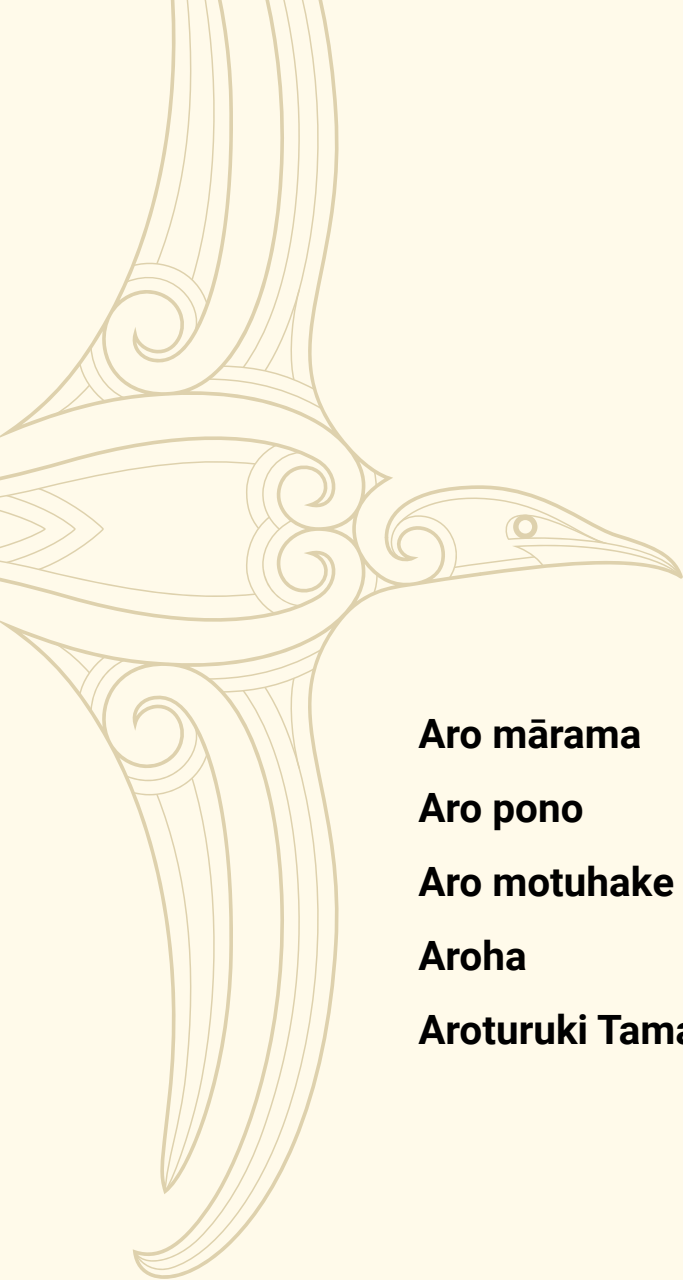


# Experiences of Care in Aotearoa

Agency Compliance with the National Care  
Standards and Related Matters Regulations

REPORTING PERIOD 1 JULY 2023 – 30 JUNE 2024





**Aro mārama**

*Clear insight*

**Aro pono**

*Truthful insight*

**Aro motuhake**

*Independent insight*

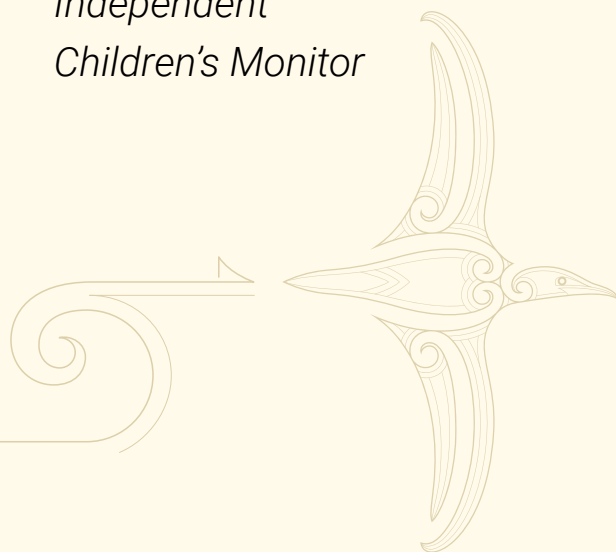
**Aroha**

*Caring insight*

**Aroturuki Tamariki**

*Independent*

*Children's Monitor*



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# Foreword

The State should be a model parent. We again found that many tamariki and rangatahi in the care of Oranga Tamariki are not receiving the minimum standard of care the National Care Standards and Related Matters Regulations (NCS Regulations) require. We've seen some improvement in some of the data, but not the level of change we expected to see after four years. From what we heard more recently, it is unlikely to change by the time we next report.

In our fourth year of monitoring compliance with the NCS Regulations, we returned to the regions we visited three years ago to see if the experiences of tamariki (children), rangatahi (young people) and their whānau and caregivers had changed. We heard some examples of good practice, but overall not much has changed.

To improve compliance in 2024/25 and beyond, Oranga Tamariki must address how it can free its social workers to do what they are trained to do – being there for tamariki and rangatahi, completing thorough assessments and plans, supporting caregivers, and ultimately helping to keep tamariki and rangatahi safe, loved and cared for.

In addition to improving practice, Oranga Tamariki must be a better advocate for tamariki and rangatahi in its care and other government agencies must respond to its requests for help. We frequently hear about the lack of priority given to tamariki and rangatahi in care across government agencies. The Oranga Tamariki Action Plan (OTAP) was supposed to make things better by improving collaboration and the coordination of services. We are yet to see evidence that it has made a difference on the ground. Where we saw and heard of collaborative practice between agencies, it was due to individual relationships at a local level, rather than a system designed to make it happen.

Funding is siloed, both within and between government agencies, resulting in stand-offs about who will pay and when care or services will be funded – leaving the child far from the centre. The doorway to help does not open as easily as it should, and it is tamariki and rangatahi who miss out.

We're also hearing government agencies are now pulling back to "core business", chipping away at the pockets of collaboration that do exist. Sadly, poor collaboration and prioritisation is not confined to tamariki and rangatahi in care. We see and hear of escalation through the oranga tamariki system because government agencies didn't work together and provide services and support early enough.

In our wider monitoring work, particularly in the latter half of 2024, we heard that funding changes are impacting on the ability of community organisations to support and care for tamariki, rangatahi, caregivers and their whānau. We will cover this in more detail in our first systemwide report, outcomes for tamariki and rangatahi Māori and their whānau, to be published in mid-2025.

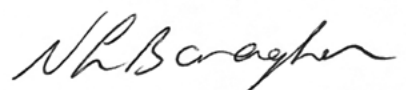
In the same year in which the Royal Commission of Inquiry into Abuse in State and Faith-based Care released its final report, *Whanaketia – through pain and trauma, from darkness to light*, more tamariki and rangatahi in care were abused or neglected.

The care and protection system is there to care and protect. This includes addressing what may have happened to tamariki and rangatahi before they came into care, keeping them safe while in care, and providing them with the support they need to experience better life outcomes. A year is a long time in the life of a child, four years is an even longer time to not be receiving the minimum standard of care.

Over the 2023/24 year, we heard from more than 1,800 people – tamariki, rangatahi, whānau, caregivers, social workers, and people who work in government agencies, non-government organisations and iwi and Māori organisations. They share their experiences so openly with us because they desperately want to improve the system for others. We cannot thank them enough for trusting us with their stories.



**Arran Jones**  
Chief Executive



**Nova Banaghan**  
Chief Monitor



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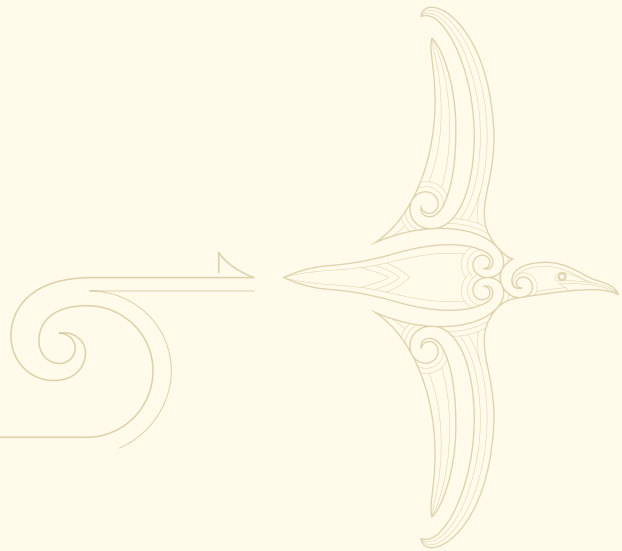
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*The NCS Regulations were developed by Oranga Tamariki based on what tamariki and rangatahi said they needed when they're in care. This page summarises what tamariki and rangatahi are experiencing, five years on from the regulations taking effect.*



**Many of us are still not getting what we need when we're in care.**

**Our social workers often have to rush our assessments and plans, and don't always get to see us as often as they promised.**

**When we need extra help some of us have to wait a long time for it and sometimes miss out on school while people talk about who is going to pay for the help we need.**

**When we are taken into care, there sometimes isn't a place to stay, and it can take a while to find somewhere. If we're over 15 years old, many of us have had more than six caregivers.**

**Most of us are supported by Oranga Tamariki to get to know, and stay connected with, our whānau.**

**Our caregivers do a great job of looking after us, but they need to know more about us, and they need more help. The help they need is financial, training and some respite.**

**While we say we feel safe, nearly one in 10 of us is hurt when we're in care. It's even worse in residences, where we are sometimes beaten up by other kids, and for some of us who return home to live with our mum or dad. Oranga Tamariki knows when we're more likely to be harmed but lots of us still see our social worker less than we are meant to.**

**For most of us getting ready to leave care at 18, Oranga Tamariki isn't checking that we have all of the things we need to cope on our own. Oranga Tamariki doesn't know if we have somewhere to live, know how to manage money, or if we have an IRD number or bank account.**



# Key findings

## Tamariki and rangatahi are still not receiving the minimum standard of care required by the National Care Standards Regulations.

With custody of almost 99 percent of tamariki and rangatahi in care, these key findings are mostly about Oranga Tamariki.

Oranga Tamariki has assessed itself as meeting all of its own performance measures for 37 percent of tamariki and rangatahi in its care<sup>1</sup>. What we heard in our monitoring is consistent with this.

While some areas have improved in the year since our last report, most of what we found, and what Oranga Tamariki has reported to us, remains the same. Unless underlying causes are addressed, it will be difficult for Oranga Tamariki to improve its compliance and with it the experiences of tamariki and rangatahi who are in care.

### This is because social workers are not always able to work effectively

Social workers want to make a difference, and we heard this is a primary motivation for joining and remaining in the profession. To meet the NCS Regulations social workers must be able to do social work including completing meaningful assessments and plans, visiting tamariki and rangatahi as often as they need, advocating for services, and supporting caregivers and whānau. To do this, Oranga Tamariki must provide effective leadership, supervision and training, and the right tools and resources to do the job. Establishing and maintaining partnerships with iwi, Māori and community organisations is necessary.

We heard about the difference that can be made when social workers are able to work effectively.

*"I feel supported now, because of my new social worker, new care parents and how they help me a lot. They make me feel very supported by helping me see my siblings, my parents, my friends. My social worker now has done more than any of my other social workers. I feel happy. I am now surrounded by many people who actually listen to what I have to say, and my feelings."* CHILD

*"Three weeks ago, within the day [of the report of concern], social workers were there and were uplifting. [Social workers] had already conversed [with the whānau/rangatahi] and put them in a safe space that night ... Really good communication [on] what was happening. [Oranga Tamariki] called early last week to give me an update."* SCHOOL PRINCIPAL

However, we consistently heard that too much is getting in the way of social workers doing what they are trained and employed for. One third of tamariki and rangatahi are still not being visited as often as agreed, or at least every eight weeks.

*"[Social worker] doesn't do things straight away. He is busy. My caregiver tries [to contact him] but he doesn't come around. We have to go to him – he never comes to us. I am annoyed he is absent."* CHILD

<sup>1</sup> 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, and the views of professionals, visits to tamariki and rangatahi, and 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.

## Some of the things getting in the way of social workers doing social work

A lack of care options results in social workers spending time struggling to find caregivers, with tamariki and rangatahi then staying in motels.

*"We can't get motels [because of funding restrictions] so we have to drive around at night with kids needing emergency placements. One incident where we drove around with a three-year-old, knocking on doors to find someone to take them."* ORANGA TAMARIKI SOCIAL WORKER

Recruitment freezes and vacancies, compounded by a workforce shortage, can lead to high caseloads.

*"It's risk. It's high risk, it's so unsafe with such high caseloads. The recommended numbers are 20 children for each social worker. It balances out with wiggle room, but 50+ is beyond wiggle room."* ORANGA TAMARIKI SOCIAL WORKER

Policies and processes that add administrative burdens, compounded by a low trust model for expenditure approvals, mean that the needs of tamariki and rangatahi are not always at the centre of decision-making. For example, Oranga Tamariki cannot pay board payments to the unapproved caregivers who it asks to care for tamariki and rangatahi, it instead provides vouchers for food and petrol.

*"It took til the end of March to be approved but I've had [child] since the start of December, and I only got back payments until the end of March when the approval came through ... I did get vouchers but had to ask for them and go into the office, then got told I should have been receiving \$250 a week in vouchers. I didn't want to look like a bludger, I didn't care and I managed but I was entitled to it. When I took [child] over I was told I would have no financial burdens and could go back to work."* WHĀNAU CAREGIVER

*"I just wish that the decision-making was quicker. They [Oranga Tamariki social workers] always say that they need to go to talk with their supervisor. Especially some of the safety things we want to get in place, like the fencing and the car seat. It seems to take a while for things to get done."*

WHĀNAU CAREGIVER

Rangatahi are still not being given the best chance of a successful transition to adulthood. The transition out of care and into adulthood is a key life milestone for rangatahi. For those rangatahi working with a Transition Support Service, the majority felt their transition worker made things better for them, and the Service makes a positive impact and is highly valued. However, Oranga Tamariki isn't doing enough before they engage with the Service, to ensure key skills are taught and rangatahi have what they need to succeed as an independent adult. Life skills assessments are only completed for 16 percent of rangatahi in care. Referrals to the transition service often come too late for transition support workers to work effectively with rangatahi, with a quarter of rangatahi yet to be offered a referral.

*"I've hardly had any support [from Oranga Tamariki]. I need to do everything, and I don't have my family [to support me] ... I have to do everything by myself."* RANGATAHI

## Tamariki and rangatahi in care are not prioritised for government services and funding does not follow the child

Challenges for social workers and caregivers are compounded by government agencies, particularly the Ministries of Health and Education, not consistently prioritising services for tamariki and rangatahi in care.

The Oranga Tamariki Action Plan (OTAP) was supposed to make things better by improving collaboration and the coordination of services. We are yet to see evidence that it has made a difference on the ground. Where we saw and heard of collaboration between agencies, it was due to individual effort rather than a system designed to make it happen.

Social workers, caregivers and whānau have to seek out services and supports child-by-child, relying on established relationships and goodwill, rather than there being a system that automatically responds to need.

Funding is siloed and does not necessarily follow tamariki and rangatahi within Oranga Tamariki, or between agencies. We consistently heard about stand-offs over thresholds and who is responsible for paying. The lack of prioritisation of tamariki and rangatahi in care creates inefficiencies. Social workers need to do additional tasks to get through layers of approval, find other workarounds, or agree to fund supports that are more education or health-related, to get access to services. When they are not prioritised, tamariki and rangatahi face delays in accessing the services and supports they need which can then impact school attendance or stable care placements. Delivery of these services is also inconsistent, with some tamariki and rangatahi getting what they need and others not.

When the needs of tamariki and rangatahi are not adequately assessed or assessment is delayed, it affects the timing and quality of decisions and plans on how those needs are met.

*"It took nearly one year to get [child] assessed. Everyone knew [child] was ADHD [Attention Deficit/Hyper-Activity Disorder] except Oranga Tamariki. The reason it took so long was because they changed [child's] social worker so many times."* NON-WHĀNAU CAREGIVER

*"I asked for a third Gateway Assessment where we found the sight and hearing issues and after we got it all going, [child's] doing much better now."* NON-WHĀNAU CAREGIVER

Some tamariki and rangatahi are excluded from school, or not getting the supports they need to learn because agencies disagree on who should fund the support.

*"One of the [tamariki] needs speech therapy, [child] hasn't got it yet because no one can figure out who has responsibility for it. They're all sitting around the table figuring out how to make it someone else's problem."*

WHĀNAU CAREGIVER

*"Some identified schools have pushed us. They say unless Oranga Tamariki provide teacher aide funding the child will need to leave school."*

ORANGA TAMARIKI KAIMAHI

## More tamariki and rangatahi are being abused in care

The number of tamariki and rangatahi being abused in care has continued to increase. This year 507 tamariki and rangatahi (nine percent of all tamariki and rangatahi in care) were found to have been abused or neglected while in the custody of Oranga Tamariki. The areas where disproportionate levels of abuse continue to occur are in secure residences and when children return to their parents' care. In secure residences 23 percent of tamariki and rangatahi were found to have been abused, with 18 percent of the harm caused by residence staff and 79 percent by other rangatahi<sup>2</sup>. For tamariki and rangatahi returned home to the care of a parent while in the custody of Oranga Tamariki, 11 percent of tamariki and rangatahi were abused or neglected. These risks are well known yet key safety factors are not being prioritised<sup>3</sup>.

If we are to see positive long-term outcomes for tamariki and rangatahi in care, increased compliance with the NCS Regulations and an overall improvement in the delivery of care is required.

<sup>2</sup> The remaining three percent of harm was caused by a non-related adult, adult whānau member, child not in placement or unknown perpetrator.

<sup>3</sup> Oranga Tamariki, Safety of Children in Care Annual Report – reporting period 1 April 2023 to 31 March 2024. <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Corporate-reports/Annual-Report/Annual-Report-2023-2024.pdf>

# About tamariki and rangatahi in care

## Care population

The population of Aotearoa aged 18 years and under is

**1.2 million**

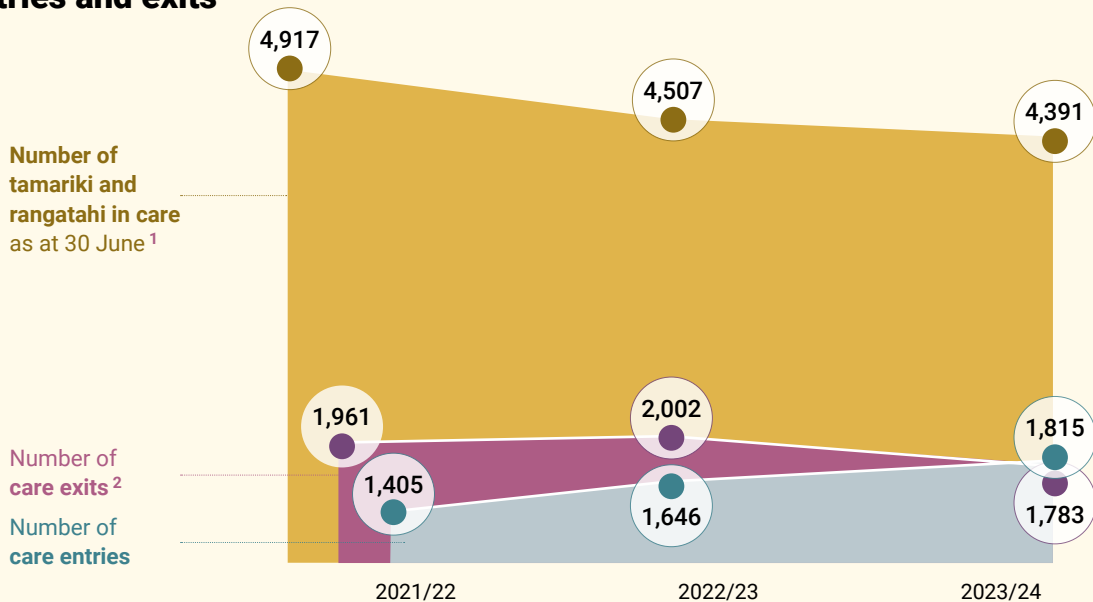
**5,722**

tamariki and rangatahi spent time in the care of the State or approved child and family social service during the year 1 July 2023 – 30 June 2024.

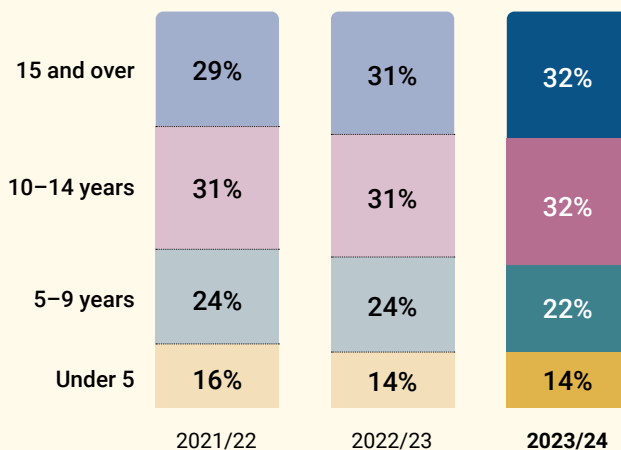
**4,391**

tamariki and rangatahi were in the care of the State or approved child and family social service on 30 June 2024.

## Care entries and exits



## Age



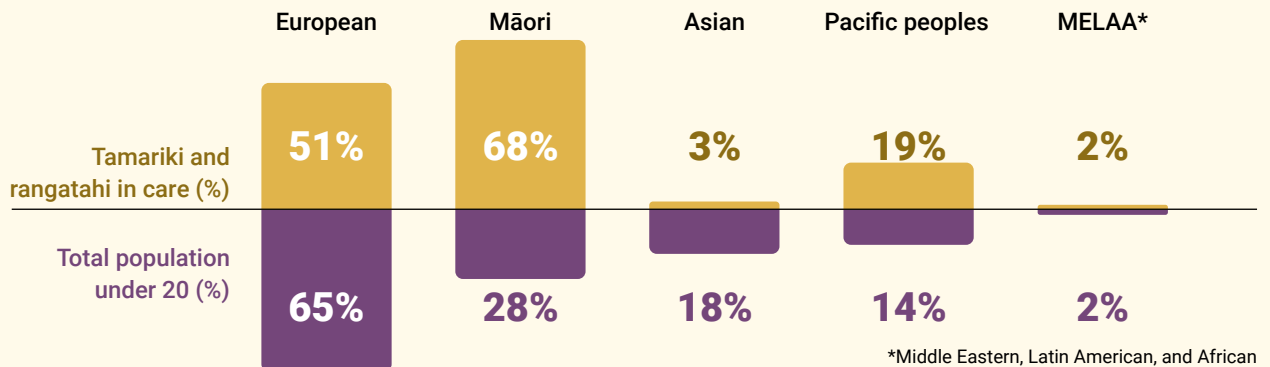
The average age of tamariki and rangatahi in care has continued to increase, from 10 years of age in 2021 to 11 years of age in 2024. As in previous years, there has been a decrease in the percentage of tamariki aged under five and between five and nine years old and an increase in the percentage aged ten years old and over.

<sup>1</sup> 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.

<sup>2</sup> Exits and entries into care under short-term care and protection warrants are included in these figures.

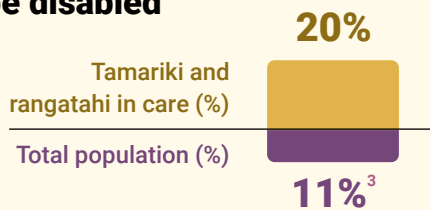
## Ethnicity

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



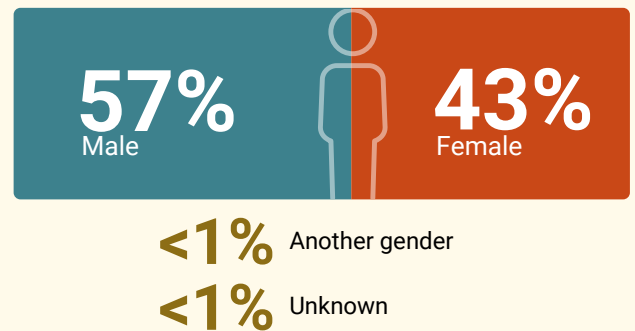
Over the past four years, the number of tamariki and rangatahi in care has continued to decline, with tamariki and rangatahi Māori still over-represented in the care population. However, that over-representation appears to be stable or declining. Just over one percent of tamariki Māori spent time in care during the year to 30 June 2024.

## Tamariki and rangatahi known to be disabled



Tamariki and rangatahi in care are almost twice as likely to be disabled than the general population of the same age<sup>4</sup>. Across the full care population (0 – 20 years old), 31% of tamariki and rangatahi are known to be disabled.

## Gender



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

## Custody Agency

Over the course of 2023/24, 5,722 tamariki and rangatahi spent time in care. They were in the custody of:



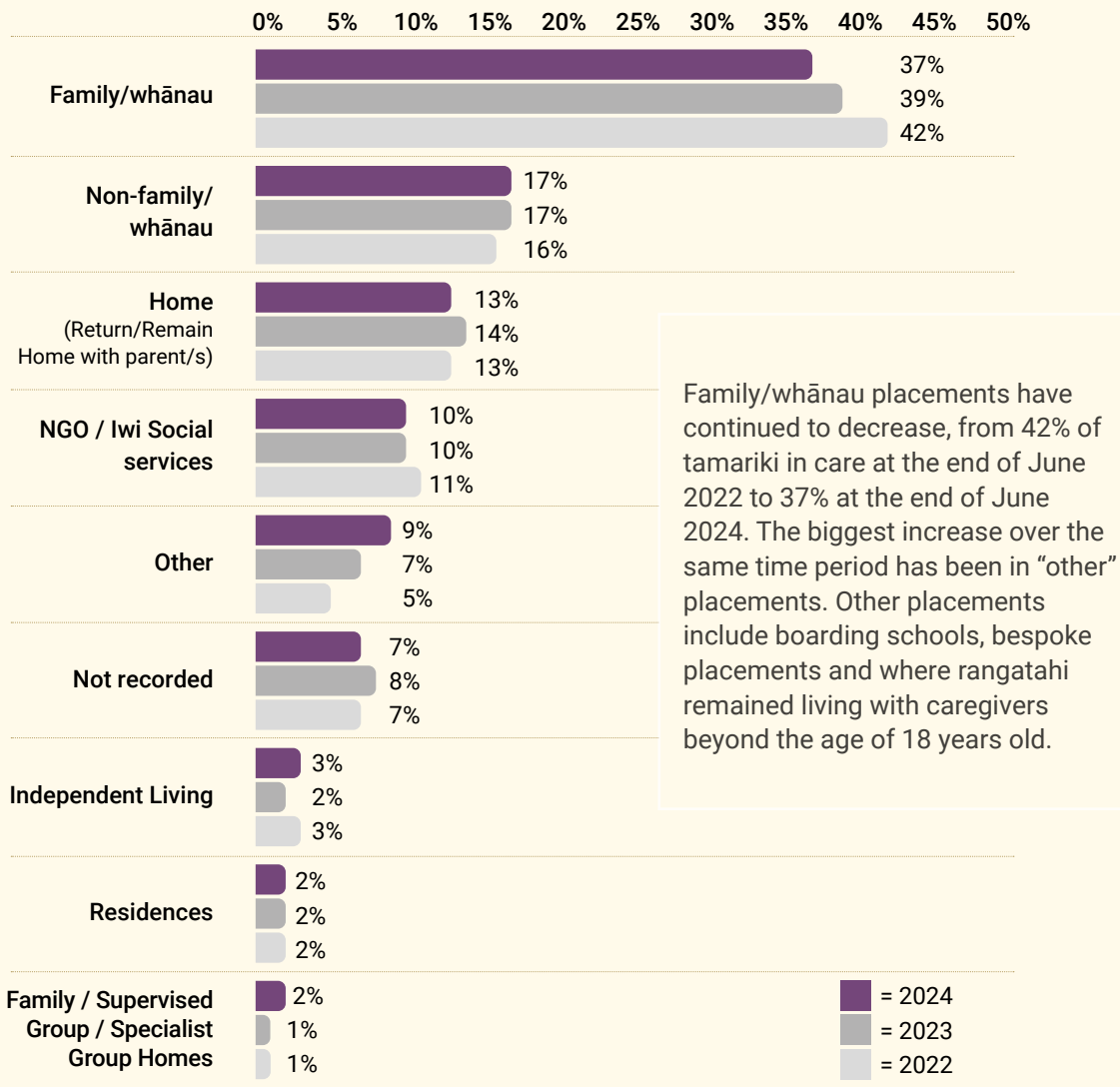
Oranga Tamariki is the custodial parent for almost 99 percent of tamariki and rangatahi who were in care during the year.

<sup>3</sup> Both disabled numbers relate to tamariki and rangatahi under 15 years old. Statistics New Zealand Disability survey 2013 page 3. The methodology used by Oranga Tamariki and Statistics New Zealand for disability differs. This may impact on comparability of figures. Oranga Tamariki methodology relies on diagnosed disability, whereas Statistics New Zealand methodology relies on self-reported disability in the New Zealand Disability survey.

<sup>4</sup> The NZ Disability Survey uses 0 – 14 and 15 – 44-year-old age groups. This limits us to comparing with the 0 – 14-year-old care population.

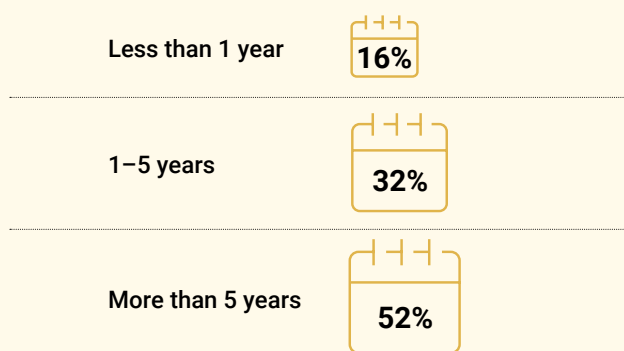
<sup>5</sup> To protect the privacy of individuals, we follow Statistics New Zealand guidelines and do not disclose the exact number of individuals when that number is below six. This is to reduce the risk that information could be used to identify individuals or learn private information about them.

## Placement types as at 30 June



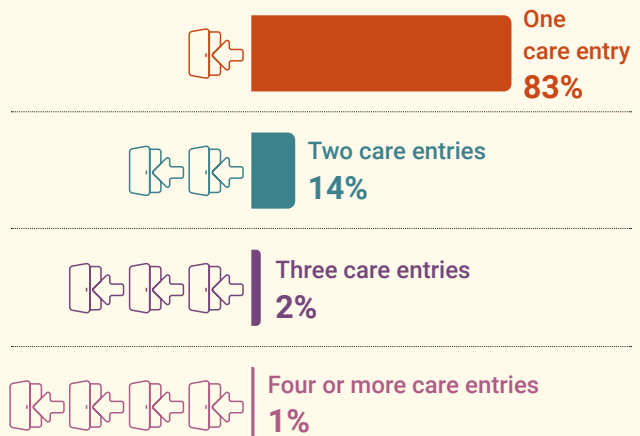
## Duration in care and care entries

Tamariki and rangatahi in care % by duration in care



Since last year there has been an increase in the proportion of tamariki and rangatahi in care for less than one year (up from 14 percent last year). There was also an increase in the proportion of tamariki and rangatahi in care for more than five years.

Number of care entries over time



Similarly to last year, most tamariki and rangatahi in care have only entered care once in their lives, although 17 percent have been in care more than once.

## Change in key relationships



### Caregivers

Tamariki and rangatahi we heard from during our monitoring engagements told us their relationships with caregivers and social workers are really important. We looked at how many different caregivers and social workers tamariki and rangatahi had during their time in care.

As the data below shows, for those over 15 years of age, 12 percent had more than 20 social workers and 37 percent had more than six caregivers during their time in care.

### Average number of caregivers



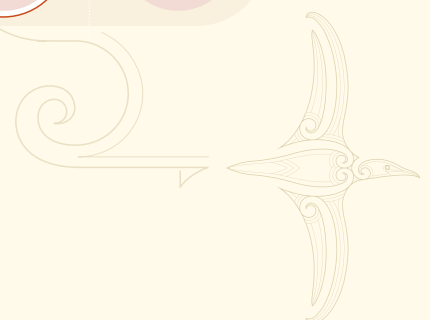
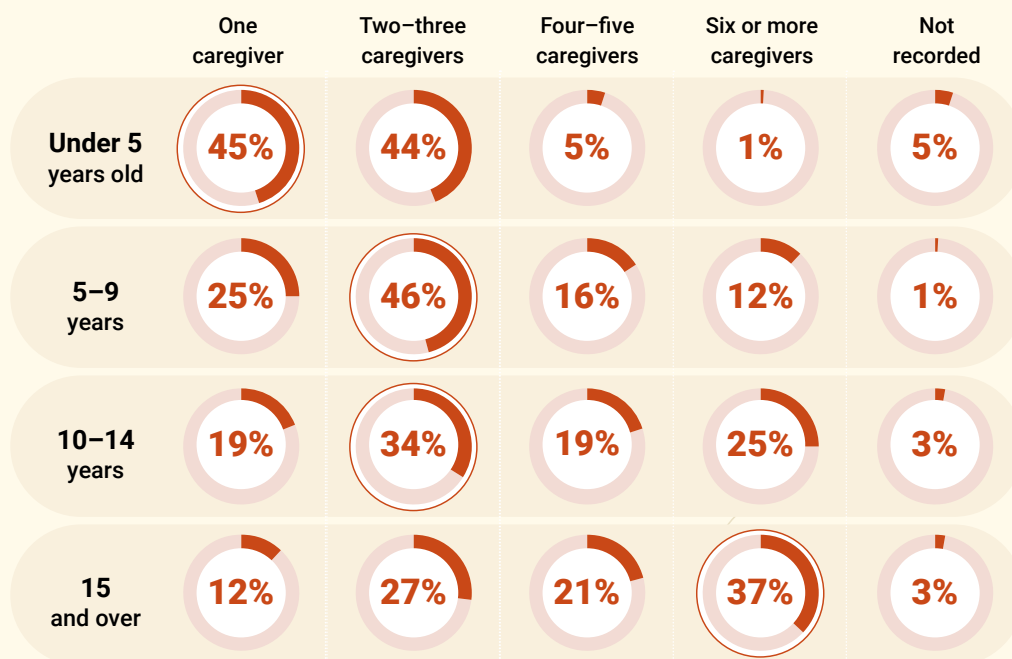
On average, tamariki and rangatahi had four caregivers during their time in care. This hasn't changed over time.



### Changing caregivers

Looking outside the average, one quarter of those aged 10-14 years old and more than one third of those aged over 15 years old have had six or more caregivers during their time in care.

For the younger group, at least half of those under five years of age have experienced a change in caregiver, and 12 percent of those aged between five and nine years of age had six or more caregivers during their time in care.

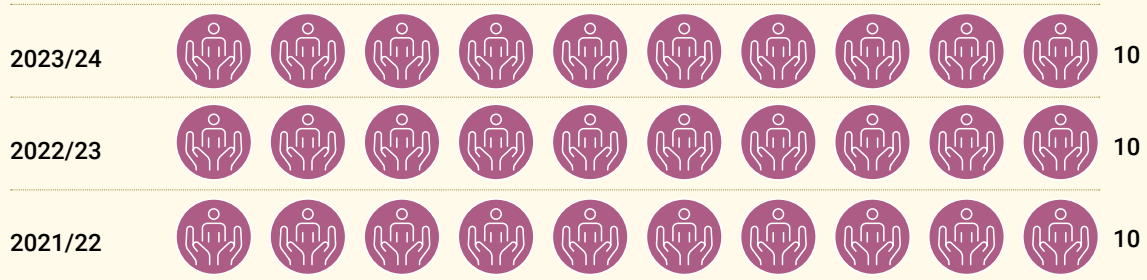




## Social workers

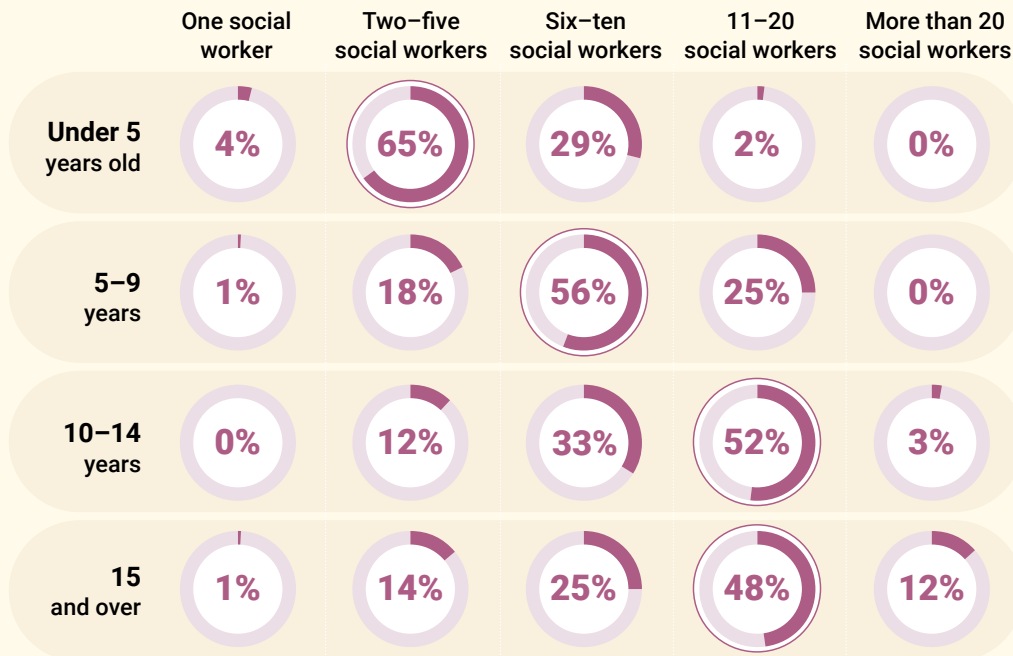
On average, tamariki and rangatahi had ten social workers during their time in care. This hasn't changed in recent years.

Average number of social workers

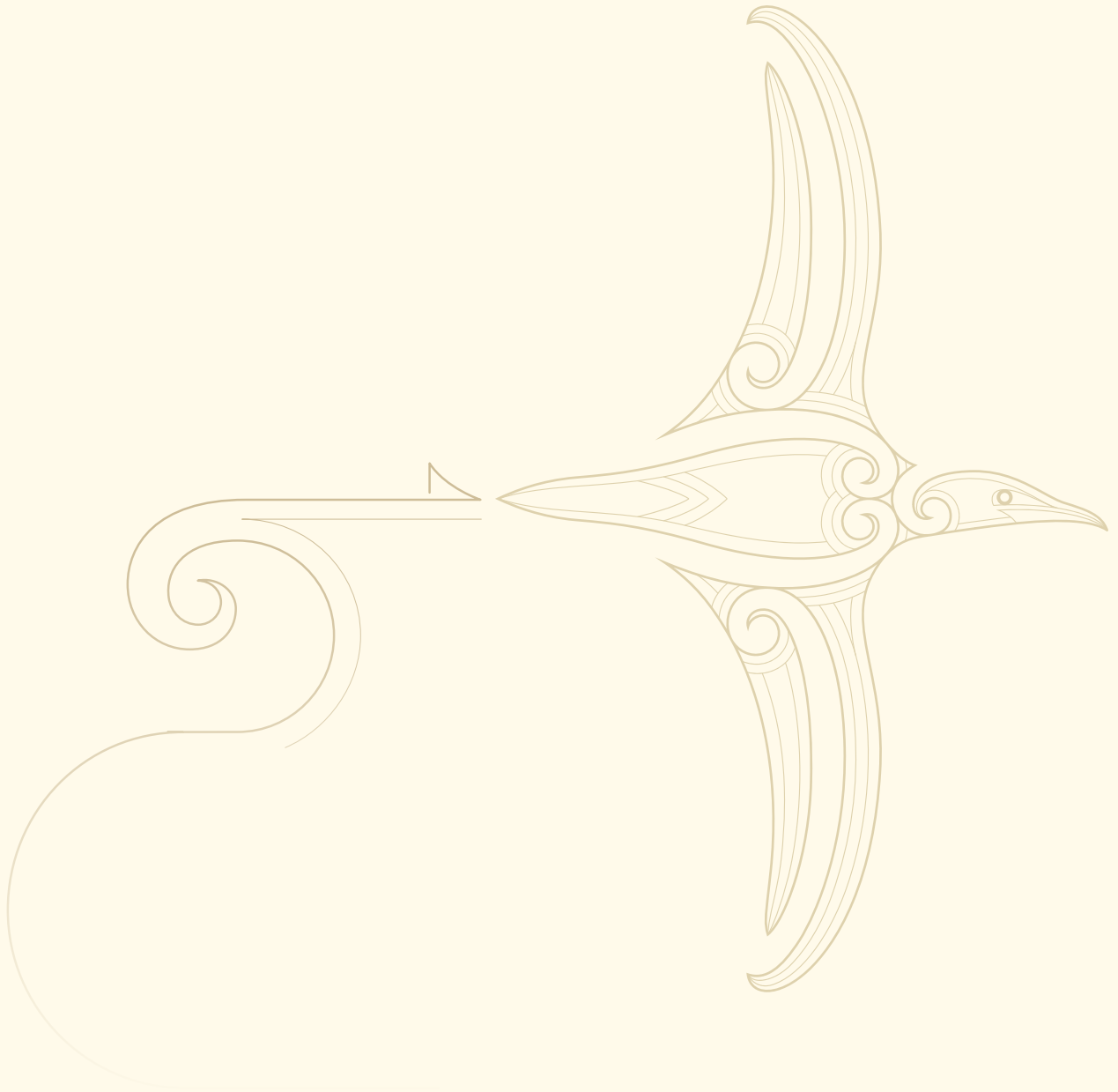


## Changing social workers

The majority (65 percent) of tamariki under five years of age had between two and five social workers over their time in care. In contrast, the majority (48 percent) of rangatahi over 15 years of age had between 11 and 20 social workers.







# Our approach

This section explains our approach to reporting agency compliance with the National Care Standards and Related Matters Regulations (NCS Regulations).

## A new format

The Oversight of Oranga Tamariki System Act 2022 (the Oversight Act) 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.

This year's report closely follows the structure of the NCS Regulations. This is different from our first three-yearly cycle of reports, which were structured around our outcomes framework<sup>1</sup>. 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 that compliance and non-compliance with the regulations has on them.

## The voices of tamariki, rangatahi, whānau and caregivers

Compliance with the 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.

We also start each part of our report with a summary of the themes from our analysis of that part of the regulations, written from the perspective of tamariki and rangatahi.

## Community initiatives

This report identifies community initiatives that were working well for tamariki, rangatahi and whānau. This is the first time we have named and spotlighted initiatives in our reports. We have done this where there are opportunities for other communities to learn from an approach.

## Analysing data and information

While this year's report has a different structure to previous years, our approach to collecting and analysing the data and information remains the same.

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, rangatahi, and whānau experiences from their own perspectives and helps us identify areas of good practice and areas for improvement. 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<sup>2</sup>.

<sup>1</sup> <https://www.aoturuhi.govt.nz/assets/Uploads/Documents/Core-documents/Our-Outcomes-Framework-with-indicators.pdf>

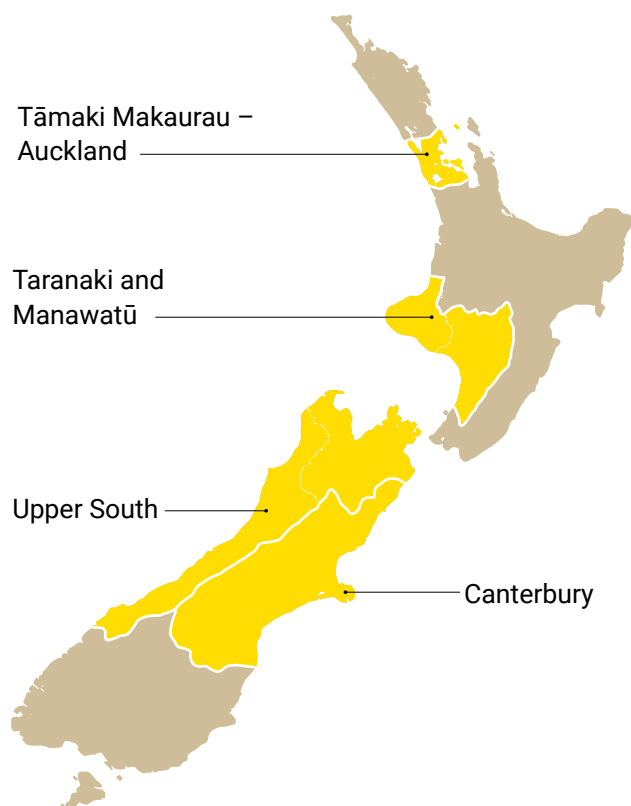
<sup>2</sup> <https://aoturuhi.govt.nz/what-we-do/our-approach>

## Who we spoke with during 2023/24

We visit communities on a three-yearly cycle to ensure we get a range of regional perspectives and cover the motu (country) every three years. In the 12 months to 30 June 2024, we spoke with around 1,800 people about their experiences.

	<b>Tamariki &amp; Rangatahi</b>	<b>Whānau</b>	<b>Whānau and non-whānau caregivers</b>	
	<b>200</b>	<b>70</b>	<b>120</b>	
<b>Oranga Tamariki</b>	<b>Open Home Foundation</b>	<b>Iwi/Māori social service providers</b>	<b>Non-government organisations</b>	<b>Government agencies</b>
Kaimahi	Kaimahi	Kaimahi	Kaimahi	Kaimahi
<b>550</b>	<b>45</b>	<b>160</b>	<b>230</b>	<b>430</b>

For this 2023/24 reporting period, we visited the following communities:



### Agency commitments

Where agencies we monitor have committed to actions in response to our previous *Experiences of Care Aotearoa* reports, we follow up to ask those agencies how those commitments are progressing. Relevant information on previous commitments in response to our reports is included in the body of our report. Full details of agency commitments including how those are progressing and what actions have been completed, is available on our website [aroturuki.govt.nz/reports/agency-responses](https://aroturuki.govt.nz/reports/agency-responses).

### Compliance tables

Data was requested from Oranga Tamariki and Open Home Foundation measuring compliance with each of the NCS Regulations. We analyse these measures 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<sup>3</sup>.

We did not request data from Barnardos and Kōkiri Marae Keriana Olsen Trust 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.

<sup>3</sup> <https://aroturuki.govt.nz/reports/eoc-23-24/compliance-tables>





# Oranga Tamariki compliance with the National Care Standards and Related Matters 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.

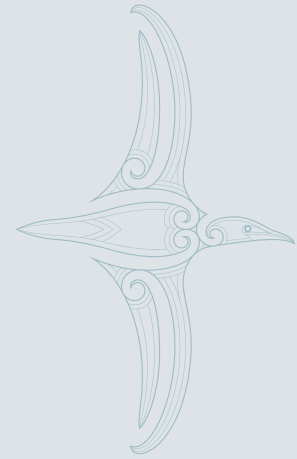
In this section of our report, we look closely at the lead indicators – what they show us, and what they don’t. By comparing these with other data we requested, alongside what we heard from our monitoring over the course of 2023/24, we are able to get a more comprehensive picture of the experiences of tamariki and rangatahi in care. Importantly, we are able to see where improvements can be made.

Part One:

# Needs assessments and plans for tamariki and rangatahi in care



*Each part of the NCS Regulations outlines what meeting these will mean for tamariki and rangatahi in care. This page summarises what tamariki and rangatahi are currently experiencing under Part One of the Regulations.*



## **Assessing our needs and updating our plans**

**We like it when we are given information, things are explained to us, and we are included in decisions, but this doesn't always happen.**

**Most of us have had our needs assessed, but the quality of these assessments, and the plans produced from them, is sometimes poor.**

**Fewer than half of us have had our needs assessed and plans developed in the way that policy tells our social workers they must be done.**

**Some of us wait months to get assessments, particularly from specialists outside of Oranga Tamariki. Some of us are still waiting for specialist assessments despite our social workers referring us months ago. When we wait for assessments it delays us getting the services and supports we need.**

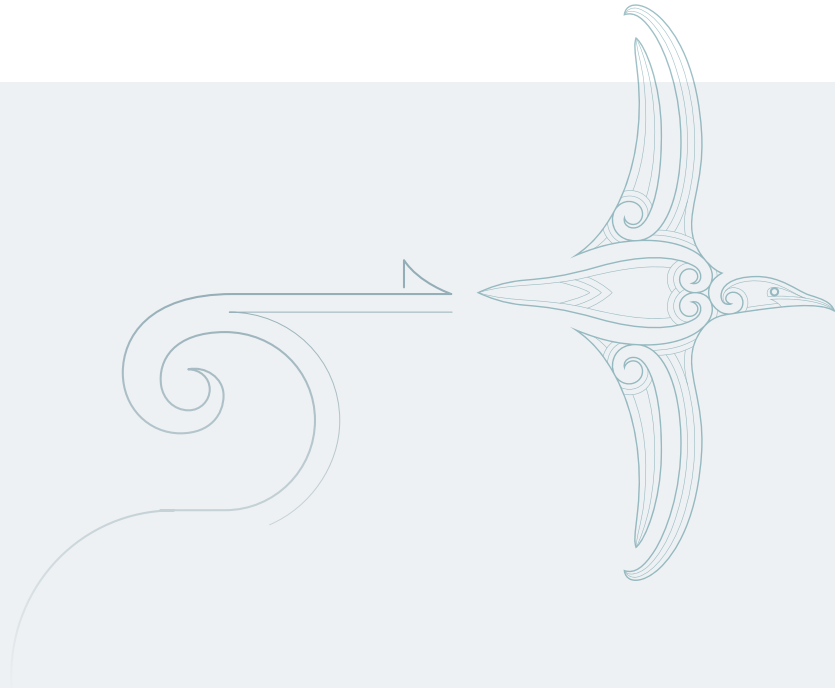
**Many of us know there is a plan in place for us, but only some of us feel that our voices are reflected in our plan. A few of us don't know if we have a plan and can't remember being included in making one.**

**A third of us don't get to see our social workers regularly.**

**Most of us know who our social worker is and how we can contact them, but a few of us don't and have no way to contact them if we need something.**

**Some of us have good relationships with our social workers, we feel like they listen to us, communicate with us and keep their promises. But some of us feel our social workers don't communicate enough with us. They don't always do the things they say they're going to do.**

**Our social workers have to spend a lot of their time doing administrative tasks, this means they aren't always as available as we need them to be.**



## What Part One requires

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Part One 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, or cultural social service or child and family support service. Needs assessments identify what types of 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 One of the NCS Regulations also outlines requirements for 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 identify how often the tamariki and rangatahi should be visited.



## Oranga Tamariki is yet to meet the NCS Regulations for assessments and plans

Part One of the NCS Regulations requires needs assessments and plans to be developed for tamariki and rangatahi when they are in the care and custody of the State or an approved iwi or cultural social service or child and family support service, and for social workers to regularly visit them.

Oranga Tamariki assesses itself as compliant with the NCS Regulations on assessing needs and planning most of the time. However, the measure used by Oranga Tamariki does not provide an accurate reflection of its compliance. This is because:

- Oranga Tamariki is not measuring itself against the standard required in the NCS Regulations. The NCS Regulations require plans to be reviewed at least every six months, and the needs assessment reviewed accordingly, rather than the 12-month measure that Oranga Tamariki uses.
- The regulations also require certain information to be included in needs assessments and plans. Through our monitoring, we heard that assessments and plans are not always complete, and do not always accurately reflect the needs of tamariki and rangatahi.

Oranga Tamariki is also not following its own policies. Oranga Tamariki requires social workers to use its Tuituia assessment and All About Me Plan, however, Oranga Tamariki measures its compliance by whether *any* assessment or plan is in place. Oranga Tamariki data indicates that only 42 percent

of tamariki and rangatahi have a current Tuituia assessment and 41 percent have a current All About Me Plan, based on the 12-month standard.

The NCS Regulations require that the views of tamariki, rangatahi and whānau are reflected in needs assessments and plans, and that tamariki and rangatahi, their whānau and their caregivers receive a copy of the plan. Again, Oranga Tamariki self-monitoring shows a high level of compliance. However, what we heard from most tamariki and rangatahi was that they do not feel listened to in the planning process, and nor do their whānau. Most of the tamariki and rangatahi we spoke with about plans were aware they had a plan, but some tamariki and rangatahi did not have a copy of their plan or did not know what was in it.

Social worker visits are a way of seeing whether plans are achieving their intent and whether tamariki and rangatahi needs are being met. Oranga Tamariki data shows compliance with the NCS Regulations for social work visits has not changed significantly over the last three years, with two thirds of tamariki and rangatahi visited regularly. This is despite repeated commitments that improving performance is a priority.

Completing thorough needs assessments and plans and having positive relationships with tamariki and rangatahi are central to the social work role. Oranga Tamariki must find a way to prioritise this critical work.

# Oranga Tamariki compliance with Part One

## In completing assessments and plans, Oranga Tamariki is not following its own policies

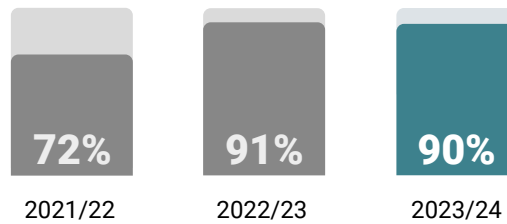
The lead indicators Oranga Tamariki uses to assess its compliance with Part One look only at whether there is evidence of any needs assessment or plan in place. These measures do not provide an accurate reflection of compliance.

Oranga Tamariki also looks at whether needs assessments and plans have been updated in the last 12 months. However, the NCS Regulations require plans to be reviewed at least every six months, and for needs to be reassessed with each review of the plan. Oranga Tamariki data shows, some needs assessments and plans have been updated in the last six months, but because Oranga Tamariki uses a 12-month measure instead, it is unclear how compliant it is with the NCS Regulations.

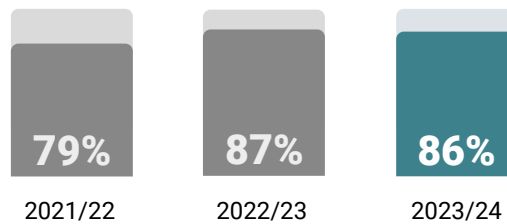
The lead indicators do not always measure compliance with Oranga Tamariki policy, or what is in the best interests of tamariki and rangatahi. The lead indicators from Oranga Tamariki imply high compliance, with almost all tamariki and rangatahi having some form of recent needs assessment “that sufficiently assessed both the immediate and long-term needs of tamariki at the time the case was reviewed”.

### Oranga Tamariki lead indicator 1 and 2

Tamariki have a current assessment of both their immediate and long-term needs

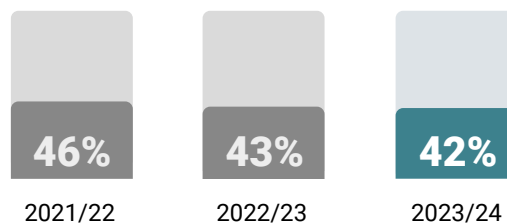


Tamariki have a current plan that contains actions to address those needs, when those actions will be taken, and by whom

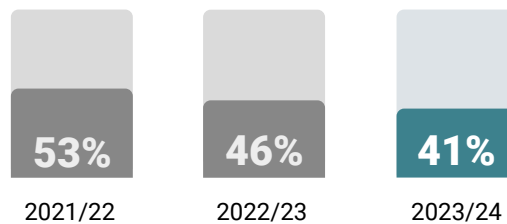


### Oranga Tamariki data

Tuituia assessment created or updated



All About Me plan created or updated



A closer look shows that 42 percent of tamariki and rangatahi had an approved Tuituia assessment in the last 12 months, although Oranga Tamariki policy requires a Tuituia assessment for all tamariki and rangatahi in care<sup>1</sup>. Other assessments captured in the Oranga Tamariki lead indicator include Gateway assessments as well as court ordered assessments such as medical, psychiatric, or psychological reports ordered under section 178 of the Oranga Tamariki Act 1989.

While the NCS Regulations do not require a specific type of needs assessment, Tuituia is a comprehensive assessment that covers all tamariki and rangatahi needs. By comparison, assessments such as Gateway and section 178 reports are specific to health and education and should be used to inform the Tuituia. If assessments are not holistic, they cannot be relied upon when determining compliance as the NCS Regulations require assessments to cover a range of matters<sup>2</sup>, not just health and education needs.

## Tamariki and rangatahi and whānau voices are not always reflected in plans

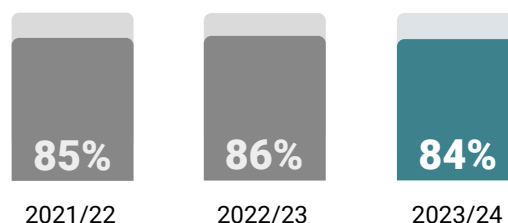
The NCS Regulations require needs assessments and plans to take into account the views of tamariki and rangatahi and their whānau. Despite the Oranga Tamariki lead indicators showing a high level of compliance this was not reflected in what we heard from tamariki, rangatahi and their whānau.

Similarly, although the Oranga Tamariki lead indicator data shows that 86 percent of tamariki and rangatahi had a current plan with actions to address their needs, fewer than half of these (41 percent) had an All About Me Plan<sup>3</sup> created or updated in the last twelve months. We heard the most common type of plan, other than an All About Me Plan, is a court plan<sup>4</sup>.

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, the All About Me Plan has been designed in a way that is helpful for sharing with tamariki and rangatahi, whānau and caregivers. Oranga Tamariki notes that “significant work is underway to develop a new digital All About Me Plan, which will support social workers to ensure these plans can be actively used on an ongoing basis to support meeting the needs of tamariki in care”<sup>5</sup>.

### Oranga Tamariki lead indicator 19

Tamariki views have been identified and considered



1 The NCS Regulations do not state which type of needs assessment is needed, but there are two types of needs assessments commonly used by Oranga Tamariki. A Tuituia informed needs assessment documents the needs, strengths and risks for tamariki and rangatahi. It sets out the circumstances that led to them coming into care, including the concerns Oranga Tamariki wants to address, particularly needs around safety, and connection to whānau. The other commonly used assessment is a Gateway assessment, which is a specialist assessment that looks to comprehensively identify the health, disability and education needs of tamariki and rangatahi engaged with Oranga Tamariki. They are 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.

2 Regulation 10.

3 Oranga Tamariki requires all tamariki and rangatahi in care or custody to have an All About Me Plan. This is the primary plan that Oranga Tamariki works from. It supports any overarching Family Group Conference (FGC) or court plan.

4 The Oranga Tamariki Act requires a section 128 plan (also known as a court plan) for the following orders: A services order under section 86, a support order under section 91 in respect of any child or young person, an order (other than an interim order) under section 101 placing any child or young person in the custody of any person, an order under section 110 appointing any person as the sole guardian of a child or young person, or a special guardianship order under section 113A.

5 Oranga Tamariki *Annual Report on compliance with the NCS Regulations 2023/24* page 7.

Most of the tamariki and rangatahi we spoke with about plans were aware they had a plan. However, some tamariki and rangatahi did not have a copy of their plan or did not know what was in their plan.

A few tamariki and rangatahi said this was because they did not see or hear from their social worker, or their social worker had not spoken to them about their plan. Sometimes they thought this was because their social worker had changed.

*"I have a plan and they asked if I agreed with it and I do ... It's a two-month plan. I have to do 10 community service hours a week ... and I think they are sorting out a programme for me."* CHILD

*"I think I'll be here [group home] till I'm 15 years old. Don't have any plan, no one has spoken to me about my plan."* CHILD

*"Oranga Tamariki – they are freaking shit. Because they haven't stuck to anything in the plan to help me get back home. I've had 20 odd different social workers, leaving, not doing anything. When I was in [region] I had four of them."* CHILD

When listened to, tamariki and rangatahi play a pivotal role in ensuring plans meet their needs, as well as their wishes and aspirations. However, most tamariki and rangatahi who spoke to us about needs assessments and planning told us they did not feel involved in or listened to in the development of their plan, and many of them felt that decisions were made without them, and that goals or views had been pushed onto them. This included decisions about health and education needs, placement decisions, recreation and sport, and frequency of contact with whānau.

*"Oranga Tamariki didn't let me participate, they didn't ask me what I wanted to do. My social worker just decided whatever. My social worker shared something so personal without asking me."* RANGATAHI

*"I am clueless about the plan. I want to go to the gym, and I want to go to boxing. I have a lot of plans, but they are not listening to my ideas."* RANGATAHI

Fewer tamariki spoke positively about their plans, but those who did told us they felt included, listened to and informed by their social workers and other professionals. A couple of tamariki said their social worker explained why some things couldn't happen as part of their plan, such as seeing parents or whānau members, due to court orders.

*"They [social worker] ask me things about my feelings on different things, about being here [placement] and what I want to do ... I have had a say in what I want. It has been perfectly fine. They have heard what I have said and have made things happen ... They asked me 'do you need something?', asked me a question and I am getting a say. Instead of just doing something for me, in my opinion they ask me before anything happens."* RANGATAHI

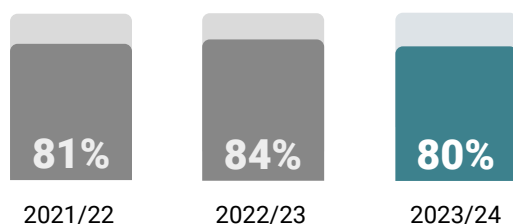
Although Oranga Tamariki has not carried out its recurring *Te Tohu o te Ora* child survey since 2022, results from that year showed that the majority of tamariki and rangatahi (80 percent) indicated they get to have a say in important decisions about their life. Three in 10 tamariki and rangatahi said this was "all of the time", half said, "most of the time" and about two in 10 said "not much of the time" or "never". Oranga Tamariki reported there were no significant differences by age, gender or ethnicity<sup>6</sup>. Given the mixed experiences we heard from tamariki and rangatahi in our engagements, we look forward to Oranga Tamariki carrying out this survey again<sup>7</sup>.

<sup>6</sup> [https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Te-Matataki-2023/Te-Matataki-2023\\_FINAL.pdf](https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Te-Matataki-2023/Te-Matataki-2023_FINAL.pdf)

<sup>7</sup> This is discussed under Part Six of the NCS Regulations.

### Oranga Tamariki lead indicator 8

Family/whānau views have been identified and considered



Including the voices and views of whānau in planning for their tamariki and rangatahi is necessary to understand what whānau think their tamariki and rangatahi need, as well as what might be needed for tamariki and rangatahi to be able to safely return home. It is also important for getting whānau buy-in to the plan, and subsequent support from the whānau to meet goals in the plan. Like their tamariki and rangatahi, whānau also have wishes and aspirations that are relevant. We heard mixed experiences from whānau about their involvement.

A couple of whānau spoke with us about being supported by Oranga Tamariki to attend a family group conference (FGC). One whānau told us they had been given petrol vouchers to get to the FGC, while the other told us wider whānau had been flown in to support them at the FGC. A couple of whānau told us they felt supported to share their voice and be involved in the FGC. Kaimahi from Oranga Tamariki told us that meeting with whānau in advance of the FGC and building relationships to create a safe space where whānau understand what is going on, is important for achieving good outcomes.

However, some whānau told us they did not feel listened to in the development of plans and in FGCs.

*"I went to a family group conference and they already decided [rangatahi] was going to residence. I could have a say in plans when [rangatahi is] out."* WHĀNAU

*"I got told three days before the FGC and was asked if I wanted to be part of it by phone or video."* WHĀNAU

## Needs assessments and plans are sometimes missing information and have gaps

Some professionals from NGOs, iwi/Māori social services, residences and group homes told us the plans they receive from Oranga Tamariki often have gaps or lack information they need to support the tamariki and rangatahi in their care. They told us when key information is not included in plans, they either need to "hassle" Oranga Tamariki to get the information or create the plan themselves. The time they take doing this means they cannot do other work required of them.

Some social workers told us high caseloads means they aren't available for tamariki and rangatahi as often as they would like and as a result are unable to update assessments and plans in the required timeframes. A couple of Oranga Tamariki kaimahi told us when other professionals, such as Allied Support Workers,<sup>8</sup> are available to help

them with other work, it means they can focus on assessments. They also told us that having good relationships, and working with other social workers, supports better quality plans.

*"You're just asking them interview questions really and that's what you put in their plan [for tamariki and rangatahi]. There's barely any time to visit them let alone hang out with them. You're asked by professionals about things, but I have no idea, as I could only spend 10 minutes with them [tamariki or rangatahi]."* ORANGA TAMARIKI KAIMAHI

<sup>8</sup> This year Oranga Tamariki trialled a new, temporary frontline role to support social workers. Allied Support Workers can take on tasks that don't require a social work qualification, to free up social workers to focus on work that does require a social work qualification.

## Insufficient funding and long waitlists mean some tamariki and rangatahi aren't getting the assessments and services they need

Some Oranga Tamariki kaimahi told us that funding is a barrier. They said there was insufficient funding within Oranga Tamariki to pay for assessments and for the services to go into plans.

*"They [upper management] don't want to fund the level of funding these children need. They want us to change the risk assessment. So, we have to balance doing a risk assessment for this child but be mindful of funding. Actually, this is not my job to manage the funding, it's my job to manage the risk for these children. We are lucky more doesn't go wrong."* ORANGA TAMARIKI KAIMAHI

Some Oranga Tamariki kaimahi also told us that long waitlists hinder the timely completion of assessments and plans, as well as access to subsequent supports.

*"We've only got one agency that completes assessments, taking six months. We got a kid sitting with horrendous sexual offending, but we can't put any supports in place for six months cause that's how long it takes to write an assessment because they're so short staffed ..."* ORANGA TAMARIKI YOUTH JUSTICE KAIMAHI

We heard that it was not uncommon for tamariki and rangatahi to wait for three to six months for specialist assessments, including Gateway assessments. This corresponds with the findings from the Oranga Tamariki review of the Gateway process, which found that most Gateway assessments take up to six months to complete<sup>9</sup>.

Completion means that a medical appointment, Interagency Service Agreement (ISA), and the final Gateway report have been completed, however, this does not necessarily mean tamariki and rangatahi have received the services recommended in the plan<sup>10</sup>.

*"Wait times for specialist health appointments average six months. Often, by the time a child gets a specialist appointment, they have moved to a new location or care placement, are no longer in care, or the FGC intervention has been completed or closed. This makes follow-up more complex, as it appears no one is accountable if Oranga Tamariki are no longer involved, and some are forced to restart the waiting process due to a lack of coordination regarding medical appointments. It's hit and miss because of the waitlist to get into other agency's referral to secondary services. Once the Gateway actions have been identified and services recommended, there can be significant delays and lack of services to refer the tamariki on to. The waitlist to gain access to specialist care can be between two and three months currently."* NGO KAIMAHI<sup>11</sup>

Some caregivers we spoke with mentioned that actions in Gateway assessments for tamariki and rangatahi in their care had not been actioned:

*"Another thing about the Oranga Tamariki social worker, at the Gateway assessment, everyone was there and made recommendations. She ignored what the professionals said and did not convey any of it to [tamariki mum] and even us. The Oranga Tamariki social worker before the current one was even worse."* NON-WHĀNAU CAREGIVER

*"There were reports [from the outcome of the Gateway assessment] that said they needed referrals within two weeks, and nothing happened. Three hours all up, for two children. On that report, referrals were to be made in two weeks. This didn't happen."* NON-WHĀNAU CAREGIVER

Some health professionals involved with Gateway assessments told us the referrals they receive from Oranga Tamariki are often missing crucial information and that this can cause delays to referrals being actioned.

<sup>9</sup> Oranga Tamariki, Gateway Assessment Review, <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Gateway-Assessment-Review-Findings/Gateway-Review-Evidence-Report.pdf>

<sup>10</sup> There are several reasons that services may not have been provided, including but not limited to lack of guardian consent to the actions in the plan, lack of available services, or because referrals to services have not been made.

<sup>11</sup> Oranga Tamariki, Gateway Assessment Review, page 22. <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Gateway-Assessment-Review-Findings/Gateway-Review-Evidence-Report.pdf>

*"I can tell you that the quality of the referrals [from Oranga Tamariki] need to improve. I know that Oranga Tamariki workloads are high, but the stuff they send indicates that they are in tick-box mode. They send what they think they should send [information] but often we need quite a bit more from them."* HEALTH KAIMAHI

We heard that sometimes, even when a service is identified as needed, Oranga Tamariki kaimahi cannot put it into plans because it is not available. For instance, we heard from a few Oranga Tamariki kaimahi that they need to forgo some recommendations based on which services are available in their area.

## Oranga Tamariki has limited visibility of self-harm and suicide risk

An in-depth assessment by Oranga Tamariki states that tamariki and rangatahi 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"*<sup>12</sup>. Data shows that these tamariki and rangatahi are more likely to be hospitalised because of self-harm.

The high mental health and wellbeing needs of many of these tamariki and rangatahi may be due to a range of interactive factors such as trauma (individual, whānau, or intergenerational), a family history of mental health, and attachment issues. Involvement with Oranga Tamariki can add to trauma and distress for some tamariki and rangatahi<sup>13</sup>. This is why assessment of risk is critical.

*"When five different therapies are recommended but most are not available within our rural community. Means I have to choose the one that is available and ignore the rest of the recommendations."* ORANGA TAMARIKI KAIMAHI

The Ministries of Education and Health and Oranga Tamariki told us they are currently working on redesign options for Gateway. We will look at the impacts of any changes to Gateway in our future reports.

### 15 – 17-year-olds with a self-harm hospitalisation in 2022

No Contact with Oranga Tamariki <sup>14</sup>	0.4%
Intervention from Oranga Tamariki	4.9%
Care or Custody of Oranga Tamariki	4.4%

Oranga Tamariki confirmed that there were four suspected suicides of tamariki or rangatahi in care in 2023/24.

Oranga Tamariki told us that it has three screens it uses to assess psychological health and substance abuse as follows: the *Substances and Choices Scale (SACS)* which assesses and monitors the use and impact of alcohol and drugs, the *Kessler Screen*, which gives an indication of psychological distress and possible mental health issues, and a *Suicide Screen* to help identify if tamariki and rangatahi have active thoughts of suicide. Together the three screens are known as SKS. Oranga Tamariki

<sup>12</sup> Oranga Tamariki, Mental health and wellbeing needs of children and young people involved with Oranga Tamariki: in-depth assessment, [https://www.orangatamarikiactionplan.govt.nz/assets/Action-Plan/Uploads/Understanding-need/Mental-health-and-wellbeing/OT-MW-Needs-Assessment\\_final-for-publication\\_Redacted.pdf](https://www.orangatamarikiactionplan.govt.nz/assets/Action-Plan/Uploads/Understanding-need/Mental-health-and-wellbeing/OT-MW-Needs-Assessment_final-for-publication_Redacted.pdf)

<sup>13</sup> *ibid.*

<sup>14</sup> From research in the Statistics NZ Integrated Data Infrastructure (IDI). 15–17-year-olds were grouped by whether they had no contact with Oranga Tamariki; some form of intervention from Oranga Tamariki (for example a child and family assessment or a Family Group Conference); or whether they were in the care or custody of Oranga Tamariki. Self-harm hospitalisations were identified by looking for hospitalisations with diagnosis codes that indicated injury or poisoning that was deliberate self-harm or self-harm with indeterminate intent. Figures show the percentage of the group who experienced such a hospitalisation during 2022.

requires these screens to be used to inform assessments, along with other information, when:<sup>15</sup>

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

Oranga Tamariki also told us Towards Wellbeing is notified whenever tamariki and rangatahi in its care are identified as at risk of suicide. Towards Wellbeing is a suicide risk assessment and monitoring programme that provides advice to social workers who are working with tamariki and rangatahi who may be suicidal. It is delivered by Clinical Advisory Services Aotearoa (CASA).

Data provided by Oranga Tamariki shows that over the reporting period it completed the following screens:

- 301 SACS
- 3,073 SKS
- 724 Suicide Risk Assessments

## Tamariki and rangatahi are not visited as often as they should be

Having a positive relationship with tamariki and rangatahi is critical for a social worker to do their job and this is helped through regular social worker visits. Visits are also how social workers can understand how plans are working, and if needs are being met.

In our monitoring, most tamariki and rangatahi we spoke with told us they felt their social workers visited as often as they needed them to. The primary exception to this was some tamariki and rangatahi in some group homes and secure residences, who told us they did not get to see their social worker.

It is unclear how many tamariki or rangatahi these assessments relate to, how many tamariki and rangatahi required these screens, in what situation they were required, or how well the screens are working. It is also not possible for us to compare how the use of screens is tracking across years because:

- in 2021/22 Oranga Tamariki gave us data on the number of screens undertaken from a sample used in case file analysis, but this did not reflect the total number of screens undertaken that year
- in 2022/23 it provided no data as it stopped including the screens in its case file analysis.

Oranga Tamariki told us it is in the process of scoping a full review of its self-harm and suicide guidance. It told us the review activities will include aligning guidance with its practice framework and approach, reviewing the screens it uses and whether these remain the most appropriate tools. There is an opportunity for Oranga Tamariki to also review the data it captures around the use of tools to respond to self-harm and suicide, to better understand and respond to self-harm and suicidal ideation.

Some Oranga Tamariki group home kaimahi also told us that tamariki and rangatahi mostly don't get to see their social workers once they enter the group home. A couple of professionals in group homes, in both Auckland and Canterbury, thought this is because social workers assume these tamariki and rangatahi are safe in the group home, so they can focus on visiting other tamariki and rangatahi on their caseloads instead.

*"I feel like, once they get a place, they don't worry about their kids. There's nil face-to-face."* ORANGA TAMARIKI GROUP HOME KAIMAHI

<sup>15</sup> <https://practice.orangatamariki.govt.nz/core-practice/practice-tools/other-practice-and-assessment-tools/sacs-kessler-and-suicide-screens-sks/>

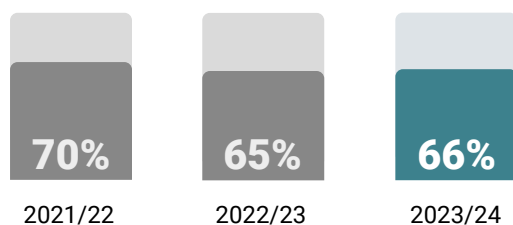


Most whānau caregivers who spoke about social worker visits with tamariki and rangatahi told us that these were occurring, and that they improved the relationship between tamariki and rangatahi and their social worker. In contrast to this, most non-whānau caregivers who spoke to us about social worker visits with tamariki and rangatahi did not think they were happening regularly enough for tamariki and rangatahi in their care. Our analysis shows that there was no significant difference in the frequency of visits for tamariki and rangatahi placed with whānau caregivers, compared to those placed with non-whānau caregivers.

While tamariki and rangatahi we spoke with generally felt they saw social workers often enough, data shows the proportion of tamariki and rangatahi who are visited regularly by their social workers has not improved. This is despite the Oranga Tamariki response to our *2022/23 Experiences of Care in Aotearoa* report stating that “available data indicates that there has been a decline in the number of outstanding visits to tamariki nationally during the report period”<sup>16</sup>, and its stated commitment, over the last three years, to focus on this area.

### Oranga Tamariki lead indicator 10

Tamariki have received regular visits over the preceding 12 months



In its 2023/24 Annual Report, Oranga Tamariki states it has not met the standard it set for itself, which is 95 percent of tamariki and rangatahi in care having regular engagement with their social workers.

Although there has been no meaningful improvement in the proportion of tamariki and rangatahi receiving regular visits from their social workers, Oranga Tamariki stated that 91 percent of tamariki in care had received at least four visits over the 12 months, and 52 percent had at least six visits over the 12 months. It also explained that in 26 percent of those cases there was evidence of factors outside the control of the social worker that prevented the visit, including tamariki not being home for planned visits<sup>17</sup>.

While this is helpful context, it doesn't change the fact that a third of tamariki and rangatahi in care are not visited as regularly as they need to be. Further, our analysis also indicates that tamariki and rangatahi Māori were less likely to be visited regularly by their social workers than non-Māori (63 percent compared to 71 percent). There was no significant difference in how often tamariki and rangatahi in whānau placements were visited compared to those in non-whānau placements. In contrast to this, our analysis shows that disabled tamariki and rangatahi were more likely to be visited regularly than non-disabled tamariki and rangatahi.

The Minister for Children has identified increasing the frequency of visits as a priority area for improvement. Oranga Tamariki has been asked 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.

In its final report, *Whanaketia – Through pain and trauma, from darkness to light*, the Royal Commission of Inquiry into Abuse in State and Faith-based Care<sup>18</sup> noted that the State “failed to properly monitor the care of children and young people in institutions, family homes and foster homes. This included infrequent and ineffective monitoring visits by social workers and department inspectors, and unreliable paper-based monitoring”<sup>19</sup>. The report goes on to note that “social workers should have been a critical lifeline to the outside world for children and young people who were being abused in social welfare care. However, the Inquiry heard from many survivors, as well as former caregivers and social workers, that social workers visited

<sup>16</sup> Oranga Tamariki response, page 3. <https://aroturuki.govt.nz/assets/Reports/EOCR2223/OT-Response-EOCR-2022-2023.pdf>

<sup>17</sup> Oranga Tamariki 2023/24 Annual Report, page 71.

<sup>18</sup> *Whanaketia – Through pain and trauma, from darkness to light* is the final report of the Royal Commission of Inquiry into Abuse in State and Faith-based Care. It reported on the abuse and neglect of children, young people and adults in the care of the state and faith-based institutions in Aotearoa New Zealand between 1950 and 1999.

<sup>19</sup> Royal Commission of Inquiry report *Whanaketia*, Part 7, page 182, 2024 <https://www.abuseincare.org.nz/assets/Whanaketia/PDF-downloads/Whanaketia-part-7.pdf>

less frequently than departmental policy required them to, and sometimes did not visit at all. State documents reviewed by the Inquiry show that social workers' caseloads were often too high to effectively manage, which meant they visited children less regularly than required<sup>20</sup>. Although the Royal Commission focused on events in the past, this further highlights the importance of prioritising social work visits.

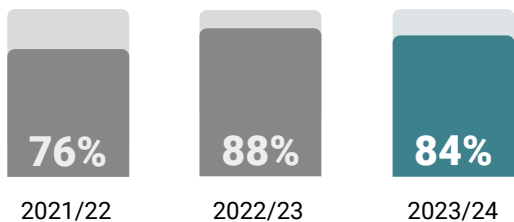
In Part Four, we report that abuse and neglect of tamariki and rangatahi in care continues to increase. Tamariki and rangatahi are more likely to be abused in residences (by other young people) and when they have returned home. Tamariki and rangatahi are not visited frequently enough by their social workers when they have returned home to their parents' care while remaining in the custody of Oranga Tamariki. We also heard in our monitoring that tamariki and rangatahi are often not visited when in secure residences. Oranga Tamariki was unable to provide data on the frequency of social worker visits to secure residences.

### When social workers visit tamariki, Oranga Tamariki data indicates quality engagements are happening

Although the proportion of tamariki and rangatahi being visited regularly has not improved, a new lead indicator from Oranga Tamariki this year<sup>21</sup> shows that when tamariki and rangatahi are visited, most of the time they receive quality engagement. Oranga Tamariki also calculated this for previous years. It explained that this lead indicator does not look at frequency of visits, just whether there is evidence of quality engagement when tamariki and rangatahi are visited. In 2022/23, the Oranga Tamariki lead indicator measured both frequency of visits and quality engagement.

#### Oranga Tamariki lead indicator 11

Tamariki have received quality engagement



Oranga Tamariki told us about Tohu Oranga cards which it created as a practice tool to support kaimahi to strengthen their relationships with tamariki and rangatahi. It told us the cards were tested with kaimahi across the organisation who reported the cards were helpful in aiding communication between them and tamariki. Oranga Tamariki told us the cards will be rolled out as a practice tool in early 2025.

While most tamariki and rangatahi thought they saw their social workers frequently enough, when we asked them if they were getting what they needed from their social workers, tamariki and rangatahi had mixed views.

Tamariki and rangatahi who told us they were not getting what they needed from their social workers said this was because of frequent social worker changes, poor or no communication, inaccessibility of their social worker, and not following through with support.

*"I haven't talked to him [social worker] since I came up [to region] ... my social worker in [another region] doesn't really contact me. He doesn't check in; he just drops me off at places. I just need him to tell me what is happening."* CHILD

*"She [social worker] never checked in with me. I would have to ask her to catch up, my social worker would reply 'maybe in a few weeks' two months later."* RANGATAHI

In contrast, some tamariki and rangatahi spoke of how they can call, text or email their social worker when they need something.

*"I just tell him [social worker] what I want, and they listen. They just try and make it happen. I feel like I'm listened to sometimes."* CHILD

Results from the most recent (2022) Oranga Tamariki *Te Tohu o te Ora* survey<sup>22</sup> of 10 - 17 year olds in care indicate that 43 percent of tamariki thought their social workers did what they say they would "all of the time", 46 percent thought their social workers did what they said "most of the time", 10 percent responded "not much of the time" and fewer than two percent thought their social workers "never" did what they said they would. As the survey was not repeated this year, we do not have more recent data to compare with what we heard in our monitoring.

<sup>20</sup> ibid page 183.

<sup>21</sup> Although this is a new lead indicator this year, Oranga Tamariki was able to calculate this for previous years.

<sup>22</sup> [https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Te-Matataki-2023/Te-Matataki-2023\\_FINAL.pdf](https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Te-Matataki-2023/Te-Matataki-2023_FINAL.pdf).

## Oranga Tamariki social workers are under significant pressure

Some Oranga Tamariki kaimahi told us there is a recruitment freeze in their site or region. In response, Oranga Tamariki national office told us there has been no recruitment freeze in place this year. We heard that social workers in sites with more vacancies had greater workload pressures, and some of these kaimahi felt these pressures were because they were not able to recruit to fill the vacancies.

To help us understand the impact of this, we asked Oranga Tamariki about its social work vacancies. Oranga Tamariki advised that, as at June 2024, it had 110 field social worker<sup>23</sup> vacancies across the country. The regions with the highest number of vacancies were Auckland (28) followed by Wellington and Waikato (15 each). Only Gisborne and Marlborough regions had no social worker vacancies.

Data provided by Oranga Tamariki shows it recruited 463 field social workers, more than twice the number who left Oranga Tamariki last year. It told us that 410 of these positions were permanent roles. Over the same period, 203 kaimahi in permanent field social work roles left their jobs. The annual attrition rate for all field social workers in Oranga Tamariki over this same period was 11.8 percent. This is less than the 14 percent turnover in 2022/23 but higher than 10 percent in 2021/22.

We asked Oranga Tamariki if it held data on why field social workers were choosing to leave. It was unable to provide any information on this as we were told it is not collected in a way that specifies roles.

Some social workers told us they have high caseloads, and that this impacts their ability to do everything they need to and can be a risk.

*"It's risk. It's high risk, it's so unsafe with such high caseloads. The recommended numbers are 20 children for each social worker. It balances out with wiggle room, but 50+ is beyond wiggle room."* ORANGA TAMARIKI KAIMAHI

*"Caseloads are high, people get stressed ... certainly in Care and Protection and Intake."* ORANGA TAMARIKI KAIMAHI

This aligns with findings from the Royal Commission of Inquiry previously referenced in this chapter. When we asked Oranga Tamariki about this, it told us it does not have a specific policy on social worker caseloads, but its collective agreements with the Public Service Association (PSA) and National Union of Public Employees (NUPE) include a protocol for monitoring and supporting kaimahi workload. The protocol defines high caseloads as:

- 20 individual tamariki or rangatahi in care and protection
- 10 individual tamariki or rangatahi in youth justice
- 30 caregivers in the caregiver recruitment and support service.

Oranga Tamariki also told us that, as at 30 June 2024:

- 919 social workers were holding a care and protection caseload as the key social worker with an average of 16.2 tamariki and rangatahi
- 152 social workers were holding a youth justice caseload as the key social worker, with an average of 7.2 rangatahi
- 130 caregiver social workers were holding a caseload with an average of 18.8 caregivers (approved or under assessment).

<sup>23</sup> Field social worker includes social workers (caregiver, care and protection, youth justice, adoptions, S132 report writers, contact centre), senior practitioners, supervisors, differential response co-ordinators, hospital liaisons, specialist child interviewers, and family violence response specialists.

This data indicates that the average social worker caseload is in line with the protocols that Oranga Tamariki has with the PSA and NUPE. However, this does not align with what we regularly heard from social workers, supervisors and community organisations about their caseloads. We also heard that other kaimahi, such as social work supervisors, hold cases.

Oranga Tamariki said it does not encourage supervisors or roles other than social workers to hold cases, and that it has a policy that no student social workers are to be key workers<sup>24</sup> on a case. It noted that supervisors sometimes elect to hold cases for example when a case is transitioned from one social worker to another. It advised that, as at 30 June 2024, almost one third of supervisors were holding caseloads, with an average of 5.7 cases per supervisor. We also heard in our engagements that supervisors were sometimes holding caseloads and that this was to prevent them overloading their social workers, but that it did have an impact on their ability to provide quality supervision.

*"I struggle. My caseload is high. Two days a week I'm a social worker and three days I'm a supervisor."* ORANGA TAMARIKI SUPERVISOR

*"I would like to have a lot more reflective supervision with my social workers and be able to go out on visits with them, but we are limited in our capacity, and we are carrying caseloads now too."* ORANGA TAMARIKI SUPERVISOR

What we heard about workload does not reconcile with the caseload data Oranga Tamariki provided, however for some social workers, the reality is that they feel under pressure.

## A shortage of social workers may be adding to the workforce pressure

There is a shortage of social workers across Aotearoa, and efforts are being made by the Social Workers Registration Board and others to address this. In its November 2023 briefing to the incoming Minister for Social Development and Employment, the Social Workers Registration Board noted that *"there is now an increasing shortage of social workers to meet demand"*<sup>25</sup> and that *"by 2024 there will likely be more social workers leaving the profession than registering"*<sup>26</sup>. Its website<sup>27</sup> states that this is due to fewer students completing social work programmes and registering, more social workers leaving the profession, and a higher demand for a social work profession that is culturally competent and professionally regulated.

Recent developments in pay equity<sup>28</sup>, as well as a decline in public trust<sup>29</sup>, may also mean that Oranga Tamariki is no longer as competitive an employer as it once was. Around half of all registered social workers employed by Oranga Tamariki<sup>30</sup> responded to the Social Workers Registration Board's annual workforce survey for 2023 (the most recent available at time of writing). The results showed that Oranga Tamariki social workers:

- want to make a difference in people's lives, and this was their highest motivation for entering and remaining in the profession
- included 16 percent who plan to leave the profession in the next five years (a loss of over 190 social workers) – less than half of these (43 percent) cited retirement as the main reason, with other reasons including workload pressures, lack of professional support and low workplace morale

<sup>24</sup> The Oranga Tamariki Practice Centre notes that a supervisor allocates a key worker for every tamaiti or rangatahi with an open assessment, investigation or intervention. Usually the allocated key worker is a social worker, but in specific instances it may be a transitional or youth worker, or a youth justice coordinator see: <https://practice.orangatamariki.govt.nz/our-work/assessment-and-planning/assessments/intake-and-early-assessment/allocating-a-key-worker-and-co-worker/>

<sup>25</sup> Social Workers Registration Board, Briefing to Incoming Minister November 2023, page 9, sourced from <https://swrb.govt.nz/publication-briefing-incoming-minister/>

<sup>26</sup> *ibid*, page 7.

<sup>27</sup> <https://swrb.govt.nz/>

<sup>28</sup> In 2022, the Government agreed to extend pay equity to all community and iwi organisations who employ social workers and receive funding from the State, so that rates of funding for social work roles are in line with what Oranga Tamariki social workers are paid <https://www.beehive.govt.nz/release/pay-equity-extended-thousands-more-social-workers>.

<sup>29</sup> Takada, A. for Oranga Tamariki Evidence Centre, Analysis of the decrease in Reports of Concern, April 2024.

<sup>30</sup> The survey was offered to social workers renewing their practising certificates over a two-month period. 4,411 social workers out of 8,705 responded (51% response rate). Over a quarter (27% or 1,201 participants) worked for Oranga Tamariki. This aligns with the proportion of the full practising workforce of social workers employed by Oranga Tamariki (26% or 2,245 of the total 8,705 social workers practising in 2022/23).

- reported lower levels of employer support (when compared to social workers from other organisations) across all categories, except for payment of registration and practising certificate fees, where they reported the highest level of support
- were more likely to identify the recruitment and retention of social workers as the biggest challenge to the profession, followed by public perception
- were slightly less likely to say their employer has adequate policies and procedures in place to deal with serious issues with a social worker's practice and/or conduct appropriately and safely (87 percent compared to 91 percent of total survey respondents). Many referred to a lack of action and a perception that staffing shortages can lead to issues being "swept under the carpet" and policies being interpreted differently across teams.

### Systems that Oranga Tamariki social workers use sometimes get in the way

As in previous years, we heard some Oranga Tamariki social workers are struggling with unwieldy systems. We heard some of these systems, including CYRAS, can result in work taking longer than necessary and that poor connections between

systems sometimes mean social workers need to duplicate information across systems. For example, Oranga Tamariki kaimahi told us that information contained in the new Caregiver Information System (CGIS) is not automatically transferred into CYRAS, and vice versa. This means kaimahi sometimes manually replicate the same information in each system. Information about additional caregiver supports required to meet tamariki needs should be in CYRAS, but unless the tamariki social worker and caregiver social worker are working closely together, this information may not be visible in CGIS. In the absence of communication, this can be a barrier to meeting tamariki and rangatahi needs.

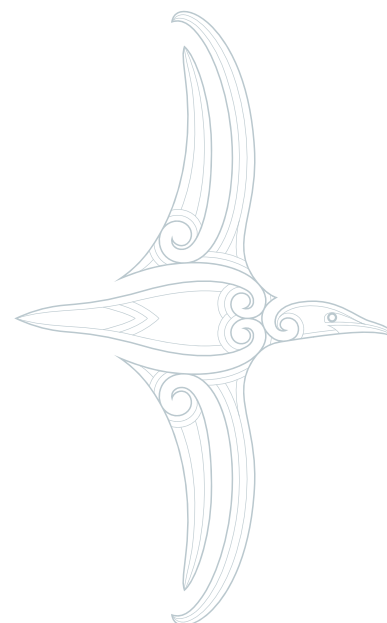
Social workers we talked with had varying knowledge of system requirements. Some knew how to work around challenges and others did not. One social worker told us they could spend a whole day getting information from CYRAS for a referral.

Oranga Tamariki recognised this as a barrier, and its 2023/24 Annual Report outlines what it is doing to upgrade frontline technology systems, including CYRAS. In our future reports we will look to understand how these technology changes are supporting frontline practice.

### Tamariki and rangatahi must have their needs understood

Tamariki and rangatahi come into care because of either safety and/or serious behavioural concerns. It is essential that thorough, timely and accurate assessments and plans based on the immediate and long-term needs of tamariki and rangatahi are completed to support positive life outcomes.

Although the Oranga Tamariki Lead Indicator suggests a high level of compliance in this area, it does not provide an accurate measure of what the NCS Regulations require.

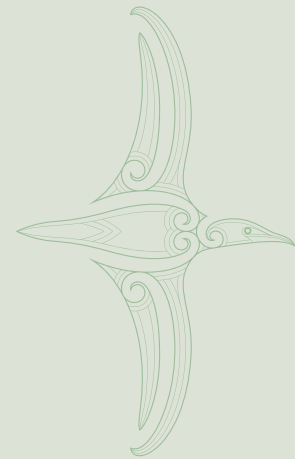


Part Two:

# Support to address tamariki and rangatahi needs



*Each part of the NCS Regulations outlines what meeting these will mean for tamariki and rangatahi in care. This page summarises what tamariki and rangatahi are currently experiencing under Part Two of the Regulations.*



## Meeting our needs

**We need help getting our needs met while in care and we don't always get what we need.**

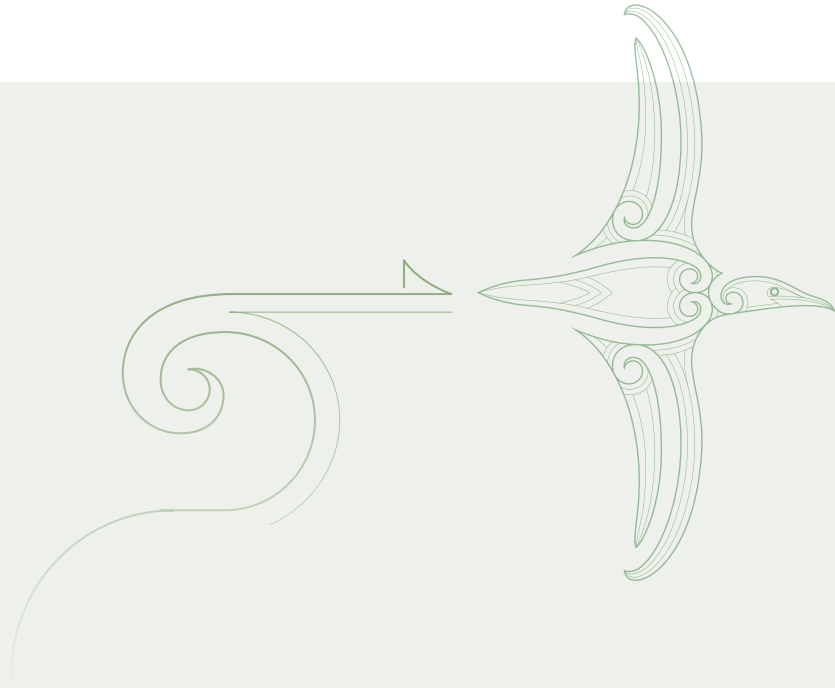
**Most of us are supported by Oranga Tamariki to establish, maintain and strengthen our connections with whānau.**

**How often we can contact whānau is about right for many of us, but some of us would like to see them or talk with them more.**

**A very small number of us prefer not to have contact with our parents or whānau, and that's usually ok.**

**Some of us have our health and education needs met. Usually that's because there is one person whose job it is to bring everyone together to agree, or because there is someone advocating for us.**

**When our health and education needs aren't met, it's often because people can't agree on what help we need or who will pay for it.**



## What Part Two requires

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Part Two 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.



## Oranga Tamariki must do more to ensure the needs of tamariki and rangatahi in its care are met

The NCS Regulations set out how Oranga Tamariki must assist tamariki and rangatahi to access the supports they need<sup>1</sup>. This includes Oranga Tamariki advocating for tamariki and rangatahi to access publicly funded health services<sup>2</sup>, and ensuring that additional support is provided for tamariki and rangatahi to succeed in education<sup>3</sup>. This is critical for tamariki and rangatahi to be able to thrive while in care and go on to lead happy and productive lives. They are some of the most vulnerable tamariki and rangatahi in Aotearoa, and many have multiple complex needs that require a co-ordinated response.

Data from the IDI for the year ending June 2021 confirms that tamariki and rangatahi in care had higher potentially avoidable hospitalisations<sup>4</sup>, emergency department admissions, mental health treatment, and substance usage treatment than tamariki and rangatahi in the general population. In education, tamariki and rangatahi in care had higher levels of stand-downs, truancy, and suspensions, and lower NCEA level 2 achievement than tamariki and rangatahi of the same age who were not in care.

The benefits of having health, educational and cultural needs met are well known. Education contributes to wider wellbeing through better employment and earning prospects. Higher levels of education are also associated with higher life expectancy and lower levels of smoking, obesity, disability and depression<sup>5</sup>. In turn, “good health improves our ability to work, study, care for others and make the best use of our time”<sup>6</sup>.

Despite the NCS Regulations requirements, Oranga Tamariki lead indicators mostly focus on actions such as making referrals, rather than ensuring that services and supports are being provided. Oranga Tamariki must have visibility of the extent to which tamariki and rangatahi needs are being met. Not knowing whether health and education services are being delivered inhibits the agency’s ability to understand where other government agencies are not responding, which then inhibits its role to advocate for improved access to services and supports delivered by those agencies.

We again heard mixed experiences of needs being met.

Support for tamariki and rangatahi to establish, maintain and strengthen whānau connection continues to be an area of good practice.

We also heard positive examples of cross-agency collaboration where specific roles have been established to bring agencies together. These roles focus on health and education. While effective, these roles are not replicated in all communities, and we also heard many examples of agencies in other areas failing to cooperate to meet the needs of tamariki and rangatahi in care. As a result, access to services is inconsistent. This is sometimes due to a scarcity of resources, but can also be disagreements between agencies about funding, thresholds and criteria for accessing services, and sometimes due to poor information sharing between agencies.

1 Regulation 30(1)(b).

2 Regulation 35(2).

3 Regulation 41(1)(c).

4 Potentially avoidable hospitalisations include respiratory conditions, gastroenteritis, skin infections, and vaccine preventable illnesses. They also include unintentional injuries and hospitalisations due to assault or self-harm.

5 Education Counts, Education and health, 2021. [www.educationcounts.govt.nz/publications/80898/education-and-health](http://www.educationcounts.govt.nz/publications/80898/education-and-health)

6 Ministry of Health, *New Zealand Health Strategy, 2023* (page 18).

While Oranga Tamariki data shows that services and supports are identified in assessments and plans, it still can't confirm whether tamariki and rangatahi are having annual health and dental checks, attending school or achieving in education. Our conversations with tamariki, rangatahi and caregivers tell us that these things are not always happening and are not always recorded.

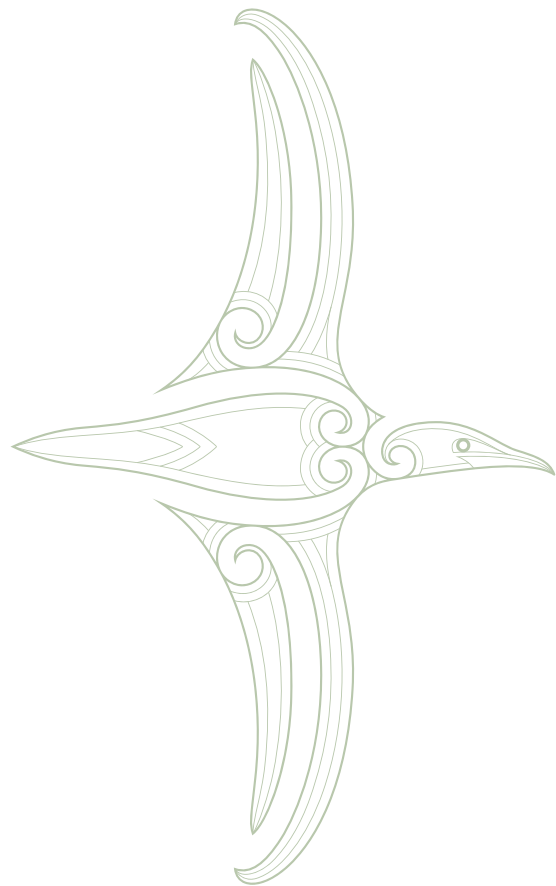
The chief executive of Oranga Tamariki has a responsibility to advocate for tamariki and rangatahi to access publicly funded services. Where these services are not available in a timely way, Oranga Tamariki must support tamariki and rangatahi to access other options such as private health services or therapeutic services. This advocacy has not been successful.

This is our fourth report highlighting the challenges government agencies have in working together. The Oranga Tamariki Action Plan has not had the intended impact, and significant barriers remain.

- Funding doesn't always follow tamariki and rangatahi, and there is confusion over who is responsible to fund what they need. This is reflected in the NCS Regulations, where Oranga Tamariki has a responsibility under the regulations to both advocate for access to publicly funded services and an obligation to privately fund where this isn't possible.
- Government agency policies and thresholds to access services are misaligned.
- NCS Regulations are limited to Oranga Tamariki and other custody and care providers, and don't place responsibilities on other government agencies to prioritise services and support for the small group of tamariki and rangatahi in care and custody.

This inability to work together and prioritise tamariki and rangatahi in care leaves social workers, caregivers and whānau to fight for access to services and supports on a case-by-case basis rather than having a system to meet the needs of tamariki and rangatahi in care. Oranga Tamariki internal controls on purchasing services and supports compound this, with social workers required to seek approval through multiple layers. This is inefficient and ultimately leads to inconsistency of service provision, with tamariki and rangatahi missing out.

Tamariki and rangatahi in care must be seen as in the care of the State and not just Oranga Tamariki. All agencies must see themselves as guardians of these children and make sure they get what they need.



## Oranga Tamariki compliance with Part Two

### Oranga Tamariki continues to support tamariki and rangatahi in care to establish, maintain and strengthen whānau connection

The NCS Regulations state that tamariki and rangatahi in care must be supported to establish, maintain and strengthen their relationships with members of their family, whānau, hapū and iwi, and particularly the people identified as important in their plans.

Whānau connection is important because it contributes to feeling loved and having a sense of belonging and cultural identity, which support wellbeing. Cultural identity is “important for people’s sense of self and how they relate to others”<sup>7</sup> and can be centred around ethnicity, nationality, region and common interests. Research on supporting tamariki Māori in education has found that “Māori cultural identity, reinforced by positive whānau beliefs and attitudes, is a powerful and protective dimension of identity for tamariki. A strong sense of identity contributes to tamariki Māori being successful at school”<sup>8</sup>. Similarly, the Youth 2000 survey of secondary school students, carried out in 2018, found that “a strong sense of Māori cultural identity was associated with improved wellbeing and reduced serious depressive symptoms”<sup>9</sup>.

In our *2022/23 Experiences of Care in Aotearoa* report, we stated that Oranga Tamariki actively supports tamariki and rangatahi to maintain and build connections with whānau. Our monitoring this year shows that this continues to be an area of good practice and high compliance with the NCS Regulations. We heard from Oranga Tamariki regional leadership that they actively think about and cultivate whānau connections for tamariki and rangatahi in care, particularly those in non-whānau placements.

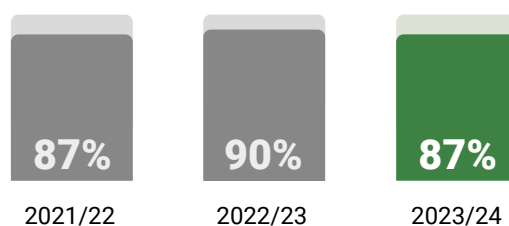
*“We use that analogy of ‘this [child] is going to get married one day, who will be at the wedding?’ What whānau connections will be intact for that [child] when they are an adult?”*

ORANGA TAMARIKI REGIONAL LEADERSHIP

Oranga Tamariki data shows that 87 percent of tamariki and rangatahi in care were being supported to establish, maintain or strengthen whānau connection during the reporting period.

#### Oranga Tamariki data

##### Support provided to establish, maintain or strengthen whānau connection



During our regional engagements, tamariki and rangatahi in the care of Oranga Tamariki spoke positively about regularly seeing or speaking to their whānau, including parents, grandparents and siblings. This includes rangatahi in residences and group homes. A small number of tamariki and rangatahi spoke about how contact with whānau makes them feel.

*“I call them [mum and brother] ... I go up ... and they come down every three weeks. [Name of brother] is my support person ... I wanted to role model for him ... My mum, she’s been there through everything, she turns up that lady. When I needed support she was there. She is that one person I can count on ... I tell the staff she is the most important person in my world.”* RANGATAHI

<sup>7</sup> Ministry of Social Development, *The Social Report*, 2016.

<sup>8</sup> New Zealand Council for Educational Research, *Poipoia ngā tamariki: How whānau and teachers support tamariki Māori to be successful in learning and education – COMPASS*, 2024 (page 35).

<sup>9</sup> Ashlea D. Williams, Terryann C. Clark, Sonia Lewycka (University of Auckland), *The Associations Between Cultural Identity and Mental Health Outcomes for Indigenous Māori Youth in New Zealand*, 2018 (published in *Frontiers in Public Health*, <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2018.00319/full>)

*"[Talking to family] helps me get through being here [in the group home]."* RANGATAHI

When asked how they were supported to maintain their whānau connections, tamariki and rangatahi credited the efforts of their Oranga Tamariki social workers.

*"My social worker has kept the relationship with my dad going, by setting up visits, and asking me how things are going. We did little steps from the start. We [dad and I] started seeing each other monthly to begin with, then fortnightly, and then overnight stays. It makes me feel so good, 'cos I hadn't seen dad in a really long time, and I actually missed him."* CHILD

*"She [social worker] is our favourite because she helps us see our mum and dad."* CHILD

A few parents also spoke of being supported by Oranga Tamariki to be connected to their tamariki, and we heard about a social worker tracing whānau members to build and maintain whānau connection.

*"My family tree, when I moved I didn't know about cousins or family and she [social worker] spent some of the time searching for stuff and showing me."* RANGATAHI

The tamariki and rangatahi who spoke to us about whānau connection had mixed views on the frequency of contact<sup>10</sup>. Some told us that visits with their whānau were frequent enough, and this included rangatahi in a youth justice residence. A few tamariki and rangatahi told us that if contact was more frequent it would be too much for them. However, some said they would like more frequent contact, including greater flexibility around the timing and length of phone calls for those in residences and group homes. A few rangatahi in residences and remand homes told us their whānau weren't allowed to visit them, and the reason for this wasn't always understood.

*"... Our whānau isn't allowed to come here to visit. Not sure why. Wish they could come here to visit."* RANGATAHI

We also heard that contact with parents did not always happen due to a lack of willingness or co-operation from the parents, and some tamariki and rangatahi told us they have chosen not to maintain contact with their parents. A rangatahi told us they were trying to have their court order overturned so they "don't have to" see their mother. Some caregivers, both whānau and non-whānau, told us that the tamariki and rangatahi in their care have chosen not to have contact with their parents, or choose when they have contact. These caregivers spoke of supporting and respecting the wishes of tamariki and rangatahi in their care<sup>11</sup>.

*"These kids' voices are first and foremost. When they want to know about mum, we'll support that. [One child] sees mum, but [another child does] not, [they] made the choice. [Child] knew [mum], but [their] parents are us."* WHĀNAU CAREGIVER

When we spoke with kaimahi from Oranga Tamariki and other organisations, the availability of Oranga Tamariki funding to support whānau connection was seen as the key enabler. We heard accounts of Oranga Tamariki funding the travel costs associated with tamariki and rangatahi maintaining whānau contact, particularly where tamariki and rangatahi are in different regions from the people identified as most important to them.

*"There has been some amazing work from some social workers. We had one case where Oranga Tamariki paid for flights for a grandmother to fly to Invercargill to bring the grandchildren to Christchurch for a visit with their mum."* DEPARTMENT OF CORRECTIONS KAIMAHI<sup>12</sup>

However, in our more recent engagements, we started to hear concerns from kaimahi about how funding cuts might affect their ability to support whānau connections. They mentioned that it is challenging to get funding to support whānau connection in the "current environment", with travel and related costs requiring approval at regional, rather than local, level. Kaimahi discussed maintaining whānau connections through other means, with the use of technology (for example, video calls), but highlighted that this is neither

<sup>10</sup> The most recent *Te Tohu O Te Ora* survey, carried out in 2022, reported that three quarters of tamariki and rangatahi in care said they could keep in touch with their whānau as much as they like.

<sup>11</sup> The NCS Regulations allow for exceptions to be made if whānau contact is not in the best interests of tamariki and rangatahi (Regulation 31(2)).

<sup>12</sup> We talk to kaimahi from the Department of Corrections as part of our wider monitoring of the oranga tamariki system.

culturally appropriate nor ideal for tamariki and rangatahi wellbeing.

Oranga Tamariki is demonstrating a high level of compliance around whānau connection. However, there is considerable variation in the ease with which whānau connection can be maintained.

Whānau visits are easier and less costly to arrange where tamariki and rangatahi are geographically close to their whānau. It is important that funding remains available to support visits when whānau are located further away.

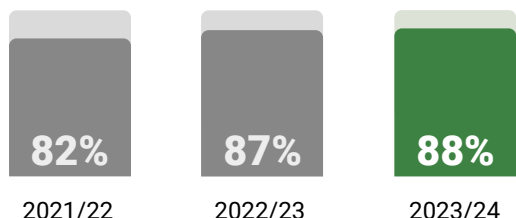
## Oranga Tamariki data doesn't show the full picture about meeting its obligations for health and education

The Oranga Tamariki lead indicators on health and education are designed to measure compliance with Part One of the NCS Regulations and, as such, focus on needs assessments and plans. They show that, in the 2023/24 reporting period, 88 percent of tamariki and rangatahi in care had their health needs identified and addressed in their plans, and 90 percent had their education needs identified and addressed. "Addressed" means that the service or support is written in the plan. It does not mean that steps have been taken to arrange that service or support, or that it has been delivered.

There are two new Oranga Tamariki lead indicators for Part Two this year, one of which measures whether social workers are carrying out actions agreed in tamariki and rangatahi plans (86 percent in 2023/24). This is limited to Oranga Tamariki actions such as making referrals to health and education providers<sup>13</sup>. There is no lead indicator used by Oranga Tamariki to provide assurance that health and education needs are being met, whether through the public system or through Oranga Tamariki directly purchasing the service or support.

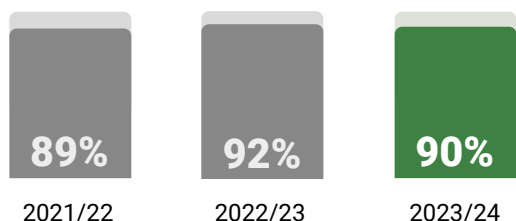
### Lead indicator 6

The health needs of tamariki are identified and addressed in their plan



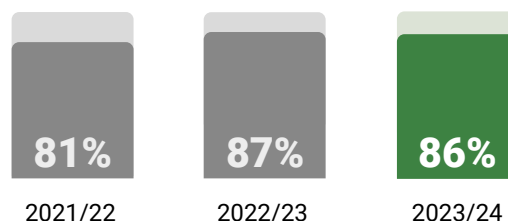
### Lead indicator 7

The education needs of tamariki are identified and addressed in their plan



### Lead indicator 15

There is evidence the social worker is carrying out the actions agreed to in the tamariki plan



In contrast, the Oranga Tamariki lead indicators on iwi/hapū/marae connection and disability-related needs, and the new lead indicator on opportunities for play, are focused on delivery.

They are examples of active measures that could be applied to health and education.

<sup>13</sup> In measuring this, Oranga Tamariki reviewers are instructed to "look for evidence of referrals being made, financials being raised, or case notes show follow-up on tasks agreed to in the plan. If there are actions where one task needs to be done before the next can be done, it is actioned if the first action has been started".

## Oranga Tamariki doesn't know whether tamariki and rangatahi are accessing primary healthcare and getting the healthcare they need

The NCS Regulations require Oranga Tamariki to take "reasonable steps" to maintain and improve health for tamariki and rangatahi in care and ensure that support is provided to address health needs. These steps include enrolling tamariki and rangatahi with primary health organisations (PHOs) and ensuring that their health is monitored. These responsibilities are like those of most parents and guardians.

In addition to Oranga Tamariki not knowing the extent to which health services are being accessed, it remains unable to confirm whether annual health and dental checks are being done.

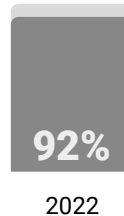
As reported in our in-depth review, *Access to Primary Health Services and Dental Care*<sup>14</sup>, Oranga Tamariki has not always met these responsibilities. We heard from numerous professionals that Oranga Tamariki does not always share information with health providers. This is despite evidence that tamariki and rangatahi in care are likely to have high levels of unmet health need, and despite the willingness we heard from health professionals to ensure that tamariki and rangatahi in care have access to the health services they need. Oranga Tamariki told us that the Gateway redesign will enhance the visibility of tamariki and rangatahi in care within the health system. Gateway will move from a one-off assessment to ongoing health support and follow-up. Oranga Tamariki and Health New Zealand will be working with the Paediatric Society and the Royal New Zealand College of General Practitioners to develop guidance for health practitioners.

Our in-depth review confirmed that the administrative data Oranga Tamariki holds on PHO enrolment for tamariki and rangatahi in care is not accurate. To address this, Oranga Tamariki undertook a data matching exercise with Health New Zealand in late 2023 to understand the true extent of PHO enrolments. This showed much

higher enrolment rates (93 percent)<sup>15</sup>, as does analysis from the Integrated Data Infrastructure (IDI) commissioned this year from the Social Investment Agency<sup>16</sup>.

### IDI data

#### 0-17 year olds who were in care and custody who were enrolled with a PHO

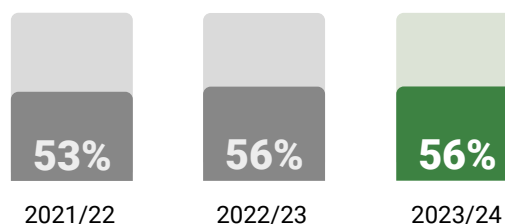


As noted in our in-depth review, data-matching likely over reports true PHO enrolment rates as it won't necessarily be updated when tamariki and rangatahi move. If tamariki are registered with a PHO in Wellington, for example, but then move to the Hawke's Bay and are not registered with a PHO, they will still show as enrolled with a PHO.

This year, Oranga Tamariki records again show PHO enrolment as low compared to estimates from health agencies based on data-matching or integrated data. There is again no available data on the completion of annual health and dental checks for tamariki and rangatahi in care, despite these being required by the NCS Regulations.

### Oranga Tamariki data

#### PHO enrolments



<sup>14</sup> Aroturuki Tamariki, *Access to Primary Health Services and Dental Care: an in-depth look into the experiences of accessing primary health services and dental care for tamariki and rangatahi in care*, November 2023.

<sup>15</sup> *ibid.*

<sup>16</sup> 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 are the work of the Social Investment Agency, not Stats NZ or individual data suppliers. These results are not official statistics. They have been created for research purposes from the Integrated Data Infrastructure, which is carefully managed by Stats NZ. More information can be found on [www.stats.govt.nz/integrated-data/](http://www.stats.govt.nz/integrated-data/)

In the absence of data on tamariki and rangatahi receiving health services, this year we requested information from Oranga Tamariki on its annual health spend. This was to demonstrate other ways in which Oranga Tamariki is working to meet the health needs of tamariki and rangatahi in care. The NCS Regulations allow for tamariki and rangatahi in care to access “other health services (for example, private health services or therapeutic services) if existing publicly funded services to address their needs are not available in a timely manner”<sup>17</sup>.

During the reporting period, Oranga Tamariki spent \$58.5 million on costs related to health. This includes funding for roles that directly deliver a health-related service, and for roles that provide advice to social workers.

#### Oranga Tamariki health-related expenditure in 2023/24

	\$ million
Contracted therapeutic services	<b>\$14.7</b>
Contracted behaviour support services	<b>\$10.7</b>
In-house specialist services (includes direct and indirect service delivery staff such as Regional Disability Advisors, psychologists and therapists)	<b>\$11.2</b>
Wellbeing costs (including advice for Oranga Tamariki staff such as CASA suicide prevention)	<b>\$2.1</b>
<b>Tamariki in care</b>	<b>\$19.8</b>

Although funding is available for health-related costs, our regional monitoring during the reporting period supports our previous findings that show that access to healthcare remains inconsistent.

We heard of examples where access to primary healthcare for tamariki and rangatahi is easier, such as secure residences where health services are directly contracted to the residence. Kaimahi from Auckland and Canterbury group homes also talked about having access to GPs, nurses, pharmacists and dentists for tamariki and rangatahi in group homes. In Canterbury, we heard tamariki and rangatahi in a group home can access the health provider from the secure residence.

*“[Case manager] does all the medication through [local pharmacy] and they are amazing. There are the [youth justice secure residence] nurses, we utilise them if we have questions. The doctors are good, I think our relationships with them are good.”* ORANGA TAMARIKI GROUP HOME KAIMAHI

As discussed in our in-depth review, access to primary health services and dental care for tamariki and rangatahi placed with caregivers and in some group homes is less consistent. It relies on the availability of services within the community, as well as proactive support and advocacy from social workers and caregivers. Furthermore, reliance on school-based health care, including routine dental checks, means that tamariki and rangatahi who are not in school will miss out. This is also true for some tamariki and rangatahi in care who change schools.

### Tamariki and rangatahi continue to struggle to access mental health services

The shortage of mental health services for tamariki and rangatahi across Aotearoa has been well documented<sup>18</sup>. However, evidence of mental distress and poor mental health among tamariki and rangatahi in care is particularly high. An in-depth needs assessment by Oranga Tamariki states that tamariki and rangatahi 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”<sup>19</sup>. The assessment goes on to state that high mental health need is likely due to a range of

<sup>17</sup> Regulation 35.

<sup>18</sup> A June 2024 snapshot from Te Hiringa Mahara / The Mental Health and Wellbeing Commission reports that “young people are less likely to be able to get professional help for their mental health needs compared to other age groups”, and that “children and adolescents aged 0-18 years wait longer for specialist mental health services than older people”. [www.mhwc.govt.nz/our-work/wellbeing/youth-rangatahi-wellbeing-assessment/infographic/](http://www.mhwc.govt.nz/our-work/wellbeing/youth-rangatahi-wellbeing-assessment/infographic/)

<sup>19</sup> Oranga Tamariki, *Mental health and wellbeing needs of children and young people involved with Oranga Tamariki: in-depth needs assessment*, [www.orangatamarikiactionplan.govt.nz/assets/Action-Plan/Uploads/Understanding-need/Mental-health-and-wellbeing/OT-MW-Needs-Assessment\\_final-for-publication\\_Redacted.pdf](http://www.orangatamarikiactionplan.govt.nz/assets/Action-Plan/Uploads/Understanding-need/Mental-health-and-wellbeing/OT-MW-Needs-Assessment_final-for-publication_Redacted.pdf)

factors, including the reasons for involvement with Oranga Tamariki<sup>20</sup>. In addition, the experience of being involved with Oranga Tamariki “can also be traumatic and distressing for a range of reasons, despite sometimes being necessary for the safety of a child or young person”<sup>21</sup>.

As discussed in Part One, data from the IDI shows that rangatahi aged 15-17 years in care and custody, as well as those who had been at risk of entering care and custody, had much higher rates of hospitalisation from self-harm in 2022, than the general rangatahi population in Aotearoa<sup>22</sup>.

Despite this high level of need, and despite Oranga Tamariki having in-house psychological and therapeutic services available<sup>23</sup>, tamariki and rangatahi in care continue to face barriers accessing mental health services. Sometimes this is due to mental health services being over-subscribed or having very high thresholds and criteria to access services, and sometimes this is due to a lack of advocacy on behalf of tamariki and rangatahi needing support.

*“There are significant service gaps. [Needs Assessment and Service Coordination service] can’t provide the support. They don’t have anyone to do it. Te Whatu Ora [Health New Zealand], they can’t bump our kids up, they have hundreds of kids on the waiting list. [Child and Adolescent Mental Health Service] have just as much [on waiting lists] as we have ROCs [reports of concern]. Some are triaged.”*

ORANGA TAMARIKI SITE LEADERSHIP

*“We have [mental health specialist] and she gives Oranga Tamariki social workers information to be proactive. An Oranga Tamariki social worker doesn’t always know [about mental health issues support] and needs more education around that.”*

NGO KAIMAHI

Sometimes, however, this is due to government agencies being unable or unwilling to work together to ensure the mental health needs of tamariki and rangatahi in care are met. There are numerous examples of system settings failing to meet needs. These include care placement stability being seen as a prerequisite for access to mental health support (including access to therapeutic services for harmful sexual behaviour), and disputes between Oranga Tamariki and health practitioners over both eligibility and funding responsibility.

For example, we heard of Infant, Child and Adolescent Mental Health Services (ICAMHS) and other mental health providers not providing supports to tamariki and rangatahi if their care placements are considered unstable.

*“We have three disability cases that need specialist help, which don’t exist, because we can’t keep them in a placement long enough. The services that do exist don’t want to be involved as they require stable placement to get involved.”*

ORANGA TAMARIKI KAIMAHI

*“All too often Oranga Tamariki want us to work with a young person who isn’t in a currently safe situation. It’s not possible for us to engage ... Our priority is a safe space for the young person to be in so we can work with them...[placement] needs to be up to six months for us to work with them.”*

MENTAL HEALTH KAIMAHI

Placement stability is crucial for many reasons. In Part Three of this report, we discuss the importance of decisions around care and supporting caregivers. Until improvements are made in this area, some tamariki and rangatahi are likely to continue to have unmet mental health needs.

We heard that access to services can be impacted when Oranga Tamariki social workers and health kaimahi are at odds over the boundaries between what is a mental health issue, a behavioural issue (disability or Fetal Alcohol Spectrum Disorder) and/or trauma-related behaviour.

<sup>20</sup> The in-depth assessment refers to “complex and challenging life experiences such as the experience of trauma (individual, whānau, or intergenerational), poor whānau and parental mental health and wellbeing and attachment difficulties with significant others.”

<sup>21</sup> Oranga Tamariki, *Mental health and wellbeing needs of children and young people involved with Oranga Tamariki: in-depth needs assessment*, [www.orangatamarikiactionplan.govt.nz/assets/Action-Plan/Uploads/Understanding-need/Mental-health-and-wellbeing/OT-MW-Needs-Assessment\\_final-for-publication\\_Redacted.pdf](http://www.orangatamarikiactionplan.govt.nz/assets/Action-Plan/Uploads/Understanding-need/Mental-health-and-wellbeing/OT-MW-Needs-Assessment_final-for-publication_Redacted.pdf)

<sup>22</sup> These results are not official statistics. They have been created for research purposes from the Integrated Data Infrastructure, which is carefully managed by Stats NZ. More information can be found on [www.stats.govt.nz/integrated-data/](http://www.stats.govt.nz/integrated-data/)

<sup>23</sup> Oranga Tamariki provides in-house psychological and therapeutic services through its Clinical Services teams.



*"How can we get the message to [Oranga Tamariki] that a suicidal young person isn't necessarily [because of a] mental health [issue] – it's more likely trauma. A liaison person would be good to advocate with [Oranga Tamariki]."*

MENTAL HEALTH KAIMAHI

*"We got lots of health assessments, when we try to reach out to doctors and others, they're saying [tamariki] are fine - it's just trauma. We escalate that to our manager. And we work six months to a year to a couple of years, without support. Why can't they prioritise these children?"*

ORANGA TAMARIKI KAIMAHI

We also heard that tamariki and rangatahi are sometimes not supported because of disputes between Oranga Tamariki, health agencies, and Whaikaha – Ministry of Disabled People, about what falls within the funding responsibility of each agency within the system<sup>24</sup>. This was particularly the case for disability support services.

*"Our so-called partners at Health just do not want to be involved with disability issues ... They must have been resourced at some stage to deal with issues of disability, so I don't know why they don't seem to get involved now."*

ORANGA TAMARIKI SITE LEADERSHIP

*"[Oranga Tamariki] used to fund [health services for children in care] – wallet used to be open. Now it's closed up, dependent on the social worker who has the pen."*

HEALTH KAIMAHI

We also heard of examples where Oranga Tamariki was able to access the required services and supports through individual efforts.

*"I was thinking about a child in care that was moving and needed a paediatric review ... No appointments at the paediatric super clinic for a year. The Oranga Tamariki social worker got on board and through their [Oranga Tamariki] office was able to get a private appointment for this child to get their review."*

NGO KAIMAHI

*"We have recruited an exceptional health and disability advisor. [They] drive relationships and gets others to think differently. [They] are a bridge, however, [they] still struggle with [Needs Assessment and Service Coordination service] and [Infant, Child and Adolescent Mental Health Service]."*

ORANGA TAMARIKI SITE LEADERSHIP

While it is positive that individual kaimahi can support tamariki and rangatahi to access mental health services, what is needed is a system that provides an open door and supports consistent access without being overly reliant on individual effort.

Oranga Tamariki told us that a new Mental Health Action Plan has been developed as part of the Oranga Tamariki Action Plan (OTAP). The Mental Health Action Plan aims to make improvements to mental health support for tamariki and rangatahi in Oranga Tamariki care. It has an initial focus on:

- scoping a longer-term plan for increasing the mental health capability of Oranga Tamariki kaimahi and caregivers, to take immediate actions where appropriate
- identifying opportunities to improve cross-agency collaboration at local (service level), regional and national levels.

We will look at the impact of this in our future reports.

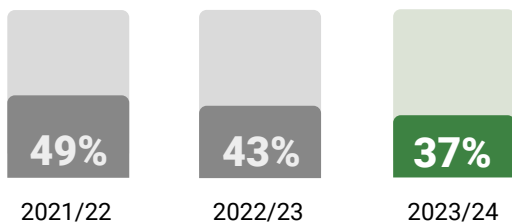
<sup>24</sup> The Accident Compensation Corporation (ACC) also has responsibility to provide treatment in some instances, such as sensitive claims for sexual abuse.

## Tamariki and rangatahi are not always getting the support they need for education

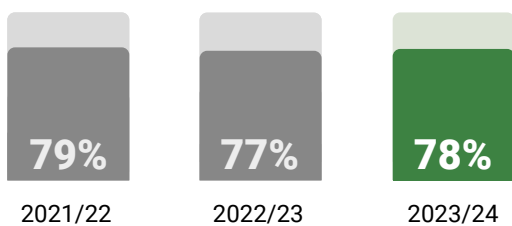
Oranga Tamariki data shows that most (92 percent) of school-aged tamariki and rangatahi in care were enrolled in a school or other educational setting during the reporting period. For the younger age group (1-4 years), 37 percent were enrolled in early childhood education, and for the older age group (aged 16 and above) 82 percent were in education, training or employment (including apprenticeships)<sup>25</sup>. We note that while enrolment is high for over 5 year olds, it does not necessarily mean that tamariki and rangatahi are attending, achieving, or have the supports they need to participate and succeed in education.

### Oranga Tamariki data

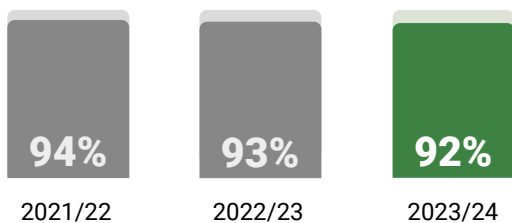
#### Early childhood enrolment (1-4-year-olds enrolled in early childhood education)



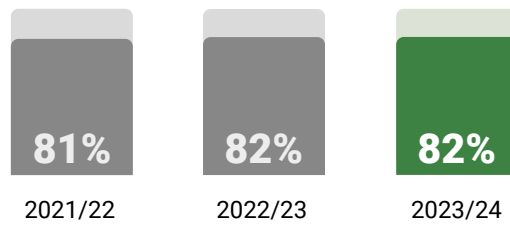
#### School and early childhood enrolment (5-year-olds enrolled in school or early childhood education)



#### School enrolment (6-15-year-olds enrolled in school)



#### 16-20-year-olds in education, employment and training



The NCS Regulations require Oranga Tamariki to monitor the attendance and educational progress of tamariki and rangatahi in care. However, Oranga Tamariki data continues to suggest that it has poor oversight of educational progress and achievement at the level of individual tamariki and rangatahi. Oranga Tamariki advised that it is the role of the caregiver, rather than the social worker, to attend parent teacher interviews, which are a useful source of information on progress and additional needs.

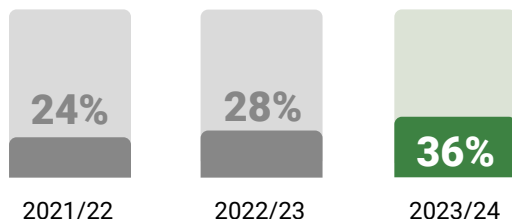
We also note the decline in early childhood education (ECE) enrolment. Attendance at ECE is an important support for tamariki, as well as an opportunity for early identification of need and additional eyes on tamariki wellbeing.

What Oranga Tamariki could tell us, from case file analysis, is the prevalence of and response to “educational issues”. One in three tamariki and rangatahi in care had “an educational issue” identified during the reporting period, up from around one in four in 2022/23. Oranga Tamariki states that, in most cases (86 percent), the social worker took sufficient steps, including consultation with others, to address the issue. However, this does not necessarily mean that access to the service or support has been achieved, as it could require action by the school or the Ministry of Education.

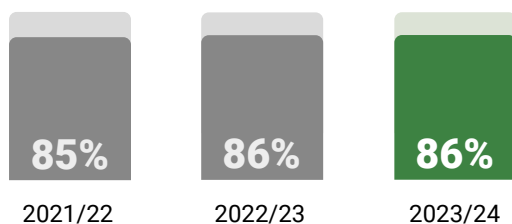
<sup>25</sup> The 2021/22 and 2022/23 data in this section (including the tables) may differ from our previous reporting due to a change in the methodology used to calculate this by Oranga Tamariki.

### Oranga Tamariki data

#### Evidence that the child had educational issues during the review period



#### Evidence the social worker took steps to sufficiently address those issues



Our analysis of this data shows disabled tamariki and rangatahi are more likely to have had educational issues raised than other groups of tamariki and rangatahi (61 percent compared with 25 percent). However, social workers appeared to be more proactive in addressing these issues (91 percent compared with 80 percent). Tamariki and rangatahi Māori are less likely to have had educational issues raised, but also less likely to have these addressed.

Oranga Tamariki told us it has finalised an information sharing agreement with the Ministry of Education to identify “those who are not enrolled or not attending education or at risk of becoming disengaged from education and [provide] appropriate and meaningful interventions and support”<sup>26</sup>. The agreement establishes ongoing information sharing of education attendance and enrolment data from August 2024. Sharing data at a national level will go some way to understanding how tamariki and rangatahi in care are having their educational needs met. However, we know that social workers already know which tamariki and rangatahi on their caseloads are not enrolled or attending education. What has been missing to date is Oranga Tamariki as an organisation actively

monitoring and overseeing educational enrolments, attendance and progress. Information sharing with the Ministry of Education is intended to address this.

Improved information sharing will be helpful, but if tamariki and rangatahi are to have better access to education, the Ministry of Education and Oranga Tamariki need to work collaboratively on the ground. Our monitoring shows there is often a lack of co-operation between Oranga Tamariki, the Ministry of Education and individual schools at a local level. This is a barrier that national level data-sharing is unlikely to address.

### Some schools are refusing to enrol tamariki and rangatahi who are in care

Although Oranga Tamariki reports that 92 percent of school-aged tamariki and rangatahi are enrolled in a place of learning, eight percent of school-aged tamariki and rangatahi in care (a total of 262 tamariki and rangatahi) are not enrolled or have no recorded enrolment<sup>27</sup>. Our *2022/23 Experiences of Care in Aotearoa* report included many accounts of school-aged tamariki and rangatahi being unoccupied during the day with no school placement.

This year, we heard more about schools refusing to enrol tamariki and rangatahi in care due to poor cooperation between Oranga Tamariki, the Ministry of Education and individual schools. Oranga Tamariki kaimahi in all regions we visited identified school attitudes as a barrier to enrolling tamariki and rangatahi in care in education. Social workers said some schools (the leadership team and/or enrolment officer) assumed that the behaviour of tamariki and rangatahi in care would be disruptive, or that they would require additional support, which would be onerous for the school to obtain. We heard that the independence of schools means they try to refuse enrolments for, or opportunities to re-engage, tamariki and rangatahi who they believe are unsuitable.

<sup>26</sup> Oranga Tamariki, ‘Response to Aroturuki Tamariki / the Independent Children’s Monitor, Request for self-monitoring information on the National Care Standards Regulations to Oranga Tamariki for the period 1 July 2023 – 30 June 2024: Section Two’.

<sup>27</sup> 74 tamariki and rangatahi in care aged 6-15 were recorded as not enrolled in education (or training or employment) in 2023/24, and a further 188 had no record of enrolment in education (or training or employment).

*"We have kids who are struggling to get back into education. You think Oranga Tamariki is broken but the Ministry of Education is so bad. These kids have a legal obligation to be in school ... The Ministry of Education and Oranga Tamariki lawyers have been involved and there is no movement since ... The boards [at schools] have way too much control over what happens. They are hoity toity schools who don't want 'these types of kids' in their schools ... The Ministry of Education needs to have more of say in what happens."*

ORANGA TAMARIKI GROUP HOME KAIMAHI

*"Often other agencies don't understand that schools are their own Crown Entity, we [Ministry of Education] do have regulatory functions, our ability to direct schools to do this and that won't work, [instead] we influence."*

MINISTRY OF EDUCATION REGIONAL LEADERSHIP

The process for the Ministry of Education to direct a school to enrol tamariki and rangatahi is onerous and the Ministry seems reluctant to undertake it. This may in part be due to assumptions as to how tamariki and rangatahi may be treated in a school that did not want to take them in the first instance<sup>28</sup>.

*"I ask schools to provide ten reasons why the child is unwanted [and cannot] be enrolled in their school. One time I put it in court papers that [the Ministry of] Education wasn't coming to the table. The judge ordered [the Ministry of] Education into court to explain themselves and they received orders to co-operate."* ORANGA TAMARIKI KAIMAHI

We also heard from education kaimahi who said that Oranga Tamariki social workers have a critical role during transfers between schools, particularly when this also involves moving between locations, to ensure tamariki and rangatahi in care aren't "lost to the system". However, they observed that Oranga Tamariki social workers sometimes do not understand process or procedure, do not

provide sufficient information or do not turn up to appointments to discuss enrolments.

*"[Rangatahi] can move into this area from another and the only two organisations that 'follow' the young person are [Oranga Tamariki] and us [Ministry of Education]. Troublingly, [Oranga Tamariki] themselves often fail to co-ordinate these transitions amongst themselves either. We can help by being the glue that keeps the connection going. I feel we could do more in this space."*

MINISTRY OF EDUCATION REGIONAL LEADERSHIP

*"The school asked for more information, and we tried to arrange a meeting to address these but [Oranga Tamariki] didn't turn up. So [the child] is still not in any school now."*

MINISTRY OF EDUCATION REGIONAL LEADERSHIP

On enrolments in other educational settings, we heard again in our engagements this year that Te Kura (correspondence school) and Alternative Education are often used as backstops for tamariki and rangatahi in care. According to Oranga Tamariki data, 40 tamariki and rangatahi were enrolled with Te Kura during the 2023/24 reporting period<sup>29</sup>, and 31 tamariki and rangatahi in care were referred to Alternative Education<sup>30</sup>.

As reported in *2022/23 Experiences of Care in Aotearoa*, neither is a viable option for tamariki and rangatahi who have disengaged from education. During our regional engagements this year, Te Kura kaimahi pointed out that they do not have the resources to provide individualised learning support to tamariki and rangatahi in care<sup>31</sup>.

Although kaimahi at a group home said that Alternative Education can be better suited to their rangatahi, the kaimahi we spoke to at an Alternative Education provider identified turnover of Oranga Tamariki social workers as a barrier to ensuring rangatahi have access to the support they need. In 2023, the Education Review Office reported that Alternative Education is associated with worse

<sup>28</sup> The Ministry of Education told us it is currently addressing this issue through the Attendance Action Plan <https://www.education.govt.nz/our-work/strategies-policies-and-programmes/attendance-and-achievement/increasing-school-attendance>

<sup>29</sup> 18 were of compulsory school age (6-15 years old), 18 were aged 16 years and above, and there was no record of age for four tamariki/rangatahi.

<sup>30</sup> 10 were of compulsory school age (6-15 years old), and 21 were aged 16 years and above.

<sup>31</sup> In response to allegations, made in October 2024, that students enrolled at Te Kura are not engaged or succeeded in education, Te Kura has revealed that 35 percent of its students have 'not returned any work this year'. The Education Review Office has announced that it will review Te Kura in 2025, as a follow up to its 2021 report that found that high numbers of at-risk students were being enrolled with Te Kura as a last resort, but that these students often need intensive support to be able to engage in their learning. <https://www.rnz.co.nz/news/national/531023/developing-educational-crisis-te-kura-whistleblower-fears-for-students>

educational outcomes than other educational settings and is funded at a lesser rate per child<sup>32</sup>. The Ministry of Education told us there was an increase in 'per place' funding provided by Budget 2023 that took effect from 1 January 2024. We will be looking at the impact this is having in future reports.

## Disputes about paying for educational support mean tamariki and rangatahi are missing out

The NCS Regulations require Oranga Tamariki to provide support for education and training needs. This support can include equipment, fees and "additional support needed for the child or young person, and in particular a child or young person with disabilities, to succeed in education"<sup>33</sup>. During the reporting period, Oranga Tamariki spent \$8.8 million on costs related to education, including \$3.3 million on teacher aides/assistance.

As in previous years, our regional engagements this year revealed that there are often disagreements between Oranga Tamariki, the Ministry of Education and individual schools over who is responsible for funding additional supports such as teacher aides. We heard several accounts of Oranga Tamariki funding these supports to secure and maintain enrolments. Approval for sufficient additional supports was spoken about either as a pre-condition for education providers accepting enrolments of tamariki and rangatahi in care, or as a necessity for successful participation (for example, to manage behaviour in the school setting).

*"Some identified schools have pushed us. They say unless Oranga Tamariki provide teacher aide funding the child will need to leave school."*  
ORANGA TAMARIKI KAIMAHI

*"[There is an] example of a four-year-old being stood down from day care. We had to buy a new teacher and [the Ministry of Education] only would pay for 10 hours. Once [Oranga Tamariki] is involved the reputation begins for that child of being a problem. If it is a different organisation taking [the] child to school, there doesn't seem to be the same problems."* ORANGA TAMARIKI KAIMAHI

*"We work with education, and we have regular meetings with education leaders, principals, to come along and talk about what they are seeing, and we ask schools to provide IEPs [Individual Education Plan], and we talk about what they are doing, and we do a joint plan. We might even put in some teacher aide funding, and this helps to forge relationships with schools, and we will sometimes go out and sit with staff at schools to go and talk with them and ask what they need for us to support them."* ORANGA TAMARIKI KAIMAHI

We heard from Oranga Tamariki kaimahi that this problem is sometimes compounded by the views of legal professionals. Kaimahi in Taranaki-Manawatū, for example, described how judges and lawyers for the child can have the expectation that Oranga Tamariki should fund additional supports for education because it has guardianship. Social workers from other regions also shared the view that other agencies "push back" on Oranga Tamariki to meet educational (and health) needs.

*"You can feel the struggle when you've got Ministry of Education or Ministry of Health pushing back on Oranga Tamariki to do a lot of stuff, like getting teacher aides and meeting health needs ... When you have different agencies coming to the party, it is way easier. Even today, I have been going backwards and forwards with the Ministry of Education. If no one agrees, then it's left to Oranga Tamariki to do it."*  
ORANGA TAMARIKI KAIMAHI

We also heard about the three main sources of additional supports: Ongoing Resource Scheme (ORS), the Intensive Wraparound Service (IWS), and High and Complex Needs (HCN)<sup>34</sup>.

While several people spoke about ORS, it was noted that it has two levels of support (high and very high), which do not meet the needs of those with intermediate levels of need. We also heard concerns about funding being tied to the school rather than the child, resulting in tamariki and rangatahi in care losing the additional learning support if they change schools. The Ministry of Education told us that ORS funding should follow tamariki and rangatahi.

<sup>32</sup> <https://evidence.ero.govt.nz/media/tk4b4lar/an-alternative-education-a-guide-for-school-leaders.pdf>

<sup>33</sup> Regulation 41.

<sup>34</sup> ORS is funded by the Ministry of Education primarily to provide specialist assistance to meet students' special education needs. Any student who meets the criteria is included in the scheme. IWS supports children in years 0 to 10 with complex behaviour, social and learning needs, and who need support not just at school but also at home and in the community. Applications for IWS must come from a support service that is already working with the child or young person and the school. HCN is hosted by Oranga Tamariki but was formed to address serious service gaps and enhance collaboration between Oranga Tamariki, Ministry of Education, Ministry of Health, and local agencies.

However, this is not always happening and we heard one example where a rangatahi lost their ORS funding because they were excluded from school and were not able to have a new referral made for them at Te Kura until the following school year.

*“ORS funding, [you] lose it if you move schools, but you’re more likely to move schools if you’re in care.”* NGO KAIMAHI

Comments made about both IWS and HCN noted that the services are at capacity and unable to meet demand.

Kaimahi we spoke to consistently mentioned the requirement for two agencies to make a referral for HCN funding. Some kaimahi from the Ministry of Education said they perceived unwillingness from Oranga Tamariki social workers to support referrals. They also said sometimes the Ministry of Education could not be a referring agency because tamariki and rangatahi were not currently enrolled. The process is difficult and competitive.

*“HCN cases – a person has to be involved with two of the three services – the Ministry of Education, ICAMHS [Infant, Child and Adolescent Mental Health Service] and [Oranga Tamariki]. The case is vetted, it is funded by Support Works, but it can’t just be approved by Support*

*Works and ICAMHS. A small percentage of the referrals go through to be assessed as High and Complex Needs. The referral is complex, it’s also competitive, it’s only the worst cases that get referred ... We can take it higher, to the national High and Complex Needs team to review but they don’t often get a solution.”*

MENTAL HEALTH KAIMAHI

While a Ministry of Education kaimahi observed that the process for HCN had improved in Canterbury, regional Ministry of Education leadership and kaimahi discussed how recent Ministry of Education boundary changes had affected the distribution of resources in Auckland.

*“When we were one Auckland team, there was more flexibility. Now we have three distinct budgets, and we are doubling up on personnel. This has created three different systems for three different areas. We are starting to see some light and see where it is sitting after 12 months of this change.”* MINISTRY OF EDUCATION REGIONAL KAIMAHI

In response to the issues raised around school enrolments and supports, the Ministry of Education has told us it is developing a memorandum of understanding between Oranga Tamariki and, importantly, schools.

## The needs of tamariki and rangatahi in care are better met when government agencies collaborate

In our 2022/23 *Experiences of Care in Aotearoa* report, as well as in earlier reports, we raised the importance of agencies working together to address some of the barriers that tamariki and rangatahi experience in accessing health and education services. We also reported that we had started to hear about examples of agencies working together to meet the needs of tamariki and rangatahi in care.

We continued to hear this during the 2023/24 reporting period. We heard about the positive impact of specific roles that are designed to bring agencies together to support tamariki and rangatahi in care. Professionals from both Oranga Tamariki and NGOs told us that collaboration and communication across agencies leads to better plans as well as better service provision. We heard how regular meetings between organisations results in better quality plans to meet the needs of tamariki and rangatahi in care, while a lack of communication hinders both the completion and quality of plans.

In all four of the regions we visited in 2023/24, kaimahi from different agencies spoke positively about the Senior Advisor Education and Health, which is a regional role at Oranga Tamariki. Kaimahi we spoke to described the role as an important connector between Oranga Tamariki social workers, Ministry of Education service managers, and kaimahi from both schools and health providers. The involvement of the Senior Advisor Education and Health was seen as a key enabler for securing school enrolments, additional supports in health, and education service prioritisation.

*“A positive effect has been the fact that more kids are staying in school because of [their] advocacy. The positives from [the appointment of the Senior Advisor Education and Health] have been immediate.”* ORANGA TAMARIKI SITE LEADERSHIP

*“Now [Senior Advisor Education and Health] is supporting me to enrol a young person into school, [they are] doing great advocacy... talking to Ministry of Education and trying to get resources... Teacher aide funding.”*

ORANGA TAMARIKI KAIMAHI

*“[Senior Advisor Education and Health] will organise all of the information and share it with all of the professionals who need the info. It has taken on a whole different level of openness between agencies.”* HEALTH KAIMAHI

*“Usually there is a long wait list for psychology support [six to eight months]. If the need is a bit serious and urgent, [Senior Advisor Education and Health] could pull the case to the top of the list.”*

HEALTH KAIMAHI

We also heard positive accounts of the Oranga Tamariki Hospital Liaison Practice Leader. This is another Oranga Tamariki regional role, established under a tripartite agreement between Oranga Tamariki, NZ Police and Health New Zealand.

*“One thing that has made a big difference is Oranga Tamariki [Hospital] Liaison Practice Leader. If there is a child with Oranga Tamariki and you are not making progress with getting in touch with the social worker, we can ask her [Hospital Liaison Practice Leader] to follow up.”*

HEALTH KAIMAHI

In our Auckland visit, we also heard about the impact of the Ministry of Education Lead Education Advisor – Children in Care. This is a role that is specific to Auckland. Ministry of Education kaimahi spoke positively about the role, giving numerous examples of cross-agency activities and work to support needs assessments, referrals and information-sharing. Specific examples include meeting with Oranga Tamariki to discuss tamariki and rangatahi who had been stood down (excluded), transition planning for tamariki and rangatahi re-engaging with education, and piloting support for five-year-olds in care entering primary school. The latter was also supported by Ministry of Education Resource Teachers Learning and Behaviour.

Although we heard positive accounts of this particular role, we also heard that a change to Ministry of Education regional boundaries during the reporting period resulted in the Lead Education Advisor – Children in Care being unable to support tamariki and rangatahi in parts of Auckland where there is very high need.

### **Government agencies are not consistently prioritising the needs of tamariki and rangatahi in care**

Over the last four years, we have continually heard about disagreements and struggles over the funding of services and supports identified in tamariki and rangatahi plans. As well as government agencies disagreeing over funding, processes within Oranga Tamariki do not support tamariki and rangatahi to have their needs met.

Oranga Tamariki provided us with information about how services and supports are funded for tamariki and rangatahi in care. Tamariki and rangatahi in care have client financial plans, which set out their expected costs throughout the year, and which address the needs identified in their All About Me plans. Expenses must be relevant to tamariki and rangatahi needs, reasonable, offer good value for money, and be able to withstand public scrutiny. There is no set budget for individual tamariki and rangatahi, but funding for services and supports is approved by the budget holder – usually a site manager in the first instance. Extraordinary costs require higher levels of approval, up to and including the Chief Executive for some expenses. Oranga Tamariki told us that this process “helps ensure consistency and equity in decision-making”<sup>35</sup>.

Despite assurances of consistency and equity, some of the issues we heard in our regional engagements would be addressed if funding were allocated to tamariki and rangatahi based on their needs, rather than fixed budgets within sites. The current system contributes to an inconsistency in service provision between sites. For example, one site could use all of its budget on a small number of tamariki and rangatahi, whereas another site may be able to spread funding across a greater number of tamariki and rangatahi because individual needs cost less to address.

In addition to how funding is allocated within Oranga Tamariki, the wider system has not been

<sup>35</sup> Oranga Tamariki, ‘Response to Aroturuki Tamariki / the Independent Children’s Monitor, Request for self-monitoring information on the National Care Standards Regulations to Oranga Tamariki for the period 1 July 2023 – 30 June 2024: Section Two’.

set up to ensure that tamariki and rangatahi in care are prioritised.

The lack of co-ordination among government agencies has been an issue for many years and OTAP was considered one way of addressing it.

The requirement for OTAP is set out in legislation. In 2018, the Children's Act was amended to require children's agencies<sup>36</sup> to develop a plan. That plan must set out how agencies will work together to improve the wellbeing of tamariki and rangatahi known to Oranga Tamariki<sup>37</sup>.

OTAP was published in July 2022. At that time, it set out a range of short and long-term actions for several agencies, including those that aren't children's agencies, such as the Ministry for Housing and Urban Development. Initiatives under OTAP included in-depth needs assessments on aspects of education, health and housing. Further actions were to be agreed once the needs of tamariki and rangatahi known to Oranga Tamariki were more fully understood.

In response to our *2022/23 Experiences of Care in Aotearoa* report, Oranga Tamariki and the Ministries of Health and Education referred us to the work underway as part of OTAP<sup>38</sup>. Although in early stages of development at the time, OTAP was expected to make significant improvements to the provision of services and supports for tamariki and rangatahi in care. We are yet to see evidence of progress on the ground.

This year, agencies have reported that OTAP has been reduced to focus on fewer priorities and workstreams. This was to reflect current Government priorities and "prioritise limited

resources". This may mean the collective actions of government agencies to deliver responses to the needs of tamariki and rangatahi is now more limited.

For example, Oranga Tamariki has again told us that a working group has been established between it, the Ministry of Health and Health New Zealand. The working group is "*exploring how to enhance the visibility of tamariki in care within the health system. It is hoped that doing so will both improve the access of tamariki and rangatahi in care to primary health services and the care provided will be trauma-informed*". This is very similar to the response we received from Oranga Tamariki twelve months ago. At that time, Oranga Tamariki stated that this was an area of high priority. However, we understand that personnel changes across both agencies have delayed this work.

This is our fourth report that highlights the challenges government agencies have when needing to work together. OTAP has not had the impact that was intended. This leaves social workers, caregivers and whānau to fight for access to services and supports on a case-by-case basis. In the absence of a joined-up approach to meeting the needs of tamariki and rangatahi in care they rely on trusted relationships and goodwill within agencies. This is inefficient and ultimately leads to inconsistency of service provision, with tamariki and rangatahi missing out. Tamariki and rangatahi in care need to be seen as in the care of the State and not simply Oranga Tamariki. All agencies need to see themselves as guardians of these children and make sure they get what they need.

## The impact of not addressing the needs of tamariki and rangatahi can be lifelong

A lack of urgency continues to see tamariki and rangatahi in care missing out. Just one year in the life of tamariki and rangatahi in care is a significant proportion of their life, whatever their age.

Lost opportunities to access health and education over that time may mean some opportunities are lost forever. Missed education at a foundational level, for example, is extremely hard to catch up on.

<sup>36</sup> New Zealand Police, Oranga Tamariki, and the Ministries of Education, Health, Justice and Social Development.

<sup>37</sup> This includes tamariki and rangatahi at risk of entering care, those in care, and those aged up to 25 who have left care.

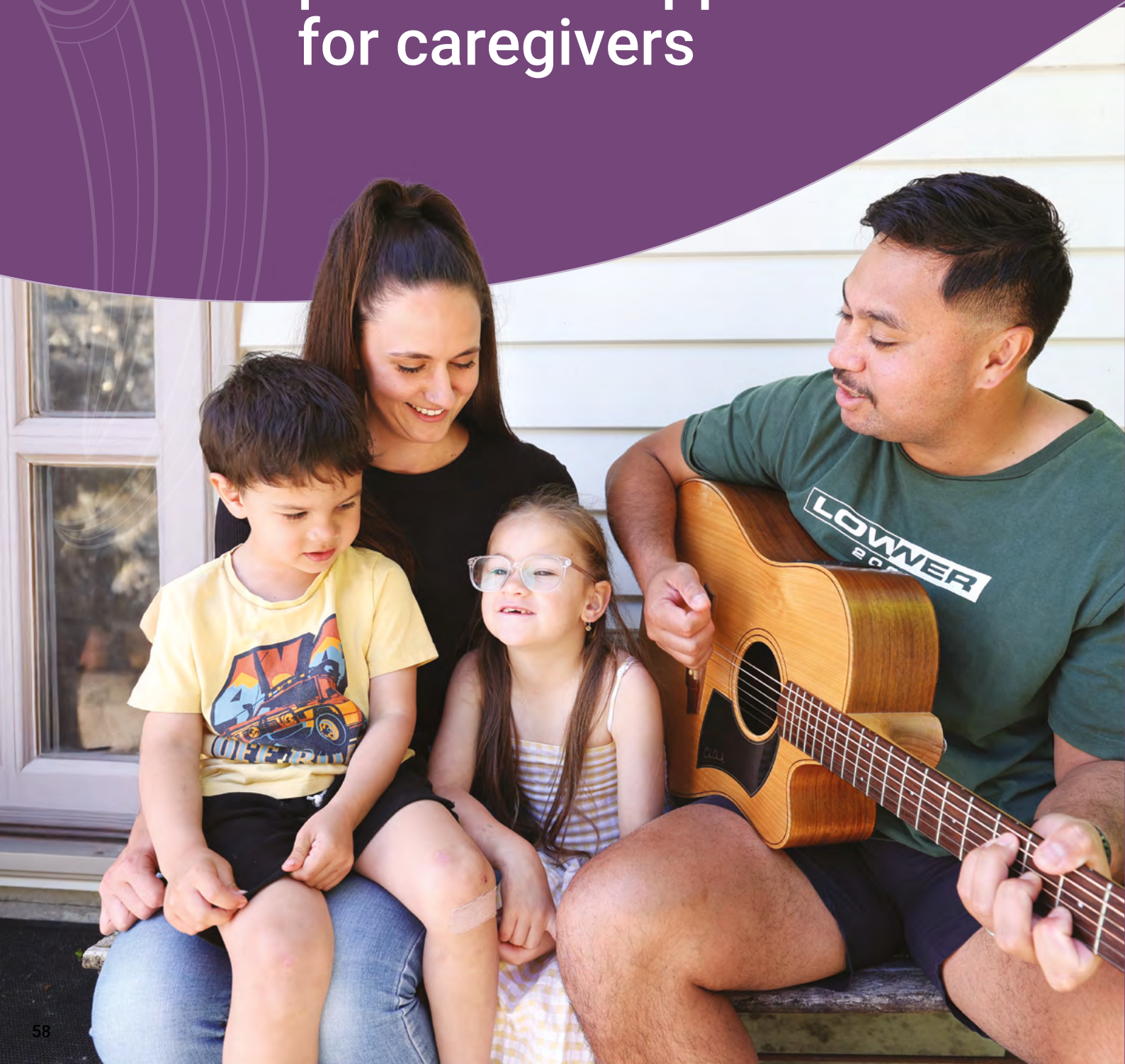
<sup>38</sup> <https://aroturuki.govt.nz/reports/agency-responses>



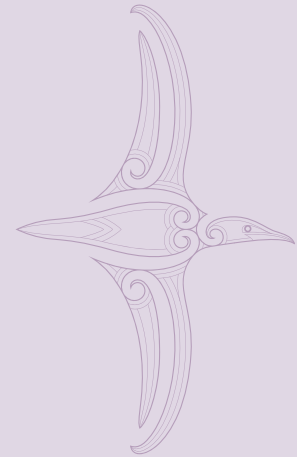


Part Three:

# Assessments, plans and support for caregivers



*Each part of the NCS Regulations outlines what meeting these will mean for tamariki and rangatahi in care. This page summarises what tamariki and rangatahi are currently experiencing under Part Three of the Regulations.*



## **Supporting our caregivers**

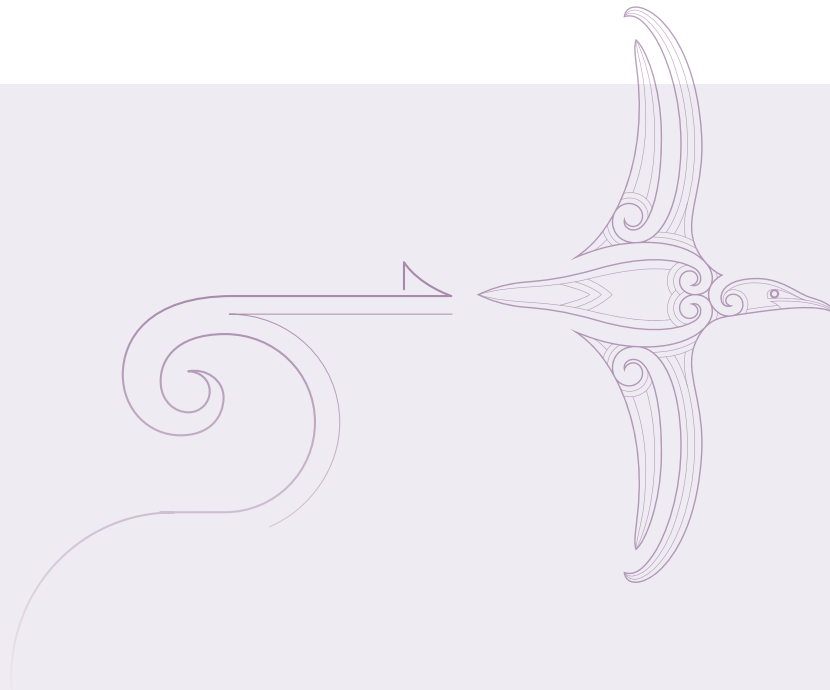
**Most of us live with adults who look after us well. However, there aren't enough caregivers. This makes it hard for Oranga Tamariki to find us safe places to stay when we can't stay at home.**

**One in five of us are placed with caregivers who have not been approved by Oranga Tamariki and this is sometimes a risk to us. It also means that our caregivers don't get the same support as other caregivers. Sometimes our caregivers find the extra costs hard to manage.**

**Some of our caregivers feel they need more support to look after us in the way we need to be looked after. This includes financial help, training, and time off being a caregiver.**

**Fewer than half of our caregivers are visited as often as they need to be.**

**Not all of our caregivers receive the information they need from Oranga Tamariki to support us. When our caregivers get this information, we are more likely to have our needs met.**



## What Part Three requires

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Every caregiver must be assessed and approved prior to tamariki and rangatahi being placed in their care. Part Three of the NCS Regulations sets out what must be done before someone can be approved as a caregiver. The criteria that need to be met are the same 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. This includes any training identified for the caregiver to help them meet the needs of tamariki and rangatahi in their care. The regulations set out what caregiver support plans must include, and how often they should be reviewed.

## To meet the regulations, Oranga Tamariki must improve how it assesses and supports all caregivers

Every caregiver must be assessed and approved prior to tamariki and rangatahi being placed in their care, and given the support they need to make sure tamariki and rangatahi are cared for.

Oranga Tamariki data shows it has made some progress to ensure caregivers are either approved or provisionally approved before tamariki and rangatahi are placed with them – from 67 percent to 80 percent. However, one in five tamariki and rangatahi are placed with unapproved caregivers and the average time to approve a caregiver rose to around 100 days. One of the consequences of living with an unapproved caregiver is that Oranga Tamariki policies prevent them getting the same support as approved caregivers. This includes financial support such as board payments as well as training and respite. It disproportionately affects whānau caregivers who are more likely to be unapproved.

In general, caregivers felt that training, where available, helped them to meet the needs of tamariki and rangatahi. Overall, caregivers were satisfied with the relationships they have with social workers, however, they were less satisfied with Oranga Tamariki as an organisation. Caregivers also told us about:

- delays in receiving reimbursement for costs they had incurred for the tamariki and rangatahi in their care
- respite care not always being available when needed
- not receiving important information from Oranga Tamariki about the tamariki and rangatahi in their care.

This aligns with findings of the Oranga Tamariki caregiver survey, where around half of caregivers (52 percent) were satisfied with the support provided by Oranga Tamariki, but around a third (36 percent) were dissatisfied with the information provided to them by Oranga Tamariki about the tamariki and rangatahi entering their care. Support for caregivers has been identified as one of the priority areas for the Minister for Children, with Oranga Tamariki required to provide quarterly reports on caregiver satisfaction from September 2024.

Caregivers are still not being visited by caregiver social workers often enough, with no progress made from last year. However, almost all caregivers received some form of contact over the year, such as by phone or email.

Difficulty in finding appropriate and available caregivers, coupled with policies that don't allow for the easy provision of support for caregivers, creates additional work for Oranga Tamariki kaimahi, and uncertainty for tamariki and rangatahi.

At present, Oranga Tamariki has a way to go before it can say it is compliant with Part Three of the NCS Regulations. Areas for improvement include more timely assessments of caregivers and how it provides support to caregivers, including providing key information about tamariki and rangatahi placed in their care.

# Oranga Tamariki compliance with Part Three

## A higher proportion of tamariki and rangatahi are being placed with approved caregivers

The need to get caregiver decisions right was commented on by the Royal Commission of Inquiry into Abuse in State and Faith-based Care in its final report, *Whanaketia*:

*"In addition to safety checking, pre-employment screening should test whether potential caregivers, including foster parents and volunteers, have appropriate values and ethics to uphold the rights of people in their care. Further, they must have the capability and capacity to remain reliable, sensitive and responsive to the needs of people in care, including their ability to tolerate difficult and challenging behaviours. People in care need to develop attachment to their caregivers in order to thrive. This is particularly true for tamariki and rangatahi of all ages, as attachment is a critical part of childhood development. In promoting secure attachment caregivers also need to be able to meet the cultural needs of the people they care for"*<sup>1</sup>.

Potential caregivers are assessed either to care for particular tamariki and rangatahi, or to provide general care for tamariki and rangatahi. For these prospective caregivers, the Oranga Tamariki Practice Centre states that assessment must consider whether they are able to<sup>2</sup>:

- provide an appropriate standard of care for tamariki or rangatahi
- provide a safe, stable and loving home for tamariki or rangatahi
- respond to the needs and advance the wellbeing of tamariki or rangatahi
- value tamariki or rangatahi for who they are and support their identity and aspirations
- support tamariki or rangatahi to maintain and strengthen their whakapapa connections

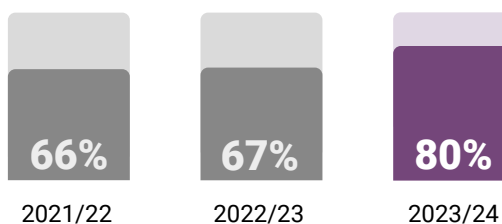
- recognise and support the practice of whanaungatanga in relation to tamariki or rangatahi.

In our previous reports we have highlighted that not all caregivers and their households are assessed and approved before tamariki and rangatahi are placed with them. This year a higher proportion of caregivers were approved before Oranga Tamariki placed tamariki and rangatahi in their care.

Data provided by Oranga Tamariki shows that 80 percent of tamariki and rangatahi were placed with caregivers who had either been fully or provisionally approved. This is up from 67 percent in 2022/23, although due to a change in the data source for this lead indicator this year, Oranga Tamariki advises the result is not fully comparable with previous years.

### **Oranga Tamariki lead indicator 16**

**A full or provisional assessment of the caregiver has been carried out prior to tamariki being placed with them**



Data from Oranga Tamariki also shows that its assessments of caregivers cover the components required by the regulations 90 to 100 percent of the time.

In response to our 2021/22 report raising concerns about the number of unapproved caregivers, Oranga Tamariki said it would remedy this with urgency by reviewing when and why this is happening, and following up with practitioners to ensure the approval process is being followed.

1 Whanaketia – Through pain and trauma, from darkness to light, Part 9, page 183. <https://www.abuseincare.org.nz/assets/Whanaketia/PDF-downloads/Whanaketia-part-9.pdf>

2 <https://practice.orangatamariki.govt.nz/policy/caregiver-and-adoptive-applicant-assessment-and-approval/>

If the placement of tamariki and rangatahi needs to happen urgently, the NCS Regulations allow for a provisional approval to be made providing certain criteria are met by the prospective caregivers and their household. Where tamariki and rangatahi are placed with provisionally approved caregivers, a full assessment must be carried out as soon as practicable. Placements with provisionally approved caregivers must also be closely monitored until a full assessment has been completed.

## Caregiver approvals are taking longer

Twenty percent of tamariki and rangatahi are placed with caregivers before assessment and approval is complete.

In its annual report on compliance, Oranga Tamariki states some of the reasons why a child or young person is placed with a caregiver prior to an assessment and approval, include *“operational pressures around placement or caregiver availability, and the need to ensure a child or young person is in a safe living environment, or where a whānau member who is known to the child or young person has agreed to have the care of them as an alternative to their being placed in a non-kin caregiving arrangement”*.

In these circumstances Oranga Tamariki stated that police and vetting checks are completed prior to placement. Post placement, the full assessment and approval process continues. Oranga Tamariki policy also states a ‘special considerations’ approval process is required for potential caregivers with certain serious offences.

Caregiver safety checks are paramount, and any offending must be taken seriously, however, we heard that whānau with any historic offences, including those considered low risk to tamariki and rangatahi must be approved through the ‘special considerations’ process. We heard completing this process requires multiple levels of leadership sign-off within Oranga Tamariki, taking between one and six months. We were told there are now more ‘special considerations’ cases than ever.

### Caregivers waiting for approval receive less financial support

While a caregiver remains unapproved, Oranga Tamariki policies prevent them receiving the same types of support that are provided to approved

As with previous years, self-monitoring data from Oranga Tamariki shows there was minimal monitoring of provisionally approved caregivers, with around 17 percent of provisionally approved caregivers monitored as required by the regulations. We did not hear about any barriers to close monitoring of provisional approvals and, as the numbers of provisionally approved caregivers are low overall, it is unclear why close monitoring cannot be done.

caregivers<sup>3</sup>. This includes board payments, clothing allowance and pocket money.

We heard caregivers who are not yet approved and are caring for tamariki and rangatahi are often given supermarket or petrol vouchers to assist with extra expenses. This is at the discretion of sites and what unapproved caregivers receive in vouchers may not be equivalent to what an approved caregiver would receive in board payments. Providing vouchers as a form of payment also creates additional work for Oranga Tamariki kaimahi.

*“It took til the end of March to be approved but I’ve had [child] since the start of December, and I only got back payments until the end of March when the approval came through ... I did get vouchers but had to ask for them and go into the office, then got told I should have been receiving \$250 a week in vouchers. I didn’t want to look like a bludger, I didn’t care and I managed but I was entitled to it. When I took [child] over I was told I would have no financial burdens and could go back to work.”* WHĀNAU CAREGIVER

When tamariki and rangatahi need to come into care, Oranga Tamariki first look to whānau, hapū, iwi or family group members. Whānau are not usually expecting to take on this caregiving role, so, unlike non-whānau caregivers, they are less likely to have been approved in advance. As outlined in the section below, a shortage of approved caregivers can mean that there are no caregivers from the pool available to provide care while whānau caregivers are approved. This means that whānau caregivers are more likely to be disadvantaged financially by these policy restrictions than non-whānau caregivers. It is of concern that the Oranga Tamariki policy of placing tamariki and rangatahi with whānau first is not better aligned with its policies on caregiver support.

<sup>3</sup> <https://practice.orangatamariki.govt.nz/policy/caregiver-support/#financial-support>

The 2023 Caregiver survey<sup>4</sup> found that whānau caregivers had a higher need for financial support than non-whānau caregivers at 67 percent compared with 49 percent. Support with education or schooling is another area where whānau caregivers had higher support needs at 74 percent compared with 64 percent of non-whānau caregivers.

Oranga Tamariki has a responsibility to support caregivers. Tamariki coming into care often have high needs. Unapproved caregivers, with the majority being whānau caregivers, may already be under financial pressure. Having the level and type of support a caregiver receives predicated on whether they are approved (rather than the needs of the whānau) is not child centred and is contrary to the responsibility that Oranga Tamariki has.

### There is also a shortage of pre-approved caregivers

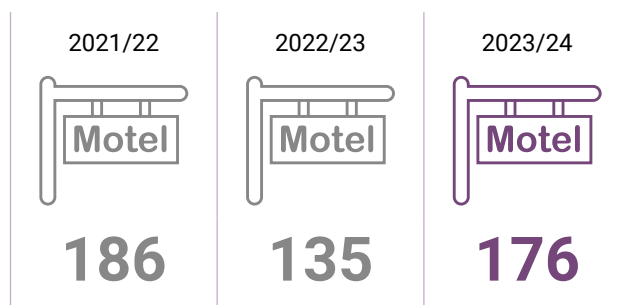
Across all regions we heard that there is a shortage of approved non-whānau caregivers. When Oranga Tamariki bring tamariki and rangatahi into care at short notice, having pre-approved caregivers provides a temporary home while whānau options can be explored.

In its 2023/24 Annual Report, Oranga Tamariki states it brought 608 tamariki and rangatahi into care on a section 78 interim custody order. Most of these custody applications (77 percent) were made without notice. This means Oranga Tamariki needed to find suitable caregivers at short notice. While Oranga Tamariki practice is to seek a whānau placement where possible, this is obviously more difficult to achieve in an urgent placement when whānau are less likely to have already been assessed for their suitability to become a caregiver.

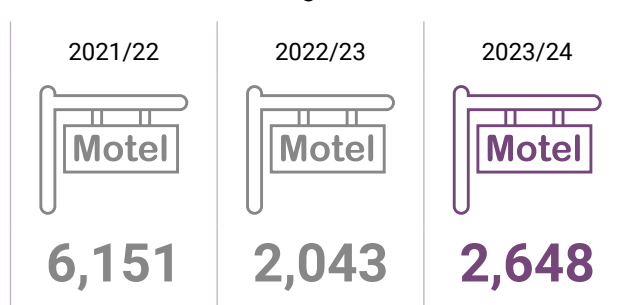
In Canterbury we heard that an absence of approved caregivers and family homes resulted in social workers asking tamariki to text their friends for a place to stay and social workers were sometimes driving around with tamariki and rangatahi and knocking on the doors of approved caregivers to ask if they could take the tamariki and rangatahi into their care short-term.

*“We had to ask this 14-year-old to go through their phone and text their friends to stay with them. But these kids were on our lists anyway, we got back to the office and cried. And it was two days before we could have a meeting with leadership to discuss this. Then what happened [when we met] was we were told by leadership, look at what you’ve done, you better be prepared to stay in a hotel with this child, you’ve messed it up. It was appalling.”* ORANGA TAMARIKI KAIMAHI

### Number of tamariki and rangatahi who stayed in motels



### Total number of motel nights



We heard that motels were being used where no other options were available, and the use of motel accommodation is increasing again. Over the reporting period, 176 tamariki and rangatahi in care spent a total of 2,648 nights in motel accommodation. This year the longest stay in a motel was 278 nights, up from 167 nights in 2022/23, and the median length of stay increased from two nights in 2022/23 to three nights this year. But we also heard that motel use was discouraged by leadership due to funding restrictions.

<sup>4</sup> The Oranga Tamariki Caregiver Survey is an annual survey of Oranga Tamariki caregivers’ experiences. Notably, it does not survey any current or prospective caregivers who are not yet approved.



*“We can’t get motels [because of funding restrictions] so we have to drive around at night with kids needing emergency placements. One incident where we drove around with a three-year-old, knocking on doors to find someone to take them.”* ORANGA TAMARIKI KAIMAHI

We asked Oranga Tamariki for more information about the tamariki and rangatahi it had placed in motels, however it was unable to provide any information on these tamariki and rangatahi or the amount it had spent on motel accommodation. It advised that it began tracking data on motel usage during the reporting period and therefore should be able to provide this information for our future reports.

This year we again asked Oranga Tamariki about its caregiver recruitment policy. Despite raising the lack of care options in our previous reports, Oranga Tamariki told us it does not have a caregiver recruitment strategy to address this. It told us that

the Regional Caregiver Recruitment and Support Managers are responsible for recruiting caregivers according to need through direct engagement, networks and public advertising. It again confirmed that it has a policy that prohibits advertising for caregivers for specific tamariki or rangatahi, and that any advertising must be for general recruitment only.

We heard that the shortage of approved non-whānau caregivers was especially pronounced for disabled tamariki and rangatahi and those with high and complex needs. These tamariki and rangatahi often require more specialised care and not all whānau will be equipped to manage their needs. In one region, a member of the Oranga Tamariki regional leadership team who we spoke with said there may be “some merit” in thinking about the professionalisation of care for tamariki and rangatahi with high and complex needs.

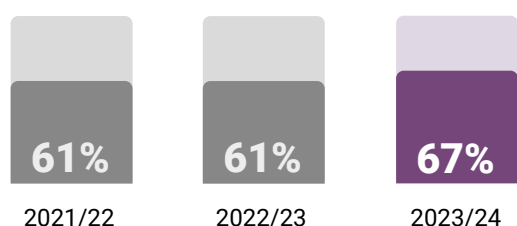
## Caregivers want more support from Oranga Tamariki

The regulations detail the types of support that must be available to caregivers, including access to training, resources and financial support; support to keep tamariki and rangatahi connected to their whānau and culture; and support for tamariki and rangatahi to stay healthy and do well at school.

In response to our 2022/23 report key finding that caregivers continue to need more support, Oranga Tamariki acknowledged that it wanted to improve on the proportion of caregivers who have a current support plan<sup>5</sup>. The Oranga Tamariki lead indicator shows a slight increase, with 67 percent of caregivers having a current support plan with actions, compared to 61 percent in 2023.

### Oranga Tamariki lead indicator 17

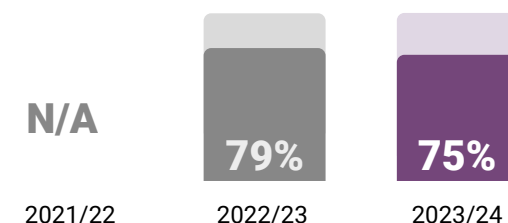
There is a current caregiver support plan that sets out the actions that will be taken to meet caregiver needs, to enable them to provide quality care



Oranga Tamariki introduced a new lead indicator this year to measure whether there is evidence that the social worker is carrying out agreed actions to support the caregiver. Oranga Tamariki calculated this retrospectively for 2022/23. This shows there has been no significant change since last year, with evidence of actions occurring for 75 percent of caregivers with a support plan.

### Oranga Tamariki lead indicator 18

There is evidence the caregiver social worker is carrying out the actions agreed to in the caregiver support plan



<sup>5</sup> Oranga Tamariki response, available online at: <https://aroturuki.govt.nz/assets/Reports/EOCR2223/OT-Response-EOCR-2022-2023.pdf>

Casefile analysis data provided by Oranga Tamariki suggests that some aspects of caregiver support plans are improving. This looked at whether plans sufficiently identified:

- financial assistance, which showed an increase from 78 percent in 2022/23 to 86 percent this year
- access to support person which showed an increase from 97 percent in 2022/23 to 100 percent this year
- access to respite care, which showed a non-significant (due to sample size) increase from 64 percent in 2022/23 to 72 percent this year.

Despite Oranga Tamariki data showing some improvement, we continued to hear in our engagements that some caregivers face challenges getting enough support from Oranga Tamariki. This aligns with findings from the Oranga Tamariki Caregiver Survey. It identified that caregivers are more likely to feel positive about their relationship with their own or their tamariki social workers, than about the support they receive from Oranga Tamariki as an organisation. While 52 percent of caregivers were satisfied with the support provided by Oranga Tamariki, 88 percent felt respected by their caregiver social worker and 77 percent felt respected by the tamariki social worker.

## Financial assistance continues to be a barrier for some caregivers

In the 2023 Caregiver Survey just over half (53 percent) of caregivers who responded said the allowances they received from Oranga Tamariki either met or more than met tamariki and rangatahi needs. Of those who said the allowances did not meet their needs, the most common costs they would like more help with were food costs (70 percent), household running costs (62 percent), and clothing costs (57 percent).

Accessing financial support was commonly discussed by caregivers we spoke with. We heard positive and negative experiences in equal measure. Those who spoke positively about accessing financial support described Oranga Tamariki providing items or paying some or all the costs of items or fees for the tamariki and rangatahi in their care. A small number of whānau caregivers mentioned receiving board payments and allowances, which helps them to support the tamariki and rangatahi in their care.

*"[Child] has got a school camp coming up and that will be good. Oranga Tamariki have helped out here."* WHĀNAU CAREGIVER

*"They [Oranga Tamariki Caregiver Social Worker] got the cabin for us. They have given [child] a bike and some clothes."* WHĀNAU CAREGIVER

Those who spoke of difficulties in accessing financial support mostly mentioned delays and difficulties around getting funding and reimbursements.

*"Unpaid bills for soccer by Oranga Tamariki mean that the kids have been barred from the soccer club. This impacts the kids all along. It carries on and on."* NON-WHĀNAU CAREGIVER

*"I used to cry, now I'm tired of their [Oranga Tamariki] crap. With [Oranga Tamariki], it's all on their timeframe ... It's all on their terms. When the kids were uplifted, we got nothing, just a bag, took us four weeks before we got any money through. Had to buy school uniform, had to get the [child] everything, shoes, I have to put the receipt in to get that money back. The money comes back but it takes time."* WHĀNAU CAREGIVER

We also heard from some caregivers who did not receive reimbursements because their evidence of expenditure did not meet the strict Oranga Tamariki requirements.

*"Well, we've been told the first set [of school uniforms] is funded by Oranga Tamariki. We couldn't wait any longer for them to pay so we paid it ourselves and kept the receipt, however, they [Oranga Tamariki] didn't pay because they don't accept our receipt only invoices from the school. Something we didn't know about."* NON-WHĀNAU CAREGIVER

Some caregivers told us they were not aware of their entitlements, or they only found out what they were entitled to after they asked others – this information was not proactively provided to them by Oranga Tamariki.

*"There needs to be clarity about the financials and to what you are entitled. As long as [child] is not going without. What is considered entitled and what is not, should be known."* WHĀNAU CAREGIVER

*"I have been strategic in asking about other caregivers' experiences and what support they receive and if there is anything different and if I can tap into that too."* WHĀNAU CAREGIVER

Financial barriers were also discussed by Oranga Tamariki kaimahi. Some of the kaimahi we spoke with told us of a shift in financial delegations. They explained that they often want to support caregivers more, but they too face challenges getting approval for expenditure. We particularly heard this on our more recent engagements. We also heard that sometimes there are inconsistencies in what is approved, and kaimahi do not know why. A couple of kaimahi spoke of personally paying for things that they felt were needed but had not been reimbursed.

*"We work across different sites but what happens is a post code lottery and depends on decisions made further up the food chain. I don't think we have a fair and equitable system. Some caregivers get a large amount of board, and some get nothing. You end up where some get a great deal, and some don't."* ORANGA TAMARIKI CAREGIVER  
RECRUITMENT AND SUPPORT MANAGER

*"One of my caregivers is struggling financially. They asked for support with food. They got told 'no, we can't help, you have to go to Ministry of Social Development, or you have to go to a food bank'. I was asked to talk to [caregiver] about shutting down their business and to go on the benefit. I can't tell [caregiver] to shut down their job and go on a benefit. You just feel really helpless when a little bit of money might help."*  
ORANGA TAMARIKI KAIMAHI

## Caregivers value training but can't always get it

Most Oranga Tamariki caregivers who discussed training with us were positive about the support they received. Almost all of these caregivers were whānau caregivers and they spoke of Oranga Tamariki offering and/or arranging for them to have training. Most caregivers spoke of undertaking trauma-informed training, but we also heard about parenting programmes, training with a child psychologist, training to respond to child behavioural issues, Foetal Alcohol Spectrum Disorder (FASD) training, and training to identify triggers and manage difficulties through the use of positive strategies. Some caregivers spoke positively of the impact training has had on their ability to support tamariki and rangatahi in their care.

*"They [Oranga Tamariki] offered it [training] and every single time I have done stuff like this it has been so helpful. Caring for Families courses have also really helped. It was not like I did not know anything, but I needed the help myself."*  
WHĀNAU CAREGIVER

*"I have done PACE [Playfulness, Acceptance, Curiosity and Empathy, trauma-informed care training], how to ask questions and how to use language with [child]. The trainings that support the approach we use, asking questions rather than using assumptions, a lot of that was known to me but it was the 'ah-ha' moment in that particular training. It did so much to open my eyes around the world through [child's] eyes and their worry about being rejected and abandoned."*  
WHĀNAU CAREGIVER

A few whānau caregivers told us they had not been offered training but wanted to access it. *"It's hard enough to get hold of them [Oranga Tamariki] let alone ask them for that [training]"*. Another said the only training they have undertaken is a course they arranged to attend themselves, on FASD.

A couple of caregivers spoke of attending training arranged by Oranga Tamariki in the past, and said they would like to attend more training, but the times the training is available do not suit them.

*"I started this course, and it was cool too ... [it was] something to do with Oranga Tamariki. I went to first one and I really enjoyed it, but it was on too late in the evening and I have not made it since. It was good talking about your past. We were talking in the circle. I never went back after that. Not because I didn't want to, just the time did not work for me."* WHĀNAU CAREGIVER

In our more recent engagements with Oranga Tamariki kaimahi, we heard that the caregiver training budget had been reduced. The effect is that it is now more difficult for social workers to get agreement from site managers to fund training for caregivers.

*"We have to advocate a lot to get training for caregivers. Without a diagnosis it's difficult to get that training."* ORANGA TAMARIKI KAIMAHI

Additionally, Caring Families Aotearoa told us that Oranga Tamariki reduced its funding by 25 percent in 2023/24 and has proposed a further reduction for 2024/25. Services affected by the funding cuts include the delivery of training and other support services for caregivers, despite Caring Families Aotearoa services being oversubscribed.

Our equity analysis showed that caregivers of tamariki and rangatahi Māori were significantly less likely to have training opportunities identified in their caregiver support plan, than caregivers of non-Māori tamariki and rangatahi. There was no significant difference in whether these were whānau or non-whānau caregivers.

## Caregivers value respite, but can't always access it

Caregiver strain is associated with placement instability. Evidence suggests that access to respite can help alleviate caregiver strain, but it needs to be ongoing support, rather than one-off instances.<sup>6</sup>

Access to respite was mentioned by some caregivers in our engagements. We heard a similar number of positive and negative experiences about access to respite. Those who spoke positively about access to respite discussed the tamariki and rangatahi in their care having access to regular respite, and the benefits of this.

*"[Child] has respite every four weeks now, but it took over a year to get that in place. They aren't whānau but [child] loves going to their house and they make [child] feel so welcome in their house. They talked to me about self-care, so I do yoga and pottery."* WHĀNAU CAREGIVER

*"We get respite. She [the respite caregiver] is great, she takes all six of the kids, she includes the kids in lots of stuff. If we have a day if we are going to be late or sick, she helps with that kind of stuff."* WHĀNAU CAREGIVER

Some caregivers also spoke of having access to respite, but not using it.

*"I haven't had it [respite] yet. It is there but haven't had it yet. There is talk that there is people available but I don't want them [rangatahi] to go away. I don't want it. You know what I mean. It is there if I needed it."* WHĀNAU CAREGIVER

Other caregivers spoke to us of difficulties accessing respite, despite needing to. Some mentioned that they had been asked by Oranga Tamariki to find their own respite caregivers.

*"We've never received respite, despite asking. [Child is] pretty full-on so never found anyone that can take them on ... It's quite tricky, generally, people that do need respite, need particular skills. When we've asked, they've not really had any families that have been ready to take this on [so we can get respite]. We've provided respite for others but haven't had the opportunity for this role to be offered for us. We've asked caregiver social workers - no one available, they say."* WHĀNAU CAREGIVER

*"We are not sure how respite works, or how to access it. We don't know if we need to put ourselves forward."* WHĀNAU CAREGIVER

Oranga Tamariki kaimahi told us that providing respite is sometimes challenging due to a lack of respite caregiver options. We heard they will encourage caregivers to ask their whānau to become respite caregivers. However, we heard that not all whānau want to go through the approval process to become respite caregivers. We were also told by Oranga Tamariki kaimahi of a respite camp run by an iwi [Ngāpuhi] that had its funding cut by Oranga Tamariki.

<sup>6</sup> Allen and Clarke for Oranga Tamariki Evidence Centre, March 2021 "Respite Care – benefits to Wellbeing" sourced from: <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Respite-Care-Benefits-to-wellbeing/Respite-Care-Benefits-to-wellbeing.pdf>

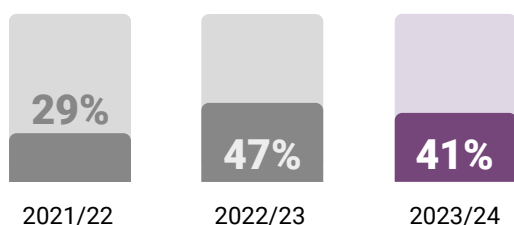
## Caregivers are not being visited as often as they need to be

Social worker visits to caregivers are a way to check whether a caregiver is meeting tamariki and rangatahi needs, if they need more support, and if they are safe. Data suggests these visits are not happening frequently enough.

As reported in Part One, only 66 percent of tamariki and rangatahi receive regular visits from their social worker. Oranga Tamariki data further shows that only 41 percent of caregivers were visited by their caregiver social worker at the planned frequency.

### Oranga Tamariki data

Proportion of caregivers visited at the planned frequency



The Oranga Tamariki 2023/24 Annual Report notes that 94 percent of caregiver support plans specified the frequency of visits to the caregiver. It also notes that while there is an opportunity to strengthen the frequency of visits to caregivers to monitor progress and identify and respond to changes in their needs, in almost all cases there is evidence of other contact<sup>7</sup>. This includes two thirds of caregivers who were contacted either monthly or every two months. Only five percent of caregivers received no contact at all over the reporting period. We heard that other work required of caregiver social workers sometimes took precedence over visiting caregivers on their caseloads.

*“There is not much time for us to do the [support] plan and do home visits. Not able to do that because of the work that you need to catch up with assessment. I have five assessments to do, one is not allocated to me, and one baby and that is urgent to do. That is [a] whānau assessment.”*

ORANGA TAMARIKI KAIMAHI

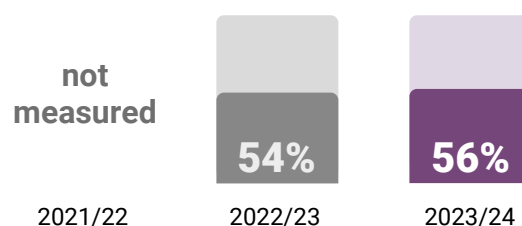
## Oranga Tamariki does not always give caregivers information they need about tamariki and rangatahi

The Caregiver Survey identified that around half (45 percent) of caregivers were satisfied or very satisfied with the information Oranga Tamariki provided when tamariki and rangatahi entered their care. Around a third (36 percent) were dissatisfied or very dissatisfied.

In our engagements, we heard from some caregivers who either didn’t get a copy of the plan for the tamariki and rangatahi in their care or had received incomplete or blank plans. Caregivers told us this made it difficult for them to understand the needs of the tamariki in their care, and how best to meet those needs. Oranga Tamariki self-monitoring data shows around half of all caregivers (56 percent) were given a copy of the All About Me Plan for the tamariki and rangatahi in their care. This data looks only at whether caregivers were given a copy of the All About Me Plan, not the quality of the plan or if it was complete.

### Oranga Tamariki data

Proportion of caregivers given a copy of the All About Me Plan for the tamariki and rangatahi in their care



Caregivers who spoke about not receiving information from Oranga Tamariki said there are challenges when they do not receive important information about the tamariki in their care.

<sup>7</sup> This includes contact by any means other than a visit.

*"I don't know what the plan is with the two kids. I don't think it's an OHF [Open Home Foundation] thing, it's Oranga Tamariki. It's in limbo because of OT [Oranga Tamariki] involvement. We have had these kids for eight months and maybe the hope was that they would return home, but the longer it goes on, the less we know."*

NON-WHĀNAU CAREGIVER

We also heard from a few caregivers who were not given information on the health needs of the tamariki and rangatahi in their care or were not given enough information. We heard this can cause problems in situations where urgent medical treatment is required, and the caregiver cannot give health professionals the information they need.

We heard several examples where caregivers were not given enough information about the needs of tamariki and rangatahi before they entered their care. One caregiver told us that the child who came

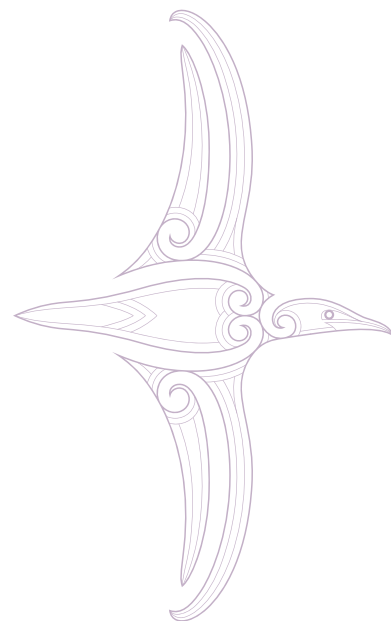
into their care needed a higher level of support than Oranga Tamariki said they needed, and this was more than the caregiver was able to provide.

Another caregiver said they were not given information on why the child they were caring for had been brought into care, so when they were asked about this by the child they were unable to give an answer. They contacted a social worker to find this information out, but the social worker "skirted around" it rather than being factual. The caregiver felt the child needed to know this information and that as a caregiver it should have also been provided to them. In contrast, we also heard from a caregiver who had been given information on the history that led to the child they were caring for coming into care. This enabled them to speak to the child's school and get appropriate services set up to meet the child's needs.

## Caregivers must be better supported so they can provide a stable home for tamariki and rangatahi

To thrive in care, tamariki and rangatahi need stable placements<sup>8</sup>. Tamariki and rangatahi who move from place-to-place have difficulty building relationships with caregivers. Research has found placement disruptions can have negative psychological, social and educational consequences

for tamariki and rangatahi<sup>9</sup>. It is critical to get placement decisions right from the beginning so tamariki and rangatahi are not unnecessarily disrupted. It is then essential for caregivers to receive support to meet the needs of tamariki and rangatahi.



<sup>8</sup> Martin Jenkins for Oranga Tamariki Evidence Centre, September 2018 "Evidence Brief - Complex Needs" sourced from: <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Evidence-brief-complex-needs/Evidence-Brief-Complex-Needs.pdf>

<sup>9</sup> Stenason, L and E Romano, January 2023 "Number of placement changes among young people in care: Youth and caregiver associations" in Children and Youth Services Review Vol 144.



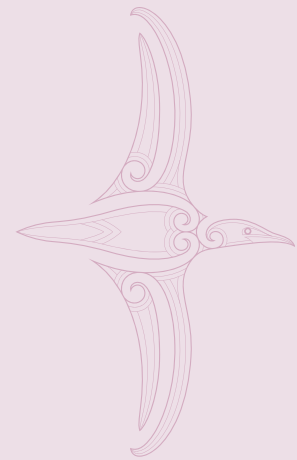
Part Four:

# Supporting tamariki and rangatahi to express their views and speak up when something is wrong





Each part of the NCS Regulations outlines what meeting these will mean for tamariki and rangatahi in care. This page summarises what tamariki and rangatahi are currently experiencing under Part Four of the Regulations.



## Keeping us safe and supporting our voice

Almost one in ten of us have been abused or neglected in care this year.

Most of the harm we experience in care is physical, and some of this was from other tamariki and rangatahi in care.

Almost a quarter of us in secure residences were harmed this year, and most was physical, inflicted by other tamariki and rangatahi. Some of this abuse has been repeated and severe.

More than one in ten of us who returned home to live with our mum or dad during the year were then abused or neglected, mostly by our parents.

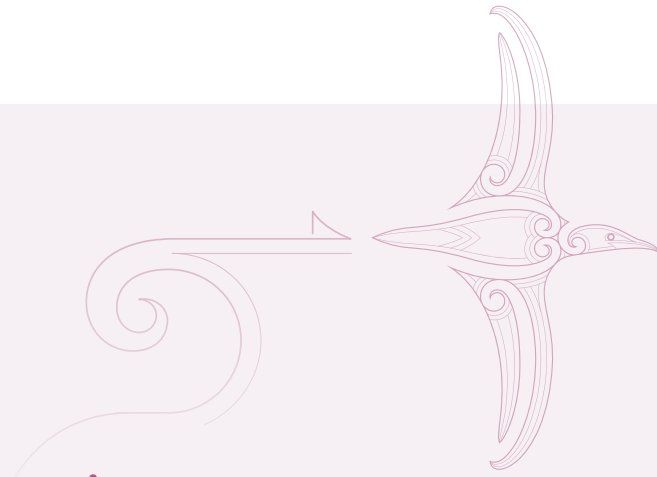
Whether the harm happened in a residence, home or somewhere else, almost all of us who were harmed

had a response from our social worker that helped us and helped our caregivers support us.

Some of us know we can speak up if something isn't right. Some of us have made complaints, and some of us are happy that things have been fixed.

In secure residences, we all know about the grievance process and how it works, and many of us have had things improve because we made a grievance.

When things weren't improved or fixed, some of us have taken our complaints and grievances to the Ombudsman, or had someone who helped us do this.



## What Part Four requires

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Under Part Four of the NCS Regulations, Oranga Tamariki and other custodial agencies are required to respond to allegations of abuse and neglect. In carrying out this response they must ensure that:

- the response is prompt
- the 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's plan.

Part Four 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. Other aspects of Part Four of the NCS Regulations, such as records of life events, are covered in Parts One and Two.

## Oranga Tamariki must prioritise keeping tamariki and rangatahi safe

The NCS Regulations state that Oranga Tamariki must address the safety needs of tamariki and rangatahi in care and respond appropriately to allegations of abuse and neglect.

The final report of the Royal Commission of Inquiry into Abuse in State and faith-based care, *Whanaketia*, focuses on a period that pre-dates our work<sup>1</sup>, but states that more recent experiences of abuse in care highlight “*issues relating to institutional environments and practices, standards and safeguarding in care settings, vetting of staff and care workers, complaints processes, and accountability for abuse and neglect*”<sup>2</sup>. It also points out that the societal impacts of abuse in care are enduring. These impacts include “*inequitable health and education outcomes, higher incarceration rates, intimate partner violence, family and whānau violence, unemployment, homelessness, mental distress, substance misuse and abuse, an overall reduced number of life opportunities, and self-inflicted death*”<sup>3</sup>.

Oranga Tamariki produces an annual *Safety of Children in Care* report. These successive reports along with, *Returning Home from Care*<sup>4</sup>, and *Oranga Tamariki Secure Residences and a Sample of Community Homes: Independent, External Rapid Review*<sup>5</sup> point to what is needed to reduce the likelihood of abuse or neglect in care. While Oranga Tamariki has stated this is a priority, progress is yet to be seen.

Despite a reduction in the number of tamariki and rangatahi in care, the number of tamariki and rangatahi abused and neglected has slightly increased (with the highest risks in return home care and in residences).

When abuse or neglect does occur, agencies have an obligation to respond in the right way. This includes completing investigations in a timely manner, putting plans in place to keep tamariki and rangatahi safe, and letting them know the outcome of investigations. Oranga Tamariki must also take immediate steps to put things right for those tamariki and rangatahi with a current finding of abuse, to prevent any abuse of today becoming the historic claims of tomorrow.

How allegations of abuse and neglect are addressed is critical for maintaining trust and confidence with tamariki and rangatahi. Similarly, when complaints or grievances are made about care in general, responding in a child-focused and timely way is essential. If the little things are not addressed, tamariki and rangatahi may be less likely to speak up about the big things.

1 The Inquiry focused on abuse in State care that occurred between 1950 and 1999.

2 <https://www.abuseincare.org.nz/reports/whanaketia/part-9/chapter-5/> (paragraph 234).

3 <https://www.abuseincare.org.nz/reports/whanaketia/part-5/chapter-6/> (paragraph 383).

4 Aroturuki Tamariki, *Returning Home From Care: An in-depth look at the experiences and practices surrounding tamariki and rangatahi cared for at home by their parent/s while in State custody*, August 2023.

5 Debbie Francis and Paul Vlaanderen, *Oranga Tamariki Secure Residences and a Sample of Community Homes: Independent, External Rapid Review*, September 2023.

# Oranga Tamariki compliance with Part Four

## Abuse and neglect of tamariki and rangatahi in care continues to increase

We again heard from most tamariki and rangatahi that they feel safe, but the reality for almost one in ten tamariki and rangatahi in care, is that they have been abused or neglected.

The number of tamariki and rangatahi in care has continued to decrease, yet the number of those in care with a finding of abuse or neglect has increased again this year<sup>6</sup>. Oranga Tamariki told us that the increase is in part explained by its focus on more accurate recordings of harm.

Published as an appendix to the Oranga Tamariki 2023/24 Annual Report, the *Safety of Children in Care* report shows that Oranga Tamariki received more reports of concern for children in care in 2023/24 than any year previously<sup>7</sup>. Oranga Tamariki attributes these high numbers to “a continued awareness of the need for any harm to be responded to in a focused way”<sup>8</sup>.

Of the reports of concern made for tamariki and rangatahi in care in the 12 months to 30 June 2024, 1,939 were considered allegations of abuse or neglect. An assessment of these allegations by local sites led to 1,753 child and family assessments or investigations.

One hundred and eighty-six allegations were assessed by local sites to not require a child or family assessment or investigation, otherwise referred to as a no further action (NFA) response decision. Oranga Tamariki does weekly reviews of all NFA decisions as part of its quality assurance checks. These reviews found that of the 186 NFA decisions, 34 were later assessed by Oranga Tamariki as inappropriate to be closed incorrectly or needed further work to determine the safety of the tamariki and rangatahi. This amounts to 18 percent of the NFA decisions and is an improvement on last

year where 47 percent of NFA decisions were found to be incorrect.

### Number of tamariki and rangatahi found to have been abused or neglected in care

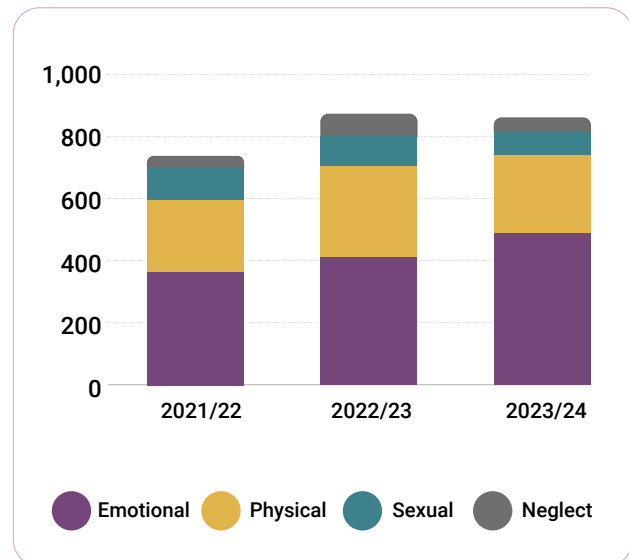
12 months to 31 March<sup>9</sup>



In the 12 months to 31 March 2024, 507 tamariki and rangatahi were abused while in Oranga Tamariki care. Physical and emotional abuse remain the most frequent types of abuse.

### Number of findings of abuse or neglect of tamariki and rangatahi in care by the type of abuse experienced

12 months to 31 March



<sup>6</sup> The Oranga Tamariki *Safety of Children in Care Report* covers the period 1 April 2023 to 31 March 2024. This report has a reporting period of 1 July 2023 to 30 June 2024.

<sup>7</sup> Oranga Tamariki, Appendix C: *Safety of Children in Care Annual Report – reporting period 1 April 2023 to 31 March 2024*, p.152. <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Corporate-reports/Annual-Report/Annual-Report-2023-2024.pdf>

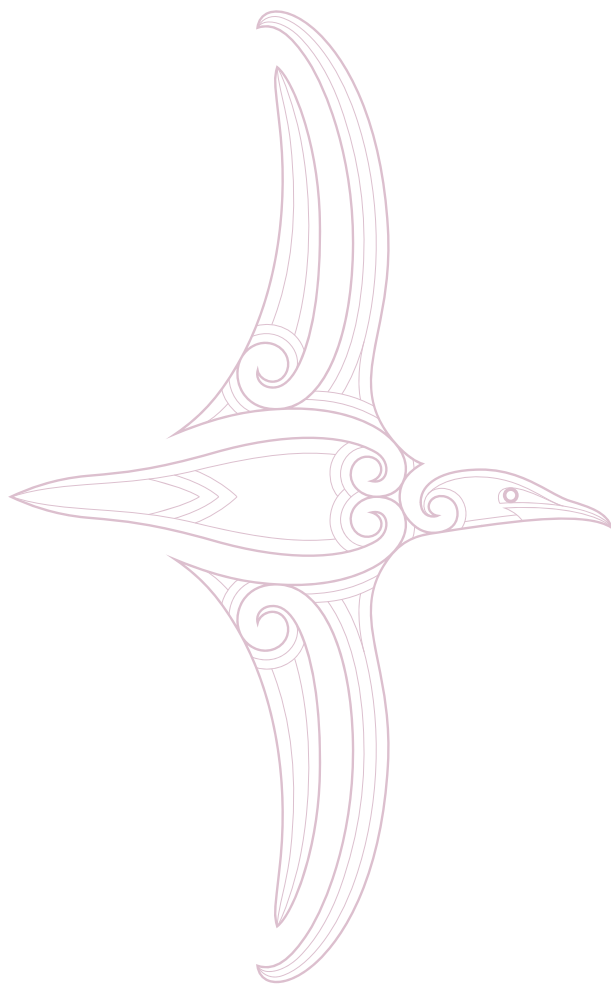
<sup>8</sup> *ibid.*

<sup>9</sup> Note that these figures cannot be compared to our previous *Experiences of Care in Aotearoa* reports as Oranga Tamariki changed its reporting year from the financial to the tax year.

Although the number of tamariki and rangatahi abused has continued to increase, fewer tamariki and rangatahi in care were abused more than once this year. In the year to 31 March 2024, 63 percent (317) of tamariki and rangatahi with a finding of abuse had one finding relating to a single incident. Nineteen percent of tamariki and rangatahi had two or more incidents of abuse.

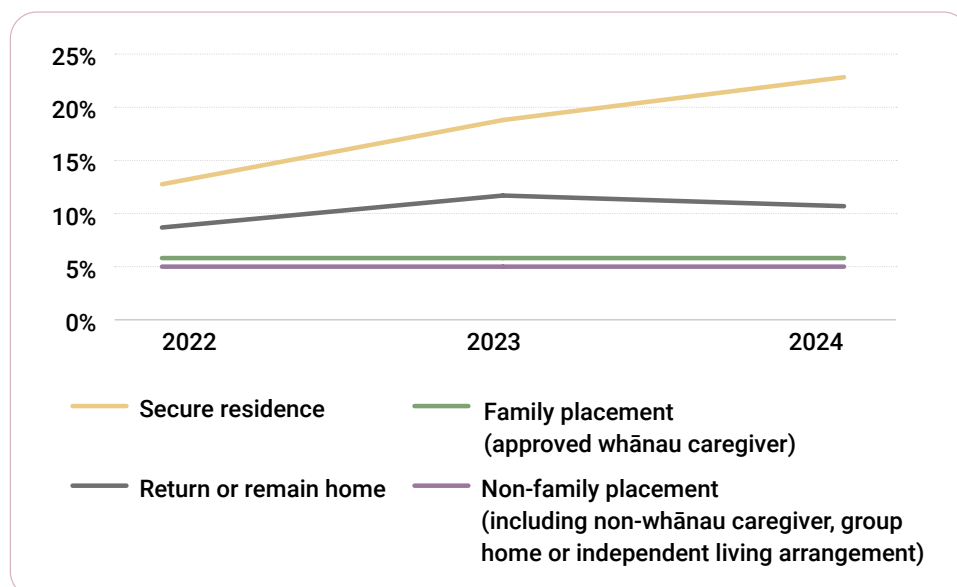
The proportion of abuse in the older age group has incrementally increased each year, according to the Oranga Tamariki Safety of Children in Care report. Seventy six percent of findings of abuse or neglect were for children aged over ten years, with 253 rangatahi abused over the age of 14 years and 36<sup>10</sup> children aged five and under.

There is also a disproportionately higher rate of abuse or neglect occurring for rangatahi and tamariki in secure residences or who return home to live with their parent/s, with a significant increase in the recorded abuse of rangatahi in secure residences over the past three years. This year, 23 percent of tamariki and rangatahi in secure residences had a finding of abuse or neglect. For those who return or remain home while in custody, rates of harm remain high, with 11 percent abused or neglected this year.



### Proportion of tamariki and rangatahi abused by care placement

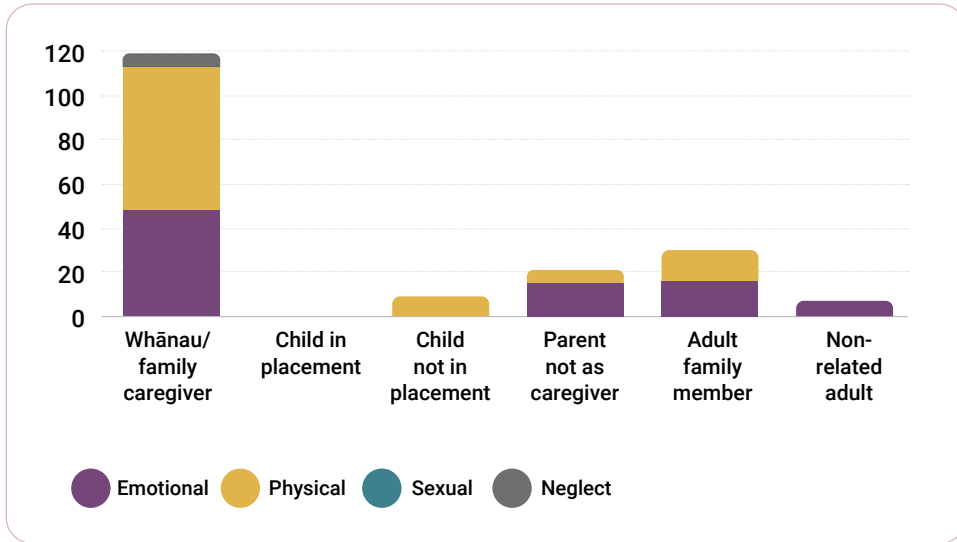
12 months to 31 March



<sup>10</sup> This figure is one fewer than previously published by Oranga Tamariki. Oranga Tamariki provided us with an updated figure after locating an error in its published material.

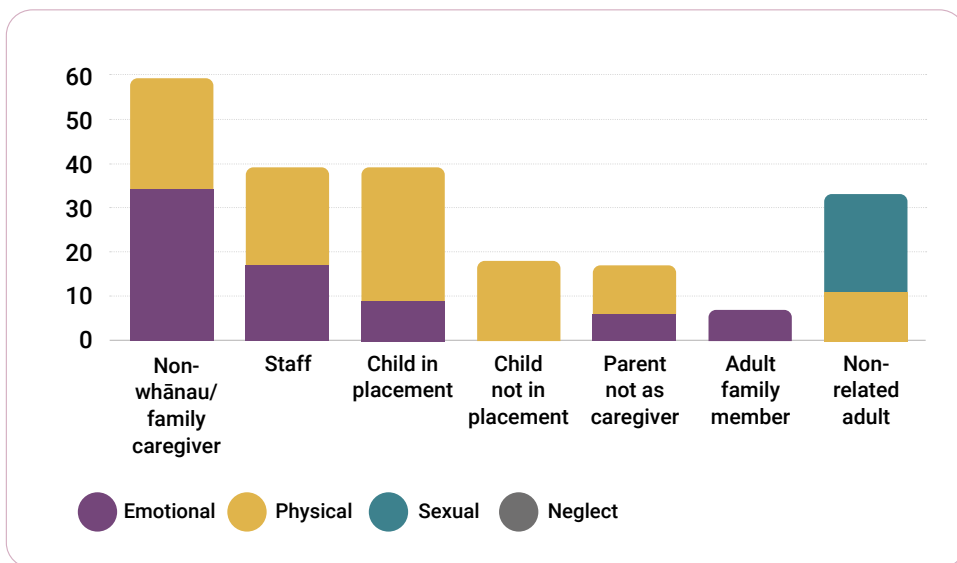
### Family placements: Findings of abuse by person alleged to have caused the abuse

1 April 2023 to 31 March 2024<sup>11</sup>



### Non-family placements: Findings of abuse by person alleged to have caused the abuse

1 April 2023 to 31 March 2024<sup>12</sup>



The Oranga Tamariki response to its *Safety of Children in Care Annual Report* appears to focus on monitoring and support plans for tamariki and rangatahi, and their caregivers. While this may be effective in eliminating abuse in some settings, it does not target the areas where abuse is currently happening at the highest rates – secure residences and return home care. Oranga Tamariki states in

its annual report that there is work underway to strengthen residential practice and operations<sup>13</sup>.

From our monitoring, most of the abuse we heard about happened in group homes and youth justice secure residences. It involved kaimahi using excessive force including punches, hits to the head, and rangatahi “getting the bash”. During the 2023/24 reporting period, we made four reports of concern following disclosures. We asked Oranga Tamariki for

<sup>11</sup> To protect confidentiality of individuals, some categories have been omitted from this graph where they represent only a very small number of tamariki or rangatahi.

<sup>12</sup> To protect confidentiality of individuals, some categories have been omitted from this graph where they represent only a very small number of tamariki or rangatahi.

<sup>13</sup> Oranga Tamariki annual report 2023-2024, page 21.

data on how often tamariki and rangatahi in group homes and residences were visited by their social workers, but this was not able to be provided.

### Safety in secure residences

Secure residences provide care for tamariki and rangatahi with care and protection needs as well as rangatahi who have been remanded or sentenced through youth justice proceedings. During this reporting period, 58 tamariki and rangatahi spent time in care and protection residences, and 502 rangatahi in youth justice residences. Over the last year there has been considerable focus on the operation of youth justice residences.

The youth justice population is older than it once was. Legislative change in 2019 means it is possible for rangatahi to be in youth justice residences up to the age of 20 years old. Tamariki and rangatahi placed in residences typically have complex needs and behaviours. For example, the youth justice population is:

- twenty-five percent more likely to have had treatment for mental health challenges than the rest of the care population
- more than twice as likely (than other tamariki and rangatahi in care) to have had over 15 placements, two and a half times more likely to have been treated for drug use, and more than twice as likely to have been suspended from school at least once<sup>14</sup>.

Confirmed or suspected mental health or disability-related diagnoses are also high in this group<sup>15</sup>.

The United Nations Committee on the Rights of the Child, which examines child rights in Aotearoa every few years, continues to raise concerns about the safety of tamariki and rangatahi in care. Its most recent recommendations, published in 2023, raises concerns about residences and “allegations that children in secure residential care facilities are often denied the opportunity to have their opinions heard in decisions about their placement, experience injuries from the use of restraints by staff, are subjected to bullying and unsanitary

conditions and lack access to a fair and effective complaints procedure”<sup>16</sup>.

In September 2023, Oranga Tamariki published a report of its rapid review of Oranga Tamariki residences, overseen by former Police Commissioner Mike Bush. The review had been carried out in response to reports of kaimahi in residences bullying tamariki and rangatahi and forcing them to fight one another. The report states that “safety... is the critical risk that must be managed” and that Oranga Tamariki “needs to further strengthen health and safety culture, accountability and reporting in the secure residences in homes, for both staff and young people”.<sup>17</sup>

Oranga Tamariki stated it anticipated an increase in the reporting of harm “since the last [Safety of Children in Care] report as a result of the commitment from the Chief Executive to identify and address all harm occurring in residences”<sup>18</sup>.

This year there has been a reported increase in the number of rangatahi physically abused by other rangatahi in residences. The number of findings of abuse by kaimahi in residences has nearly doubled in the last year from 24 to 41. Emotional abuse and neglect by kaimahi include failure to protect rangatahi “from alleged organisational fighting” and verbal threats from kaimahi. This is in line with the small number of accounts we heard first-hand from tamariki and rangatahi during our regional engagements. Fifteen tamariki between 10 and 13 years of age had a finding of abuse compared to eight in 2023. There was also an increase in those aged 14 years and above from 83 to 103.

<sup>14</sup> Debbie Francis and Paul Vlaanderen, Oranga Tamariki Secure Residences and a Sample of Community Homes: Independent, External Rapid Review, September 2023. <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Performance-and-monitoring/Reviews-and-Inquiries/Rapid-residence-review/Secure-residence-review.pdf>

<sup>15</sup> *ibid.*

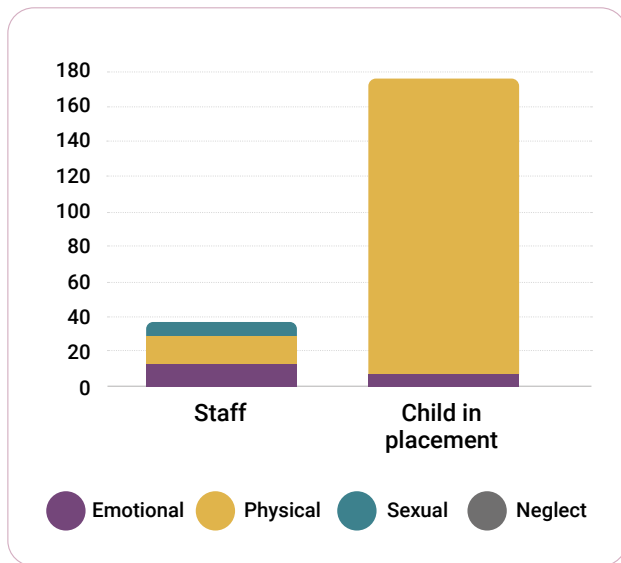
<sup>16</sup> United Nations Convention on the Rights of the Child, Concluding observations on the sixth periodic review of New Zealand (CRC/C/NZL/CO/6), 28 February 2023. <https://documents.un.org/doc/undoc/gen/g23/023/44/pdf/g2302344.pdf>

<sup>17</sup> Oranga Tamariki Secure Residences and a Sample of Community Homes: Independent, External Rapid Review.

<sup>18</sup> Oranga Tamariki, Appendix C: Safety of Children in Care Annual Report – reporting period 1 April 2023 to 31 March 2024, page 166. [www.orangatamariki.govt.nz/assets/Uploads/About-us/Corporate-reports/Annual-Report/Annual-Report-2023-2024.pdf](https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Corporate-reports/Annual-Report/Annual-Report-2023-2024.pdf)

**Findings of abuse in secure residences, by type of abuse and person alleged to have committed the abuse**

1 April 2023 to 31 March 2024<sup>19</sup>



While Oranga Tamariki reports that the severity of physical abuse in residences was lower in the twelve months to 31 March 2024 than in previous years, there were still instances of violence that caused rangatahi to lose consciousness and require hospital visits. There were also “some young people... subjected to multiple assaults on several occasions”, and some assaults that “were premeditated group assaults on a targeted young person.”

Since the rapid review, Oranga Tamariki has focused on improving practice. Our engagements at residences this year, along with those of Mana Mokopuna - Children and Young People’s Commission<sup>20</sup>, show that there is considerable variation in how residences operate and how rangatahi are cared for. We heard, for example, rangatahi ask to see their site social workers, with some social workers being very proactive however others are unable to be reached and are sometimes not able to physically visit due to budget constraints.

Having a close and trusted relationship with an adult, such as a social worker, is one way of helping to keep rangatahi safe.

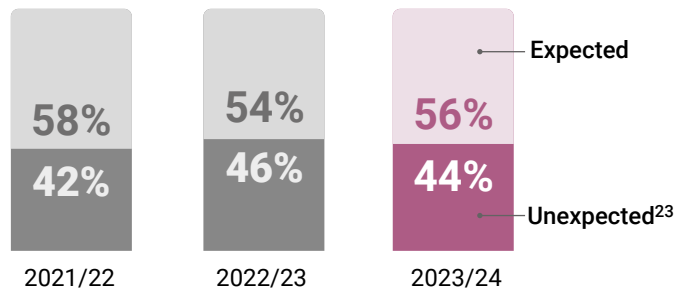
We also saw examples of engaged and well-trained staff and strong leadership. We saw that, with the right resources and therapeutic programmes in place, a more positive environment and higher level of care can be created. This shows what is possible.

**Safety on returning or remaining home**

As set out in our in-depth report, *Returning Home from Care*<sup>21</sup>, some tamariki and rangatahi live at home while in the custody of Oranga Tamariki.

This year, approximately 14 percent of tamariki and rangatahi in care were living at home. Returning home can be unexpected because of a breakdown in placement, there are no other placement options, or because rangatahi decide to take themselves home. Oranga Tamariki recognises that an unexpected return<sup>22</sup> home carries risk of harm, yet the proportion of tamariki and rangatahi unexpectedly returning home has not improved.

**Proportion of tamariki and rangatahi returning home that are expected or unexpected**



Of those tamariki and rangatahi who returned home during the reporting period, just over half did so in a planned way.

<sup>19</sup> To protect confidentiality of individuals, some categories have been omitted from this graph where they represent only a very small number of tamariki or rangatahi.

<sup>20</sup> <https://www.manamokopuna.org.nz/publications/reports/korowai-manaaki-monitoring-report/>

<sup>21</sup> Aroturuki Tamariki, *Returning Home from Care: An in-depth look at the experiences and practices surrounding tamariki and rangatahi cared for at home by their parent/s while in State custody*, August 2023.

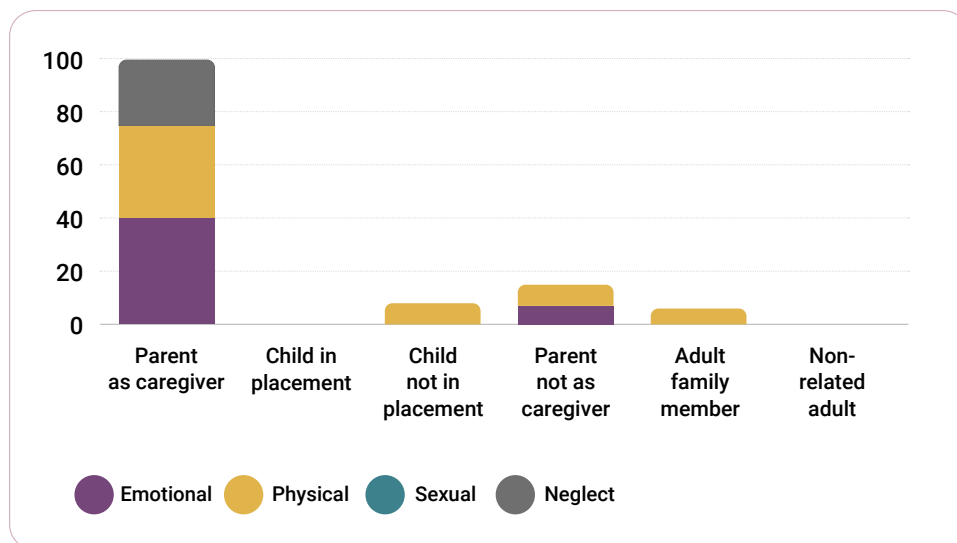
<sup>22</sup> We have previously referred to ‘unexpected’ care transitions as urgent or unplanned transitions and ‘expected’ care transitions as planned transitions. Oranga Tamariki updated its description of these transitions.

<sup>23</sup> Unexpected Return Homes include a small number of cases where it was unclear from case recording if the return home was expected or unexpected.



### Findings of harm by person alleged to cause the harm in return/remain home care

1 April 2023 to 31 March 2024<sup>24</sup>



Oranga Tamariki reports there has been a reduction in the number of findings of emotional abuse for tamariki and rangatahi who have returned home, but there has been an increase in findings of physical abuse. While there has been a small reduction in the overall number of findings of abuse or neglect, 11 percent of tamariki and rangatahi in return home care were abused or neglected. This is higher than for other care placements, other than secure residences.

Tamariki aged 10 years and older were more likely than younger tamariki to experience harm when returned home, and rangatahi aged 14 years and older were even more likely. Physical abuse was most often at the hands of a parent, and usually in instances where tamariki and rangatahi were living with one parent in a return home arrangement. The abuse was most likely to be “in the form of punches and slaps to the body and head” and in situations where “parents struggled to respond appropriately to their children’s presenting behaviour and needs.”

In our engagements, we heard about parents being unsupported to have their tamariki and rangatahi back in their care.

*“[Oranga Tamariki] returning children to birth parents before they are ready to send them back is an issue. We have a teenager being returned, and the younger [child] was returned, and we supported them for that, they were adamant, even though the parents weren’t ready, and therefore it broke down. The emails are very critical of the parents, they weren’t supporting the child, but we said, ‘and they said they weren’t ready to receive [child] back’, but [Oranga Tamariki] said ‘tough, you have taken [child]’. It’s like a double uplift if it fails.”* OPEN HOME FOUNDATION KAIMAHI

Despite the known risks, and the findings of our 2023 *Returning Home from Care* report, tamariki and rangatahi who return home in an unplanned way were less likely to be visited by a social worker, with only 15 percent visited as often as required. This is covered in Part Five of this report.

Oranga Tamariki accepts that a dedicated focus on tamariki and rangatahi who return or remain home, including support for parents, is required. We will continue to report on this as an area of focus to see whether any improvement from Oranga Tamariki results in a reduction of abuse and neglect.

<sup>24</sup> To protect the privacy of individuals, some categories have been omitted from this graph where they represent only a very small number of tamariki or rangatahi.

## Compliance with the NCS Regulations when responding to allegations of abuse and neglect

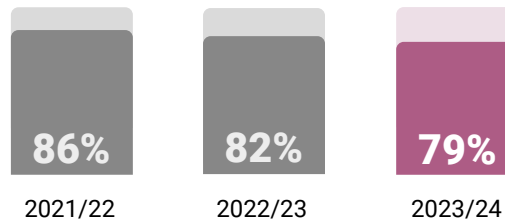
Regulation 69 requires allegations of abuse or neglect to be responded to promptly. It also requires information to be recorded and reported consistently, that tamariki and rangatahi are informed of the outcome (where appropriate), and that appropriate steps are taken in response, including a review of the caregiver’s plan.

To assess itself against Regulation 69, Oranga Tamariki developed 12 practice requirements. Oranga Tamariki data shows 33 percent of tamariki and rangatahi had between 10 and 12 of these practice requirements met. Although this rate of compliance has not changed over the past three years, Oranga Tamariki is making some progress against some of the specific requirements of Regulation 69. Oranga Tamariki has identified improvements in *“the number of caregiver support plans in place, and reviews of the caregiver’s support needs being completed following an incident of abuse or neglect. For almost all tamariki, their plan was reviewed and there was evidence of supports put in place to address the impact”*.

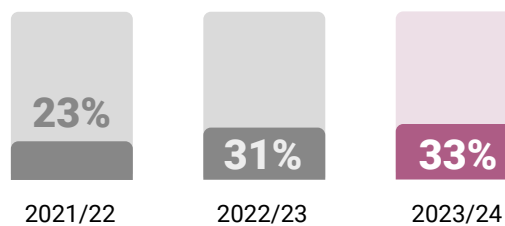
Although this improvement is positive, significant progress is still required before Oranga Tamariki can consider itself to be compliant with Regulation 69.

When an allegation of abuse or neglect is made, a safety screen is required to assess the immediate safety of the child or rangatahi. The screen determines whether they can safely remain in the placement or require a move. A decision on whether they can return to that placement or home is generally made once the investigation or assessment is complete. There has been another small decrease in the proportion of tamariki and rangatahi receiving a timely initial safety screen (down to 79 percent).

### Safety screen completed on time



### Assessments and investigations completed on time



There has been a small improvement in the timeliness of assessments and investigations.

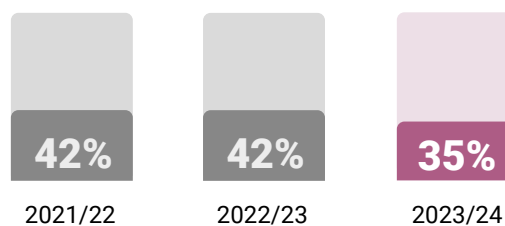
There has also been an improvement in:

- the review of tamariki and rangatahi plans after abuse or neglect (up to 92 percent)
- the proportion of tamariki or rangatahi for whom supports have been put in place (up to 90 percent).

For those tamariki and rangatahi living with caregivers, there has also been a continued improvement in the review of caregiver plans following an allegation of abuse or neglect (up to 69 percent).

Where Oranga Tamariki performance has fallen is in informing tamariki and rangatahi of the outcome of the investigation, if appropriate. This has fallen to 35 percent, from what was already low compliance.

### Tamariki informed of outcome



While positive that tamariki and rangatahi plans are being reviewed and supports put in place, it is of concern that tamariki and rangatahi are being informed of the outcome of investigations at a lower rate than what was already a low base. As highlighted in *Whanaketia*, it is essential that when

tamariki and rangatahi speak up, and concerns are raised, they are listened to, and know what action is taken. Not having this can result in a loss of trust in those there to protect them, and a reluctance to raise safety concerns in the future.

## Tamariki and rangatahi in care must have a voice

Tamariki and rangatahi in care must have a say in decisions affecting them. They must also feel that they can speak up when something is wrong and have confidence that their concerns will be addressed.

There is evidence from our regional engagements, as well as from data, that some tamariki and rangatahi in care understand their rights and the level of care they must receive. There is also evidence that complaints procedures for both Oranga Tamariki and the Office of the Ombudsman, and advocacy services, such as VOYCE Whakarongo Mai, are being utilised. Complaints are being made by tamariki and rangatahi in care, and by others on their behalf. However, the number of recorded complaints made directly by tamariki and rangatahi are low.

### Some tamariki and rangatahi in care understand their rights but don't feel listened to

As outlined in Part One of this report, tamariki and rangatahi we spoke with this year had mixed experiences of having a say in their care. This is despite data provided by Oranga Tamariki showing that 84 percent of tamariki and rangatahi in care had their views identified and considered during the reporting period.

Although Oranga Tamariki has not carried out its *Te Tohu o te Ora* child survey since 2022, results from that year show that the majority of tamariki and rangatahi (80 percent) indicated that they get to have a say in important decisions about their life. Three in 10 tamariki and rangatahi said this was "all of the time", half said "most of the time" and about two in 10 said "not much of the time" or "never". Oranga Tamariki reported that there were no significant differences by age, gender or ethnicity<sup>25</sup>.

Despite the Oranga Tamariki assessment of its performance and the 2022 survey, we heard mixed experiences from tamariki and rangatahi we spoke to. While many tamariki and rangatahi know about their plan, most tamariki and rangatahi we spoke with felt they were not involved or listened to when plans were made for them. They felt that decisions were made without them, and that goals or views had been pushed onto them. This included decisions about health and education needs; placement decisions; decisions about recreation or sport; and decisions about whānau connection, such as frequency of contact.

*"I don't like them [Oranga Tamariki]. They make decisions for you, it's bullshit, put words in your head and change things at the last second. Fucks you off."* RANGATAHI

Some tamariki and rangatahi who felt they didn't have a voice in their plan mentioned raising things with their caregiver or an advocate from VOYCE Whakarongo Mai to feed back to their social worker. A few tamariki and rangatahi spoke about advocating for themselves and standing firm on what they would like included in their plan.

*"I tell them, 'it is not your life. It is my plan. It is my life'. I am very firm on what I can. This is my life, my plan."* RANGATAHI

Some tamariki and rangatahi did speak positively about their involvement in their care. Many of those who did so also said that social workers, youth workers, mentors, VOYCE Whakarongo Mai advocates and other professionals talk with them about their plans.

<sup>25</sup> [https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Te-Matataki-2023/Te-Matataki-2023\\_FINAL.pdf](https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Te-Matataki-2023/Te-Matataki-2023_FINAL.pdf)

*"Yeah, I had an input [to the FGC], and then I had a plan and they asked if I agreed with it. And I do."*

CHILD

*"I feel like they [professionals] are all trying to get my voice and proceed with the right information, so they don't do something that I don't want to do."*

RANGATAHI

Given the mixed experiences we heard in our engagements, it is important for Oranga Tamariki to listen to the voices of tamariki and rangatahi in its care, through both their social workers and at a national level, to improve their care experience as well as their outcomes.

## Complaints and grievances processes are being used

An effective complaints system is an important safety valve for tamariki and rangatahi. The Royal Commission of Inquiry into Abuse in State and faith-based care has shown what can happen when tamariki and rangatahi are not listened to. Having processes in place, and being listened to, are important for tamariki and rangatahi so that they can trust the system and know they can speak up about their care.

Oranga Tamariki has a complaints system that includes a formal complaints process for tamariki and rangatahi in care in the community (with whānau caregivers and non-whānau caregivers and in group homes) and a separate grievance process for tamariki and rangatahi in secure residences, as stipulated by the Oranga Tamariki (Residential Care) Regulations.

During our regional engagements this year, some tamariki, rangatahi and caregivers were asked about speaking up if something was wrong with the care being provided.

## The number of complaints from tamariki and rangatahi reported by Oranga Tamariki seems low

Tamariki and rangatahi living with whānau caregivers or non-whānau caregivers, and in group homes, reported mixed knowledge about how to make a complaint. Some did not know how to make a complaint, with one saying they couldn't remember whether they had ever been told but would check the Oranga Tamariki website if they needed to. Others were confident that they knew who they would talk to if they wanted to raise any concerns.

*"If something wasn't right, I'd probably call [previous Oranga Tamariki social worker] and talk to her. If something is off, or for example, if something with my family is off and I'm concerned, I'll be like 'you alright?'"*

CHILD

Some of the tamariki and rangatahi we spoke with had exercised their right to complain about their care. A few said that they had been supported by their social worker or someone else from Oranga Tamariki to make a complaint, and a few said that changes had been made because of their complaint. Some also spoke about the support they received from VOYCE Whakarongo Mai to make complaints<sup>26</sup>.

When we spoke to caregivers and whānau members, we heard mixed accounts of knowing how to make a complaint, and of having their complaints addressed. Some complaints were about shared care partners working with disabled tamariki and rangatahi, rather than directly about Oranga Tamariki. Some whānau members said they were scared of the consequences of making a complaint about the care their tamariki and rangatahi were receiving.

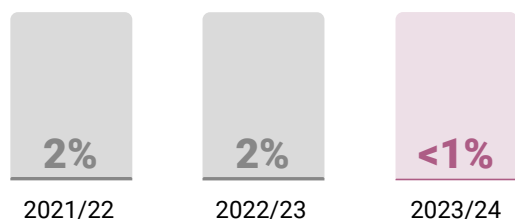
Data from Oranga Tamariki on complaints<sup>27</sup> states that 1,251 complaints were made across the reporting period, a slight increase since last year (1,194). Only nine of those complaints were made by tamariki and rangatahi in care (this represents less than 1 percent of the total complaints made). The majority of complaints were made by their parents (58 percent), followed by grandparents and other whānau members, including whānau caregivers (27 percent).

<sup>26</sup> VOYCE Whakarongo Mai has told us that 497 tamariki and rangatahi sought its advocacy support during the reporting period. We did not request this information specifically for tamariki and rangatahi in care, and therefore some cases could have involved tamariki and rangatahi who had already left care. However, VOYCE Whakarongo Mai recorded that 21 complaints were supported during the 2023/24 year. Seventeen of these had been resolved by the end of the reporting period (30 June 2024).

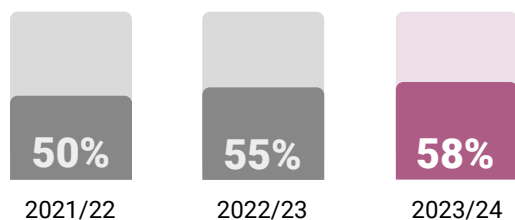
<sup>27</sup> "Complaints" are made by or for tamariki and rangatahi in care in the community (with whānau caregivers and non-whānau caregivers) and group homes. Secure residences are covered by the Oranga Tamariki (Residential Care) Regulations. This means that tamariki and rangatahi complaints in residences are referred to as "grievances" and are not included in these figures.

### Complaints made to Oranga Tamariki grouped by the person who made the complaint

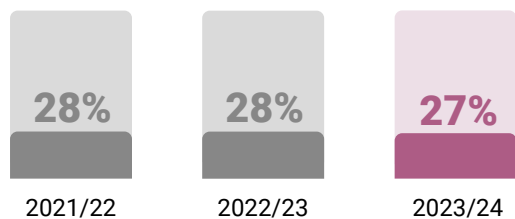
Tamariki or rangatahi in care



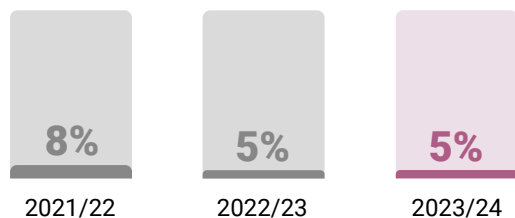
Parent



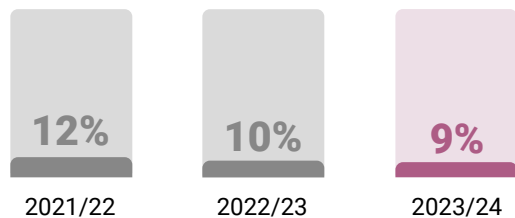
Whānau



Non-whānau caregiver



Other/Professional



Total number of complaints



The low number of recorded complaints from tamariki and rangatahi – at just nine – is at odds with what we heard from the 170 tamariki and rangatahi we spoke with this year who were in care.

Although only a small number talked about having made a complaint to Oranga Tamariki on their own behalf, this alone represents seven complaints. Extrapolating to the whole care population, we would expect more complaints to have been recorded by Oranga Tamariki. One possibility for the low number of recorded complaints is that issues raised by tamariki and rangatahi in care are being dealt with informally before they become a formal complaint. It's important that Oranga Tamariki has visibility of all complaints, and that tamariki and rangatahi know that their complaint has been taken seriously. Therefore, we caution against using the low number of recorded complaints from tamariki and rangatahi as an indicator of satisfaction.

About half of the complaints recorded by Oranga Tamariki during the reporting period relate to the issue of fair treatment<sup>28</sup>. After this, 25 percent of complaints relate to communication.

Positively, Oranga Tamariki has reduced the length of time taken to resolve complaints.

At the close of the reporting period, three quarters of complaints submitted within the period had been recorded as closed. Oranga Tamariki took an average of 56 working days to close a complaint across the 2023/24 year. This is outside the Oranga Tamariki policy timeframe of 35 working days, although the time taken to close complaints decreased markedly during the reporting period, from 75 days (on average) in the first quarter to 25 days in the last quarter.

### Some complaints are escalated to the Ombudsman

Tamariki and rangatahi in care or custody can complain directly to the Ombudsman. Those acting on their behalf can escalate complaints to the Ombudsman if they feel that the response from Oranga Tamariki (or another agency approved under s396 of the Oranga Tamariki Act) has been unsatisfactory. During our regional engagements this year, we heard from a few whānau who had escalated their complaints to the Ombudsman.

Data from the Office of the Ombudsman shows that there were 404 complaints made about Oranga Tamariki, and five complaints made about other care

<sup>28</sup> A single complaint might relate to more than one issue – for example, both fair treatment and communication.

and custody agencies, during the reporting period<sup>29</sup>. The five most common themes of these complaints were issues with Oranga Tamariki social workers or other kaimahi (47), decisions to remove tamariki and rangatahi from care (38), dissatisfaction with the outcome of earlier investigations (31), responses to Reports of Concern (27), and communication and decision-making issues (23 each). Complaints to the Ombudsman about Oranga Tamariki have steadily risen over the past few years.

### Ombudsmen Act complaints about Oranga Tamariki

2021/22	2022/23	2023/24
180	301	404

While we have seen an improvement in the timeliness of response by Oranga Tamariki and an increase in complaints overall, focus is still required on making the complaints process accessible for tamariki, rangatahi and whānau.

### Tamariki and rangatahi in secure residences know the grievance process

Secure residences are subject to the NCS Regulations and the Oranga Tamariki (Residential Care) Regulations, which refer to a grievance process rather than a complaints process. For this reason, complaints in residences are known as grievances.

Oranga Tamariki told us that 58 tamariki and rangatahi spent time in care and protection residences and 502 rangatahi spent time in youth justice residences during this reporting period.

In all our engagements, tamariki and rangatahi in secure residences told us that they understand their right to raise a grievance and how the process works.

*“The staff have to get the form to you before the end of their shift. You fill out a grievance form. If you need to, you can ask for someone to help you fill it out. After you hand it in, you should have an answer within two, three days. After that if you are not happy you can take it higher if you need to.”*

RANGATAHI

Concerns have been raised by the United Nations Committee on the Rights of the Child about access to “a fair and effective complaints procedure”<sup>30</sup> for tamariki and rangatahi in residences. As part of its monitoring of places where tamariki and rangatahi are deprived of liberty<sup>31</sup>, Mana Mokopuna - Children and Young People’s Commission has raised concerns about the grievance process and the culture that inhibits tamariki and rangatahi from speaking up.

*“There is a lack of independent complaints processes across all designated facilities. Mokopuna are placed in the position where they must access or address complaints via kaimahi working directly with them. This poses a problem when mokopuna must access the complaint system through kaimahi they may wish to complain about. Complaints are then also managed in-house unless escalated by mokopuna. Mana Mokopuna regularly hears that initiating grievance processes in Youth Justice residences is discouraged by kaimahi and other mokopuna, with complaint forms being labelled as ‘snitch forms’.”<sup>32</sup>*

Data from Oranga Tamariki shows that there were 396 grievances raised by tamariki and rangatahi in residences during the reporting period. The majority (270)<sup>33</sup> were in youth justice residences, continuing the trend over the last three years. Although an

<sup>29</sup> This refers to complaints made under the Ombudsmen Act 1975. There were also 43 complaints made under the Official Information Act 1982 in relation to Oranga Tamariki care and custody. A ‘complaint’ is defined as a written expression of dissatisfaction, in respect of which action is sought by the Ombudsman.

<sup>30</sup> United Nations Convention on the Rights of the Child, Concluding observations on the sixth periodic review of New Zealand (CRC/C/NZL/CO/6), 28 February 2023. <https://documents.un.org/doc/undoc/gen/g23/023/44/pdf/g2302344.pdf>

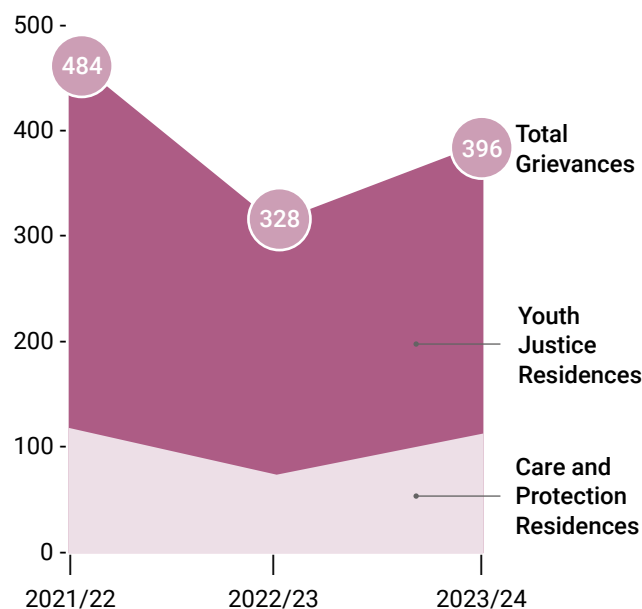
<sup>31</sup> Mana Mokopuna - Children and Young People’s Commission is a National Preventative Mechanism under the Crimes of Torture Act 1989. OPCAT is the Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment.

<sup>32</sup> Human Rights Commission, *Monitoring places of detention 2022/23: Annual report of activities under the Optional Protocol to the Convention against Torture (OPCAT)*, September 2024, page 43.

<sup>33</sup> In its response to our data request, Oranga Tamariki stated 270 grievances were made by rangatahi in youth justice residences this year. However, in the same response document, only 250 youth justice residence grievances are accounted for in its raw count that breaks down the nature and outcome of grievances made. Therefore, the nature and outcome of these additional 20 grievances is unknown.

increase in youth justice grievances was recorded between 2022/23 and 2023/24, the number of grievances is not as high as it was in 2021/22.

### Grievances for secure care and protection and youth justice residences



Grievances can be for a range of concerns, from the quality of the food to verbal and physical abuse by other rangatahi and by staff. During the reporting period, the highest proportion of grievances in both youth justice and care and protection residences were raised about kaimahi. Grievances relating to abuse are recorded as reports of concern.

Over the last three years, most grievances in youth justice residences have been found to be unjustified, while most grievances in care and protection residences have been found to be justified.

Positively, of the tamariki and rangatahi who told us they had raised grievances, all but one had heard back with a change for the better.

Grievance panel reports provided to us include instances of tamariki and rangatahi raising grievances and then withdrawing them. Without further information, we cannot tell why these grievances were withdrawn, or whether the concerns raised had been addressed.

## Improvements need to continue for tamariki and rangatahi to have a voice

In our 2021/22 *Experiences of Care in Aotearoa* report, we reported steps that Oranga Tamariki was taking to improve its complaints and grievances processes for tamariki and rangatahi. These include improving the language and accessibility of information about complaints and grievances, developing multiple systems to support tamariki and rangatahi to make complaints, improving investigation standards and kaimahi training, and increasing the profile of advocacy services<sup>34</sup>.

These improvements will make it easier for tamariki and rangatahi to speak up when something is wrong, but other reasons why they may not, such as their safety, must be addressed. Tamariki and rangatahi in care, and particularly rangatahi in residences, must be able to speak up if something is not right without fear of recrimination or of being further bullied.

In addition, social worker visits are important opportunities to check on safety. In our regional engagements we heard that social worker visits drop off once tamariki and rangatahi are placed in residences and group homes. We heard from some managers and team leaders in some homes about Oranga Tamariki social workers not visiting frequently enough, or not at all. We heard that social workers are non-responsive when rangatahi try to get hold of them. Kaimahi shared that once tamariki and rangatahi are settled in homes, social worker visits reduce and then stop all together.

*"It feels like they [social workers] come visit a lot in the beginning and then it stops because they know the kids are safe and they focus on their other kids."* ORANGA TAMARIKI GROUP HOME KAIMAHI

<sup>34</sup> <https://aroturuki.govt.nz/assets/Experiences-of-Care-2021-22-web-version-corrected-March23.pdf>

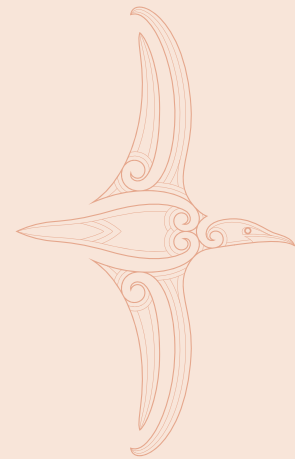
Part Five:

# Supporting children and young people during care transitions





*Each part of the NCS Regulations outlines what meeting these will mean for tamariki and rangatahi in care. This page summarises what tamariki and rangatahi are currently experiencing under Part Five of the Regulations.*



## **Supporting us when we change placements**

**We want to be involved in plans and decisions about us, and we have big goals for our future.**

**Many of us experience changes to where we live, and some of us get to go home to our mum or dad.**

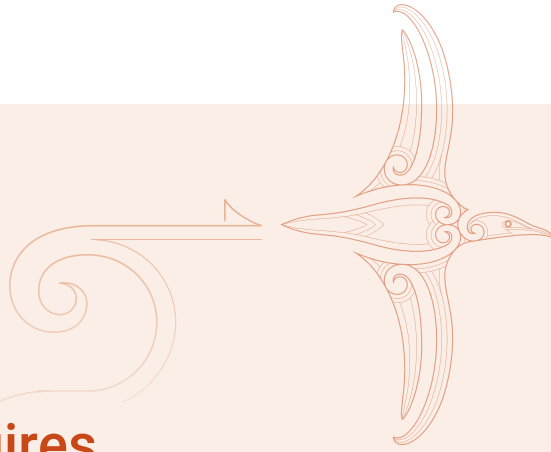
**Just under half of us return home unexpectedly, without planning, and Oranga Tamariki isn't always there to check that we are okay.**

**Many of us have been offered help from a transition support service to get ready to leave care as an adult. Some of us are eligible for this help but haven't been told about the transition support service yet, or are referred to it too late.**

**Many of us have good relationships with our transition workers. Our transition workers listen to us and help us get some of the things we need as we become independent.**

**While lots of us are referred to the transition support service, for most of us Oranga Tamariki hasn't checked that we have everything we need to live on our own as an independent adult, before we turn 18. The life skills assessment helps to understand how ready we are to live independently, like cooking food and paying bills, having somewhere to live, and have basics like a bank account and IRD number.**

**Some of us struggle to find a safe place to live and have ended up in places that aren't good for us.**



## What Part Five requires

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Part Five 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 but also 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.

## Rangatahi are still not being given the best chance of a successful transition

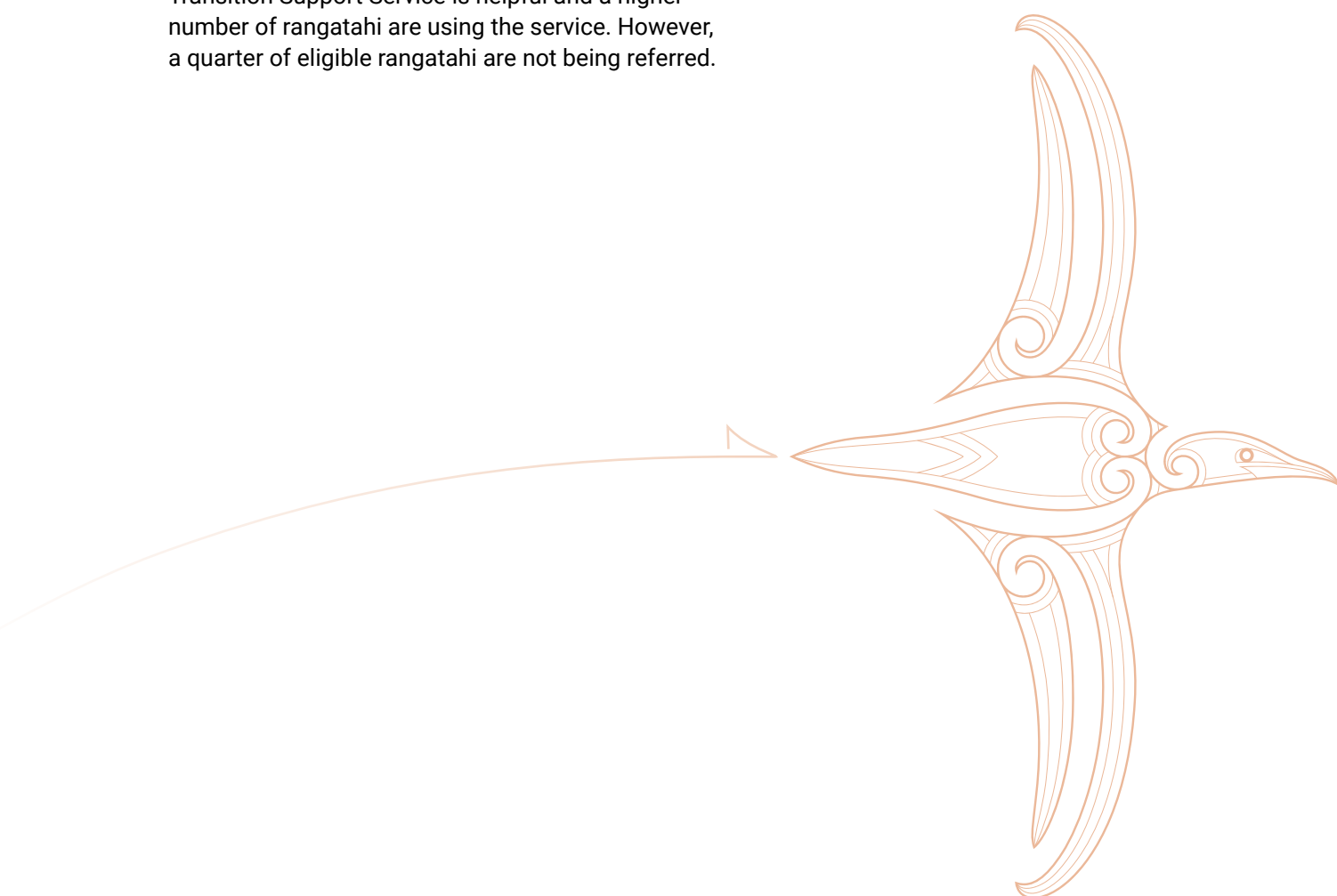
Oranga Tamariki data shows that a quarter of tamariki and rangatahi experienced a change in where they lived within the last year. Half of these changes were unexpected, and of these, fewer than one in five had their All About Me or other plans updated to record the necessary steps to support their move.

Tamariki and rangatahi returning home are still not getting the support they need during this high-risk change, with less than a third visited as required by Oranga Tamariki policy. This low rate of visits is similar to last year.

For rangatahi who are moving into adulthood, the Transition Support Service is helpful and a higher number of rangatahi are using the service. However, a quarter of eligible rangatahi are not being referred.

Transition Support Service providers have expressed concerns about the timeliness of referrals and the quality of information they get from Oranga Tamariki. This impacts on transition workers' ability to build a trusting relationship with rangatahi and to set them up well for their transition to adulthood.

Whether or not rangatahi choose to engage with the Transition Support Service, Oranga Tamariki is responsible for the completion of transition planning and life skills assessment. This responsibility is not being fulfilled.



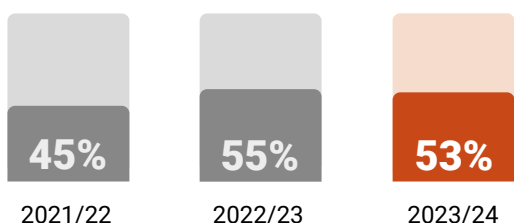
# Oranga Tamariki compliance with Part Five

## A high proportion of changes in care are unexpected

One in four tamariki and rangatahi had a care transition in the last year. Disabled tamariki and rangatahi are more likely to have had a care transition. Like previous years, around half of these were unexpected<sup>1</sup>.

### Oranga Tamariki data

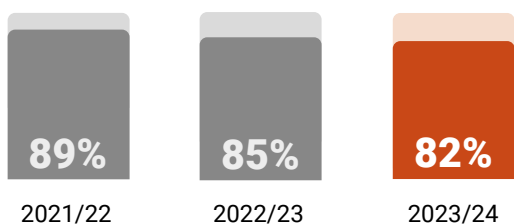
#### Unexpected care transition



For expected transitions the Oranga Tamariki lead indicator shows there was “sufficient evidence of transition planning” for 82 percent of tamariki and rangatahi. This rate has gradually decreased over the past three years.

### Oranga Tamariki Lead indicator 20

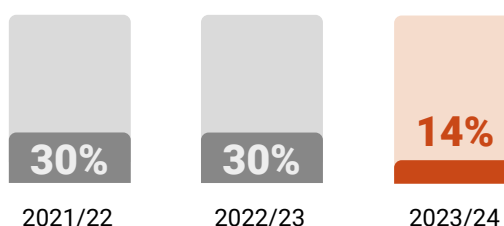
Where there is an expected transition for tamariki to a new care arrangement, planning has occurred to support a successful transition



Oranga Tamariki data also shows that only 14 percent of All About Me or other plans were updated when there was an expected care transition. This is significantly lower than previous years.

### Oranga Tamariki data

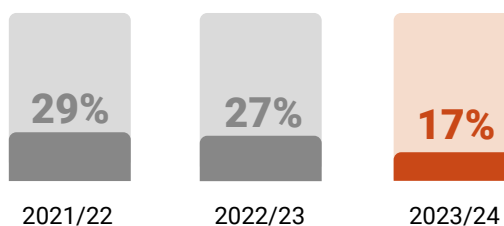
Where there was an expected care transition, All About Me or other plans were updated



Where tamariki and rangatahi experienced an unexpected care transition, 57 percent of the time there was evidence of planning<sup>2</sup> and 17 percent of All About Me or other plans were updated after their transition to record the necessary steps to support their transition. This is a reduction from 27 percent last year.

### Oranga Tamariki data

Where there was an unexpected care transition, All About Me or other plans updated



In our monitoring this year, we heard a mix of positive and negative experiences from some tamariki and rangatahi about their involvement in transition planning.

<sup>1</sup> We have previously referred to ‘unexpected’ care transitions as urgent or unplanned transitions and ‘expected’ care transitions as planned transitions. Oranga Tamariki updated its description of these transitions.

<sup>2</sup> Oranga Tamariki assumes that planning can take place both before and after a transition to a new care placement. Where Oranga Tamariki is unaware of the care transition until after tamariki have moved, those completing case file analysis are asked to look for sufficient evidence that Oranga Tamariki took steps to support the transition as soon as it could after the move.

“Sometimes I would get like an hour’s notice that I was going to a new place – no warning, just got told ‘pack your bags’ and go.” RANGATAHI

“It’s [plan] not being communicated. I called my social worker to [ask them to] tell me as soon as you know. I want to be planning months in

advance. You never hear from them, they never know. It’s very stressful because you do need to know where you are going, and you don’t.” RANGATAHI

“I have had a say in what I want. It has been perfectly fine. They have heard what I have said and have made things happen.” RANGATAHI

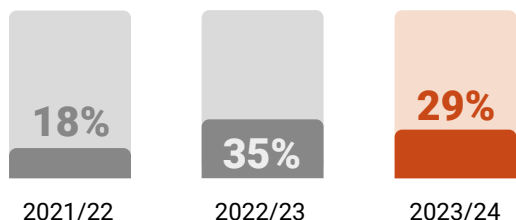
## Tamariki and rangatahi who return home are still not being visited enough

This year approximately 14 percent of tamariki and rangatahi in care were living at home with their parent/s during the reporting period. As outlined in Part Four, returning home has an increased risk of harm. Oranga Tamariki policy requires social workers to visit often and suggests at least once a week for the first four weeks following the return. Oranga Tamariki practice did not reflect this policy.

Once tamariki and rangatahi had returned home, only 29 percent were visited as required by Oranga Tamariki policy (weekly for at least a month or at the frequency based on their assessed need). This is a decrease from 35 percent in 2022/23.

### Oranga Tamariki data

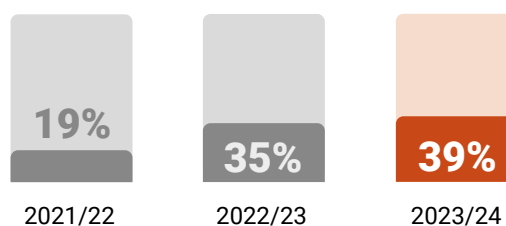
Tamariki/rangatahi that returned home were visited as required



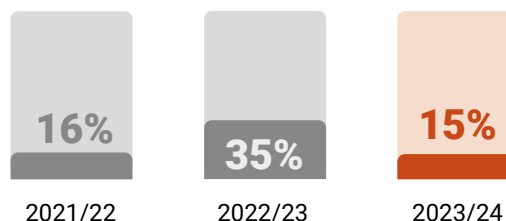
Those who experienced an unexpected transition home were visited less often, with only 15 percent visited as Oranga Tamariki policy requires.

Child visited weekly for at least the first month (or to the planned frequency) after returning home for:

Expected return home



Unexpected return home



The whānau members we heard from about returning home told us that when tamariki and rangatahi returned home it was unplanned and unsupported. One parent told us they had two days’ notice of their tamariki returning home and received no support from the social worker.

We heard from whānau that lack of access to appropriate housing options continues to be a barrier to tamariki and rangatahi returning home. This was also a finding from our in-depth review, *Returning Home from Care*<sup>3</sup>, and reflects the misalignment of policies across government agencies.

For several years Oranga Tamariki and its Safety of Children in Care reports have recognised this is an area that requires improvement, however, we are yet to see evidence of progress.

<sup>3</sup> <https://aroturuki.govt.nz/reports/returning-home-from-care> [August 2023].

## Oranga Tamariki is not always ensuring rangatahi are ready for adulthood

Around a third of tamariki and rangatahi who were in care, including youth justice, during the reporting year are aged 15 years or older. Around half of these young people have been in care for five years or more and around one third have had more than six caregivers during their time in care. This lack of stability can mean they don't always have an adult to turn to, and who is there for them.

Rangatahi transitioning out of care or custody experience challenges that other rangatahi do not. Without the right care and support, rangatahi leaving care or custody are more likely to experience negative life outcomes. Data from the IDI shows that rangatahi transitioning out of care are more likely to be involved in offending, more likely to be on a benefit, and half as likely to achieve a tertiary qualification than rangatahi who have not been in care<sup>4</sup>.

Oranga Tamariki must complete assessment and planning for rangatahi until they leave care. Transition planning must include how rangatahi will acquire the knowledge, skills and resources they need to become independent. As part of this planning, Oranga Tamariki must also assess the life skills of rangatahi and prepare them for their journey towards adulthood.

Meaningful assessment and transition planning helps rangatahi get what they need to thrive as adults. Research shows that rangatahi who felt prepared for their transition from care had been extensively involved in the preparation and planning leading up to the change<sup>5</sup>.

This year, Oranga Tamariki introduced a new lead indicator for transition to adulthood that looks at transition planning. This shows that, for 68 percent of rangatahi transitioning to adulthood, planning has occurred.

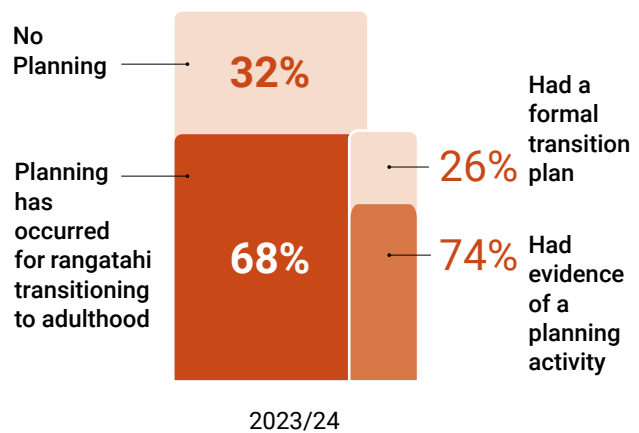
Oranga Tamariki defines planning for this lead indicator broadly. For Oranga Tamariki to determine that planning has occurred there must be either:

- a formal plan that is informed by the life skills assessment, or
- a formal plan that is not informed by the life skills assessment or
- there is no formal plan but evidence of "planning activity".

When we look more closely at the lead indicator, of the 68 percent represented, approximately one quarter had a formal transition plan, for the remaining three quarters, there was only evidence of a planning activity. Of rangatahi that had a plan, only 21 percent had evidence that the plan was informed by a life skills assessment.

### Oranga Tamariki Lead Indicator 21 and Oranga Tamariki data

#### Planning for transition to adulthood



As in previous years, some rangatahi told us they did not know about their transition plans, or that the plans were not explained clearly to them. Some rangatahi spoke about feeling unsupported in their transition to adulthood and having to do things themselves.

<sup>4</sup> <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/How-we-work/Oranga-Tamariki-Action-Plan/Oranga-Tamariki-Action-Plan-Supported-Accommodation-Review-2023.pdf>

<sup>5</sup> Phillip Mendes, Guy Johnson and Badal Moslehuddin, [https://aifs.gov.au/sites/default/files/fm89g\\_0.pdf](https://aifs.gov.au/sites/default/files/fm89g_0.pdf)

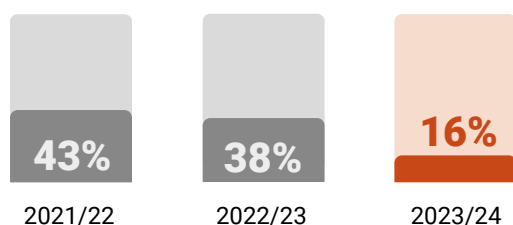
*"I've hardly had any support [from Oranga Tamariki]. I need to do everything, and I don't have my family [to support me] ... I have to do everything by myself."* RANGATAHI

*"I went out and got my licence and birth certificate by myself."* RANGATAHI

What we heard from rangatahi is consistent with Oranga Tamariki data. Some rangatahi are receiving basic practical assistance to transition to adulthood but are not receiving the required assessment of their life skills. Oranga Tamariki data estimates<sup>6</sup> that only 16 percent of rangatahi transitioning to adulthood have a life skills assessment<sup>7</sup>, and only 38 percent received support to get identification documents or a bank account.

### Oranga Tamariki data

#### Life skills assessment



Many of the rangatahi we spoke to told us finances were important to them in their transition and highlighted this as an area where they needed more support.

*"I don't feel supported, as I need financial help which no one is helping enough."* RANGATAHI

*"I don't know how much stuff is and I struggle buying stuff if I need it."* RANGATAHI

The importance of financial literacy skills was also identified in the Oranga Tamariki Just Sayin' survey<sup>8</sup>. When asked what skills they wanted for their future, 58 percent of rangatahi who responded to the survey identified wanting to learn money management skills.

Professionals we spoke to said rangatahi can lack the practical skills and knowledge about setting up a home. A life skills assessment is an opportunity for Oranga Tamariki to identify other areas where rangatahi may require further support and assistance.

Oranga Tamariki previously acknowledged that work was required to improve assessment numbers for rangatahi leaving care. Oranga Tamariki advised:

- new functionality has been added to Whiti, including the status of referral to a transition worker and allocations to providers, the status of transition planning, life skills assessment, key information required (Doctor, IRD, NHI) and upcoming potential entitlement to remain or return arrangements
- following targeted additional training, referral rates to TSS have increased faster than the national average in Tāmaki Makaurau - Auckland
- a letter of entitlement for rangatahi is being implemented and will become standard practice by February 2025.

Despite this work being underway, life skills assessment numbers have continued to decline.

### The Transition Support Service works well for rangatahi who engage with it

Oranga Tamariki is required to provide advice and assistance to rangatahi transitioning to independence. This includes assistance to develop life skills that help rangatahi become independent and information and assistance to access health care, housing and education after they leave care or custody. Completion of life skills assessments and the development of plans by Oranga Tamariki supports the referral of rangatahi to the Transition Support Service.

The Transition Support Service was implemented in July 2019 and then progressively rolled out across the country. Rangatahi can choose whether to be enrolled with a provider or have their Oranga Tamariki social worker support them with this significant life change. Oranga Tamariki remains responsible for the rangatahi and their transition whether the service is engaged or not.

Rangatahi aged between 15 and 25 years who have been in care, whether for care and protection or youth justice reasons, for more than three continuous months are eligible for transition support. Oranga Tamariki contracts several NGOs

<sup>6</sup> This is based on QPT data and is an estimate of the overall proportion of rangatahi transitioning to adulthood.

<sup>7</sup> <https://practice.orangatamariki.govt.nz/assets/Our-work/Care/transition-to-adulthood-life-skills-tool.pdf>

<sup>8</sup> <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Transition-Support-Service-four-year-evaluation/Just-Sayin-23-report.pdf>

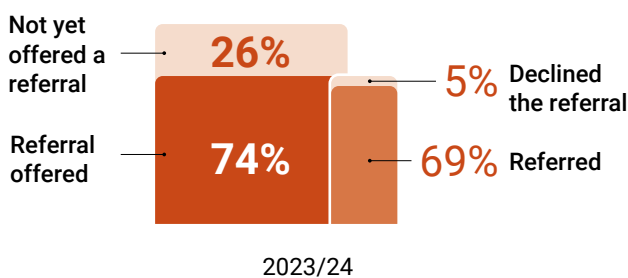
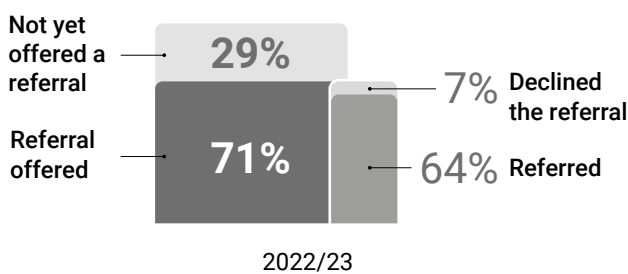
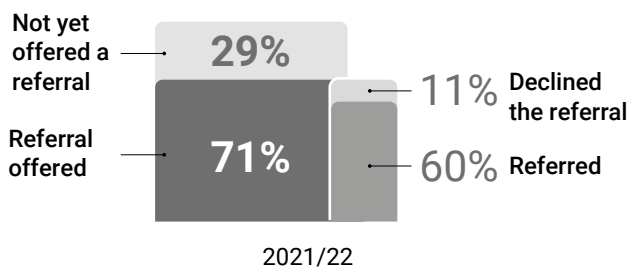
across the country to provide transition workers to rangatahi transitioning to independence.

Different providers allocate a transition worker to provide on-going assistance, advice and support for rangatahi moving from care until age 21. Transition workers help rangatahi with things like understanding their rights and entitlements and finding housing, and can provide a mentoring relationship.

The external transition support service providers are now in their second full year. It appears that the service is becoming more embedded in practice with a higher number of eligible rangatahi choosing to be referred to a provider this year.

**Oranga Tamariki data**

**Referral offered<sup>9</sup>**



However, there are still eligible rangatahi not being offered referrals. Oranga Tamariki data also reflects regional variation, with higher rates of referral being made in Canterbury and Lower South regions compared with other parts of the country.

Where a provider is not providing advice and assistance, this responsibility remains with Oranga Tamariki. Oranga Tamariki has not provided information on how it is meeting compliance for the 31 percent of rangatahi who have declined or not been offered a referral. However, Oranga Tamariki told us about the availability of a helpline for rangatahi to ring for support.

When we spoke with rangatahi, most spoke positively about their transition worker and the support they provided. Rangatahi were aware of what their transition worker could help them with and spoke about help with things like accessing and managing finances, obtaining drivers licences and writing a CV.

*"They [Transition Support Service] help you get your driver licence, write your CV, and learn to budget."* RANGATAHI

*"Te Iwi o Ngāti Kahu have a social worker, who is helping me get a phone. She is trying to help me get a car for work, for course, and also to get here [the gym]. She's also helped me with the CV - to get interviews for work."* RANGATAHI

*"She [transition worker] was really understanding, she didn't lecture me on things, but she was really there to listen and give me advice on things. I never felt I couldn't tell her anything."* RANGATAHI

*"It [Transition Support Service] helped me because I felt that my choice mattered, and I felt positively impacted."* RANGATAHI

<sup>9</sup> Figures for 2021/22 differ slightly from those published in last year's report (Experiences of Care in Aotearoa 2022/23), the figures have been revised by Oranga Tamariki.



Oranga Tamariki published results from the fourth year of the *Just Sayin'* survey in May 2024<sup>10</sup>. Some survey results are similar to what we heard in our engagements, particularly that most rangatahi reported feeling positive about their transition worker. Within the survey results, rangatahi identified personality, gender and age as factors that were important to them for their transition worker.

Some professionals noted how important it is that rangatahi are allocated the right transition worker, and that this had an impact on rangatahi involvement in their transition. This highlights the importance of having several transition worker options available for rangatahi.

In Canterbury, we heard about the value of the transition panel that is operating there. The transition panel is made up of contracted transition workers who meet regularly to review referrals and allocate transition workers. Transition workers use information provided by the social worker on the referral to find the right match for rangatahi.

*"The best collaboration is when the young person is 100% involved."* NGO KAIMAHI

The transition workers rely on their different sets of skills to ensure that rangatahi are getting what they need for their transition to adulthood.

*"If we didn't have [the] panel then rangatahi would have to choose a person to support them in this space and it might not be the right person."*

NGO KAIMAHI

*"We support each other, [the] panel helps with tricky cases, and we can ring or text each other, we have so much knowledge. One stop shop here – our experience and skills are not just limited to the panel."* NGO KAIMAHI

Unlike previous years, we did not hear from professionals about a shortage of transition workers as being a barrier to the service's success, however we heard that Oranga Tamariki could do more to support rangatahi into the service. For example, a transition worker told us that some rangatahi are not aware of the role of a transition worker, and/or that their engagement with them is because their social worker told them they had to engage.

*"What we've found quite a bit is that because that young person has not really made the choice about us that buy-in is really hard, it's like my social worker told me I had to do this, so the absence of information about our service that they are 'opting into' is not good for their sake."*

NGO KAIMAHI

Oranga Tamariki published a four-year evaluation of the Transition Support Service in May 2024<sup>11</sup>. The evaluation findings confirm what we heard in our engagements, including that not all rangatahi are getting the transition planning they require and not all are offered transition support.

### Earlier and more complete referrals to the Transition Support Service would enable better support for rangatahi

While referrals to transition support services are increasing, there continue to be challenges with the referral itself being of poor quality. Professionals from a transition panel said that when Oranga Tamariki does not provide the right information on referrals it makes it harder to assign the right transition worker and to deliver the service.

Some professionals told us that the quality of information received from social workers was variable. One professional told us that it could be "wildly inconsistent". They said that when there was a good quality referral, "you can see the young person" in the referral.

*"We need to know more at the time of [the] panel but if the social worker keeps information from the panel, it can mean the wrong kaimahi is allocated to the young person."* NGO KAIMAHI

As we reported last year, not referring rangatahi to a provider early enough can also be a barrier. A transition worker said they have received referrals two weeks before rangatahi turn 18 and they spend their time "trying to cram in everything". Having limited time to build a trusting relationship also impacts on the ability to have a well-planned transition.

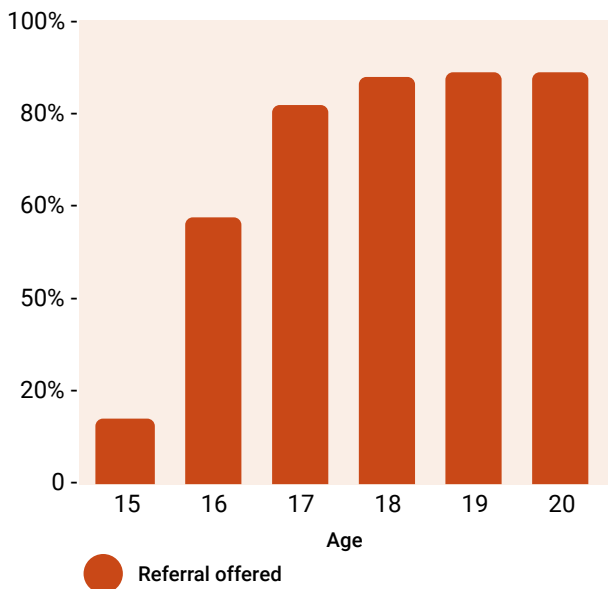
<sup>10</sup> <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Transition-Support-Service-four-year-evaluation/Just-Sayin-23-report.pdf> Just Sayin' is an annual survey of rangatahi eligible for Transition Support Services.

<sup>11</sup> <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Transition-Support-Service-four-year-evaluation/TSS-Evaluation-report.pdf>

While more than half of 16-year-olds have been referred to a service, there are 18-, 19- and 20-year-olds who have not been offered a referral.

**Oranga Tamariki data**

**Transition Support Services referral offer rates by age (as at 30 June 2024):**



Many kaimahi we spoke to told us that early referral to a provider is even more important for disabled rangatahi as there are additional factors to consider for their transition. We were told that working with disabled rangatahi can take longer and transition contract timeframes can be a barrier. In one region we heard that Oranga Tamariki is flexible about contracting arrangements to meet the needs of disabled rangatahi.

*“Our partnering for outcomes guy was really awesome about it all, he said ‘we can’t change the contract but let’s write down a standing agreement that you guys are totally fine to work outside what the contract specifications say’.”*

NGO KAIMAHI

**Safe and stable housing is critical to a successful transition to adulthood**

Access to safe and stable housing is fundamental for wellbeing. For rangatahi transitioning to adulthood where they may not have a whānau home to return to, or cannot remain with their caregiver, the need for housing is critical. Understanding the housing needs of rangatahi is part of the life skills assessment and must be part of their formal transition plan.

The OTAP in-depth assessment on housing<sup>12</sup> found that existing housing options are not meeting the needs of rangatahi transitioning to adulthood. The assessment noted the complex and high support needs of this group and the importance of government agencies working together to find solutions.

There are a small but consistent number of rangatahi choosing to remain with, or return to living with, a caregiver. Oranga Tamariki support this voluntary arrangement for rangatahi who meet the eligibility criteria. While the use of this option remains stable, the Transition Support Service evaluation<sup>13</sup> highlights that the model does not fit the needs of many young people who want to become independent and live alone, with a partner, or with friends.

In our monitoring, we heard examples of iwi and community providers working hard to find stable housing and some rangatahi spoke about their transition worker helping them find housing. Many professionals told us there is a shortage of suitable housing options. They said this can result in rangatahi couch surfing or ending up in unsafe emergency housing. This aligns with the Oranga Tamariki *Just Sayin’* survey, which states that eight percent of rangatahi who responded to the survey were living in unstable accommodation (including living rough, in a garage, car or van, motel or couch surfing)<sup>14</sup>. It is likely that this number does not accurately reflect how many rangatahi are living in these situations. Rangatahi in unstable situations may be less likely to engage with a survey or be put off by factors like stigma.

<sup>12</sup> <https://www.orangatamarikiactionplan.govt.nz/assets/Action-Plan/Uploads/Understanding-need/Housing-Transitions/Housing-Transitions-Needs-Assessment.pdf>  
<sup>13</sup> <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Transition-Support-Service-four-year-evaluation/Just-Sayin-23-report.pdf>  
<sup>14</sup> <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Transition-Support-Service-four-year-evaluation/Just-Sayin-23-report.pdf>

*“Housing is massive - safe and stable accommodation. If they don't have that then everything else falls over.”* NGO KAIMAHI

*“It's just a shortage issue, for example young people are couch surfing.”* –NGO KAIMAHI

*“Sending a young person to emergency housing is like sending a young person to prison.”* NGO KAIMAHI

The evaluation<sup>15</sup> also identifies housing as the main barrier for rangatahi transitioning to independence. The evaluation acknowledges that continued work by Oranga Tamariki and other government agencies is required to address the systematic barriers to a successful transition.

In Canterbury we heard about an example of information sharing that is having a positive impact on rangatahi transitioning to adulthood. We heard that Oranga Tamariki kaimahi contact the Ministry of Social Development (MSD) when there are high risk rangatahi due to exit care. They make contact six months ahead of the discharge date so that MSD can proactively find accommodation for rangatahi and avoid using emergency housing options.

We were told about one rangatahi who had a transition plan with Oranga Tamariki, was receiving support from a provider, and was helped by MSD into a shared tenancy with a sibling.

Professionals told us about other ways they are supporting rangatahi into housing despite

the on-going housing shortage. Te Aroha Noa Community Services in Palmerston North told us they had success by running a housing group to help rangatahi to find suitable housing. In addition to providing guidance about how to set up a home, Te Aroha Noa Community Services engaged with a local rental agency that gave rangatahi tips and advice on applying for rental properties. We heard that the housing group has resulted in successful tenancy agreements for rangatahi.

Other professionals told us about the Oranga Tamariki supported accommodation service<sup>16</sup> options in their regions and their success for rangatahi moving towards independence. We were told about flats available for rangatahi transitioning to independence at Whakatū marae in Nelson. Rangatahi living in the flats are supported by marae social workers and other kaimahi. We were told that some of the success of this housing option is due to the contract being well funded by Oranga Tamariki.

Oranga Tamariki also acknowledged the success of its supported accommodation service in its review published in October 2023<sup>17</sup>. The review found that the supported accommodation service has allowed more rangatahi to have safe and stable living arrangements. The review included recommendations to improve the service, such as providing more supported accommodation options in some regions. The review highlighted the need for accommodation options that meet the needs of a broader range of rangatahi.

## Supporting tamariki and rangatahi during care transitions is critical

Changing placements, returning home, leaving care or custody, and transitioning to adulthood are big life changes.

Tamariki and rangatahi needs can change or increase during a period of transition. Supporting tamariki and rangatahi through these changes can lead to improved life outcomes and demands more priority.

<sup>15</sup> <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Transition-Support-Service-four-year-evaluation/TSS-Evaluation-report.pdf>

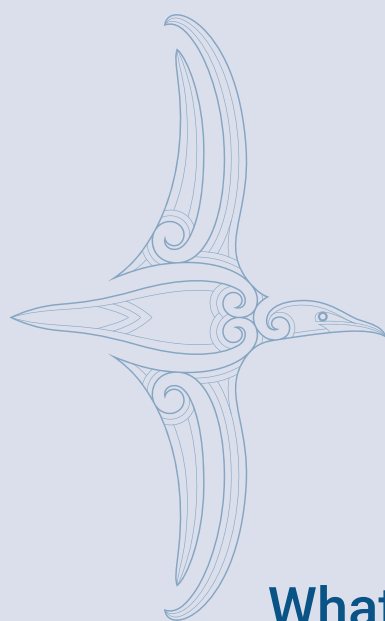
<sup>16</sup> The supported accommodation service is delivered by community agencies contracted by Oranga Tamariki to provide housing and support services for rangatahi transitioning from care to independent living.

<sup>17</sup> <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/How-we-work/Oranga-Tamariki-Action-Plan/Oranga-Tamariki-Action-Plan-Supported-Accommodation-Review-2023.pdf>

Part Six:

## Agency self-monitoring





## What Part Six requires

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Part Six 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.



# Oranga Tamariki compliance with Part Six

## Oranga Tamariki assesses itself as partially compliant with the NCS Regulations

This year, Oranga Tamariki reports that 37 percent of tamariki and rangatahi in care were estimated to have had all its own core lead indicators met. This is a small drop from 40 percent last year however it is higher than the 28 percent of tamariki and rangatahi in care who had all core lead indicators met in 2021/22<sup>1</sup>.

The core lead indicators looked at whether tamariki and rangatahi in care had recent needs assessments and plans; whether their views and those of their whānau had been considered in plans; whether professionals had been consulted; and whether tamariki and rangatahi were receiving regular and quality social worker visits. This year, the core lead indicators also include whether tamariki and rangatahi have had opportunities for

play and developmentally appropriate experiences, and whether social workers have carried out actions identified in tamariki and rangatahi plans.

While we recognise that Oranga Tamariki self-monitoring is improving, we note that the lead indicators do not provide a measure of Oranga Tamariki compliance with all of the NCS Regulations.

We recognise the surveys that Oranga Tamariki carries out are important contributors to the overall picture of the impacts of services and supports for tamariki and rangatahi in care<sup>2</sup>, and their caregivers<sup>3</sup>. We have used its survey results in our reporting, and we look forward to the surveys being repeated more frequently.

## Oranga Tamariki is still developing its self-monitoring

As New Zealand's statutory care and protection agency, Oranga Tamariki must do its utmost to provide safe and appropriate care and know if it is being achieved. Regulation 86 requires Oranga Tamariki to monitor its compliance with the NCS Regulations. Doing this well would ensure areas for improvement are identified and acted on.

In contrast, Open Home Foundation recognise the importance of this, and stated *"monitoring compliance with the NCS Regulations, the process of having an in-depth look at the experiences of care for those we are responsible for on an annual basis, (but*

*also throughout the year) has allowed us to see every child. This insight into their worlds motivates us to improve and provides us with valuable understanding that we take into our practice, policy and training development"*<sup>4</sup>.

This year Oranga Tamariki has published its self-monitoring report as part of its annual report. This is a step forward. Oranga Tamariki has assessed itself as partially compliant with the NCS Regulations. Its assessment shows that it still has a long way to go to ensure that all tamariki and rangatahi in its care receive the minimum standard of care set out in the NCS Regulations.

1 Oranga Tamariki has calculated its compliance for this year and has calculated the corresponding compliance for previous years based on the new, expanded set of core lead indicators. For this reason, some figures in this report differ from those published in our 2022/23 Experiences of Care in Aotearoa report last year.

2 Te Mātātaki 2023, from survey conducted in 2022. <https://www.orangatamariki.govt.nz/about-us/research/our-research/te-matataki-2023/>

3 2023 caregiver survey <https://www.orangatamariki.govt.nz/about-us/research/our-research/how-well-is-oranga-tamariki-supporting-caregivers-results-from-the-2023-oranga-tamariki-caregiver-survey/>

4 Open Home Foundation response to our information request.

## Oranga Tamariki has improved its lead indicator framework

Oranga Tamariki introduced its lead indicator framework ahead of our *2022/23 Experiences of Care in Aotearoa* report last year. Oranga Tamariki uses the framework to monitor its compliance with the NCS Regulations.

This year, Oranga Tamariki has expanded the suite of lead indicators from 16 to 21. New lead indicators focus on:

- the frequency and quality of social worker visits
- opportunities for play and experiences
- planning for transitions to adulthood
- demonstrating whether social workers are carrying out actions identified in tamariki and rangatahi plans.

The new indicators are an important addition to the framework, particularly because they focus on the quality of services and supports that are being delivered to tamariki and rangatahi in care, and to their caregivers.

## Oranga Tamariki has improved its collection and analysis of data

Oranga Tamariki has made improvements to its collection and analysis of data. However, as outlined in Parts One and Two, a focus is needed on the things that will make a difference to the lives of tamariki and rangatahi in its care.

The Caregiver Information System (CGIS) was introduced in July 2022 to administer recruitment, approval, review and support processes for caregivers. CGIS data was not available to use

last year, but this year some progress has been made. We have received CGIS information on the timeliness of periodic reviews of caregiver approvals and the length of time taken for provisionally assessed caregivers to become fully approved.

However, further enhancements are needed to make CGIS data fully accessible. In the meantime, Oranga Tamariki continues to rely on casefile analysis<sup>5</sup> instead of directly using data from case management systems. An example of this is the lead indicator on whether full or provisional assessments of caregivers have been carried out before tamariki and rangatahi entered their care. Although Oranga Tamariki has made initial steps to measure this directly in 2023/24, issues remain related to aligning data sourced from the two case management systems: CGIS and CYRAS. It is important that Oranga Tamariki continues to work to resolve these issues. Casefile analysis is a powerful technique, but it takes longer than using operational data directly. Oranga Tamariki needs to use operational data not just for assurance purposes, but also to be able to feedback quickly to operations so corrective action can be taken if issues arise.

Other areas of improvement underway include:

- The Enterprise Data & Analytics Programme (EDAP), which is a replacement for legacy data warehousing and will safely store client and case management information, ending reliance on Ministry of Social Development data warehousing.
- The Frontline Technology Systems Upgrade (FTSU) project, which involves replacing the Oranga Tamariki case management system, CYRAS, and other outdated systems. The first step involves digitising *All About Me* plans.

<sup>5</sup> Casefile analysis involves a team of reviewers using their professional judgement to compare the standard of practice recorded in a random sample of casefiles to the expected standard of practice. Casefile analysis is a valuable quality assurance exercise that provides a robust assessment of the aspects of practice covered.

## Despite some improvement, significant gaps remain

Despite improvements to the self-monitoring framework and Oranga Tamariki data systems, significant gaps remain.

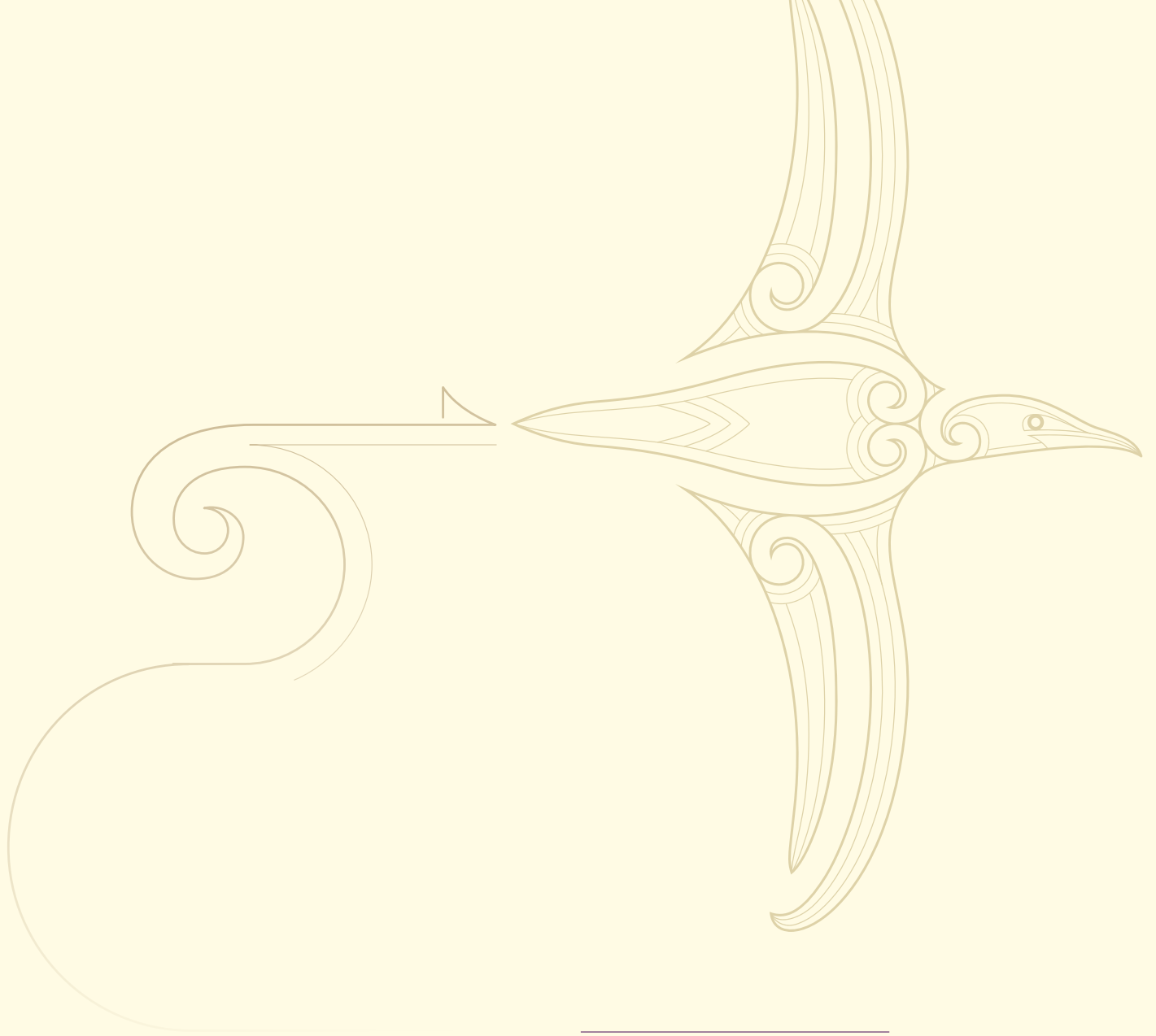
To monitor compliance with the NCS Regulations, we again asked Oranga Tamariki for reasons why tamariki and rangatahi entered care, as well as the reasons for any changes in placement during the reporting period. The Oversight of Oranga Tamariki System Regulations 2023 require us to include a summary of these reasons in this report.

Oranga Tamariki informed us it is unable to provide data on reasons for current entry into care. This is because, although these reasons are recorded in the Oranga Tamariki case management system for individual tamariki and rangatahi in care, they are not collated and made available for reporting.

As in previous years, Oranga Tamariki has been unable to provide the data we have requested for several other compliance measures. For example, Oranga Tamariki cannot tell us whether tamariki and rangatahi received annual health and dental checks and whether updates were obtained from schools or caregivers on school attendance. Oranga Tamariki also can't tell us if it is facilitating alternative educational arrangements where tamariki and rangatahi are excluded from school, or if it is ensuring that Oranga Tamariki representation is provided at hearings to consider suspension or exclusion from school.

All gaps in assessing Oranga Tamariki compliance with the NCS Regulations are shown in the compliance tables on our website <https://aroturuki.govt.nz/reports/eoc-23-24/compliance-tables>.





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**Open Home Foundation**

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**Barnardos**

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**Kōkiri Marae**

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# Open Home Foundation

## Compliance with the National Care Standards and Related Matters Regulations

### About tamariki and rangatahi in Open Home Foundation custody

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Open Home Foundation had 66 tamariki and rangatahi in its custody in 2023/24, with custody orders sought for only one child this year. The number in its custody has been steadily declining over the last three years. Open Home Foundation told us this is because when tamariki and rangatahi return home or to whānau, it has, where possible, moved to vary the orders from a custody order to a support order under section 91 of the Oranga Tamariki Act. A support order allows for the provision of ongoing support without retaining custody.

Open Home Foundation also told us that historically it had brought tamariki and rangatahi into its custody who had been identified as needing support through its Community Mahi<sup>1</sup> programme. This programme which was halted in 2015 when the then Government introduced children's teams and diverted the funding that Open Home Foundation had up till that time received.

In 2023, Open Home Foundation decided to start this work again and began self-funding its Community Mahi. As this work picks up, it is possible it will seek custody orders for more tamariki and rangatahi noting this is always a last option. Open Home Foundation kaimahi told us they support whānau to care for their tamariki at home and utilise family group conferences to develop this plan. A custody order is only sought as a last resort to keep tamariki or rangatahi safe.

The majority of tamariki and rangatahi in Open Home Foundation custody are aged 10 years or older (88 percent) and are less likely to be Māori than those in Oranga Tamariki custody. This may be representative of the regions in which most tamariki and rangatahi in Open Home Foundation custody live, with Canterbury and Upper South (Nelson and Marlborough) regions having the highest numbers of tamariki and rangatahi in Open Home Foundation custody, followed by Manawatū, with none in the Auckland region.

Forty four percent of tamariki and rangatahi in Open Home Foundation custody have a disability (the Open Home Foundation definition of disability is broad and includes ADHD and ASD).

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<sup>1</sup> Open Home Foundation provided rationale for why it reintroduced its Community Mahi programme stating, "despite funding being redirected, it identified the need for preventative work in the community and that not all agencies, including Māori and non-Māori were always keen to step in to the child protection space and whānau need options to support them in this space."

## Part One: Needs assessments and plans for tamariki and rangatahi in care

Open Home Foundation data shows increased compliance with the regulations for needs assessment and planning. This year Open Home Foundation has changed the way it assesses and plans with tamariki and rangatahi, whānau and caregivers. It has moved from the Child and Adolescent Needs and Strengths (CANS) assessment process to a new, te ao Māori informed assessment, "Tamaiti Assessment and Plan". This is based on its Māori model of practice called Te Aho Takitoru.

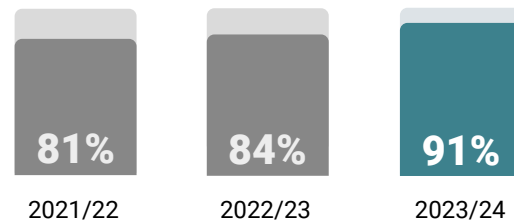
Open Home Foundation told us its social workers found the CANS assessment process time-consuming and unhelpful. Even once complete, the assessments and plans created did not always evidence how the NCS Regulations were being met or capture the views of tamariki and rangatahi in detail. In addition, the extended length of CANS assessments (up to 32 pages and taking up to eight hours to write) meant that the plans produced were not as meaningful for tamariki and rangatahi and their whānau as they should have been.

The Tamaiti Assessment and Plan creates plans that are meaningful, understandable, and better capture what tamariki and rangatahi, whānau and other professionals will be doing as part of the plan. It is also able to demonstrate how the NCS Regulations are met for tamariki and rangatahi in its custody.

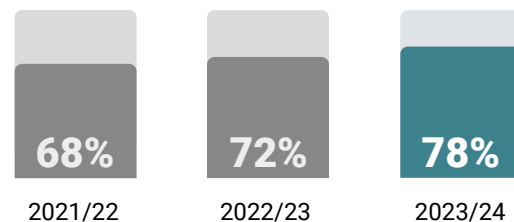
Open Home Foundation told us that it is already seeing the quality of its assessments and plans improve. This aligns with its data, which shows across most measures there has been an improvement in how well needs assessments and plans take account of tamariki and rangatahi needs.

### Open Home Foundation data

Overall, in the most recent Tamaiti Assessment and Plan (TAP) how well are the needs of the child identified?



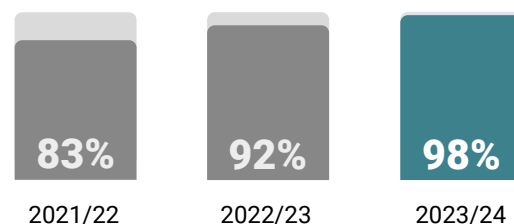
Overall, in the most recent Child and Young Person's Plan, how well have the assessed needs of the child been taken into account?



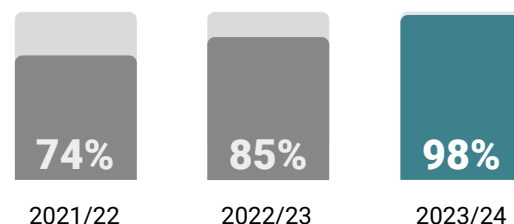
### Open Home Foundation data

Overall, how well does the most recent TAP assessment identify the following needs of the child?

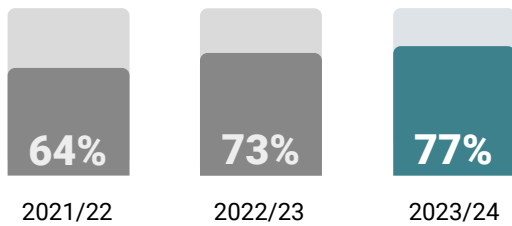
#### Views



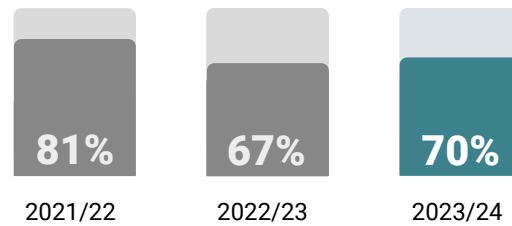
#### Wishes



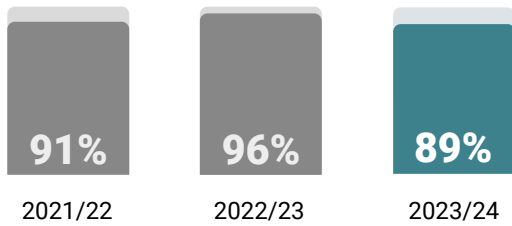
### Aspirations



### Strengths



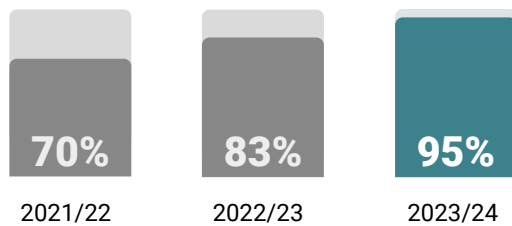
### Strengths



In our engagements with whānau of tamariki and rangatahi in Open Home Foundation custody, we heard that they felt included in decision making processes. Whānau told us that, when they know what is going on with their tamariki and rangatahi, they can better participate in decision-making and share information.

### How well does the most recent Child and Young Person's Plan take into account the following for the child?

#### Views

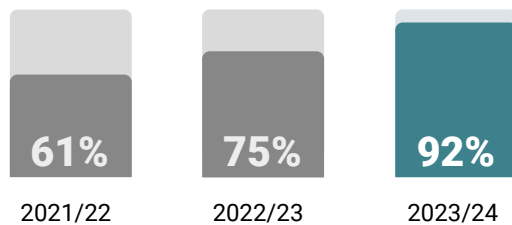


*"I was there at every meeting, I was there when the placement was discussed. ... All the way through I am always included, [I have] been invited, all my queries have been addressed and [I] never feel pressured."* WHĀNAU

*"Open Home Foundation really listened to what I wanted for my children; like ballet and gymnastics, and when they didn't want to do it anymore they [Open Home Foundation] tried to find other things that they wanted to do."* WHĀNAU

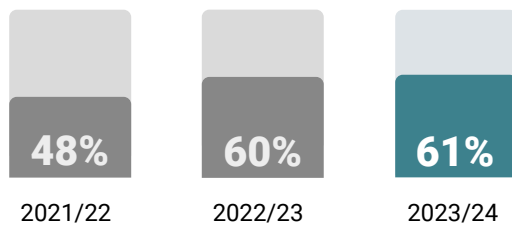
One whānau member we spoke with said the plan for their tamariki kept changing because it was not working. They told us there was a lack of communication from their social worker around this, and that was frustrating for them.

#### Wishes



*"It took a month for the plan to come out, but I thought we had a plan. When we do get the plan then everything changes from the plan ... In terms as a parent, I struggle to know where I stand and just want a clear answer, so we know where we are going and can formulate something... Communication speaks volumes."* WHĀNAU

#### Aspirations

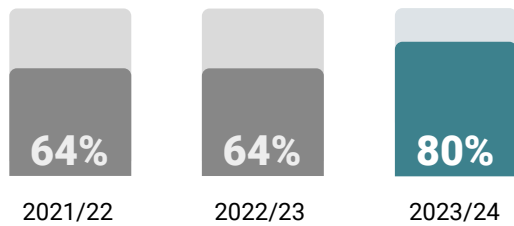


Data from Open Home Foundation shows there have been improvements in how assessments and plans take account of whānau views.

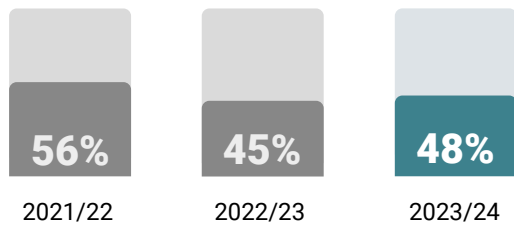
**Open Home Foundation data**

Overall, how well does the most recent TAP assessment take into account the views of the following?

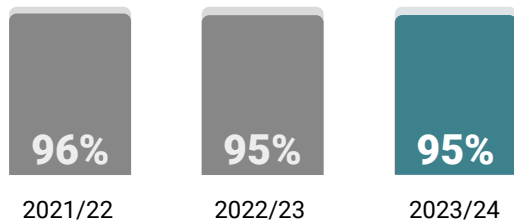
**Family/whānau**



**Hapū/iwi**

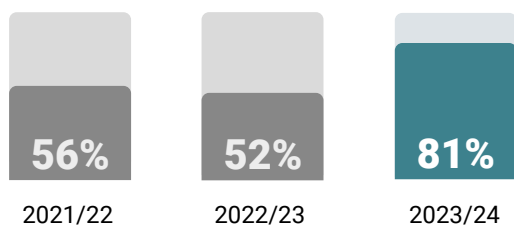


**Foster parents**

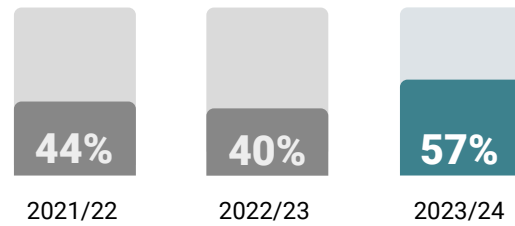


How well does the most recent Child and Young Person's Plan take into account the views of the following?

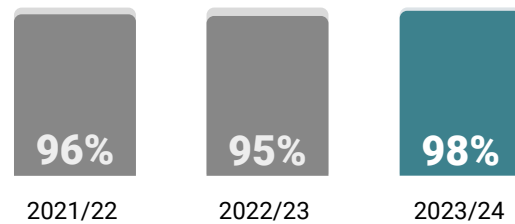
**Family/whānau**



**Hapū/iwi**



**Foster parents**



A continuing challenge for Open Home Foundation is that, despite changes to its needs assessment and planning processes, it struggles to meet the regulatory requirements to undertake reviews of needs assessments and plans at least every six months.

Workforce shortages<sup>2</sup> are one of the reasons it struggles to meet these requirements. Some service centres are short-staffed, which affects the agency's ability to meet regulatory requirements. Reviewing assessments and plans are tasks that commonly get missed. As a result, many assessments and plans are only reviewed once per year, rather than twice. Open Home Foundation told us that although there is some evidence of consultation and planning in case records, this is not always recorded in the required documents.

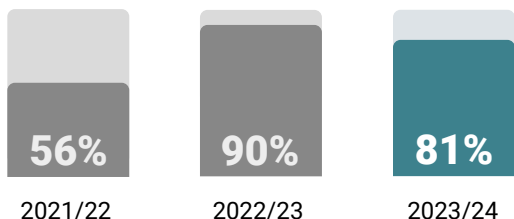
In June 2024, changes were made to its new assessment and planning documents to automatically update parts of the Tamaiti Assessment and Plan (TAP) and to make it easier to see the next steps each participant should take. This is expected to save duplication of work.

Our future reports will look at whether and how this is making a difference.

<sup>2</sup> This year Open Home Foundation had a higher annual retention rate of 81 percent compared with 69 percent last year. At the end of the reporting period this year Open Home Foundation had a six percent vacancy rate for social workers, compared to its historical average of 10-12 percent.

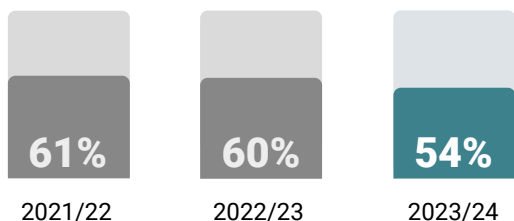
### Open Home Foundation data

Was the TAP assessment completed or updated in the 6-months to 30 June of the reporting period?



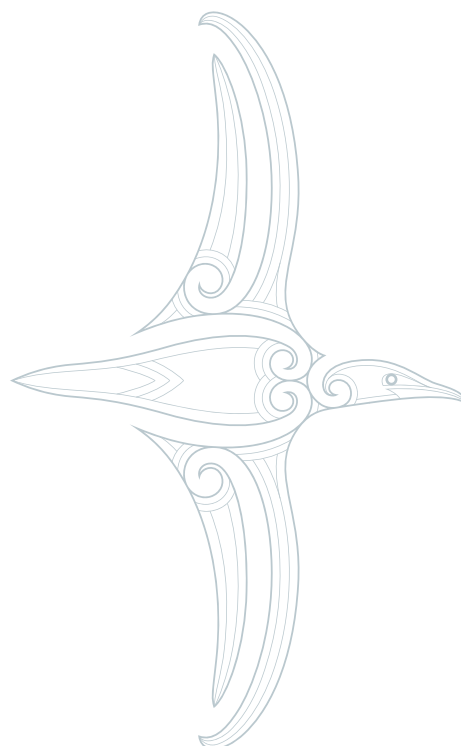
Open Home Foundation data shows there has been a decrease in visits by Open Home Foundation social workers. This year, only 54 percent of tamariki and rangatahi were visited at the agreed frequency of at least once per month, down from 60 percent in 2022/23. This is despite an increase in total time spent visiting tamariki and rangatahi in care when compared to last year. Our own analysis shows that the proportion of tamariki Māori who were visited by their social worker at the frequency in their assessment or plan was greater than for non-Māori at 64 percent and 53 percent respectively. However, disabled tamariki and rangatahi in Open Home Foundation were less likely to be visited than non-disabled tamariki and rangatahi, at 43 percent and 69 percent respectively.

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?



This year, 411 social worker hours were spent visiting 64 tamariki and rangatahi compared to 344 social worker hours spent visiting 75 tamariki and rangatahi in 2022/23. This means on average, tamariki and rangatahi had more contact with their social workers this year, than last.

Open Home Foundation sets itself a target to visit all tamariki and rangatahi at least once per month, unless more frequent visits are required. Open Home Foundation told us that over the reporting period, around half of the tamariki and rangatahi in its custody were visited more than once a month. In our engagements with them, tamariki and rangatahi mostly spoke positively about their Open Home Foundation social workers and the communication they have with them.

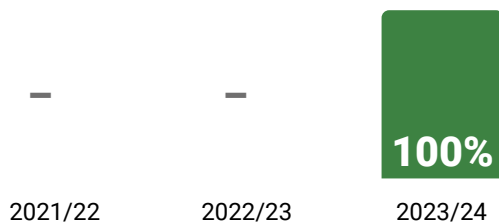


## Part Two: Support to address tamariki and rangatahi needs

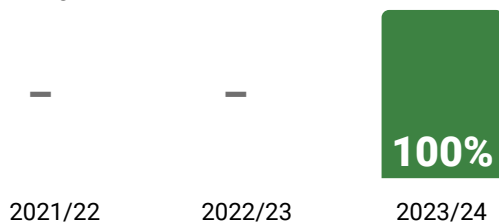
Open Home Foundation data shows high compliance with the regulations in Part Two about providing support to address the needs of tamariki and rangatahi. Its data shows that all plans for tamariki and rangatahi were actionable, and there was evidence that social workers were carrying out the actions in all plans. In 98 percent of plans there was evidence of social workers engaging with partner agencies to ensure that plans were being implemented.

### Open Home Foundation data

Was the most recent Child and Young Person’s Plan actionable?



Are social workers carrying out the actions set out in the most recent Child and Young Person’s Plan?



Is there evidence the social worker is engaging with those partner agencies/professionals to ensure that the Child and Young Person’s plan is being implemented?



In terms of providing financial and specialist support to maintain whānau connections, self-monitoring shows that this continues to happen for all tamariki and rangatahi.

Open Home Foundation provided examples of whānau connection in action, including a child who is regularly flown to another region so that they can see their sibling and extended whānau. Another child has been supported to see their whānau and connect with their extended whānau at an increased level, including the introduction of overnight stays that are supported by their foster parents.

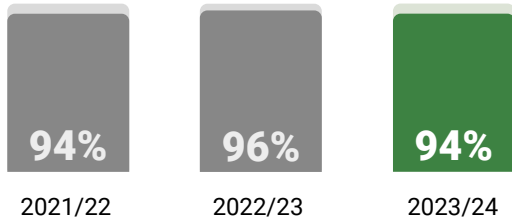
We were also told about how Open Home Foundation social workers reconnected tamariki and rangatahi to their marae and to their extended whānau. We heard this has resulted in regular visits back to their whenua, and an improved and ongoing relationship with whānau who are now meaningfully involved in planning hui. Open Home Foundation told us it has continued to develop relationships with iwi/Māori organisations to help connect tamariki and rangatahi with their whānau and culture. It highlighted work undertaken to build connections with Kōkiri Marae during the reporting period.

Support to meet cultural needs was similarly high again this year, although support to connect with places of cultural relevance decreased relative to last year. Our own analysis shows that tamariki Māori were less likely to receive support to connect with places of cultural relevance when compared to non-Māori tamariki (68 percent and 78 percent), but the proportion of tamariki Māori who received support to participate in cultural activities was greater at 93 percent than for non-Māori tamariki and rangatahi at 69 percent.

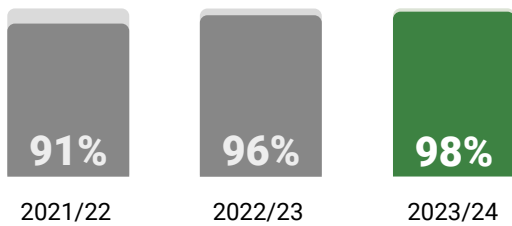
**Open Home Foundation data**

During the reporting period, was the child provided with appropriate support (including financial support) to:

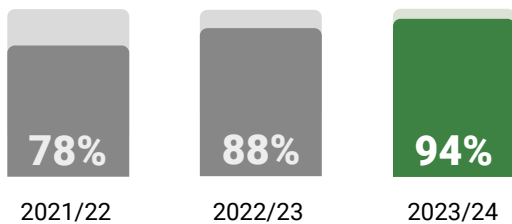
Connect with whānau, hapū, iwi to attend special whānau events?



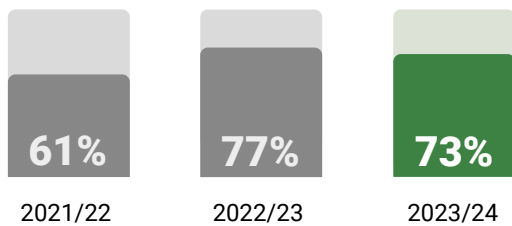
Gain knowledge of their culture and identity?



Participate in activities and experiences relevant to their culture?



Connect with places of cultural relevance?

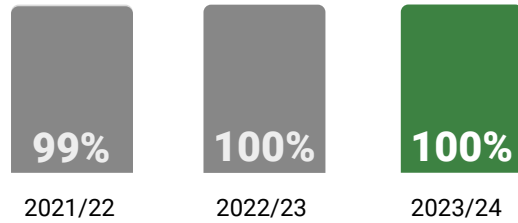


In terms of access to primary health care, Open Home Foundation data shows consistently high compliance with the regulations in Part Two, with the exception of dental care. This has remained lower than other primary health measures across the last three years. Our own analysis shows that 71 percent of tamariki and rangatahi Māori in Open Home Foundation custody received an annual dental check compared to 53 percent of non-Māori tamariki and rangatahi in its custody. Forty six percent of disabled tamariki and rangatahi in Open Home Foundation custody received an annual

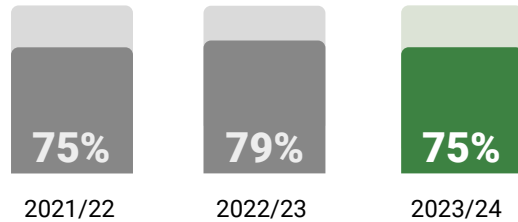
dental check, compared to 72 percent of non-disabled tamariki and rangatahi.

**Open Home Foundation data**

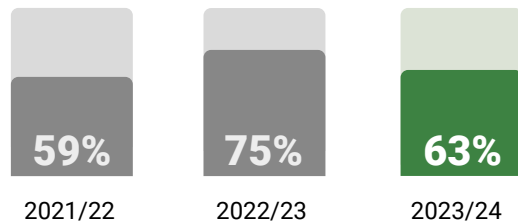
Is the child currently enrolled with a primary health organisation?



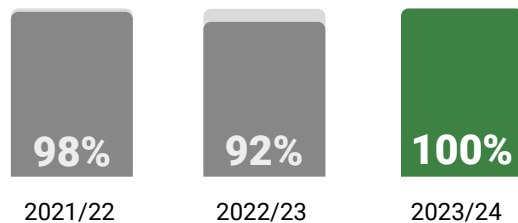
Has the child received an annual health check within the reporting period?



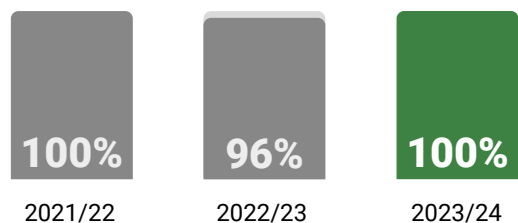
If over the age of two, has the child received an annual dental check during the reporting period?



During the reporting period, how well was the child supported to access publicly funded health services to address their assessed health needs?



During the reporting period, was the child supported to access private health services to address their health needs?





Further context on why compliance with dental checks is lower than other primary health measures was not provided. However, as outlined in our in-depth review, *Access to primary health services and dental care*, we heard that the availability of services for free annual dental checks varies for all tamariki and rangatahi across Aotearoa. For tamariki and rangatahi in care, the NCS Regulations require an annual dental check and if government funded services are not available, Open Home Foundation is required to support access to private health services.

We further heard that there is no standard approach to carrying out primary health checks and the NCS Regulations requirements for annual health and dental checks are poorly understood. In the absence of guidance from Oranga Tamariki, Open Home Foundation advised that it met with the Medical Director of the New Zealand Royal College of General Practitioners to discuss clearer guidelines on what an annual health check should look like for tamariki and rangatahi in care.

The Medical Director reported that an advisory group has begun work and will report back when this is complete. Open Home Foundation further told us that it is monitoring whether tamariki and rangatahi are engaging with health services for acute medical needs versus a health check-up. The compliance figures noted in the table above include visits for either of these reasons.

Although we only spoke with a small number of Open Home Foundation tamariki and rangatahi and foster parents and whānau caregivers, all the foster parents who spoke to us about primary health and dental care told us that the tamariki and rangatahi in their care were enrolled with a GP and had regular dental checks.

*“From a health point of view – Open Home holds that hat. I found that a lot of appointments and stuff like that had already been done. The social worker drives this aspect of their needs as they have good knowledge regarding [rangatahi in care]. The social worker plugs the gaps that need to be filled.”* FOSTER PARENT

*“With the dental stuff, this is taken care of by the ‘dental bus’ that travels around the area. They do checks on the kids’ teeth [at least annually]. So yes, we have access.”* FOSTER PARENT

*“Weeks before [child] moved in, [child] got braces. [Child] is seeing an orthodontist and Open Home support this. [Child] goes regularly to get the braces tightened.”* FOSTER PARENT

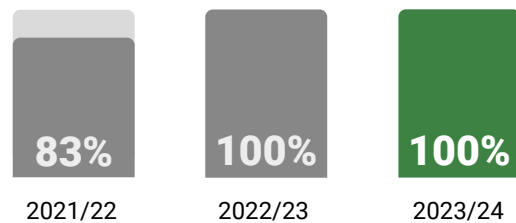
However, some foster parents told us it could be hard to get medical appointments.

*“Going to the doctor is a different story altogether. It may take several weeks to get an appointment and when you do they [doctor’s clinic] usually insist that you are visiting because you are sick. So, if there is nothing wrong with you it is unlikely that you will get in. For a general health check-up, you may need to wait four months! Luckily, [rangatahi] seems to be really healthy.”* FOSTER PARENT

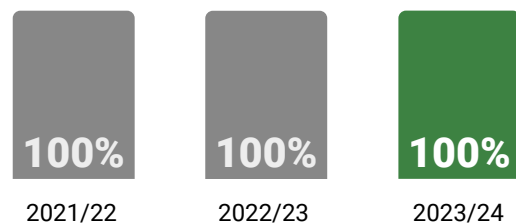
For education, Open Home Foundation data shows that all tamariki and rangatahi in its custody aged up to 16 years were enrolled with an education provider. For those aged over 16 years, they were either enrolled in a registered school or tertiary education organisation or had been supported to obtain employment.

**Open Home Foundation data**

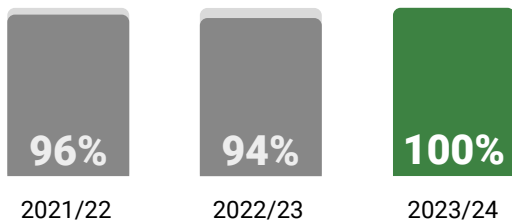
**If aged between 1-4 years, is the child currently enrolled in a licensed early childhood service or certified playgroup?**



**If aged 5 years, is the child currently enrolled in a registered school (or a licensed early childhood service or certified playgroup)?**

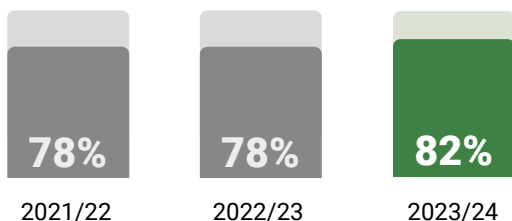


If aged, 6-15 years, is the child currently enrolled at a registered school?

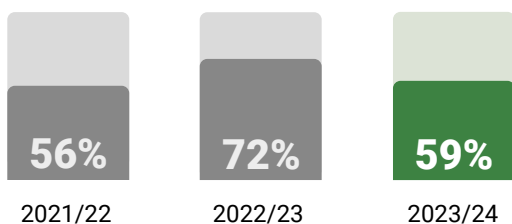


If aged over 16 years, has the young person been assisted to do either of the following<sup>3</sup>:

Enrol with a registered school or tertiary provider?



Obtain employment?

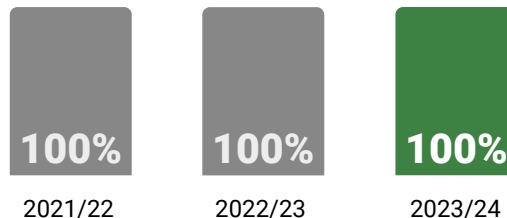


Open Home Foundation data also shows high compliance with the regulations around the provision of information on educational attendance, and in supporting tamariki and rangatahi who have been excluded from school to continue learning<sup>4</sup>. However, more could be done to find out if tamariki and rangatahi are attending school regularly<sup>5</sup>. Our own analysis shows that updates on attendance were less likely to be obtained for disabled tamariki and rangatahi in Open Home Foundation custody (39 percent) than non-disabled tamariki and rangatahi (48 percent).

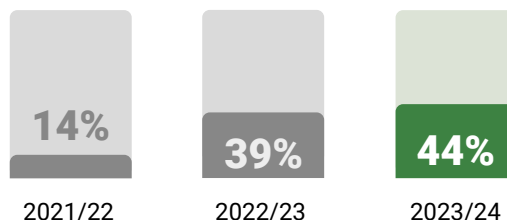
### Open Home Foundation data

If the child is enrolled at a registered school, have the following things been done to support attendance:

Provision of information to foster parents about the importance of attendance (including their role in supporting the child's attendance)?

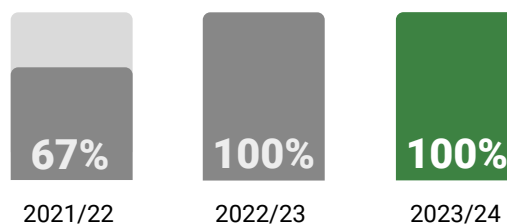


An update obtained at least once a term from the school or foster parents on the regularity of the child's attendance?

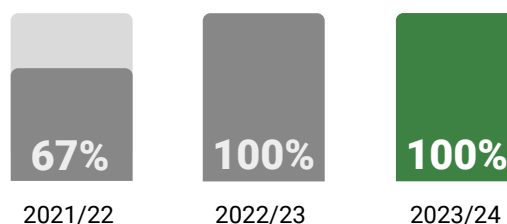


If the child was excluded from the school during the reporting period, which of the following were done:

Alternative educational arrangements were facilitated?



Representation was provided at hearings to consider the suspension or exclusion from the school?



<sup>3</sup> Those supported to enrol with a registered school or tertiary provider, or to obtain employment total to greater than 100%, as some rangatahi have been supported to do both.

<sup>4</sup> Regulation 40(2).

<sup>5</sup> Regulation 40(1).

## Part Three: Assessments, plans and support for caregivers

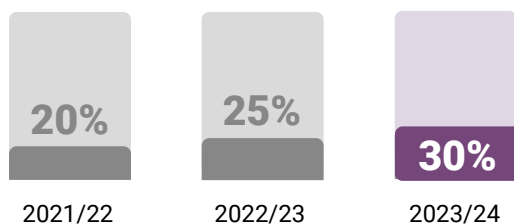
Open Home Foundation data states that 82 percent of tamariki and rangatahi in its custody were placed with fully approved caregivers. This is the same as in 2022/23, and data suggests that some aspects of caregiver assessments are more thorough than others. For example:

- 95 percent of assessments determined the extent to which prospective foster parents or whānau carers could provide a safe, stable and loving home for tamariki and rangatahi
- 81 percent determined the extent to which the prospective foster parents or whānau carers were likely to provide an appropriate standard of care for tamariki and rangatahi
- 41 percent determined the extent to which the prospective foster parents or whānau carers were likely to promote mana tamaiti, acknowledge whakapapa, and support whanaungatanga in relation to tamariki and rangatahi.

Where foster parents or whānau carers are provisionally rather than fully approved prior to tamariki and rangatahi being placed in their care, the NCS Regulations require close monitoring of the placement until the foster parent or whānau carer is fully approved.

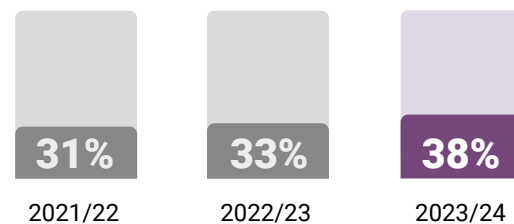
Open Home Foundation data shows that it achieved this for 30 percent of the provisionally approved foster parents and whānau carers. While this is low, it is an improvement on previous years where 20 percent were closely monitored in 2021/22 and 25 percent in 2022/23. Despite this, improvement is required.

### Proportion of provisionally approved caregivers who were closely monitored as required

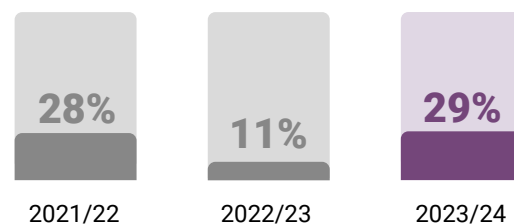


Open Home Foundation data also shows that most of its foster parents and whānau carers have a support plan that identifies the needs of tamariki and rangatahi in their care, and the support that will be provided to the foster parents and whānau carers to meet those needs. However, compliance for social workers visiting foster parents and whānau carers is significantly lower, with only 38 percent visited to the frequency in their support plan. Of the 62 percent of foster parents and whānau carers who were not visited to the frequency in their plan, only 29 percent of these were visited at least every eight weeks.

### 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?



Open Home Foundation policy for foster parent and whānau carer visits varies depending on how recently they have been approved and whether they have tamariki and rangatahi currently in their care. It is unclear from the data if those that are not being visited either at the frequency in their plan, or at least every eight weeks, should have been visited more frequently or not.

Open Home Foundation explained that there are several factors impacting on its ability to be compliant with the regulations around visiting foster parents, including a lack of funding to increase capacity to meet the requirements of the NCS Regulations. We heard that not all smaller service centres have a dedicated foster parent social worker role<sup>6</sup>. As a result, tamariki and rangatahi are prioritised, and this can mean that foster parents and whānau carers do not receive the support required. Open Home Foundation said only two service centres have not had a foster parent social worker, and both are in the process of creating or onboarding for these roles.

Open Home Foundation reiterated what it has told us previously, that when the NCS Regulations came into effect it resulted in an increase in the work required of foster parent social workers, but it did not receive an increase in funding [from Oranga Tamariki] to resource this work. We heard that some service centres had vacancies for part of the reporting period, which impacted compliance. It also explained that sometimes, some foster parents are resistant to visits. However, its policy is that required visits should still occur.

Despite not meeting compliance requirements to visit foster parents and whānau carers, Open Home Foundation told us that its foster parents say they feel well supported. We also heard this directly from foster parents in our engagements.

*“When we first got [rangatahi] we were in a crash and burn type situation, but Open Home came to the party. The knowledge that someone has our back is really reassuring. The issues that [rangatahi] has are totally foreign to our own children [who also live at home]. The professional support that we receive is particularly good for the tricky stuff that comes up.”* FOSTER PARENT

*“We have a high medical needs child. The medical support we receive is amazing. Support comes for two hours in the evening to help with providing meals and help with home tasks. I’ve had to call Open Home after hours, when I have not known what to do or how to deal with the complex medical needs. I’ve never had an issue and they [Open Home Foundation social workers] are always available.”* FOSTER PARENT

Many of the foster parents who spoke to us about receiving support discussed the support they received around training.

*“When [my husband] and I were looking at both Oranga Tamariki and Open Home, one of the deciding factors was Open Home’s training packages. They are more robust and the onboarding was really awesome. I wish Oranga Tamariki did this.”* FOSTER PARENT

*“I was expecting Foster Parent 101 – the real basics, but it was much better; we looked at brain development and trauma response. We also looked at the value of culture. The training was very in depth. Not all of it was new to me. I grew up aware due to privilege, which in turn gave me perspective. I feel I received a better holistic understanding – gaps were filled.”* FOSTER PARENT

Some foster parents told us how the training they received helps them to respond to the needs of the tamariki and rangatahi in their care.

*“[Rangatahi] is very dramatic, and everything is emotional. There was a night where we were watching a movie and [rangatahi] was upset about something and I was able to use some PACE [Playfulness, Acceptance, Curiosity and Empathy] tools to support [tamariki].”* FOSTER PARENT

However, some other foster parents did not feel as well supported by Open Home Foundation, with some telling us they did not receive training or that it was difficult to access.

*“If you are an Oranga Tamariki caregiver you just register and go, if you are Open Home you have to ask Open Home if you can go and then they have to pay, and that bothers me. The last one I went to was with Caring Families, I was the only one that went from Open Home and everyone else was from Oranga Tamariki and they had their own coffee group set up. I don’t understand why we just can’t put our name down and go. A lot of them are online 7-9pm when I’m busy with the [tamariki] or during the day when I’m at work.”* FOSTER PARENT

*“[I didn’t get any training] with Open Home Foundation, but I have done other caregiving training.”* FOSTER PARENT

<sup>6</sup> Open Home Foundation aims to have one foster parent social worker for every 20 foster parents.

Open Home Foundation national office advised that its foster parents are no longer eligible for the training run by Caring Families. It understood Oranga Tamariki pulled funding for other care providers to attend some time ago, and only fund Caring Families to deliver to Oranga Tamariki caregivers. As mentioned in the Oranga Tamariki section, we also heard there has been a further reduction in training funding for Caring Families. Open Home Foundation said the Caring Families training is “fantastic” and while it is supportive of it, due to funding cuts, it is becoming more difficult to fund its foster parents to attend.

This year Open Home Foundation told us it was worried about the number of placement breakdowns that tamariki and rangatahi in its custody experienced. We discuss changes in placements in Part Five, but notably the most common reason for

placement breakdowns in the reporting period was because the foster parents or whānau carers were unable to manage the behaviours of the tamariki and rangatahi in a way that kept the tamariki and rangatahi safe.

Open Home Foundation data also shows that only two thirds (68 percent) of foster parent plans identified training needs. This reflects the mixed views that we heard from foster parents around training.

## Part Four: Supporting tamariki and rangatahi to express their views and speak up when something is wrong

Open Home Foundation reported its regional practice managers have recently been given resources to support the inclusion of tamariki and rangatahi voices. It plans to run sessions in each of its service centres on using these tamariki-friendly tools. In our future reports we will look at whether and how these tools are helping to ensure that tamariki and rangatahi voices are captured and considered.

In April 2024, Open Home Foundation began funding an app and website for tamariki and rangatahi in its care from CaringLife. This is a programme designed to capture photos, videos and other important documents (such as school reports, artwork) for tamariki and rangatahi. All tamariki and rangatahi have an account which they, their parents, whānau, foster parents or whānau carers and social workers can post into and share.

This will help ensure that memories are captured for tamariki and rangatahi, alongside the existing use of memory boxes.

### Safety

Open Home Foundation data shows that, over the reporting period, there were nine allegations of abuse or neglect relating to seven tamariki in its custody, as follows:

- three allegations were about harm by foster parents
- two were allegations of harm caused by the tamariki/rangatahi – one to another child in care, and one to another child in the home, related to the foster parents
- two allegations related to harm caused by a parent the tamariki/rangatahi was living with
- one allegation was harm from an associate of a rangatahi
- one was harm caused by another tamariki/rangatahi in the care placement.

As a result of these allegations of abuse, one foster parent had their approval cancelled. For all nine allegations, social workers assessed the situation for the tamariki and rangatahi to determine whether it was safe for them to remain in their living situation. Where it was not deemed safe, the tamariki and rangatahi were moved. It was not necessary to move all tamariki and rangatahi who made an allegation of abuse, as some of the allegations made were historic and there were no longer safety concerns.

Open Home Foundation policy requires it to make a report of concern to Oranga Tamariki within 24 hours of receiving an allegation of abuse or neglect for tamariki and rangatahi in its custody.

This year Open Home Foundation made reports of concern for eight of the allegations within 24 hours. For the remaining allegation, a report of concern was made a day later. The delay was because the social workers were responding to the allegation and working on plans, referrals and the immediate safety of the tamariki involved.

Open Home Foundation told us that sometimes its social workers are unclear if a report is an allegation of abuse or a care concern. An allegation of abuse is any situation where it is alleged that abuse has occurred. A care concern is where there are worries that the care provided may be poor quality or inadequate for tamariki and rangatahi, but where there is no danger of immediate or serious harm.

Open Home Foundation told us it is in the process of revising its policies, so it is clear for its kaimahi how to distinguish between an allegation of abuse and a care concern, and so these are recorded and acted upon appropriately.

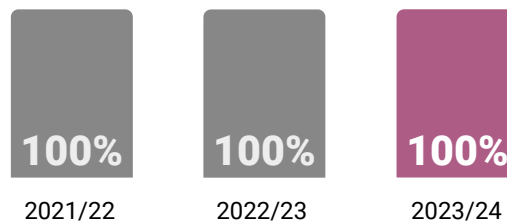
Open Home Foundation data shows that, when an allegation of abuse is made, it mostly meets its compliance requirements. Data also shows that supports were provided to all tamariki and rangatahi who made an allegation of abuse, to address the impact of the harm. However, this year its data indicates that only 20 percent of tamariki and rangatahi who had an allegation of abuse had their plans reviewed.

Open Home Foundation acknowledged the decline and stated the information is not necessarily being put in the tamariki and rangatahi plans. There is a general challenge of getting social workers to prioritise plans, as the time and energy is being put into the support and plans that come out of a case consult, however they are not being recorded accurately.

In relation to the drop off in caregiver plans, Open Home Foundation national office said this reflects the vacancies and over stretched staff. It has several vacancies in the foster parent social worker roles and, in some areas, it has not been able to adjust its foster parent support hours. It did advise this is being remedied as new staff come on board.

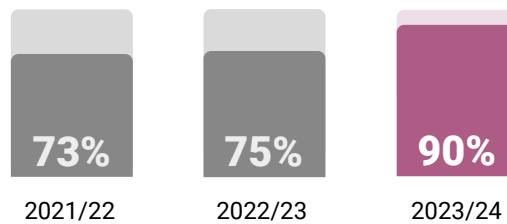
### Open Home Foundation data

Have all reports of concern of abuse or neglect while in care been responded to in the reporting period?

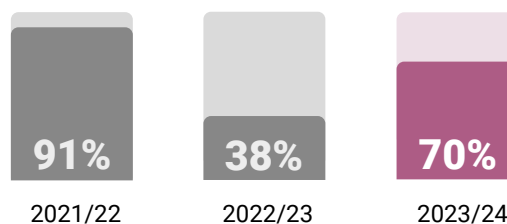


For the most recent report of concern for the child in the reporting period:

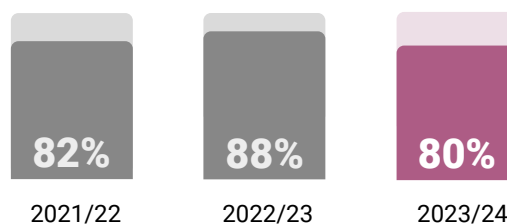
Was the response to the report of concern prompt?



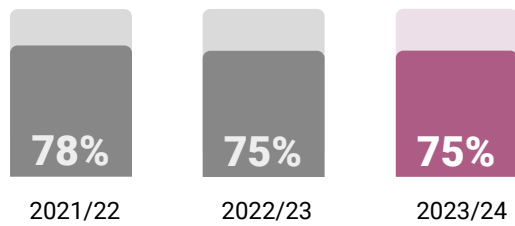
Was information about the report of concern well recorded?



Were appropriate steps taken in response to the report of concern?

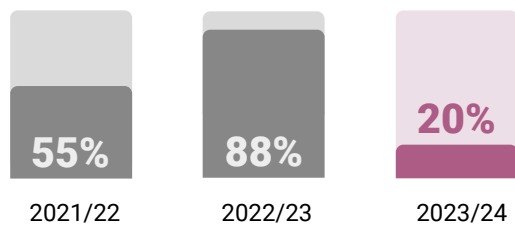


**Where appropriate, was the child informed of the outcome of the abuse allegation/s?**

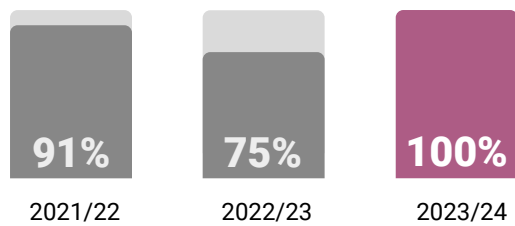


**Were the following required steps taken in response of this allegation:**

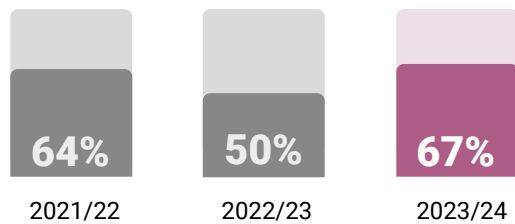
**A review of the child's Child and Young Person Plan?**



**Provision of supports to address the impact of harm?**



**A review of foster parent plans?**



**Complaints**

Open Home Foundation trialled a centralised complaints process. It plans to finalise this in the next year so that it has better visibility of the complaints it receives. Work is still being completed to finalise the details and while some complaints will be managed at the local level, some will still require a national response. In some cases, the complainant will determine the level at which they would like their complaint managed.

Open Home Foundation kaimahi we spoke with in our engagements told us how it is important that tamariki and rangatahi, foster parents and whānau know how, and feel able, to make a complaint if they need to. We heard how foster parents receive a handbook with information on the complaint process.

We also heard again about the Mind of My Own app. Tamariki and rangatahi can share how they are feeling via the app. It is an interactive app that uses emojis. It can be used to make complaints but is designed to hear tamariki and rangatahi voices more broadly. For example, we heard that if tamariki and rangatahi use the app to say something like 'I'm feeling sad' or 'I feel like I am unsafe' it will send a message to their social worker, who can then respond. Contact via the Mind of My Own app is always initiated by tamariki and rangatahi.

Open Home Foundation told us that over the reporting period it received three complaints that relate to tamariki and rangatahi in its custody. We heard that one of these complaints related to the funding package for a child. This was investigated by the Open Home Foundation Board, which found that the package of support was appropriate. The second complaint was made by a whānau member, which resulted in an allegation of abuse, and the third complaint related to a support worker. Both were still under investigation at the end of the reporting period.

## Part Five: Supporting tamariki and rangatahi during care transitions

Over the reporting period, 20 percent of tamariki and rangatahi in Open Home custody experienced a care transition. This included transitions to new care arrangements, to return home, to live with wider whānau, and to adulthood. For some rangatahi, transitioning to adulthood included supported living arrangements.

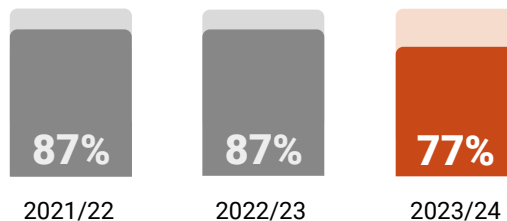
As noted in Part Three, Open Home Foundation told us it was worried about the number of placement breakdowns that tamariki and rangatahi in its custody experienced this year. Data shows that 23 percent of tamariki and rangatahi had at least one placement change over the reporting period. A third of these tamariki and rangatahi then experienced a second placement change. Reasons for placement changes include abuse allegations, attending boarding school, changes in foster parent circumstances, moving to independent living including flatting situations, foster parents being unable to manage the behaviours of tamariki and rangatahi in a way that kept tamariki and rangatahi safe, returning home, and temporary or emergency placements.

The tamariki and rangatahi who experienced changes in placements were aged between 11 and 18 years. Open Home Foundation told us it is looking at how it can better support care arrangements to prevent placements from breaking down.

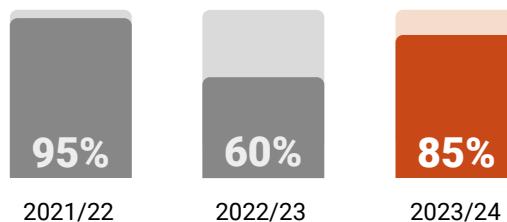
Open Home Foundation data shows it is more compliant with some aspects of care transitions than other agencies with custody. It shows that while in many cases there is some planning undertaken before transitions, less than half of tamariki and rangatahi plans were updated to reflect the required support to meet their transition-related needs.

### Open Home Foundation data

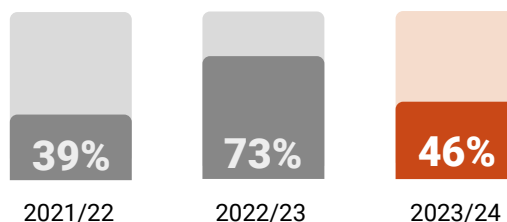
Before the care transition took place, was an assessment made of transition-related support needs?



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?

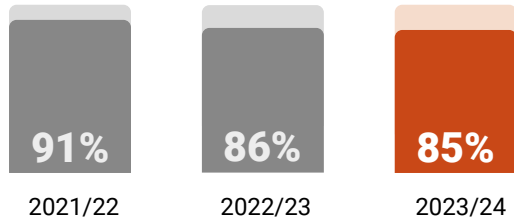


Open Home Foundation shows compliance is greater for transitions within care and to adulthood, than returning home. More than half of the time, tamariki and rangatahi are given information on why they are transitioning, where they are transitioning to, and an opportunity to visit their new placement before they move.

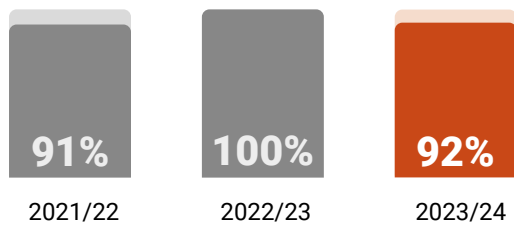


There was full compliance with ensuring future foster parents received the transition plan and/or updated tamariki and rangatahi plan. However, only half of the foster parents that tamariki and rangatahi were moving from received this information this year.

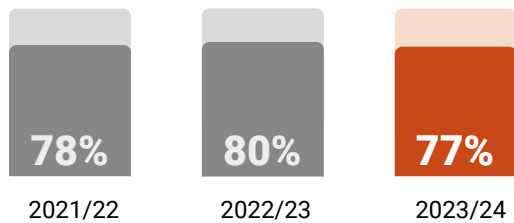
**Before the care transition took place, was the child provided with the following:  
An explanation about why the care transition is happening?**



**Information about the new environment, caregiving household or residence?**

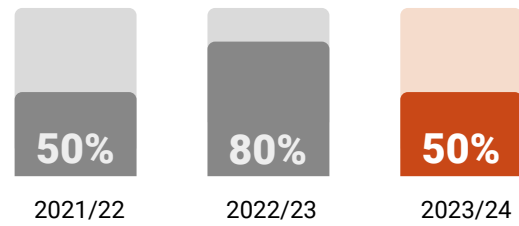


**The opportunity to visit the new care environment?**

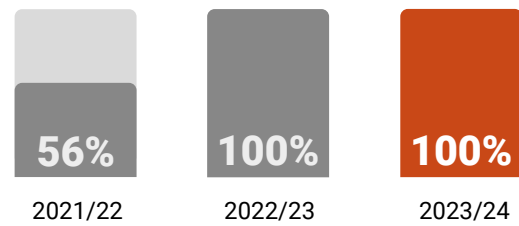


**Before the care transition took place, was the transition plan or updated Child and Young Person Plan shared with the following people?**

**Current foster parent**



**Future foster parent**



During the reporting period, a small number of tamariki and rangatahi transitioned home. None of these tamariki and rangatahi received weekly visits. While this is not a requirement under the NCS Regulations, as highlighted in the Oranga Tamariki section of the report, these can be stressful transitions for the parents and tamariki and rangatahi and a time of increased risk.

Open Home Foundation stated it has completed some policy work on ensuring more support in these situations and has added to its continuous improvement monitoring. Open Home Foundation did say it was difficult to engage with rangatahi when they have chosen to take themselves home, which is similar to the response from Oranga Tamariki.

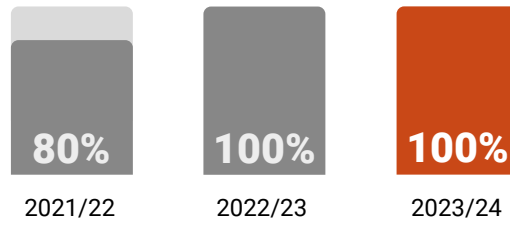
Regular visits are a way to see how the transition is working and if more supports are needed. Although the number of tamariki and rangatahi in Open Home Foundation custody who return home each year are small, visiting these tamariki and rangatahi is an area where it has consistently fallen short over the last three years. Given the small numbers returning home each year, it is unclear why these visits have not been prioritised to ensure tamariki and rangatahi are safe, and that the home environment is meeting their needs.

An area where it is meeting all its compliance requirements is supporting rangatahi transitioning to adulthood. While there are low numbers of rangatahi in Open Home Foundation custody transitioning to adulthood, data shows it is meeting the requirements of the regulations all the time.

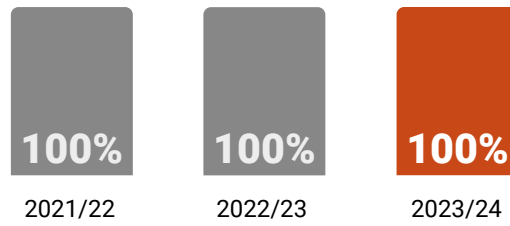
Given the Open Home Foundation custody population is ageing, the fact it can completely support rangatahi transitioning to adulthood is a success.

**Open Home Foundation data**

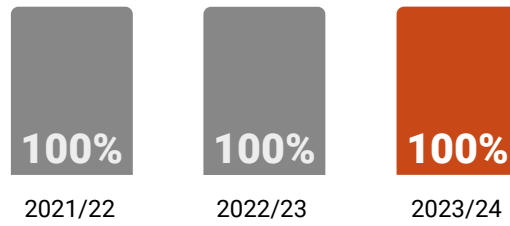
**Before rangatahi transitioned to independence, was an assessment made of their life skills?**



**Has a transition plan been developed for those transitioning to adulthood?**



**Overall, how well did the assessment address the young person's life skills?**



## Part Six: Agency self-monitoring

Part Six of the NCS Regulations relates to agency self-monitoring and requires agencies to monitor compliance with the regulations.

Open Home Foundation was able to provide data on all tamariki and rangatahi in its custody, and the foster parents and whānau carers who provided care for them, including short break care (respite). Its assessment is based on case file analysis that looks at the records of all tamariki and rangatahi in its custody, to assess how well it is meeting its obligations under the NCS Regulations.

Open Home Foundation also conducts an annual Better Off survey to help it identify what is working well and where it can improve its practice. The survey seeks views from parents and

whānau caregivers, rangatahi, foster parents and professionals. Open Home Foundation told us that it has continued to develop the survey questions to better align with the NCS Regulations, to help it measure and improve its compliance.

Open Home Foundation has been upfront about challenges it faces in balancing all its compliance requirements without creating too much additional administrative work for its frontline kaimahi. We heard how some compliance activities, such as approvals processes undertaken by Te Kahui Kahu, place increased demands on Open Home Foundation kaimahi, and can mean that at times they do not have the capacity to meet all the requirements of the NCS Regulations.

### Conclusion

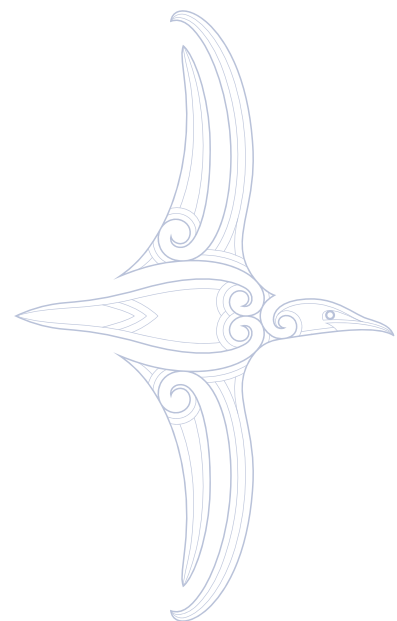
Open Home Foundation is mostly compliant with most of the NCS Regulations. For some of the NCS Regulations it is wholly compliant, and this is positive for the tamariki and rangatahi in its custody.

However, it has also experienced some challenges in meeting some of the regulatory requirements. Sometimes these challenges have been exacerbated by wider workforce and funding constraints.

Areas of further focus for Open Home Foundation include: more regular visits to tamariki and

rangatahi as well as foster parents and whānau carers, increasing support for tamariki and rangatahi to access dental care, actively seeking updates on school attendance, close monitoring of provisionally approved foster parents and whānau carers, and improving how it reviews tamariki and rangatahi plans following an allegation of abuse, or to reflect support required for a successful transition.

We will report on whether Open Home Foundation's compliance has improved next year.



# Barnardos Compliance with the National Care Standards and Related Matters Regulations

For the period covered by this report, Barnardos had fewer than six rangatahi in its custody and care. Some of these rangatahi transitioned to independence during the reporting period. All Barnardos rangatahi have been in long-term, stable placements.

As in previous years, Barnardos has provided us with examples of its compliance with the NCS Regulations in a summary report and considers itself fully compliant with the NCS Regulations. Given the age of the rangatahi, and that they see themselves as ordinary young people as opposed to being in care, we made the decision not to meet with them.

Barnardos has provided evidence of needs assessments and plans being carried out for rangatahi in its custody and care, with their involvement.

Barnardos has evidence of meeting the educational needs of the rangatahi in its custody and care. Rangatahi have been supported to study towards NCEA and tertiary level qualifications, and had completed work towards these in 2023/24. Barnardos and Oranga Tamariki jointly funded a therapeutic, home-based educational programme for one of the rangatahi to meet their individual needs. Barnardos has also taken steps to meet the health and disability-related needs of rangatahi.

Caregiver support plans are in place, identifying specific needs and actions required to support 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.

Barnardos gave several examples of including rangatahi voice in decision-making. These examples were related to whānau connection, care placement and transitioning to adulthood.

Barnardos supported rangatahi to transition to independence during the reporting period, with support differing based on the needs of individual rangatahi. Rangatahi were actively engaged with this process, with needs assessments and appropriate service referrals being made to meet their needs after leaving formal care.

During the reporting period, Barnardos also made several practice improvements relating to custody and care. These include quality assurance processes, workforce capability, an update to the Barnardos Children's Charter, a Section 7AA action plan, self-audit tools and improved funding data.

# Kōkiri Marae Compliance with the National Care Standards and Related Matters Regulations

This is the first time we have reported on Kōkiri Marae Keriana Olsen Trust (Kōkiri Marae). During 2023/24 Kōkiri Marae had fewer than six tamariki in its custody and care. It also had a number of tamariki and rangatahi in its day-to-day care, for whom custody remains with Oranga Tamariki<sup>7</sup>.

This chapter focuses on the approach that Kōkiri Marae takes to compliance with the NCS Regulations<sup>8</sup>.

Kōkiri Marae is a long-standing care partner of Oranga Tamariki, approved as a cultural social service under s396 of the Oranga Tamariki Act. It was the first Māori organisation to take on custody and care of tamariki. Kōkiri Marae took this step because it was concerned about the approach Oranga Tamariki had taken in placing a child, of preschool age, far away from their whānau (and parents). Kōkiri Marae sought custody because it felt this would be in the best interests of the child, without being fully aware of the responsibility of taking this on.

Consequently, Kōkiri Marae was granted custody at a time when it was not fully equipped for compliance with the NCS Regulations. Despite being subject to the NCS Regulations as a shared care partner, the transition to a custody agency was challenging.

*"[This] is the hardest situation that Kōkiri Marae could be put through. We are still navigating this. We had no warm-up. We are full care custody and working backwards."* KŌKIRI MARAE BOARD MEMBER

Kōkiri Marae acknowledges that it has yet to fully embed compliance with the regulations in its policies and practices, and this is an area of rapid development. It has appointed kaimahi to support and maintain compliance and continues to receive support from Oranga Tamariki to achieve this.

Oranga Tamariki completed a progress report for Kōkiri Marae in June 2024, confirming progress had been made to implement the NCS Regulations, with some standards still to be met.

While Kōkiri Marae is not in a position to confirm compliance with all the NCS Regulations, what we heard from kaimahi and the kaitiaki (whānau caregivers) was positive.

Kōkiri Marae takes a holistic, te ao Māori approach to its care and custody. The mission of Kōkiri Marae is that all tamariki who come into care are placed within whānau, hapū and iwi.

*"[Child] came into our care because mum was not able to care for [child]. Whānau were not in the circumstances where they could take [child] ... We were keen for [child] not to be lost ... From [child] coming down Kōkiri Marae got involved ... It's not unusual for this to happen in our whānau. It's history in our family."* KAITIAKI

The following summary of compliance with the NCS Regulations is taken from the information provided by Kōkiri Marae, as well as from our kōrero with kaimahi and kaitiaki.

<sup>7</sup> Compliance with the NCS Regulations for tamariki and rangatahi in shared care is discussed in our assessment of Oranga Tamariki compliance.

<sup>8</sup> This is in line with our approach to monitoring other agencies, such as Barnardos and Open Home Foundation, that have a mix of custody and shared care.

## Needs assessments, plans, visits and collected information

Kōkiri Marae is working through the requirements for needs assessments, plans and visits. Initially, the same assessment for shared care arrangements was being used for custodial arrangements. However, Kōkiri Marae intends to establish its own needs assessments through a tikanga approach. It was also using a copy of an All About Me plan provided by Oranga Tamariki.

*"... Oranga Tamariki will have given me the 'All About Me plan' and the 'placement plan' ... as a Māori and from a te ao Māori lens the care plan should have everything in it ... Whānau connection, health, and wairua is important. Everything has to be together so the kaitiaki is aware."* KŌKIRI MARAE CAREGIVER COORDINATOR

*"For me in my role I have been focusing on the National Care Standards and being able to implement them, and to put them in policy."* KŌKIRI MARAE PROJECT MANAGER FULL CARE STATUS

## Support to address tamariki needs

Enrolment with an early childhood education provider where tamariki have access to both te ao Māori and te reo Māori has occurred. Kōkiri Marae has also provided evidence of supporting whānau connection.

*"... We have a scrapbook from puna reo ... [Child] is very social; [child] loves food and new experiences and other kids ... [Child] can thrive in the environment ... is independent and strong minded. [Child] loves waiata, it's full immersion te reo. [Child] loves kapa haka and thrives in this environment ... All the tamariki whakapapa to the same iwi. They will often walk to the marae. The marae needs the cute factor!"* KAITIAKI

Kōkiri Marae told us that meeting health needs remains a challenge because the Gateway assessment process is not available when it holds custody. Kōkiri Marae, as custodian, is now responsible for making its own arrangements to access health needs assessments. Kōkiri Marae is working with kaimahi from Oranga Tamariki to get health needs assessments in place, though this remains a work in progress.

*"We are working with Oranga Tamariki to try to get them to help us with this. They [Oranga Tamariki] say you need to build relationships with these providers. This all takes time and energy ... No support in setting us up as a full care custody provider. We have a good relationship with the Oranga Tamariki Quality Assurance Team. They are helping us. We have been assigned a contract manager who is really supportive and responsive."* KŌKIRI MARAE BOARD MEMBER

*"We have never done this before."* KŌKIRI MARAE PROJECT MANAGER FULL CARE STATUS

## Caregiver (kaitiaki) and care placement assessment and support

Kōkiri Marae is funded by Oranga Tamariki to meet the direct needs of tamariki. However, there are costs beyond the contract such as transportation, legal fees, whakapapa searching and family group conference coordination that Kōkiri Marae must fund itself.

Kōkiri Marae told us it holds the vision that all tamariki coming into its care will leave better off. Kaitiaki said Kōkiri Marae is providing everything they need.

*"I'm impressed with the way they make space for our voice in the family group conference. [Kōkiri Marae kaimahi] led this and was conscious of the professional space. She nicely coordinated this ... The meetings have improved. I would have liked to see more support initially ... The mother was supported in the background ... They have definitely changed now that the parents have pulled away. Initially, it was tough ... They have learnt from the input by whānau that they need to invest more in the caregivers ... It's difficult because [child] has so many people who love [child]. They love baby so much that they want their rights [having access] to [child]."* KAITIAKI

Some kaitiaki also said that, while their relationship with Kōkiri Marae was strained in the beginning, it has improved over time. They now have clarity about the role each person undertakes and what is expected. The relationships now in place are providing wrap around support with an ongoing commitment to learning as the process develops. Kōkiri Marae is committed to the long-term nature of this experience and shared with us that this is something "we have always done" and will continue to do so into the future. Kaitiaki confirmed this.

*"The communication is good ... Kōkiri Marae is always asking if we need anything. They do an excellent job ... [Project Manager Full Care Status] contacts us every week. She comes over twice a month. She reminds us of anything we need to do ... It doesn't seem hard to get in contact"* KAITIAKI

Kōkiri Marae has a caregiver coordinator to support its kaitiaki. The role provides day to day support for kaitiaki, acting as a liaison between kaitiaki and social workers. This approach is designed to provide stronger support for kaitiaki.

*"Our caregivers [kaitiaki] don't have to put up with the stress. I make sure Oranga Tamariki is meeting their obligations."* KAIMAHI

Kōkiri Marae states that it provides resources to enable kaitiaki to provide appropriate care.

While kaitiaki were very positive about the support provided by Kōkiri Marae, our kōrero revealed that caregiver training appears to be an issue for further development.

*"We needed support around attachment and detachment ... A job description! [would be helpful] ... How much do I attach emotionally? Something like this would be clearer. I said that you have to give everything to this [child]. Getting support around this would have been great."* KAITIAKI

## Supporting tamariki to express their views and contribute to their care experience

Kōkiri Marae is developing a record (book) of whakapapa and significant life events for tamariki in its care. This includes pepeha, a whakapapa tree and stories relevant to their life. Whānau can also request copies of the book.

Part Four of the NCS Regulations also includes whether any allegations of abuse have been made during the period. No allegations have been made, nor have there been any complaints, in this reporting period.

## Supporting tamariki during care transitions

There have not been changes in placement during the reporting period. As it does with shared care, Kōkiri Marae works hard with kaitiaki and whānau to support ongoing relationships, and to avoid care placements breaking down.

*"We went to [overseas] and Kōkiri Marae supported us to go on holiday. We got to go. We pitched it to Kōkiri Marae, and they got [child] a passport. They put money in for the flights. They had the conversation with the family. They were worried that we would not bring [child] back. If we could not take [child], we would not have gone. [Child] thrived ..."* KAITIAKI

## Summary

Kōkiri Marae took on custody for the first time because it saw a need and believed it could provide an appropriate te ao Māori care experience. Kōkiri Marae acknowledges that, while it is supporting wellbeing and providing appropriate care, it is not yet compliant with all the NCS Regulations. It will continue to work towards meeting the standards and developing its self-monitoring processes.





# Glossary

<b>Monitored agencies</b>	Oranga Tamariki, Open Home Foundation, Barnardos and Kōkiri Marae Keriana Olsen Trust (Kōkiri) - the four agencies in Aotearoa that have custody of tamariki and rangatahi.
<b>All About Me plan</b>	The primary plan that Oranga Tamariki uses to support tamariki and rangatahi needs and objectives. It supports any overarching Family Group Conference (FGC) or court plan.
<b>Care or custody</b>	In relation to tamariki and rangatahi, being subject to an order for custody or sole guardianship or to a care agreement, in favour of the chief executive of Oranga Tamariki—Ministry for Children, an iwi social service, a cultural social service, or the director of a child and family support service.
<b>Caregivers</b>	People who care for tamariki and rangatahi in custody of Oranga Tamariki, Open Home Foundation or Barnardos. Caregivers can be whānau or non-whānau. They provide a range of care options including respite, short-term, or permanent care. Caregivers are sometimes referred to as foster parents or carers.
<b>CGIS</b>	Oranga Tamariki caregiver information system.
<b>Child and Adolescent Mental Health Services (CAMHS)/Infant, Child and Adolescent Mental Health Service (ICAMHS)</b>	CAMHS and ICAMHS provide specialist mental health services for tamariki, rangatahi and their whānau.
<b>Child and Adolescent Needs and Strengths (CANS) assessment</b>	An internationally recognised assessment and planning tool that supports decision making, used by Open Home Foundation.
<b>Community organisations</b>	When we talk about community organisations, we are referring to iwi and Māori organisations, care partners and organisations providing services to the community.
<b>Complaints process</b>	An opportunity for service recipients to raise concerns about services related to tamariki and rangatahi in care or custody of the agencies. See also grievance procedure.
<b>CYRAS</b>	Oranga Tamariki administrative database.
<b>Family Home</b>	Oranga Tamariki describe family home care as two caregivers who care for up to six tamariki and/or rangatahi in a community-based home provided by Oranga Tamariki.
<b>Foster parent</b>	Open Home Foundation's term for a caregiver or carer.
<b>Gateway assessment</b>	An inter-agency process between health and education services and Oranga Tamariki to identify the health and education needs of tamariki in care, and how they will be supported.

<b>Grievance procedure</b>	An opportunity for tamariki and rangatahi to raise concerns about services related to their care in a secure residence.
<b>Group home/Supervised Group Home</b>	<p>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.</p> <p>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.</p>
<b>Hapū</b>	Sub-tribe
<b>IDI</b>	The Integrated Data Infrastructure is a large research database, maintained by Statistics New Zealand. 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 <a href="https://www.stats.govt.nz/integrated-data/">https://www.stats.govt.nz/integrated-data/</a>
<b>Iwi</b>	Tribe
<b>Kaimahi</b>	Staff
<b>Kairaranga ā-whānau</b>	A specialist role at Oranga Tamariki that is designed to help weave connections between tamariki and rangatahi, and their whānau, and support tamariki and rangatahi Māori affiliation with their iwi.
<b>Kaitiaki</b>	Caretaker, caregiver, guardian. Kōkiri Marae term for caregiver or carer
<b>Kaiwhakamana</b>	Advocacy worker
<b>Kanohi ki te kanohi</b>	Face-to-face
<b>Kaupapa Māori</b>	An approach underpinned by Māori values.
<b>Kōhanga reo</b>	An early childhood education and care centre where all education and instruction are delivered in te reo Māori.
<b>Kōrero</b>	Conversation or discussion.
<b>KPI</b>	Key performance indicator
<b>Legal guardian</b>	An adult who is responsible for making decisions about important decisions in a child's life, for example religion and education.
<b>Mana Mokopuna - Children and Young People's Commission</b>	Formerly the Office of the Children's Commissioner. An independent Crown entity that advocates on issues that affect children and young people; and raising awareness of and advancing the United Nations Convention on the Rights of the Child.
<b>Mana motuhake</b>	Autonomy and independence.
<b>Motu</b>	Country

<b>NCS Regulations</b>	Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018. Came into effect on 1 July 2019. The NCS Regulations set out the standard of care tamariki and rangatahi can expect to receive when they are in the care of one of the agencies.
<b>OECD</b>	Organisation for Economic Co-operation and Development. Aotearoa is one of 38 member countries.
<b>OSCAR</b>	Open Home Foundation's administrative database and case management system.
<b>Outcomes Framework</b>	A tool we use to measure how well agencies are supporting the wellbeing and life outcomes of tamariki and rangatahi in care.
<b>Pākehā</b>	A New Zealander of European descent.
<b>Permanency</b>	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.
<b>Rangatahi</b>	Defined by the Oranga Tamariki Act 1989 as a young person or young people 14 years of age or older.
<b>Rangatahi Māori</b>	Young people 14 years of age or older of Māori descent.
<b>Residence/Secure residence</b>	A locked facility which can be either for care and protection or youth justice and which 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.
<b>Shared-care partners</b>	Organisations that provide care for tamariki in custody of one of the three agencies under the Oranga Tamariki Act 1989. There are approximately 50 shared-care partners. Can be called shared care providers.
<b>SKS screens</b>	Substance and Choices, Kessler and Suicide Screens. Screening tools used to evaluate whether tamariki and rangatahi are dealing with substance abuse, psychologically distressed or are at risk of death by suicide.
<b>SoCiC Team</b>	Oranga Tamariki Safety of Children in Care Team.
<b>Tamaiti</b>	Oranga Tamariki uses tamaiti to refer to a singular child.
<b>Tamariki</b>	Defined by the Oranga Tamariki Act 1989 as children aged under 14 years of age.
<b>Tamariki Māori</b>	Children under 14 years of age of Māori descent.
<b>Taonga</b>	Treasures
<b>Te ao Māori</b>	The Māori world.
<b>Te Tohu o te Ora</b>	Oranga Tamariki survey of tamariki and rangatahi
<b>Towards Wellbeing</b>	A risk assessment and monitoring service that provides advice to social workers who work with tamariki and rangatahi who may be suicidal.

<b>Tuituia assessment</b>	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.
<b>Tūrangawaewae</b>	Place of belonging, location of identity through kinship and whakapapa (see whakapapa below).
<b>VOYCE Whakarongo Mai (VOYCE)</b>	An independent NGO that helps to advocate for children with care experience. VOYCE stands for Voice of the Young and Care Experienced.
<b>Wānanga</b>	To meet and discuss.
<b>Whakapapa</b>	Genealogy that connects a person to their identity and tūrangawaewae (see tūrangawaewae above).
<b>Whakawhanaungatanga</b>	Process of establishing relationships.
<b>Whānau</b>	People who are biologically linked or share whakapapa. For our 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.
<b>Whenua</b>	Land, country
<b>Whiti</b>	The performance reporting tool Oranga Tamariki use.



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