, supporting and monitoring practice to meet the NCS Regulations at sites, weekly planning and support sessions with practice leaders and key national office functions, and the collation and sharing of data and information to support this work. It states that, while it is too soon to fully assess the impact of the National Care Standards Action Plan, early signs from case file analysis are promising. Case file analysis completed in May and June 2025 shows that 75 percent of tamariki and rangatahi were visited at the frequency in their plan, up from 62 percent in its earlier first and second rounds of case file analysis. We are therefore hopeful that, in our future reports, we may start to see improvement in compliance with the regulation to visit tamariki and rangatahi at the frequency in their plan.

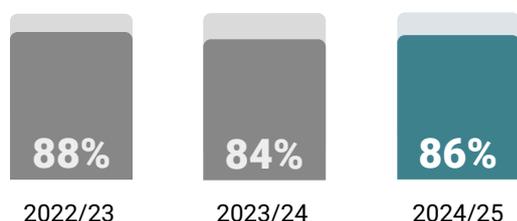
³⁹ The Oranga Tamariki annual report states that the National Care Standards Action Plan identifies priority areas to support compliance with the NCS Regulations, focused on aspects of practice highlighted by Aroturuki Tamariki as requiring improvement. The priority areas include: visits to tamariki in care and, specifically, in return home placements; ensuring tamariki in care have an up-to-date assessment report and All About Me plan and that their All About Me plan includes actions to support connections to their family/whānau, hapū, iwi and family group; transition to adulthood planning for eligible rangatahi visits to caregivers by their caregiver social worker and caregiver approvals; accurate recording of key records in CYRAS (such as GP/primary health organisation); and reducing peer-to-peer harm in residences.

Overall, when social workers visit tamariki and rangatahi, data indicates that engagements are good quality

In 2023/24, Oranga Tamariki introduced a new lead indicator that looks at whether there is evidence of quality engagement when tamariki and rangatahi are visited. As with last year, the 2024/25 data shows that, when they are visited, most tamariki and rangatahi receive quality engagement.

Most tamariki and rangatahi receive quality engagement when they are visited

Oranga Tamariki lead indicator 11: Tamariki have received quality engagement



The regulations set out what must happen when tamariki and rangatahi are visited. This includes:

- enquiring about the things that are going well for the child or young person
- asking about any concerns the child or young person may have
- discussing and seeking to understand matters that are important to them
- identifying whether their circumstances or needs have changed.

Oranga Tamariki assesses whether visits are quality engagements through case file analysis that looks for evidence in notes that these requirements are being discussed in visits.

Oranga Tamariki told us that it measures quality and frequency separately because this allows it to see where to focus its efforts based on where improvement is required. It told us that it collects data on both frequency and quality of visits but that this is not one of its lead indicators.

Some tamariki and rangatahi told us that having contact with their social worker helps improve their relationship. It makes them feel open to discuss things with their social worker and feel like their social worker cares about them.

Only a small number of tamariki and rangatahi specifically told us about poor-quality social worker visits. The reasons social worker visits were considered poor were that the tamariki and rangatahi thought the social worker had a poor attitude, did not listen to them or only saw them for a short time. Oranga Tamariki told us that its measure of good quality engagement is not based on a child's perspective. However, it is difficult to see how Oranga Tamariki could evidence good-quality engagements without listening to tamariki and rangatahi and seeing them for sufficient time.

"[My last social worker would] pick me up, go out for hours. [She would ask] how things are going, how I am doing physically and mentally, what I needed, [she would] give me a full rundown, [cover off my] necessities and wants. With [current social worker], 'You alive, want anything? Bye.'"

RANGATAHI

Tamariki and rangatahi told us how important contact with their social worker is, but they can struggle to contact social workers between planned visits

Most of the tamariki and rangatahi in care who we met with during the reporting period talked about social worker visits, and most of these tamariki and rangatahi told us they are visited regularly or as often as they want. Tamariki and rangatahi tell us they value having time and contact with their social worker and that it makes a difference to their relationships with them.

"The latest [social worker] has been the best 'cos she actually calls and lets me know she is coming. Before that I had only seen a social worker once or twice a year." RANGATAHI

A small number of tamariki and rangatahi told us they did not see their social worker regularly.

"[Social worker is] a dickhead, and she's always sick. She hasn't visited me in two months. She doesn't really care." RANGATAHI

Some tamariki and rangatahi also mentioned contacting their social worker outside of planned visits. Of these, more than half told us that their social worker was difficult to contact. Some told us it takes a long time to get a reply from their social worker, and some told us their social worker doesn't respond at all. A couple of rangatahi mentioned that they did not like that their social worker doesn't proactively contact them, leaving them to initiate communication when they need something.

"I don't even know if there is a relationship there at this point ... I never heard from [social worker]. I rung her and she never rings you back or answers. I never had contact with her for three months straight. I don't know why she was never there when I needed her." RANGATAHI

"My social worker is useless ... She does her job I guess, contact my family and courts and that, but I have to call her! Sometimes like my own lawyer, I reach out to [social worker]!" RANGATAHI

Some kaimahi from group homes and residences reinforced this view. They told us that not hearing from their social worker is frustrating and upsetting for tamariki and rangatahi.

"When kids want to talk with their social workers, they end up frustrated. It's because either they don't hear what they want to hear, or the social worker is not picking up the call. Or they will tell the kids, 'I will get back to you', but the kids end up hearing nothing." RESIDENCE KAIMAHI

A small number of tamariki and rangatahi mentioned that they can contact their social worker when they want, and they are responsive.

"[I have a good relationship with my social worker] because she understood me when I didn't think anyone else would have. When I really needed help, she would always be there. She just knows my situation well enough to do something about it." RANGATAHI

Some kaimahi think visits don't happen as often as they need to, particularly for tamariki and rangatahi in group homes and residences

About half of the frontline care and protection and youth justice social workers who discussed whether tamariki and rangatahi were visited regularly said that tamariki and rangatahi were not visited often enough. Other Oranga Tamariki kaimahi – including supervisors, practice leads and caregiver recruitment and support (CGRS) social workers – also mentioned social worker visits with tamariki and rangatahi. Most of these Oranga Tamariki kaimahi also told us that tamariki and rangatahi were not visited often enough.

Some group home and residence kaimahi told us social workers don't communicate with or visit tamariki and rangatahi in the group homes and residences regularly.

"Young people like to have a visit, to see the social worker, especially if they're not seeing family. [Name of site] is shocking. For example, this morning – rangatahi self-harmed three times. Video call to social worker, we said, 'he [rangatahi] wants to see you and wants to reduce some anxiety as he doesn't know what's happening'. Social worker says, 'I might come next week'. [Rangatahi] needs him now."

ORANGA TAMARIKI RESIDENCE LEADERSHIP

"We have a duty of care for kids. It's not our job to remind social workers to come visit a child. It should be part of their job, the plan ..."

ORANGA TAMARIKI GROUP HOME LEADERSHIP

"Our kids are asking 'when are they [Oranga Tamariki social workers] coming?' ... Sometimes I email, call, no reply. Then I try to get my family engagement worker on that. See if you have any luck with engaging. I've tried, she's tried to get things moving. It's made our job a little bit difficult to get the things we need to know."

ORANGA TAMARIKI GROUP HOME LEADERSHIP

Kaimahi from group homes and residences told us that not seeing their social worker impacts tamariki and rangatahi. It leaves tamariki and rangatahi vulnerable to poor outcomes and can affect the success of transitions.

"Nothing's getting done for the kids, that's why they're in and out, in and out [of residence]. Sometimes they're discharged and back in again. The majority don't see their [Oranga Tamariki] social worker." RESIDENCE KAIMAHI

"It's rare we have [an Oranga Tamariki] social worker come in. On average, we might have a social worker come in once across a 12-week stay. It's not good enough, it's not showing kids they are working alongside them ... When transition support isn't as great, the evidence shows it. Where the social worker isn't coming in, the transitions aren't as successful."

ORANGA TAMARIKI GROUP HOME LEADERSHIP

A couple of group home and residence kaimahi mentioned that it is more evident that social workers are not visiting tamariki and rangatahi when the Oranga Tamariki social worker is based at a site outside the region of the group home or residence.

In our regional engagements, we also heard that online visits were being used more frequently, particularly to replace face-to-face visits with rangatahi in residences and group homes.

"[Oranga Tamariki social workers have] found a loophole that they can do a Teams call and that counts." ORANGA TAMARIKI GROUP HOME KAIMAHI

In its written response to us, Oranga Tamariki advised that its visiting and engaging with tamariki and rangatahi in care policy notes state that "if the tamaiti [child] or rangatahi is in a residence or another region and their social worker cannot physically visit, a video call can be used to complete the visit, or a co-worker can be requested to visit".

One Oranga Tamariki regional leader we met with told us they allocate funding within their budget to ensure social workers can travel to visit youth justice rangatahi face-to-face so that rangatahi can feel valued.

"If kids are out of the area in residence, I fly my team to have at least one face-to-face visit. Then [the social workers] have Teams hui with their rangatahi, but at least one of those [visits/catch-ups] per month has to be face to face. Staff don't grizzle – they know it's important."

ORANGA TAMARIKI LEADERSHIP

Needs assessments and plans have not yet improved, but they may do in future as a priority for Oranga Tamariki

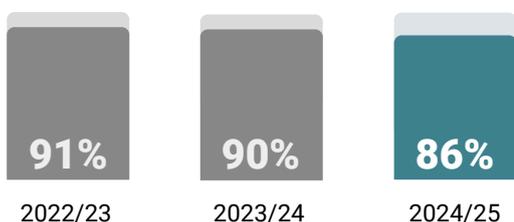
Social worker visits are vital for making sure tamariki and rangatahi in care have their needs assessed and identified in their plans and that actions in their plans are then carried out. Ensuring tamariki and rangatahi in care have up-to-date All About Me plans is a priority under the National Care Standards Action Plan.

Oranga Tamariki data shows no improvement in needs assessments and plans either during the 2024/25 reporting period or across the last three years, also noting that Oranga Tamariki assesses itself at a standard lower than what the NCS Regulations require.

Oranga Tamariki lead indicators on assessments and plans include a quality measure – it focuses not only on whether assessments and plans are completed but also on whether assessments look at immediate and long-term needs and whether plans contain actions. However, as reported previously,⁴⁰ these lead indicators do not provide an accurate measure of compliance with the NCS Regulations because the regulations require that plans are reviewed at least every six months. The lead indicators only look at whether assessments and plans are updated within a 12-month period.⁴¹

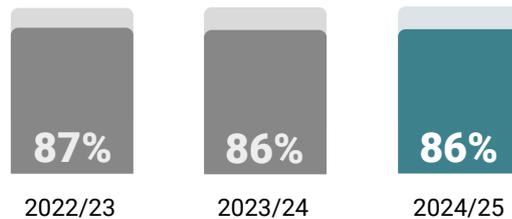
The proportion of tamariki and rangatahi in care with current, quality needs assessment has decreased

Oranga Tamariki lead indicator 1: Tamariki have a current assessment of both their immediate and long-term goals



There has been no change in the proportion of tamariki and rangatahi in care with current, actionable plans

Oranga Tamariki lead indicator 2: Tamariki have a current plan that contains actions to address those needs, when those actions will be taken, and by whom



Because the lead indicators look at the quality of assessments and plans, as well as their completion, this data differs from other data provided by Oranga Tamariki that informs its performance reporting.

A higher proportion of tamariki and rangatahi in care had needs assessments completed, but this measure does not look at the quality of assessments. It does not consider whether needs assessments include both immediate and long-term needs.

Most tamariki and rangatahi in care have a current needs assessment, but this does not reflect the quality of those assessments

Oranga Tamariki data: Tamariki have a current needs assessment (Tuituia assessment/assessment report or other holistic needs assessment)



There has been a decrease in the proportion of tamariki and rangatahi with a current needs assessment. This may be explained by the natural decline in the use of the Tuituia assessment tool in the months before it was retired.

⁴⁰ Aroturuki Tamariki | Independent Children’s Monitor. (2025). *Experiences of Care in Aotearoa 2023/24* (p. 26). aroturuki.govt.nz/assets/Reports/EOCR2324/Experiences-of-Care-2023-24.pdf

⁴¹ See (p. 39) of reference at footnote 34. Oranga Tamariki states, “Kaimahi have been reminded that the Care Standards require a regular needs assessment to be completed at a minimum of every six months or whenever circumstances change, and guidance has been created to support kaimahi to meet the requirements of a Care Standards needs assessment for tamariki in care.”

Oranga Tamariki introduced a new assessment tool during the reporting period

For a long time, Oranga Tamariki required the use of the Tuituia needs assessment tool for tamariki and rangatahi in care.⁴² Tuituia was replaced in March 2025 with a new needs assessment framework, Te Puna Oranga. Social workers are now required to use the Tiaki Oranga safety and risk assessment tool and produce an assessment report under Te Puna Oranga.

The 2024/25 Oranga Tamariki report on compliance with the NCS Regulations notes that Oranga Tamariki has designed guidance for social workers to help ensure assessments meet the requirements of the NCS Regulations. The report also states that, as social workers become more confident in the practice approach and in using the new assessment tool, compliance will increase.⁴³

Because many of our 2024/25 regional engagements took place before the introduction of Te Puna Oranga, it was only in Te Tai Tokerau (the last region we visited in 2024/25) that we heard about it from Oranga Tamariki kaimahi.

Oranga Tamariki leaders told us the new tool enables comprehensive assessments of tamariki and rangatahi needs and has been designed in a way that should prevent decisions being made based on 'tick-box' activities.

"Our Tiaki Oranga – Te Puna Oranga [decision-making] framework is about how we are slowing down our decision making and deepening our decision making. [It's] no longer a tick-box exercise. That comes into our assessment writing ... If someone hasn't had a great care experience, then that is on us. We are keen to deepen our level of understanding." ORANGA TAMARIKI LEADER

However, some Oranga Tamariki social workers also told us there is a lack of support, in terms of both supervision and cultural competency, to put the training they have received on the framework into practice. They told us they worry that this creates a risk that personal, biased perspectives will be brought into kaimahi decisions.

"We could have more training. Tiaki Oranga new assessment framework [safety, risk screen] to replace Tuituia assessment tool has just been launched. We have no training on that and it feels like [assessment framework training] has been left behind." ORANGA TAMARIKI SOCIAL WORKER

In our future reports, we will seek to understand how well the new assessment tool is being implemented by Oranga Tamariki. We understand that Tuituia was also a comprehensive assessment tool but that it was sometimes poorly used, with social workers able to fill it in with minimal information. This is why it was seen by some as a tick-box exercise.

Addressing the decline in completed assessments, Oranga Tamariki has now made it "mandatory that an Assessment Report is created or updated in order to progress some phases or interventions".⁴⁴ We look forward to seeing greater use of Te Puna Oranga, as well as improved practice in needs assessments and assessment reports, in our forthcoming regional engagements.

⁴² The NCS Regulations do not state which type of needs assessment is needed, but two types of needs assessment were commonly used by Oranga Tamariki. A Tuituia informed needs assessment documented the needs, strengths and risks for tamariki and rangatahi. It set out the circumstances that led to them coming into care, including the concerns Oranga Tamariki wanted to address, particularly needs around safety and connection to whānau. The other commonly used assessment, which remains current, is a Gateway assessment. This is a specialist assessment that looks to comprehensively identify the health, disability and education needs of tamariki and rangatahi engaged with Oranga Tamariki. It is undertaken in conjunction with health and education agencies who collectively put in place a plan to meet the needs identified by the Gateway assessment. All tamariki and rangatahi entering care should have a Gateway assessment unless they are already accessing services and there would be no additional benefit.

⁴³ See (p. 39) of reference at footnote 34.

⁴⁴ Oranga Tamariki National Care Standards Action Plan progress update 1 April – 25 July 2025, key measure 8.

Gateway assessments continue to be valued, but there are barriers to getting them

Gateway assessments are a cross-agency assessment process intended to identify the health and education needs of tamariki and rangatahi in care or custody and those who are the subject of family group conferences (FGCs).

In our regional engagements, we continue to hear from kaimahi in several agencies that Gateway assessments help prioritise access to services.⁴⁵ We heard from some kaimahi that good working relationships facilitate access.

"I think that is a real key asset of Gateway is getting kids seen. We can ring and say we are from Gateway, and [other departments of the hospital] respond and they react and the hospitals are committed to prioritising Gateway. We have waitlists, sure, but they are responsive to our referrals, and it's great to be able to contact these services and advocate for the tamariki."

HEALTH KAIMAHI

However, we also heard there are barriers to accessing these assessments. Barriers include a shortage of services and issues around agency funding that cause long waitlists to get Gateway assessments completed.

This year, we also heard that funding cuts have created a barrier to accessing the services and supports identified as a result of the Gateway assessment process. This means that needs may be identified that cannot then be met.

"In the past, Gateway used to be good, and there was lots of money [attached to it] before. Now there is nothing, no funding attached to it. It has got to a point of becoming a bottleneck. Even if we do an assessment, we don't get the money, so we don't do any assessment here."

ORANGA TAMARIKI SITE MANAGER

The Gateway assessment is currently being redesigned under the Oranga Tamariki System Action Plan.⁴⁶ Progress reported in March 2025⁴⁷ included that Oranga Tamariki and the Ministries of Health and Education had completed detailed service design and options for implementation. A prototype for a new Gateway service had been designed, and agencies were working together to test the model in different regional settings.

We understand the full Gateway redesign is scheduled for completion at the end of 2027. This is a significant delay and follows decisions made in March 2025 by the Minister for Children, Minister of Education and Minister of Health to progress national improvements that can be implemented within baselines.⁴⁸

In addition to the Gateway redesign, in October 2025, the Government announced that Gateway will be reviewed by Oranga Tamariki and the Social Investment Agency to quantify the assessment's reach, impact and return on investment. This review is expected to be completed by March 2026.

In the meantime, it remains essential that agencies address barriers to effective assessments and access to services.

Assessments can sometimes be easier to access in residences

We heard from kaimahi in some residences that needs assessments are easier to access and complete for tamariki and rangatahi in their care compared to tamariki and rangatahi in other care settings. Kaimahi told us that residences can be good places to undertake clinical assessments quickly because everyone involved is in one place.

"We see the stabilisation. We have the assessments done as they don't run away. Besides assessments, we help with health needs. When they're in the community, they can't get their health needs met." RESIDENCE KAIMAHI

⁴⁵ The kaimahi we spoke with who are involved with Gateway assessments made positive mentions of working with partners and colleagues from other departments within a hospital (mental health units, paediatrics, dental, audiology, and Māori and Pacific health units) as well as other providers. Vibe, RTLB managers and Plunket were mentioned.

⁴⁶ The Oranga Tamariki Action Plan has been renamed to the Oranga Tamariki System Action Plan to more accurately reflect the responsibilities of children's agencies. However, Ministers directed agencies to focus on fewer activities under the action plan during the reporting period.

⁴⁷ See footnote 34.

⁴⁸ We understand agencies have prioritised improvements to national governance, enhanced education profiles and improved consent processes. Oranga Tamariki response to Aroturuki Tamariki | Independent Children's Monitor's annual data and information request, August 2025.

However, we also heard from kaimahi that services and supports recommended as a result of needs assessments don't necessarily follow rangatahi once they leave the residence and return to the

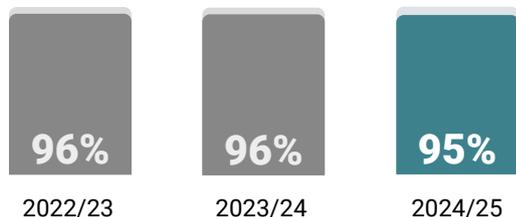
community. When this happens, caregivers will not have relevant and important information to help them care for and support tamariki and rangatahi.

There has been no change in the completion of individual plans for tamariki and rangatahi in care

The National Care Standards Action Plan includes a focus on ensuring that all tamariki and rangatahi in care have an up-to-date All About Me plan and that these plans include actions to support connections to whānau/family, hapū, iwi and family groups. All About Me plans incorporate key information in one place, setting out information about tamariki and rangatahi and who is responsible for which actions in the plan. Unlike court plans, All About Me plans have been designed in a way that is helpful for sharing with tamariki and rangatahi and their whānau and caregivers.

While most tamariki and rangatahi in care had a current plan, most of these were not All About Me plans

Oranga Tamariki data: Tamariki have a current All About Me plan or other plan

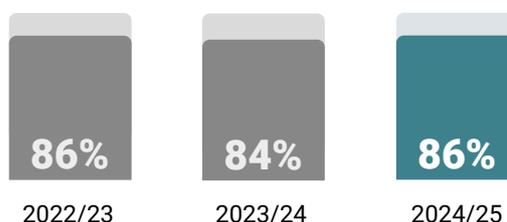


Oranga Tamariki data shows that 95 percent of tamariki and rangatahi in care had a current plan in 2024/25 but not all of these were All About Me plans. Quarterly reporting to the Minister for Children on her priorities shows that, in the last quarter of 2024/25, only 38 percent of tamariki and rangatahi in care had a current All About Me plan⁴⁹ (no other types of plan are included in this measure).

Several Oranga Tamariki lead indicators focus on whether certain needs are assessed and identified in plans.

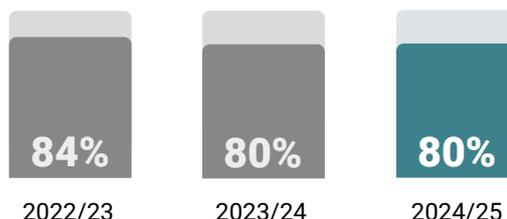
Consideration of tamariki and rangatahi views in plans has remained consistent

Oranga Tamariki lead indicator 19: Tamariki views have been identified and considered



Consideration of family/whānau views in plans has remained consistent

Oranga Tamariki lead indicator 8: Family/whānau views have been identified and considered



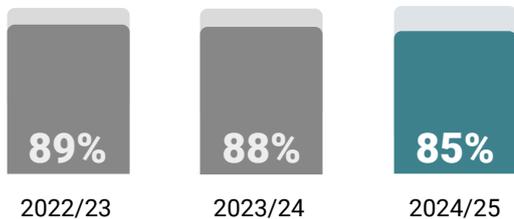
Further analysis shows that, among those tamariki and rangatahi with current plans, those who identify as Māori had fewer instances of having their identity and cultural needs taken into account than those who do not identify as Māori.⁵⁰

⁴⁹ Data from Oranga Tamariki quarterly performance reporting to the Minister.

⁵⁰ Case file analysis found that identity and cultural needs had been taken into account in 64 percent of all updated tamariki and rangatahi plans but only in 57 percent of plans for tamariki and rangatahi Māori compared to 79 percent for non-Māori. Unsurprisingly, this is similar for needs assessments, where tamariki and rangatahi Māori are less likely than non-Māori to have their identity and cultural needs as well as their connection with whānau identified in their needs assessments.

There has been a decrease in the proportion of plans that take into account the views of other professionals

Oranga Tamariki lead indicator 9: Other professionals have been consulted with, and their views considered



We again heard about plans not being completed, updated or shared

As previously reported, we often hear from caregivers and kaimahi that their ability to provide a good standard of care is hindered by the quality of the plans they receive or by not receiving a copy of the plan at all. Most kaimahi who spoke about All About Me plans in 2024/25 said they do receive the plans but that they are often missing information, too out of date to be useful and/or contain inaccurate information.

“Having a hui with [regional placement coordinator] ... to get current information from the site and whānau is the biggest [thing]. We don’t wanna tell the team to read the All About Me [plan] and it’s five years old.”

ORANGA TAMARIKI GROUP HOME LEADER

Some kaimahi told us they receive plans with very little time to prepare before tamariki and rangatahi arrive. This creates risks in providing care for tamariki and rangatahi and prevents kaimahi from properly supporting them.

When kaimahi do receive good-quality plans, it enables them to understand the goals and aspirations of tamariki and rangatahi and to support them to achieve those.

Of the caregivers who spoke with us about how Oranga Tamariki shares plans and information with them, just over half told us they either don’t receive plans or the plans are out of date and missing information. This impacts on the level of care they feel able to provide.

“Most of it is from Oranga Tamariki. The communication comes too late, outdated and not informing us about relevant changes. We’re left in limbo for the things that were supposed to happen a month ago. It’s around how they communicate with us. We feel we are not part of the team.” ORANGA TAMARIKI CAREGIVER

We heard from a couple of caregivers about how they have received plans and found it helpful to get information about the needs and behaviour of tamariki and rangatahi before they enter care.

“It had info about tamariki health and stuff – information that their previous caregiver had also passed on about their sleep routine as well. I felt like they gave me a lot of info about the tamariki. [Caregiver social worker] made sure I was aware of their health needs, especially because of the amount of appointments they had at the hospital. I feel I was well informed.”

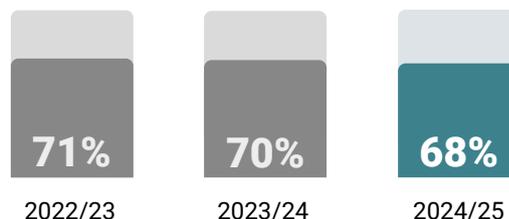
ORANGA TAMARIKI CAREGIVER

Tamariki and rangatahi views are not consistently incorporated into plans, but when they are, they have a positive effect on tamariki, rangatahi and whānau

The NCS Regulations require that plans take into account the views of tamariki, rangatahi and whānau. Over three years, there has been a decline in both measures.

The proportion of tamariki and rangatahi whose views were taken into account in their plans has decreased slightly⁵¹

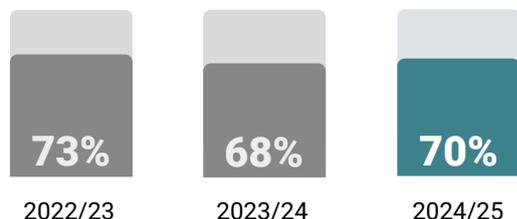
Oranga Tamariki data: How well does the most recent All About Me plan (or other plan) take into account the views of the child?



⁵¹ Oranga Tamariki lead indicators 19 and 8 look at whether the views of tamariki/rangatahi or whānau, respectively, have been identified and considered in either the current needs assessment (Tuituia, assessment report or other holistic needs assessment) or the current plan (All About Me plan or other plan).

The views of family/whānau were taken into account in plans for most tamariki and rangatahi

Oranga Tamariki data: How well does the most recent All About Me plan (or other plan) take into account the views of their family/whānau?



Whānau we met with in 2024/25 were more likely than tamariki and rangatahi to tell us about not having a voice in plans or planning. Tamariki and rangatahi were evenly split on whether they felt they had a voice in their plans.

Overall, we heard from tamariki, rangatahi and whānau that they like being kept informed and having a voice in decisions. When they aren't informed or are prevented from having a voice in plans, they can feel frustrated, upset and confused.

Some tamariki, rangatahi and whānau told us about having a voice in big decisions and plans. Examples include being listened to at FGCs and having their views reflected in FGC plans, health decisions, planning about transitioning to adulthood and planning for other transitions.

"My voice was heard pretty clearly – there was no point in having that meeting if everyone else had to speak for me. I told them what I wanted – and I did." RANGATAHI

"The thing I love about them and [social worker] is they listen to her, and they meet her most of the way. They don't go and put things in place that she doesn't want to do." WHĀNAU

Some tamariki and rangatahi specifically said kaimahi such as social workers ask them what they want to do about decisions like those involving living arrangements.

"Every time I tried, I'd cry. Someone else would word it for me. [I] started writing my opinions down and then someone would share it on my behalf." RANGATAHI

We also heard that some tamariki and rangatahi feel they have a choice in their day-to-day activities, including about food, clothing and after-school or weekend activities.

However, some tamariki, rangatahi and whānau feel their voice is not always heard or valued. Some know plans are being made without them or have had their requests around plans ignored. They feel Oranga Tamariki does not support them.

"At the last [FGC] we had, I was told to shut up, [told to] be quiet. They made a plan without us being present. Emailed it to us. We had explained we had to be gone by 4:50pm, and when we said we had to go, they carried on meeting without us. Our support workers were sitting there, and they talked to them like they were us after we left. The plan. We had no idea it was even talked about."

WHĀNAU

"Listen actually to what we're saying ... Don't just sit there and say, 'yep, I understand' and then don't do what we say." RANGATAHI

A couple of rangatahi told us that, because their voices are not heard, they have stopped bothering to try to speak up about what they want.

"I don't usually talk at those meetings, because, even if I say what I want to, I was never listened to, so what's the use?" RANGATAHI

Oranga Tamariki social workers continue to tell us they are under pressure and not always able to work effectively

In our 2023/24 *Experiences of Care in Aotearoa* report, we found that social workers were not always able to work effectively. This year, we again heard that social workers care about tamariki and rangatahi and enjoy working with them, but things are getting in the way of this happening.

A few social workers told us that requirements of administrative tasks take time away from working directly with tamariki and rangatahi.

"You go meet [tamariki and whānau] and take notes, then you have to load those notes into the system. Then type up the request and then the follow-up time. This cuts into the time able to be spent with the children on your caseload."

ORANGA TAMARIKI SOCIAL WORKER

Oranga Tamariki kaimahi spoke about how important it is to take time to build relationships and rapport with tamariki, rangatahi and whānau. This enables them to engage in the planning process and have their voice included. However, this can be a long, time-consuming process, and some kaimahi said that social workers are too busy to be able to work in this way.

"It takes so much for a care plan to become a care plan. Every year, we fail. Kids don't even look at us in [the] seven days [they have to feed into a plan]. Come on, Oranga Tamariki. It's legally required to fill that out, but they don't care if it has three words in it [as long as it's filled in]. It takes more than seven days to build a relationship. It's about having rapport."

ORANGA TAMARIKI RESIDENCE KAIMAHI

We heard that social workers have to do more paperwork than previously to provide evidence for funding requests, and that takes up more time. We also heard that other agencies have lost capacity. Kaimahi who spoke about this either directly or indirectly said this is as a result of decreased funding.

"We no longer have a list of providers in Tauranga who have had their contract renewed. We're making referrals and hoping for the best. Functional Family Therapy, PPP and Kia Puāwai now have a 12-week wait list and it's likely to increase. In the email, it said its because [Oranga Tamariki] cut their contracts. We lean on [providers], and they have done a fabulous job for whānau and working with kids with high and complex needs." ORANGA TAMARIKI SOCIAL WORKER

Other examples were given in youth justice funding cuts in the Bay of Plenty, resulting in social workers needing to undertake mentoring and community work themselves to meet commitments made in FGC plans. This stopped them having time to work with "lower-level" cases.

"We go with what we've got. We're expected to put FGC plans in place and the courts expect x amount to be seen in FGC plans. But we're struggling to do that. We do it ourselves, the mentoring and the community work." ORANGA TAMARIKI SOCIAL WORKER

Every year in our regional engagements with Oranga Tamariki social workers, we hear they are struggling with high caseloads. Our 2023/24 *Experiences of Care in Aotearoa* report referenced data from Oranga Tamariki showing that average social worker caseloads were within range of the high caseload threshold specified in the protocol agreed with the Public Service Association and National Union of Public Employees. We could not reconcile this with what we heard from social workers.

For this report, Oranga Tamariki told us that the average caseload of care and protection social workers was 16.9 tamariki and rangatahi (as at June 2025). This is below the high caseload threshold of 20 tamariki and rangatahi. Oranga Tamariki also told us that 257 of its care and protection social workers held caseloads above the high caseload threshold. It told us that this was 28 percent of its care and protection social workers.

In addition, although outside the reporting period, Oranga Tamariki told us that, as at October 2025, 93 supervisors were holding a caseload where they were the key social worker for at least one child. This is around one-third of Oranga Tamariki social work supervisors. In total, 410 tamariki had a supervisor as their key social worker. This suggests that some supervisors have several tamariki and rangatahi as a caseload. When supervisors hold a caseload, it can impact their ability to provide effective supervision.

Around half of the Oranga Tamariki frontline care and protection and youth justice social workers we met with during the reporting period told us they have high caseloads, they are understaffed due to a lack of funding and this affects their work with tamariki and rangatahi.

"I'd like to see our kids more often, but our caseloads prevent that. It's also about staff numbers. We had eight but now we only have four. We've had someone leave recently and were told they couldn't be replaced. We changed teams around. Someone went to youth justice. For a number of reasons, our staffing capacity is halved. The impact is that we've had to take on other people's caseloads. We've been spread more thinly, don't have resources, respite or travel." ORANGA TAMARIKI SOCIAL WORKER

Because we heard a lot about the impact on social workers of sites carrying vacancies, we also asked Oranga Tamariki for data on this. As at June 2025, Oranga Tamariki employed 1,737 frontline social workers.⁵² This is just one more than in June 2024, when 1,736 frontline social workers were employed.

When tamariki and rangatahi are not allocated a social worker, it masks the high workload of sites and demands on social workers.

As well as having high caseloads, we heard that cases remain unallocated in a number of sites because of a lack of social worker capacity to pick them up. Oranga Tamariki told us that it consistently monitors workload through real-time reporting on data such as for caseloads and overdue unallocated cases. Despite this, what we heard in our regional engagements with social workers was that high caseloads and unallocated cases impact their ability to work effectively.

"There's a belief that [caseload] should be 20 young people. I sit at 24 at the minute. I was on [a] lower number, but that number has naturally increased because mothers have had babies or are pregnant. To credit the leadership at our site, they do the best they can to protect us from high caseloads, as there are currently over 50 unallocated cases."

ORANGA TAMARIKI SOCIAL WORKER

One social worker told us that keeping tamariki on an unallocated list hides the issue of high workload for Oranga Tamariki social workers.

Oranga Tamariki told us that, in June 2025, there were 1,307 tamariki and rangatahi who were overdue to be allocated a social worker. It said that, when tamariki and rangatahi are overdue for allocation, it is generally because it is awaiting a suitable social worker to have capacity to receive the allocation. It noted that simply allocating tamariki and rangatahi a social worker will not reduce risk or support tamariki and rangatahi. Social workers need to have the capacity to work with the tamariki and rangatahi they are allocated, otherwise allocating them does not make tamariki and rangatahi safer and can even create more risk by contributing to social worker burnout. It told us that the Workload Management Framework that was jointly agreed between Oranga Tamariki and unions requires active monitoring of social work caseloads and places caps on social work caseloads to ensure workload remains manageable. As we outlined above, more than a quarter of Oranga Tamariki care and protection social workers held caseloads above the cap in June 2025.

⁵² Oranga Tamariki told us this includes social workers, supervisors, senior practitioners, specialist child interviewers, family violence response specialists, hospital liaisons and differential response coordinators.

Oranga Tamariki further told us that it monitors safety for tamariki and rangatahi that are yet to be allocated a social worker by:

- practice leaders monitoring unallocated queues
- reaching out to notifiers to seek updates when needed
- asking those making reports of concern to contact Oranga Tamariki if circumstances change and they believe tamariki may be at more risk of harm than they originally thought
- sites accounting for need and urgency, prioritising 24-hour and 48-hour urgent cases, and first allocating cases where children are potentially more vulnerable such as babies and infants.

Two social workers told us that duty social workers are sometimes required to complete visits for tamariki and rangatahi without an allocated social worker.

“When you are rostered on to be the duty social worker, which I have been every eight days or so now, you normally have to be in the office, at your desk, to be available for phone calls for unallocated cases. Now it’s extending to visits, social work tasks etc. It’s an increase in workload. Caseloads are still reasonable and the leadership are doing their best, but it is still a challenge to meet some of the [key performance indicators] like visits.” ORANGA TAMARIKI SOCIAL WORKER

We heard that the impact on tamariki and rangatahi is that they have a different social worker visit them every time. Because duty social workers don’t have time to do anything more than transactional tasks, nothing usually happens. This is inhibiting social workers from working the way they need to in order to improve outcomes for tamariki and rangatahi in care. It is also contrary to the Oranga Tamariki practice approach and relational way of working.

“Unless you really want to take responsibility, it’s normally just ticking the boxes of the visit and making notes that you know will go nowhere. You don’t feel good about yourself, as you don’t feel like you’re delivering a good service. It must be so disheartening for whānau.”

ORANGA TAMARIKI SOCIAL WORKER

We hope to see improvements in social worker visits, assessments and plans in our next report

Although we weren’t able to see much improvement in compliance with Part 1 of the NCS Regulations during our 2024/25 regional engagements, we will look for impacts of the National Care Standards Action Plan in our 2025/26 monitoring.

Oranga Tamariki states that it is progressing work to develop a new digital All About Me plan, which will support social workers to ensure these plans are used on an ongoing basis to meet the needs of tamariki and rangatahi.⁵³ It is anticipated that the digitisation of the All About Me plan will help social workers to complete plans in a timely manner and to a good standard.

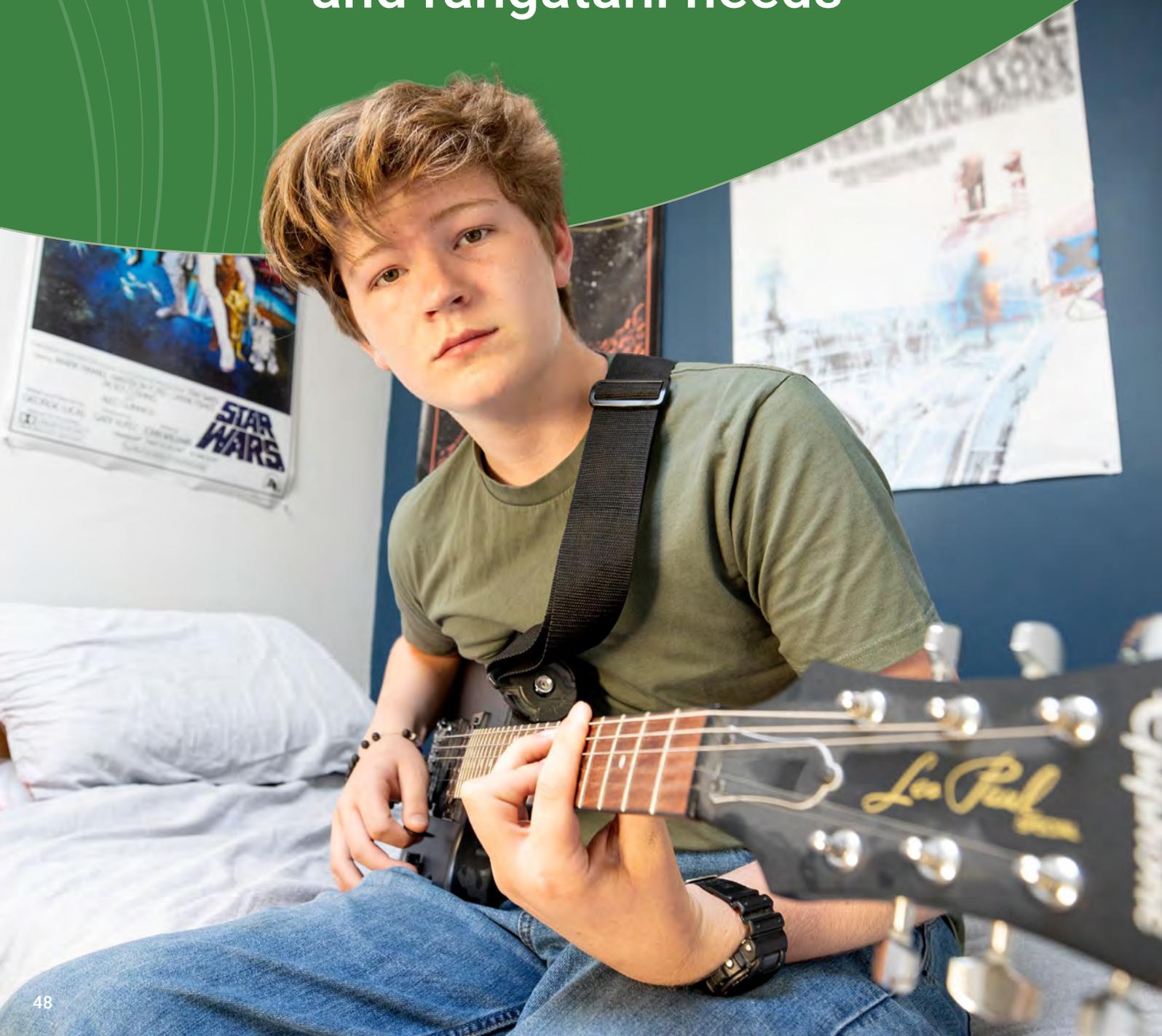
With the Oranga Tamariki priority areas including social worker visits and All About Me plans, we will monitor and report on any change in the coming years.

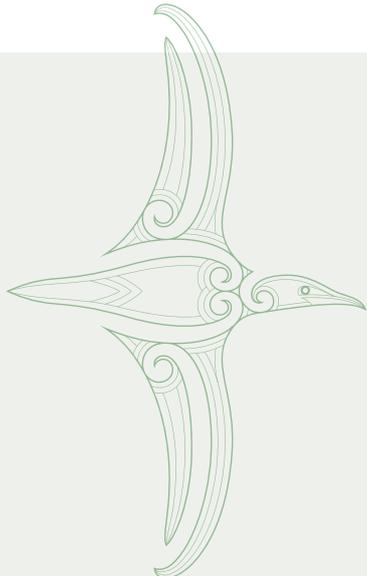
⁵³ See (p. 39) of reference at footnote 34. “The first phase of the platform procurement process is underway with delivery timeframes for releases of functionality to occur throughout 2026 and 2027.”



Part 2:

Support to address tamariki and rangatahi needs



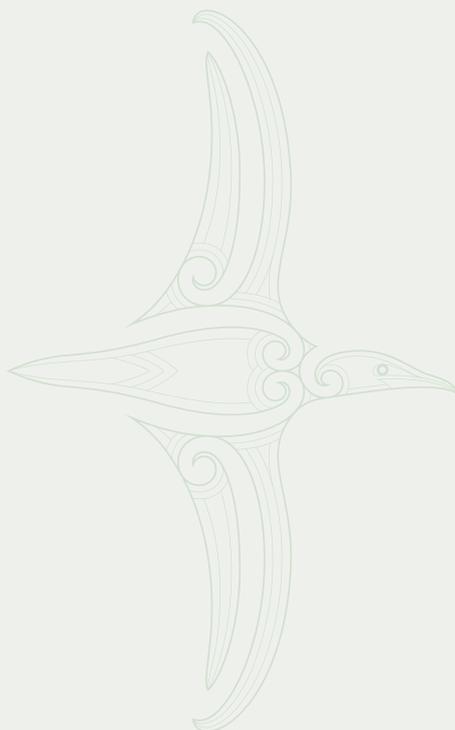


What Part 2 of the NCS Regulations requires

Part 2 of the NCS Regulations is about meeting the needs of tamariki and rangatahi while they're in care, as set out in their plans.

This includes financial and specialist support to maintain their whānau connections and to meet their cultural, recreational, health and education needs.

Tamariki and rangatahi in care must also be able to easily take their belongings with them when they move and be able to keep them safe.



Some of what tamariki and rangatahi told us about how their needs are met

“

“I can go to the doctor when [the nurses] don't know how to do something. [The doctor is] cool as.”

RANGATAHI

“

“Pretty grateful for the video calls. I worry about what happens on the outs [outside the residence] and that whānau are okay. I'm happy I get to do the video calls because sometimes I can't remember what they look like, since I have been in here a while.”

RANGATAHI

“

“I cut [whānau] all off. They were holding me back and I want to go forwards, not backwards.”

RANGATAHI

“

“When my brother and sister comes over, we play games. Have a card game, car game and Lego games. Play Roblox. We can play three player with [my] brother and sister on iPad, computer and phone.”

CHILD

“

“Ask the staff to speak to my nan. I get to speak to her as much as I want to.”

RANGATAHI

“

“They haven't put me in school since I've been in care. That was back when I was 11.”

RANGATAHI (AGED 16)

“

“It sucks, basically – I really want to go back to school.”

RANGATAHI

“

“I went to the dentist. It went good, I was only there for five minutes.”

RANGATAHI

Summary of compliance

There has been no improvement in the lead indicators that Oranga Tamariki uses to measure whether the needs of tamariki and rangatahi in care are being met. Improvements in some year-to-year measures have not been sufficient to lift overall compliance.

Oranga Tamariki data does not show whether health and education needs are being met

As previously reported, the Oranga Tamariki lead indicators on health and education do not measure whether needs are met and compliance with the NCS Regulations is achieved. Oranga Tamariki is only able to assure itself that health and education needs are identified and written into plans by social workers.

There appears to have been no progress during the reporting period to ensure that tamariki and rangatahi in care have access to an annual health check as required by law.⁵⁴ That said, our 2024/25 regional engagements show that access to primary healthcare for tamariki and rangatahi in care is generally good. We did hear of a scarcity of general practitioner (GP) services in some regions, but we recognise these are already well known and affect all population groups.

Access to mental health services and education continues to be a struggle for some tamariki and rangatahi in care

Mental health continues to be an area of concern for tamariki and rangatahi in care, with access to services being difficult. In our community engagements, we heard that kaimahi lack confidence in using SACS, Kessler and Suicide (SKS) screens⁵⁵ despite Oranga Tamariki policy that requires the use of these screens to assess mental health need in many situations.

We remain deeply concerned that some tamariki and rangatahi in care continue to be denied an education. This includes some tamariki and rangatahi of compulsory school age. We continue to hear about tamariki and rangatahi spending school hours in Oranga Tamariki offices, and there appears to be no urgency for Oranga Tamariki or the Ministry of Education to work together to address this. Every single tamariki and rangatahi aged 6–15 in State care should be in education. The cost of a missed education is too great – both for individuals and for society – and the State must be better than this.

Compliance with Part 2 of the NCS Regulations is generally better in areas where Oranga Tamariki does not need to rely on other government agencies. Establishing, maintaining and strengthening whānau connection, for example, continues to be an area of good practice and high compliance.

⁵⁴ As outlined in this section, Oranga Tamariki has advised that joint work with Health NZ is now underway.

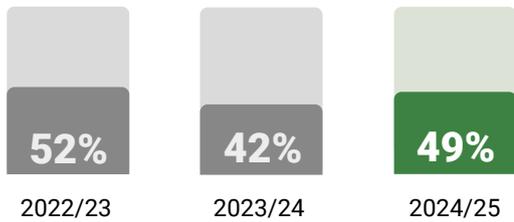
⁵⁵ SACS stands for Substances and Choices Scale. The SKS screens are designed to assess mental health and substance use issues among tamariki and rangatahi.

Oranga Tamariki compliance with Part 2 of the NCS Regulations

There has been no improvement in the measures used by Oranga Tamariki to track how well tamariki and rangatahi needs are met

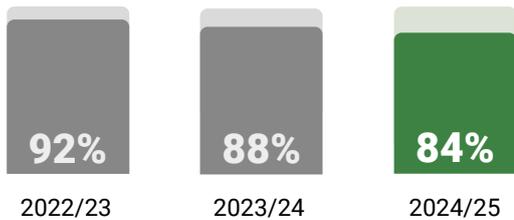
Around half of all tamariki and rangatahi Māori in care are being supported to establish, maintain and strengthen connections with their marae, hapū or iwi

Lead indicator 12: Tamariki Māori are being supported to establish, maintain, or strengthen connections with their marae, hapū or iwi



There has been a steady reduction in disabled tamariki and rangatahi having appropriate disability-related services and supports in place

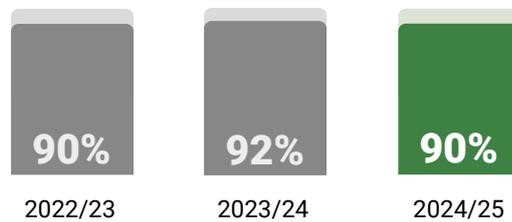
Lead indicator 13: For tamariki with a disability, their disability needs have been identified, and appropriate services and supports are in place



Barriers to supporting disabled tamariki and rangatahi are discussed later in this section.

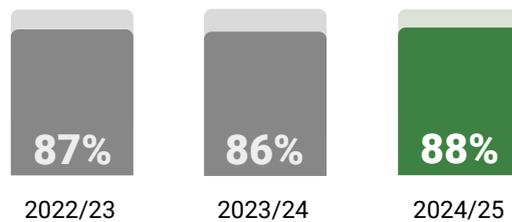
Most tamariki and rangatahi in care have opportunities for play and other age-appropriate experiences

Lead indicator 14: Tamariki have opportunities for play and experiences that are appropriate to their interests and development



For most tamariki and rangatahi in care, there is evidence of social workers carrying out all or some of the actions agreed in their plans

Lead indicator 15: There is evidence the social worker is carrying out the actions agreed to in the tamariki plan



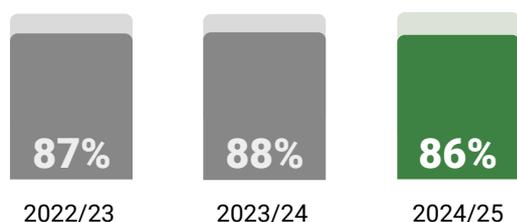
As discussed in our previous reports, this measure is focused only on social worker actions such as making referrals and is not an indication that services and supports are actually being provided.

Oranga Tamariki measures for health and education do not assess whether needs are actually being met

We have previously reported that Oranga Tamariki does not assess, at a national level, whether the health and education needs of tamariki and rangatahi in care are actually being met.⁵⁶

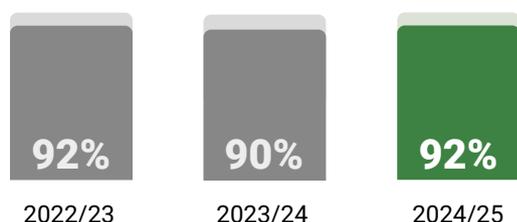
The plans of most tamariki and rangatahi in care reflect their health needs

Lead indicator 6: The health needs of tamariki are identified and addressed in their plan



The plans of most tamariki and rangatahi in care reflect their education needs

Lead indicator 7: The education needs of tamariki are identified and addressed in their plan



Health and education are vital for the wellbeing and long-term prospects of all tamariki and rangatahi in care, but the Oranga Tamariki lead indicators for health and education focus only on needs being identified and addressed in plans.

Oranga Tamariki designed the lead indicators as a mechanism to measure the agency's compliance with the NCS Regulations. However, the health and education lead indicators fall short of achieving this. Have needs "addressed" in a plan means only that

services and supports have been written into it. It does not mean that those services and supports have been delivered.

For health, the NCS Regulations require that reasonable steps are taken to ensure tamariki and rangatahi in care are enrolled with a primary health organisation (PHO) and accessing annual health and dental checks. For education, the NCS Regulations require that reasonable steps are taken to ensure tamariki and rangatahi in care are enrolled in education and that Oranga Tamariki is monitoring both attendance and educational progress.

We recognise that the NCS Regulations do not expressly place responsibilities on the Ministries of Health and Education. However, it is still the case that the Oranga Tamariki lead indicators only measure whether health and education needs are written into individual plans. They do not measure whether health and education services are delivered.

This is not a child-centred approach, and it hampers the agency's ability to assure itself of its compliance with legislation. It means there is no measure by which Oranga Tamariki can assure itself, at a national level, that identified needs are met.⁵⁷ This is similar to the indicator on social worker actions (lead indicator 15 outlined above) where only the action taken by the Oranga Tamariki social worker is monitored.

In contrast, the three lead indicators on iwi and hapū connection, disability, and play and recreation include an assessment of what is being delivered for tamariki and rangatahi in care. To assure itself that the health and education needs of tamariki and rangatahi are met, Oranga Tamariki could change lead indicators 6 and 7 to mirror the disability lead indicator (lead indicator 13) by adding "and appropriate services and supports are in place" to the measures.⁵⁸ This would also enable an understanding of outcomes sought by other agencies under the Oranga Tamariki System Action Plan.

⁵⁶ See (pp. 45–46) of reference at footnote 39. We have also provided this feedback directly to Oranga Tamariki during consultation on the development of its lead indicator framework.

⁵⁷ Although not directly linked to the lead indicators or other measures used, Oranga Tamariki has told us it has developed its approach to clinical governance. Endorsed by the Oranga Tamariki Executive Leadership Group in November 2025, Te Riu, the approach to clinical governance, provides a systematic approach to meeting the clinical (health and disability) needs of all tamariki and rangatahi who the agency works with. Oranga Tamariki states that "it is about access to the right health and disability services, high quality and safe services, and achieving more equitable health outcomes. There is a focus on providing a quality response to young people with the most complex needs."

⁵⁸ We recognise that Oranga Tamariki states that the "primary means to monitor and understand the level of engagement of services, how they are being experienced by tamariki, rangatahi and their whānau and/or caregivers, and their effectiveness, is through direct social work engagement" (Oranga Tamariki response to Aroturuki Tamariki | Independent Children's Monitor's annual data and information question: 2024/25 financial year, p. 10). We don't dispute this, but in order for Oranga Tamariki to satisfy itself that needs are being met, information arising from social work practice must also then be recorded and monitored.

Oranga Tamariki has work underway to address some of the findings of our previous reports

We have previously reported that the invisibility of a child’s care status was a barrier to accessing primary healthcare and other health services. Our 2023 in-depth report *Access to Primary Health Services and Dental Care*⁵⁹ found that healthcare professionals are keen to prioritise tamariki and rangatahi in care but have no way of knowing when tamariki and rangatahi are involved with Oranga Tamariki (or in care and custody). We understand work is underway between Oranga Tamariki, the Ministry of Health and Health NZ to ensure care status is visible to health practitioners so they can provide a more tailored service. We welcome this.

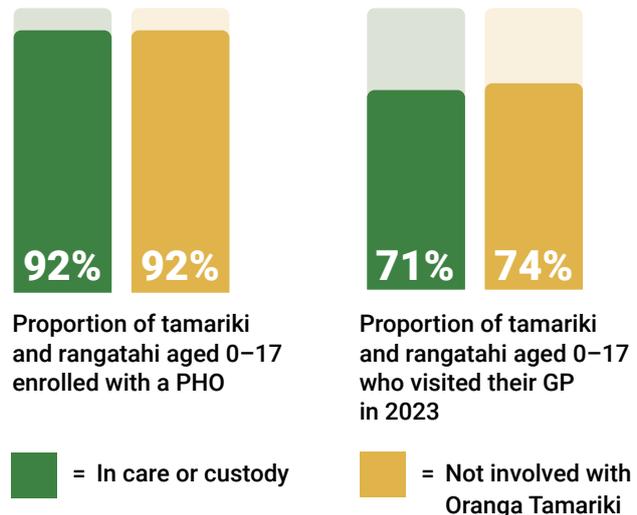
Access to Primary Health Services and Dental Care also found there was no shared understanding between Oranga Tamariki and medical professionals of what an annual health check should look like for tamariki and rangatahi in care. Oranga Tamariki has confirmed that progress was not made during the 2024/25 reporting period. However, it has advised that work has since begun with Health NZ to develop standardised annual health assessments and to jointly share information about this requirement with PHOs, GPs and Oranga Tamariki kaimahi. This work was started in September 2025 in response to issues that emerged when implementing the National Care Standards Action Plan.

Data shows access to primary healthcare is generally good, but we do not know if tamariki and rangatahi are getting annual health checks

We have looked at Stats NZ Integrated Data Infrastructure (IDI) data on the care population for an accurate indication of the extent to which tamariki and rangatahi have access to primary healthcare. We have been able to make comparisons with tamariki and rangatahi who are not involved with Oranga Tamariki and found access is at a similar rate.

Tamariki and rangatahi in care access primary health services in line with other tamariki and rangatahi

IDI data – 2023



As well as rates of PHO enrolment and GP visits being in line with the general population aged 0–17, this year’s Oranga Tamariki caregiver survey shows that caregivers needed less support for primary healthcare than in previous years.⁶⁰

Oranga Tamariki has told us it spent \$2.9 million with private providers on health services for tamariki and rangatahi in the 2024/25 reporting period.⁶¹ However, data from Oranga Tamariki is still unable to show whether tamariki and rangatahi are able to access the annual health and dental checks outlined in the NCS Regulations.

⁵⁹ Aroturuki Tamariki | Independent Children’s Monitor. (2023). *Access to Primary Health Services and Dental Care*. aroturuki.govt.nz/reports/access-to-primary-health-services-and-dental-care

⁶⁰ 2024 Oranga Tamariki caregiver survey. While the need for healthcare support appears to be lower in the 2024 caregiver survey than in the previous year, a change in the survey reporting makes them difficult to directly compare. In 2023, healthcare support needs were shown as a proportion of the caregivers who responded to the survey. In 2024, healthcare support needs were presented as a percentage of all the responses to the multi-choice question on various support needs.

⁶¹ We did not ask Oranga Tamariki to specify the types of services covered.

Our regional engagements suggest there are few barriers to accessing primary healthcare for tamariki and rangatahi in care

Most of the tamariki and rangatahi we spoke with, including those in residences, said they could see a GP when they need to, and had access to a dentist.

"I went to the dentist. It went good, I was only there for five minutes." RANGATAHI

"We don't really go to the doctor, but we have a doctor. We haven't been in a while. And we get regular [dental] check-ups at school." RANGATAHI

We heard more measured perspectives from kaimahi from Oranga Tamariki and other providers as well as from caregivers. In Te Tai Tokerau and the Bay of Plenty, for example, we were told about a shortage of PHO services and long waitlists.⁶²

"In 18 months up here, I can't get a doctor's appointment, [even] a doctor [that we could do online consult] or go [to] see a practice nurse even at the hospital, after hours. Accessing health [service] is hard up here, there's no enrolments [to GPs] because they are full."

ORANGA TAMARIKI KAIMAHI

"The waitlists here. I don't know if it's the whole of New Zealand, but here it's 6–8 weeks to even get an appointment with a local GP, so we had to wait to even be approved to apply. It went on for too long, and he needed to see a doctor – and it's just a hindrance and that, but it would have been nice to have this kid seen." CAREGIVER (SHARED CARE)

We also heard that confusion around who is required to give consent to medical procedures is still sometimes preventing tamariki and rangatahi in care from accessing the healthcare they need.

"We had a [child] here, we only had [them] for three weeks. This kid ate everything ... We suspected [they] had worms. We told [their] Oranga Tamariki social worker who did nothing. We told our caregiver social worker who told us we couldn't take [child] to see a doctor as we didn't have consent [from the whānau]. No one would do anything. We heard later on from the next caregiver who looked after [child] that [they] had worms and had to be hospitalised for it. It worries me that we can't access healthcare at times for the tamariki in our care." ORANGA TAMARIKI CAREGIVER

Confusion around parental/whānau consent to medical procedures was covered in Access to Primary Health Services and Dental Care.⁶³ Oranga Tamariki has since advised that it published a practice note in May 2025 to support improved understanding of caregiver rights.⁶⁴

Access to primary healthcare is more mixed for tamariki and rangatahi in group homes and residences

Almost all the rangatahi in youth justice residences who spoke with us during the reporting period spoke positively about accessing healthcare.

"The dentist is different. [They have to] hire one as there is not a dentist on site. All boys have gotten dental care. One of my fillings flung out. One and done when my filling came out. I come once every month." RANGATAHI

"You'll be checked in a medical room ... We have a separate room for health checks where the doctor would see us." RANGATAHI

"I can go to the doctor when [the nurses] don't know how to do something. [The doctor is] cool as." RANGATAHI

"Last time I was here, I saw the dentist, so all good till next year, and there's a doctor that comes in on Wednesday, can see for meds and things higher than the nurses. The nurses come around and see us in the units." RANGATAHI

⁶² Kaimahi in Te Tai Tokerau told us they advise tamariki and rangatahi coming into the region to keep their PHO enrolments in other regions if they have them.

⁶³ See footnote 58.

⁶⁴ Oranga Tamariki. (2025). *Chief Social Worker practice note: Upholding the mana and rights of caregivers*. practice.orangatamariki.govt.nz/assets/practice/Practice-notes/practice-note-upholding-the-mana-and-rights-of-caregivers.pdf

In general, residence kaimahi said doctors and nurses are available in residences, although we also heard that one care and protection residence has lost medical professionals because clinicians had concerns for their physical safety. Some care and protection residence kaimahi said that off-site medical appointments for tamariki and rangatahi can sometimes be missed because of staffing shortages that impact on the availability of chaperones.

Kaimahi in group homes had mixed views on the provision of primary healthcare, with some citing concerns about covering medical costs and an inconsistent approach to funding by Oranga Tamariki.

Oranga Tamariki data does not provide assurance that mental health needs are met

This is our fifth report on compliance with the NCS Regulations where we have raised concerns about access to mental health services and supports for tamariki and rangatahi in care.

The World Health Organization states that “mental health is more than the absence of mental disorders”.⁶⁵ In its 2025 report card on child wellbeing, UNICEF states that “mental health also includes elements of happiness, life satisfaction and a sense of flourishing”.⁶⁶

In 2023, Oranga Tamariki released its needs assessment on mental health and stated that “the children and young people involved with Oranga Tamariki often have high mental health and wellbeing support needs, including depression and suicidal ideation, anxiety, mood disorders and substance use, as well as a range of other (undiagnosable) manifestations of mental distress”.⁶⁷

“There is such inconsistency with sites ... Medical costs as well. Tamariki need to have three-monthly check-ups for their meds. Who covers the cost? One site confirms that [the shared care provider] covers the first \$100 then the site will cover the rest. There is an inconsistency of what’s happening. It’s hard to go back and say ‘well, this site has paid’. It’s the different calls that they make.” GROUP HOME LEADERSHIP (PROVIDER-RUN)

Some group home kaimahi spoke positively about Oranga Tamariki social workers taking tamariki and rangatahi to healthcare appointments.

IDI data shows that, in 2023:

35 in 1,000

tamariki and rangatahi in care aged 10–17 were hospitalised for self-harm

2 in 1,000

tamariki and rangatahi aged 10–17 with no involvement with Oranga Tamariki⁶⁸ were hospitalised for self-harm.

As previously reported, we remain concerned that Oranga Tamariki does not monitor the use of SKS screens for tamariki and rangatahi in care. It is Oranga Tamariki policy that these screens must be used in certain situations. These include whenever tamariki and rangatahi are held in police custody, enter a residence, have experienced significant traumatic events (and/or risk factors are present) and/or whenever there are concerns about mental health and/or suicide and/or substance abuse. However, the small number of kaimahi who discussed the SKS tool⁶⁹ with us said that Oranga Tamariki practice leaders are responsible for providing training but don’t always know the tool

65 World Health Organization. (2025). Mental health. [who.int/data/gho/data/themes/theme-details/GHO/mental-health](https://www.who.int/data/gho/data/themes/theme-details/GHO/mental-health)

66 UNICEF. (2025). Child well-being in an unpredictable world (Innocenti Report Card 19) (p. 14). [unicef.org/innocenti/media/11111/file/UNICEF-Innocenti-Report-Card-19-Child-Wellbeing-Unpredictable-World-2025.pdf](https://www.unicef.org/innocenti/media/11111/file/UNICEF-Innocenti-Report-Card-19-Child-Wellbeing-Unpredictable-World-2025.pdf)

67 Oranga Tamariki. (2023). Mental health and wellbeing needs of children and young people involved with Oranga Tamariki: Oranga Tamariki Action Plan (p. 3). [orangatamariki.govt.nz/assets/Action-Plan/Uploads/Understanding-need/Mental-health-and-wellbeing/OT-MW-Needs-Assessment_final-for-publication_Redacted.pdf](https://www.orangatamariki.govt.nz/assets/Action-Plan/Uploads/Understanding-need/Mental-health-and-wellbeing/OT-MW-Needs-Assessment_final-for-publication_Redacted.pdf)

68 Self-harm hospitalisations rose to 3.5 percent for those in care or custody in 2023. This is up from 2.6 percent in the previous year. Self-harm hospitalisations for those with no involvement with Oranga Tamariki remained stable between 2022 and 2023.

69 The tool is used by anyone working directly with tamariki and rangatahi who has been trained to use the screens to “help us assess whether te tamaiti is dealing with substance abuse issues, suffering from psychological distress, or at risk of death by suicide”. Oranga Tamariki. (2025). SACS, Kessler and Suicide screens (SKS). [practice.orangatamariki.govt.nz/core-practice/practice-tools/other-practice-and-assessment-tools/sacs-kessler-and-suicide-screens-sks](https://www.practice.orangatamariki.govt.nz/core-practice/practice-tools/other-practice-and-assessment-tools/sacs-kessler-and-suicide-screens-sks)

well enough themselves. This results in kaimahi receiving training on SKS screens but feeling poorly equipped to use them to assess mental health need among tamariki and rangatahi.

“There were some things the practice leaders were saying that were wrong, like the tool only has six questions to ask, but there’s heaps of questions.” ORANGA TAMARIKI KAIMAHI

“They didn’t give us any paperwork, they didn’t give us the Kessler manual or any information about how we are meant to interpret that. It was just ‘this is how you complete the form’, not what it means or what the next steps are.”

ORANGA TAMARIKI KAIMAHI

In the last few years, we have asked Oranga Tamariki about its monitoring of how and when SKS tools are used. This year, we again heard there is “no national level assurance that all tamariki and rangatahi who require SKS screens are consistently receiving one”, and there is no data available on the usage of SKS screens.⁷⁰ Oranga Tamariki has told us it carried out a review in 2024 to explore whether a level of quality assurance could be applied to the SKS tool. A decision was made that the assessment of risk and harm is “more appropriately considered within the mental health context by CAMHS at that stage”.⁷¹ In our view, leaving the assessment of risk and harm to CAMHS is concerning because we consistently hear in our community engagements that CAMHS is difficult to access.

Oranga Tamariki has advised that it uses other data sources to assess mental health need among tamariki and rangatahi in care. This includes IDI analysis that shows 27 percent of tamariki and rangatahi in care use specialist mental health services in a given year. Oranga Tamariki notes that many more tamariki and rangatahi in care would

also access primary and community services for mental health needs or school-based services. Oranga Tamariki has also advised that it spent \$2.3 million in 2024/25 on outsourced psychological services for tamariki and rangatahi in care, and 600 tamariki and rangatahi in care were monitored under the Towards Wellbeing programme to provide clinical advice on suicide risk.⁷²

Oranga Tamariki has also told us that its Clinical Services team is consulted prior to outsourcing psychological and therapeutic services. In 2024/25, Clinical Services provided psychological and therapeutic services to 700 individuals and over 2,000 consults to social workers. Oranga Tamariki states that this is tracking higher for the 2025/26 year.

We remain concerned, however, that IDI data on access rates and information on expenditure do not provide assurance that the individual mental health needs of tamariki and rangatahi are identified and addressed. As stated in our *Access to Primary Health Services and Dental Care* report, although data matches from the IDI are “one solution to improving records, the best source of data will come from social workers who have contact with tamariki and rangatahi, and who actively record when and how they are supporting their health needs”.⁷³ It is only through social work practice and accurate records that Oranga Tamariki can assure itself that needs are assessed, plans made and appropriate health services delivered to meet the needs of individual tamariki and rangatahi.

We therefore look forward to the data infrastructure upgrade that Oranga Tamariki tells us will improve data fields to record mental health need in a structured way.

⁷⁰ Response to Aroturuki Tamariki annual data and information request, August 2025. Oranga Tamariki has advised that questions about whether the SKS and suicide screens had been used were removed from Care Standards case file analysis in 2022. This was because the methodology did not allow a determination of whether the mental health needs of tamariki and rangatahi were acute or long-standing and therefore the limited line of questioning did not enable an indication of performance in this area of practice. Amending the methodology to provide a good understanding of practice in this space would have required adding a significant number of questions to the Care Standards case file analysis template. Priority was instead given to adding other key practice questions that were specifically related to NCS Regulations.

⁷¹ Response to Aroturuki Tamariki annual data and information request, August 2025.

⁷² Oranga Tamariki is also advocating for tamariki and rangatahi known to Oranga Tamariki to be included as a priority population for the upcoming Child and Youth Mental Health Study being developed by the Ministry of Health.

⁷³ See (p. 16) of reference at footnote 58.

Kaimahi tell us that access to mental health services remains a struggle and shows no signs of improvement

Oranga Tamariki has advised that IDI data for 2022/23 shows access to mental health specialist services is over nine times higher for tamariki and rangatahi in care than for the general child and youth population aged 0–17 (27 percent compared to 3 percent respectively). Oranga Tamariki has also advised that 57 percent of tamariki and rangatahi in care using specialist mental health services are seen within 48 hours. This compares to 27 percent for the general child and youth population aged 0–17. Quicker access can be due to tamariki and rangatahi in care having more acute mental health needs.⁷⁴

However, in our 2024/25 regional engagements, we heard familiar accounts of difficulties accessing mental health services and supports for tamariki and rangatahi in care. We heard about a lack of availability and long waitlists for mental health support, with few services other than public ICAMHS available. Depending on the region, we heard about waitlists ranging from six months to two years.

“One of our workers still works with [connecting] families to ICAMHS, and it’s been months and months. Two years – it’s very long.” NGO LEADER

We heard similar accounts from caregivers who feel they have to advocate to Oranga Tamariki on behalf of the tamariki and rangatahi in their care.

“[Tamariki] mental health isn’t great, and we’re struggling to get support around that, so I asked to meet with my caregiver social worker to talk about it. The referral was then made in October. I finally get an email from them in December saying they’re still working it out and in the meantime here’s a list of agencies you could contact. I got an email in January to say that she was going to be offered an appointment ... to see if she meets the criteria for trauma, anxiety and emotional regulations. But there’s an eight to twelve-month wait period. So she basically won’t be able to get support until the end of the year, and then you’re not even guaranteed then if she’ll get it. I said to

the social worker, this isn’t okay, and we can’t wait till the end of the year. For [Oranga Tamariki], it isn’t bad enough to get a quick response.”

ORANGA TAMARIKI CAREGIVER

Kaimahi from Oranga Tamariki and other providers told us that difficulties accessing mental health support meant that they or other non-mental health professionals were having to try to provide support themselves with varying degrees of knowledge, tools and skills.

“We are not trained in first aid or mental health. I used salt water [to clean a self-harm wound], I don’t know what the heck I’m doing. Mental health, we can’t talk about it [in a clinical way]. I don’t know how to handle sensitive subject matters.” RESIDENCE KAIMAHI

Many kaimahi who spoke with us during the reporting period gave a concerning picture of the support available to them.

“No mental health support there for the rangatahi. Supports only come when we have reached crisis level ... [Rangatahi] has a knife and wants to stab someone. Not enough done in the prevention space. Non-existent relationships with mental health. We use the crisis team⁷⁵ if we have to on a case-by-case basis. That is managed by the Oranga Tamariki social work team. For some kids, we have certain kids who we get support with. The [district health board] can be responsive. It seems to me that they are only responsive in terms of what they can fund. There is a limited type of tool in their toolbox. We had staff leave our organisation and start mentoring operations because of the gaps.” GROUP HOME LEADER

⁷⁴ Public specialist mental health services prioritise tamariki and rangatahi with the highest needs as well as acute and urgent care needs. The government target on specialist mental health wait times uses the three-week threshold. From the analysis undertaken by Oranga Tamariki, 76 percent of tamariki and rangatahi in care accessing specialist mental health services are seen within three weeks compared to 57 percent for the general child and youth population.

⁷⁵ Oranga Tamariki has advised that this group home leader may have misunderstood where the crisis team is based and could have been referring to public mental health services. Oranga Tamariki has noted that its own Clinical Services team does not provide a service directly into group homes but is accessed via allocated social workers irrespective of where tamariki and rangatahi are living. We have retained this quote to demonstrate the lack of mental health support cited by kaimahi who work with tamariki and rangatahi in care.

We also heard that, in residences, there are occasions when tamariki and rangatahi are put into secure care⁷⁶ during times of mental distress and/or emotional dysregulation for their own and others' safety. This happens because appropriate services and supports are unavailable – and sometimes happens at the request of the child or rangatahi themselves.

“Boys with mental health [need] are really not that supported ... Our only real solution is secure. In that space, where they are unsafe, there is no other option.” RESIDENCE KAIMAHI

“When secure care is on the fuller side, all [rangatahi] have to have time outside and have time out of their room. Certain young people come in more for their mental health reasons, sometimes not the best [option for rangatahi] but more safe than being in the open unit.”

RESIDENCE LEADER

“I like secure better than the open unit. It gets me away from all this drama. [Young person's name] will always come in with me to secure. She will do something to meet the grounds to come to secure.” RANGATAHI

In terms of mental health and the many difficulties in accessing services and supports, the tamariki and rangatahi we spoke with during the reporting period confirmed what we heard from kaimahi.

From kaimahi, we also heard that a lack of mental health services – such as court-ordered mental health assessments⁷⁷ – results in some tamariki and rangatahi being in youth justice placements longer than necessary.

“The other thing is s 333 [psychological] reports are taking six months to get done and [Criminal Procedure (Mentally Impaired Persons)] process because multiple health professionals need to be involved in that process. Rangatahi are sitting in [youth justice] for longer because they can't have the assessments completed that they need to get them support.” ORANGA TAMARIKI KAIMAHI

“If kids are in residences, we're able to develop bail plans, go back to FGC once we get the 333 [psychological report] and develop recommendations on that. Sometimes kids are not bailed and we have to wait, so [kids] have to wait eight weeks for a 333 [psychological report] before anything happens. The social worker could have told you what the recommendation should be anyway if they could do the assessment.”

ORANGA TAMARIKI NATIONAL LEADER

Agencies tell us they are making progress in addressing mental health needs for tamariki and rangatahi in care

Information provided by the Ministry of Health shows that it is working more closely with Oranga Tamariki to support the mental health of tamariki and rangatahi in care. This includes the establishment of new liaison roles, bespoke training and longer-term planning to increase the mental health capability of Oranga Tamariki staff.⁷⁸

Oranga Tamariki has also advised that the cross-agency mental health work underway under the Oranga Tamariki System Action Plan has a range of actions with different timeframes. The programme of work has a focus on building the mental health capability of Oranga Tamariki kaimahi, better collaboration between agencies (ICAMHS, youth forensics and Oranga Tamariki) and the development of a cross-agency model of care for tamariki and rangatahi with complex needs.

⁷⁶ Secure care at Oranga Tamariki refers to a high-level intervention for tamariki and rangatahi who may pose a risk to themselves or others. It is characterised by containment in a residence with locked doors and close surveillance intended to prevent absconding or harmful behaviours.

⁷⁷ Section 333 of the Oranga Tamariki Act allows the court to make it a condition of bail that a young person undergoes a psychological assessment or psychiatric examination.

⁷⁸ The Ministry of Health states that “Health NZ has offered Oranga Tamariki places in the short-term for professional development programmes to upskill social workers and others employed in the fundamentals of mental health and addiction. This training is intended to support the Oranga Tamariki workforce to better support the children and young people in their care, and to identify and understand and respond appropriately.” Ministry of Health progress on actions in response to Aroturuki Tamariki reports. Correspondence dated 29 August 2025.

Some of the actions have already been completed,⁷⁹ and others are on track to be completed in 2026/27 and 2027/28.

More immediately, we will be looking at the additional mental health support that has been provided in Oranga Tamariki residences in Dunedin when we visit the Lower South region in 2025/26.

Disabled tamariki and rangatahi in care generally have poorer access to services than their non-disabled peers

Although Oranga Tamariki was unable to provide some key data on disabled tamariki and rangatahi in care (such as health and education enrolments) for the reporting period, the data it does have points to inequities.

Case file analysis, for example, shows that the parents or legal guardians of disabled tamariki and rangatahi in care were able to participate in health decisions at a lesser rate than parents or legal guardians whose tamariki and rangatahi are not disabled. While the average rate was 75 percent, only 69 percent of disabled tamariki and rangatahi had parents or legal guardians involved in these decisions (compared to 82 percent for non-disabled).

In contrast, Oranga Tamariki data on educational concerns shows that disabled tamariki and rangatahi in care were more likely to have had a concern raised about their educational progress in 2024/25. They were then more likely to have had action taken to address these concerns.⁸⁰

Our 2024/25 regional engagements highlighted that access to services and supports for disabled tamariki and rangatahi in care is generally worse than for their non-disabled peers. We also heard about disabled tamariki and rangatahi experiencing numerous changes in placements that were not able to meet their needs. Sometimes this is because disability-related information was not shared prior to placement (as for some wheelchair users who were placed in facilities that are not accessible by

wheelchair), but sometimes this was the result of funding cuts.

We particularly heard that disability-related services and supports that were once considered routine are now difficult to access. Kaimahi from a number of agencies and providers implied that this is the net effect of funding restrictions being applied across multiple agencies. The High and Complex Needs (HCN) fund was given as an example because it is jointly administered by Oranga Tamariki, the Ministry of Health and the Ministry of Education.

“The impact is being asked to cover things never covered before ... We are having to say no or provide workarounds. We can provide this bit but not that bit. We can provide speech-language therapy, but if [a] computer is a need, we can't provide that, and no one else can either. There is an inability to give the child completely what they need. They get parts of it. This increases stress for HCN. More referrals come through with agencies saying, ‘can you help with this?’ When a young person is referred and we have to decline, as their needs could be and should be met by other agencies, it is stressful. We all want the best for the young person.” ORANGA TAMARIKI KAIMAHI

We also heard in our regional engagements that there was a perception that Disability Support Services, administered by Te Manatū Whakahiato Ora | Ministry of Social Development, had been gatekeeping access to some services for disabled tamariki and rangatahi in care. We have since spoken directly with kaimahi at Disability Support Services and we understand that this was not fully accurate. In 2024/25, some services were unable to be funded because the annual Needs Assessment Service Coordination budget was strictly enforced and top-up funding, which had been routinely available in previous years, was not provided. Additional funding has since been announced by the Minister for Disability Issues,⁸¹ which should mean that funding difficulties experienced in 2024/25 do not occur in the coming years.

⁷⁹ Oranga Tamariki states that completed work includes: the establishment of mental health liaison roles where a social worker is placed within the three child and youth mental health inpatient units in Auckland, Wellington and Christchurch; the establishment of dedicated ICAMHS specialist mental health roles in Oranga Tamariki care and protection residences; and the implementation of Te Puna Oranga (holistic wellbeing) social work assessments and related practice tools to Oranga Tamariki social workers. The last point is referred to in Part 1 of this report.

⁸⁰ When measuring whether any concerns about a child's educational progress were raised in 2024/25, the overall rate was 30 percent but the disabled rate was 41 percent (23 percent for non-disabled tamariki and rangatahi). When measuring whether actions were taken to address these concerns, the overall rate was 77 percent but the disabled rate was 83 percent (70 percent for non-disabled tamariki and rangatahi).

⁸¹ Upston, L. (2025, September 3). *Improved support for disabled New Zealanders*. [beehive.govt.nz/release/improved-support-disabled-new-zealanders](https://www.beehive.govt.nz/release/improved-support-disabled-new-zealanders)

This year, we did hear about some very positive examples – green shoots – of supports for disabled tamariki and rangatahi in specialist group homes that cater to the holistic needs of the rangatahi.

“[Group home kaimahi] treat him like a human. He is not treated any differently to anyone else. They are really culturally responsive. They have

taken him to the Māori Village. They know him. They acknowledge that he is a Māori and they do the best to accommodate this. He will have been there for two years. If you had [rangatahi] two years ago, he had trauma from a family member – he has more words now and he has grown so much as a person. He is flourishing.” WHĀNAU

All tamariki and rangatahi in care should receive an education

The NCS Regulations set out the responsibilities of Oranga Tamariki to meet the educational needs of tamariki and rangatahi in care by ensuring that those aged 6–15 (compulsory school age) are enrolled at a registered school. Enrolment in early childhood education (ECE) is required when considered to be in the best interest of tamariki aged 5 or under, and rangatahi aged 16 or over must be in education, training or employment.

Oranga Tamariki has additional responsibilities to monitor attendance and educational progress of tamariki and rangatahi enrolled in school and to ensure that assistance is provided to support the education and training needs of tamariki and rangatahi in care. Such support “may be provided through the education system or in other ways” (regulation 41(2)).

Education is essential for the wellbeing of tamariki and rangatahi, both for now and the future. In its 2025 report on school attendance, Te Tari Arotake Mātauranga | Education Review Office notes the link between school attendance and achievement. The impacts of missed school are stark: “Long-term consequences of poor attendance include lower qualifications, reduced employment and income, poorer health, increased justice system involvement, and higher government costs”.⁸²

The Education Review Office also outlines how difficult it is for tamariki and rangatahi to catch up from earlier absences: “irregular attendance has long-lasting effects on later attainment. This is because the impact of non-attendance builds

over time and is why early attendance habits are crucial. How often a student attends school in primary years strongly predicts their attendance in secondary school. Primary education also builds the foundational skills needed for success later on, and gaps created by missed learning can make it harder for students to keep up and stay engaged in secondary school”.⁸³

Data shows that attending school less than 70 percent of the time means that, by age 20–25, individuals are less likely have NCEA level 2 qualifications and “more likely to live in social housing and have emergency hospital admissions”.⁸⁴

It is also widely recognised that tamariki and rangatahi coming into care are likely to have experienced adverse childhood experiences and multiple layers of inequity and are likely to have had their education disrupted already.⁸⁵

Data from the IDI also shows that tamariki and rangatahi in care are more likely to experience poor outcomes in many areas in later life. For example, young adults who have been in care as children are much more likely to spend time in emergency housing and much less likely to be employed or have a driver licence than young adults who have had no involvement with Oranga Tamariki (or its predecessor Child, Youth and Family).⁸⁶

Education is a protective factor that can help change this trajectory and offer this group of tamariki and rangatahi more hope for the future.

⁸² Te Ihuwaka | Education Evaluation Centre. (2025). *Back to class: How are attitudes to attendance changing?* (p. 3). Education Review Office. evidence.ero.govt.nz/media/zmjplx51/back-to-class-how-are-attitudes-to-attendance-changing-research-report.pdf

⁸³ See (p. 15) of reference at footnote 82.

⁸⁴ See (p. 16) of reference at footnote 82.

⁸⁵ Oranga Tamariki. (2024). *The education experiences and needs of children and young people in care or youth justice: Oranga Tamariki Action Plan – In-depth needs assessment* (p. 2). orangatamarikiactionplan.govt.nz/assets/Action-Plan/Uploads/Understanding-need/Education-in-care/WITH-REDACTIONS-REP-OT-22-10-0718-The-education-experiences-and-needs-of-children-and-young-people-27-10-22-Redacted.pdf

⁸⁶ Uptake of emergency housing climbs steeply for young adults of all ethnicities with increased involvement with Oranga Tamariki in their childhood (and is highest for those who were in care and youth justice custody). Employment levels drop for young adults of all ethnicities with increased involvement with Oranga Tamariki in their childhood, and the rate of holding a driver licence falls for young adults of all ethnicities with increased involvement with Oranga Tamariki in their childhood.

Given the absolute importance of attending school, urgent consideration must now be given to ensuring that all tamariki and rangatahi in care and custody have access to education. School enrolment for tamariki and rangatahi for whom education is compulsory should be at 100 percent, yet we continue to hear in our regional engagements that this is not the case.

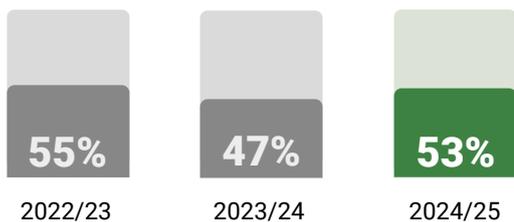
Agencies are failing to ensure that all tamariki and rangatahi of compulsory school age are enrolled in education as required by law

The Education and Training Act 2020⁸⁷ makes clear that all tamariki and rangatahi aged 6–16 who are domestic students, as defined in section 10 of the Act and the Education (Domestic Students) Notice 2023, must be enrolled and attend a registered school unless an exemption has been approved.⁸⁸ The legislation also states that “students who have special educational needs (whether because of disability or otherwise) have the same rights to enrol, attend, and receive education at State schools or charter schools as students who do not” (section 34(1)).

Oranga Tamariki has provided data on school enrolments for tamariki and rangatahi in care during the 2024/25 reporting period. In all age groups, data from Oranga Tamariki this year is different from the data it has supplied in previous years.⁸⁹

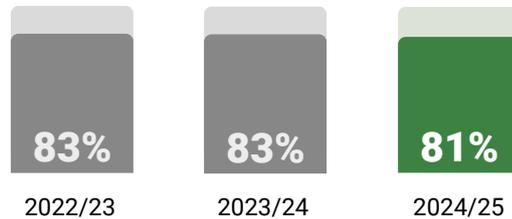
About half of all tamariki in care aged 1–4 are enrolled in early childhood education

Oranga Tamariki data: Early childhood enrolment (tamariki aged 1–4 enrolled in early childhood education)



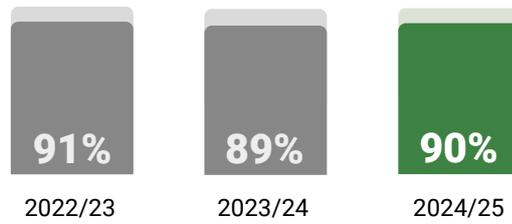
Most tamariki and rangatahi in care aged 5 are enrolled in early childhood education or at a registered school

Oranga Tamariki data: Early childhood enrolment (tamariki aged 5 enrolled in early childhood education or school)



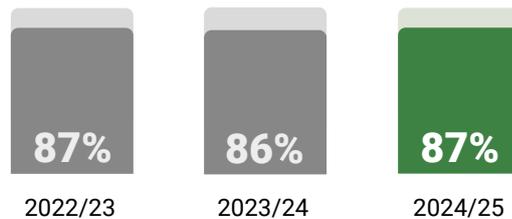
One in 10 tamariki and rangatahi in care of compulsory school age are not enrolled at a registered school

Oranga Tamariki data: School enrolment (tamariki and rangatahi aged 6–15 enrolled in school)



More than one in 10 rangatahi in care aged 15 or over are not in education, training or employment

Oranga Tamariki data: Rangatahi aged 15 or over in education, employment or training



⁸⁷ The purpose of Part 3 of the Education and Training Act 2020, which deals with primary and secondary education, is to ensure that “all children and young people are present in the schooling system to be able to exercise their right to an education, including setting up fair and consistent processes when students are excluded from the system that aim to return them to education as soon as possible” (section 32(a)).

⁸⁸ “Every domestic student must, during the period beginning on the student’s sixth birthday and ending on the student’s 16th birthday, be enrolled at a registered school” (section 35(1)).

⁸⁹ The data published in our 2022/23 and 2023/24 *Experiences of Care in Aotearoa* reports differs from the data provided by Oranga Tamariki this year, for the same periods, due to a change in the methodology used by Oranga Tamariki to calculate this data.

It is extremely concerning that there is still a group of tamariki and rangatahi in care and custody who are without any educational enrolment. Data for 2024/25 suggests there were 323 tamariki and rangatahi in care and of compulsory school age who had no school enrolment.⁹⁰ These tamariki and rangatahi are not receiving any kind of formal education. They are not truanting – they don't have any educational placement available to them. Further, their lack of enrolment means they are invisible in attendance statistics, which are based on school rolls.⁹¹

In November 2025, Oranga Tamariki and the Ministry of Education completed their first information share. This was to capture accurate and up-to-date enrolment and attendance data for all tamariki and rangatahi in care. It was also intended to overcome any shortcomings in the accuracy of data recorded within Oranga Tamariki systems. At the time of writing this report, Oranga Tamariki advised that it was not able to share this data with us.

Enrolments for tamariki and rangatahi of compulsory school age should be sitting nearer to 100 percent, as required by law (and allowing for formal exemptions). Given that “school non-attendance” is among the reasons given by Oranga Tamariki for bringing tamariki and rangatahi into care in the first place,⁹² it is vital that the organisation now places as much importance on ensuring tamariki and rangatahi aged 6–15 in its own care and custody are receiving an education.

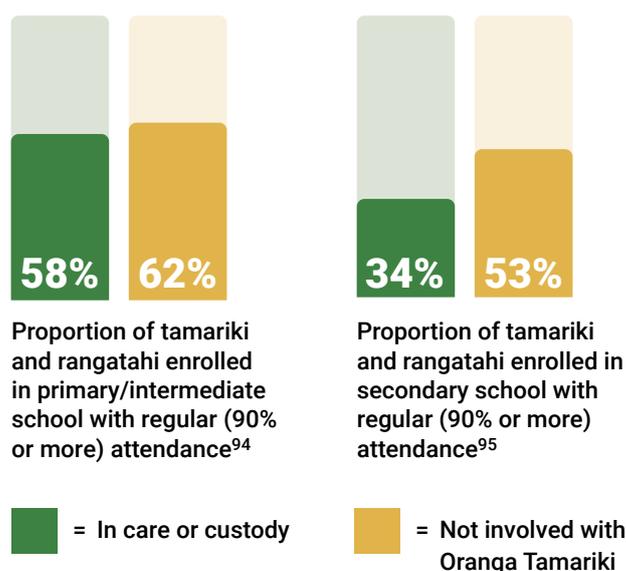
School attendance is lower for tamariki and rangatahi in care than for the non-care population

The Government has set a target of 80 percent of students attending regularly (for 90 percent or more of the time) by 2030. Budget 2025 included \$140 million more over four years (2025–2029) for attendance initiatives.

We have been able to use the IDI to compare groups of tamariki and rangatahi. This shows that primary school attendance rates for tamariki and rangatahi in care are comparable with those who are not involved with Oranga Tamariki. However, there is a stark difference in secondary school attendance.⁹³

Secondary school attendance is much lower for tamariki and rangatahi in care compared to tamariki and rangatahi who are not involved with Oranga Tamariki

IDI data 2023



This is even more concerning when we consider that attendance figures are based on school rolls. As such, they do not include those tamariki and rangatahi discussed above who do not have any educational enrolment at all. This group of tamariki and rangatahi is invisible in the Government's attendance targets.

⁹⁰ Data provided by Oranga Tamariki for 2024/25 does not distinguish between tamariki and rangatahi who are not enrolled and tamariki and rangatahi with no record of a school enrolment.

⁹¹ Education Counts provides a dashboard on school attendance and states that “it does not include students of compulsory school age who are not currently enrolled in any school”. educationcounts.govt.nz/statistics/daily-attendance-dashboard#view3

⁹² Oranga Tamariki has conducted two pieces of special case file analysis to understand the reasons for care entry. Although numbers are small, the analysis shows that “school non-attendance” was cited as one of the reasons for Oranga Tamariki bringing some tamariki and rangatahi into care in 2025. We understand that care entry is complex and we recognise that there will often be multiple reasons.

⁹³ The 2023/24 Aroturuki Tamariki report on outcomes for tamariki and rangatahi Māori in the oranga tamariki system shows that, for Māori in care or custody, regular primary and intermediate school attendance rates were higher in 2022 than for those tamariki and rangatahi Māori with no involvement with Oranga Tamariki.

⁹⁴ The same data shows that chronic absence (present for less than 70 percent of the term) was higher for primary/intermediate school students in care and custody in 2023 (10 percent) compared to those with no involvement with Oranga Tamariki (6 percent).

⁹⁵ The same data shows that chronic absence (present for less than 70 percent of the term) was much higher for secondary school students in care and custody in 2023 (32 percent) compared to those with no involvement with Oranga Tamariki (12 percent).

We continue to hear about barriers preventing tamariki and rangatahi in care from accessing education

During our 2024/25 regional engagements, we heard familiar stories about tamariki and rangatahi in care being left without any educational placement. We have reported on this previously.⁹⁶

We don't always hear whether tamariki and rangatahi in care are unenrolled due to having been suspended or excluded. The Ministry of Education advises that stand-downs, suspensions, expulsions and exclusions have specific legislative provisions, process and accountabilities. These are different from those that apply more generally to enrolment and attendance.

Regardless of the reason for having no educational placement, we continue to hear from tamariki, rangatahi, caregivers and kaimahi that some tamariki and rangatahi are left idle during school hours, sometimes sitting in Oranga Tamariki site offices with minimal adult supervision.

We have reported on barriers to enrolment over several years, and it seems clear that there is no single factor or set of circumstances that prevents education being offered to tamariki and rangatahi in care. The most commonly identified barriers are poor information sharing, poor communication, negative attitudes towards those in care and a lack of advocacy from and between Oranga Tamariki, the Ministry of Education and individual schools.

The unenrolled tamariki and rangatahi we spoke with in 2024/25 weren't always able to tell us why they had no enrolment, but a few said it was because Oranga Tamariki had not supported them to enrol.

"They haven't put me in school since I've been in care. That was back when I was 11."

RANGATAHI (AGED 16)

"It sucks, basically – I really want to go back to school."

RANGATAHI

A small number of caregivers and whānau members also spoke about tamariki and rangatahi in care being unable to get a school enrolment.⁹⁷ They attributed this to Oranga Tamariki, either for providing insufficient educational support or for being willing to accept non-enrolment.

"[Rangatahi] was only allowed to stay at school for two hours. [Oranga Tamariki] didn't give enough support [for rangatahi to stay and be supported to learn in school]." WHĀNAU CAREGIVER

"All kids need some form of education, but Oranga Tamariki get on their [rangatahi] case in some cases when they don't go to school. But here [with this rangatahi], [Oranga Tamariki] were allowing her not to go." WHĀNAU CAREGIVER

A site leader from Oranga Tamariki demonstrated this when they were critical of a care provider that only accepts group home and caregiver referrals for tamariki and rangatahi who are enrolled in school. The site leader implied that the provider should accept tamariki and rangatahi without school enrolments and told us it takes time to coordinate support with the Ministry of Education after a student has been excluded.

Similarly, an iwi youth justice provider told us that rangatahi are missing out on NCEA credits they have earned because their Oranga Tamariki social workers have not enrolled them in Te Kura (correspondence school).

In our 2024/25 regional engagements, Education kaimahi told us Oranga Tamariki sometimes fails to provide basic information to schools.

"Yesterday, we got an enrolment application from Oranga Tamariki ... on the application, we got no phone number, no email, basically we only have a physical address. It makes it really difficult for us to start the enrolment process and start the learning process." EDUCATION KAIMAHI

"Sometimes we encounter barriers because not everyone is as forthcoming as they should be, particularly in terms of communicating to us the required information ... When this happens, the child suffers ... the enrolment process takes longer than normal."

MINISTRY OF EDUCATION LEADER

⁹⁶ Our 2022/23 and 2023/24 *Experiences of Care in Aotearoa* reports included many accounts of school-aged tamariki and rangatahi being unoccupied during the day with no school placement.

⁹⁷ This year's Oranga Tamariki caregiver survey also shows that support for educational needs was the most common need reported among caregivers. The top three educational support needs raised by caregivers in the survey are behavioural (28 percent), learning support (27 percent) and engaging with school (13 percent).

However, when we spoke with kaimahi from Oranga Tamariki about school enrolments, we heard several accounts of the Ministry of Education being unhelpful.

"[Child] was stood down. [Oranga Tamariki] contacted [Ministry of Education], gave back story and summary, any advice and guidance welcomed. But they just said if he is in the zone for another college, enrol him there. [It was] not helpful." ORANGA TAMARIKI KAIMAHI

"There are too many kids not in school. [Ministry of Education] falls into that. A lack of resources, processes not followed on [Ministry of Education] side." ORANGA TAMARIKI REGIONAL LEADER

We also heard familiar accounts of individual schools being unwilling to accept enrolments from tamariki and rangatahi in care.⁹⁸ Oranga Tamariki kaimahi attribute this to stigma around care status and perceptions of disruptive behaviour.

"With our kids who have the greatest need, Education don't want to have a bar of them cos they are too hard. That is the reality. The other day, one of my site managers told me that a school have said that a child will never go back to their school and no other schools will take them. That is part of the challenge for me" ORANGA TAMARIKI REGIONAL LEADER

"[Local college] are not very welcoming there. They have labelled our kids '[Group home name] kids' and it's shocking ... I think there is already a bias against kids in care. There is a natural bias against kids in care as it costs them more. [Ministry of Education] have to compel [local college] to take the kids." GROUP HOME LEADER

Oranga Tamariki and the Ministry of Education tell us the lack of information sharing hinders school enrolments

We have heard for many years that poor information sharing at a local level is what hinders school enrolments. This is particularly the case when Oranga Tamariki withholds information about tamariki and rangatahi being in care, presumably to avoid stigma or because they feel unable to share this information. We heard several similar accounts this year.

"In our system, we cannot find all the students in [Oranga Tamariki] care – we may not always know." EDUCATION KAIMAHI

"Sometimes it is legally bound that you can't know but it prevents us putting boundaries in place at school to wrap around the students. If we knew of a student being with Oranga Tamariki, we need to identify who needs to be in place to support them. It makes it very hard for us to put whatever support in place at school if we don't know, and it might lead to negative interactions at school because there isn't a context or understanding that can escalate as well." SCHOOL LEADER

"The Oranga Tamariki involvement is a challenge because we don't usually know they have Oranga Tamariki involvement. That's our biggest struggle." SCHOOL LEADER

"No one knows whether the children [enrolled at our school] are in care and we are unable to discern and to have an understanding what schools are expected to deliver. [Oranga Tamariki] were very surprised to hear the disconnect. There is a belief that [information sharing with Oranga Tamariki is] undertaken [but] these are not working." SCHOOL LEADER

We also heard that information about specific tamariki and rangatahi needs is often not forthcoming from Oranga Tamariki and that this prevents enrolments progressing.

"Often we're not told stuff we really need to know, particularly when we enrol students. We got to a point where we refused to enrol any students connected to Oranga Tamariki unless they had [a Ministry of Education] representative in the room. [Oranga Tamariki] wouldn't tell us information from previous incidents from [the child's] previous school as they didn't want us to be biased against an enrolment decision." SCHOOL LEADER

"Oranga Tamariki is not responsive to pursue any conversation to discuss the situation, at least to let us know the needs of the child. It is hard to step in without understanding what happened and what needs to be done. We're setting the child to fail in this situation." SCHOOL LEADER

Education kaimahi told us that, when schools don't know the history or needs of students, they can't put appropriate support in place. This "sets students up to fail".

⁹⁸ We heard this particularly in Greater Wellington in 2024/25 but we have heard this in several other regions in previous years.

Oranga Tamariki and the Ministry of Education have now started monthly information shares

In response to our 2023/24 *Experiences of Care in Aotearoa* report, the Ministry of Education referred to joint work with Oranga Tamariki “to support children in care to engage and succeed in education”. As outlined above, this was to include actioning the agencies’ information-sharing agreement on enrolment and attendance data, with the first data share scheduled for February 2025. The Ministry of Education has confirmed that, following technical delays, the first information share took place in November 2025. We understand monthly information shares were to follow.⁹⁹

We recognise that the information shares are still new for both agencies. However, when we spoke with the Ministry of Education about the detail behind the information-sharing provisions, we heard that information about school enrolments and attendance for tamariki and rangatahi in care would be shared at a national level by the Ministry of Education with Oranga Tamariki. The Ministry expects that Oranga Tamariki – in the place of the parent – would follow up on enrolments and attendance at the local level and, if necessary, lodge complaints with individual school boards and then with the Ombudsman if schools refuse enrolments.¹⁰⁰

We have questioned why the same information is not being shared across and within the Ministry of Education to facilitate enrolments. The Ministry of Education has advised it is working in one region to share education data supplied under the information-sharing agreement. Work will begin in 2026 to trial processes aimed at supporting tamariki and rangatahi in care in the region to transition from ECE to school, to improve school attendance (for those with chronic attendance) and to enrol them back into school (where they are not enrolled).

The Ministry of Education has also advised that the development of two new data shares is in progress for 2025/26. One will focus on stand-downs, suspensions, exclusions and expulsions and the other will focus on interventions and learning support. Both are scheduled to be developed by 30 June 2026. The overall information-sharing agreement between Oranga Tamariki and the Ministry of Education will also be reviewed by this date.

We look forward to receiving and analysing the data from these information shares for our future reports.

The Ministry of Education has told us about other work it is doing to support access to education

The Ministry has advised that it understands the evidence showing high numbers of non-enrolled tamariki and rangatahi in care. It also understands the impact of stand-downs, suspensions, exclusions and expulsions on non-enrolment. The Ministry is reviewing its protocol with Oranga Tamariki, the first stage of which will focus on chronic attendance (attendance at less than 70 percent) and be completed by 30 June 2026. The second stage will seek to update the protocol between Oranga Tamariki and the Ministry of Education to include non-enrolled tamariki and rangatahi. This is planned to begin in 2026. The Ministry had told us that our findings align with improvements it is making for tamariki and rangatahi who are not enrolled in education.

We recognise that traditional school settings may not be appropriate for all tamariki and rangatahi in care. Other options exist within the education network that are not being made available to them. We have heard that learning through Te Kura, for example, is not always possible in care settings without an appropriate adult available to support and supervise tamariki and rangatahi during school hours.

⁹⁹ Ministry of Education response to Aroturuki Tamariki 2023/24 *Experiences of Care in Aotearoa* report, February 2025. aroturuki.govt.nz/assets/Reports/EOCR2324/MoE-Response-to-EoCA-2023-24.pdf

¹⁰⁰ The NCS Regulations state that, where a dispute arises about enrolment at any particular school, the chief executive of Oranga Tamariki “must take steps to resolve the dispute, including, where necessary, bringing legal proceedings” (regulation 38(2)).

Tensions remain over roles and responsibilities between Oranga Tamariki and the Ministry of Education

In our 2024/25 regional engagements, we heard very familiar experiences of the tension over roles and responsibilities between Oranga Tamariki and the Ministry of Education. We continued to hear about stand-offs between Oranga Tamariki and the Ministry and/or individual schools about which agency will fund educational supports for tamariki and rangatahi in care with particular needs.

At the heart of these disagreements is the question of responsibility. Tamariki and rangatahi in the care and custody of Oranga Tamariki are in State care, but we continue to hear kaimahi from the Ministry of Education discussing Oranga Tamariki as if it is solely responsible (as the parent). This is a narrow view of the Ministry's legal responsibilities, focusing only on express legal obligations and reinforced by the lack of obligations placed on other agencies in the NCS Regulations. This narrow view ignores the Ministry's wider responsibilities as a children's agency and a party to the Oranga Tamariki System Action Plan. It also ignores its own commitments as set out in accountabilities mechanisms such as the Ministry of Education's strategic intentions.¹⁰¹

When kaimahi from the Ministry of Education refer to agency responsibility, it is often in the context of funding.

"Some agencies say we will not do anything between 9am and 3pm because that's on [Ministry of Education] but sometimes it doesn't work like that ... we need Oranga Tamariki to understand how our funding works. We don't have readily available flexible funding to step into those gaps."

MINISTRY OF EDUCATION LEADER

"I think [Oranga Tamariki] believe that maybe the [Ministry of Education] will pay for it and support between 9am and 3pm, but that is a myth and a lack of communication. Maybe an agreement at very high level needs to occur so there is very clear guidance so it can be more transparent."

MINISTRY OF EDUCATION LEADER

"And just on 9am to 3pm with [Ministry of Education] being responsible, I've also heard that that messaging was shared from very high up in Oranga Tamariki, and it was seen as 'here's one way to save a bit of money', so anything between those hours that was going to be on Education."

MINISTRY OF EDUCATION LEADER

Some Oranga Tamariki kaimahi told us that the Ministry of Education tries to pass the responsibility to fund education supports over to Oranga Tamariki and that they "aren't pulling their weight".

"Same with education, schools even look at us, if a kid's disengaged, well it's for [Oranga Tamariki] ... There are issues about who's going to fund, they always look towards [Oranga Tamariki]."

ORANGA TAMARIKI KAIMAHI

"There is an unspoken thing that, once Oranga Tamariki is involved, we will do everything."

ORANGA TAMARIKI KAIMAHI

The learning support needs of tamariki and rangatahi in care, and which agency will fund them, continues to be a source of contention between agencies.

This year, we heard from kaimahi at the Ministry of Education that the care status of tamariki and rangatahi is not always known unless referrals have come in for learning support practitioners or Ongoing Resource Scheme (ORS) funding.

"Not every child that is known to Oranga Tamariki is necessarily connected in with [Ministry of Education] or even known to the school that they are in care or involved with the system ... In fact, it's rare we know every child in the Oranga Tamariki system, we support to be inclusive and responsive to all children."

MINISTRY OF EDUCATION LEADER

¹⁰¹ The Ministry states it is steward of the education system (which includes the provision of the education network across the country), with a purpose the deliver equitable and excellent outcomes. Ministry of Education. (2024). *Strategic intentions 2025–2029*. education.govt.nz/our-work/publications/corporate-documents/strategic-intentions

We wanted to know how much Oranga Tamariki spent on learning support for tamariki and rangatahi in care during the reporting period. Oranga Tamariki told us it is unable to isolate this information but it spent \$7.699 million on education-related costs during the reporting period, including school fees and uniforms.¹⁰²

Oranga Tamariki has also completed a review of student aide support with recommendations being progressed as initiatives under the Oranga Tamariki System Action Plan 2025/26. Oranga Tamariki has advised that this work ties in with the updated memorandum of understanding with the Ministry of Education. Work underway or planned includes revising inter-agency guidelines on student aide support and a gap analysis relating to student aide funding. Oranga Tamariki practice guidance has also been updated.

This is the fifth year in which we have reported on tamariki and rangatahi missing out on education. Although the Ministry of Education takes a narrow legal view of its responsibilities, there is broader legislation and ministerial expectation that enable the Ministry to more actively meet the education needs of tamariki and rangatahi in care. As we stated last year, the State must be a model parent.¹⁰³

In discussing its responsibilities towards tamariki and rangatahi in care, the Ministry of Education has confirmed its position that:

- under sections 35 and 36 of the Education and Training Act 2020, students between the ages of 6 and 16 years must be enrolled and attend school
- under sections 243 and 244, parents and legal guardians commit an offence if this does not occur
- where Oranga Tamariki holds legal guardianship, it is responsible for school enrolment and attendance

- as steward of the education system, it is responsible for enabling school enrolment and attendance, which includes contracting the attendance service to support parents, legal guardians and/or Oranga Tamariki to meet their requirements
- where barriers for enrolment and attendance exist, agencies must work together to resolve access issues.

We did hear examples of what is possible when agencies work together

During our 2024/25 engagements, we did hear what is possible when agencies work together. We heard a few examples of Oranga Tamariki, the Ministry of Education and schools working well to support tamariki and rangatahi in care. One such example is the Tautoko panel in Te Tai Tokerau.

“We also have a Tautoko panel [a group of professionals who meet regularly in Te Tai Tokerau] that’s a bit higher level, which was set up to support the process of supporting tamariki known to Oranga Tamariki. This group helps us sort out any issues and challenges that come up ... The last couple of years that we have this [Tautoko] panel, it is easier to coordinate work and find solutions to any barriers that come our way, in supporting young people in their education. You know who to reach out to, you can connect to the right person and tell what are needed and we problem solve together.”

MINISTRY OF EDUCATION LEADER

In these instances, kaimahi told us that information sharing and good communication ensure that tamariki and rangatahi in care have their educational needs met and will be able to achieve positive educational outcomes.

¹⁰² Oranga Tamariki spent \$8.8 million on education-related costs in 2023/24, including \$3.3 million on teacher aides/assistance.

¹⁰³ This sentiment is shared by former Chief Ombudsman Judge Peter Boshier. “And so I think a really important point I want to make is that when the state - often compulsorily - assumes care of someone, it’s got a profound duty of care. So I want agencies to demonstrate change and improvement, and that is something I know the public looks to the Ombudsman for. The reason I found the job of Chief Ombudsman so important is because of this huge duty the state has, when the state assumes care, to get it right.” Penfold, P. (2025, October 25). ‘He begged for pain relief’: The story behind the boy failed by his carers before he died. [stuff.co.nz/nz-news/360865704/he-begged-pain-relief-story-boy-failed-his-carers-he-died](https://www.stuff.co.nz/nz-news/360865704/he-begged-pain-relief-story-boy-failed-his-carers-he-died)

We also heard a positive account from a school about how it has worked with the Ministry of Education and an NGO to overcome the challenges presented by tamariki and rangatahi with concerning behaviours.

"We were told about a child who had committed sexual assault ... We reached out to [Ministry of Education] to get full wraparound support to have a teacher aide to help teach this student what is right and what wasn't. We worked with WellStop.¹⁰⁴ He left school with qualifications, and he never did anything inappropriate. The times he did minor things, we got WellStop. So this thing

about not telling schools to prevent prejudice is not right, we are not like that, we will accept and support, if we know there is funding available and we can accept and support them." SCHOOL LEADER

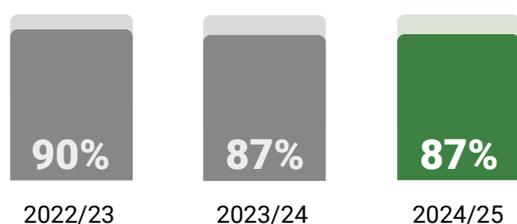
In 2023/24, we reported on the positive difference that the Oranga Tamariki senior advisor education and health role was making in the regions we visited. In our three regional engagements in 2024/25, we heard that at least one of these regional roles has been vacant for a number of years. This is another missed opportunity.

Establishing, maintaining and strengthening whānau connection continues to be an area of good practice for Oranga Tamariki

The NCS Regulations include a requirement that tamariki and rangatahi are supported to remain in contact with their parents, whānau and families while in care. This is important because it contributes to feeling loved and having a sense of belonging and identity, which support wellbeing. It is also helpful for long-term stability as there will come a time when tamariki and rangatahi return home or age out of the oranga tamariki system.

Whānau connection is an area of stability and good practice

Oranga Tamariki data:¹⁰⁵ Support provided to establish, maintain or strengthen whānau connection



There is room for improvement for tamariki and rangatahi Māori who are supported to establish and maintain whānau connection at a lower rate than other tamariki and rangatahi in care.¹⁰⁶

The generally high rates of whānau connection were confirmed in the majority of our regional engagements during the reporting period. Many tamariki and rangatahi told us about positive

connections with whānau (including parents and siblings) and that the frequency of whānau contact feels right. They told us about in-person visits as well as phone and video calls when kanohi-to-kanohi contact is difficult. Some tamariki and rangatahi spoke of daily phone calls or being able to call whānau whenever they want. Some spoke of weekly visits or being able to see whānau whenever they want.

"Can talk to [whānau] Wednesday and possibly Saturday because that is all the free time I have. I can call them whenever I want." RANGATAHI

"Ask the staff to speak to my nan. I get to speak to her as much as I want to." RANGATAHI

"Pretty grateful for the video calls. I worry about what happens on the outs [outside the residence] and that whānau are okay. I'm happy I get to do the video calls because sometimes I can't remember what they look like, since I have been in here a while." RANGATAHI

"[Mum] is doing great and coming around and spending time with us. The other person is my sister, we do movies and stuff like that." CHILD

"When my brother and sister comes over, we play games. Have a card game, car game and Lego games. Play Roblox. We can play three player with [my] brother and sister on iPad, computer and phone." CHILD

¹⁰⁴ WellStop is an NGO working to eliminate harmful sexual behaviour.

¹⁰⁵ Note this is a different measure from Oranga Tamariki lead indicator 4, which measures the proportion of tamariki and rangatahi whose needs related to whānau connection are identified and addressed in their plan (85 percent in 2024/25).

¹⁰⁶ 85 percent of tamariki and rangatahi Māori were provided (either directly or through caregivers and/or whānau) with support to establish and maintain whānau connection. This compares with 91 percent of tamariki and rangatahi who are not Māori.

This was supported by many caregivers, whānau members and kaimahi from a range of organisations we spoke with. The majority gave positive accounts of whānau connection for tamariki and rangatahi in care, with some also discussing how tamariki and rangatahi have decided who they want to be in contact with and how much contact they want.

"I visit twice a week ... He has decided who to be on his contact list. There's not many: me, my mum, his grandfather – his dad's dad, who I have taken in to visit [young person]. And then there's his brother..." PARENT

"[My daughter] contacts myself and an uncle ... I hear from her every night." PARENT

"[Tamariki] keep in touch with their great grandparents and see them every school holidays ... [great grandad] usually takes them out and they see their siblings ... He will take them to the pools and get ice cream and all that."

NON-WHĀNAU CAREGIVER

"For me that's [connection with whānau] mainly just his choice. He's got access to them through his phone. I know he talks to his sister and mum ... I hear him on the phone." GROUP HOME KAIMAHI

"Yes [whānau can visit] if they've made a phone call and arranged it. We tell the kid that they can visit whānau but we need to go through the whānau engagement worker. We need to make sure they are safe to visit at home."

GROUP HOME KAIMAHI (ORANGA TAMARIKI-RUN)

"If [rangatahi] are from out of town and whānau can't visit in person, [case leaders] help to do video conferencing once a week."

RESIDENCE LEADER

Some tamariki and rangatahi also told us about special occasions and outings. These included a sibling's birthday, visiting whānau in another region during school holidays and, in one case, visiting a parent overseas.

A couple of tamariki and rangatahi spoke of not having contact with whānau by their own choice.

"I cut [whānau] all off. They were holding me back and I want to go forwards, not backwards."

RANGATAHI

Similarly to previous years, we also heard from a small number of tamariki and rangatahi that whānau contact was not happening as frequently as they would like. Sometimes tamariki and rangatahi tell us they don't know why. Sometimes it is due to whānau members being unable or unwilling to maintain contact, particularly for tamariki and rangatahi in group homes and residences that may require travel. Sometimes there has been no whānau contact despite it being agreed at an FGC.

"There was agreement in the FGC. One of the conditions is to have a phone call to me at least once a week. I never had any phone call. That's never been a thing. Sometimes my boys just want to hear good night. My son is saying he wants to say goodnight or just wants a cuddle, but I don't know why they're not calling me ... though things are changing now, and I been receiving calls because of [the social workers]." PARENT

(WITH TAMARIKI IN PROVIDER-RUN GROUP HOME)

We heard some tamariki and rangatahi in residences find it difficult to maintain connection with whānau in prison

This year, we heard some tamariki and rangatahi in residences experience difficulties in maintaining contact with parents in prison. Sometimes this is because of the nature of charges.

"I've got a rangatahi who wants to contact dad. Dad is in prison and was told no because of the charges both rangatahi and dad have ... We went to the team leader operations, and she was able to give me guidance on how to approach it. [Rangatahi] is still wanting to talk with dad, but it's a work in progress." NGO KAIMAHI

However, sometimes it is simple logistics that get in the way. We were told about strict time limits for phone calls from prisons, with valuable minutes being used in the time it takes for residence kaimahi to get the child to a phone (or a phone to the child). Although this may affect only a small number of individuals, we heard that inflexibility and/or a lack of coordination in both agencies is a barrier. In our view, it would not take much for Ara Poutama Aotearoa | Department of Corrections and Oranga Tamariki to address this as there is a pro-social benefit for both parents and their children in being able to connect with one another.

“They fail there with Corrections and the youth justice. They just don’t have programmes [to reconnect parents in prison and children in residences]. [Parents] do make an effort when they see their child.” RESIDENCE KAIMAHI

In response to what we heard in these engagements, the Department of Corrections has told us it recognises the significant role family relationships play in wellbeing and rehabilitation and that it prioritises whānau connections as a key contributor to reducing reoffending and improving outcomes. Time limits on phone calls can present challenges but are in place to maintain security and ensure equitable access for all people in prison.

The Department of Corrections went on to state that prison general managers can provide an extension to the time limits in exceptional circumstances and that, where possible, kaimahi work to identify practical solutions, including arranging calls at suitable times and/or exploring alternative options such as video calls. The agency told us it remains committed to working collaboratively with Oranga Tamariki to address barriers and explore improvements that promote safe and pro-social contact.¹⁰⁷

We encourage Oranga Tamariki to continue supporting whānau connection

In its annual report on compliance with the NCS Regulations, Oranga Tamariki cites its strong practice with tamariki and whānau Māori as being behind its high compliance with the NCS Regulations relating to whānau connection. It also states that Oranga Tamariki has “a significant amount of work underway to improve our practice and response to tamariki and whānau Māori, including consolidation of our Māori-centred practice paradigm”.¹⁰⁸

One of the practical enablers we heard about in our regional engagements is financial support from Oranga Tamariki. Some tamariki and rangatahi told us about Oranga Tamariki paying for close family members to visit. This included flights, taxis, petrol vouchers and accommodation. This was supported by some caregivers and whānau.

“Yeah, [mum] hasn’t come before but [she] is coming on Friday. Oranga Tamariki are paying for her flights.” RANGATAHI

“[The acting case leader] sorted out accommodation and petrol for us to visit.” PARENT

“I have a belief that [rangatahi] know they are valued because [youth justice social workers] care. I spend money on sending whānau to visit their rangatahi, so I give petrol vouchers.”

ORANGA TAMARIKI REGIONAL YOUTH JUSTICE LEADER

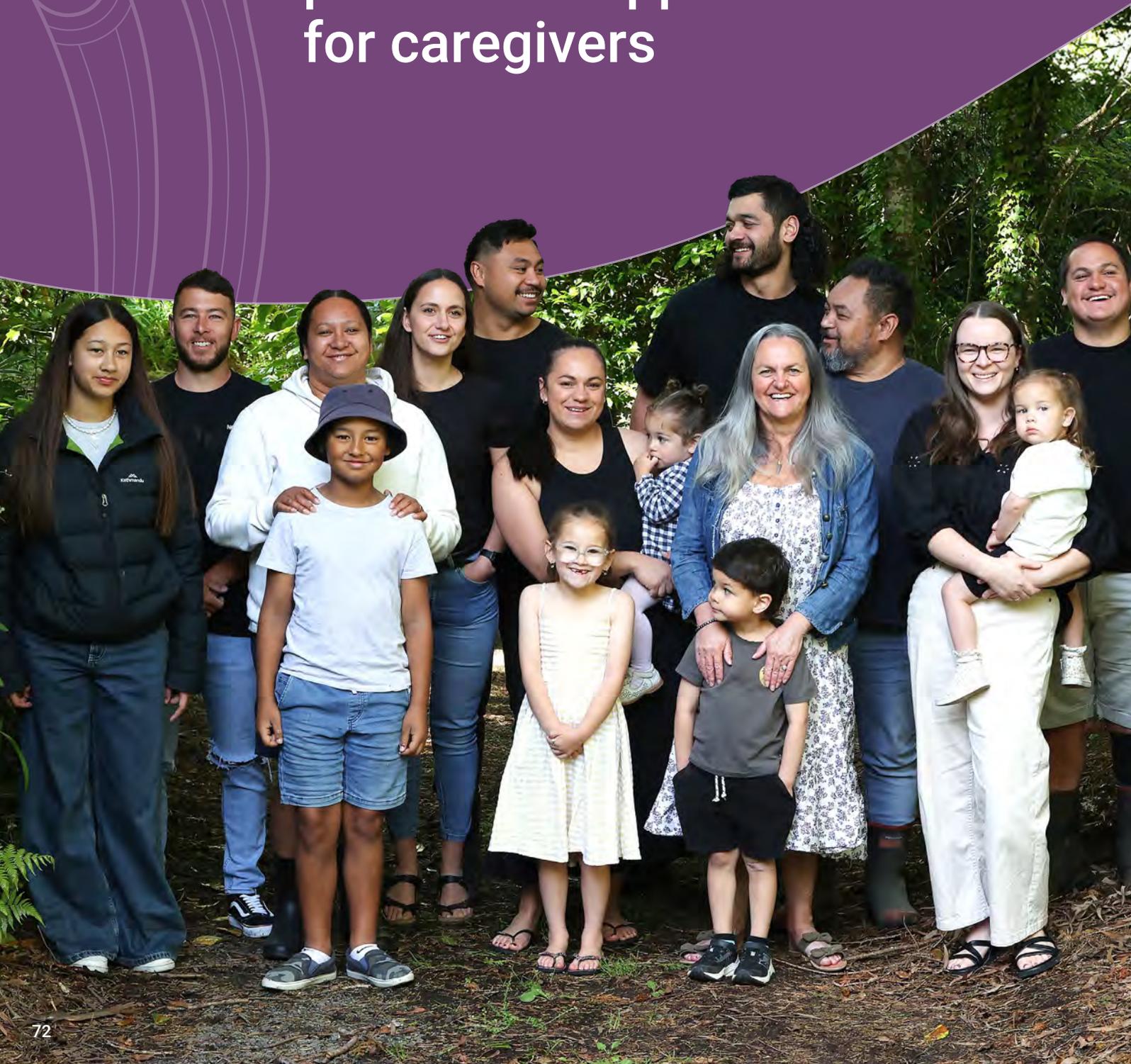
Although this was not consistent and we did hear accounts of funding difficulties, it is encouraging that there is good practice in place to support tamariki and rangatahi in care to remain in contact with whānau. As one Oranga Tamariki leader put it, “it would be dreadful to be isolated in care” – and, as tamariki and rangatahi tell us, it matters greatly to them.

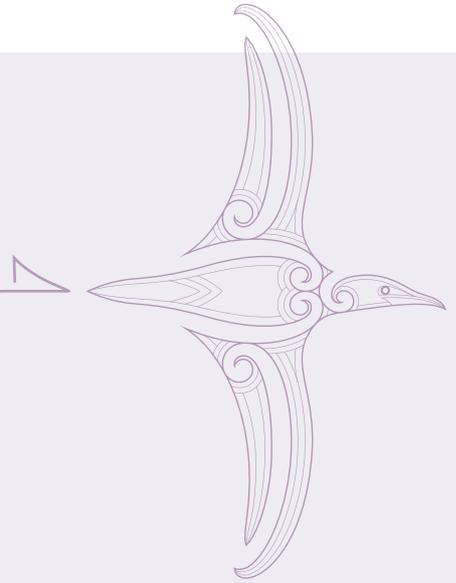
¹⁰⁷ Correspondence from the Department of Corrections, 28 November 2025.

¹⁰⁸ See (p. 109) of reference at footnote 34.

Part 3:

Assessments, plans and support for caregivers





What Part 3 of the NCS Regulations requires

Every caregiver must be assessed and approved before tamariki and rangatahi are placed in their care. Part 3 of the NCS Regulations sets out what must be done before someone can be approved as a caregiver. The same criteria need to be met for whānau and non-whānau caregivers.

To help prospective caregivers decide whether to progress with an assessment to become a caregiver, they must be given information so they and their household understand the role of a caregiver and what will be expected of them.

Once a caregiver is approved, the NCS Regulations require that they are supported to help them meet the needs of tamariki and rangatahi in their care.

The support they will receive must be set out in a support plan. The regulations stipulate that the support plan must be developed as soon as practicable after a decision is made to place tamariki and rangatahi with a caregiver and, if possible, before tamariki and rangatahi are placed with the caregiver. The regulations set out what caregiver support plans must include and how often they should be reviewed.

Some of what caregivers told us about how they are supported

““

“I went through a vigorous process to become a caregiver. There were a lot of meetings and hours. [But] we do have a lot of support.”

WHĀNAU CAREGIVER

““

“We got told about her disability but got limited information around how to work with her needs ... It was really rushed, especially not knowing anything or given any information. We had to do our own research on autism [to be able to work with the child and her needs].”

NON-WHĀNAU CAREGIVER

““

“We had no knowledge of [rangatahi] background. She was basically just handed over.”

NON-WHĀNAU CAREGIVER

““

“There’s a Caring Families programme, Puāwai, that talks about how to support children with disabilities, so we’re learning more and more and it’s fantastic.”

NON-WHĀNAU CAREGIVER

““

“My social worker, she’s really great. She checks in to make sure I’m okay especially around having the boys. She checks in on my week, says hope I enjoyed my week.”

NON-WHĀNAU CAREGIVER

““

“A girl we care [for] regularly had her dental appointment, but it got cancelled. We managed to find another dentist. Nana had to pay and went to Oranga Tamariki to be reimbursed, but that was a struggle.”

NON-WHĀNAU CAREGIVER

““

“Sometimes our board payments don’t arrive. We got part of a board payment. I rang and [Oranga Tamariki] said at least you got some of it. We’ve got bills and food shopping too. That happens a lot.”

FAMILY HOME CAREGIVER

““

“When kids are in your care [and there’s] no All About Me plan or exploration into his behaviour, [it’s not right].”

WHĀNAU CAREGIVER

Summary of compliance

The improvement in compliance with requirements to place tamariki and rangatahi with approved caregivers that we noted in our 2023/24 *Experiences of Care in Aotearoa* report has not been sustained.

Around a third of tamariki and rangatahi are placed with caregivers who are not approved

This year, compliance dropped back to previous levels where around two-thirds of tamariki and rangatahi are placed with an approved caregiver. Oranga Tamariki told us that this data comes from a smaller sample cohort, which makes it more susceptible to year-on-year variations and harder to track changes over time.

A shortage of pre-approved caregivers, coupled with a lengthy and complex approval process, is contributing to non-compliance with placing tamariki and rangatahi with approved caregivers.

There is a balance to be struck between ensuring tamariki and rangatahi are placed in safe environments where their needs are met and the time taken to achieve this.

Oranga Tamariki has taken steps that mean it can provisionally approve more caregivers with a history of offending, where Oranga Tamariki considers it safe for them to provide care for tamariki and rangatahi from their whānau. These changes have not yet led to a change in compliance.

While caregivers are more likely to have a support plan in place this year, they also want more support from Oranga Tamariki

This year, more caregivers had support plans in place. Evidence that Oranga Tamariki social workers are actioning those plans also increased again this year. This follows a commitment from Oranga Tamariki to prioritise support for caregivers following our 2022/23 *Experiences of Care in Aotearoa* report.

Despite this improvement, we continue to hear that caregivers want more support from Oranga Tamariki. Key areas include:

- providing up-to-date information on the needs of tamariki and rangatahi at the time of placement
- ensuring financial assistance meets the needs of caregivers and the tamariki in their care
- making training fit around the needs of caregivers and the tamariki and rangatahi they are caring for
- visiting caregivers as often as required.

The 2024 Oranga Tamariki caregiver survey identifies similar caregiver needs as those we identified in our regional engagements.

The existing priority on ensuring tamariki and rangatahi are placed with approved caregivers and improving support for caregivers, coupled with recent announcements by the Government about further improvements to support for caregivers, leaves us hopeful that we may see improved compliance in future reporting periods. We will be looking at how these changes are being implemented and whether they are resulting in better support for caregivers as part of our ongoing monitoring.

Oranga Tamariki compliance with Part 3 of the NCS Regulations

Fewer tamariki and rangatahi were placed with an approved caregiver

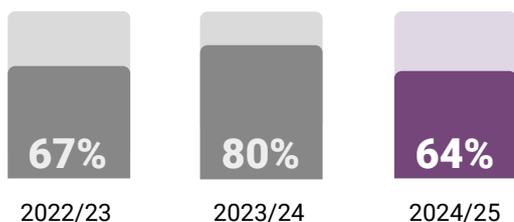
There are four different approval types for Oranga Tamariki caregivers:

- Fully approved – these caregivers have completed the approval process and been accepted as an Oranga Tamariki caregiver.
- Provisionally approved – these caregivers have had checks of their suitability to be a caregiver completed but are yet to complete the full approval process.
- Unapproved (category A) – these caregivers have completed the approval process and have been declined as an Oranga Tamariki caregiver.
- Unapproved (category B) – these caregivers have not completed the caregiver approval process. Their suitability to be an Oranga Tamariki caregiver and any potential risks for tamariki in their care is unknown.

Compliance with placing tamariki and rangatahi with an approved caregiver during the reporting period dropped. Approved caregivers include both fully approved and provisionally approved caregivers.

Around a third of tamariki and rangatahi are placed with caregivers who have not been approved

Oranga Tamariki lead indicator 16: A full or provisional assessment of the caregiver has been carried out prior to tamariki being placed with them



Our 2023/24 *Experiences of Care in Aotearoa* report noted that a higher proportion of tamariki and rangatahi were being placed with approved caregivers than in previous years. However, data provided by Oranga Tamariki for this report

shows that the increase has not been sustained. The proportion of tamariki and rangatahi placed with a caregiver who had been assessed (either provisionally or fully) at the time of placement has dropped back to around two-thirds of tamariki and rangatahi. This means that around a third of tamariki and rangatahi are in placements with caregivers who are unapproved. We cannot tell from the data the proportion of tamariki and rangatahi who were placed with caregivers who have been declined by Oranga Tamariki (category A) or the proportion who have not completed the caregiver process (category B).

Oranga Tamariki told us that this lead indicator is primarily influenced by the number of whānau offering care for tamariki over the review period. Whānau are unlikely to be pre-approved caregivers, and Oranga Tamariki will sometimes decide to place tamariki and rangatahi with whānau before the approval process is completed. The alternative would be for tamariki and rangatahi to be placed with pre-approved non-whānau caregivers, which could mean greater disruption for the young person. Oranga Tamariki also has a shortage of pre-approved caregivers at present.

Oranga Tamariki told us that this lead indicator is based on a small sample cohort, which makes it susceptible to year-on-year variations and harder to track changes over time. It said that this lead indicator looks at tamariki in the sample who were placed with their current caregiver in the 12 months prior to the case review. For both this reporting period and the 2023/24 reporting period, Oranga Tamariki said only around 70 tamariki and rangatahi in the sample met this criterion. Because of the smaller cohort, there is a higher margin of error. Oranga Tamariki said this lead indicator data should be interpreted with caution and acknowledged that there is an issue with the ongoing inclusion of this lead indicator in its self-monitoring approach. It said it will reconsider the lead indicators ahead of next year's reporting.

That tamariki and rangatahi are sometimes placed with caregivers who are unapproved is consistent with what we heard in our regional engagements. We heard that, despite there being a direction from the Minister for Children that no tamariki should be in unapproved placements, it still happens.

Our 2023/24 *Experiences of Care in Aotearoa* report noted that Oranga Tamariki is prevented by its own policies from offering unapproved caregivers the same supports as approved caregivers. This includes board payments, clothing allowance and pocket money. Instead, Oranga Tamariki provides vouchers to these caregivers. We noted that the provision of vouchers is at the discretion of the site and what these caregivers receive in vouchers may not be equivalent value to what approved caregivers would receive in supports. This affects more whānau caregivers than non-whānau caregivers and creates additional work for site kaimahi who need to arrange vouchers for unapproved caregivers.

Data from Oranga Tamariki shows that 17 percent of placements in 2024/25 were with provisionally approved caregivers. Provisional approval applies in urgent situations when emergency action is being taken, it is unsafe or the tamariki and rangatahi are unable to continue living where they have been and an identified whānau member or someone known to the tamariki and rangatahi is able to provide immediate and safe care. Before a provisional approval can be granted, suitability checks must be completed, including police vetting and CYRAS checks. A full assessment must also be carried out as soon as practicable.

Data from Oranga Tamariki shows that, of caregivers who were provisionally approved at the time tamariki and rangatahi were placed with them, around a quarter (23 percent) were fully approved within 30 business days following placement. Just under half (43 percent) took 31–60 business days and around a third (34 percent) took more than 60 business days.

Oranga Tamariki told us it reviewed its policy on provisional approval of caregivers to align with its operational delegations, and the policy is now more flexible. In particular, it said it can now provisionally approve caregivers who have higher levels of past offending. Previously, only offences

such as traffic offences could be considered for provisional approval, but now all convictions can be considered other than murder, manslaughter, rape or sexual offending against tamariki and rangatahi. Oranga Tamariki said this means more provisional assessments can be considered so children are living with whānau at the earliest opportunity.¹⁰⁹ Oranga Tamariki assured us that any offending or findings on CYRAS need to show mitigation of risk with a safety assessment as part of the provisional approval and that this must be “signed off” by the regional commissioner. It also explained that provisional approval does not guarantee full approval status once the caregiver assessment has been completed.

The NCS Regulations require that placements with provisionally approved caregivers be closely monitored until a full assessment has been completed. Data from Oranga Tamariki shows that 28 percent of provisionally approved caregivers were closely monitored during the reporting period.¹¹⁰

As outlined in Part 1 of this report, regular visits with tamariki and rangatahi and quality plans that are informed by needs assessments are crucial to meeting the needs of tamariki and rangatahi. When tamariki and rangatahi are placed with provisionally approved caregivers or unapproved caregivers, it is essential that social worker visits and plans take account of this and provide for additional opportunities to identify and address potential risk. Oranga Tamariki does not monitor whether this happens. In light of its poor compliance with requirements to closely monitor provisionally approved caregivers, we are concerned that this added assurance of safety for tamariki and rangatahi is not happening consistently.

Oranga Tamariki has a focus on caregiver approvals in its National Care Standards Action Plan. While this is largely aimed at reducing the number of tamariki and rangatahi placed with unapproved caregivers, there remains an opportunity for Oranga Tamariki to focus on improving the safety of placements more generally. We hope that a purposeful approach to this will lift compliance in future reporting periods.

¹⁰⁹ The Oranga Tamariki *Safety of Children in Care* report is appended to the organisation’s 2024/25 annual report published in October 2025. orangatamariki.govt.nz/assets/Uploads/About-us/Corporate-reports/Annual-Report/Annual-Report-2024-2025.pdf

¹¹⁰ Oranga Tamariki has changed the data source for this measure and data for 2022/23 and 2023/24 are not fully comparable with data for 2024/25. Data for 2024/25 was measured from January 2025.

Approving caregivers is a complex and lengthy process

As in previous years, we heard that the process for approving caregivers is complex and lengthy. We were told this is because of the numerous assessments and requirements that need to be met, including police checks and home visits. It is also necessary for compliance, because the NCS Regulations require numerous checks to be completed before a caregiver can be approved. In practice, this can lead to tamariki and rangatahi being placed with a caregiver before they are able to be approved, due to a lack of other options.

"I do find the process of getting people assessed and approved as caregivers is just a big issue."

ORANGA TAMARIKI KAIMAHI

A small number of caregivers who we spoke with mentioned that the process to become approved took a long time. One of the caregivers noted that the assessment process was thorough and this ensured they were adequately set up and prepared to care for the tamariki.

"I went through a vigorous process to become a caregiver. There were a lot of meetings and hours. [But] we do have a lot of support."

WHĀNAU CAREGIVER

Some kaimahi told us that, if potential caregivers have a history that includes offending, the approval process takes even longer to complete and can require a special considerations process. In these instances, the reason a caregiver is not able to be provisionally approved may not always directly relate to the safety of the tamariki while in their care. As noted above, Oranga Tamariki recently made changes to its policy on provisional approval of caregivers so that it can now provisionally approve more caregivers with a history of offending, provided it is assessed as safe for the tamariki and rangatahi in their care.

"Some [potential caregivers] have had interactions with Oranga Tamariki in the past and their application can be turned down because of what they were known for years ago. Institutional bias prohibits our whānau to move forward. Their information sits there and it is held against them. Some of it has been 40 years since they had had the run in with the police. They have never had the opportunity to grow and move forward."

ORANGA TAMARIKI KAIMAHI

"[Caregiver assessment] takes a lot of work. I know why they are there though [the assessments]. One lady had many offences, and it had been 10 years since she offended. If someone offended last week, I would say come back in a few years' time. Assessment [is important], we have to do many checks."

ORANGA TAMARIKI KAIMAHI

The average time it takes Oranga Tamariki to approve caregivers has fluctuated over time. This year, the average approval time was 84 days. This is a reduction in time from 2023/24 when it was 101 days but still higher than in June 2023 when it was 56 days.¹¹¹

¹¹¹ The average time for 2024/25 was provided in response to our data request. The data for previous years is recorded in the Oranga Tamariki annual report 2023/24 (p. 58). orangatamariki.govt.nz/assets/Uploads/About-us/Corporate-reports/Annual-Report/Annual-Report-2023-2024.pdf

There is a shortage of pre-approved caregivers for tamariki and rangatahi with complex needs

Like every year, we heard that there is a shortage of available pre-approved caregivers. This may in part explain the decrease in the proportion of tamariki and rangatahi who are placed with approved caregivers – there are simply not enough pre-approved caregivers to place tamariki and rangatahi with.

It can also mean that pre-approved caregivers are asked to provide care for multiple tamariki and rangatahi.

"I am guilty of [placing multiple tamariki with a caregiver]. I know it is not ideal and sometimes not correct. But what could we do? We have kids to place, we cannot separate siblings, we need to bring them together. The families are happy to help. [Caregivers] agree to that too, but sometimes we were left with not many options."

ORANGA TAMARIKI KAIMAHI

"I have a caregiver with eight kids in a four-bedroom house. It's tight. There are lots of kids with different issues ... We don't have enough caregivers, and the reality is that [having eight tamariki in a four-bedroom house] is the only option to bring them together."

ORANGA TAMARIKI KAIMAHI

Overloading approved caregivers makes it difficult for them to meet the needs of all tamariki and rangatahi in their care. It can place additional strain on the caregiver and may lead to burnout. In some cases, it can lead to tamariki being harmed – something we discuss in Part 4 of this report.

A couple of CGRS kaimahi told us that care and protection social workers do not always tell them about the full needs of the tamariki and rangatahi they need to find a placement for. The CGRS kaimahi told us they thought that care and protection social workers think minimising the level of need means a caregiver is more likely to be found.

"The referrals we get, you can see [social workers] are trying to minimise the need because of the lack of caregivers." ORANGA TAMARIKI KAIMAHI

"[Social workers] don't put in the information because they want that placement. Because we have to protect our caregivers and our whānau, the social worker minimises the behaviour."

ORANGA TAMARIKI KAIMAHI

This aligns with what we heard from caregivers that they do not always receive full information on the needs and backgrounds of the tamariki and rangatahi coming into their care. We discuss this in more detail later in this section.

We heard that there is a particular shortage of caregivers able to care for tamariki with more complex needs and disabilities and that tamariki and rangatahi with more complex needs are more likely to be placed in group homes or motels because of this. However, we also heard that group home kaimahi are not always trained to provide the level of care that tamariki and rangatahi with complex needs or disabilities require.

"We have disabled kids in our custody. The biggest issue we have there is that we don't have trained caregivers as such."

ORANGA TAMARIKI SITE LEADER

"[One] kaimahi was assaulted six times by a rangatahi. Our kaimahi are not prepared to manage that behaviour, that is not included in the induction. They need to be trained in this area when tamariki become more physical. The training and the induction do not prepare them to face that behaviour, a mokopuna smashing windows, breaking doors. Our kaimahi have been trying to de-escalate and de-escalate, but [kaimahi] mental wellbeing and physical wellbeing are compromised ... We finally got the support of a psychologist to support [the kaimahi] in terms of managing the high needs mokopuna ... It's about understanding their mahi, on how to support the mokopuna, it's not just teaching [tamariki] to cook their kai and to provide care, but [kaimahi] are doing more than that. I think their role is completely misunderstood." ORANGA TAMARIKI REGIONAL PLACEMENT COORDINATOR

We heard that, when caregivers don't get the training and support they need, it can be a "terrible experience" for the caregiver and the tamariki and rangatahi and can lead to placements breaking down. Sometimes it can lead to caregivers deciding they no longer want to provide care, which further limits the available pool of pre-approved caregivers.

"We have to [provide adequate support to caregivers] as otherwise placements break down, especially with the complex tamariki. And if caregivers are not properly supported then those difficult behaviours don't get addressed."

ORANGA TAMARIKI KAIMAHI

"It can be a challenge to have our caregivers well supported. It can break down a placement if we don't manage it well."

Caregivers being unable or unwilling to continue to provide care was the primary reason for placement changes in 2024/25, with 37 percent of placement changes attributed to this. As we have noted in previous reports, disruptions in placements have been found to have negative psychological, social and educational consequences for tamariki and rangatahi.¹¹² That a third of placement changes are because caregivers are unable or unwilling to continue to provide care suggests that Oranga Tamariki needs to do more to ensure caregivers are adequately supported to meet the needs of tamariki and rangatahi with complex needs. This is critical to achieving good outcomes.

The lack of caregivers makes it harder to access respite, particularly for caregivers of tamariki and rangatahi with more complex needs

The lack of available caregivers impacts on respite and means that sometimes caregivers who need it cannot get breaks. In our regional engagements, we heard that there is not enough funding for respite, particularly for caregivers of tamariki and rangatahi with more complex needs or disabilities. We also heard that it can be difficult to find respite caregivers for rangatahi on remand.

"The whānau caregiver needs a break especially with [high and complex needs] kids and they need specialist respite. I have queried what that [respite] looks like, and they respond 'Oh no, [respite provider] can't do it'."

ORANGA TAMARIKI REGIONAL LEADER

"One caregiver it was hard to get respite for a young man, hard to get caregivers that will provide respite for young people."

ORANGA TAMARIKI KAIMAHI

"The other thing that is really missing is respite care. We only have one respite place in Tauranga and the waitlist is one year."

HEALTH KAIMAHI

The 2024 Oranga Tamariki caregiver survey asked about access to respite and how often caregivers had taken respite. The results of the survey show that around half of caregivers are able to access some respite – 51 percent of whānau caregivers who responded to the survey and 60 percent of non-whānau caregivers reported that respite was available more than half of the time they needed it. Of the caregivers who said they had taken respite in the 12 months prior to the survey, almost a quarter (22 percent) had taken more than 20 days respite. A further 11 percent had taken 15–20 days and another 12 percent had taken 10–15 days.

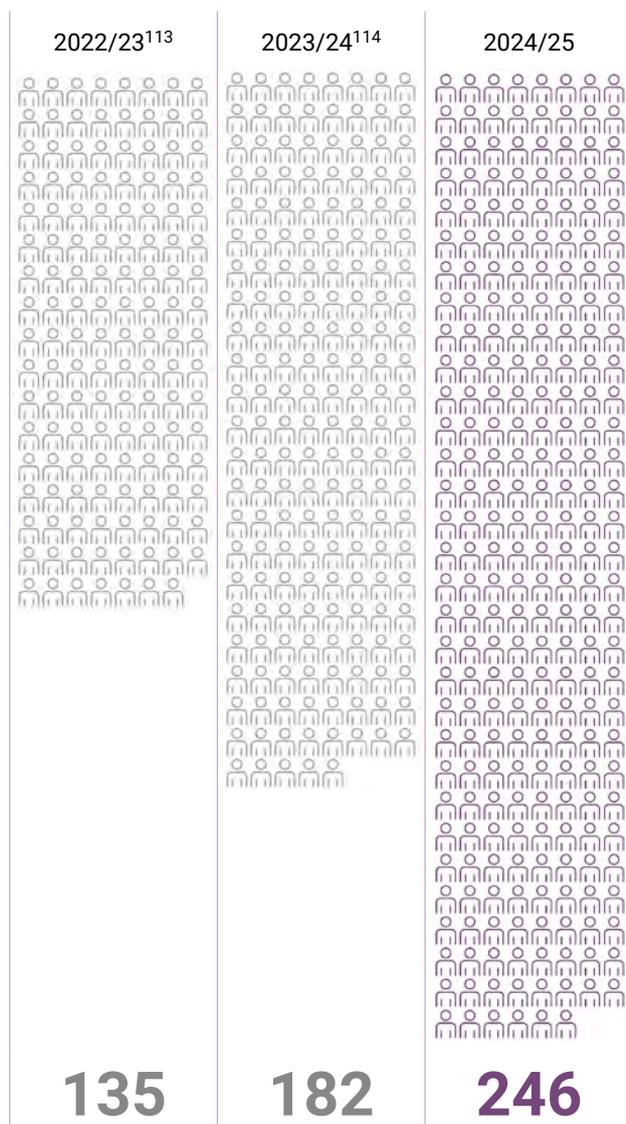
¹¹² Stenason, L., & Romano, E. (2023). Number of placement changes among young people in care: Youth and caregiver associations. *Children and Youth Services Review*, 144, 10637. doi.org/10.1016/j.childyouth.2022.106737

Motel use increased again this year

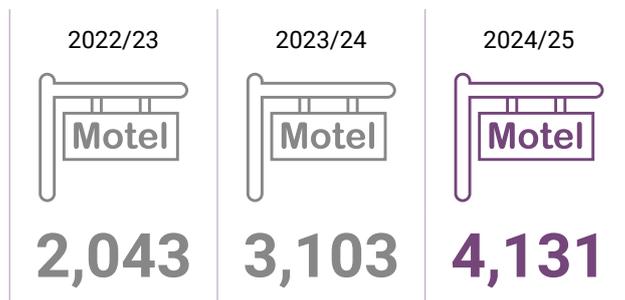
As noted in the *Care settings* section at the start of this report, motels are intended to be used as a placement of last resort. The need to use motels as placements arises when Oranga Tamariki is not able to find another suitable placement – either in the community or a residential setting. While it is intended as a last resort in emergency situations for a short time, the data shows that some tamariki and rangatahi are placed in motels for significant periods and that motel use is increasing with more tamariki and rangatahi placed into motels and for longer.

More tamariki and rangatahi are being placed in motels, and for longer

Oranga Tamariki data: Number of tamariki and rangatahi who stayed in motels



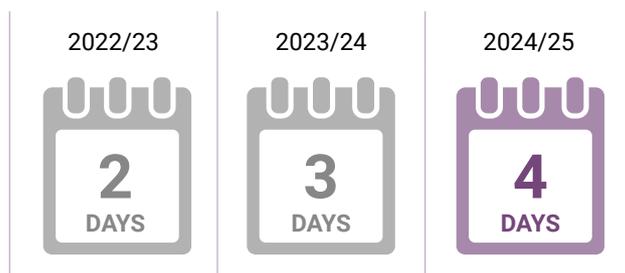
Total number of motel nights



Longest stay in a motel



Median length of stay



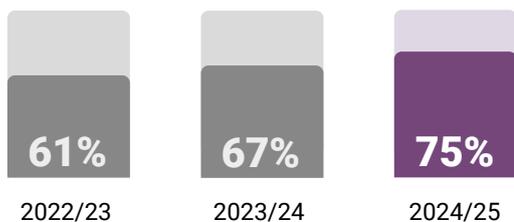
113 2022/23 data was taken from our 2023/24 *Experiences of Care in Aotearoa* report.

114 2023/24 figures differ from our previous reporting due to changes in the data extracted and provided by Oranga Tamariki.

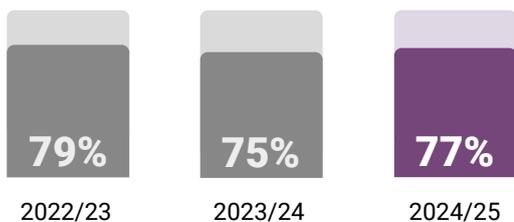
Caregivers are more likely to have a plan that sets out actions to meet needs

Caregivers are more likely to have a plan

Oranga Tamariki lead indicator 17: There is a current support plan that sets out the actions that will be taken to meet caregiver needs, to enable them to provide quality care



Oranga Tamariki lead indicator 18: There is evidence the caregiver social worker is carrying out the actions agreed to in the caregiver support plan



Data shows a continued increase in the proportion of caregivers with a plan that sets out actions that will be taken to meet the caregiver’s needs. There was also a slight increase this year in how often actions in the caregiver support plan were being carried out.

Oranga Tamariki prioritised improving support for caregivers in response to our 2022/23 *Experiences of Care in Aotearoa* report, and this suggests that its efforts may be leading to improved compliance.

However, case file analysis by Oranga Tamariki shows that compliance with most aspects of caregiver plans this year was consistent with 2023/24 and neither improved nor deteriorated. This included across access to training, financial assistance, respite and advice and assistance.

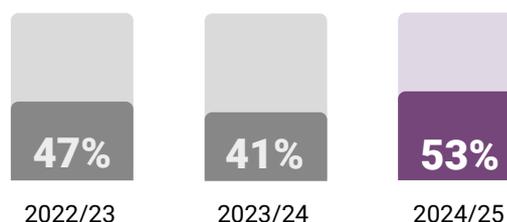
Caregivers are positive about their relationships with their social workers but less positive about Oranga Tamariki as an organisation

The 2024 Oranga Tamariki caregiver survey showed that satisfaction with caregiver social workers remained consistent with the findings from last year’s survey. Around three-quarters of caregivers who responded to the survey said they were satisfied with how their social worker supports them.

This year, there was a statistically significant increase in the proportion of caregivers visited at the frequency in their plan. This suggests that meeting this requirement may have been prioritised within Oranga Tamariki. However, overall compliance with visiting caregivers remains low, with just over half of caregivers visited as often as they are meant to be.

The proportion of caregivers visited at the planned frequency increased this year

Oranga Tamariki data: Proportion of caregivers visited at the planned frequency



The Oranga Tamariki 2024/25 *Compliance with National Care Standards* report states that, of those caregivers with support plans, 96 percent of those plans set out the frequency that caregivers should be visited.¹¹⁵

¹¹⁵ See (p. 111) of reference at footnote 34.

However, data from Oranga Tamariki confirms that, for most caregivers, there was evidence that their social worker contacted them by other means such as calling, emailing or texting either monthly (34 percent) or at least every two months (32 percent). For 2 percent of caregivers, there was no evidence that their social worker had contacted them by other means.

Some Oranga Tamariki CGRS kaimahi told us it is difficult for them to visit caregivers as often as they are supposed to because they have large caseloads, and some cases are complex and require more of their time and attention.

This year, data provided by Oranga Tamariki shows that the average caseload for caregiver social workers was 21.2 caregivers. This is slightly higher than the average of 18.8 that we reported in 2023/24 but still in line with the protocol agreed with the Public Service Association and National Union of Public Employees. That protocol defines a high caseload for caregiver social workers as 30 or more caregivers. Oranga Tamariki told us that four caregiver social workers were holding caseloads above the high caseload threshold as at 30 June 2025.

A small number of caregivers told us they didn't see their caregiver social worker regularly or their social worker was not responsive.

"Took me a long time to find out there was such a thing as a caregiver social worker. I didn't have that for a long time." NON-WHĀNAU CAREGIVER

"[Oranga Tamariki] say I'll get back to you and they don't. Must be a hard job though and it is frustrating." NON-WHĀNAU CAREGIVER

An equally small number of caregivers told us they had regular contact with their caregiver social worker either through visits or calls and that their social worker was accessible and responsive.

"My social worker, she's really great. She checks in to make sure I'm okay especially around having the boys. She checks in on my week, says hope I enjoyed my week." NON-WHĀNAU CAREGIVER

"If there is something not quite right then [we] will ring [the caregiver social worker] and get the support." NON-WHĀNAU CAREGIVER

Despite what appear to be positive results, caregivers are less satisfied this year

Findings from the 2024 Oranga Tamariki caregiver survey show that overall caregiver satisfaction dropped this year. Fewer than half of caregivers reported that they were satisfied or very satisfied with the support they receive from Oranga Tamariki. Whānau caregivers were more likely to be satisfied or very satisfied (48 percent) than non-whānau caregivers (43 percent). The proportion of caregivers who said they were dissatisfied or very dissatisfied stayed the same at around 20 percent of all caregivers.

We note that the 2024 Oranga Tamariki caregiver survey was carried out differently this year. It was conducted in-house by Oranga Tamariki, rather than contracted out, and was sent to caregivers by email only rather than using both email and phone calls as in previous years. It is possible that changes to the methodology have influenced some results.

Preparing caregivers to support tamariki and rangatahi may have improved

In 2024, the caregiver survey results show there was a noticeable improvement in new caregivers feeling satisfied or very satisfied with how Oranga Tamariki prepared them to be caregivers. Non-whānau caregivers were more likely to say they felt very prepared (67 percent) than whānau caregivers (55 percent), but both were an increase on the 53 percent of caregivers overall who said they felt very prepared in the previous survey.¹¹⁶

The 2024 survey identified that two-thirds of non-whānau caregivers and just over a half of whānau caregivers had seen or received a copy of the All About Me plan for the tamariki in their care. However, whānau caregivers were three times more likely than non-whānau caregivers to be unsure whether they had seen or received a copy of the All About Me plan.

¹¹⁶ In 2024, the measure was whether caregivers felt 'prepared or very prepared'. In 2025, this measure was rephrased to 'very prepared or extremely well prepared'.

In our regional engagements this year, we again heard that caregivers felt they were not provided with enough information about the needs and background of the tamariki and rangatahi coming into their care.

“When kids are in your care [and there’s] no All About Me plan or exploration into his behaviour, [it’s not right].” WHĀNAU CAREGIVER

“We had no knowledge of [rangatahi] background. She was basically just handed over.”
NON-WHĀNAU CAREGIVER

“I understand there’s a history for a child and confidentiality, but at the same time, if they are in our care, it helps to know them and their background.” NON-WHĀNAU CAREGIVER

“We got told about [child’s] disability but got limited information around how to work with her needs ... It was really rushed, especially not knowing anything or given any information. We had to do our own research on autism [to be able to work with her and her needs].”
NON-WHĀNAU CAREGIVER

As noted in Part 1 of this report, under the National Care Standards Action Plan, Oranga Tamariki is prioritising having updated All About Me plans for tamariki and rangatahi in its care. Given this focus, we expect to see increased numbers of caregivers reporting having received a copy of the All About Me plan for the tamariki and rangatahi in their care in future reporting periods.

Caregivers have mixed views on financial support from Oranga Tamariki

The 2024 Oranga Tamariki caregiver survey found that just under half of the caregivers who responded, both whānau and non-whānau, were satisfied with the ease with which they could access reimbursements and extra payments from Oranga Tamariki. Almost 60 percent of caregivers, both whānau and non-whānau, said they were satisfied with the time it takes to receive reimbursements and extra payments from Oranga Tamariki.

Some caregivers who responded to the Oranga Tamariki caregiver survey cited positive support from Oranga Tamariki, including training and financial assistance, as reasons they would recommend caregiving to others. Overall, just under half of non-whānau caregivers (47 percent) and just over a third of whānau caregivers (36 percent) who responded to the survey said they would recommend caregiving to others.

However, in our regional engagements, we heard about a lack of financial support for caregivers. Both caregivers and Oranga Tamariki kaimahi told us financial support is not always available when caregivers need it. We also heard getting reimbursed for expenses can be difficult for caregivers.

Oranga Tamariki social workers said that not being able to provide caregivers with financial support when they need it impacts on their relationships with caregivers. We also heard that it makes recruiting caregivers difficult.

Not enough financial assistance to adequately meet the needs of tamariki and rangatahi with diverse needs was cited by some caregivers who responded to the Oranga Tamariki caregiver survey as a reason they would not recommend caregiving. Of the caregivers who responded to the survey, 22 percent of non-whānau caregivers and 16 percent of whānau caregivers indicated they were thinking of stopping being a caregiver.

“The financial impact [is that] we’re meant to provide for [caregivers], but because of the government, there is no money and this affects our caregivers.” ORANGA TAMARIKI KAIMAHI

“[Caregivers] have to go somewhere else. We have to observe [if the] caregiver needs it. We need money for groceries – I used to take a credit card, and now I can’t. Now [I’m] not allowed to. We have to apply for a purchase order, and if it does [get approved], it has to come out in the caregiver’s board payment.” ORANGA TAMARIKI KAIMAHI

“Sometimes our board payments don’t arrive. We got part of a board payment. I rang and [Oranga Tamariki] said at least you got some of it. We’ve got bills and food shopping too. That happens a lot.” FAMILY HOME CAREGIVER

“A girl we care [for] regularly had her dental appointment, but it got cancelled. We managed to find another dentist. Nana had to pay and went to Oranga Tamariki to be reimbursed, but that was a struggle.” NON-WHĀNAU CAREGIVER

We heard that the lack of financial support had been exacerbated by a change in delegations within Oranga Tamariki. In particular, we heard site managers no longer have the authority to approve funding and financial approvals now need to be signed off by deputy chief executives.

“The delegations for [approval of higher fostercare allowance] now sits with two [deputy chief executives].” ORANGA TAMARIKI REGIONAL LEADER

Oranga Tamariki clarified that, for a period, approval of higher fostercare allowance sat with deputy chief executives but that this now sits with national commissioners. It also told us that the standard rates of fostercare allowance,¹¹⁷ travel expenses and support and costs associated with a child’s plan remain with site managers and have not changed during the reporting period.

“We have a caregiver with two little tamariki, and we supported her to get a fence built and it cost \$6,000 and we’re still waiting to hear – it’s been six months. I’ve followed it up right to the [deputy chief executive] and still nothing. Going through all the hoops because our site manager doesn’t have the authority to approve the fence, but he can approve the same amount for a psych assessment.” ORANGA TAMARIKI SITE LEADER

Caregivers want more training but are not always able to access it

The 2024 Oranga Tamariki caregiver survey identified that caregivers want more training, with training on trauma identified most often by caregivers, followed by disability training and de-escalation techniques.

In our regional engagements, we also heard that caregivers want more training but that training was not always accessible. Like the caregiver survey, we heard that training around disability and trauma-related behaviour was something that caregivers felt would help them to meet the needs of the tamariki and rangatahi in their care.

“[Child] showed signs of trauma and she screamed in the care that she was previously in. If someone comes in that she doesn’t know at preschool, she freaks out. Training around this would have been good.” WHĀNAU CAREGIVER

Some Oranga Tamariki CGRS kaimahi told us that the training for caregivers requires a significant time commitment. They said sometimes the training that is offered conflicts with other responsibilities of caregivers, including work and caregiving itself, and this is a barrier to accessing training.

“The training for caregivers, those things take time, and our caregivers are short on time. The training is usually in the evening, because it is impossible to hold this [training] during the day. [Caregivers] are too busy during the day for any training. If a caregiver has lots of kids to look after and if one [kid] wakes up [during evening training], that would be so difficult for them. There should be lots of options [to choose from] to make [themselves] available for the training.”

ORANGA TAMARIKI KAIMAHI

“It’s the time that it takes the training, you know, when you’ve got everyday life, you have kids, it’s hard to make time to look after yourself and the trainings.” ORANGA TAMARIKI KAIMAHI

The caregivers who told us they had accessed training spoke positively about the impact of this for them in their caregiving roles. The Puāwai programme delivered by Caring Families Aotearoa was mentioned as particularly valuable.

“There’s a Caring Families programme, Puāwai, that talks about how to support children with disabilities, so we’re learning more and more and it’s fantastic.” NON-WHĀNAU CAREGIVER

“The other [course] we got sent on was Puāwai [foster carer course] for dealing with children who come into your care, managing your response and behaviour, not escalating situations and why a child might act one way. It’s all about trauma informed practice.” FAMILY HOME CAREGIVER

Data from Oranga Tamariki shows that 713 whānau caregivers, 339 other caregivers completed National Care Standards training and/or Prepare to Care training over the reporting period. The Prepare to Care training is a mandatory component of the full assessment process for caregivers and contains elements of the National Care Standards training.

In addition, Oranga Tamariki has committed to delivering fetal alcohol spectrum disorder learning resources to both social workers and caregivers under the cross-government *Fetal Alcohol Spectrum Disorder Action Plan 2025–2028*.¹¹⁸

¹¹⁷ Oranga Tamariki told us that this rate applies to more than 90 percent of caregivers.

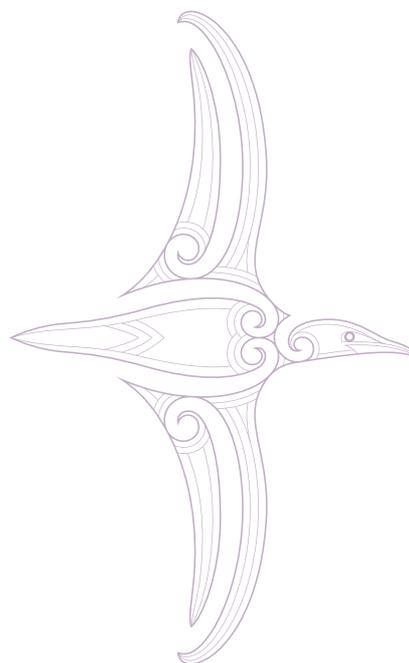
¹¹⁸ See (p. 136) of reference at footnote 109.

More recently, the Government announced it was prioritising support for caregivers and encouraging more people to become caregivers

In August 2025, the Minister for Children announced that the Government was improving support for caregivers to make it easier both to become a caregiver and for existing and new caregivers to receive the support they need.¹¹⁹ The changes include:

- establishing a Caregiver Panel – to ensure caregivers have a strong voice in the services and supports provided to them
- better onboarding of new caregivers by providing more information and guidance during the start of their caregiving journey
- increasing the number of learning modules available to Oranga Tamariki caregivers provided by Caring Families Aotearoa
- improving the approval process for caregivers and ensuring caregivers are fully approved before tamariki and rangatahi are placed in their care
- changing relevant caregiver policies and guidelines to ensure that safe and loving homes are prioritised over other considerations.

Some of these changes speak to issues we have raised over successive reports such as the accessibility of training, the lengthy and complex approval process and placement of tamariki and rangatahi with unapproved caregivers. We will be looking at how these changes are being implemented and whether they are resulting in better support for caregivers as part of our ongoing monitoring and will report on what we learn in our future reports.



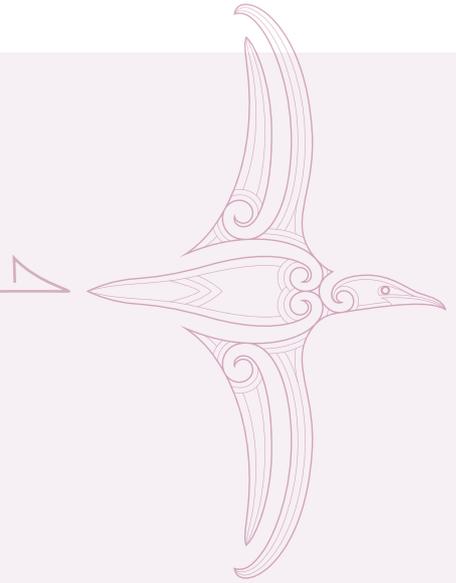
¹¹⁹ Chhour, K. (2025, August 13). *Improving support, encouraging new caregivers*. beehive.govt.nz/release/improving-support-encouraging-new-caregivers



Part 4:

Supporting tamariki and rangatahi to express their views and speak up when something is wrong





What Part 4 of the NCS Regulations requires

Under Part 4 of the NCS Regulations, Oranga Tamariki and other custodial agencies are required to respond to allegations of abuse and neglect of tamariki and rangatahi in care. In carrying out this response, they must ensure that:

- the response is prompt
- information is recorded and reported in a consistent manner
- where appropriate, the child or young person is informed of the outcome
- appropriate steps are taken with the parties to the allegation, including a review of the caregiver plan.

Part 4 also requires that tamariki and rangatahi must be supported to express their views and contribute to their care experience.

They must:

- receive child-friendly information about what they're entitled to under the regulations
- be supported to speak up if they're not getting the care they are entitled to
- have a way to capture the important things that are happening in their lives
- have the opportunity to find out about their potential caregiver before they go and stay with them.

This section of our report focuses on the safety of tamariki and rangatahi in care and complaints and grievances.

Some of what tamariki and rangatahi told us about expressing their views and their safety in care

“

“No point [telling anyone]. The case leaders, the TLOs, they won't do anything. For all we know, they could be telling [the other staff] to give us another

“

“[We] ask about the grievances and the food [at Youth Council]. Residence management is part of it. [Residence manager] is always there ... we all love [residence manager], she is cool as. [It does feel like] they don't care when [we raise things and] it takes a long time to kick in.” RANGATAHI

“

“Most [rangatahi] don't [raise a grievance]. Number one, no need to, and two, it's a snitch form, and three, it's a snitch form.” RANGATAHI

“

“[I] just talk to [practice leader] about [my concerns] ... she does everything she can for us.” CHILD

“

“I do [know my rights], cos of the people around me, they surround me, and they help me.” RANGATAHI

“

“Some [boys] gets bullied, and some don't ... They don't [talk to someone about it]. Because they know that they are going to get a hiding. [Their bullies being] snitched on makes things worser for them.” RANGATAHI

“

“Nothing [would make secure better]. It's just horrible. I don't think there's anything that could fix it. We've put grievances in and nothing ever changes.” RANGATAHI

Summary of compliance

The number of tamariki and rangatahi found to have been abused or neglected has increased

The number of tamariki and rangatahi found to have been abused or neglected while in Oranga Tamariki care has risen from 507 in 2023/24 to 530 in this reporting period. This is in the context of the continuing reduction in the numbers of tamariki and rangatahi in Oranga Tamariki care.

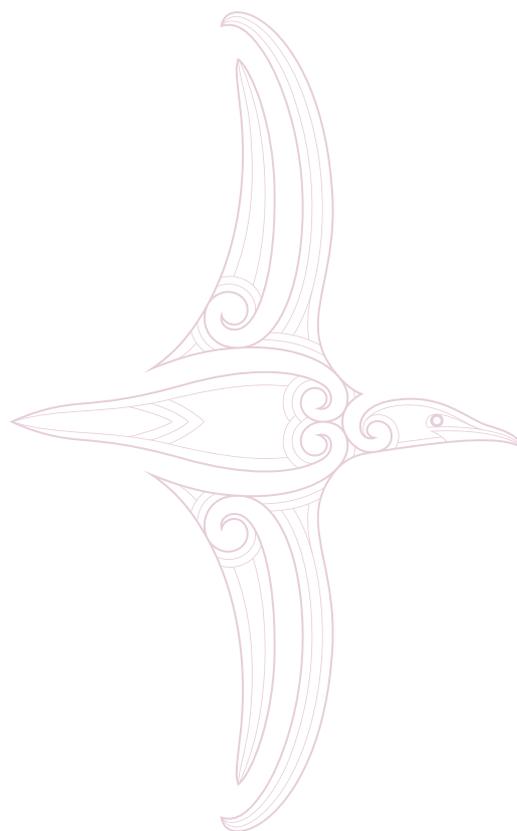
Overall, Oranga Tamariki performance in responding to allegations of abuse has remained similar to 2023/24

The proportion of caregiver plans reviewed in response to reports of concern increased to 81 percent.

Reviews of children's plans and supports in place to address allegations of harm have also remained high over the past three years, averaging around 90 percent. Reviews of plans are critical to ensure the harm experienced is well understood by those providing ongoing care. This enables the provision of services and supports to address the impact of harm.

However, compliance is poorer in relation to the speed of response, and only one-third of tamariki and rangatahi are informed of the outcome of investigations. In line with this, we heard from tamariki and rangatahi that complaint and grievance processes take too long.

In our 2024/25 regional engagements, most tamariki, rangatahi, parents, whānau and caregivers said they understood the process for making a complaint or raising a grievance. This is an improvement on previous years.



Oranga Tamariki compliance with Part 4 of the NCS Regulations

Requirements for keeping tamariki and rangatahi in care safe feature across the NCS Regulations and include in a statement of rights in Schedule 2 that “You and your support worker will also work together to understand what will help you ... feel safe.”

In a recent Oranga Tamariki survey, tamariki and rangatahi were asked about their experiences in care. In response to ‘Do you feel safe where you live now?’, almost all responded ‘Yes, definitely’ (80 percent) or ‘Yes, I think so’ (16 percent).¹²⁰

Most tamariki and rangatahi in care who we heard from in our 2024/25 regional engagements say they feel safe. Additionally, most tamariki and rangatahi in care do not have findings of abuse or neglect.

Nevertheless, 530 tamariki and rangatahi had one or more findings of abuse or neglect while in care. That is around one in 10 tamariki or rangatahi in care.¹²¹

Oranga Tamariki needs to increase its compliance with the NCS Regulations. In doing so, it would deliver a higher standard of care that is likely to reduce harm for tamariki and rangatahi in its care.

For the sixth year in a row, reported abuse and neglect of tamariki and rangatahi in care has increased

A key finding in our 2023/24 *Experiences of Care in Aotearoa* report was that more tamariki and rangatahi were found to have been abused in care. In 2024/25, both the number of tamariki and rangatahi abused or neglected and the number of findings of abuse and neglect rose again.

This increase is against a backdrop of an overall reduction of tamariki and rangatahi in care. This may indicate that tamariki and rangatahi in care are more likely to have been abused during this period than any other time in the past five years. It may also indicate that the reporting of abuse has increased to better reflect actual rates of abuse. Oranga Tamariki has reported that “[m]ore consistent formal reporting and identification of harm in care has contributed to an increase in findings”.¹²² Levels of unreported abuse are unknown. Therefore, we cannot be sure that more consistent reporting is the cause of the increase in findings of abuse.

There were 896 findings of abuse or neglect of 530 tamariki and rangatahi in care in 2024/25. This is 10 percent of all tamariki and rangatahi in care.

Oranga Tamariki data: Number of tamariki and rangatahi in care found to have been abused or neglected in care (12 months to 31 March)

2022/23	2023/24	2024/25
497	507	530

Oranga Tamariki data: Number of findings of abuse and neglect for tamariki and rangatahi in care (12 months to 31 March)

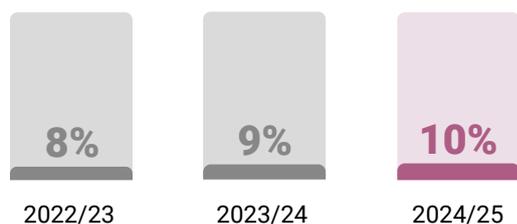
2022/23	2023/24	2024/25
870	858	896

¹²⁰ See (p. 112) of reference at footnote 109.

¹²¹ The reporting period for Oranga Tamariki data on findings of harm is the 12 months to 31 March 2025. Our reporting period is 1 July 2024 – 30 June 2025.

¹²² See (p. 131) of reference at footnote 109.

Oranga Tamariki data: Proportion of tamariki and rangatahi in care found to have been abused or neglected in care (12 months to 31 March)



Oranga Tamariki has four categories of abuse: emotional, physical, sexual and neglect. Oranga Tamariki data shows that the most commonly experienced abuse is physical abuse, followed by emotional abuse, sexual abuse and neglect. This pattern has remained largely consistent since reporting on the NCS Regulations began. However, this year, there were fewer findings of physical abuse than last year (9 percent lower), while findings of emotional abuse, sexual abuse and neglect all increased relative to last year.¹²³

Some tamariki and rangatahi are more likely to be abused or neglected while in care

The over-representation of tamariki and rangatahi Māori in care is also reflected in the numbers being abused. While tamariki and rangatahi Māori make up 69 percent of the care population, they make up 73 percent of those who were found to have been abused in care in 2024/25. This is 386 tamariki and rangatahi Māori who had a finding of abuse or neglect.¹²⁴ This over-representation in the rates of abuse, may be due, in part, from the over-representation of Māori rangatahi in youth justice residences.

Disabled tamariki and rangatahi are also at a higher risk of abuse while in care. Oranga Tamariki estimates that tamariki and rangatahi with diagnosed disabilities made up 30 percent of the care population¹²⁵ and that almost half of the tamariki and rangatahi in care who were abused or neglected are disabled.¹²⁶ The number of disabled tamariki and rangatahi in care who had a finding of abuse increased from 216 to 245 this reporting year – 56 percent of tamariki and rangatahi in residences who had findings of abuse or neglect are disabled.

More than half of all tamariki and rangatahi in care who were abused identified as male. Tamariki and rangatahi who identify as another gender are abused at a higher rate than those who identify as female or male.¹²⁷ While less than 1 percent of the care population identifies as another gender, 16 percent of these tamariki and rangatahi are abused while in care.

Almost half of all tamariki and rangatahi in care who were abused or neglected were aged over 14. The proportion of abuse experienced by rangatahi in the older age group has slowly increased each year since our reporting on the NCS Regulations began. This may be due to the increasing age of tamariki and rangatahi in care overall.¹²⁸ It may also reflect that the highest-risk placement types, residences and group homes focus on providing care for that older age range of rangatahi.

The Oranga Tamariki 2024/25 *Safety of Children in Care* report¹²⁹ provides further information about the tamariki and rangatahi who are being abused and neglected.

¹²³ See (pp. 132–133) of reference at footnote 109.

¹²⁴ See (p. 133) of reference at footnote 109.

¹²⁵ See footnote 34.

¹²⁶ Please note, impairments need to be formally diagnosed to be included in this data. “Disabled people are people who have long-term physical, cognitive, intellectual, neurological, or sensory impairments including neurodiverse conditions such as Fetal Alcohol Spectrum Disorder (FASD), Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.” [orangatamariki.govt.nz/about-us/our-work/supporting-oranga-for-disabled-people/disability-definition](https://www.orangatamariki.govt.nz/about-us/our-work/supporting-oranga-for-disabled-people/disability-definition)

¹²⁷ Oranga Tamariki data uses three categories for gender: female, male, other gender.

¹²⁸ Data about the age of tamariki and rangatahi in care is at the start of this report in the section *About tamariki and rangatahi in care*.

¹²⁹ See (pp. 133–134) of reference at footnote 109.

Half of abuse and neglect in non-family placements occurs in group homes

The number of tamariki and rangatahi found to have been abused or neglected in non-family placements and the number of findings of abuse have continued to increase over the past three years.

Group homes are included in non-family placements, and just over half (51 percent) of the findings of abuse or neglect in non-family placements this year were in group homes. This is a decrease from 63 percent last year.

In its 2024/25 *Safety of Children in Care* report, Oranga Tamariki states that it needs to “continue to understand the risks that exist in the group home setting to improve safety and oranga for this placement cohort”.¹³⁰ It reports that, as part of a focus on group homes, it is mapping homes, improving access to devices for reporting and escalation and strengthening workforce capability.

In comparison, the number of tamariki and rangatahi found to have been abused or neglected in family placements and the number of findings are largely unchanged since last year.

There continue to be disproportionately high rates of abuse in residences, although findings of physical abuse have reduced

There are two types of residences for tamariki and rangatahi in care: care and protection, and youth justice. They are described in the *Care settings* section at the start of this report. In 2024/25, less than 10 percent of tamariki and rangatahi in care spent time in residences.

Again this year, findings of abuse or neglect for tamariki and rangatahi are disproportionately high in residences. Tamariki and rangatahi in residences account for 22 percent of all abuse experienced in care. This is compared to 10 percent of harm experienced by tamariki and rangatahi in care overall.

This is not new. A key finding in our 2023/24 *Experiences of Care in Aotearoa* report was that more tamariki and rangatahi are being abused in care and that there are disproportionately high levels of abuse and neglect in residences.

In 2024/25, Oranga Tamariki data shows that, while the overall number of tamariki and rangatahi in residences who were abused is largely similar to last year, the number of findings of abuse decreased by 14 percent.

The number of tamariki and rangatahi found to have been abused in residences is similar to last year

Oranga Tamariki data: Number of tamariki and rangatahi in residences found to have been abused (12 months to 31 March)

2022/23	2023/24	2024/25
91	118	115

The number of findings of abuse in residences has reduced since last year

(12 months to 31 March)

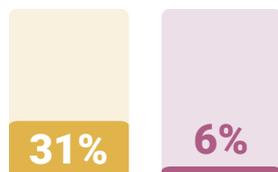
2022/23	2023/24	2024/25
150	228	195

Tamariki and rangatahi who return home or remain home are also at an increased risk of abuse. This is covered in Part 5 of this report.

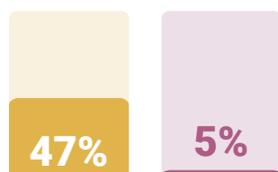
¹³⁰ See (p. 144) of reference at footnote 109.

Tamariki and rangatahi in residences or return or remain home placements are more likely to experience abuse and neglect

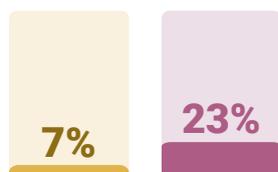
Oranga Tamariki data (12 months to 31 March)¹³¹



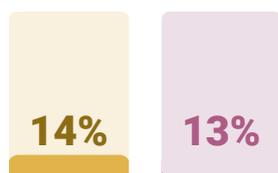
Family placement (approved whānau caregiver)



Non-family placement (includes non-whānau caregiver, group home or independent living)



Residence



Return or remain home

 = Proportion of tamariki and rangatahi in placement

 = Proportion of tamariki and rangatahi abused in placement

Oranga Tamariki reports¹³² that:

- 90 percent of abuse in residences is physical, with most caused by other tamariki or rangatahi in the residences and 12 percent caused by residence kaimahi
- the number of physical abuse findings in residences has decreased, although the number of tamariki and rangatahi found to have been abused has remained about the same
- findings of abuse alleged to have been caused by staff in residences has decreased
- physical abuse by staff usually occurs in the context of staff using excessive force when responding to verbal or physical behaviour of rangatahi
- the number of findings of abuse caused by staff in residences has fluctuated over the past five years.

¹³¹ See (p. 137) of reference at footnote 109. Tamariki and rangatahi can spend time in more than one placement within a year, and individuals may have experienced abuse in more than one placement during the year. Additionally, for this data, the placement type refers to where the individual was living when harm occurred.

¹³² See (p. 146) of reference at footnote 109.

Tamariki and rangatahi in residences continue to tell us about abuse

When we engage with tamariki and rangatahi in care, we do not ask them directly about their experiences of abuse or neglect. Nonetheless, some tamariki and rangatahi disclose this information to us. When tamariki and rangatahi disclose specific information to us, we follow our Child Protection Policy and make reports of concern to Oranga Tamariki. In this reporting year, we made four reports of concern to Oranga Tamariki, the same number as last year.

In our 2024/25 regional engagements, we visited four of the five youth justice residences. We found that the underlying culture, including poorly trained staff and unstructured programmes, contributes to an environment where abuse occurs.

Most of the abuse we heard about in our regional engagements happened in youth justice residences.

We heard from one rangatahi about a serious incident when they were hospitalised by the injuries they received from another rangatahi in a youth justice residence. The injuries this rangatahi sustained will impact them for life.

The following quotes are from rangatahi who were in, or who had spent time in, youth justice residences in this reporting year. For clarity, these quotes are from separate engagements and different rangatahi. The quotes relate to individual experiences in the youth justice residences we visited in the 2024/25 reporting year.

"I'm not really safe in here. Just the staff are a bit odd, [they] all want us to fight, instigating fights [between rangatahi], [give us the] 'green light'. Make the boys fight whoever they don't like [for contraband]." RANGATAHI

"Some [boys] gets bullied, and some don't ... They don't [talk to someone about it]. Because they know that they are going to get a hiding. [Their bullies being] snatched on makes things worse for them." RANGATAHI

"During restraints, [residence staff] would give you a whack, they would restrain you and do the thing that police would do. If someone gets cheeky with the staff – while they are moving [you] to secure." RANGATAHI

Oranga Tamariki still has some way to go to keep tamariki and rangatahi in residences safe

As we reported last year, multiple recent reports, including from Oranga Tamariki itself, highlight the safety issues in residences. This is especially in youth justice residences. Mana Mokopuna | Children's Commissioner, in its monitoring, has also identified serious safety issues in some residences.¹³³

Unlike other care settings, while tamariki and rangatahi are in residences, Oranga Tamariki is directly responsible for their day-to-day safety, care and protection. This is an opportunity to keep these tamariki and rangatahi safe. However, considering the rates of abuse and from what we heard from tamariki, rangatahi and kaimahi throughout the reporting period, there is some way to go.

After we visited four of the five youth justice residences, we informed Oranga Tamariki that we had heard from rangatahi, kaimahi and whānau that secure care is being misused and having a negative impact on rangatahi wellbeing. This is an area for Oranga Tamariki to look into further.

"It's pretty horrible [in secure]. I've been put in there for my safety, as I'm a self-harmer. That doesn't help when you have no one to talk to and no windows." RANGATAHI

"Nothing [would make secure better]. It's just horrible. I don't think there's anything that could fix it. We've put grievances in and nothing ever changes." RANGATAHI

[For] safety, it's for kids who are afraid to go into the open unit, it's for a short time." ORANGA TAMARIKI KAIMAHI

"The only other place they send her is to secure to keep her safe." WHĀNAU

In its response to our 2023/24 *Experiences of Care in Aotearoa* report, Oranga Tamariki told us that it was making residences safer through:

- individualised and targeted action plans for each facility with a focus on reducing harm and improving the environments
- focusing on improving practice for frontline kaimahi through skills training and professional development

¹³³ Mana Mokopuna. (2024). Epuni Care and Protection Residence: OPCAT Monitoring report. manamokopuna.org.nz/documents/816/Epuni_Report_FINAL_wBxQsOK.pdf

- enhancing its legislation as part of the Reducing Youth Offending Programme of work
- completing the roster pilot at Te Puna Wai residence, which is piloting a new, fit-for-purpose roster
- lifting capability through targeted recruitment of frontline staff
- enhancing leadership and culture in residences with a focus on personal accountability
- developing quality assurance of improvement safety and practice at residences.

Additionally, Oranga Tamariki has a focus on reducing peer-to-peer fighting in residences.

We will continue to follow up this work and look for evidence of its impacts in our regional engagements. We expect to see it reflected in the four-monthly progress update from Oranga Tamariki in June 2026. We will also work with Mana Mokopuna | Children’s Commissioner to follow up these changes in its future visits to residences.

Return or remain home placements are another area where abuse and neglect of tamariki and rangatahi needs focus from Oranga Tamariki. This is covered in Part 5 of this report.

Oranga Tamariki does not consistently comply with the NCS Regulations in its response to allegations of abuse and neglect

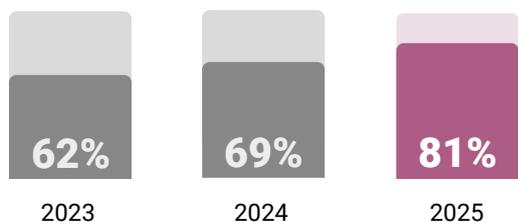
Regulation 69 requires Oranga Tamariki (and other custodial agencies) to respond to allegations of abuse and neglect. Allegations can be raised by anyone, including the tamariki and rangatahi themselves. Allegations of abuse and neglect for tamariki and rangatahi in care are recorded as a report of concern.

Oranga Tamariki assesses its practice in responding to allegations of abuse or neglect in care with 12 practice measures that cover:

- the promptness of the response
- the correctness of information recording
- informing tamariki or rangatahi of the outcome of the response
- actions taken with parties to the allegation, including reviewing the caregiver plan.¹³⁴

Oranga Tamariki is reviewing more caregiver plans after findings of abuse and neglect

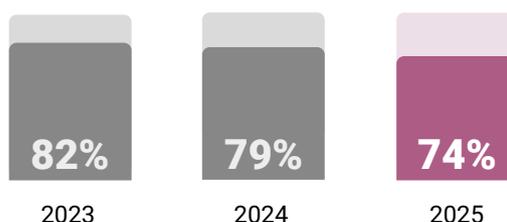
Oranga Tamariki data: Caregiver plans reviewed after abuse and neglect findings



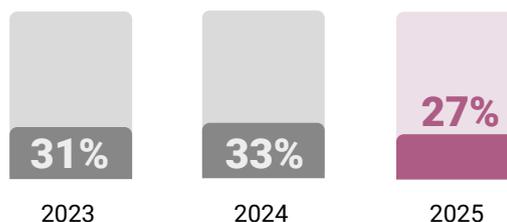
The improvement in compliance with requirements for tamariki and rangatahi plans to be reviewed and supports to be put in place is positive. Oranga Tamariki also continued to perform consistently well in relation to recording findings and reviewing tamariki and rangatahi plans. Similar to last year, 90 percent of findings are recorded correctly and 91 percent of tamariki and rangatahi plans are reviewed.

Timeliness of some aspects continued to decline from last year

Oranga Tamariki data
Safety screens on time



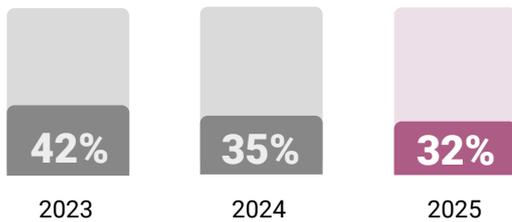
Assessments/investigations completed on time



¹³⁴ This is required even when the caregiver has not caused the harm.

Only one-third of tamariki are informed of the outcome of an allegation of abuse or neglect

Oranga Tamariki data: Tamariki informed of outcome



In our 2023/24 Experiences of Care in Aotearoa report, we pointed out that tamariki and rangatahi were being informed of the outcome of investigations at a lower rate than what was already a low base. The rate has decreased further again for this reporting period. It is essential that, when tamariki and rangatahi speak up, they know what actions are taken as a result.

As highlighted in our 2023/24 Experiences of Care in Aotearoa report, not being informed can result in loss of trust in those who are there to protect them and make tamariki and rangatahi reluctant to raise safety concerns in the future.

Most tamariki, rangatahi and whānau now know how to make a complaint or raise a grievance

A key finding in our 2022/23 Experiences of Care in Aotearoa report was that tamariki and rangatahi do not always know their rights or how to make a complaint. Oranga Tamariki responded to this finding with actions aimed at “improving the ease of making complaints and/or allegations of harm”.¹³⁵ In August 2024, the Minister for Children also identified “Strengthening complaint management and responsiveness” as one of the four key priorities for Oranga Tamariki.

In its response to our 2023/24 Experiences of Care in Aotearoa report, Oranga Tamariki told us that, over the past few years, steps have been taken to improve awareness of how to make a complaint.

Positively, in this reporting period, most tamariki, rangatahi, parents, whānau and caregivers we heard from said they understood the process for making a complaint or raising a grievance. Most of the tamariki and rangatahi who spoke about complaints and grievances said that they know, or were told, that they have the right to complain or that they know how to make a complaint.

This is an improvement from what we have heard in previous years. Complaints management remains a focus for Oranga Tamariki. We will continue to monitor this area and will report next year on what we find in our 2025/26 regional engagements in Waikato, Lower South and Hawke’s Bay, East Coast and Wairarapa.

The number of complaints and grievances continues to increase every year

Oranga Tamariki has two distinct processes depending on where tamariki and rangatahi in care are placed:¹³⁶

- Complaints process: There is a formal complaints process related to tamariki and rangatahi in care in the community, with whānau caregivers and non-whānau caregivers and in group homes.
- Grievance process: There is a grievance procedure, required by the Oranga Tamariki

(Residential Care) Regulations 1996,¹³⁷ related to tamariki and rangatahi in residences.

Effective processes for making complaints and raising grievances are important in all care settings to keep everyone safe, especially tamariki and rangatahi.

When the number of complaints and grievances increases, it may not mean conditions have worsened. It can be a sign that a process is being used more because it is better understood, has

¹³⁵ Oranga Tamariki response to Aroturuki Tamariki 2023/24 Experiences of Care in Aotearoa report, February 2025 (p. 4). aroturuki.govt.nz/assets/Reports/EOCR2324/OT-Response-to-EoCA-2023-24.pdf

¹³⁶ Descriptions of the settings are found in the Care settings section at the start of this report.

¹³⁷ Grievance procedures are outlined as a Schedule in the Oranga Tamariki (Residential Care) Regulations 1996: legislation.govt.nz/regulation/public/1996/0354/latest/DLM226492.html?search=sw_096be8ed81fc38b2_finding_25_se&p=1

changed or has become more effective. It may also be a sign that exercising the basic right to complain is being encouraged. However, increased complaints can also signal that something is not working as well as it should and that safety concerns and risks for tamariki and rangatahi are increasing.

Regular and close monitoring by Oranga Tamariki and agencies in oversight roles such as ourselves, Mana Mokopuna | Children's Commissioner and the Ombudsman provides important context for data and information about the number and types of complaints and grievances and for changes to them.

We heard from tamariki and rangatahi who had made complaints that their social workers can make a difference. Some felt supported by their social worker with a "sense of safety". Some felt unsupported and unheard and sought advice from others such as VOYCE – Whakarongo Mai (VOYCE).

When tamariki talked to us about making a complaint or raising a grievance, they told us it took too long to resolve. We also heard about the support some rangatahi received to make a complaint.

"I do [know my rights], cos of the people around me, they surround me, and they help me."

RANGATAHI

"One of the boys complained about his social worker but he didn't want to do the complaint in case he got in trouble. We sat down and unpacked it and wrote it down – I said let's get it sorted. We had a liaison social worker, and she was really interactive. She would ask how the boys are, and I can say, 'Oh he's not happy with the social worker', and she could take it and sort it out. It made it easier for the kids."

IWI SOCIAL SERVICE PROVIDER
KAIMAHI

"Depending on the nature of the complaint, we share what process they might need, we never really do anything for [them] but walk beside. Involve them as much as we can, depending on [the rangatahi] development stage, so it's their voice. There are circumstances where they might be much younger or have disabilities. The important part is that they are informed."

VOYCE
KAIMAHI

Complaints continue to increase

The number of complaints to Oranga Tamariki has steadily increased over the past three years, rising by 8 percent this year.

More than 1,300 complaints were received by Oranga Tamariki in 2024/25

Oranga Tamariki data: Total number of complaints

2022/23	2023/24	2024/25
1,189 ¹³⁸	1,250 ¹³⁹	1,345

When Oranga Tamariki receives a complaint, it records the number of issues within the complaint. This remained steady across the two reporting periods at an average of 1.8 issues per complaint. In line with the increase in complaints, the overall number of issues raised also increased by 7 percent, with 2,465 issues raised in this reporting period.

Over 80 percent of complaints are made by whānau members

Whānau members include parents, grandparents, other whānau members and whānau caregivers. This group makes the majority of complaints, with parents making more than half.

In our 2024/25 regional engagements, we heard from parents and whānau members who had made complaints about a lack of communication from Oranga Tamariki. They said they were not informed that their complaint had been received or about the steps being taken to investigate and resolve their complaint. Most of the whānau members we heard from had made complaints that involved an issue with a social worker.

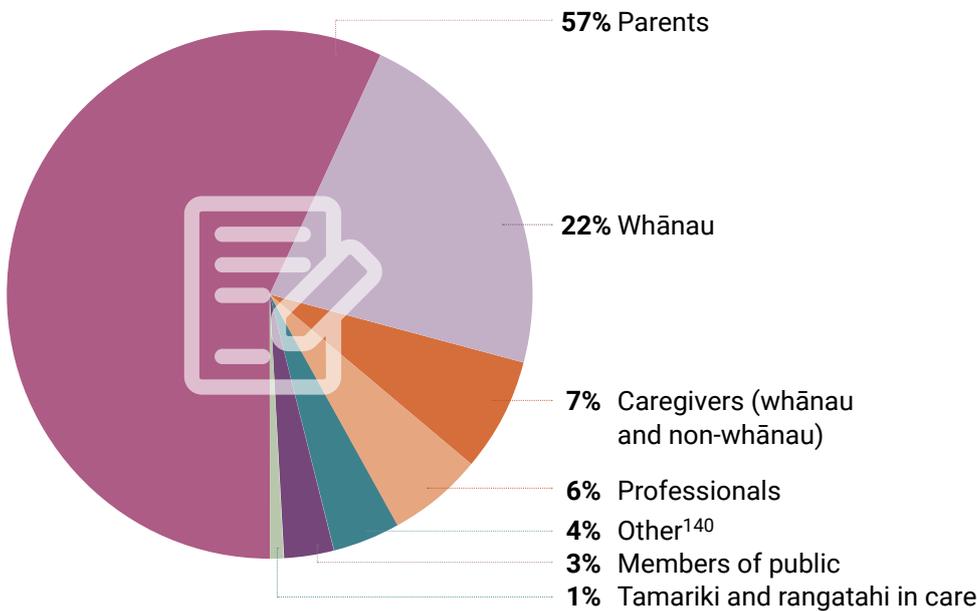
The majority of complaints received by Oranga Tamariki include issues of fair treatment, where treatment is seen as unfair or unjust. Communication is the next most prevalent issue, with almost 50 percent of complaints including communication issues. This is where there is poor or unclear communication and people are not kept informed or involved. The rates of types of complaints to Oranga Tamariki were similar to last year.

¹³⁸ This was reported as 1,194 in 2023/24 Experiences of Care. Oranga Tamariki has revised this based on data fixes this year.

¹³⁹ This was reported as 1,251 in our 2023/24 Experiences of Care in Aotearoa report. Oranga Tamariki has revised this based on data fixes this year.

Complaints made to Oranga Tamariki grouped by who made the complaint

Oranga Tamariki data 2024/25



Tamariki and rangatahi in care continue to make few complaints

In this reporting year, 1 percent of recorded complaints to Oranga Tamariki were made by tamariki and rangatahi themselves. We heard mixed views about the reason for the low rate.

"[I] just talk to [practice leader] about [my concerns] ... she does everything she can for us."
CHILD

"I'm not too sure [if rangatahi knew about the right to make a complaint] because mum went in with rangatahi, and they were told that, if you want to carry on with the complaint [about use of force by police], you would need to go to Youth Court for that, but if you do this [alternative initiative], you can wipe the offence off your record." WHĀNAU

"They [tamariki and rangatahi] go to their social worker usually [to make a complaint], and if it's serious, we talk to our team leads about it. They know how to complain if they want to."
ORANGA TAMARIKI KAIMAHI

In this reporting year, 15 tamariki and rangatahi in care made complaints to Oranga Tamariki, up from nine last year. In our 2023/24 *Experiences of Care in Aotearoa* report, we said this number seemed low, and we continue to consider it low.

Complaints can help identify areas where change is needed and inform what those changes are, provided they are recorded and addressed. The very low number of complaints recorded from tamariki and rangatahi is a lost opportunity for them to feed into an overall improvement process.

The complaints process in group homes is not always clear

The process for complaints across group homes and family homes is the least clear of the placement types. It was not always clear in family and group homes where responsibility lay for hearing or actioning complaints.

Most kaimahi from group homes and family homes we heard from said there were internal processes for managing complaints and that tamariki and rangatahi raise concerns and complaints with the group home leadership. Most kaimahi from group homes said they discuss the complaints process with tamariki and rangatahi. Some kaimahi in group homes said social workers or VOYCE are the "first port of call" for tamariki and rangatahi and that it is the responsibility of social workers to relay concerns to group home kaimahi.

¹⁴⁰ This covers children and young people involved with Oranga Tamariki (1%), support person (1%), adult previously child in care (1%), adult previously child and young person involved with OT (1%) and victim youth justice (<1%).

More complaints were closed than last year but more than half took longer than 35 days

This reporting period, 86 percent (1,158 complaints) were closed by year's end (30 June 2025) compared to 75 percent the previous year. This is alongside an increase in the number of complaints. Of the 187 complaints that were still open, almost 70 percent had been open longer than the 35-day timeframe set in Oranga Tamariki policy, with 20 percent open for more than 100 days.

There was no change from last year in the average time to close a complaint (around 50 working days), and more than half of complaints made to Oranga Tamariki were closed outside the 35-day timeframe.

The number of complaints to the Ombudsman is similar to last year

Tamariki and rangatahi in care or custody can complain directly to the Ombudsman. Those acting on their behalf, like parents or caregivers, can escalate complaints to the Ombudsman if they feel that the response from Oranga Tamariki (or another agency approved under section 396 of the Oranga Tamariki Act) has been unsatisfactory.

During this reporting period, 24 tamariki and rangatahi made a complaint to the Ombudsman. In 2021/22, there were 180 complaints about Oranga Tamariki made to the Ombudsman, which more than doubled to 404 in 2023/24. This year, there was a similar number to last year, with 407 complaints made about Oranga Tamariki to the Ombudsman. There were also five complaints about other care and custody agencies, the same number as last year.

The Ombudsman received 407 complaints about Oranga Tamariki

Ombudsman data: Ombudsmen Act 1975 complaints about Oranga Tamariki

2022/23	2023/24	2024/25
301	404	407

Tamariki and rangatahi in residences are raising an increasing number of grievances

This year, there was a slight increase in the number of grievances compared to last year. The number of grievances has risen year on year despite a decrease in the number of tamariki and rangatahi spending time in residences.¹⁴¹

Although numbers have increased for the past three reporting years, the number of grievances is still not as high as it was in 2021/22 at 484 grievances (compared to 402 in 2024/25).

Tamariki and rangatahi raised 402 grievances in 2024/25

Oranga Tamariki data: Total number of grievances

2022/23	2023/24	2024/25
326 ¹⁴²	393 ¹⁴³	402

In our 2024/25 regional engagements, we heard from some rangatahi in residences about why they don't raise grievances.

"Most [rangatahi] don't do that [raise a grievance]. Number one, no need to, and two, it's a snitch form, and three, it's a snitch form." RANGATAHI

"No point [telling anyone]. The case leaders, the TLOs, they won't do anything. For all we know, they could be telling [the other staff] to give us another knock." RANGATAHI

¹⁴¹ Approximately 500 tamariki and rangatahi spent time in care and protection or youth justice residences over the reporting period, with the majority spending time in youth justice residences. See the Care settings section at the start of this report for further information about tamariki and rangatahi in residences.

¹⁴² This was reported as 328 in our 2023/24 *Experiences of Care in Aotearoa* report due to a discrepancy of data between sources.

¹⁴³ This was reported as 396 in our 2023/24 *Experiences of Care in Aotearoa* report with a disclaimer that there was a discrepancy of 20 grievances between the response document from Oranga Tamariki and the raw count that breaks down the nature and outcome of grievances raised. We realised this was an error and have corrected the raw count in the table. There is still a slight discrepancy between data between sources.

We heard from rangatahi in residences who had raised grievances that the process takes too long, and kaimahi from residences and VOYCE backed this up.

“Grievance procedures: they are not getting investigated on time – that grievance is important for that [young person] ... it might feel small for us ... but that process for them it’s huge.”

ORANGA TAMARIKI KAIMAHI

“The Grievance Panel is delayed by six weeks on average. There is a young person who put in a grievance last November. She said she was going to assault a staff member if it didn’t get heard, which it didn’t. Then she assaulted the staff member.” VOYCE KAIMAHI

We heard that kaimahi in residences did not always protect the privacy and confidentiality of rangatahi raising a grievance, putting them in more danger from other rangatahi due to the “snitch culture”. One example given was of kaimahi radioing one another and openly saying the name of the rangatahi raising a grievance. In other examples, we heard that kaimahi informed rangatahi of what was said about them, leading to bullying and targeted rangatahi-to-rangatahi violence. We also heard from kaimahi that rangatahi are still scared to “talk up”.

“The environment [in this care and protection residence], we don’t have it, the psychological safety, people are scared to talk up. I see it through grievances. There isn’t the psychological safety, in my opinion, I don’t think people are feeling safe to speak up to say ‘I’m feeling [this way about what’s happening here]’ ... People are gonna be scared they’ll be blamed for mistakes.”

ORANGA TAMARIKI KAIMAHI

More grievances are coming from care and protection residences

There has been a large increase in the number of grievances from care and protection residences and a reduction from youth justice residences

Oranga Tamariki data on number of grievances received

Care and protection residences

2022/23	2023/24	2024/25
88	126	210

Youth justice residences

2022/23	2023/24	2024/25
238	267	192

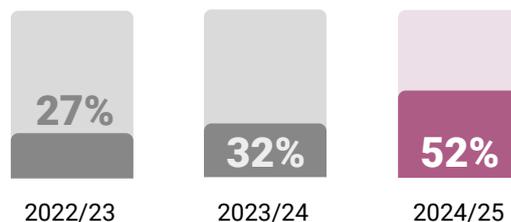
Total grievances

2022/23	2023/24	2024/25
326	393	402

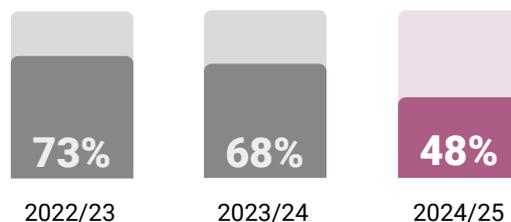
The proportion of grievances received is now more evenly split between care and protection and youth justice residences

Oranga Tamariki data: proportion of grievances

Care and protection residences



Youth justice residences



The overall increase in grievances in 2024/25 is due to a 67 percent increase in the number of grievances from care and protection residences. In contrast, the number of grievances from youth justice residences decreased 28 percent from the last reporting period.

Data from Oranga Tamariki shows that the number of grievances from care and protection residences is now higher than the number from youth justice residences. This is a marked change from past reporting periods, where we have reported higher numbers and proportions of grievances in youth justice residences compared to care and protection residences.

The number of tamariki and rangatahi who spend time in care and protection residences has stayed largely the same since last year and is much lower than those in youth justice residences.¹⁴⁴

The change at youth justice residences may be due to Rangatahi Youth Councils. All youth justice residences have Rangatahi Youth Councils, and in our 2024/25 regional engagements, we heard how they gave rangatahi a voice about their care.

"[We] ask about the grievances and the food [at Youth Council]. Residence management is part of it. [Residence manager] is always there ... we all love [residence manager], she is cool as. [It does feel like] they don't care when [we raise things and] it takes a long time to kick in." RANGATAHI

We heard from kaimahi in two youth justice residences that Rangatahi Youth Councils provide an opportunity for rangatahi to raise concerns directly with leadership. One residence leader told us that the decrease in grievances at their residence was because of the Rangatahi Youth Council.

"I would say [rangatahi] can and they do [have the ability to voice their concerns]. The Youth Council is now back on board. This causes a dip [in grievance reports] as young people can raise things with the council. The other thing is they are vocal when urgent [issues are raised] and [rangatahi] use advocates as well, it's pretty constant." ORANGA TAMARIKI KAIMAHI

The majority of grievances from care and protection residences came from one residence

Of the three care and protection residences that Oranga Tamariki operates,¹⁴⁵ Epuni residence had the majority (71 percent) of grievances in this reporting year. Epuni is a bigger home than the others, and this may contribute to the higher numbers of grievances in this residence. More than half (59 percent) of the grievances for Epuni residence were considered justified by Oranga Tamariki.

In February 2025, we went to the Epuni residence as part of our regional engagements in Greater Wellington. Based on what we heard at the time, we raised concerns about the care of the tamariki and rangatahi at this residence.

"There's not much good to say about this place. I definitely think kids like me and [rangatahi] shouldn't be here. This is a mini [youth justice residence]. Putting kids with mental health in here is putting them down a different pathway. Staff are inconsistent. Secure is horrible." RANGATAHI

"I feared for my safety when I first arrived. I got rushed [beaten up] by other young people in the Epuni residence. I wanted to change units, but it didn't happen." RANGATAHI

Epuni has had several managers over the last few years as well as several different leaders at the national level alongside a recent organisational restructure. This has impacted how well the residence functions. During our visit, the residence manager was in an acting position and has now been appointed permanently.

Oranga Tamariki also told us changes were being implemented, including reducing the number of tamariki and rangatahi in the residence for a period of time, to help the residence to address concerns and lift practice.

We recognise that establishing new initiatives and approaches takes time and also acknowledge the intent for change being driven by the residence manager at Epuni.

¹⁴⁴ This is covered in the Care settings section at the start of this report.

¹⁴⁵ As covered in the Care settings section of this report, not all care and protection residences are operated by Oranga Tamariki, not all were operational in the reporting year and not all have the same capacity and availability. For this reporting period, Oranga Tamariki provided data on grievances for three of the five care and protection residences.

Kaimahi-related grievances are increasing in care and protection residences

Oranga Tamariki data: Kaimahi-related grievances for care and protection residences

2022/23	2023/24	2024/25
39	76	122

Oranga Tamariki data shows there were varying rates of grievances from the other operational care and protection residences. The large increase of grievances at care and protection residences is due in part to an increase in kaimahi-related grievances since last year, which tripled since 2022/23. In this reporting year, over half (53 percent) of kaimahi-related grievances at care and protection residences were considered justified by Oranga Tamariki.

One youth justice residence had 62 percent of grievances

Of the five youth justice residences that Oranga Tamariki operates, Te Puna Wai residence had the majority (62 percent) of grievances. More than half (61 percent) of the grievances for this residence were considered justified by Oranga Tamariki. Oranga Tamariki data indicated there were varying rates of both grievances and the proportion of them found to be justified across the five youth justice residences.

Kaimahi-related grievances are decreasing in youth justice residences

Oranga Tamariki data: Kaimahi-related grievances for youth justice residences

2022/23	2023/24	2024/25
126	178	128

Overall, the number of grievances at youth justice residences has decreased. The decrease is mostly due to a 40 percent reduction in general grievances (those not related to people, including kaimahi or other rangatahi) and a 28 percent reduction in kaimahi-related grievances since last year. Kaimahi-related grievances at youth justice residences have returned to the level seen in 2022/23. Although the number of kaimahi-related grievances has decreased, the proportion of kaimahi-related grievances found to be justified increased by 11 percent.

Grievances from youth justice residences are less likely to be closed within the 14-day timeframe. Around two-thirds are closed outside of this timeframe compared to half of the grievances for care and protection residences.

Improvements are being made to grievance processes in residences

Oranga Tamariki told us that, in early 2025, it piloted changes to the grievance process at Korowai Manaaki youth justice residence. The pilot, in partnership with VOYCE, aimed to improve delivery and rangatahi experience of the grievance process. The pilot:

- developed resources for rangatahi about their rights, how to raise issues (including grievances) and how to access advocacy support
- increased the range of ways rangatahi can raise issues – through kaimahi, VOYCE, advocates, community meetings and the Rangatahi Youth Council
- made advocacy support in the grievance process ‘opt off’ rather than ‘opt on’ so rangatahi are always offered the support of an advocate.

This approach is being implemented in all residences with a completion date of January 2026.

Recent legislation changes for residences will be implemented.

From October 2025, several changes have been made to legislation¹⁴⁶ to improve the safety and wellbeing of tamariki and rangatahi in care, including those who are in residences. One change immediately removed the ability to strip search tamariki and rangatahi in residences.

Further changes that will come into force at a later date¹⁴⁷ include:

- allowing universal searches on entry to youth justice residences
- requiring search plans to be made with tamariki and rangatahi in all residences
- clarifying the length of time that tamariki and rangatahi may be placed in secure care within a residence before court approval must be sought.

¹⁴⁶ Crimes Act 1961, Children’s Act 2014, Public Records Act 2005 and Oranga Tamariki Act 1989.

¹⁴⁷ The further changes will come into force no later than 24 October 2026 but can be brought into force earlier by Order in Council.

We will be monitoring grievances at residences and will seek an update from Oranga Tamariki

This reporting year, changes to previous trends for grievances at residences include:

- a large increase (67 percent) in grievances from care and protection residences
- a decrease (28 percent) in grievances from youth justice residences
- grievances from care and protection residences now outnumber those from youth justice residences and make up a higher proportion of total grievances
- changes in data for kaimahi-related grievances at both types of residences.

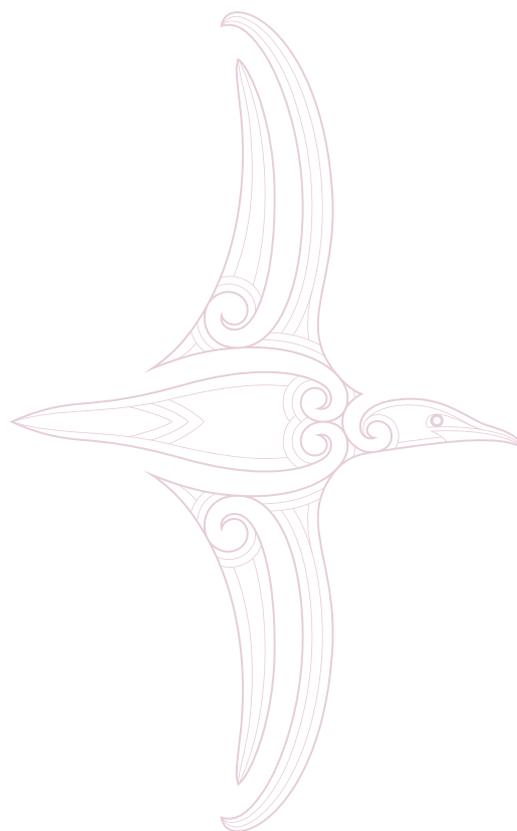
These changes are occurring with very little change to the numbers of tamariki and rangatahi who have spent time in the two types of residences since last year.

We expect to see an update from Oranga Tamariki about grievances, including:

- any insights into the changes above
- any further planned process changes at residences
- whether the pilot to improve delivery and experiences of the grievance process across residences was fully implemented.

This update can be provided by Oranga Tamariki in its response to this report or alongside its four-month progress update about reducing harm and abuse of tamariki and rangatahi in residences.

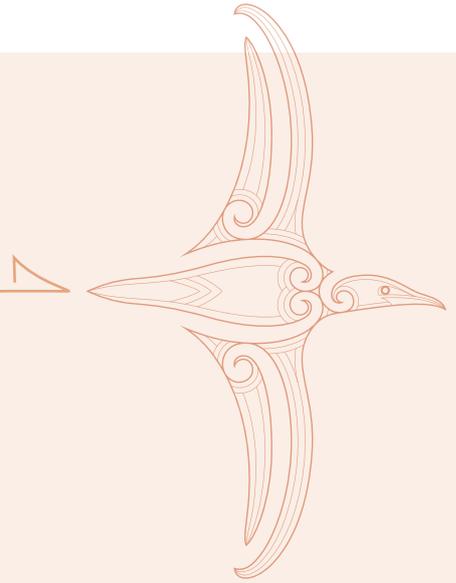
We will be monitoring these changes and working alongside our oversight partners Mana Mokopuna | Children's Commissioner and the Ombudsman to understand what the changes are signalling. It could be that changes have led to reporting processes being used more or that there are changes to safety for tamariki and rangatahi in residences. We will be visiting residences again in the 2026/27 reporting year.



Part 5:

Supporting tamariki and rangatahi during care transitions





What Part 5 of the NCS Regulations requires

Part 5 of the NCS Regulations requires that tamariki and rangatahi are well supported during care transitions. This includes transitions between different care arrangements, returning home after being in care and transitioning out of care into adulthood.

Tamariki and rangatahi must understand why they are moving and receive information about where they are moving to before the transition. An assessment and plan must be completed with them and other important people in their life or those involved in the transition – for example, their whānau, their current and/or future caregiver or kaimahi at the residence they are moving to.

Tamariki and rangatahi must also receive support based on their unique needs as identified in their assessment, and transition plans must be monitored during the transition.

For rangatahi who are transitioning to adulthood, an assessment of their life skills is required. This assessment considers whether rangatahi have the knowledge and skills they need to live independently and enables support to be put in place if they don't. The life skills assessment considers practical things like managing money, cooking and driving as well as domains like managing relationships and community support.

Rangatahi transitioning to adulthood must also know about and understand their entitlements once they leave care or custody. For example, rangatahi must be told of their entitlement to receive advice and assistance up until they turn 25.

Some of what tamariki and rangatahi told us about moving between placements and leaving care

“

“I was telling my social worker I wasn't ready to go home. I told my dad I wasn't ready, and they just chucked me back ... At least make it one night and then two days ... You don't just shove [returning kids back home] in there.” RANGATAHI

“

“It was shocking. I didn't know [I was moving], my family didn't know. They didn't notify my family, only on the day I was leaving.” RANGATAHI

“

“I've got my 18+ card and work kind of licences. When I was doing all those licences, there was a job course with Te Rarawa [and] Tupu. I got to go. I got all those licences from [Tupu]. I got my driver licence from here, Waitomo Papakāinga. I got all my licences from just around here. They're trying to help me get a full licence.” RANGATAHI

“

“I have a passport and got my driver's licence with [transition worker's] help, plus I now have an IRD number and a bank account number. I told them I just want to focus on school for now.” RANGATAHI

“

“I practically do it all by myself. Initially, I was in Auckland, in a group home with Reconnect, and I decided to come here so I ran away, packed my bag and came here ... I was already with nan, with no approval from Oranga Tamariki.” RANGATAHI

“

“You can't just chuck a kid somewhere and not have them in the plan, it was just weird.” RANGATAHI

“

“I got informed a week or two before [that I was being] moved to my own separate place [then] I got a call the day before, 'pack up' and go right then.” RANGATAHI

Summary of compliance

Inadequate planning undermines transitions in care

Similar numbers of tamariki and rangatahi are experiencing a transition in care year on year. More than half of these transitions continue to be unexpected. Where a transition is unexpected, there has usually been limited planning to help prepare tamariki and rangatahi for the transition. We also hear from whānau and caregivers that they are often not involved in planning for transitions.

Planning for placement changes is vital in providing the right support to tamariki, rangatahi, their whānau and caregivers. Some community providers spoke about extensive transition planning, involving a gradual transition with resources in place to support success.

Abuse and neglect of tamariki and rangatahi returning home has increased

The level of abuse and neglect of tamariki and rangatahi returning home has increased this year. Since we highlighted this significant area of risk in our *2023 Returning Home From Care* report,¹⁴⁸ Oranga Tamariki has acknowledged that this is an area of focus. It is therefore concerning that so many tamariki and rangatahi are still returning home in an unplanned way and without the help they and their whānau need to support a successful return home.

Referrals to Transition Support Services are increasing, although some social workers do not understand their role in supporting transition to independence

Positively, the offer rate for the Transition Support Service (TSS) has increased again this year, and rangatahi engaged with the service continue to tell us it is a positive experience. However, in our regional engagements, we heard concerns that some Oranga Tamariki social workers do not understand their role in supporting rangatahi to transition to adulthood. TSS providers told us that this left them to fulfil the role of social workers, which reduced their ability to provide other support to rangatahi.

¹⁴⁸ Aroturuki Tamariki | Independent Children's Monitor. (2023). *Returning Home From Care*. aroturuki.govt.nz/assets/Reports/Returning-Home-From-Care-ACCESSIBLE-August2023.pdf

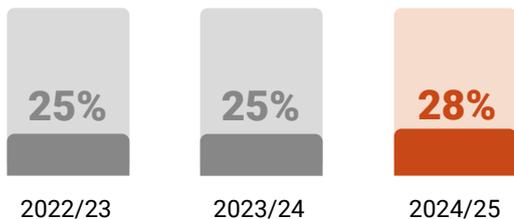
Oranga Tamariki compliance with Part 5 of the NCS Regulations

Transitions in care are common and many are unplanned

Transitions between placements are a relatively common experience for tamariki and rangatahi in care. About one in four tamariki and rangatahi experienced a care transition this year.

More than a quarter of tamariki and rangatahi experienced a care transition in 2024/25

Oranga Tamariki data: Proportion of tamariki/rangatahi in care who experienced a transition between placements during the year



From our regional engagements, we heard a smaller number within this group experience significant instability.

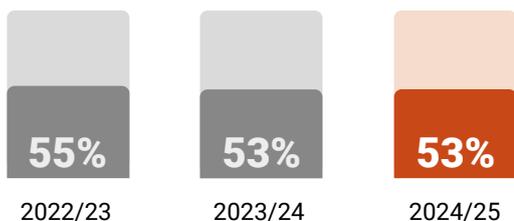
"I just kept moving out and around." RANGATAHI

"[I have had so] many placements since [I was] taken into care at age 6." RANGATAHI

"We've had kids with 20 to 30 placements. The most was 40 to 60 placements in a lifetime. You can imagine the coping mechanism they needed [to deal with so many placement changes]." KAIMAHI (PROVIDER-RUN)

Half of care transitions are unexpected

Oranga Tamariki data: Proportion of transitions between placements that were urgent or unexpected



The proportion of planned and urgent or unexpected transitions has remained stable over the past few years, with around half of all transitions being unexpected.¹⁴⁹

¹⁴⁹ Oranga Tamariki told us an 'expected transition' is one that is proactive and is a pre-organised change. It gave the following examples of 'unexpected' or urgent transitions: one that happens for safety reasons, or situations where rangatahi 'voted with their feet' and chose to return themselves home.

Transitions most commonly occur because caregivers are unable or unwilling to continue to care for the tamariki or rangatahi

Care transition reason.¹⁵⁰ Percentage of care transitions in 2024/25

Previous caregiver unable/unwilling to continue caring for child **37%**

“Formalising” a self-placement by child **14%**

Progressing a planned permanent care outcome (living with whānau, return home etc.) **14%**

Behavioural needs of child **13%**

Whānau caregivers identified **11%**

Parent/previous caregiver demonstrated now able to provide care **10%**

High and complex needs of child **10%**

Other **9%**

Tamaiti (child) abused (or allegation of abuse) in previous care placement **8%**

Frequent moves between placements create instability for tamariki and rangatahi

Oranga Tamariki data shows why tamariki and rangatahi changed placements and lists the most common reasons for placement moves during the reporting period. More than a third of tamariki and rangatahi who experienced a care transition

this year did so due to a caregiver’s inability or unwillingness to continue to provide care.

Frequent placement moves, whatever the reason, can create instability for tamariki and rangatahi. It can also:

- disconnect them from education when they change schools
- disrupt their access to health services
- weaken their whānau connections.

Transitions in and out of group home care are frequent

For 38 percent of tamariki and rangatahi in a care and protection group home, the length of their most recent stay is less than one month.

Some tamariki and rangatahi who spent time in a care and protection group home during the year have since left care or returned home.

After leaving a group home, 6 percent moved into an interim placement, and data shows an increase in the use of interim placements for this group.

Interim placements are temporary. They include hotels, motels, boarding houses or staying overnight at an Oranga Tamariki site office. The increased use of these placements suggests that tamariki and rangatahi are experiencing continued placement transitions rather than moving into a stable or longer-term placement.

While data shows that individual stays in care and protection groups homes can be short, some tamariki and rangatahi have significant stays. More than a quarter of tamariki and rangatahi spend a total of more than six years in group homes during their time in care. Some tamariki and rangatahi have many moves back and forth between homes.

For those in a youth justice group home, 72 percent were in the home for less than one month for their most recent stay. Most tamariki and rangatahi who spent time in a youth justice group home are no longer in custody. For those who are, it is common to have moved to a placement in a residence.

This pattern of short stays and frequent moves shows how often tamariki and rangatahi cycle in and out of group homes.

¹⁵⁰ This year for the first time, Oranga Tamariki case file analysis looked at the reasons for care transitions. Up to three reasons could be recorded for each care transition. For privacy reasons, we have only included reasons found for more than 5 percent of care transitions to avoid publishing information that could be used to identify individuals or find out private information about them. Consequently, percentages will not add to 100 percent.

Transitions between placements are not always done well

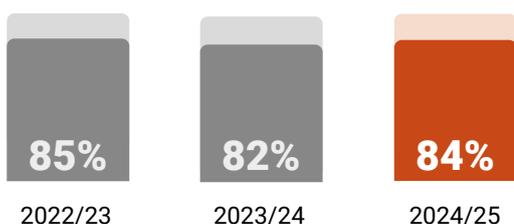
Transitions can often be difficult for tamariki and rangatahi. Good planning, based on timely assessment, is an essential part of social work practice. Many transitions in care occur because circumstances have already deteriorated, often due to a caregiver’s reduced ability to manage behaviours. This makes regular reviews of needs and updates to plans even more important.

When circumstances change, the needs of tamariki and rangatahi must be reassessed and plans must be revised to reflect those changes. Social workers must understand their needs and plan how they will be met for tamariki and rangatahi in their transition.

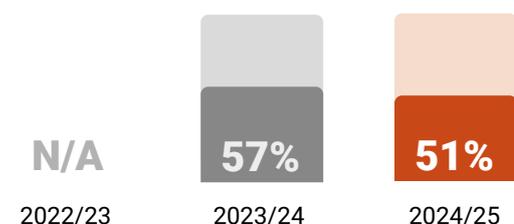
Planning for most tamariki and rangatahi moving between placements has not changed

Oranga Tamariki data: Sufficient evidence of planning¹⁵¹

For expected transitions



For unexpected/urgent transitions



Oranga Tamariki data shows that, for the 47 percent of care transitions that were expected, 84 percent of tamariki and rangatahi had “sufficient evidence of transition planning”. For the 53 percent of care transitions that were unexpected or urgent transitions, only 51 percent had “sufficient evidence of transition planning”. Data shows no statistically significant change in how often planning occurred in either expected or unexpected or urgent transitions.

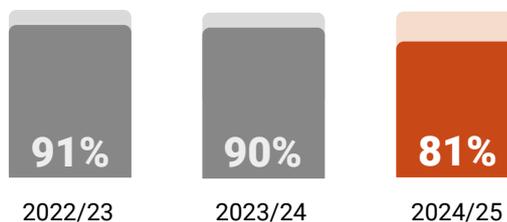
Social workers must also involve tamariki and rangatahi and their whānau in decision making and planning for their transitions in care (regulation 73).

Oranga Tamariki data suggests tamariki, rangatahi and whānau are consulted in around 85 percent of planned transitions and around 70 percent of unplanned transitions. Data also shows no statistically significant change in consultation with tamariki, rangatahi and their whānau whether the transition is expected or unexpected or urgent.

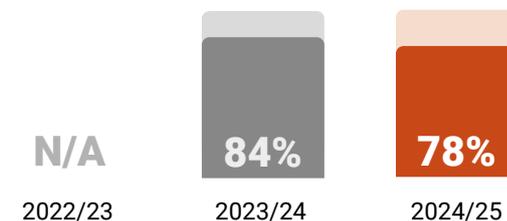
For most transitions, Oranga Tamariki data indicates that it consults with tamariki, rangatahi and whānau

During planning, were the following people consulted?

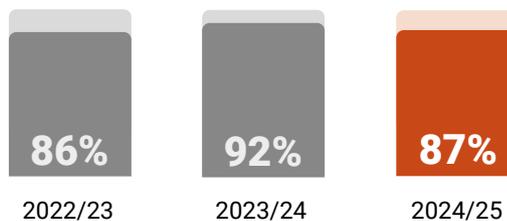
Child - Expected transitions



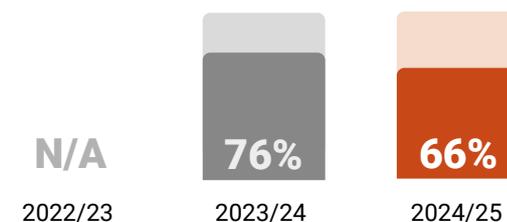
Child - Unexpected/urgent transitions



Whānau - Expected transitions



Whānau - Unexpected/urgent transitions



¹⁵¹ In this context, planning is taken to include actions to support an unexpected or urgent transition in a timely way after the fact.

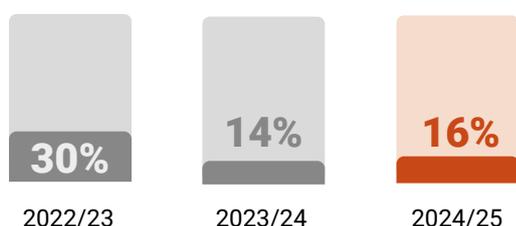
What we heard from tamariki and rangatahi in residences and group homes points to a different experience. These experiences reflect more instability, less input and weaker communication.

"It was shocking. I didn't know, my family didn't know. They didn't notify my family, only on the day I was leaving." RANGATAHI

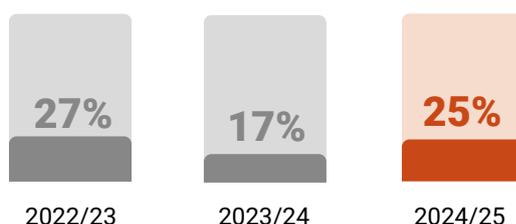
Oranga Tamariki data also shows that All About Me plans or other plans are not being updated

Oranga Tamariki data: Where there was a care transition, All About Me plan or other plans were updated

Expected transitions



Unexpected/urgent transitions



Oranga Tamariki data looks at evidence that a plan has been updated following a care transition. Data shows that, in most cases, plans are not being updated.

When the plan is not updated, it can significantly undermine the stability and quality of care for tamariki and rangatahi.

Some tamariki do not know about their transition in advance and do not understand why they are moving

In our regional engagements, we mostly heard about transitions between placements from tamariki and rangatahi in group homes and residences. Around one in six of the tamariki and rangatahi we heard from spoke about a recent transition between placements.

Most of them did not know about their transition in advance and did not understand why they were being moved. We heard that, when tamariki and rangatahi move between placements, it happens in a rush and planning is limited.

"I got informed a week or two before [that I was being] moved to my own separate place [then] I got a call the day before, 'pack up' and go right then." RANGATAHI

"You can't just chuck a kid somewhere and not have them in the plan, it was just weird." RANGATAHI

"It was sad because they just moved us and didn't even tell us." RANGATAHI

Some rangatahi told us they were regularly moved between placements without any reason, notice or time to prepare.

"[I wish Oranga Tamariki had] let me know beforehand. The day before would have been fantastic ... [The actual experience was] really awkward, really rushed, trying to jam me in there. It was my first time on my own, in an apartment with windows that face everyone else, everyone else can see, like a fishbowl. [It] was creepy." RANGATAHI

When tamariki and rangatahi are included in transition planning and informed about changes, they are less stressed and anxious throughout the process. Some rangatahi told us about having a say in where they were going to be placed and having the right information to prepare them for the transition.

"I was meant to be coming in December. My caregiver asked could I stay, talked to Oranga Tamariki and came here in January instead." RANGATAHI

"Then we had a talk about it and [current caregiver] asked if I wanted to stay full-time, so they did their adult work stuff and it happened." RANGATAHI

"I just called my social worker when I was at Korowai [Manaaki youth justice residence]. I said can I get transferred 'cos I don't like it at Korowai. She told her manager and then I came here." RANGATAHI

Oranga Tamariki social workers asked some caregivers not to tell tamariki and rangatahi about placement changes

It is concerning that some caregivers were told not to inform tamariki and rangatahi of decisions that had been made about their placements and that they were not told the reason.

"I had to go pick him up from daycare and I had to act like nothing is wrong. I'm holding back the tears. He had been living with us and then I had only an hour to pack his bag and he's sitting on my knee." NON-WHĀNAU CAREGIVER

"He hasn't been told that he's out of my care. Oranga Tamariki sold him a different narrative to what the situation really is. They have told him that he will come home, everything will stay the same for him and when he's finished, he'll come back to me." NON-WHĀNAU CAREGIVER

"The attachment is the hardest part. You can't support these kids and not bond with them and then it gets ripped away. It was hard." NON-WHĀNAU CAREGIVER

Whānau are not always told when tamariki and rangatahi are being moved from their care placement

The small number of whānau we spoke with about transitions between placements had mixed experiences of being involved in planning for their tamariki and rangatahi. Some whānau members spoke about having knowledge of the transition plan and being able to influence decision making. Others told us they were never informed and did not have an opportunity to share their thoughts.

"I don't know if supported is the right word, but I was told this is happening, and I was always kept in the loop." WHĀNAU

"[Youth justice social worker] actually hasn't told me. She told the judge she had all these people, she didn't speak about what he was actually going to do." WHĀNAU

Whānau experiences are different if their tamariki and rangatahi are in care and protection or youth justice custody

The experiences of whānau members varied depending on whether their tamariki and rangatahi were in care and protection or youth justice custody. Some whānau who had rangatahi in youth justice custody told us they were informed about:

- when their rangatahi would be released from the residence
- when their next FGC would be
- where their rangatahi would live following release
- what kind of release conditions they would have.

Whānau with tamariki and rangatahi in care and protection custody, particularly in group home placements, reported irregular communication and updates to whānau from Oranga Tamariki social workers.

Some whānau shared positive examples of being updated. One whānau member whose tamariki was in a provider-run group home told us they received frequent communication.

"We have daily communication with [Homes of Hope practice lead]. She tells me then and keeps me updated. She's always emailing me or calling me by phone." WHĀNAU

Data indicates that, when transitions are planned, caregivers are consulted, although this does not reflect the experience of caregivers we heard from

Transition planning is not being done as often as it should be. However, when it is done prior to transition, Oranga Tamariki data shows caregivers are consulted. Data shows caregivers and residence managers are being consulted before an expected transition 90 percent of the time compared to 81 percent for unexpected transitions.

However, we heard in our regional engagements that caregivers are not included in planning.

"Feels like I'm in the dark. It's been currently challenging with him getting transitioned out of my care, not knowing what's happening, or boundaries. It feels like a communication breakdown. This has been happening since the day he came." CAREGIVER

As noted in Part 1 of this report, caregivers told us they are given little information about the tamariki and rangatahi who come into their care. They also told us little planning is done for this transition.

This is despite the requirement for caregivers to be involved in planning and supported to meet the needs of tamariki and rangatahi (regulation 73).

“When we got [child placed in our care], it was a rushed transfer because of the placement she was in.” NON-WHĀNAU CAREGIVER

A couple of caregivers told us the absence of planning extends to transitions of tamariki and rangatahi out of their care. This leads to stress for both the caregivers and tamariki and rangatahi.

“It feels like we don’t have a choice, no time to say goodbye. It’s been a few times. It’s pretty disheartening. [Oranga Tamariki] did not tell us ahead of time, not even an email or phone call to tell us, to communicate.” NON-WHĀNAU CAREGIVER

Group home kaimahi often have little input into transition planning

Most group home kaimahi had little visibility of the planning process as care and protection or youth justice social workers have the lead role in planning transitions between placements.

A group home kaimahi said they were not consulted by social workers on transition plans although they often have helpful information and insights because of the amount of time they spend with tamariki and rangatahi.

“A lot of processes are wrong. Pick [tamariki] up [and] put them anywhere ... All of our kids, we’ve never had a say in their transition plan – but we know them the best.”

GROUP HOME KAIMAHI (ORANGA TAMARIKI-RUN)

We heard that group home kaimahi sometimes instigate planning, even though it is outside their role.

“We inform [Oranga Tamariki] that we need a pre and post plan before tamariki come into this whare. Otherwise, [tamariki] just come in and sit [in the whare]. But that only happens because we [organised the planning].”

GROUP HOME KAIMAHI (ORANGA TAMARIKI-RUN)

Group home kaimahi get little or no notice of tamariki and rangatahi entering or exiting

In general, group home kaimahi said that gradual, planned transition into a group home placement was preferable. However, kaimahi from both Oranga Tamariki-run and provider-run group homes talked about getting little or no notice of tamariki and rangatahi arriving in and leaving group homes.

This made it difficult for group home kaimahi to prepare other tamariki and rangatahi in the home for the change or to plan and prepare themselves.

“We get the information [that a child is leaving the home] and then we don’t get to farewell them. It feels like we have dumped them ... [not even the child always knows they are leaving]. I always think someone at the top [of the management chain] knows they are moving on.”

GROUP HOME KAIMAHI (PROVIDER-RUN)

“We get a text, sent the All About Me plan and then they are here. We have no time for preparation. They could be coming in an hour. We have to quickly prepare. It might be a group text. Sometimes the plan comes much later. How do you prep in an hour for a new kid?”

GROUP HOME KAIMAHI (PROVIDER-RUN)

Transitions out of group homes also happened with little notice, denying group home kaimahi the opportunity to prepare, reassure or properly farewell tamariki and rangatahi.

“It’s hard sometimes. [Rangatahi] get told they will only be here one night then they’ve been here for like two weeks. They don’t like when the plans change, and they get upset sometimes. In some cases, it can be a while, and then all of a sudden, they’re on a plane tomorrow. Some kids really enjoy it here and they love the routine and then they’re given a last-minute flight and they have to go.” GROUP HOME KAIMAHI (PROVIDER-RUN)

“If Oranga Tamariki staff could tell us about the change and keep open communication, before transition happens, so we know it’s coming, we can better support them.”

GROUP HOME LEADERSHIP (PROVIDER-RUN)

Group home kaimahi are not given the information they need for emergency placements

Information sharing was a primary concern for group home kaimahi in relation to emergency placements. Kaimahi gave us examples of receiving All About Me plans that were out of date or lacked important information. They said this limited their ability to help tamariki and rangatahi settle into the group home and to manage their interactions with the other occupants.

"We get referrals from Oranga Tamariki to place children who need emergency care in a transitional period. Trying to get all the required information to make sure we're accepting the child, but that doesn't always happen. [Oranga Tamariki] don't always follow the process. We require an All About Me plan. [This is] the basic information we need. Sometimes we get All About Me plans, but there's nothing in [the plan]. What are the risks, what is the plan, but it just doesn't have any information. So I have to create an assessment template to see if they are accepted or not. What are the risks rangatahi come with? Example – we had a rangatahi come to us, it wasn't made aware to us that this rangatahi was [known to engage in risky behaviour]. When we queried it with the social worker, the social worker said, 'I don't know about it'. But the mother had mentioned it to Oranga Tamariki."

GROUP HOME KAIMAHI (PROVIDER-RUN)

One kaimahi from a provider-run group home described an emergency placement into the group home where there were safety issues for a child that Oranga Tamariki did not help them manage.

"One morning social workers and security said it's emergency placement and dropped [child] off and dropped papers ... was here six months. [Child] would run out the door and run in front of buses. Purposely unbuckle seat belt. We had two grown men security for one little [child]. Oranga Tamariki done nothing."

GROUP HOME KAIMAHI (PROVIDER-RUN)

When group home kaimahi are included, it can have positive outcomes

When included in planning for tamariki and rangatahi, group home kaimahi contribute valuable insights and play an important role in shaping plans.

Some kaimahi from specialist group homes told us extensive assessment, planning and consultation take place before tamariki and rangatahi enter the home.

"We don't offer emergency placements because they don't work. Placing a young person at 9pm doesn't work, it isn't successful. Because we are a therapeutic treatment programme, it won't work."

GROUP HOME LEADERSHIP (PROVIDER-RUN)

One community provider spoke about a planned transition into its group home. They explained that tamariki and rangatahi who might stay in the home start with a tour of the home before meeting other tamariki and rangatahi. An overnight stay is organised when tamariki and rangatahi feel that the placement option is right for them. It is only after a successful overnight stay that the agency will start the process of transitioning tamariki and rangatahi into the home.

"I think, for me, it's a staggered transition over a period of time. They would like a quick transition, but this young person could have an [intellectual disability] or be quite anxious. He's got to engage with the boys, get to know them, it's the same with the other boys in the whare. It's all dependent on the young person, sometimes they just want to come in and don't want to have overnights. It could take a month to transition or could be in a couple months."

GROUP HOME LEADERSHIP (PROVIDER-RUN)

"Transitions are successful because we work at their pace."

GROUP HOME LEADERSHIP (PROVIDER-RUN)

Group home managers can decline placement requests if the home isn't right for tamariki and rangatahi or if kaimahi don't have the expertise they need to manage tamariki and rangatahi needs.

"The three of us [group home team leaders and team leader operations] and [placement coordinator] – we have the ability to say no. We know the capabilities of our homes and the group impact assessment is important. We will look at it in depth. I think [national office] take it on board."

GROUP HOME LEADERSHIP (ORANGA TAMARIKI-RUN)

Planning for transitions in and out of residences isn't consistently completed

When the decision is made to place tamariki or rangatahi in a care and protection residence, tamariki and rangatahi must be given information about the residence and what to expect before they arrive (regulation 67). Tamariki, rangatahi and their whānau or caregivers, social workers and residence kaimahi should all be involved in creating a plan that covers the objectives for tamariki and rangatahi while they are in residence.

The plan must also cover the support and assistance that will be provided to tamariki and rangatahi, their contact arrangements with whānau and how often they will have contact with their social worker.

Pre-admission planning meetings in care and protection residences are an opportunity for information sharing

Care and protection residence kaimahi discussed pre-admission planning meetings between professionals to share information about tamariki and rangatahi needs and the plan to meet them, for example, by coordinating education and mental health services.

"Most times, we have a pre-admission meeting where you get a handover from the [Oranga Tamariki site]. School and nurses are part of that. We get the nitty gritty of things which aren't written down. If the child is known to [Infant, Child, Adolescent and Family Services] before they get here, we can figure out about the legal side for medication. We can find out what needs to be done for school."

CARE AND PROTECTION RESIDENCE KAIMAHI

However, this did not happen for emergency placements or placements made at the discretion of a judge.

"We also get children in here for [emergency beds] without anything. We only know they're coming here one hour before they come here."

CARE AND PROTECTION RESIDENCE KAIMAHI

"It depends on where they are coming from. The judge can make a decision that the child will go to [residence] and they just show up."

CARE AND PROTECTION RESIDENCE KAIMAHI

Youth justice planning meetings are not always happening

Oranga Tamariki has different legislative responsibilities for planning with tamariki and rangatahi in youth justice residences, including developing individual care plans,¹⁵² specific timeframes for completing All About Me plans¹⁵³ and additional review requirements for rangatahi who are remanded in a residence.¹⁵⁴

Tamariki and rangatahi must also have a plan for their transition out of residence. This plan must be developed by the multi-agency team in the residence and include input from whānau and from other professionals.

In one youth justice residence, some kaimahi said required transition planning meetings "sometimes don't happen". Residence kaimahi rely on youth justice social workers' "good relationships" with rangatahi to make sure they understand what will happen after their release.

"I mean there's supposed to be a meeting in residence but doesn't always happen, but then in a middle of sentence, I find that us case leaders have to explain things again. In my experience, young people are okay, but it has to be a good relationship. In that we're able to help in the sense of good practice, some social workers can be a little difficult. Some others a little tougher, especially what can actually be done or not. I find their plans are quite generic and not realistic. It's a plan that the boys can't achieve within a short timeframe. It's a lack of planning and basic communication."

YOUTH JUSTICE RESIDENCE KAIMAHI

One residence kaimahi said visits from social workers at some Oranga Tamariki sites were infrequent and difficult to arrange, which impacted on transition planning.

¹⁵² The residence manager ensures that, for tamariki and rangatahi (other than one who is likely to be in the residence for less than five days), there is a plan for their care while they are in the residence (Oranga Tamariki (Residential Care) Regulations 1996).

¹⁵³ Within seven days of admission to a residence, it is Oranga Tamariki policy that it must ensure that tamariki and rangatahi have an All About Me plan.

¹⁵⁴ Tamariki and rangatahi who are remanded on a section 238(1)9d) order under the Oranga Tamariki Act 1989 must have a review of their stay completed at least once every 14 days. The first review occurs by way of an FGC.

Bail decisions impact on kaimahi ability to complete transition planning

Health and education kaimahi at one residence said that transition planning was often complicated because they did not know where tamariki and rangatahi might end up after release. Release may also come unexpectedly when bail decisions are made by the court.

“So if you are back living on the street or couch surfing, there is no structural support at home. Boys can leave here, and we don’t know where they are going and some [rangatahi] we don’t even have an address for.”

YOUTH JUSTICE RESIDENCE KAIMAHI

“It is hard to plan [for the transition of rangatahi] when you are told, ‘there is no chance of rangatahi getting bailed’. Then it goes to court and bail gets approved. It’s a quick turnaround where they come back and are released straight away before [the rangatahi] even has time to pack up his stuff.”

EDUCATION KAIMAHI, YOUTH JUSTICE RESIDENCE

Kaimahi told us that, ideally, planning for discharge from a residence would start at the time of admission, but in some cases, even months after admission, there is no plan. This may be because social workers are unable to find a suitable placement option. Even so, planning should be completed.

Mahuru remand programme is an example of comprehensive planning and transition

Mahuru remand programme is run by Ngāpuhi Iwi Social Services

During our regional engagements in Te Tai Tokerau, we heard about the success the Mahuru youth remand service is having with taitamariki Māori (rangatahi Māori).

Mahuru is a youth remand service developed and operated by Ngāpuhi Iwi Social Services. The service is for taitamariki Māori of Ngāpuhi descent who are alleged to have committed a serious crime and need to spend time in a safe and stable environment while they await their court hearing.¹⁵⁵ The intensive six-week programme intends to support taitamariki, address their offending behaviour, build their confidence and develop their life skills.

Mahuru exemplifies a kaupapa Māori model of care that is taitamariki-centred and whānau-based. Mahuru kaimahi told us “everything is Māori driven in our mahi”.

Mahuru prioritises placement stability

When taitamariki are accepted into Mahuru, they are placed with matua atawhai (caregivers) who can provide a safe home while they are on remand. Strong matua atawhai placements are central to the success of Mahuru. Each taitamariki is placed in a home with a pair of matua atawhai.

Many taitamariki have few positive male role models in their lives, making tāne matua atawhai especially valuable. Matua atawhai provide guidance and stability while helping taitamariki strengthen their cultural identity through shared experiences and whakapapa connections.

“I really enjoy being a caregiver and safety is really important for us. Also their identity is important for them to know where they came from. One of the things they get to do with us is they learn their link, their whakapapa. Their links up here with some of the tamariki, we trace we are actually connected, and when they know that we are connected, they address us as aunty and uncle, and it breaks down the barriers for them. This young fella we had, we found out he was connected to us by my great-great-grandmother, and when we went to go and meet the whānau and saw how close we were connected, he then felt connected. He had come up from Auckland and he felt part of our family right away. That’s what is important. Some of them don’t have that when they come up. It gives them some kind of foundation here with us.”

MATUA ATAWHAI

¹⁵⁵ Mahuru accepts rangatahi Māori who are bound by a section 238(1)(d) order.

Taitamariki are at the centre of Mahuru

The programme has a structured admission and welcome process, including a mihi whakatau. The programme also features an end-to-end teina¹⁵⁶ plan that is based on the specific goals and needs of taitamariki. The teina plan is taitamariki-led and addresses:

- culture (including whakapapa and connection to marae)
- health (including mental health and/or neurodiversity assessment)
- education (enrolment with Te Kura, support form tutor, NCEA credits)
- life skills (for example, cooking and budgeting)
- skills and recreation (for example, gym, carving or diving)
- grooming and appearance (for example, haircuts and clothing)
- whānau connection.

During the programme, taitamariki are immersed in mana-enhancing activities with Ngāpuhi mentors to develop their identity and pride as young Māori and achieve the goals outlined in their teina plans.

“ [Mentors] just try and see what I want to do, not what they want me to do. They are helping me get a job. They are teaching me my background [whakapapa], my Māori history. Teaching me new skills, like gathering kai, learning how to budget your food with our money making. They teach you about keeping yourself tidy, and they like keeping me active.” TAITAMARIKI

“I just know that I’m safe, feel safe, just the way (Mahuru mentors) speak to me, I know I’m safe.” TAITAMARIKI

“I think the whole programme is based on the teina. We have an idea on what the end result should be. It’s a Ngāpuhi-driven programme. We all kind of have an idea on what the values are that we want to put into our teina.” MATURU KAIMAHI

“What we do differently, as I understand it from community homes, is we take them to court and support them in court – whereas in other community homes, the social worker does it. We do doctor/dentist – that stuff as well, we take them to family group conference, we are there for their whole journey.” MATURU KAIMAHI

Taitamariki have a well-planned and gradual transition from Mahuru

Mahuru creates extensive exit plans in addition to teina plans. Exiting from the programme is gradual, and taitamariki are given the tools they need to help the settle back into their community following their placement.

“It’s not just here you are, later, okay let’s go.” MATURU KAIMAHI

“Come up with good plan and take into account whānau visits, transition to home and spending time with whānau again.” MATURU KAIMAHI

Kaimahi from Ngāpuhi Iwi Social Services said their hope was that, by the end of the six-week programme, a decision is made by the court to bail taitamariki to their whānau or supported living placement rather than a youth justice residence or community remand home.

Kaimahi said that, if youth justice social workers have developed a good plan and bail seems likely, mentors will accompany rangatahi to court “cos it’s a positive return to whānau”. If taitamariki were to be moved to residence or community remand, “Oranga Tamariki have to come and pick them up themselves, we don’t want to be part of that transition”.

¹⁵⁶ Mahuru kaimahi use the term ‘teina’ to refer to taitamariki who participate in the programme. Teina is a word used to describe a younger sibling of the same gender.

Return or remain home

The number of tamariki and rangatahi who spent time in return or remain home placements has remained steady over the last three years. Around two-thirds were in return home placements and around one-third in remain home placements in the last reporting period.

There were 890 tamariki and rangatahi in return or remain home placements in 2024/25

2022/23	2023/24	2024/25
876	889	890

More tamariki and rangatahi are being abused or neglected when they return home

Rates of abuse or neglect increased again this year. There has been an increase in the number of tamariki suspected to have experienced abuse, the number of findings of abuse and the proportion of the return or remain home cohort who have a finding of abuse or neglect.

Tamariki and rangatahi who return or remain home are at an increased risk of abuse. Tamariki and rangatahi often have complex care histories and some are disabled, placing increased pressure on their parents. Unlike other care settings, some tamariki and rangatahi are remaining in or returning to a care arrangement where care and protection concerns have been substantiated.

The number of tamariki and rangatahi abused or neglected when returned home has continued to increase

Total children harmed in return or remain placement (12 months to 31 March)

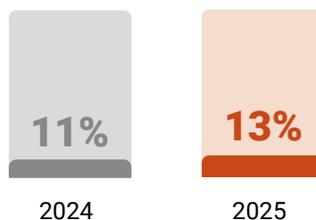
2021	2022	2023	2024	2025
101	96	116	109	134

Findings of harm for children in return or remain placement (12 months to 31 March)

2021	2022	2023	2024	2025
148	158	211	163	218

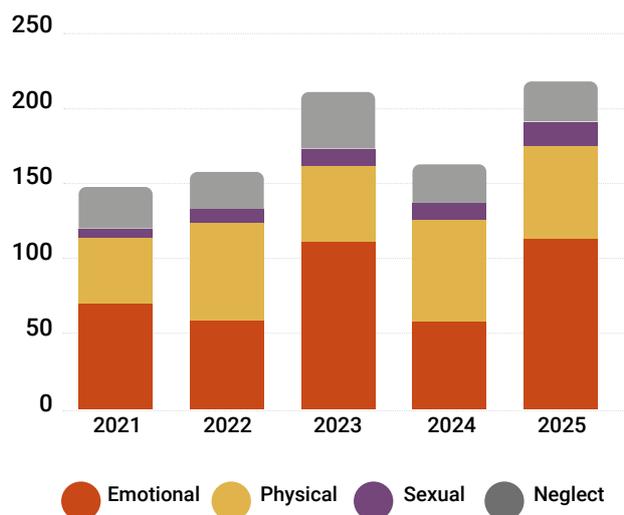
An increasing proportion of tamariki and rangatahi in return or remain home care are abused or neglected

Proportion of children in return or remain placement with finding of harm (12 months to 31 March)



The increase in findings of abuse in return or remain home placements was driven by an almost 100 percent increase in the number of findings of emotional abuse

Type of abuse occurring for return or remain home placement (12 months to 31 March)



Most findings of abuse in return or remain home placements were with parents as the person alleged to have caused abuse (either parent as caregiver or parent not as caregiver).

Findings from the Oranga Tamariki 2024/25 *Safety of Children in Care* report¹⁵⁷ indicate:

- emotional abuse was primarily due to tamariki and rangatahi exposure to negative behaviours by parents or other adults in the home, often linked to family violence, substance misuse or mental health difficulties, which reduced the parent's ability to provide adequate care
- physical abuse was most commonly experienced by tamariki and rangatahi aged 10 or over
- physical abuse typically involved slaps to the face or head, punches and kicks to the body, with visible bruising and marks in some case.

Such incidents often arose when parents did not have the skills or support to appropriately manage tamariki and rangatahi behaviour or needs, responding instead with violence.

Since the publication of our 2023 *Returning Home From Care* report,¹⁵⁸ Oranga Tamariki has continued to acknowledge the high risk for tamariki and rangatahi returning home. Despite these ongoing acknowledgements, little has changed in practice.

Most return home transitions are unsuccessful

Not only are tamariki and rangatahi returning home more likely to experience harm, it is also likely that their transition home will be unsuccessful. This means they are removed from the home and experience another transition.

An Oranga Tamariki appropriation measure suggests relatively few tamariki and rangatahi who exit an out-of-home placement subsequently require another out-of-home placement. This is not the case for tamariki/rangatahi who return home. Three-quarters (75 percent) of tamariki and rangatahi who spent time in return or remain home placements during the year were removed from home. This is a higher proportion than last year.

A new report of concern was lodged for 36 percent of tamariki and rangatahi who spent time in return or remain home placements during the year. In almost all cases (88 percent) where a new report of concern was lodged, tamariki and rangatahi were removed from home.

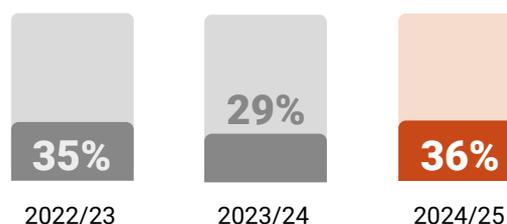
Tamariki and rangatahi returning home must be visited more

Regular visits to tamariki and rangatahi are crucial following their return home due to the high-risk nature of the placements.

Social work practice has not aligned with policy in recent years, with tamariki and rangatahi who return home being visited less than required.

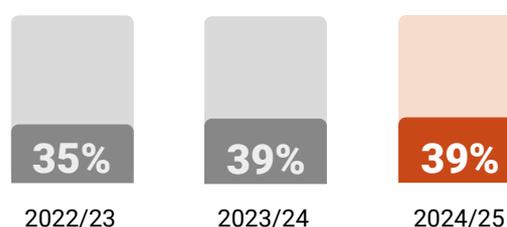
Just over a third of tamariki and rangatahi who returned home were visited as required

Oranga Tamariki data: Child visited weekly for one month after return home



Even for expected returns home, only 39 percent of tamariki and rangatahi were visited as required for the first month

Oranga Tamariki data: Child visited weekly for at least the first month after returning home – expected return home



Of the tamariki and rangatahi who experienced an expected return home, 39 percent were visited weekly for at least the first month (or to the planned frequency).

Oranga Tamariki case file analysis does not include sufficient numbers of unexpected returns home to determine visit rates with any confidence, and we have not included this data for privacy reasons.

¹⁵⁷ See (p. 138–142) of reference at footnote 109.

¹⁵⁸ See footnote 146.

In our 2023 *Returning Home From Care* report, we highlighted the lack of clear guidance for social workers. In September 2025, Oranga Tamariki updated both its Transitions Within Care Policy and Return Home Policy. Both policies clearly outline the requirement of weekly visits in the first four weeks following a return home.

Recent data from Oranga Tamariki suggests an increase in weekly visits in the final quarter of 2024/25.¹⁵⁹ We will monitor whether this shift is sustained over time.

A successful return home requires planning and support

Successful transitions home rely on strong planning and consistent support, yet whānau are often left without either. The high rate of unsuccessful returns home also shows that more can be done to address the needs of tamariki, rangatahi and their whānau before a return home.

This year, there was little discussion from care and protection social workers about planning or facilitating a return home. Oranga Tamariki kaimahi spoke about tamariki and rangatahi returning home as an aim or purpose but with little specific information about how it was achieved in practice.

Like other transitions in care, we know that transitions home can happen with little preparation and planning. Sometimes this is because tamariki and rangatahi make decisions themselves to return home, although we note that 29 percent of those who returned home in 2024/25 were aged under 10.

"I practically do it all by myself. Initially, I was in Auckland, in a group home with Reconnect, and I decided to come here so I ran away, packed my bag and came here ... I was already with nan, with no approval from Oranga Tamariki. They did not approve it. [Oranga Tamariki] eventually approved it." RANGATAHI

Tamariki, rangatahi and whānau are not getting what they need for a successful return home

For others, the decision to return home is a result of having no other placement options. One rangatahi talked about their journey transitioning from placement to placement after multiple placement breakdowns. Eventually they asked to return home, and this was approved by Oranga Tamariki. However, the process was rushed and unsupportive and did not meet rangatahi needs.

"I was telling my social worker I wasn't ready to go home. I told my dad I wasn't ready, and they just chucked me back ... At least make it one night and then two days ... You don't just shove them in there. Even if something has gone down, have something or back-up in place so you shouldn't put [kids] back in a house where they shouldn't be." RANGATAHI

One community agency kaimahi told us that timeframes can drive the transition rather than the needs of tamariki, rangatahi and their whānau.

"Some are planned and there are good intentions to work nice and smoothly and yet the dates are set, so if a young person is not ready or whānau are not ready, too bad it's set." GROUP HOME KAIMAHI (PROVIDER-RUN)

Gradual and managed returns home can be more successful

Two caregivers told us about their experience of a positive return home. They described being part of the transition and having a role in helping the whānau to support tamariki, based on their experience of providing care.

"We met the family, from that transition, we were communicating stuff that works for us especially around behaviours and felt we are part of the mana and we connect with the family. We enjoy that process because we feel we are connected with the boys." NON-WHĀNAU CAREGIVER

¹⁵⁹ Practice leader review of cases suggests an improvement in weekly visits from 54 percent to 78 percent.

Some group home kaimahi also gave practical examples of assisting tamariki and rangatahi returning home. In contrast to the unplanned entries into group homes, we heard examples of well-planned, gradual transitions out of group homes.

"[Transition out of the group home] depends on the social worker. Usually what happens is that we have a plan for [a rangatahi]. We will start with Sunday visits that are supervised to a day visit [with whānau] and then to weekends. So it's like we move to shared care. We do this while working with mum and asking her how she went over the weekend while trying to strengthen those weakness areas so more often than not it works that way. We also set up a poroporoaki (farewell) for them before they leave. We get all the photos, even the embarrassing ones, and then we move it all onto a memory stick for them to take when they go back to their whānau."

GROUP HOME LEADERSHIP (PROVIDER-RUN)

"There are the dinners with whānau that increase. It will end up being one night where the kid stays overnight ... It's always tailored to the needs of the whānau. We're going to make it four to six weeks of transition."

GROUP HOME KAIMAHI (ORANGA TAMARIKI-RUN)

"Once we get an 'exit day', we ensure they have visits with family overnight. We have a sibling group ... returned to mum. We got a heads up it was coming up, they were already having two visits with mum a week, so the visit times went longer, then to overnight in the last two weeks, then they would stay three to four days to help the children and their mum get ready to transition home." GROUP HOME KAIMAHI (PROVIDER-RUN)

Reducing abuse and neglect in return home care is stated as a priority, yet practice is not shifting

Oranga Tamariki has identified abuse and neglect in return home placements as a key target area in its National Care Standards Action Plan this year and has again committed to the need for a greater focus on the safety of tamariki and rangatahi returning home.

Tamariki, rangatahi and their whānau need access to the right assistance in the community. This means ensuring enough capability and capacity within the community agencies that work alongside them and that these services are well resourced.

Parents are often not getting the same level of help that caregivers receive, despite facing equally complex challenges. While Oranga Tamariki policy sets out practice expectations around support for parents, it is not as clear or defined as the support set out by the NCS Regulations for caregivers, nor is there a specialised workforce like CGRS in place.

Until we see improved planning that addresses the needs of tamariki, rangatahi and their whānau and a sustained increase in regular visits, we are unlikely to see a reduction in harm for tamariki and rangatahi returning home.

Transition to adulthood

Like last year, around a third of tamariki and rangatahi who were in care during the reporting year, including in youth justice, are aged 15 or over. Around half of these rangatahi have been in care for five years or more.

Rangatahi are eligible for TSS if they have been in care or youth justice custody¹⁶⁰ for over three continuous months from 14 years and 9 months up until they turn 18.

Oranga Tamariki has a legislative requirement to help eligible rangatahi prepare to leave care or youth justice custody. Oranga Tamariki social workers must complete a life skills assessment, referral to a transition worker where there is consent, help rangatahi obtain official documentation¹⁶¹ and lead their transition planning.

Oranga Tamariki must proactively maintain contact with rangatahi after they leave care or custody up to age 21¹⁶² and must provide advice and assistance to rangatahi up to age 25. Rangatahi are entitled to support to remain living with or return to a caregiver up to age 21. Oranga Tamariki must also ensure rangatahi understand their entitlements under the transition to adulthood service.

Two-thirds of tamariki and rangatahi have some planning for their transition but only around one-fifth have a formal plan

When rangatahi transitioning out of care or custody are well supported, they are more likely to experience stability and achieve positive outcomes in their lives.

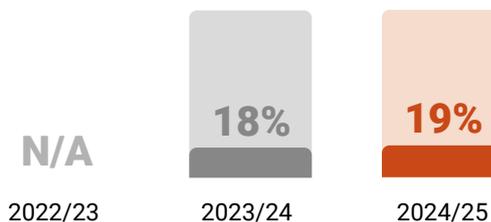
Tamariki and rangatahi who have been in care or custody are more likely to experience negative life outcomes when compared to their peers who are not known to Oranga Tamariki. Data from the IDI shows young adults aged 18–25 eligible for TSS in 2023 were 10 times more likely to be on a main benefit and 40+ times more likely to have accessed emergency housing than those with no Oranga Tamariki involvement.

With the right care and guidance, they can overcome the unique challenges of leaving care or custody and thrive alongside their peers.

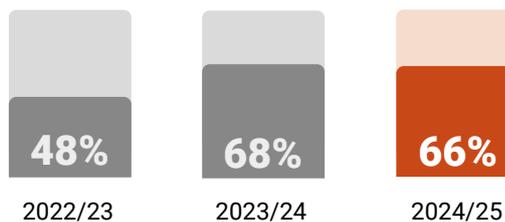
Oranga Tamariki data shows that the number of rangatahi who have a formal transition plan for their transition to adulthood is about the same as in 2023/24. Two-thirds of rangatahi transitioning to adulthood have had some transition planning – but this is more often than not planning activity rather than a formal transition plan.

Planning for transition to adulthood and completion of plans continues to be limited

Oranga Tamariki data: Formal transition plan



Formal transition plan or planning activity¹⁶³



¹⁶⁰ Rangatahi are also eligible for TSS if they were remanded into the custody of Oranga Tamariki by the District Court or High Court under the Criminal Procedure Act 2011 or were sentenced to imprisonment prior to turning 18.

¹⁶¹ This includes a verified online identify, an IRD number, photo identification, an original copy of their birth certificate, a bank account and ensuring rangatahi understand their legal obligation to enrol on the General or Māori Electoral Roll.

¹⁶² If rangatahi are engaged with a transition worker, it is the transition worker who maintains proactive contact and provides support until the rangatahi turns 21.

¹⁶³ Oranga Tamariki data for formal transition plan or planning activity for 2022/23 comes from QPT data and is not fully comparable with the results for 2023/24 and 2024/25.

Only around half of rangatahi aged 18 who exited custody in the last year had a record of a transition to adulthood FGC or case note that recorded a transition plan.

Oranga Tamariki data also tells us that planning activity is unlikely to be supported by a completed life skills assessment. Oranga Tamariki data suggests¹⁶⁴ that only 11 percent of rangatahi transitioning to adulthood have a life skills assessment. A life skills assessment must be completed for eligible rangatahi aged 15 or over (regulation 75).

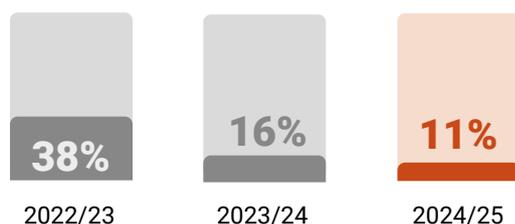
Life skills assessments are an opportunity for social workers to identify the needs of rangatahi, their strengths and aspirations for the future. The outcome of the life skills assessment informs transition planning and must be recorded in the transition plan.

Oranga Tamariki told us the tool is now embedded in all TSS training and resources, including induction for new social workers. However, completed assessment numbers remain low.

The percentage of eligible rangatahi with a completed life skills assessment is one of the priority areas for Oranga Tamariki in its National Care Standards Action plan. While the tool is described as embedded, the limited training and ongoing low completion numbers suggest it is not yet being treated as a priority.

Life skills assessment numbers continue to fall

Oranga Tamariki data: Life skills assessment completed¹⁶⁵



Comprehensive planning helps rangatahi transition well to independence

The importance of comprehensive planning was spoken about by one group home kaimahi who said that, once the social worker let them know the details of the transition, they could focus on helping rangatahi learn life skills that would help them live independently.

"We are more in contact with the social worker, and [they] would make us aware of dates, places and times for the transition. What we were trying to do is raking up more of the life skills like learning how to budget food, how to shop for food and how to use public transport. Showing all these things that before he transitioned out and modelling this is what we do as adults and give him the best basic skills as possible, and I do feel like it did help him. For example, we had a young person who was in care for a really long time, so he needed this. And when he wanted to study, we were preparing him and making sure he knows you have to do things on your own. You wanna prepare them as best as you can."

GROUP HOME KAIMAHI (PROVIDER-RUN)

Two kaimahi from a provider-run group home also spoke about the importance of planning for rangatahi transitioning to adulthood. They said that extensive planning took place between them, Oranga Tamariki and whānau, and in one example, a six-month care extension was arranged to better prepare a rangatahi to transition to adulthood.

"There was a lot of planning with Oranga Tamariki and the HCN hub in preparation for [rangatahi] moving. They agreed for [rangatahi] to stay a further six months after turning 18 [in the group home]. There were services here and other services ... to pick up support for [rangatahi]. [Afterwards, rangatahi] stayed in the area. [Rangatahi] has good connections, [Youth One Stop Shop], GP, transition worker and a range of different providers ... It was really tough to find good accommodation that will last ... [but] two years after leaving here, [rangatahi is] in the same accommodation, [rangatahi] completed a qualification and has part-time work. It was just that it fell into place."

GROUP HOME KAIMAHI (PROVIDER-RUN)

¹⁶⁴ This is based on QPT data and is an estimate of the overall proportion of rangatahi transitioning to adulthood.

¹⁶⁵ Oranga Tamariki data for life skills assessment completed for 2022/23 comes from QPT data and is not fully comparable with the results for 2023/24 and 2024/25.

"We are like a 'well to do' family. There are no issues about things like the food budget. When the last two were moving [taiohi transitioning out], we made cuts to the food budget for it to be a little more real. We explained here's what you will get [money] and how much it will be for rent and your food budget. When you get this much, what can you afford? It isn't going to be roast duck. It is tough. Like their own whānau, we want to give the best, and we are also really well aware our young people don't have the luxury of somewhere to bounce back to. They need support to look after their rental property, manage their tenancy and often can't come home to mum and dad and not able to come to us when we have someone else living in our whare. We spend a lot of time thinking about are we doing enough to have taiohi stand on their own two feet."

GROUP HOME KAIMAHI (PROVIDER-RUN)

Transition to adulthood FGCs are no longer a requirement despite being an important opportunity for rangatahi

Oranga Tamariki kaimahi and transition workers told us that a transition to adulthood FGC is an opportunity for rangatahi and whānau to take ownership of decision making leading up to a transition to adulthood and an important opportunity for planning and information sharing between professionals.

FGCs were previously required for all rangatahi transitioning to independence unless there was good reason one should not take place. Recent changes to practice guidance mean an FGC is no longer a requirement. Planning for transition may still happen by way of an FGC, but a hui-ā-whānau or family meeting may also be used. Oranga Tamariki has explained that this allows flexibility in how meetings occur, acknowledging that similar outcomes can be achieved in different ways.

While there has been a change to what is required in practice, data shows that the level of planning remains low.

Professionals have mixed views about the change

In our regional engagements, we heard mixed views about how planning for transitions to adulthood occurs. In the Bay of Plenty, we heard that, when done well, the transition to adulthood FGC process is an opportunity for rangatahi to be guided to take ownership of their own future plans.

"[Family group conferences] can be really great for rangatahi, it's [their] celebration about leaving care and they should have one ... When the social worker is engaged with that's going on with the rangatahi, it makes things easier for us, makes the referral [for an FGC] go better."

CARE AND PROTECTION FGC COORDINATOR

The FGC coordinators we spoke with in the region said planning for transition could happen earlier, with most referrals they receive being for rangatahi aged 16–17. Within the transition to adulthood process, planning opportunities begin when rangatahi are aged 15, and a comprehensive plan should be in place by age 17 and 6 months.

Around half of the transition workers we spoke with in Greater Wellington spoke negatively about the changed practice guidance. One transition worker said they felt like the process had been diluted over time with a less formal meeting accepted, undermining the weight and protections of an FGC.

"The other important thing is the process ... family group conferences that involve all the professionals ... we kind of work off that plan and it is a plan that is accountable to the court. [But] then it gets downgraded, two years into [TSS starting up]. 'Oh well, if there isn't a family group conference, we can just have a whānau hui.' We get a referral, but it's like, what about the family group conference, [Oranga Tamariki] just say, no, don't worry. [A transition to adulthood family group conference] gives rangatahi hope for a future and that there is a future. If we have a [whānau] hui, they just put us into a small office, a crappy environment. It's little things like that in terms of the process." TRANSITION WORKER

A few transition workers we spoke with in the Bay of Plenty said that it was “real hit and miss” whether a transition to adulthood FGC would be convened.

“Very few transitional plans for FGCs, we ask our rangatahi do you know what a transition FGC is? They didn’t know what a transition FGC was. I’m sorry, before you have a kid discharged, we need to have an FGC first. It’s real hit and miss here.”

TRANSITION WORKER

One supervisor in Te Tai Tokerau said that rangatahi prefer whānau plans developed at hui-a-whānau rather than an FGC plan for transition to adulthood. This is similar to what we heard from a TSS provider in Te Tai Tokerau who told us rangatahi “hate the word FGC” as a result of past experiences.

“We’re [on to it] with doing referrals [for transitions to adulthood]. Most of the time, rangatahi just want a whānau plan, not a [transition to adulthood] FGC.”

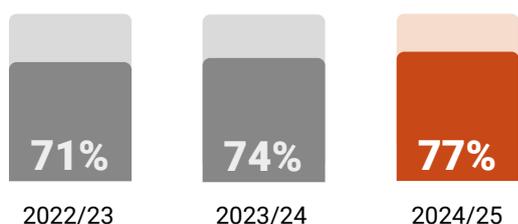
ORANGA TAMARIKI SITE LEADERSHIP

More rangatahi are being offered referrals to TSS again this year

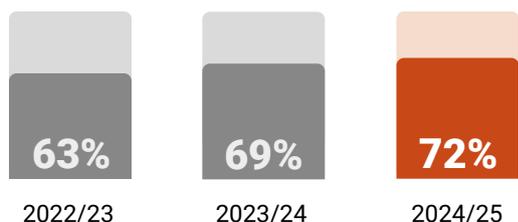
Although overall transition planning is poor, Oranga Tamariki social workers are referring more rangatahi to TSS.

While there is a continued increase in referrals to the transition support service, nearly one-quarter of rangatahi are still not offered a referral

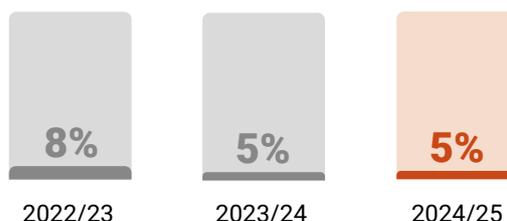
Oranga Tamariki data: Offered referral to TSS



Referred to TSS

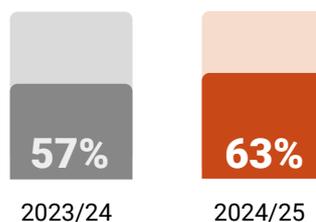


Rangatahi declined referral to TSS

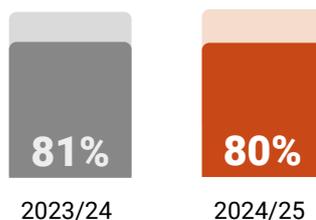


More rangatahi are being offered referral to the transition support service at age 16 but more than one-third are not

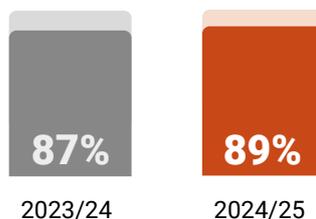
Oranga Tamariki data: Age 16



Age 17



Age 18



There has been an increase in the proportion of rangatahi in most age groups who have been offered a referral to a TSS provider since last year. However, there remain significant proportions of rangatahi aged 17 (20 percent, approximately 90 rangatahi) and 18 (11 percent, approximately 50 rangatahi) who are eligible for TSS who have not yet been offered a referral to a provider.

With some coordinated, concerted effort, it should be possible to make sure that all rangatahi are offered a referral.

Rangatahi engaged with the transition support service continue to find it helpful

Almost all the rangatahi we spoke with about transitioning to adulthood said they were working with a transition worker. Like last year, rangatahi engaged with TSS were positive about their experiences. Rangatahi told us they appreciate the open communication they have with transition workers, feeling heard and having a voice in their transition planning.

“As I get older, I’m more independent with finance and stuff. [Challenge 2000 transition worker] will reach out to me, [checking] do you need anything? Yeah, I need some more fuel vouchers! It’s nice to know I’ve got someone. He genuinely gives a shit about people. I worked with him over the summer, how he interacts, how he cares. He’s keen to have a coffee to catch up about my life.” RANGATAHI

“I like her, [transition worker is] here not to judge me.” RANGATAHI

“[Transition worker] and I have discussed transitional housing and decisions [in my plan] to be more focused on what I want.” RANGATAHI

“I have transition workers. I kinda said I didn’t need them but they have been helping me. I feel though that I should have put more thought into [how transition worker can help]. I have a passport and got my driver’s licence with [transition worker’s] help, plus I now have an IRD number and a bank account number. I told them I just want to focus on school for now.” RANGATAHI

“The difference is [social worker and kaimahi] allow me to be an adult so they let you step into adulthood and they’re there when you need them. [Social worker] is in my face but [transition to adulthood worker] is wanting to check in and have lunch. Being Māori, I feel like I connect with him more than my last one. Transition to adulthood started when I was 17 and then more towards 18, and I’m 19 at the end of the year.” RANGATAHI

“[Transition worker is] there to support [me] and it feels like I’m not doing my early adulthood by myself. When I walk in [to Work and Income New Zealand] by myself, I feel like a tiny as person because no one wants to listen to me, but when [Raukawa kaimahi] comes to support me, I feel like a way bigger person.” RANGATAHI

Initial analysis of IDI data by Oranga Tamariki as part of the Ngā Haerenga | Transition Journeys project showed positive short-term changes for rangatahi engaged with TSS. The project and its phase three findings strongly affirm the benefit of individualised, consistent, wraparound support for rangatahi. These results highlight the importance of social workers continuing to offer and refer rangatahi to the service.¹⁶⁶

Rangatahi who are not engaged with the transition support service must still be offered support

Oranga Tamariki is required to assist rangatahi who are not engaged with TSS. The Oranga Tamariki Transitions team attempts to maintain contact with those rangatahi through its TSS helpline.

The Oranga Tamariki Transitions team uses CYRAS data and TSS provider reporting to help identify rangatahi it has an obligation to support. Transition advisors at the TSS helpline try to maintain contact by calling, texting and emailing rangatahi and, in some instances, contacting whānau and professionals who have previously worked with them.

When contact is established, rangatahi are reminded of their TSS entitlements and offered referral to a transition worker. The TSS helpline aims to make contact on a three-monthly basis.

Most rangatahi eligible for ongoing contact were contacted by the TSS helpline during the reporting period. Given the known challenges in reaching rangatahi once they have left care, we acknowledge the ongoing work of the TSS helpline to sustain engagement.

¹⁶⁶ Oranga Tamariki. (2023). *Ngā Haerenga | Transition Journeys phase three summary report: Key findings and case illustrations of rangatahi in their second year following their move from statutory care to self-determined living*. orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Nga-Haerenga/Nga-Haerenga-Phase-3-Summary-and-case-studies.pdf

Social workers do not fully understand their role in the transition to adulthood process

We heard that Oranga Tamariki social workers do not know what their duties and roles are when helping rangatahi to transition to adulthood. The lack of clarity indicates poor implementation. Although the service was implemented in 2019, role definitions remain unclear. Oranga Tamariki recognises this practice challenge and is taking action to clarify responsibilities with its social workers.

One social worker implied that transition workers should be taking the lead role in transition planning, yet the lead responsibility for all rangatahi support, planning and monitoring needs belongs to the Oranga Tamariki social worker.¹⁶⁷

"I've got a number of young people who are 16 years of age, but a lot of providers just aren't picking up the slack. Some transition workers seemed good at the start, but some of them haven't touched base since that initial meeting. I haven't seen anybody really taking the lead on the young person's transition plan. I've had some good experiences and some not so good. I haven't had any experience of a transition to adulthood family group conference yet, so I want to be involved to grow my experience."

ORANGA TAMARIKI CARE AND PROTECTION
SOCIAL WORKER

"Apparently, there's people being paid for that job too, but we do it. Passport, licences, CVs, we do that shit for our kids, no one else. Even though they're getting paid for it, we get emails saying, 'Next week, we've got them signed up for XYZ [stage in transition]'; and I'm like, well don't worry, I've already done it." ORANGA TAMARIKI KAIMAHI

Some social workers are unfamiliar with the transition to adulthood process

Caregiver social workers we spoke with in Greater Wellington told us that, because some care and protection social workers did not understand the process or had competing priorities, referrals to TSS providers sometimes still happened late.

"[Social worker] can't [refer] because they are constantly putting out fires [with the caseload of children social worker is holding]."

CGRS SOCIAL WORKER

We heard from some Oranga Tamariki caregiver social workers that not all social workers know the process for referring to TSS.

"It's a combination of social workers don't know [what] the process is and when, and [there is] no clear communication on whose job is this? And there's no one enforcing it." CGRS SOCIAL WORKER

One TSS provider told us that they will go to Oranga Tamariki to get referrals to the service instead of waiting for a referral from them. The provider relies on their relationship with VOYCE for information about rangatahi who are becoming eligible.

"We have had [referrals] sent directly through to us – and not through the process. Then [Oranga Tamariki] are having a go at our process – but this is Oranga Tamariki's process, we are following that. We have had to help [Oranga Tamariki] fill out forms. We have a good partnership with VOYCE, we have got this list [of young people eligible for TSS] from VOYCE. So we then go to Oranga Tamariki to get the referrals."

TRANSITION PROVIDER LEADERSHIP

¹⁶⁷ Oranga Tamariki. (2024). *Service specification: Transition to adulthood*. orangatamariki.govt.nz/assets/Uploads/Working-with-children/Information-for-providers/Service-Specifications/Transition-to-Adulthood-Service-Specifications-June-2021.pdf

We also heard from transition workers that some Oranga Tamariki social workers don't understand their role in helping rangatahi transition to adulthood and they have to explain it.

"[Oranga Tamariki] just need to know their role, a lot of the social workers don't know their role. They should be telling us what to do, not us telling them." TRANSITION WORKER

"But is that our role? We might be a receiver for referral. Some social workers will email us directly, and you can tell they don't know the process, so we're having to go back to them and say this and that. We got a young person who needed housing yesterday, but it's not our process. It is for the Oranga Tamariki social worker, that's theirs to own." TRANSITION WORKER

One transition worker suggested that Oranga Tamariki needs social workers who are specialised in transitions to adulthood and understand all requirements of the role.

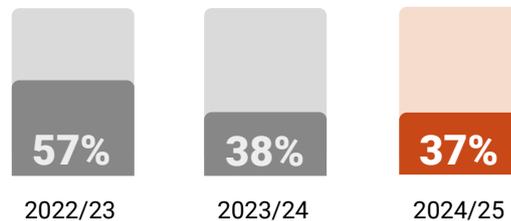
"[Oranga Tamariki] do need social workers who are specialised in transition, [who] understand everything about it. [Social workers] deserve the support just as much as anyone else. [Oranga Tamariki] need to figure out how they make this a priority." TRANSITION WORKER

Transition workers perform tasks beyond their role

Before rangatahi leave care or custody, Oranga Tamariki must assist them to obtain the official documentation they may need (regulation 76(c)). This includes things like photo identification, an IRD number and an original copy of their birth certificate. Oranga Tamariki data shows that this is not happening consistently.

Just over one-third of rangatahi received support to obtain identity documentation and bank accounts

Oranga Tamariki data: Assistance for identity documentation and bank account



Transition workers from a couple of TSS providers said that they now anticipated rangatahi referred by Oranga Tamariki would not have identification and bank accounts. Where possible, they used their individual working relationships with Oranga Tamariki social workers to make sure rangatahi had identity documentation when leaving care or planned to sort identification documentation and bank accounts, even though it was not their responsibility.

"Then also having good communication with the Oranga Tamariki social worker and making sure that the rangatahi have all their relevant information before coming out of Oranga Tamariki. So that means a birth certificate and passport." TRANSITION WORKER

"We just dive straight into it. We look after rangatahi from the ages of 15 and 19 is our main area, we have had younger rangatahi. Even though we are not meant to take the lead from the start, we do. We do everything from helping [rangatahi] into education, to get their identification like their passport, birth certificate, driver's licence as well as employment and housing ... our biggest issues is with the lack housing for rangatahi, we do everything for [rangatahi]." TRANSITION WORKER

The manager for one TSS provider in Te Tai Tokerau said that, although their transition workers made sure rangatahi had identity documentation and bank accounts, it diverted effort away from working on bigger goals with rangatahi.

“Where we could really be getting to those good engagements and working on those bigger goals instead of those little things, we are focusing our time and effort on [identification documents] and birth certificate so they can get to the next steps of education and employment, so there is all that time for our kaimahi spent on doing that kind of stuff which could be better used on progressing them [through to adulthood].”

TRANSITION PROVIDER LEADERSHIP

Transition workers in the community know where their role stops and starts. Without better understanding from all Oranga Tamariki social workers about their role in transition planning, transition workers will continue to fill the gaps.

Oranga Tamariki is making efforts to increase kaimahi knowledge about transition to adulthood

The Oranga Tamariki Transitions team’s role is to enable TSS across the motu. The team has a role in strengthening practice both with Oranga Tamariki kaimahi and transition workers in the community.

Transitions team kaimahi told us they offer general training to all Oranga Tamariki kaimahi and TSS providers when something is new in the transitions space. For example, when the new life skills assessment tool was introduced in July 2024, training was made available to all kaimahi across four drop-in sessions in the first month. However, Oranga Tamariki could not tell us how many kaimahi have engaged with the training.

If smaller changes are made to practice, drop-in sessions are offered. The team also provides specific training if requested by a site or region.

In February 2025, the Transitions team introduced a letter of entitlement for rangatahi. Each rangatahi who becomes eligible for TSS is sent a letter via an email to their social worker. The letter informs rangatahi about what they are entitled to. The email also aims to prompt social workers about the actions they need to take to prepare rangatahi for transition.

In the Bay of Plenty, a supervisor told us about receiving the letters of entitlement and that they encourage their social workers to follow up on the offer of the service.

“I think [transition to adulthood is] a lot better than it was in the past. Maybe it’s more about the benefits of referring the rangatahi to [TSS]. Now we know what services are available and that they’re available until 25 years old. So, from 17 to 25, they can still get supports – I didn’t understand that before and now we get emails from [Oranga Tamariki Transitions team] and they say, ‘Hey these kids are eligible’ and do we think they’ll want the service. We encourage our social workers to follow that up.”

ORANGA TAMARIKI SITE LEADERSHIP

Targeted transition support is provided to some regions

In Te Tai Tokerau, fewer eligible rangatahi are offered TSS than in any other Oranga Tamariki region. Two-thirds (67 percent) are offered a referral to TSS compared to a national average of more than three-quarters (77 percent). The Transitions team is currently engaged in providing targeted support to both Oranga Tamariki kaimahi and TSS providers in the region. Members of the Transitions team are travelling to the region as needed to provide this.

The Transitions team told us it engages proactively with agencies who provide transition support services and offers bimonthly webinar induction sessions for kaimahi from the community who are new to transitions. They said some existing providers use these for refresher training or networking. What the Transitions team hears at these webinars determines future training needs for TSS providers.

Recently, the Transitions team has provided specific training on transition planning – for example, what the plan should include – to allow providers to better advocate for rangatahi and their role in the plan. The team has also worked with the Department of Corrections to provide training on the process for rangatahi accessing transition services in prison.

Life skills assessments identify need and transition support can help rangatahi obtain things they will need such as a driver licence

A driver licence opens doors for rangatahi

Having a driver licence helps young people become independent, secure jobs and move forward in life. When rangatahi don't have the identification they need, it makes it harder to get a job, enrol in study and access housing.

Many rangatahi in care see getting their licence as a key goal in itself and as an important step towards larger goals.

"[I] want to get my learner's licence and buy a car. [My] aunty who is a social worker will help alongside that." RANGATAHI

"I want a car but I need my licence. I don't have to worry about [maintaining] the car because my brother's a mechanic." RANGATAHI

"I want to get [a] learner's [licence] at 16. [When I'm] 17, I want to sit my [full] licence. [I] wanna travel the world." RANGATAHI

"I practise my learner's [here at Te Maioha]. [I want to] leave this place with learner's, get a job and then a car." RANGATAHI

"I want to have a driver's licence. Be able to legally drive a vehicle." RANGATAHI

Rangatahi in Oranga Tamariki care can struggle to get a driver licence

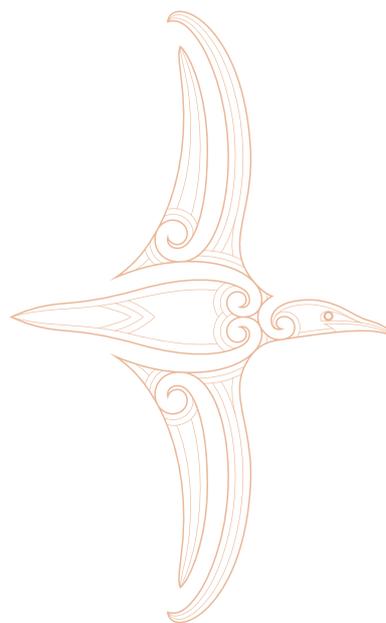
While the proportion of rangatahi holding a driver licence is up year on year for those eligible for TSS, it remains significantly lower than for rangatahi who have not had Oranga Tamariki contact. Rangatahi Māori are also less likely to have their licence.

In Aotearoa, only a quarter of young adults aged 18–25 who are eligible for TSS who had been in Oranga Tamariki care have a current restricted or full licence compared to 65 percent of those with no Oranga Tamariki contact.¹⁶⁸

Oranga Tamariki is responsible for helping rangatahi successfully transition to independence. This includes helping get bank accounts, appropriate identification and their driver licence. Rangatahi tell us that some of their Oranga Tamariki social workers don't help with getting a driver licence, while some are more proactive.

"I'm already learning the road code from my [Oranga Tamariki] social worker." RANGATAHI

"[Oranga Tamariki social worker] helps me with driving lessons, helped me with my learner's." RANGATAHI



¹⁶⁸ This IDI data looks at rangatahi aged 18–25 in 2023 and includes a substantial sub-cohort aged 18–21 while TSS has been operational.

Agencies are helping rangatahi get their licence and Oranga Tamariki could help more of them connect to these services

Where rangatahi are able to access them, government and community programmes can help rangatahi get their licence. For rangatahi in Oranga Tamariki care or custody, transition workers play a key role.

"I've got my 18+ card and work kind of licences (Site Safe, forklift and chainsaw licence). When I was doing all those licences, there was a job course with Te Rarawa [and] Tupu.¹⁶⁹ I got to go. I got all those licences from [Tupu]. I got my driver licence from here, Waitomo Papakāinga. I got all my licences from just around here. They're trying to help me get a full licence." RANGATAHI

"[TSS kaimahi] helped me with my licence, bank account, ID." RANGATAHI

"[Transition to adulthood worker] helped with my learner's licence." RANGATAHI

"Yeah, the path I'm on now is beyond great. I'm able to drive. I got a driver's licence. I'm going for my restricted soon. [Tūākiri kaimahi is] helping me get my restricted." RANGATAHI

By connecting more rangatahi to services that can help them get their driver licence, Oranga Tamariki can fulfil part of its duty to help rangatahi prepare for a successful adulthood.

"Was amazing [to get my driver licence] as now, if I get pulled over by the cops, I can just show them my licence." RANGATAHI

How successful transitions to adulthood can be supported

Dingwall Trust provides transition support

Dingwall Trust previously had tamariki and rangatahi in its care. The Trust told us how it helped rangatahi in their transition to adulthood.

Rangatahi had an FGC on entering the transition service and were allocated a personal advisor (PA) employed in the Trust's transition service. The PA provided help and guidance to rangatahi across a range of areas, including accommodation, driver licences, employment, extracurricular activities, healthcare and further education.

The Trust uses its own funding to support rangatahi in transition and beyond

The Trust used its own funding to assist rangatahi in their transition to adulthood – for example, with milestones such as subsidising the purchase of a car for one rangatahi so they could maintain their employment and funding private healthcare insurance.

While all rangatahi have now been formally discharged from the transition service, they continue to receive ad hoc financial support from the Trust.

By providing consistent, ongoing assistance that mirrors what a parent might provide, the Trust helped rangatahi navigate the challenges of independent living. Rangatahi supported by the Trust are now in full-time employment and living in stable housing situations.

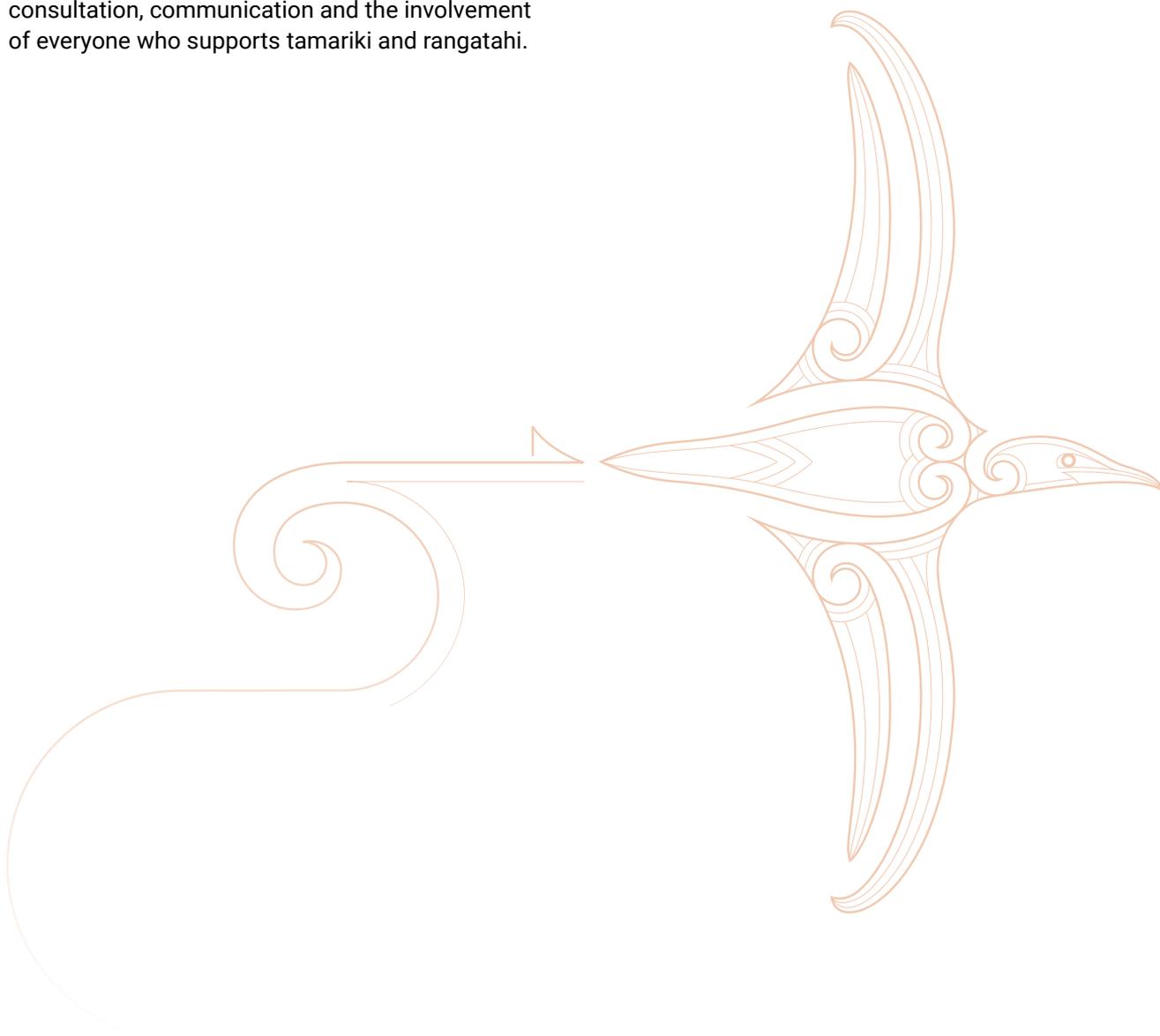
While the Trust was responsible for supporting a small number of rangatahi to transition to adulthood, its approach provides the sustained assistance needed to achieve successful transitions to adulthood. An adequate level of funding is an important factor in being able to do this.

¹⁶⁹ Tupu is an initiative between Te Rarawa and Te Hiku Iwi Development Trust to create long-term, sustainable employment options for rangatahi in the horticulture sector.

If Oranga Tamariki improves planning for all transitions, this will make a real difference to the experiences of tamariki and rangatahi in care

Good planning is a vital part of a positive transition experience for tamariki and rangatahi, whānau and caregivers, but we consistently hear about poor planning across all transition types – for tamariki and rangatahi moving between care placements, returning home and transitioning to adulthood.

Good planning requires the right information to be incorporated and plans to be current. This needs consultation, communication and the involvement of everyone who supports tamariki and rangatahi.







What rangatahi say about their futures

In some of our engagements, rangatahi shared their hopes and aspirations for the future – what they want to achieve and the kind of lives they want to build. Despite their experiences of care, most spoke positively about their futures.

““

“I want to be a social worker. I want to help kids like me. I would be really good [as a social worker] and I would work here [at the youth justice residence].”

RANGATAHI

““

“I want to be a tattoo artist.” RANGATAHI

““

“[City] orchestra [is a goal] and [to] study music at university and who knows where I go. From a few hours from now, I’m going to practice for an exam. I [can] play [instrument] at the end [of the interview] before you go, I can give you a sample.” RANGATAHI

66

"I want to be the first kid in my family to graduate. I'm Year 11 but got put up to Year 12, which I'm proud of. If I finish school next year, I'll be the first to graduate. I want to get [University Entrance] and save for a car. I'm enrolled in school and a mentor at course. I'm slowly getting my licence. My long-term plan is to be a lawyer and own a car. In the meantime, I want to finish school, save money and get [University Entrance] to study a Bachelor of Laws." RANGATAHI

66

"Everything in my life has been based on survival more than just enjoying [life]. The focus is on staying alive and functioning. I want to create an environment [for my baby] I did not have. Speaking to mum, of course I can. [I want] that financial stability, to set him up [for life]. [It was] shit [to] feel bad asking [for things] when [I was] little. [I] want him to know I can [do anything for him] at any point." RANGATAHI

66

"I want to be a pilot. I love seeing different countries and speaking new languages. I'm learning on Duolingo [language learning app]." RANGATAHI

66

"I really like building. It is my passion. I want to work in that industry, learn more and improve my skills in building and construction and hopefully to have my own construction company when I get older." RANGATAHI

66

"I want to help people. I've thought about law, social worker, veterinarian and paramedic. I definitely want to help people. The thing about this [care and protection residence] and why all the good staff leave is to do with the other staff. The good staff are not manipulative *****. I'm good at talking to people and getting things out there, so I want to do that in the future." RANGATAHI

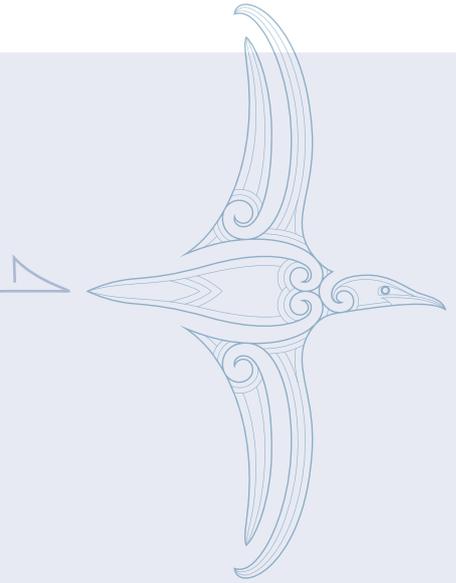
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"I want to go to the army. I got to train, probably wait until I'm a few years older so I'm properly trained. Told my social worker about it and she's supporting me to do that." RANGATAHI

Part 6:

Agency self-monitoring





What Part 6 of the NCS Regulations requires

Part 6 of the NCS Regulations states that organisations with care and custody of tamariki and rangatahi must monitor their own compliance with the regulations. They must have systems in place to identify and address areas of practice that require improvement.

It is only through self-monitoring that organisations like Oranga Tamariki can be assured that a good standard of care is being provided. Robust self-monitoring means that good practice and areas for improvement can be identified and acted on.

As the independent monitor, we rely on administrative data from Oranga Tamariki and other monitored agencies. For the 2024/25 reporting period, changes in Oranga Tamariki data infrastructure and personnel mean that we have received recalculated data from previous years. Some figures – such as for reports of concern – are very different from those previously provided and cause us to question the accuracy of monitoring and reporting within the agency.

Oranga Tamariki remains partially compliant with the NCS Regulations

This year, Oranga Tamariki again reports that it is partially compliant with the NCS Regulations.¹⁷⁰ It states that 37 percent of tamariki and rangatahi in its care were estimated to have had its own core lead indicators met. The core lead indicators are a subset of the 21 lead indicators. This level of compliance is the same as the previous year.

There has been no change to the Oranga Tamariki lead indicator framework

Oranga Tamariki introduced its lead indicator framework ahead of our 2022/23 *Experiences of Care in Aotearoa* report. Oranga Tamariki uses the framework to monitor its own compliance with the NCS Regulations and publishes annual reports on this.¹⁷¹

There has been no change to the lead indicator framework for the 2024/25 reporting period. However, Oranga Tamariki advised that lead indicator 16, which looks at whether tamariki and rangatahi are placed with an approved caregiver, is based on a smaller sample of files that makes it more susceptible to year-on-year variations and harder to track changes over time. It said this lead indicator should be interpreted with caution and acknowledges that there is an issue with the ongoing inclusion of this lead indicator in its self-monitoring approach. Oranga Tamariki has said it will reconsider the lead indicators ahead of next year's reporting.

Oranga Tamariki case file analysis has improved

Oranga Tamariki self-monitoring includes analysis of the case files of a sample of tamariki and rangatahi in care. For the 2024/25 reporting period, case file analysis questions covered some new areas or areas where Oranga Tamariki had previously relied on its Quality Practice Tool (QPT).¹⁷²

The new case file analysis questions cover:

- reasons for care entry
- reasons for transitions between placements
- mental health diagnoses and support
- transitions to adulthood (including life skills assessments and transition planning)
- data quality for recording social worker visits
- supervision for social workers
- Oranga Tamariki practice standards.

Oranga Tamariki has also stated its intention to discontinue case file analysis that assesses planning for tamariki and rangatahi to move out of care and into permanent arrangements. Issues around recording these plans and decisions in CYRAS, together with the dynamic nature of tamariki and rangatahi plans, meant the data was not truly representative and was potentially misleading.¹⁷³ Oranga Tamariki has since advised that case file analysis does still ask a question about whether permanency planning is on track. Oranga Tamariki told us this offers a more reliable picture of whether planning is on track.

¹⁷⁰ "This year, during a period of significant change for Oranga Tamariki, most of those improvements [from previous years] have again been maintained. However, we have yet to see the gains needed to improve our overall assessment of compliance." See (p. 115) of reference at footnote 34.

¹⁷¹ The compliance report for 2023/24 was published as part of the Oranga Tamariki annual report – see footnote 33. The compliance report for 2022/23 was published separately: Oranga Tamariki. (2024). *Compliance report against National Care Standards Regulations: 2022/23 financial year*. ot.govt.nz/assets/Uploads/About-us/Performance-and-monitoring/Independent-Childrens-Monitor/Compliance-Report-against-National-Care-Standards-Regulations-2.pdf

¹⁷² The use of QPT in NCS Regulations compliance self-monitoring is now restricted to one area (quality of the caregiver assessment process). This is a positive step. Although QPT is useful for operational quality monitoring, it is not suitable for NCS Regulations compliance self-monitoring.

¹⁷³ "We are unable to answer these questions as the data for permanency questions has been found at times to misrepresent the current permanency goal and status of any given case. This is due in part to CYRAS recording issues and the dynamic nature of tamariki plans (often requiring changes to the permanency goal). Therefore, the data is not representative and has therefore not been shared. We also intend to remove these questions from future case file analysis." Oranga Tamariki response to Aroturuki Tamariki combined data request for 2024/25, Part 3. Quantitative measures (p. 28).

Oranga Tamariki surveys that would have helped us understand the perspectives of tamariki, rangatahi and kaimahi have been delayed

Surveys are a valuable tool for gathering first-hand perspectives from people on a wide range of issues. In 2024/25, Oranga Tamariki conducted its annual caregiver survey, which is referred to throughout this report.¹⁷⁴

The 2024/25 Oranga Tamariki annual report states that Oranga Tamariki has also conducted fieldwork on its third Te Toho o te Ora child survey and has piloted a new whānau survey. It has also introduced a new survey of partners and providers. We have yet to see the survey results.

We understand that the next iteration of Te Pihinga, a kaimahi survey on cultural capability, is planned for 2025/26.

Changes in Oranga Tamariki personnel have resulted in some major discrepancies in the data

Oranga Tamariki introduced a new enterprise data analytics platform in 2024/25 to replace its legacy data warehouse. This also required the replacement of legacy computer code used for reporting. The implementation of this major change to data collection appears to have been affected by capacity constraints and the loss of expertise and institutional knowledge during recent restructures.

As part of the restructure, the Safety of Children in Care team was disestablished and some of its functions were transferred to a role within the Quality Practice Improvement team. Consequently, some data that was previously supplied is no longer available. One example is data on the proportion of the reports of concern for tamariki and rangatahi in care that were considered to be allegations of abuse or neglect. Oranga Tamariki has since advised that, in 2026, it will begin case file analysis on reports of concern for tamariki and rangatahi in care that ended with no further action in the initial assessment phase.

Together with the re-platforming of the data warehouse, this means there are several areas where data is not available or where there are discrepancies between data that was provided

previously and data provided this year for the same periods.

This raises concerns about the quality of the data we are receiving from Oranga Tamariki to assess compliance. More importantly, Oranga Tamariki should be concerned about the impact of poor-quality data on its ability to assure itself it is working well.

Information sharing with other agencies is slower than planned

We have reported for several years, and agencies have told us, that poor information sharing is a barrier to compliance with the NCS Regulations. This is both in terms of agencies' ability to meet tamariki and rangatahi needs and in terms of monitoring whether needs are met. This year, a measure from Ngā Wawata performance framework¹⁷⁵ found that just 4 percent of Oranga Tamariki partners and providers felt strongly that Oranga Tamariki provided the critical information they needed to perform their role.

As an example of the inability to accurately monitor compliance, in 2023, Oranga Tamariki conducted a data match with Health NZ to determine immunisation rates and PHO enrolment rates for tamariki and rangatahi in care. This revealed that Oranga Tamariki was substantially under-recording PHO enrolment – while the data match showed 93 percent of tamariki and rangatahi were enrolled, Oranga Tamariki data showed an enrolment rate of just 56 percent.

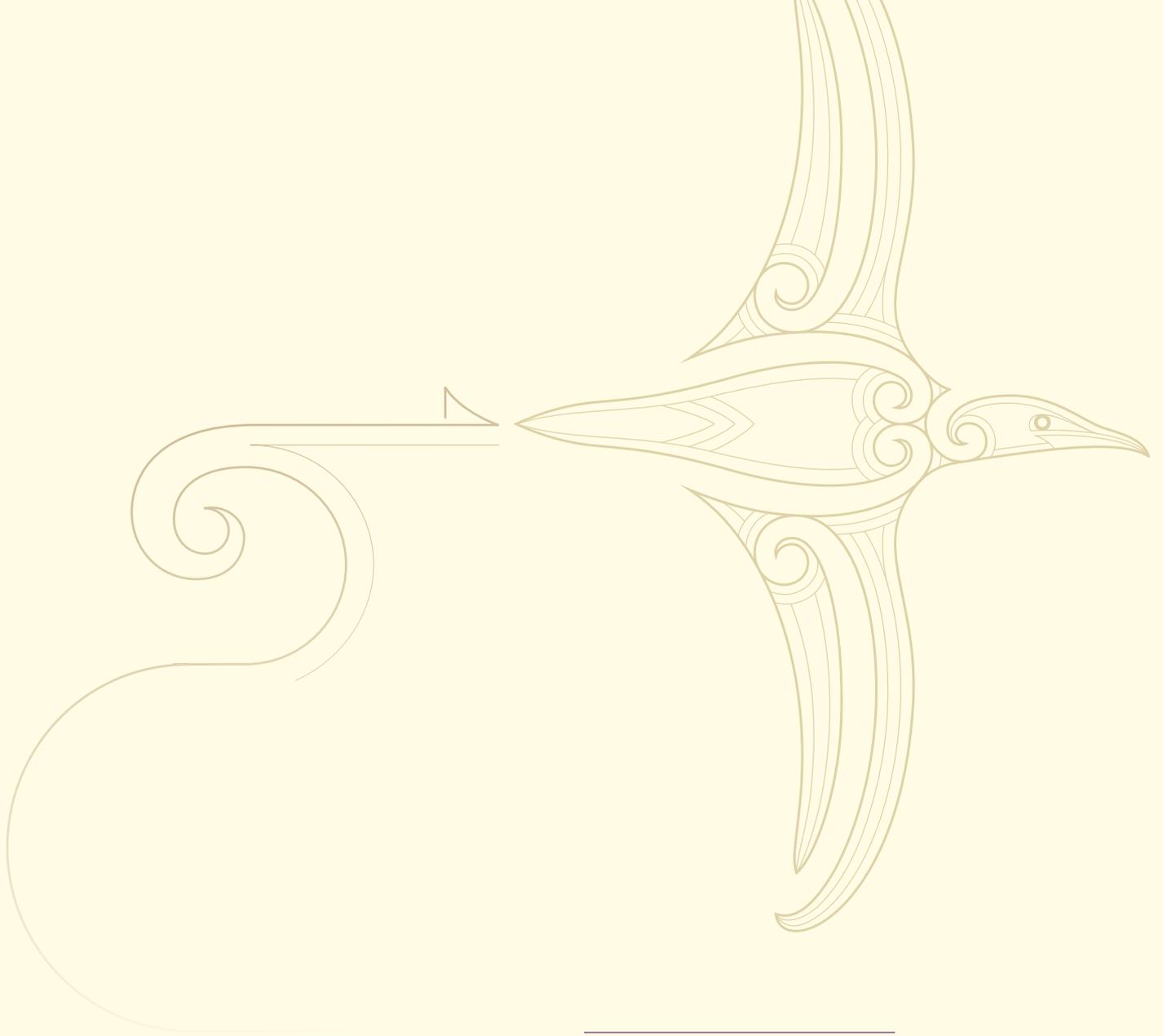
In its response to our data request for 2024/25, Oranga Tamariki told us it is continuing to work with the Ministry of Health to obtain health-related data (such as PHO enrolments and immunisation rates) for tamariki and rangatahi in care.

For education, we have previously reported that poor information sharing is a barrier to ensuring tamariki and rangatahi are enrolled at a registered school (or other formal education). We heard that Oranga Tamariki and the Ministry of Education were actioning an information-sharing agreement, with an initial focus on enrolments and attendance, beginning in February 2025. We now understand that this did not occur during the 2024/25 reporting period, and the first sharing of information took place in November 2025. This is discussed in detail in Part 2 of this report.

¹⁷⁴ In 2024/25, the Oranga Tamariki caregiver survey was run in-house and sent only by email rather than by email and phone calls as in previous years. Questions were also not the same as previous years, so comparisons to the previous survey have only been made where they are appropriate and possible.

¹⁷⁵ Measure: Partners and providers experience genuine partnership.





Open Home Foundation

Barnardos

Kōkiri Marae

Open Home Foundation

compliance with the National Care Standards Regulations

About tamariki and rangatahi in Open Home Foundation custody

Open Home Foundation had 62 tamariki and rangatahi in its custody in 2024/25, four fewer than last year.

The number of tamariki and rangatahi entering Open Home Foundation custody has increased slightly each year for the past three years. The majority who exited Open Home Foundation custody were rangatahi transitioning to adulthood. Six exited in this reporting period.

Similar to last year, the majority of tamariki and rangatahi in Open Home Foundation custody are aged over 10 (87 percent). Most of the tamariki and rangatahi identify as NZ European (69 percent) and almost half identify as Māori (48 percent). About half (45 percent) of the tamariki and rangatahi in Open Home Foundation custody are disabled.¹⁷⁶

The relatively low number of tamariki and rangatahi in Open Home Foundation custody means changes related to only a few tamariki or rangatahi over a year can make a difference to its overall compliance.

In this reporting period, we had fewer engagements with Open Home Foundation. This is because there are fewer tamariki and rangatahi in Open Home Foundation custody in the three regions we monitored. There are seven tamariki and rangatahi in Open Home Foundation custody in the Bay of Plenty and Greater Wellington regions and none in Te Tai Tokerau. This is compared to 33 tamariki and rangatahi in the regions we visited in the previous reporting period.¹⁷⁷

¹⁷⁶ The Open Home Foundation definition of disability is broad and includes attention deficit hyperactivity disorder and autism spectrum disorder.

¹⁷⁷ Canterbury, Upper South (Nelson and Marlborough) and Manawatū (and no tamariki and rangatahi in Open Home custody in Auckland).

Part 1: Needs assessments and plans for tamariki and rangatahi in care

Last year, we reported that Open Home Foundation had introduced a new assessment approach, the Tamaiti Assessment and Plan (TAP). This replaced its previous Child and Adolescent Needs and Strengths (CANS) assessment and is intended to better capture actions and demonstrate NCS Regulations compliance. Open Home Foundation told us TAP was informed by te ao Māori and responded to feedback from social workers that the CANS assessment was time-consuming, unhelpful and not as meaningful as could be. We heard from one kaimahi about the link between a strong assessment tool and being able to make a really good plan.

"It's really good to have a strong assessment tool and be able to make a really good plan and be proactive instead of reactive so we know what's needed, and if there is a change, we know what needs to happen – there's a plan and there's reviews and we are working towards something."
OPEN HOME FOUNDATION KAIMAHI

Open Home Foundation data shows that it sustained last year's compliance rates with most of Part 1 of the NCS Regulations. The views of tamariki and rangatahi continued to be taken into account in 98 percent of assessments and 94 percent of plans.

In its response to our 2023/24 *Experiences of Care in Aotearoa* report, Open Home Foundation made a commitment to improve compliance with the requirement for social workers to visit tamariki and rangatahi at the frequency set out in their plan. This year, 76 percent of tamariki and rangatahi were visited at the planned frequency – an improvement on 54 percent last year. Alongside this, the average overall amount of time social workers spent on visits increased. In this reporting period, 8 percent of plans did not identify how frequently the child should be visited (down from full compliance last year). However, as we heard from Open Home Foundation kaimahi, its policy requires tamariki and rangatahi to be visited at least once per month.

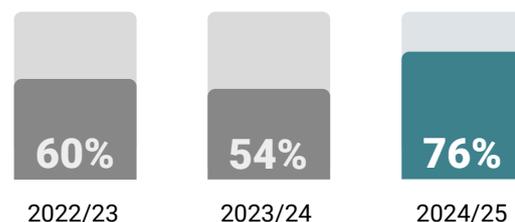
"Our policy in general is once a month [to visit tamariki] but that's a minimum. So this young person is getting visited a bit more." OPEN HOME FOUNDATION KAIMAHI

Two Open Home Foundation kaimahi spoke about Oranga Tamariki social workers visiting every eight weeks, and one kaimahi commented that eight weeks was not frequent enough for the safety needs of some tamariki and rangatahi.

"They have [the Oranga Tamariki] social worker coming to do their visits every eight weeks. It really impacts the child, eh. One of those kids last year disclosed being sexually abused and so plans have even been put in place for that child, but with no relationship with the random [Oranga Tamariki] social worker going in and how is that child going to be able to say it's happening again? What's in place to protect that child? I have no idea how things are for them. How are they going to share if they're being hurt or abused in any way?" OPEN HOME FOUNDATION KAIMAHI

Frequency of social worker visits to tamariki and rangatahi has improved

Open Home Foundation data: During the reporting period, was the child visited by their social worker on average at the frequency set out in their TAP assessment or Child and Young Person's Plan?



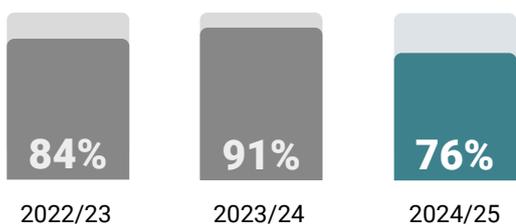
Identification of needs and inclusion in plans decreased

There was a 15 percent decrease in how well the needs of tamariki and rangatahi are identified in a TAP and a 12 percent decrease in how well tamariki and rangatahi needs are taken into account in their plan. Identification of health and disability needs were the areas that had dropped the most.

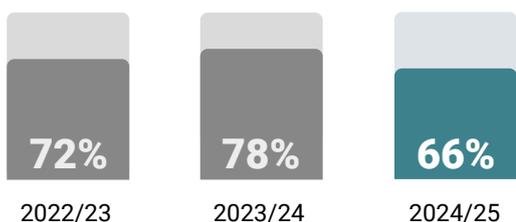
Open Home Foundation told us that decreased compliance is a result of staff vacancies and newer staff in some service centres.

There has been a decrease in compliance relating to needs assessments

Open Home Foundation data: Overall, in the most recent needs assessment, how well are the needs of the child identified?



Overall, in the most recent Child and Young Person's Plan, how well have the assessed needs of the child been taken into account?



Despite a commitment by Open Home Foundation to grow relationships with iwi and Māori organisations, the proportion of TAP assessments that took into account the views of hapū and iwi was similar to last year (47 percent).

Despite changes to the TAP in 2024 to try to reduce duplication of work, Open Home Foundation continues to struggle to meet the six-monthly reviews of assessments and plans. While the TAP is shorter than its previous assessment (CANS), some social workers say the six-monthly reassessment is burdensome and seems like a "tick-box approach". They expressed concern that meeting the NCS Regulations reassessment requirement takes them away from important work to meet the needs of tamariki, rangatahi and their whānau. Open Home Foundation told us it intends to reformat the TAP to see if this improves things in the next reporting period.

Most tamariki and rangatahi spoke positively about their social workers

Like last year, in our engagements with tamariki and rangatahi in Open Home Foundation custody, most spoke positively about communication with Open Home Foundation social workers and how regularly they were visited. A few said they had a good understanding and were included in decision making about their plans.

"[I see Open Home Foundation social worker] like once a month." CHILD

"He [explains things in the plan] well, I have a good understanding of [the plan]." RANGATAHI

"Usually, when [Open Home Foundation social worker] brings someone along [like a professional], my mum is also there. This means me and [Open Home Foundation social worker] can talk and then mum and the other person talk." CHILD

A few kaimahi from Open Home Foundation told us about the importance of good plans, including how whānau are included.

“There is one tamaiti I am thinking of, we put a lot of mahi into prevention of entry into care, but he needed to come into care for a short period of time. We made a whole year plan for his care and everything he needed. It was a plan that met all of his needs.” OPEN HOME FOUNDATION KAIMAHI

“The planning is done with facilitating with the whānau rather than telling them what the plan is. We’d say, ‘This is what Oranga Tamariki is worried about and this is what the goal is’. And we’d ask, ‘How can we support you to do that [goal]?’.” OPEN HOME FOUNDATION KAIMAHI

Open Home Foundation kaimahi told us about how they “work together” with whānau.

“We talk to whānau about all the different agencies involved and support, to see how they understand all the people working with them. Then we use that information from whānau to work together. We let whānau know what information is being shared before we share with others. Working together with whānau is important.” OPEN HOME FOUNDATION KAIMAHI

Part 2: Support to address tamariki and rangatahi needs

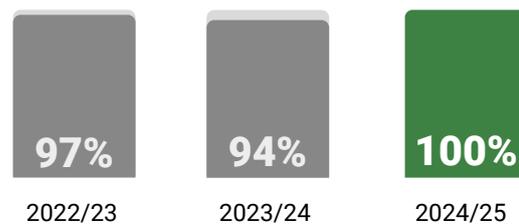
Again this year, Open Home Foundation had high compliance with almost all the requirements for providing support to address assessed needs of tamariki and rangatahi. High compliance continued for the most recent plan being actionable, social workers carrying out the actions set out in the most recent plan and evidence that the social worker is engaging with partner agencies and professionals to ensure the plan is being implemented.

One rangatahi told us how Open Home Foundation supports their needs and aspirations.

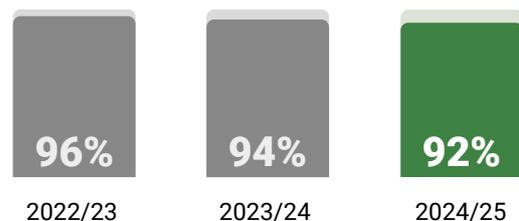
“I’m very active ... whether it’s providing for me to follow my musical dream, which is being in an orchestra, and talking to counsellors and teaching me how to take the bus ... [Open Home Foundation Social Worker] helps by providing funds, for example, before I bought my first [instrument], we were renting it first then Open Home Foundation provided funds for extra curriculum activities, and I got a bike they’ve provided for.” RANGATAHI

High compliance continued for support for culture, belonging and identity

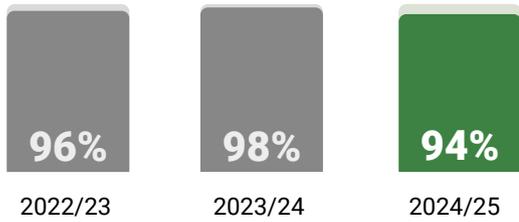
Open Home Foundation data: Overall, thinking of the support provided to meet the child’s needs, how well is cultural safety of the child considered in the way support was provided?



Was the child provided with appropriate support to connect with whānau, hapū, iwi to attend special whānau events?



Was the child provided with appropriate support to gain knowledge of their culture and identity?



We heard many examples from Open Home Foundation kaimahi and foster parents about the support they received for cultural connections and to increase cultural competency, including support for children learning te reo Māori. Open Home Foundation told us that all staff have been to a noho marae during the year, and we heard from several staff about it as a positive experience. One kaimahi reflected on the importance of the connections and another kaimahi talked about the cultural tool, Te Aho Takitoru, that they use with tamariki, rangatahi and whānau.

“But what is more important as Pākehā is to not make any assumptions about what culture means to whānau and being guided by them about what it means to them, then seeking support from others where needed. It is also important that we go to iwi and hapū of the tamariki and rangatahi they whakapapa to so that tamariki and rangatahi can be connected to their iwi and hapū. That connection is important.”

OPEN HOME FOUNDATION KAIMAHI

“Another tool we use is Te Aho Takitoru, and it’s a cultural tool anyone can use. I like the way it gives people hope and it’s a really powerful tool – there’s nine different categories we talk through in that model, and we invite [tamariki] to create a plan.”

OPEN HOME FOUNDATION KAIMAHI

Several kaimahi spoke positively about being able to seek advice from Te Rōpū Māori, who taught kaimahi about Māori practice frameworks and supported them to “work in a culturally appropriate way”. This included support for non-Māori kaimahi to work with tamariki and rangatahi Māori and their whānau.

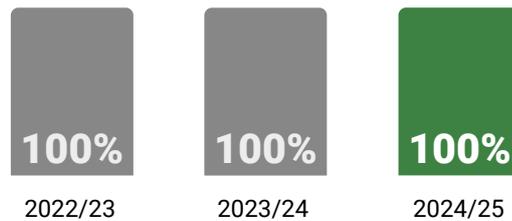
A few kaimahi also acknowledged the commitment of leadership to te Tiriti o Waitangi.

“They [chief executive of Open Home Foundation] always looking to ensure we have a focus on te Tiriti.” OPEN HOME FOUNDATION KAIMAHI

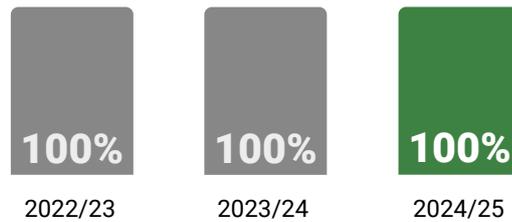
“I really liked that, when this Government said they wanted to remove section 7AA [Duties of chief executive in relation to Treaty of Waitangi (Tiriti o Waitangi), repealed from the Oranga Tamariki Act], our CEO, said no matter what the Government does, we will honour the culture of any child we work with. Children need to know who they are, and we are going to value that, and I’m grateful for that.” OPEN HOME FOUNDATION KAIMAHI

All tamariki and rangatahi are enrolled in early childhood education or school

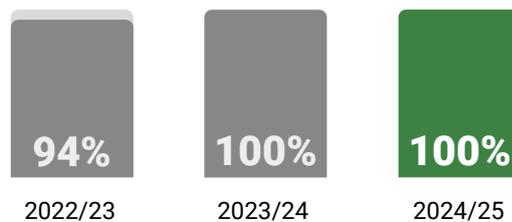
Open Home Foundation data: If aged 1–4, is the child currently enrolled in a licensed early childhood service or certified playgroup?



If aged 5, is the child currently enrolled in a registered school (or a licensed early childhood service or certified playgroup)?



If aged 6–15, is the child currently enrolled at a registered school?

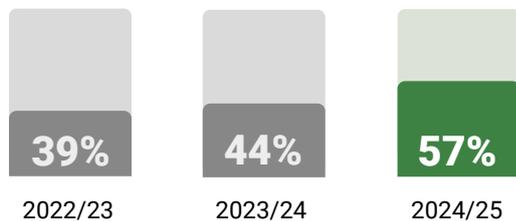


Last year, we reported that Open Home Foundation had high compliance with National Care Standards education regulations. This has continued this year with 100 percent of tamariki and rangatahi (up to age 16) enrolled in early childhood education (ECE) or school.

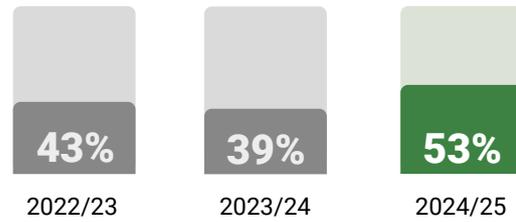
"We had a toddler for a short time. His mum spoke Māori to him so we enrolled him at the local kōhanga reo." FOSTER PARENT

There is continued improvement in obtaining education updates, although these are still missing for nearly half of tamariki and rangatahi

Open Home Foundation data: An update is obtained at least once a term from the school or foster parents on the regularity of the child's attendance



Their education provider was engaged with to discuss the child's progress



Compliance with requirements to obtain updates about attendance and to engage with the education provider has shown improvement this year but remains well below full compliance.

More needs to be done to address these areas of persistently low compliance in the past three years.

There is consistently good compliance with health requirements with the exception of dental care

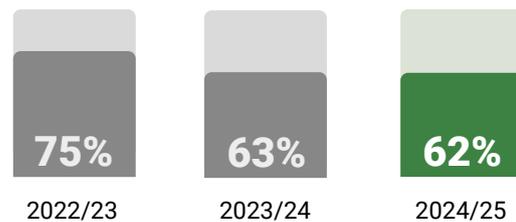
All tamariki and rangatahi in the care of Open Home Foundation continued to be enrolled with primary health providers and to have access to health services in compliance with NCS Regulations requirements. Similar to last year, 77 percent of tamariki and rangatahi had an annual health check.

We heard from tamariki and rangatahi that they "had a doctor and a dentist". One foster parent told us that enrolling tamariki with a doctor when they are new to a region can be a time-consuming process.

Like last year, the exception to this consistently good compliance with National Care Standards health regulations relates to annual dental check-ups for tamariki and rangatahi aged over 2. This year, a similar proportion of tamariki and rangatahi aged over 2 had an annual dental check. Considering the long-term impacts of poor dental health, we will continue to look for compliance with the requirement for annual dental checks.

There has been no improvement in obtaining annual dental checks for tamariki and rangatahi

Open Home Foundation data: If over age 2, has the child received an annual dental check during the reporting period?



Part 3: Assessments, plans and support for caregivers

Similar to last year, 81 percent of tamariki and rangatahi in Open Home Foundation custody were placed with fully approved caregivers.

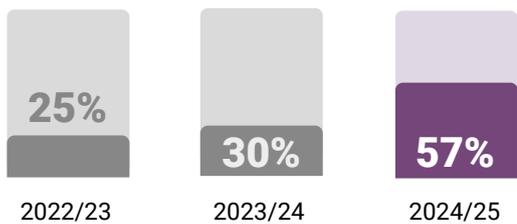
There were improvements in some areas of persistently low compliance

Last year, Open Home Foundation data showed a low rate of compliance with the requirement to closely monitor provisionally approved foster parents and whānau carers, where tamariki are in their care, until they are fully approved. This had been an area of low compliance over the last three years, and we reported that improvement was required.

Open Home Foundation data this year shows that compliance with this requirement improved. While there is still room for improvement for full compliance, this is heading in the right direction.

More provisionally approved foster parents were closely monitored, but more than 40 percent were still not

Open Home Foundation data: Are provisionally approved foster parents closely monitored where tamariki are in their care?



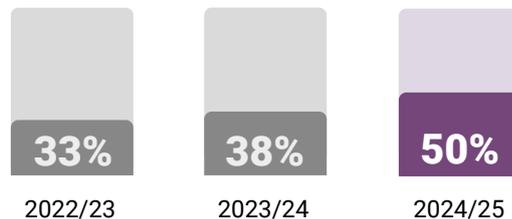
The time taken to fully approve caregivers who were provisionally approved, and had tamariki in their care, is increasing, with 43 percent taking longer than 50 business days. Open Home Foundation told us the amount of training required for approval is a significant contributor to these delays, and it is looking at ways to address this.

Last year, Open Home Foundation data showed a low rate of compliance with requirements for social workers to visit foster parents at the frequency identified in their plans. This year's data shows that, while there has been improvement, visits to foster parents occur at the planned frequency only 50 percent of the time (up from 38 percent). Only a quarter (24 percent) of those who were not visited at the required frequency were visited at least every eight weeks, down from 29 percent last year.

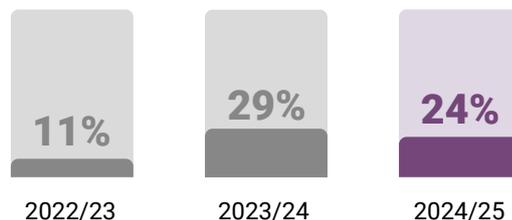
Open Home Foundation has acknowledged that this is an area of concern. As in previous years, it told us that funding constraints and workforce issues are barriers to addressing this and achieving higher compliance.

There has been improvement in the frequency of foster parent social worker visits, but this is still low

Open Home Foundation data: On average during the reporting period, were the foster parents visited by their foster parent social worker to the frequency identified in their support plans?

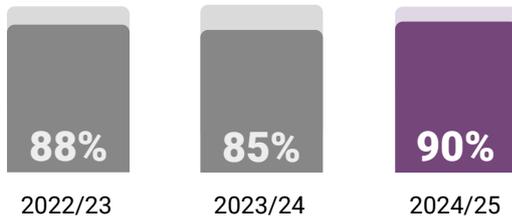


If no, during the reporting period on average, were the foster parents visited by their foster parent social worker at least every eight weeks?

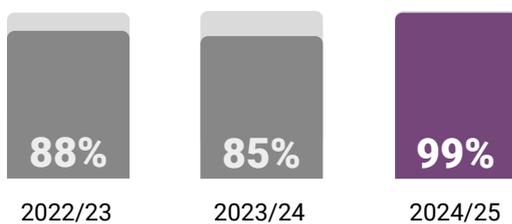


There continues to be a high rate of foster parent support plans meeting requirements

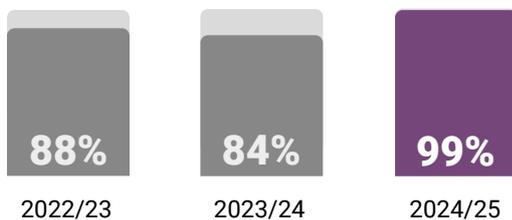
Open Home Foundation data: Do foster parents have a foster parent support plan?



Overall, how well does the most recent foster parent support plan identify the needs of the tamariki in their care?



Overall, how well does the most recent foster parent support plan describe the support the foster parent is provided to meet the needs of the tamariki in their care?



All foster parents talked positively about the support they received from the Open Home Foundation

"Open Home Foundation provide us with a massive amount of support. We said to them we're not coping, so they literally dropped everything, and they got social workers in our home." FOSTER PARENT

"They are very supportive, they're great. When we first started, I couldn't believe how many times they called me up. Always calling and always checking up on us. They're doing an awesome job." FOSTER PARENT

Part 4: Supporting tamariki and rangatahi to express their views and speak up when something is wrong

Responding to allegations of abuse

The NCS Regulations require that allegations of abuse and neglect are responded to promptly, recorded correctly and consistently, that tamariki and rangatahi are informed of outcomes and that appropriate steps are taken, including a review of the caregiver plan.

Open Home Foundation responded to all allegations of abuse or neglect in the reporting period. Data shows that there were six allegations of abuse or neglect, three fewer than last year. The six allegations this year relate to six rangatahi. Reports of concern were made for each of the rangatahi. All six allegations were closed in the reporting year. There was no further action after two of the reports of concern were made – both were for historical allegations.

Plans were reviewed for half of the rangatahi with findings of abuse or neglect. This is much better than the previous year but still short of the requirement to review all plans after such a finding. All rangatahi were informed of the outcome following an allegation.

Open Home Foundation also told us that in two instances, safety plans were not made and implemented immediately after allegations. This was due to the policy and process not being followed and not initially recording these cases as allegations. Open Home Foundation told us that steps were taken to address these issues, either through a practice review or in discussion with the Practice Manager. Amendments were made to policies and processes as a result.

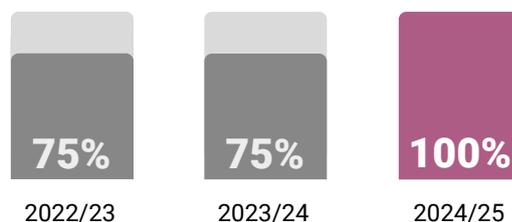
Open Home Foundation held a leaders' hui in November 2024 where there were discussions about:

- early indicators that a placement is at risk of breakdown or of an allegation
- the safety nets that can be put in place to do more than respond to allegations and can also prevent them.

Open Home Foundation's Child Protection Policy has recently been updated and published on its website.¹⁷⁸

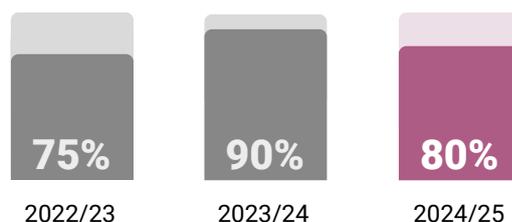
All rangatahi were informed of the outcome of an allegation of abuse or neglect

Open Home Foundation data: Rangatahi informed of outcome



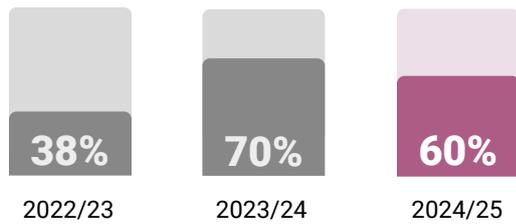
Compliance with some regulation 69 requirements declined from the previous reporting period

Open Home Foundation data: Promptness of the response

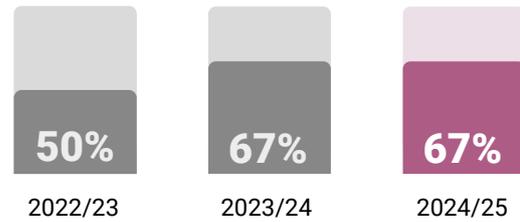


¹⁷⁸ ohf.org.nz/wp-content/uploads/2025/10/Child-Protection-PDF.pdf

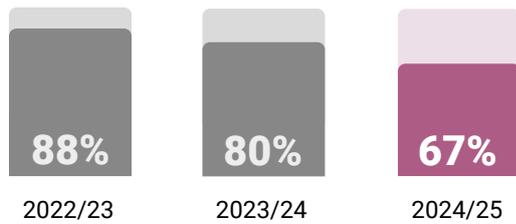
Correctness of information recording



In response to an allegation, was there a review of the foster parent plan?

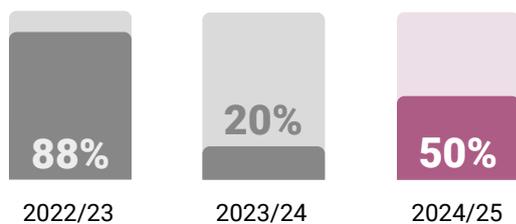


Appropriate steps taken in response



In its response to our 2023/24 *Experiences of Care in Aotearoa* report, Open Home Foundation acknowledged that work needed to be done on recording more clearly and accurately when there are allegations of abuse or neglect. However, this year, its data shows that both the correctness of information recording and its rate of taking appropriate steps in response to allegations have declined. More attention is needed on responding to allegations of abuse.

In response to an allegation, was there a review of the child's plan?



Almost all tamariki and rangatahi have records about their important life events

A record was maintained about important life events for almost all (98 percent) tamariki and rangatahi. All tamariki and rangatahi were also given information about how they can participate in decisions about their care and how their views will inform decisions about them.

Last year, we reported about new resources Open Home Foundation had introduced to help kaimahi record life events. This year, Open Home Foundation told us that their new CaringLife app is working well. The app stores photos, videos and important documents and helps ensure memories and life events are recorded for tamariki and rangatahi. The Open Home Foundation told us that the app also has good safeguards and privacy settings.

In our engagements, Open Home Foundation kaimahi talked about listening to tamariki and rangatahi and making sure they have a voice.

"[We support whānau and tamariki having their voices heard by] talking to them, asking them and checking in with them about decisions and plans."
OPEN HOME FOUNDATION KAIMAHI

"I think listening to tamariki voice [supports our decision making] ... it is a balance of doing the right thing for them and listening to their voices as well." OPEN HOME FOUNDATION KAIMAHI

"We check in with the girls and do hands-on activity so they can have a voice."
OPEN HOME FOUNDATION KAIMAHI

Mixed responses from tamariki and rangatahi about complaints

We heard mixed responses from tamariki and rangatahi about whether they knew how to make a complaint and whether they knew they had the right to make a complaint. Some said they did not know how to make a complaint, and some said that, if they wanted to complain, they would talk to their social workers or to their families.

"... go to formal complaint. I don't think I've been taught, but I have no complaints." RANGATAHI

"[Go to] Open Home Foundation Social worker [to make a complaint]." RANGATAHI

We also heard about the Mind of My Own app, which tamariki and rangatahi can use to express how they feel and to make complaints. We heard the app has

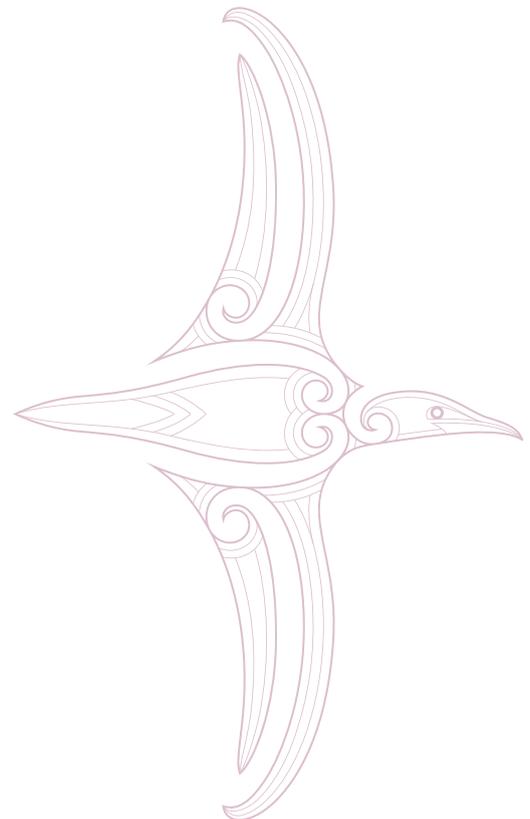
not been used as intended and there has been low uptake. We heard this is because not all tamariki and rangatahi have access to a smart phone or device, and in some cases, foster parents do not want tamariki having access to smart phones and devices.

"[The Mind of My Own app is] still being used. I mean, I use it as part of when I meet with a child so it's there, but I don't know if it's hitting what it was designed for. I think the idea is great, but a lot of foster parents are quite averse to children having access to devices. They are all aware they can contact us and they can express any concerns they might have or if they have anything to celebrate." OPEN HOME FOUNDATION KAIMAHI

Tamariki and rangatahi are consistently not being given enough information in some areas

Part 4 of the NCS Regulations sets out a range of information that must be provided to tamariki and rangatahi. Open Home Foundation data shows that almost half of the information required is consistently provided, including the reason tamariki and rangatahi are in care, their plan and how often they will be visited.

Some required information is consistently not provided to tamariki and rangatahi when they enter care, including about their rights to give feedback and to make a complaint and about advocacy services that are available to them. Compliance needs to be improved in these areas.



Part 5: Supporting tamariki and rangatahi during care transitions

Over the reporting period, 18 tamariki and rangatahi in Open Home Foundation custody experienced a care transition. Six of these were rangatahi who transitioned to adulthood. Although this was only a small number, supporting transitions to adulthood is an area of strength for Open Home Foundation.

Open Home Foundation data shows high compliance with most Part 5 requirements.

There are high levels of compliance in transition planning involving tamariki and rangatahi and for current and prospective caregivers and whānau. There was also a high level of compliance with undertaking an assessment to identify transition-related support needs.

There was an improvement to assessments being made of transition-related support needs before the care transition took place.

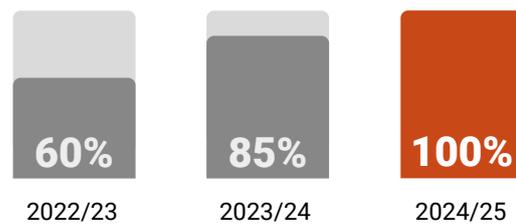
However, there continued to be low compliance for tamariki plans being updated to reflect the support required to meet the assessed transition-related support needs. This is an area of compliance to be improved.

Transition support is generally good, but updating of plans need attention

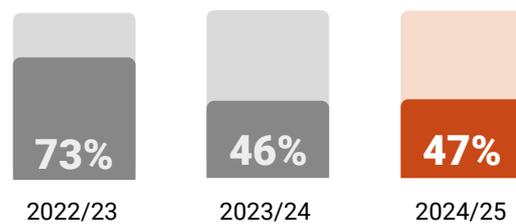
Open Home Foundation data: Before the care transition took place, was an assessment made of transition-related support needs?



How well did the assessment determine the necessary steps for the child to experience a positive care transition?



Was the child's Child and Young Person's Plan updated to reflect the support required to meet the child's assessed transition-related support needs?



Part 6: Agency self-monitoring

Part 6 of the NCS Regulations requires agencies to monitor their own compliance with the regulations.

Open Home Foundation told us that the intent of the NCS Regulations is that tamariki and rangatahi needs are identified and met and that they receive support to have positive life outcomes. On this basis, Open Home Foundation considers that it is mostly in compliance with the NCS Regulations.

Open Home Foundation told us it is wholeheartedly committed to achieving the National Care Standards, is aware of the areas where it has fallen short in compliance and has plans to fix these areas. We agree with the view of Open Home Foundation that its approach to compliance with the NCS Regulations and continuous improvement is maturing.

Open Home Foundation says it has a focus on continuous improvement. It regularly reflects on practice and is now involving practice managers closely in this. Open Home Foundation says this is leading to higher levels of engagement and increased momentum in its practice improvement.

However, in some areas, compliance decreased this year compared to last year.

Open Home Foundation acknowledged that scores for quality TAP were considerably lower than last year, with one service centre scoring low consistently. This service centre had been impacted by vacancies and unexpected leave. Open Home Foundation told us that vacancies had now been filled.

Staff retention is high and staff surveys show high satisfaction rates. However, Open Home Foundation is concerned about the long-term sustainability of its workforce due to the announcement that pay equity will not be reviewed for 10 years. Open Home Foundation told us that, as social worker salaries at Oranga Tamariki start to rise, salaries at Open Home Foundation will start to fall behind. As a provider of statutory social work for tamariki and rangatahi in its custody and as a provider of services to Oranga Tamariki, Open Home Foundation also told us it wants its funding to acknowledge that.

Findings

Similar to last year, Open Home Foundation is meeting most of the requirements of the NCS Regulations, and in some areas, it has shown consistently full or high compliance.

Last year, we outlined several areas requiring further focus. Of these, we saw improved compliance this year in regular visits to tamariki and rangatahi, actively seeking updates on school attendance and close monitoring of provisionally approved foster parents. We will expect to see compliance continue to head in the right direction for these areas.

While more plans were reviewed this year after findings of abuse and neglect, this requirement was complied with only 50 percent of the time.

Compliance with other requirements for responding to abuse and neglect findings declined this year. Additionally, compliance levels remained similar to last year for annual dental checks for tamariki aged over 2 and the provision of support required for successful transitions. These areas continue to need further focus and more attention.

An additional area of focus is for tamariki and rangatahi to be consistently provided with some information when they enter care, including about their rights to give feedback and to make a complaint and about advocacy services.

Barnardos compliance with the National Care Standards Regulations

About rangatahi in the care or custody of Barnardos

For the period covered by this report, Barnardos had fewer than six rangatahi in its custody and care. It also has a number of tamariki and rangatahi in its day-to-day care, for whom custody remains with Oranga Tamariki (shared care).¹⁷⁹

Rangatahi in the custody and care of Barnardos are settled and well supported by their caregiver,

maintain regular contact with their extended whānau and have made progress in their education and life skills. Rangatahi were supported to express their views and to make important decisions about their education, their identity and their care and support arrangements as they transition towards adulthood.

Summary of compliance

As in previous years, Barnardos has given us examples of its compliance with the NCS Regulations in a summary report and considers itself fully compliant with the NCS Regulations.

The following summary of compliance with the NCS Regulations is taken from the information provided by Barnardos.

Needs assessments, plans and visits

Barnardos has provided evidence of needs assessments and plans being carried out for the rangatahi in its custody and care.

Support to address tamariki needs

Barnardos has evidence of meeting the educational needs of the rangatahi in its custody and care. Support has been provided to rangatahi to study towards tertiary level qualifications and to progress their education over a range of subjects in 2024/25. Barnardos and Oranga Tamariki jointly funded a therapeutic, home-based educational programme to meet individual needs. This included helping rangatahi to learn key skills needed to secure employment such as CV writing skills.

Barnardos has provided evidence of meeting the culture and identity needs of rangatahi in its custody and care. Rangatahi maintain regular contact with their whānau and are supported to explore and express their identity. Important records of memories, milestones and whānau photos are kept by and for rangatahi.

Barnardos has also taken steps to meet the health and disability-related needs of rangatahi.

¹⁷⁹ Compliance with the NCS Regulations for tamariki and rangatahi in shared care is discussed in our assessment of Oranga Tamariki compliance with the regulations. Shared care is where Oranga Tamariki has care or custody of tamariki and rangatahi and is legally responsible for their day-to-day care but where a provider is contracted to care for tamariki and rangatahi (in a group home or other setting that it staffs) or to support caregivers to care for tamariki and rangatahi.

Caregiver (kaitiaki) and care placement assessment and support

Caregiver support plans are in place, identifying specific needs and actions required to help caregivers to meet the needs of rangatahi in their care. Caregivers are approved by Barnardos and undergo safety checks every two years or as required.

Supporting tamariki to express their views and contribute to their care experience

Barnardos gave several examples of including rangatahi voice in decision making. These examples were related to identity, education, disability, care placement and transitioning to adulthood.

Supporting tamariki to transition to independence

Barnardos provided good evidence of how it helped rangatahi to be ready to transition to independence. Rangatahi were actively engaged with this process and informed of the support available to them through the Transition Support Services (TSS). Rangatahi made their own decision to decline TSS.

Rangatahi received support to develop independent living skills through a therapeutic, home-based educational programme jointly funded by Oranga Tamariki and Barnardos. Rangatahi were referred to appropriate services to meet their needs after leaving formal care. Barnardos and caregivers will continue to provide some extended support to rangatahi who will be leaving Barnardos custody and care in 2025/26.

Practice improvements

During the reporting period, Barnardos continued to embed several practice improvements relating to custody and care. These include quality assurance processes, workforce capability, an update to the Barnardos Children's Charter, self-audit tools and improved funding data.

Findings

Barnardos has provided evidence of compliance with the NCS Regulations.

Barnardos has demonstrated a strong commitment to supporting rangatahi to transition to adulthood.

Kōkiri Marae compliance with the National Care Standards Regulations

About tamariki in the care or custody of Kōkiri Marae

Kōkiri Marae Keriana Olsen Trust (Kōkiri Marae) was granted custody for the first time in 2023/24. Kōkiri Marae had fewer than six tamariki in its custody and care during the reporting period. It also had a number of tamariki and rangatahi in its day-to-day care, for whom custody remains with Oranga Tamariki (shared care).¹⁸⁰

Tamariki in the custody and care of Kōkiri Marae remain settled and well supported by their whānau caregiver. The holistic needs of tamariki are being met and they are flourishing in their education, participate in recreational activities and have regular connection with immediate and extended whānau.

Summary of compliance

This is the second time we have reported on Kōkiri Marae. Kōkiri Marae was the first Māori organisation to take on custody and care of tamariki. Kōkiri Marae takes a holistic, ao Māori approach to its care and custody.

This section focuses on the approach Kōkiri Marae takes to compliance with the NCS Regulations in respect of tamariki and rangatahi in its custody and care.¹⁸¹

In our previous report, we noted that Kōkiri Marae was granted custody at a time when it was not fully equipped for compliance with the NCS Regulations. We also reported that, while Kōkiri Marae was supporting wellbeing and providing appropriate care, it was not fully compliant with the NCS Regulations. Kōkiri Marae also acknowledged last year that it had yet to fully embed compliance with the NCS Regulations in its policies and practices and that this was an area of rapid development.

This year, we have observed a marked increase in compliance with the NCS Regulations by Kōkiri Marae and in its understanding of its obligations under the NCS Regulations. Oranga Tamariki completed a progress report for Kōkiri Marae in June 2025, which confirmed that Kōkiri Marae has policies in place to enable it to meet most of the NCS Regulations. Oranga Tamariki also commented in its progress report that Kōkiri Marae understands, and is able to support, tamariki needs well. Oranga Tamariki further commented that Kōkiri Marae is transitioning from using Oranga Tamariki practice tools to developing its own tools to replace those over time.

The following summary of compliance with the NCS Regulations is taken from the information provided by Kōkiri Marae.

¹⁸⁰ Compliance with the NCS Regulations for tamariki and rangatahi in shared care is discussed in our assessment of Oranga Tamariki compliance with the regulations. Shared care is where Oranga Tamariki has care or custody of tamariki and rangatahi and is legally responsible for their day-to-day care but where a provider is contracted to care for tamariki and rangatahi (in a group home or other setting it staffs) or to support caregivers to care for tamariki and rangatahi.

¹⁸¹ This is in line with our approach to monitoring other agencies such as Barnardos and Open Home Foundation, which have a mix of custody and shared care.

Needs assessments, plans and visits

During the reporting period, Kōkiri Marae continued to improve its needs assessments and associated tools and resources, with an emphasis on whānau connection, whakapapa, health and education. Kōkiri Marae confirmed that its needs assessments are now in line with both the NCS Regulations and the Kōkiri Marae kaupapa Māori framework. It considers that the assessments provide a strong, holistic picture of the needs of tamariki.

Kōkiri Marae has drawn on the All About Me plan provided by Oranga Tamariki to guide its practice around plans. Kōkiri Marae further developed its plans to maintain its tikanga, remain tika and pono and be centred on the wellbeing of tamariki, whānau, hapū and iwi.

Kōkiri Marae provided evidence that plans are developed to support the assessed and holistic needs of tamariki. It told us that formal plan reviews are undertaken every six months with whānau and informal hui also take place every three months.

Kōkiri Marae told us that visits to tamariki occur as required by the NCS Regulations. Visits are planned but can also happen as needed to meet the needs of tamariki and kaitiaki. Kōkiri Marae advised that visits are carried out in a way that upholds the mana of tamariki and whānau and are treated as a space of whakawhanaungatanga.

Support to address tamariki needs

Tamariki receive education that meets their needs and provides access to both te ao Māori and te reo Māori.

Kōkiri Marae told us whānau connection is an area of particular focus and gave us evidence of this. Tamariki relationships with immediate and extended whānau are supported, including when significant whānau events occur.

Tamariki are given opportunities to be involved in recreational activities. Tamariki have support to develop their identity and sense of belonging in their home and with kaitiaki and whānau members. Kōkiri Marae has a clear safety plan in place for tamariki to ensure that the care environment remains secure and supportive.

Kōkiri Marae, as custodian, is responsible for assessing the health, education and wellbeing needs of tamariki in its custody. Kōkiri Marae told us that it is not able to access the Oranga Tamariki Gateway assessment process for tamariki in its custody. Despite the Gateway assessment process not being available to it, Kōkiri Marae has told us that the immediate health, education and wellbeing needs of tamariki are being met.

Kōkiri Marae is funded by Oranga Tamariki to meet the direct needs of tamariki. However, some costs extend beyond the contracted funding, particularly those relating to whānau connection and tamariki recreational activities. In these cases, Kōkiri Marae must fund these costs itself to meet tamariki needs. Kōkiri Marae is demonstrating that it recognises its responsibilities under the NCS Regulations and is meeting tamariki needs, notwithstanding the funding issues with Oranga Tamariki.

Caregiver (kaitiaki) and care placement assessment and support

Kōkiri Marae has told us that its kaimahi visits to tamariki and kaitiaki are designed to ensure that both tamariki and kaitiaki remain safe, nurtured and connected. Kōkiri Marae is in regular contact with kaitiaki every one to two weeks and visits kaitiaki every four to six weeks.

The Kōkiri Marae approach to delivering support to kaitiaki is relational, where lines of communication are always open and Kōkiri Marae is there to give kaitiaki respite, advice and other practical supports to ensure that tamariki have their needs met. This includes ensuring that kaitiaki do not face any financial barriers to including tamariki in whānau holidays, gatherings and other activities.

Kōkiri Marae told us about its focus on giving kaitiaki up-to-date information about tamariki in their care. This ensures that kaitiaki have the information they need to care for tamariki.

Caregivers are approved by Kōkiri Marae and undergo safety checks every two years or as required. Kōkiri Marae has confirmed that it has processes and policies in place that require this.

Supporting tamariki to express their views and contribute to their care experience

Kōkiri Marae maintains regular Ko Wai Au? and whakapapa books and other records of whakapapa and significant life events for tamariki in its custody and care.

tamariki will be transitioning to and information about tamariki routines and activities. Part of this approach is to give tamariki a space to ask questions or share thoughts.

One of the kaupapa Māori approaches Kōkiri Marae has developed is to gift a personalised pukapuka (book) to tamariki before they transition to a new home. This pukapuka includes whakapapa connections, photos of whānau and the home that

Part 4 of the NCS Regulations also includes duties relating to allegations of abuse. In the reporting period, no allegations have been made and there have been no complaints.

Supporting tamariki during care transitions

There have not been any changes in placement during the reporting period. Kōkiri Marae has previously told us that it works hard with kaitiaki and whānau to support ongoing relationships and to avoid care placements breaking down.

Findings

Kōkiri Marae has made good progress since our last report and is now meeting most of the NCS Regulations. We recognise that the practices of Kōkiri Marae will develop as it continues to introduce and embed its own practice tools and approaches into its care response.

Kōkiri Marae is meeting the needs of tamariki in its custody and has evidenced its focus on ensuring that tamariki are connected to whānau.



Glossary

All About Me plan	The primary plan that Oranga Tamariki uses to support tamariki and rangatahi needs and objectives. It supports any overarching FGC or court plan.
CAMHS/ICAMHS	Child and Adolescent Mental Health Services (CAMHS) and Infant, Child and Adolescent Mental Health Service (ICAMHS) provide specialist mental health services for tamariki, rangatahi and their whānau.
CANS	Child and Adolescent Needs and Strengths – an internationally recognised assessment and planning tool that supports decision making, previously used by Open Home Foundation.
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, 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 the 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.
Case file analysis	A quality assurance process where a representative random sample of children’s case files are reviewed by a panel of experienced practitioners. The panellists respond to a set of questions that examine the quality of social work practice and services delivered for the child. Oranga Tamariki conducts several case file analysis processes, including one that looks at compliance with NCS Regulations.
CGIS	Oranga Tamariki caregiver information system.
CGRS	Caregiver recruitment and support.
Community organisations	Iwi and Māori organisations, care partners and organisations providing services to the community.
Complaints process	An opportunity for people 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. CYRAS stands for Care and Protection, Youth Justice, Residential and Adoption Services System.
Family home care	Two caregivers who care for up to six tamariki and/or rangatahi in a community-based home provided by Oranga Tamariki.
FGC	Family group conference.
Foster parent	The Open Home Foundation term for a caregiver or carer.

Gateway assessment	A cross-agency process between health and education services and Oranga Tamariki to identify the health and education needs of individual tamariki and rangatahi in care and how they will be supported.
GP	General practitioner.
Grievance procedure	An opportunity for tamariki and rangatahi to raise concerns about services related to their care in a residence.
Group home/supervised group home	Group homes are based in the community and run by Oranga Tamariki kaimahi or partners. The homes provide intensive support for tamariki and rangatahi and can range from being a general care home to a specialist home, for example, for those with disability, on remand or with harmful sexual behaviour. Care in a supervised group home is considered when needs can't be met in other community settings or as a step down from a residence.
Hapū	Subtribe.
HCN	High and complex needs.
IDI	Integrated Data Infrastructure – a large research database maintained by Stats NZ. It holds de-identified data about people and households in Aotearoa. Results from IDI analysis are not official statistics. They have been created for research purposes from the IDI, which is carefully managed by Stats NZ. For more information about the IDI, visit stats.govt.nz/integrated-data
Iwi	Tribe.
Kaimahi	Staff.
Kaitiaki	Caretaker, caregiver, guardian.
Kanohi ki te kanohi	Face-to-face
Kaupapa Māori	An approach underpinned by Māori values.
Legal guardian	An adult who is responsible for making decisions or helping a child to make important decisions about their life, for example, regarding religion and education.
Mana Mokopuna – Children's Commissioner	An independent Crown entity that advocates on issues that affect children and young people and raises awareness of and advances the United Nations Convention on the Rights of the Child. Formerly the Children and Young People's Commission.
Monitored agencies	Oranga Tamariki, Open Home Foundation, Barnardos and Kōkiri Marae Keriana Olsen Trust (Kōkiri Marae) – the four agencies in Aotearoa that have custody of tamariki and rangatahi.
Motu	Country.
National Care Standards Action Plan	A plan developed by Oranga Tamariki in response to the Aroturuki Tamariki Independent Children's Monitor 2023/24 <i>Experiences of Care in Aotearoa</i> report. The plan is intended to improve compliance with the NCS Regulations.

NCS Regulations	Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018. The NCS Regulations came into effect on 1 July 2019 and set out the standard of care tamariki and rangatahi can expect to receive when they are in the care of an agency.
NGO	Non-government organisation.
Outcomes framework	A tool used by Aroturuki Tamariki 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.
Permanency	Full-time care for tamariki and rangatahi when returning to their family/whānau is no longer an option and an alternative permanent home is needed.
PHO	Primary health organisation.
QPT	Quality Practice Tool – a tool used by Oranga Tamariki practice leaders to review randomly selected cases and determine if the quality of practice aligns with expectations in the practice policy, guidance and standards.
Rangatahi	A young person or young people aged 14 or over.
Rangatahi Māori	A young person or young people aged 14 or over of Māori descent.
Residence	A locked facility that can be either for care and protection or for youth justice and that must adhere to the Oranga Tamariki (Residential Care) Regulations 1996. Residences are established by the chief executive of Oranga Tamariki (with the approval of the Minister for Children) under section 364 of the Oranga Tamariki Act 1989.
Shared care	Where Oranga Tamariki has care or custody of tamariki and rangatahi and is legally responsible for their day-to-day care but where a provider is contracted to care for tamariki and rangatahi (in a group home or other setting that it staffs) or to support caregivers to care for tamariki and rangatahi.
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 also be called shared-care providers.
SKS screens	Substance and Choices Scale, Kessler and Suicide screens – screening tools used to evaluate whether tamariki and rangatahi are dealing with substance abuse, are psychologically distressed and/or are at risk of self-harm or suicide.
Suppressed or 's'	Shows that data is suppressed. To protect the privacy of individuals, we follow Stats NZ guidelines and suppress (which means we do not disclose) the exact number of individuals when that number is below 6. This is to reduce the risk that information could be used to identify individuals or learn private information about them.
Tamaiti	Oranga Tamariki uses this term to refer to an individual child.
Tamariki	A child or children aged under 14.

Tamariki Māori	A child or children aged under 14 of Māori descent.
TAP	Tamaiti Assessment and Plan – the Open Home Foundation assessment approach.
Te ao Māori	The Māori world.
TLO	Team leader operations.
Towards Wellbeing	A risk assessment and monitoring service that provides advice to social workers who work with tamariki and rangatahi who may be suicidal.
Transition Support Services (TSS)	A range of services provided by Oranga Tamariki to meet its transition to adulthood obligations by supporting rangatahi to prepare for leaving care or custody. Oranga Tamariki contracts transition workers through community providers to deliver parts of the service.
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	A place where a person has rights of residence and belonging through kinship and whakapapa.
VOYCE – Whakarongo Mai	An independent NGO that helps to advocate for care-experienced tamariki and rangatahi. VOYCE stands for Voice of the Young and Care Experienced.
Whakapapa	Genealogy that connects a person to their identity and tūrangawaewae.
Whakawhanaungatanga	Process of establishing relationships.
Whānau	People who are biologically linked or share whakapapa. For Aroturuki Tamariki 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.

Appendix A:

Using data from the IDI and What About Me? survey

The IDI

The IDI is a large research database that holds de-identified data about people and households. This includes data that government agencies and NGOs use to manage the services they provide to the public (administrative data) and data from surveys run by Stats NZ.

We used IDI data because:

- it links de-identified data from different sources about individuals and households so we can see the range of services that individuals and whānau receive
- it means we can follow a range of outcomes for tamariki and rangatahi both while they are in the oranga tamariki system and later after they have left the system and move into adulthood.

Stats NZ has strict criteria for using the IDI so people's information is protected. You can find more detail about how Stats NZ keeps data safe on its website.¹⁸²

Stats NZ's disclaimers about using the IDI

We are required to make the following disclaimers about data from the IDI.

Access to the data used in this study was provided by Stats NZ under conditions designed to give effect to the security and confidentiality provisions of the Data and Statistics Act 2022. The results presented in this study are the work of the author, not Stats NZ or individual data suppliers.

These results are not official statistics. They have been created for research purposes from the IDI, which is carefully managed by Stats NZ. For more information about the IDI please visit stats.govt.nz/integrated-data/

The results are based in part on tax data supplied by Inland Revenue to Stats NZ under the Tax Administration Act 1994 for statistical purposes. Any discussion of data limitations or weaknesses is in the context of using the IDI for statistical purposes and is not related to the data's ability to support Inland Revenue's core operational requirements.

¹⁸² stats.govt.nz/integrated-data/how-we-keep-integrated-data-safe/

Technical definitions of IDI indicators

Our analysis considered people who were living in Aotearoa during 2023. We grouped this population based on their age at the end of 2023:

- Tamariki and rangatahi aged 0–17 during 2023.
- Young adults aged 18–25 during 2023.

We also grouped the population by level of involvement with Oranga Tamariki. We used these age groupings because:

- tamariki and rangatahi aged 0–17 may be currently involved in the oranga tamariki system
- young adults aged 18–25 who were in care or custody may be eligible for TSS during the year.¹⁸³

We show the framework for classifying interaction with the oranga tamariki system below.

Grouping the population by level of involvement in the oranga tamariki system

Aged 0–17	No Oranga Tamariki involvement	Care or custody	
Aged 18–25	No Oranga Tamariki involvement	Care or custody: Ineligible for TSS	Care or custody: Eligible for TSS

Defining disability

For this work, a person was defined as experiencing a disability if they did any of these things:

- Responded to questions¹⁸⁴ in Census 2023, Census 2018 or a social survey as experiencing disability.
- Received a Disability Allowance or was a child whose parent received a Child Disability Allowance on their behalf.
- Received an Invalid’s Benefit or Supporting Living Payment (excluding carers).
- Received Ongoing Resourcing Scheme support or School High Health Needs funding.
- Was a Whaikaha – Ministry of Disabled People client.

¹⁸³ For more details about the Transition Support Service, see orangatamariki.govt.nz/children-in-our-care/transition-support-service

¹⁸⁴ Washington Group Short Set questions on functional disability. washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss

Definitions of measures

The table below contains definitions for the measures we used in this report. You can find full technical definitions for the measures and the software code we used to produce the measures on our repository site.¹⁸⁵

Measures marked with an asterisk * used a code module. The code modules initiative is an effort backed by government agencies and non-government users of the IDI to make the integrated data assets easier to use and understandable for everyone, including non-technical people.¹⁸⁶ Code modules contain high-quality code and documentation for foundational measures needed by researchers.

Measure	Definition
Health measures	
Primary Healthcare Organisation (PHO) enrolment	For tamariki and rangatahi aged 0–17 or for young adults aged 18–25. An individual is enrolled with a PHO within the relevant year. A PHO manages a group of contracted general medical (GP/family doctor) practices. If an individual chooses to register as a patient of a medical practice, they will be enrolled in the corresponding PHO and receive subsidised healthcare.
GP visit	For tamariki and rangatahi aged 0–17 or for young adults aged 18–25. An individual has consulted a GP at their registered practice at least once within the relevant year. This measure is limited to those enrolled with a PHO as it does not include consultations with GPs made as a casual patient.
Mental health and addiction service use	For tamariki and rangatahi aged 0–17 or for young adults aged 18–25. An individual accessed secondary public inpatient or community mental health and addiction services at least once within the relevant year. Note this measure does not include primary healthcare settings such as GP consults, which may also be used to address mental health or addiction issues.
Self-harm hospitalisation	For tamariki and rangatahi aged 10–17 or for young adults aged 18–25. An individual was hospitalised at least once during the year with a diagnosis that indicated intentional self-harm or self-injury with undetermined intention.
Education measures	
School attendance*	For tamariki and rangatahi aged 0–17. Grouped into primary/intermediate and secondary school attendance. For students enrolled at state or state-integrated schools, their attendance in term 1 within the relevant year. For each student, attendance is recorded for each half-day as attending, justified absence or unjustified absence. The half-days a student was recorded as attending were divided by the total of half-days and ranked into bands of: <ul style="list-style-type: none"> • regular attendance (present for 90% or more of the term) • irregular absence (present for 80% or more but less than 90% of the term) • moderate absence (present for 70% or more but less than 80% of the term) • chronic absence (present for less than 70% of the term).

¹⁸⁵ github.com/nz-social-investment-agency/Children-interacting-with-the-OT-system

¹⁸⁶ For more information about the code modules initiative, see www.stats.govt.nz/integrated-data/code-modules-initiative

Measure	Definition
Social support measures	
Supported by main benefit*	<p>For young adults aged 18–25.</p> <p>An individual received a main benefit for the whole year, for example the individual has been continuously receiving a main benefit for a spell of 365 days or more during the year (counting only days within the year). Main benefits include Sole Parent Support, Jobseeker Support, Supported Living Payment, Young Parent Payment and Youth Payment.</p>
Emergency housing spell	<p>For young adults aged 18–25.</p> <p>An individual was the principal applicant for an Emergency Housing Special Needs Grant at least once within the relevant year.</p>
Other measures	
Driver licence*	<p>For young adults aged 18–25.</p> <p>An individual held a current New Zealand restricted licence or class 1 full licence (car licence) or class 6 full licence (motorcycle licence) at the end of the relevant year. This excludes licences that are not current, for example, licences that are expired or suspended, and excludes people who only hold overseas licences.</p>
In employment	<p>For young adults aged 18–25.</p> <p>An individual received income from wages, salary or paid parental leave during a month. This is presented as the average across all months in the calendar year for the proportion employed within each group. This was done for simplicity, as the figure for each group was relatively constant throughout the year.</p>

What About Me? survey

What About Me? was a nationwide survey of rangatahi aged 13–18. It was done on behalf of the Ministry of Social Development in 2021.

Just under 8,000 rangatahi responded to questions about their health, wellbeing, whānau and community. This included just over 7,000 rangatahi in years 9–13 at school and a further 500 rangatahi of the same age in the community.

We were only able to access the dataset from Stats NZ for those rangatahi who completed the survey in schools. This means the measures do not represent rangatahi who do not regularly go to school. This is unfortunate because IDI measures show that some groups of rangatahi in the oranga tamariki system are less likely go to school regularly and are therefore less likely to have their views represented in the school sample.

The survey included questions about ethnicity and involvement with Oranga Tamariki. This enabled us to understand:

- how tamariki and rangatahi Māori or non-Māori who had been involved with Oranga Tamariki¹⁸⁷ felt about many aspects of their life
- how this compared to those who had never been involved with Oranga Tamariki.¹⁸⁸

Subjective wellbeing measures are particularly important because most administrative data comes from people's interactions with government agencies and services – it doesn't tell us anything about people's views on their own lives.

The questionnaires for the What About Me? and Youth2000 surveys were merged to form the Youth Health and Wellbeing Survey.¹⁸⁹ The Ministry of Social Development conducted the 2025 round of this survey in early 2025 and intends to repeat it every three years. We expect results for the Youth Health and Wellbeing Survey 2025 to be available in 2026.

¹⁸⁷ The group of What About Me? survey respondents involved with Oranga Tamariki included any tamariki and rangatahi who answered yes to 'Have you or anyone in your family ever been involved with Child, Youth and Family Services (CYFS) or Oranga Tamariki?' This includes those who have had a social worker visit them or their family, had an FGC or been in care.

¹⁸⁸ The survey sample included responses from 6,059 young people with no involvement with Oranga Tamariki and 1,150 young people who were involved with Oranga Tamariki.

¹⁸⁹ For more information about the Youth Health and Wellbeing survey, see msd.govt.nz/about-msd-and-our-work/publications-resources/consultations/youth-health-and-wellbeing-survey-results/index.html

Appendix B:

Oranga Tamariki National Care Standards Action Plan

In March 2025, in response to our *2023/24 Experiences of Care in Aotearoa* report, Oranga Tamariki developed its National Care Standards Action Plan.

The plan is intended to improve the experiences of tamariki and rangatahi in care. It identifies 10 priority areas to support compliance with the NCS Regulations, focused on aspects of practice that we had highlighted as requiring improvement.

The 10 priority areas are as follows:¹⁹⁰

1. Children and young people who enter return home placements are visited at least weekly in the first four weeks of their return home.
2. Children in care are visited in accordance with the assessed frequency recorded in their All About Me plan, or at least every eight weeks.
3. All About Me plans for eligible rangatahi include: Planning to complete life skills, Planning to meaningfully offer the support of a transition worker (a sound transition plan), Planning to help eligible rangatahi obtain key documents.
4. All About Me plans are current.
5. All About Me plans include relevant actions around supporting family, whānau, hapū, iwi, marae and family group connections for tamariki Māori.
6. Caregivers are visited in line with the Caregiver Support Plan, and at least once every six months.
7. Caregiver and placement approvals.
8. Children in care have an approved assessment report within the last 12 months.
9. Children in care are enrolled and engaged with General Practitioners / Primary Health Organisations.
10. Reduce peer to peer harm in residences.

In its annual report for 2024/25, Oranga Tamariki noted that a more comprehensive understanding of the plan's impact on compliance is expected following the completion of the first round of National Care Standards case file analysis for 2025/26, scheduled for September 2025.

¹⁹⁰ This wording is taken from Oranga Tamariki *National Care Standards Action Plan progress update 1 April 2025 – 16 October 2025*.

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