

# Response: Independent Children's Monitor

---

Response to the second focused review of Aroturuki Tamariki – Independent Children's Monitor: 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

18 January 2024

## Response to the Independent Children's Monitor second thematic report

---

Oranga Tamariki–Ministry for Children (Oranga Tamariki), the Ministry of Health | Manatū Hauora (Manatū Hauora), and Health New Zealand – Te Whatu Ora (Te Whatu Ora) welcome the second thematic report from Aroturuki Tamariki – Independent Children’s Monitor (the Monitor) into the experiences of tamariki and rangatahi in care accessing primary health services and dental care.

Oranga Tamariki acknowledges the overall finding of the Monitor, that the primary health and dental system for tamariki and rangatahi in care is imperfect. Oranga Tamariki helps to ensure all tamariki and rangatahi are in loving whānau and communities where oranga can be realised. Our practices and policies are underpinned by the Oranga Tamariki Act 1989<sup>1</sup> which sets out the duties of our kaimahi in supporting tamariki and whānau who are at risk. All of our leaders, kaimahi, strategic partners, service providers and caregiving whānau play an important part in achieving oranga for tamariki.

### *Roles and responsibilities*

The Oversight of Oranga Tamariki System Act 2022<sup>2</sup> states “The objectives of the Monitor are to carry out objective, impartial, and evidence-based monitoring, and provide advice”. In several places, we consider that the Monitor appears to have relied on information which could be considered subjective and has taken a largely deficit-focused approach. This discounts that there is evidence of an improving collective focus on the health needs of children in care by both Oranga Tamariki and our health colleagues. Oranga Tamariki also consider that there were missed opportunities within the report to provide greater insight into how the system as a whole could respond more effectively to tamariki in care.

Tamariki and rangatahi in care often have complex health needs, with many experiencing co-occurrences of physical and mental health conditions, often associated with experiences of trauma at a young age. This means that effective health care coordination and information-sharing within the health system is crucial, as well as mechanisms to ensure tamariki and rangatahi have their needs met without discrimination on the basis of their care status.

The National Care Standards place responsibility on the Chief Executive of Oranga Tamariki to ensure that care needs are met for tamariki and rangatahi in care. However, the Pae Ora (Healthy Futures) Act 2022<sup>3</sup> places responsibility on the health system for protecting, promoting and improving the health of all New Zealanders, which includes tamariki and rangatahi in care. Ultimately, there are a shared set of responsibilities in promoting the health and wellbeing of tamariki and rangatahi in care. It is disappointing that this operational and legislative reality is not reflected in the report.

Responsibility for the delivery of health care and reducing the barriers for access to health care are the responsibility of the Ministry of Health and other health agencies. The Chief Executive of Oranga Tamariki has a greater duty to tamariki and rangatahi where the Chief Executive is an additional guardian, or has custody, as detailed in the National Care Standards (NCS) Regulations. Despite the higher legal obligation to address the health needs of this population, improving access to primary health care requires intervention that cannot be delivered by Oranga Tamariki alone. By the time a child or young person enters care, health related needs are often manifesting as a crisis, owing to their health needs previously being unmet. Various government agencies are collectively

---

<sup>1</sup> Oranga Tamariki Act 1989. Available at: [Oranga Tamariki Act 1989 No 24 \(as at 06 October 2023\), Public Act Contents – New Zealand Legislation](#)

<sup>2</sup> Oversight of Oranga Tamariki Systems Act 2022. Available at: [Oversight of Oranga Tamariki System Act 2022 No 43 \(as at 01 May 2023\), Public Act Monitor’s objectives, monitoring function, duties, and powers – New Zealand Legislation](#)

<sup>3</sup> [Pae Ora \(Healthy Futures\) Act 2022 No 30 \(as at 27 July 2023\), Public Act – New Zealand Legislation](#)

responsible for the health of children in care, and it is crucial that government agencies work collaboratively to support this group.

Overall, we appreciate the work of the Monitor to identify health and oral care access barriers which are often the result of a range of factors and require cross-agency solutions that will inform future cross-agency working.

### *Acknowledging our own performance*

Over the past year, Oranga Tamariki and health agencies have undertaken significant collaboration to develop a cross-agency work programme to improve the health of tamariki and rangatahi in care. The Oranga Tamariki Action Plan has enabled effective cross-agency progress to improve health and wellbeing outcomes, particularly in developing a detailed understanding of system issues. In July 2023, the Chief Executives and Ministers of Health, Education and Children endorsed the Primary Health Needs of Children and Young People in Care in-depth needs assessment. This assessment provides context for understanding system gaps and barriers and will inform future work planning. Since that time, the government has established the Oranga Tamariki Action Plan Health and Wellbeing Governance Group to develop a cross-agency framework to respond to findings from the assessment report and to help drive system change.

Matched data developed between Oranga Tamariki and Te Whatu Ora from the assessment shows that 93 percent of males and 95 percent of females in care are enrolled with a Primary Health Organisation (PHO), comparable with those of the general population, where 95 percent of males and 95 percent of females are enrolled.

Data from the assessment also indicates that 85 percent of tamariki and rangatahi in care are fully vaccinated against measles, mumps and rubella, which is comparable with the general population. When tamariki and rangatahi come into care, the state is often required to address the unmet health needs they might have experienced in their previous living situation. Immunisation data available for tamariki and rangatahi in care in New Zealand in 2023, shows that 63 percent of immunisations were received at the milestone age, which is lower than the general population. However, this is partly attributable to the lower rate of immunisations throughout the COVID-19 pandemic. Nevertheless the data shows that being in care does provide some children an opportunity to 'catch up' on delayed immunisation which in turn contributes to their long term wellbeing. Immunisation status of tamariki and rangatahi entering care and protection and youth justice residences are routinely checked, so vaccinations can be arranged when required on entry.

Additional significant initiatives are also underway to help address health needs, including:

- a review of the Gateway Assessment process
- reviews of Well-Child Tamariki Ora programme and School Based Health Services
- work on Kahu Taurima, to improve maternity and early years services for the first 2,000 days of life
- establishment of a National Oral Health Equity Programme

We welcome analysis from the Monitor about health disparities for tamariki and rangatahi Māori. In 2019, Oranga Tamariki introduced a new Practice Approach. It is based on relational, inclusive and restorative values, and draws on Te Ao Māori principles of oranga. This is designed to increase the cultural responsiveness of Oranga Tamariki kaimahi, which in turn positively impacts the health outcomes of tamariki and rangatahi Māori as well as being responsive to the needs of all children.

We acknowledge that there continues to be barriers to tamariki and rangatahi in care having access to health supports and services, including a lack of identifiability in the health system, and managing issues of parental and guardian consent, which can be complex. Collectively this range of barriers restricts access to specialist services and inhibits a systematic approach to monitoring and improving

services for tamariki and rangatahi. For some children, placement instability and the prevalence of tamariki and rangatahi having multiple carers whilst in care also impacts on health care continuity.

Finally, we agree there is limited system visibility of the health status of children and young people in care or leaving care, or ability to understand if government interventions are working. However, we do not accept there has been a lack of urgency in seeking to address this issue. Significant work is underway to improve data collection and information sharing, including improvements to the Caregiver Information System, the Frontline Technology Systems Upgrade which will result in the replacement of CYRAS and other legacy systems, and formalising data sharing arrangements with health agencies.

## Response to key findings

---

The Monitor has recognised some of the progress made by Oranga Tamariki and health agencies, and has acknowledged successes, including:

1. Some caregivers sharing their positive experiences, with good support from Oranga Tamariki, in accessing health services for the tamariki in their care. We value the reflections of the 34 caregivers that were involved in this report, and will consider these alongside the findings of our recent caregiver survey, which highlighted that 68% of caregivers had talked through the specific health needs for tamariki and rangatahi with the social worker.
2. The Monitor found more positive examples of agencies working together at a local level during monitoring activity in 2022/23, which is crucial to ensure the health needs of tamariki and rangatahi in care are met.
3. During residence visits, both residence leadership and health teams talked about positive relationships with health partners and the impact this has in supporting service provision.
4. Feedback from most rangatahi indicated that they feel they can access health care when they need it when in Oranga Tamariki Care and Protection or Youth Justice residences.
5. There is evidence of the positive relationships between Oranga Tamariki and partners, including access to training sessions around trauma for kaimahi employed by other agencies.
6. The Monitor recognised the positive strategic partnerships Oranga Tamariki has developed with Te Tohu o te Ora o Ngāti Awa and Te Kāika at the Whakatāne and Dunedin sites respectively, and the impact that this has had on outcomes for tamariki and rangatahi

The Monitor has highlighted some areas for improvement, and Oranga Tamariki and health agencies have worked together to respond to the Monitor's findings.

*There is a lack of clarity regarding what the NCS Regulations require, what an annual health check is, and when parental/whānau consent is required.*

---

All children have the right to access the primary health services and dental care that they need to ensure their wellbeing. The Practice Approach takes our kaimahi back to the fundamental rights of tamariki and their whānau.<sup>4</sup>

The duties and powers of our kaimahi is clear, underpinned by legislation and regulations, including section 35 of the NCS, which states that:

---

<sup>4</sup> In July 2021, Oranga Tamariki introduced a new relational, inclusive and restorative, oranga framed Practice Approach. This includes a practice framework which enables us to undertake our practice shift that is framed by The Treaty of Waitangi, based on a mana enhancing paradigm for practice and draws from Te Ao Māori principles of oranga. Our mana enhancing paradigm for practice supports us to be relational, inclusive, and restorative in our practice with all tamariki, children, whānau and families. [Practice approach | Practice Centre | Oranga Tamariki Practice framework | Practice Centre | Oranga Tamariki](#)

*“The chief executive must ensure that support is provided...by taking reasonable steps to – ensure that the child or young person is enrolled (in consultation with their parents or guardians) with a primary health organisation”.*<sup>5</sup>

However, it is also crucial to note that section 16 of the Children in Care Act (2004) states that guardians have a right to:

*“contribute to the child’s intellectual, emotional, physical, social, cultural and other personal development”.*<sup>6</sup>

Therefore, we think the issue of consent to health checks is not as simple as the Monitor has represented in their report. The report fails to acknowledge the complexity associated with the legal framework of guardianship, that matters such as enrolment are a collaborative exercise that Oranga Tamariki is not solely responsible for, and we must work carefully with all parties to navigate, particularly, when there is explicit resistance from other guardians. Additionally, this must be overlaid with an understanding of how a child or young person’s own ability to consent to health care is determined, which is based on a health professional’s individualised assessment of the capacity of a child to consent. The report does not consider instances where children exercise their right to decline a health care appointment or treatment, or when the health system is unable to offer timely services, which are also factors not in the control of Oranga Tamariki. Notwithstanding this, we do agree with the Monitor that this an area where further work is warranted.

#### *Delivery of services by other parties*

Oranga Tamariki practice guidance does not apply to primary care or oral health providers as it is not the role or responsibility of Oranga Tamariki to deliver these services. When the guidance was developed, District Health Boards (now Te Whatu Ora) were responsible for service delivery, and complexity of the wider system impacted the level of specificity provided in the guidance, particularly relating to annual checks. Since the introduction of the NCS, comparable countries have raised concerns about such checks being inappropriate and problematic,<sup>7</sup> which is reflected in the Monitor’s report.

Te Whatu Ora is now responsible for the delivery of primary care and oral health services. Oranga Tamariki does not have a mechanism for, or a clinical mandate to direct primary care or oral health services on annual health checks.

However, there are opportunities to strengthen the effectiveness of the health-related standards, and related guidance is becoming available. These include:

- reviewing the Gateway Assessment process
- reviewing the guidance areas where practice could be improved, particularly related to gaining consent to treatment or health care
- joint work with Manatū Hauora, Te Whatu Ora and Te Aka Whai Ora on the Health Response Framework responding to the three health needs assessments
- considering whether the National Care Standards as originally designed remain fit for purpose.
- developing a clinical tool for primary health practitioners to support the annual health assessment.

---

<sup>5</sup> Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018. Available at: [Oranga Tamariki \(National Care Standards and Related Matters\) Regulations 2018 \(LI 2018/111\) \(as at 01 May 2023\) 35 Support to maintain and improve health – New Zealand Legislation](#)

<sup>6</sup> Care of Children Act 2004. Available at: [Care of Children Act 2004 No 90 \(as at 06 October 2023\), Public Act 16 Exercise of guardianship – New Zealand Legislation](#)

<sup>7</sup> [The-Promise.pdf \(carereview.scot\)](#)

*Practice guidance is not fully embedded across Oranga Tamariki. Policies and guidance are not clear for Oranga Tamariki social workers, which means that caregivers are sometimes made responsible for arranging health care, and that sometimes they do not have important health-related information on the tamariki and rangatahi they look after.*

---

We are committed to working within our agency and with community partners to address the report's findings. In preparation for the implementation of the NCS in 2019, Oranga Tamariki collaborated with Manatū Hauora on the development of practice guidance.<sup>8</sup>

The 'supporting tamariki with their health needs' guidance is available on the Practice Centre, which all social workers and our partners have access to and continues to be regularly updated. These updates are always highlighted on the homepage of the Practice Centre, and communicated through a weekly operations update which is sent to all Oranga Tamariki Service Delivery and Quality Practice and Experiences staff (including social workers).

Practice guidance is embedded in several ways. In 2023, the He Akoranga forum was introduced as a way for Service Delivery staff to come together fortnightly for shared professional development, reflection and kōrero. These sessions focused on various aspects of practice and relevant practice policy, guidance and tools.

In keeping with our Practice Approach, a Māori model of learning, Ngā Pou Ako was used for all He Akoranga sessions. To assist with learning this approach focuses on the concepts of:

- Matauranga - sharing of knowledge and expertise with one another
- Mohiotanga - unpacking to understand and deepen one's thoughts and practice
- Maramatanga - application to practice/increased understanding.

These sessions support continual professional development of our skilled kaimahi, with a focus on areas such as Whakamana te tamaiti or rangatahi through advocacy.<sup>9</sup>

We are embedding our Practice Approach through 'Learning Cycles'. Following regional hui in 2021 Learning Cycle One was introduced across all regions, which focused on building foundations, including 'ko wai au', our place in the rohe, Te Ao Māori principles, and the practice framework. Learning Cycle Two launched in September 2023, which supports kaimahi into a relational, inclusive, and restorative way of being in our practice, and prepares us to apply the models, tools, and resources that will be introduced in Learning Cycle Three in 2024.

A guidance review will also ensure that our own commitment to responding to the health needs of tamariki and whānau is reflected in the refreshed practice guidance.

We will also design more resources for social workers to share with caregivers advising them of the need to support enrolments.

*No evidence was found of staff or caregiver training, or that clear expectations have been set from Oranga Tamariki national office to ensure tamariki and rangatahi have access to primary health services and dental care.*

---

### *Training for Oranga Tamariki kaimahi*

Several training opportunities are available for kaimahi that set clear expectations of their role in delivering to the NCS:

---

<sup>8</sup> [Supporting tamariki with their health needs | Practice Centre | Oranga Tamariki](#)

<sup>9</sup> [Whakamana te tamaiti or rangatahi through advocacy | Practice Centre | Oranga Tamariki](#)

- The NCS are a specific learning offer in our Puāwai Induction programme for new social workers, which sets expectations regarding access to primary health services and dental care for tamariki and rangatahi
- The Leading Practice program has a focus on NCS for new supervisors and practice leaders
- The ‘supporting tamariki with their health needs’ guidance currently states that social workers should ensure tamariki receive an annual dental check.

Any areas of confusion identified by the Monitor will be covered in the guidance review mentioned above, to ensure staff are clear on the expectations upon them around ensuring access to primary health services and dental care.

### *Training for caregivers*

The Prepare to Care learning resource for caregivers has a series of six modules to cover several areas under Part 3 of the NCS.

- “Guardianship and Custody” gives caregivers a better understanding of legal requirements and their responsibilities. It covers the responsibilities of Guardians, and types of situations where parental consent is required.
- “Role of Caregiver” covers Caregiver Support Plans and tamariki All About Me Plans.

In the caregiver kete, we talk about what happens when a child enters care. The caregiver kete gives information about:

- Dental or hearing checks as well as getting extra support at school, or specialist mental health support. It covers when consent is required from the whānau/guardian, before seeking information about their health and education or taking them through a health check.
- Age of consent for medical treatment and the need to talk to the child’s social worker about any medical treatments that may require a guardian’s consent. It also talks about routine day-to-day health issues that do not normally require formal guardianship consent.
- The kete also outlines that if the child in care is at primary school, the care is often delivered at the school. Therefore, a caregiver’s role in the process is limited. It is clear from their kete that caregivers can speak to the child’s social worker if children wait a long time to receive dental treatment through school or if there are concerns about the child’s dental health.

There are two cross-agency initiatives under the Oranga Tamariki Action Plan seeking to better equip and support caregivers to meet the health needs of tamariki and rangatahi in their care:

- The development of a central website designed to provide Oranga Tamariki Social Workers and Caregivers with health information tailored to meeting the needs of tamariki and rangatahi.
- Lifting the health care knowledge amongst caregivers. This will assist caregivers to better understand and respond to the health needs of children in their care.

It is important to note that the responsibility for facilitating access for tamariki and rangatahi in care to health and dental services does not sit entirely with Oranga Tamariki. The health system is complex, and Oranga Tamariki are a key partner in a systemic approach to meeting the health needs of tamariki and rangatahi. The role that Oranga Tamariki plays in that process is clearly defined through the training resources provided.

*There continues to be a lack of data on enrolments and annual checks, and a lack of urgency to ensure that data collection is improved. The Monitor also heard that Oranga Tamariki does not collect health-related data from care partners, which it would need in order to have oversight of care.*

---

As highlighted above, we agree there is limited system visibility of the health status of children and young people in care or leaving care, or ability to understand if government interventions are working. However, we do not accept there has been a lack of urgency in seeking to address this issue. This is a priority area for both Oranga Tamariki and Te Whatu Ora and within the context of considerable limitations, we have been able to demonstrate early progress in this area.

There are currently several barriers to sharing information between health systems and the Oranga Tamariki system, however we are looking to identify improved processes to improve information sharing on whether a child is in care, and whether their health needs are being met. In addition, there is significant work underway to improve systems that enable more systematic information sharing. We have already made progress, where Te Whatu Ora and Oranga Tamariki have worked together to get new practice management software installed in residences and Youth Justice settings, enabling improved information sharing between the health and Oranga Tamariki systems on health needs and improved data for this population.

The Oranga Tamariki social work information system is not a health information system and is not the appropriate system to be used to assess health trends and identify health priorities or gaps. The health system has over 20 information systems, some of which do not operate at the national level. This is a major long-term transformative focus of the Pae Ora Act 2022 and associated health reforms.

#### *Oranga Tamariki data improvements*

The Caregiver Information System (CGIS) is being migrated to an improved platform later in 2024 to support Oranga Tamariki in its multi-year programme of work to start the replacement of our technology. This programme includes the replacement of CYRAS and other legacy Ministry of Social Development systems. The programme of work is called the Frontline Technology Systems Upgrade (FTSU) and commenced in July 2023.

The goal of the programme is to provide tools that support our Practice Approach, ensuring we can be relational and inclusive, adaptive, and efficient. This will ultimately lead to improvements in the way we work, how we deliver services and our ability to provide data for reporting and monitoring and share data between agencies. This is an exciting opportunity for us to modernise our information systems which will provide a timely boost to allow us to deliver for tamariki and rangatahi. All About Me Plan digitisation will be one of our first focus areas for this programme. This will also create opportunities for sharing information between agencies to support the effective delivery of services to tamariki and rangatahi as well as more accessible information for children, families, and caregivers.

#### *Improving data, information sharing and reporting*

Manatū Hauora established a data and insights working group in August 2023, and work is progressing to assess existing data and insights, roles, and processes for determining priorities and reporting mechanisms. Progress has also been made in relation to the testing and availability of data on NCS where datasets are accessible. In response to the Monitor's annual report earlier in the year, Oranga Tamariki and the health agencies accelerated information and data sharing to obtain the latest available data:



- This indicates that 93 percent of tamariki and rangatahi in care are enrolled with a primary care provider, which is comparable to the general population.<sup>10</sup> We have a high level of confidence in the data on primary health organisation (PHO) enrolment of tamariki and rangatahi in care.
- Integrated Data Infrastructure (IDI) analysis of data from 2021 shows that approximately 70 percent of tamariki and rangatahi in care had seen a GP in the last 12 months based on analysis of appointments with enrolled PHO.<sup>11</sup>
- We also have a high level of confidence in new data sought and obtained on the status of immunisation of tamariki and rangatahi in care. This indicates that whilst immunisations may not have occurred at the relevant milestone age (which in many cases would be before a child came into care) once in care immunisation rates for children in care are generally high.

This information is enabled by the information sharing provisions under section 66C of the Oranga Tamariki Act 1989.<sup>12</sup> Formalising the sharing of data on a more frequent basis is one item under discussion, as is how to transpose the information into CYRAS. This will enable greater accessibility of information at an individual child level alongside understanding the health experiences of children in care at a whole of population level.

Monitoring of how we are assessing, planning for, and meeting the health needs of tamariki to support these to be met, is explicitly reviewed as part of the case file analysis by Oranga Tamariki. The methodology underpinning our case file analysis was reviewed by an independent statistician and found to be a robust exemplar of self-monitoring which in many cases provides stronger insights than relying on structured data alone. Data on whether tamariki and rangatahi are taking up the opportunity of an annual health check however is not available. This is a difficult area, as currently there is no common understanding between Te Whatu Ora and Oranga Tamariki about what an annual check is, or how this might differ from regular appointments in the primary care system, and therefore any data sourced would be limited.

*Because of this lack of information, Oranga Tamariki is not able to share information with health providers to improve access to primary health care where it's needed.*

---

Sharing information regarding the care status of tamariki and rangatahi in the health system is complex and must be considered carefully. Upholding the mana and privacy of tamariki and rangatahi we work with is vital, and we do not want to add additional stigma to young lives that are already complex. In this vein, the Oranga Tamariki information sharing guidance<sup>13</sup> requires us to keep the oranga of tamariki and rangatahi at the centre of what we do, and to share the minimum necessary information to achieve the purpose.

It is not the experience of our kaimahi that communicating the care status of tamariki and rangatahi leads to any systematic change in service delivery in another government agency, especially when there are multiple different services, and they are highly devolved. The in-depth needs assessment provides evidence that there are risks of providers suspending, delaying, or preventing access to health interventions as a consequence of placement issues.

Publicly funded providers can decline to provide services to 'Oranga Tamariki kids' because of the added complexity and clinical time often involved in treating them, as well as professional shortages, and the perception that Oranga Tamariki have access to private services. When they move, tamariki

<sup>10</sup> [Primary Health Care Enrolments for Children in Care | Oranga Tamariki — Ministry for Children](#)

<sup>11</sup> Appointments with health providers that are not the enrolled PHO do not appear in the data so this figure could be higher.

<sup>12</sup> Oranga Tamariki Act 1989. Available at: [Oranga Tamariki Act 1989 No 24 \(as at 06 October 2023\), Public Act 66 Agencies to supply information – New Zealand Legislation](#)

<sup>13</sup> [Sharing information | Practice Centre | Oranga Tamariki](#)

and rangatahi can fall to the bottom of waitlists that vary widely across different services, providers, and individual health professionals.

The Monitor's report also does not consider the possibility that even if Oranga Tamariki does advise a health service of a child's custodial status, this does not mean that information will be visible within health records, and therefore known to the individual practitioner interacting with the child.

There are opportunities, however, to consider how information can best be shared to improve the ability for tamariki and rangatahi in care to access health services, and what additional entitlements they could be offered by the health system. This includes considering the potential benefits and risks involved with greater identifiability of children and young people in-care within the health system, and how care status can be "flagged" alongside an individual's NHI and other health information. This would likely need to be accompanied by supporting the primary health workforce in better understanding the correlation between factors that bring a child into statutory care and health related needs.

### *Better implementation and oversight across Oranga Tamariki is needed.*

---

Since publishing the Action Plan in 2022,<sup>14</sup> Child and Youth Wellbeing Ministers have agreed accountability arrangements to monitor and ensure implementation of actions. The Action Plan also requires that the Social Wellbeing Board and the Child and Youth Wellbeing Ministers, led by the Minister for Children, provide monitoring and oversight of implementation and evaluation of the Action Plan. The first six-monthly Implementation Report to December 2022 is publicly available.<sup>15</sup>

Oranga Tamariki has worked with other agencies to establish the relationships and connections needed to deliver the broader Action Plan and has also delivered on its own short-term actions, which are set out in the Action Plan's accompanying Implementation Plan, including:

- in-depth assessments of need in the areas of education, health, and housing (Action Three)
- a Prototype Evidence and Indicators Dashboard (Action Four)
- involvement in the development of cross-agency responses to the in-depth assessments of need (Action Six)
- advice to Ministers on initiating a review of the Gateway Assessment process.

We have now begun the implementation of the published cross-agency responses to the in-depth assessments of need.

We will continue the work to increase alignment between agencies at a national, regional, and local level to drive progress. Continued focus is needed on prioritisation of children and young people with the greatest needs and how this practically occurs within the context of each individual agency's operations. This will ensure that decisions that are made about individual children reflect the true spirit and intent of the Action Plan, and agencies collective responsibilities to secure the best possible outcomes for these children and young people in the context of their whānau.

Oranga Tamariki are working closely with health agencies to deliver improved access to primary care and oral health and addressing the range of barriers that have impacted health outcomes. We are working to develop a future work programme to address these findings, including issues around parental consent and the availability of services, although acknowledge that due to the comprehensive change required this is a long-term process.

---

<sup>14</sup> [Oranga-Tamariki-Action-Plan.pdf \(orangatamarikiactionplan.govt.nz\)](#)

<sup>15</sup> Oranga Tamariki Action Plan Implementation: Six monthly report back July-December 2022. Available at: [Oranga Tamariki Action Plan Implementation - 6-monthly report back](#)

We continue to progress work identified through the Oranga Tamariki Action Plan, initially through building our evidence base as part of the Needs Assessments, and the work underway to improve data and insights as part of the Data and Research Evidence Group. We are also working to review the Gateway assessment process, including exploring opportunities to strengthen the primary care interface. We are developing guidance for caregivers and social workers that will assist in addressing some of the barriers and improve awareness of available health support.

There is longer term work underway on the integrated service model where we will be designing a new model of care to support more responsive health care for tamariki and rangatahi in care, and work to address access barriers. We will also be looking to address information sharing and identifiability, as a current barrier.

Work across the broader health system will also improve the responsiveness of primary care and oral health, including work on Kahu Taurima, creating maternity and early years services that strengthen and support families. The primary care reforms are also an opportunity to create more responsive primary care, acknowledging the current pressures on the system, and ensure that primary care is easy to access and more flexible to meet different levels of need. Work is also commencing on a joint National Oral Health Equity Programme to achieve equitable oral health outcomes for all tamariki and rangatahi up to 17 years of age.