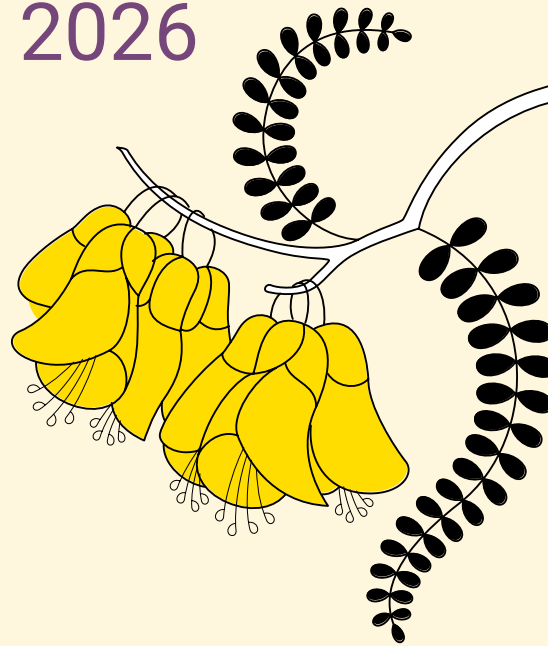


Insights for **Community**

Lower South
community visit 2026



Thank you for meeting with us. What we heard from you, and others in your community, helps us understand how services are working to improve outcomes for tamariki (children) and rangatahi (young people) and their whānau.

This document summarises some of what we heard from the Lower South community. We've taken a different approach to this share back. We've analysed everything we heard across the most prominent themes that emerged from our engagements.

We've also included an A3 summary for Lower South which we hope will be a useful resource to support ongoing discussion, collaboration, and improved practice across your community. This includes regional data we have sourced about outcomes for tamariki and rangatahi involved with Oranga Tamariki. We'll be back in your community in three years to see what's changed.

Everything we heard from people in Lower South, whether in this summary or not, will inform our nationwide reports. Over the coming months, we will combine what we heard from you with what we heard from the other regions

we visited in 2025/26 as we prepare our annual Experiences of Care in Aotearoa (Agency compliance with the National Care Standards Regulations) and Outcomes for tamariki and rangatahi Māori and their whānau in the oranga tamariki system. You can read our reports on our website: aroturuki.govt.nz/reports

Protecting your privacy is important to us. We make sure individuals can't be identified. You won't find quotes from individuals unless they are part of a group of five or more from the same sector (for example, education).

All the quotes and insights we heard from people in Lower South, whether in this summary or not, will inform our nationwide reports.

Thank you again for your time and for engaging with us. By working together, we can improve the lives of tamariki and rangatahi, and their whānau.

Our visit to your community

Before we visit a community, we request data from Oranga Tamariki and NZ Police to help with our planning. This data provides the context for our visit and highlights areas we may need to look at to understand what is working well or what might need to change.

You'll see some of this data in the key themes in this report, and in the A3 summary for Lower South.

As with all our reports, data is just one part of the overall picture for your community. The voices of tamariki, rangatahi, and whānau, and those like you who support them, are at the centre of our mahi.

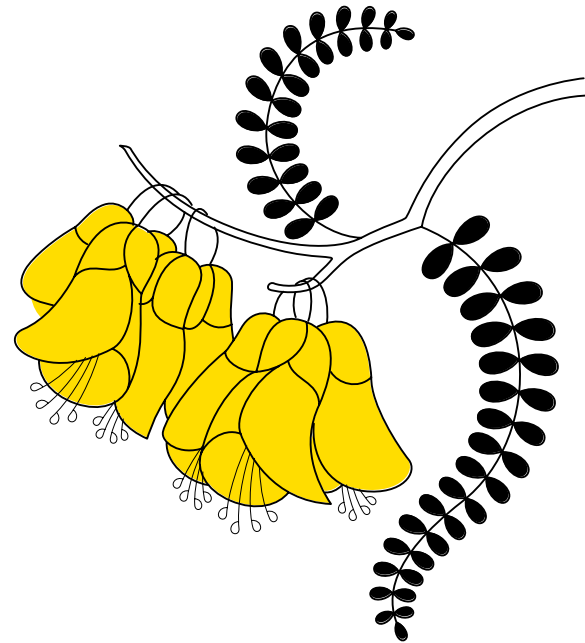
Who we heard from during our visit to Lower South

54	tamariki and rangatahi
23	whānau
5	whānau caregivers
6	caregivers
31	representatives from Māori social services / iwi organisations / strategic partners
133	Oranga Tamariki kaimahi
56	Police kaimahi
47	representatives from other government agencies
59	representatives from other non-government agencies

Information about how we analyse what we heard can be found on our website: aroturuki.govt.nz/what-we-do

A note about the unique challenges of the rural nature of the Lower South region

We heard a lot about the geography of the Lower South region and the impact this has when working in a region with a mix of rural and urban areas. These factors create unique challenges. We reflected the impact of Lower South's geography and spread of population within each theme.



Summary of key themes for Lower South

Reports of concern

- Professionals do not always hear back from Oranga Tamariki when they make a report of concern
- A lack of response to reports of concern can leave tamariki and rangatahi at risk and whānau without support
- The Oranga Tamariki Act is being used to direct further action

Roles, tables and initiatives

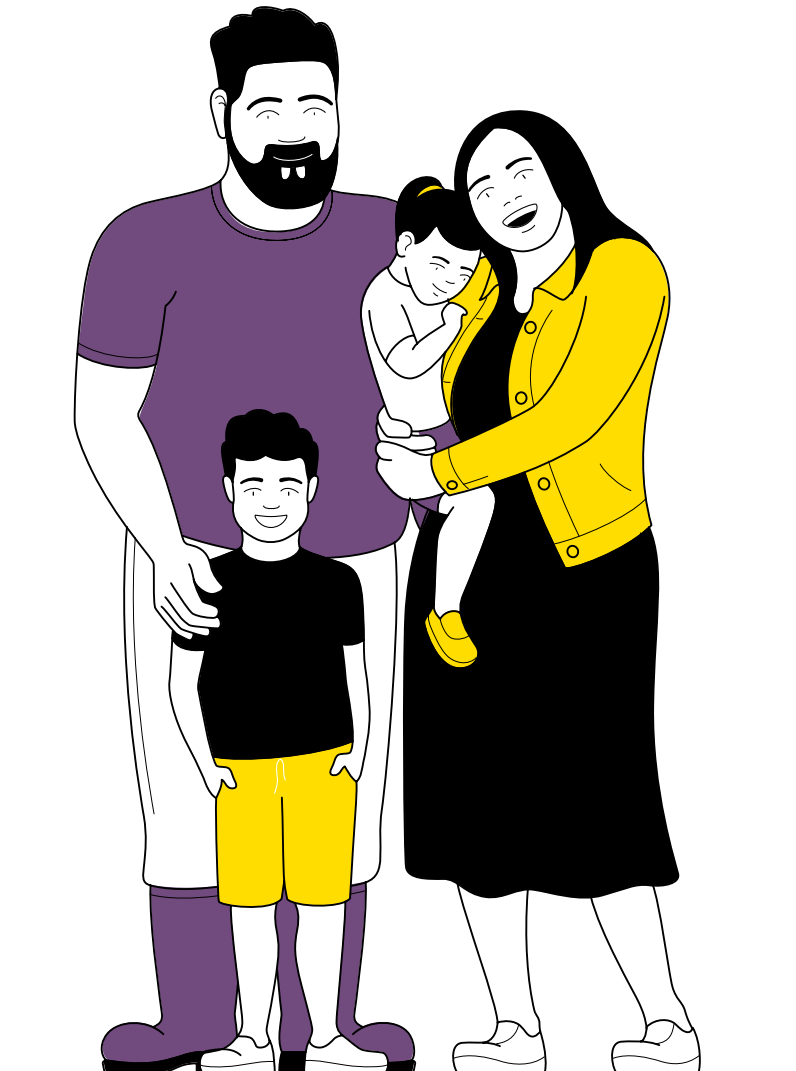
- The kaiārahi role has successfully supported whānau – but funding has been cut in Alexandra and is at risk in Dunedin
 - The family harm table in Alexandra is an example of organisations working together to support whānau and reduce harm
 - Building relationships helps get support to tamariki and whānau
-

Services and supports

- There are not enough services and supports in the Lower South region, or the right services
 - Getting early support may prevent the need for more involvement from Oranga Tamariki and other services
 - A lack of services and supports can mean involvement in the oranga tamariki system for longer
 - Those who live and work rurally travel a lot to access and provide services
 - Referrals are made based on what is available locally, not what tamariki and rangatahi actually need
 - There is a lack of agreement between government agencies about responsibility for the needs of tamariki and rangatahi
-

Placement shortages across care and youth justice

- Limited care placement options are made worse by difficulties recruiting caregivers
- A shortage of respite caregivers can create stress and jeopardise placements
- Lack of placement options lead to emergency placements becoming longer term with no plan in place
- Group homes are not fully accessible for disabled tamariki and rangatahi in rural areas
- Oranga Tamariki resistance to fee for service placements results in a dependence on motels
- Limited placement options are also putting Puketai under pressure to keep tamariki and rangatahi for longer
- A new family home in Dunedin may relieve some pressure
- Police are using court processes to push for action from Oranga Tamariki, resulting in further placement pressure
- Youth justice residence and bail home placements are mostly out of the region



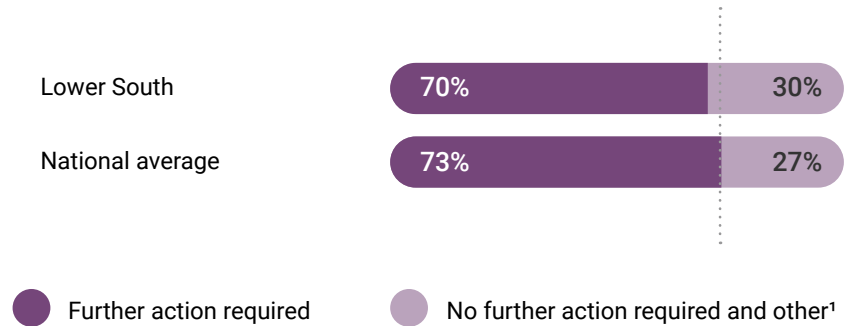
Key theme: Reports of concern

Data from Oranga Tamariki for the 2025 calendar year shows slightly fewer reports of concern in the Lower South progressed past the National Contact Centre than the national average. More were then amended at site.

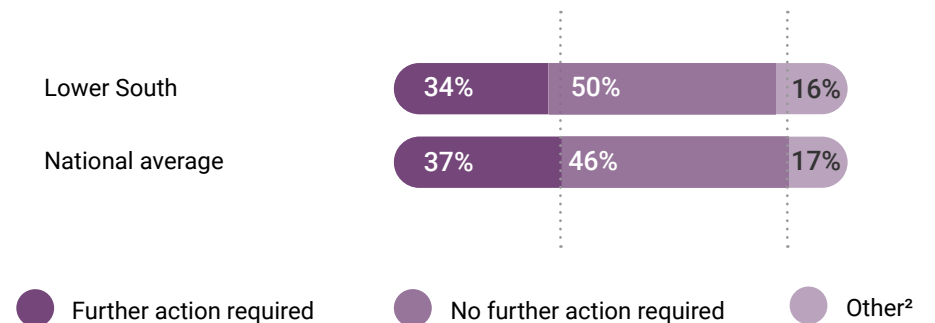
Seventy percent of reports of concern in Lower South resulted in an initial further action required outcome by the National Contact Centre. The national average is 73 percent.

At site, 50 percent of reports of concern with an initial National Contact Centre outcome of further action required are then overturned with a final outcome of no further action. The national average is 46 percent. Once at site, only 34 percent of reports of concern in the region resulted in further action.

Initial National Contact Centre decision



Final site decision



¹ 'Other' includes additional information or intake created in error, not specified, and referrals or partnered response outcomes.

² See footnote 1

Professionals do not always hear back from Oranga Tamariki when they make a report of concern

Some community kaimahi and leaders from across the region said they do not regularly hear back from Oranga Tamariki after they make a report of concern (ROC). Some ROCs are also closed by Oranga Tamariki without the notifier being advised.

“That’s the kicker as well – you don’t hear anything [back after making a ROC] and they get closed. [One] time I [did a] section 15 referral³ and social worker has rung me back and said, ‘thanks for that we have done this bla bla’ but that’s rare. It doesn’t happen often.” – police officer

“It’s seldom you will [hear back after making a ROC]. I mean you will always get the auto response from call centre, and I’ve had some where they do respond [and] said, ‘look this is the outcome we’re thinking of’, but that’s very few and far in between.” – health kaimahi

“It’s a straightforward process [to make a ROC] ... I do feel like I’m throwing it into the ether and there have been times where responses are slow so it’s kind of mixed, but the process is simple and straightforward ... I’ve done about a couple dozen in the last two and a half years and with mixed responses.” – education kaimahi

A police officer said this includes ROCs following family harm events.

“We will report [family harm events] and keep reporting them no matter what because I don’t want to be in Coroner’s Court saying you attended family harm and you knew what the risks were and did you report it. We have an obligation when we do the ROC. We pass it onto them [Oranga Tamariki] so they can explain in the Coroner’s Court why they didn’t act on it. We do them regularly, but in the Act, it talks about [Oranga Tamariki] have to notify [the] reporter who made enquiry. But once in 10 years I have heard back from [a] case worker saying, ‘thank you’, so they aren’t fulfilling that part of it, so who knows. We do the report and then that’s the end of it and we don’t know what happens, but we end up going to the address the next week.” – police officer

³ Section 15: Reporting of concerns to chief executive or constable. legislation.govt.nz/act/public/1989/24/en/latest/#DLM149467

The National Contact Centre doesn't always get back to the notifier either

We heard from some kaimahi who have made a ROC, that the Oranga Tamariki National Contact Centre (NCC) also does not always make contact with them.

"We got zero feedback [from the Oranga Tamariki contact centre about ROCs]. The only time to dig into that again is when we deal with them the next time." – police officer

"To be fair to [Oranga Tamariki site] I have made a call, and [the ROC] sits at NCC. It hasn't got to site – it's a systemic problem." – NGO kaimahi

We did hear of some examples, though fewer, when Oranga Tamariki communicated well with notifiers after they made a ROC.

Professionals say their expertise isn't always considered

Some kaimahi and leaders from education and health also felt their professional expertise is not considered by Oranga Tamariki when ROCs they have made are being assessed.

"[ROCs] don't even make it through to the local [Oranga Tamariki] team. Like [this] is not a big region we know who our local families are, but [ROCs] don't make it to the local team to put that context in place. That's the huge risk." – health kaimahi

"I too feel frustrated and I am a professional and understand what it is I am doing." – education kaimahi

"When we ring to notify [Oranga Tamariki about our concerns], we have considered what is best for the child before we ring." – education kaimahi

A lack of response to reports of concern can leave tamariki and rangatahi at risk and whānau without support

We heard from some community kaimahi and leaders that Oranga Tamariki are quick to close ROCs and many are closed with no further action taken.

"[I'm] getting [the] impression [Oranga Tamariki] are pretty quick to close [reports of concern], very slow to do investigation. It's not done to a standard acceptable by police." – police officer

“As [an] NGO we are saying we are concerned and worried, and statutory [Oranga Tamariki] are saying nothing to see here.” – NGO leader

“I have children who told me that [a whānau member] chased them across the room with a belt and belted them ... Those children going home every day with that going on, having nightmares and no soft place for them to fall, and OT have closed. Police say not enough evidence to follow up. We don’t know where [the family] sit.” – education leader

When ROCs are closed with no further action, we heard this could potentially leave tamariki in unsafe situations and whānau without support – and can result in professionals making further ROCs. It can also mean that some whānau will stop engaging with service providers.

“Once [Oranga Tamariki] steps away, some of the family’s motivation can step away to get here. I’m not saying that for all cases, but I’m saying it’s harder.” – NGO leader

“For me I find [Oranga Tamariki] will do all they can to get rid of a case or do the least amount of work. I had one kid who had a section 139⁴ due to abuse. Oranga Tamariki said they would work with family and didn’t and now there has been more reports – either reports of concern or instances of offending ... Oranga Tamariki know stuff is happening. Some individuals are great, but the system seems to be the barrier.” – police officer

“Oranga Tamariki complaints get shut down. ROCs are closed [with no further action]. It is not ok and that is why we have deaths. It is dangerous.” – Māori social service leader

There is a high threshold for responding to ROCs

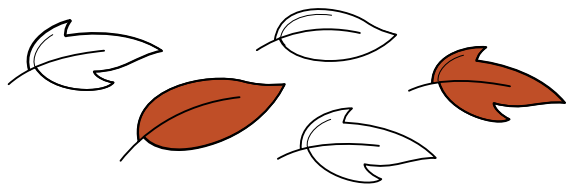
Professionals working in the community felt there was a high threshold required by Oranga Tamariki before further action is taken on a ROC. An NGO leader also questioned whether a certain number of ROCs had to be made before further action is taken. We heard from a couple of NGOs that high thresholds from Oranga Tamariki resulted in high-risk cases sitting in the community.

⁴ Section 139: Agreements for temporary care of children and young persons by chief executive, iwi social services, etc. legislation.govt.nz/act/public/1989/24/en/latest/#DLM151023

“All we can do is report the risks so that it’s not sitting solely on my shoulders. And we have told Oranga Tamariki but sometimes it feels like [the] threshold is quite high because we have so many cases – meth addiction and family violence coming through. I think a lot of that gets downplayed because they’re more focused on the high risks instead.” – health kaimahi

“For some [tamariki] we have put in multiple [ROCs] ... We just aren’t sure or clear of what the criteria is – why one lands and when one doesn’t.” – NGO leader

“Pressure at that level trickles down to us at community. We then need to juggle these higher thresholds [from Oranga Tamariki]. Being told you hold this – no, we have safety concerns, we have our thresholds.” – NGO kaimahi



The Oranga Tamariki Act is being used to direct further action

Some kaimahi and leaders in Dunedin and Invercargill said the Oranga Tamariki Act is being used more regularly by the Family Court and police to direct action from Oranga Tamariki. This includes sections 19⁵ and 78⁶ of the Oranga Tamariki Act being ordered by the Family Court.

“It feels like it gets to the point with Oranga Tamariki that we have to force their hand and they get upset. We feel like we have to threaten with, say, a without notice. We are dealing with 12- and 13-year-olds who are in need of care and protection and are also offending.” – police officer

“We push for the section 18AAA⁷ referrals that needs to be approved by the Regional Commissioner, why would you not encourage that process. Why does it need to go to that level of approval? One took three weeks to be approved and in the meantime the judge got sick of waiting and ordered a section 19⁸, and also ordered a section 78⁹.” – Oranga Tamariki kaimahi

5 Section 19: Referral of care or protection cases to care and protection co-ordinator by other persons or by court. legislation.govt.nz/act/public/1989/24/en/latest/#DLM149473

6 Section 78: Custody of child or young person pending determination of proceedings or in urgent cases. legislation.govt.nz/act/public/1989/24/en/latest/#DLM150069

7 Section 18: Referral of care or protection cases to care and protection co-ordinator or youth justice co-ordinator. legislation.govt.nz/act/public/1989/24/en/latest/#DLM149472

8 See footnote 5

9 See footnote 6

“[A delay from Oranga Tamariki in transferring files and financial implications for sites has led] to the [high] number of section 18¹⁰ referrals from the police in Invercargill and Family group conference team leader] is working with them to control that. They are fast tracking youth justice timelines to get into care and protection because they can’t get an assessment done by a social worker.” – Oranga Tamariki site leader

We also heard that in some cases when there are proceedings under the Care of Children Act (COCA), the Family Court was directing Oranga Tamariki to investigate or take action.

“I had one [case] that was purely [Care of Children Act], but the judge was worried, so she kept trying to link it back to us and get a section 15¹¹. From there we found concerns and went to [family group conference]. Her comment, she had a lawyer to assist, and they asked, ‘Do you need anything more?’ and the Judge replied, ‘No, I’ve got the Oranga Tamariki Act now – I’m good.” – Oranga Tamariki kaimahi

There were mixed views about the Family Court directing action in this way. Some professionals spoke positively about this.

“I recommend going to talk to the judiciary. The Family Court put in their own section 15¹² and things. In the past 18 months there has been a very good judge here, she is using levers to make [Oranga Tamariki] responsible for looking into things further and it has caused tension.” – NGO leader

“Judges are proactive locally, they tell Oranga Tamariki to do their job.” – police officer

However, some Oranga Tamariki kaimahi and leaders felt it is not always the right course of action or in the best interests of tamariki. A couple of kaimahi felt that in some cases it was overstepping the statutory social worker role.

“[Ordering section 78¹³] is also very not child focused. Bringing a child into care will always be part of your story and how parents can’t look after me, when that isn’t the case in some of these situations. It’s a horrible thing to have as part of your life story and as a tool to make us have a family group conference.” – Oranga Tamariki site leader

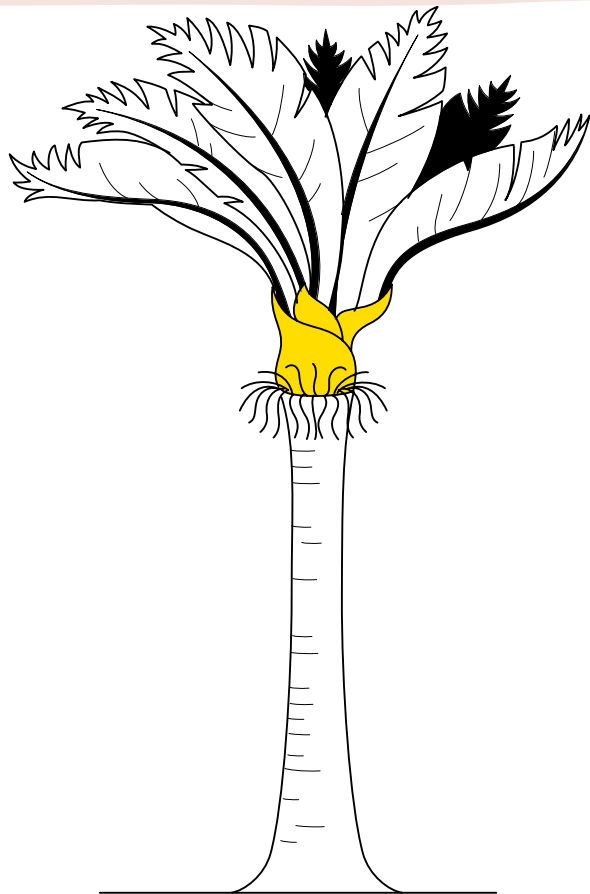
10 See footnote 7

11 See footnote 3

12 See footnote 3

13 See footnote 6

“The threats that if you don’t bring him into care, we will make him a ward. Again, the bringing in of lawyers [by the Family Court] to assist and forcing our hand. We wanted to stay under a family plan and were forced to take orders.” – Oranga Tamariki kaimahi



Challenges remain even when action is taken

We heard from a whānau member that they have not been well supported by their care and protection social worker, despite care and protection involvement being ordered by a judge.

“When [my rangatahi] continued to commit offences, we ended up in court again and the judge said care and protection need to take over and do their thing – so it took another 5–6 weeks before we were given another social worker. What their role is supposed to be is very unclear ... It’s been very frustrating, lots of stress on me mostly, I’ve taken it on. When we sat in court and the judge said care and protection need to take over, I felt relief. I thought great, people will come in and support me – but that never happened ... I felt like care and protection look at us and thought you’re a good family you don’t need us. Whereas we are trying to [get] help, but we’ve admitted we need help so we shouldn’t be treated any different ... I guess, I just feel disappointed on the care and protection side. The Youth Aid officer said, ‘how are things going with care and protection?’, and I said, ‘I don’t think she’s doing any caring or protecting’. I just expected more.” – whānau member

We heard about a couple of challenges between Oranga Tamariki and police when further action is taken.

“I guess when it comes to certain times of the day, or certain cases that we have, there is a lack of resources for police. We have had incidents where we have had a place of safety warrant and tried to action that with police. Police came out with us and couldn't get inside to view [the] child, and we had concerns we couldn't get inside, so we told [parent] we would come back and get a place of safety warrant. Police staff had finished so they said no to supporting us. That was hard for social workers. We've identified this young person is not safe, to the point of needing a place of safety warrant, which are really hard to get. We just felt disappointed that police didn't have resources. We pushed really hard, we went to the [National Contact Centre] cos it was then after 5pm – I pushed really hard. We consulted, decided it wasn't safe for social workers to go out on their own. We planned the next day to go out in the morning. It was planned, but we were worried overnight about the children.” – Oranga Tamariki site leader

“There are times when we [together with Oranga Tamariki have] discussed whether it's [Child Protection Protocol] or not. If they are not sure about it, the current supervisor will call me and ask, 'what do you think?'. There is a discussion around risk. There are some cases where [Oranga Tamariki] says 'if you don't investigate this quicker, we will put the kids back' when there are active investigations. We can only go as fast as we can go. These were two sexual violence cases, and they want to put the kids back. Well, that's on you [Oranga Tamariki].” – police officer

We also heard a couple of examples about the way further action was taken by Oranga Tamariki affected the relationships between community professionals and tamariki or whānau.

“We ended up losing contact of the young person and lost the trust because [they] didn't want their parent to know. The young person decided to leave the school. It was a bit muddy and slow, and we understand that [Oranga Tamariki are] bound by the Oranga Tamariki Act and have a process. But we thought we came up with a way to support the young person, and it didn't happen in their best interests.” – education leader

Key theme: **Roles, tables and initiatives**

The kaiārahi role has successfully supported whānau – but funding has been cut in Alexandra and is at risk in Dunedin

We heard the kaiārahi role in in the region has been successful in engaging whānau. Initially funded by Oranga Tamariki, kaiārahi are now funded through a community organisation (Catholic Social Services).

“We also have a kairārahi ... We have had some really great outcomes, that have prevented kids coming into our care.” – Oranga Tamariki site leader

“The kaiārahi role ... works intensively with families. She works with families that won’t work with NGOs ... Once she’s done the engagement, she’ll try to make change. She’ll work in any space that she needs to ... For those parents that have significant trauma, she can spend the time building the relationship with them.” – Oranga Tamariki site leader

“In the kairārahi role, a positive example, is one the most successful interaction strategies we have seen, is the kairārahi go into the home but the instability around the funding of that role is challenging.” – Oranga Tamariki kaimahi

The family harm table in Alexandra is an example of organisations working together to support whānau and reduce harm

Community agencies now sit at the family harm table in Alexandra. This is reducing the time for whānau to access support. We heard that getting this support in place more quickly is reducing the number of further ROCs (renotifications).

“We have a lot more community agencies at the family harm table. Previously it was Police, Probation and Oranga Tamariki and now we are able to make referrals directly to those agencies at the table. There was a lot of delay, it would take two weeks to come from the table to us and then the time it would take to refer back out to agencies, so that’s been an effective initiative.” – Oranga Tamariki kaimahi

“[The family harm table has] stopped the reports of concern coming through to site because they can go directly through to the appropriate service.” – Oranga Tamariki kaimahi

“We are going out on these reports of concern and there was a delay for us getting to them from the family harm table. It was a long process. The family would say ‘oh that happened six weeks ago.’” – Oranga Tamariki kaimahi

“There is a wait time – a notification could have come in December and we’re not going out until February – and if it’s care and protection why is there such a delay? And also for the social worker, we have to go out, if we were so worried three months ago [why has it taken us this long to go out]. It undermines us, it puts us on the back foot trying to establish a relationship, trying to talk about something from two months ago.” – Oranga Tamariki kaimahi

Building relationships helps get support to tamariki and whānau

We heard how successful tables and initiatives bring a number of people together, create and strengthen relationships, contribute to increased understanding of each other’s roles, and create consistency with the same people attending.

“The strength of our Care and Protection Resource Panel, there is a real value to go to this. We get a good number of people at our family harm table.” – Oranga Tamariki site leader

“Putting a face to the name and then you can go that person when you need support.” – Police staff

“I can be there. Then the barriers get broken down. Once a relationship is established then I can explain what we do.” – Police staff

“It’s brought the NGOs closer to us to understand their work more.” – Oranga Tamariki site leader

“There has been a shift ... and I think that’s working closely in partnership with community and them having a better understanding of what we do.” – Oranga Tamariki kaimahi

“Some of the principals in the schools come and the public health nurse, so they go and talk to their colleagues [about our work] ... by doing joint work there is more education.” – Oranga Tamariki kaimahi

“One [social worker] and same person all the time ... It allows for relationship and understanding of the intention ... Now my relationship with [Oranga Tamariki] is different, we can have really good conversations around concern and needs and frustration as well. Relationships are key.” – Police staff

“We have good examples of both [systems and people working well]. As people have got better at collaborating then systems have improved to expect collaboration – there is a spiral up. You can’t do it entirely with systems if you don’t have people with the right mindsets to that work. I don’t think the people with the right mindsets can do it if the system is fighting against that. I think it is both and not an either or.” – education leader

“I’ve now done six talks to police about Fast Track [programme to stop youth offending] and all their frontline about Fast Track because they’re the only referrer. So, my goal is to try and get the community to know more about Fast Track and what it’s for.” – NGO leader

Kaimahi said that the advantage of working in a small area is the ability to create these connections and relationships.

“My general observation is we are small enough to make that connection and relationships – you can’t replicate that in bigger areas. Often repeated relationship with same families and children ... We might rotate in different areas of the Police, and we create stronger relationships, and we carry [that]. Wherever we go, we know the people.” – police officer

“[Social worker] advocates for children. Waihōpai marae do as well and they support tamariki and rangatahi and they advocate and pick up child [case] as well.” – police officer

“Relationships are absolutely critical [here]. We all flex and give a little bit more than say a metro area in that context. Our swimming lanes are a bit wider, we can bend and flex the provision of contracts, as that’s the right thing to do to meet the needs in this critical space. We have done some amazing stuff in the intervention/prevention space.” – Oranga Tamariki site leader



Key theme: **Services and supports**

There are not enough services and supports in the Lower South region, or the right services

We heard about a lack of services and supports to meet all the needs of tamariki and their whānau.

“It’s definitely worse in the rural community in terms of access.”
– health kaimahi

“I get nervous that we’re losing services. Something that worries me being in the youth justice and alternative education is that, day after day there are less options.” – NGO leader

“[There are] not enough alternative education and mentors.” – Oranga Tamariki kaimahi

“A barrier here is the lack of social workers here in South Otago.” – education kaimahi

“I need to re-enroll our kid to a local doctor in Invercargill and there is pretty much no doctors accepting new referrals. It’s either we transport this kid to Invercargill or we have to go to emergency department – those are some of the barriers, it comes down to resource and location.” – Oranga Tamariki kaimahi

Reasons we heard for this lack of services and supports included a reduction in funding, increased centralisation of decision-making, and an increasing population.

“I did my counselling and I was like nah, but I kept going and going and made a good relationship with the counsellor and then she dumped me. There was no funding.” – rangatahi

“You can get a good assessment but then there is no service to meet the need. The need in Central Otago is increasing due to population growth.” – Oranga Tamariki leader

“Resourcing for prevention, intervention and care has diminished under current government leadership. A change to most of the South Island returning to one ‘super region’ has slowed down decision-making and shifted local decision-making further away from the sub-regions.” – NGO leader

“There’s a lack of services down here compared to other areas. It feels like the cases in Lower South are more severe and the workload is more intense. I think with Canterbury it was maybe due to the earthquakes and some have moved down here with that trauma.” – Oranga Tamariki kaimahi

“They [NGO] are critically under-resourced and don’t have enough funding to ensure their survival for the next two years on existing funding because everything is being cut, and yet ... we are double the national average. [NGO] is only one of two services supporting youth. We got this chronic, severe, high deprivation of need.” – Māori social service leader

Mental Health services are needed most

We heard there is a lack of health services for tamariki and rangatahi with high and complex needs.

“I would say there’s a lack of resource for high and complex needs children in Southland and then I’ve spoken to a paediatrician who has told me we have a higher rate of high and complex needs than South Auckland, and they’ve got Starship Hospital.” – Oranga Tamariki site leader

“We have a higher number of children with high and complex needs than anywhere in the country – we’re probably one of the places with the least number of resources to support.” – Oranga Tamariki site leader

There is also a lack of services for mental health, including those trained to assist with trauma.

“Trauma and trauma counselling is absent.” – group home leader

“The big gap there is neurodiversity, no one is funded to do it.” – NGO leader

“We struggle with helping with mental health – we are rural, there is no help.” – Māori social service kaimahi

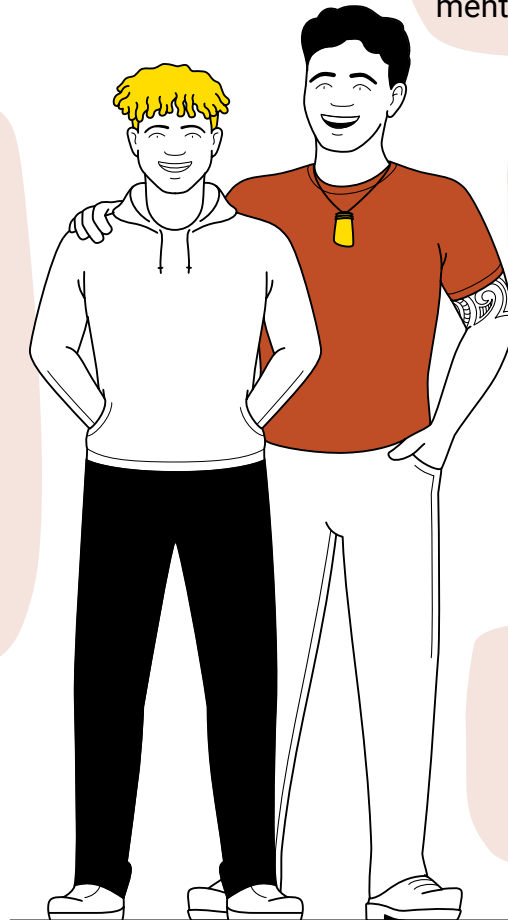
“In the current workforce in Southland there is no psychologist and you have to travel to get an assessment, and qualified social workers are limited.” – Māori social service leader

“There is such a gap in mental health in this area ... How can we make a plan for this whānau that’s having ongoing family harm because of their mental health?” – Oranga Tamariki site leader

Overstretched youth justice services mean offending behaviours may not be addressed

Kaimahi from Oranga Tamariki and community organisations told us the contracted resource – including mentoring supports – available for youth justice across the region is overstretched and insufficient.

“One of our strongest preventions of reoffending is mentoring ... positive role modelling, exposing kids to pro social experiences, strengthening them to be more responsible for their decisions, it’s gold. Mentoring is such a positive contribution for kids that age. We have mentors in Dunedin and trying to develop that more in Central, whatever we can do to keep expanding on that.” – Oranga Tamariki site leader



“[We need] more mentoring. More than just youth work - therapeutic stuff for the kids ... Only way I have been able to find more mentoring is I have a youth who had an [intellectual disability so supports have been] contracted out to CCT [Community Care Trust] to be able to give them access to mentoring.” – Oranga Tamariki kaimahi

“Youth justice often ends up dealing with an extra layer of unmet needs, while the services required to address them, such as functional family therapy or intensive mentoring are limited or have long waitlists.” – Oranga Tamariki site leader

Kaimahi from Oranga Tamariki and community organisations told us there is little support available for whānau who may be struggling to support their rangatahi who are offending.

“Supports for the rangatahi but also the need for the whānau now. It’s so complex what the whānau are facing. Our contract needs to look a lot bigger.” – Oranga Tamariki kaimahi

“All that I can provide whānau, is “let me know if you are struggling” or I can suggest where you can self-refer or support you in making a referral for yourself.” – Oranga Tamariki kaimahi

Tamariki and rangatahi may get sent out of the region for services

Sometimes tamariki and rangatahi are sent out of the region to access services. This takes them away from whānau and local connections, and the travel can make it difficult for whānau to visit. When tamariki and rangatahi move back to the region, without planning and timely referrals to re-engage tamariki with local services, they may have to be re-referred and added to waitlists. They can be disconnected from the services and relationships they had supporting them.

“None of the placement options are available here. There is an absolute loss for tamariki who have to move away. When you talk about return home, how do you do that when kids are three hours this way or two hours that way. That’s the context of rural social work when your resources are not available in your community.” – Oranga Tamariki leader

“They are doing quite well in residence and going to this school, and they have got supports in place – but that can’t continue. So they come back out and then they don’t have access to any of that, [but are] expected to continue that progress without that support in schooling or education – in the home environment that got them there in the first place. There is no schooling or education pathway available to them.” – Oranga Tamariki kaimahi

“[Young person] was transitioned to a disability provider in Dunedin ... here we have a child that comes to Dunedin but the connections they had built here are no longer supported, and then to drive two and half hours to visit.” – Oranga Tamariki site leader

In Dunedin, we heard from a range of kaimahi that, in many cases, supervision with activity can be the most effective and appropriate level of intervention in response to a young person’s offending. However, the limited capacity of supervision with activity in the community can result in an escalation of rangatahi to supervision with residence – and these placements are out of the region.

“If we don’t have availability of supervision with activity from our provider, that can elevate them to supervision with residence instead. When they shouldn’t be used at that level. It can make it really difficult ... Then it is put back on the social worker to come up with supervision with activity like plan to fill 40 hours of a kid’s time a week – incredibly difficult if your main provider isn’t able to cover any of those days.” – Oranga Tamariki kaimahi

“Isolation creates significant logistical challenges. When young people must be placed in youth justice residences they are often sent to the North Island.” – Oranga Tamariki regional leader

Getting early support may prevent the need for more involvement from Oranga Tamariki and other services

Organisations are concerned about the lack of prevention and early intervention services and support.

“Early intervention is key and I think we’re not getting in there fast enough. There needs to be more services in our region.” – Oranga Tamariki kaimahi

“I set up a meeting, and [Child Adolescent and Family Service] with paediatricians and GPs, [to] talk about the children who are sitting in between those services and how everyone is walking away, how can we get them in earlier. It feels a bit like a drop in the ocean because everyone is restrained financially or because of policy. I don’t think we are getting anywhere.” – Oranga Tamariki site leader

“[It’s] frustrating that the government wants to pour money into youth serious offenders when they should be looking at the prevention and care and protection space.” – Oranga Tamariki leader

“It’s only when there is a certain level of bad enough to access something. Whereas if we are getting in earlier, way earlier when they are still in care, it could really change the trajectory – but there has to be resources, it has to be funded.” – NGO kaimahi

“The [Oranga Tamariki] resource worker said if both of you signed over [son] he would have so many other resources. But we don’t want him going into care – why can’t we just get it now before he goes out and kills someone or gets killed?” – whānau member

Without these early intervention and prevention supports, tamariki and rangatahi can end up in care.

“What we are seeing though is a breakdown in whānau with kids in that 12–13 [age group] who are stronger and difficult to manage – they call it family harm as the young person has assaulted a parent ... We need to develop a pool of carers ... Then we are not ending up with whānau that are struggling, whānau can get a break and the child is well cared for, and they don’t enter into our care.” – Oranga Tamariki site leader

“We are seeing more and more of our clients – who shouldn’t be our clients, but we are the ambulance at the bottom of the cliff – because there is no funding and resources in our community. The community services are saying they will just need to go into care and go to residence.” – Oranga Tamariki kaimahi

Some supports and services are only available to those in care, putting those who are outside of the system at a disadvantage.

“There’s some young people, who should’ve been in care but still remain with their families, that should have access to these same supports because of the high level of dysfunction within their families. We’re now seeing young people who are on the street or stuck in their homes and by the times they receive the service, they’re incredibly unwell.” – NGO leader

A lack of services and supports can mean involvement in the oranga tamariki system for longer

Due to a lack of services, or a shortage of professionals, those in care may also not have timely access to the support they need. This could lead to an escalation of behaviour by tamariki and rangatahi which can in turn result in tamariki and rangatahi changing placements more often, going into residences and not having a stable home when they become young adults. If whānau or caregivers don’t have the skills they need to appropriately respond to escalations in behaviour, it can also lead to further harm to tamariki and rangatahi.

“I think if we did have more services, it would be easier for police to keep them at [Intention to Charge].” – Oranga Tamariki kaimahi

“About a third of young people that [we] are dealing with have a disability attached to them. Youth justice is a mechanism to get diagnosis of neurodiversity, or autism.” – Oranga Tamariki leader

“It feels like that we are not necessarily doing that core care and protection stuff. It’s filling those gaps from other areas which increase our workload. In the children in care space ... because there are no other organisations to pick that up, we end up having children in care for years.” – Oranga Tamariki kaimahi

“We are getting them and there’s been no diagnoses, there has been problematic behaviours. Youth justice is the first time where someone is going for an assessment, the other difficulty here is that we don’t have any assessments available, and Dunedin won’t service us either.” – Oranga Tamariki kaimahi

“There is also a delay in getting the assessment done, there is no capacity for Invercargill and Dunedin care teams to be responsive in a timely way.” – Oranga Tamariki site leader

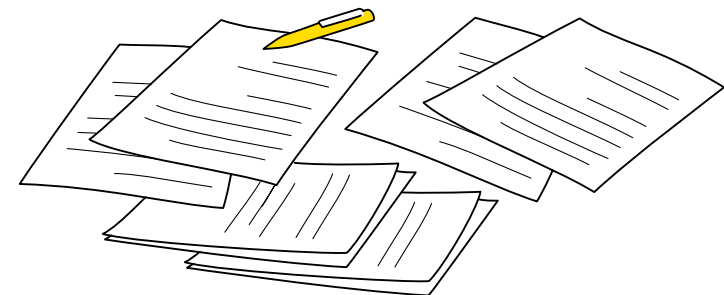
The long waitlists in the region further delay getting the help tamariki and rangatahi need.

“The waitlist to see a paediatrician in Otago is 12 months.” – Oranga Tamariki kaimahi

“Everyone has a big waitlist in the Lower South.” – Oranga Tamariki kaimahi

“It’s a massive challenge navigating your way to the right service – the other issue is the right service closing their doors. We had a waitlist of 206.” – NGO leader

“You have to go to the doctor here first, then it’s a three month wait to get a referral into mental health, you can only get brief intervention here.” – Māori social service kaimahi



“I’ve closed a case and two weeks later they come back because the [non-governmental organisation] couldn’t pick up the case and the whānau are still struggling. The referrals are going out but the waitlist is getting bigger – whānau are not able to get the support.” – Oranga Tamariki kaimahi

“We are enrolled with the local [medical] practice here. There is no ED [emergency department] to go to for an emergency, you have to call the ambulance ... it does worry me that if something goes wrong we don’t know what will happen. We have been waiting months to see a paediatrician.” – whānau member

Waiting for assessments or appointments can cause stress for tamariki, rangatahi, whānau and kaimahi. There is also concern from professionals about how to appropriately manage behaviours while waiting for specialist assessments or support.

“The one [child in care] that’s just moved recently, if he’s not already in the system on the waiting list, we’ve got to wait 12 months to wait for ADHD diagnosis. They’ll be in class, impacting hugely on the class while they wait for the diagnosis ... It’s adding to the whānau stress and teachers’ stress and school stress.” – education kaimahi

“The six months leading up to [the meeting], the impact on the young person was we had lost that time – after those meetings with the psychiatrist we were able to process them within the next three months, and it created much better outcomes for the young person.” – NGO kaimahi

“Waiting for cognitive assessment. That puts pressure on us to be with that young person every day to stop them offending. Cognitive assessments that could take months.” – NGO leader

“We need more psychologists and psychiatrists to do the psych consults ... We do the best we can with what we got but, when you’re talking about young people with diversity issues or emergent bipolar, we could do more harm by setting up the wrong things, this could go in the wrong trajectory.” – NGO leader

“The services, there is nothing here ... we had one [service] where he would go one hour a week, we got funded and he really engaged in that, and we got really close with the team [there]. We got funding from Ministry so he could go there for one hour a day which isn’t enough education for [a child of that age], at that time he needed to be in full time education. Being out of school for so long, he lost all his social skills and behaviour got worse.” – whānau member

Unmet needs can intensify the consequences for tamariki and rangatahi over time

Unmet care and protection needs can lead to offending behaviour and Police intervention as tamariki get older. We heard the Youth Court sometimes attempts to rectify this by addressing care and protection concerns when rangatahi appear in court for youth justice proceedings.

“There was a report of concern that was closed ... The social worker was asked to do an assessment and said ‘there is nothing to see here’. Then [child] turn 14 years, then referred to us. We have spoken to the site manager about this and showed several points where we could have gone down a different pathway. It’s worse in Dunedin for Youth Aid, we have repeat youth offenders who have all had reports of concern submitted with no intervention over a period of years. It’s a common pattern. Having reports of concern or being in care is a precursor to regular offending.” – Oranga Tamariki kaimahi

“Last week a young boy ... was arrested for a series of offending. We told Oranga Tamariki there was care and protection worries for this young man, they said that now he is arrested it is a youth justice concern and will become a court issue. This boy was brought up at this meeting every month for a year, his name was on that list every time and now he’s in YJ for offending.” – police officer

“I would like to see better support from care and protection at OT. They can make a big difference if they get in early enough and then we won’t be seeing some of them in YJ space if some action is taken earlier.” – police officer

“We did have a lot of child offenders coming through we were pushing back. That failed because there wasn’t a response from care and protection in a timely matter.” – Oranga Tamariki kaimahi

“The section 280¹⁴ is where a youth court judge says this isn’t youth justice, this is care and protection and directing it out. More of those in the last year or so.” – Oranga Tamariki kaimahi

¹⁴ Section 280: Court may refer case to care and protection co-ordinator to determine whether matter should be dealt with under Part 2. legislation.govt.nz/act/public/1989/24/en/latest/#DLM153428

Those who live and work rurally travel a lot to access and provide services

Travelling to access services can be a barrier for whānau, tamariki and rangatahi. Sometimes that time spent travelling is time tamariki and rangatahi are spending out of school. We heard about the inequity it creates between tamariki, rangatahi and whānau who live rurally, and those who live in urban centres.

“It was a lot to put on the family, they couldn’t get the services – it’s not an even playing field. A child in town gets counselling and mentoring and the rural child can’t get that.” – NGO leader

“The families have to try and travel to Invercargill to access services, they come from poverty areas and that’s a 50-minute drive. Some of them haven’t got a car.” – Oranga Tamariki site leader

“One mum has to get her disabled child to hospital and has to walk three kilometers to get there all while looking after the other kids. They travel great distances to get to appointments.” – NGO kaimahi

“Rural access is a huge barrier. Geographically very rural, no service provision, there is no transportation options, particularly if you’re child under 8. We have St John shuttles, but they can’t take any child under the age of 8 because of the car seats. People are very limited to get in and out.” – health kaimahi

“I think services tend to be concentrated in urban centres like Dunedin. Young people in rural areas such as Palmerston often have no nearby services and must travel significant distances – 45 minutes to access services. This makes participation difficult.” – Oranga Tamariki site leader

“I’ve got a child that travels from [rural town] to Gore. And I go from Invercargill to Gore to meet with her. I do worry about the amount of time that it’s taking her out of school as she’s already behind.” – NGO kaimahi

Travel time also reduces contact time between professionals and clients

Professionals working in the Lower South are required to travel between urban areas or to smaller towns. This reduces the time available to spend with other clients, including for social workers when rangatahi are sent out of region due to a lack of youth justice placements. The long travelling distances can mean services decide not to work in those areas.

“We are very different. Most other sites like Dunedin, their work might be 10 minutes away, most of our work is hours away.” – Oranga Tamariki kaimahi

“[Psychologists] travel and meet with the family and the child, that’s one child in one day, then they go back to Dunedin.” – Oranga Tamariki site leader

“Social workers often need to travel to visit [rangatahi], sometimes regularly. For example, one social worker is currently travelling to Palmerston North every three weeks to visit a young person in a residence. But that’s a huge undertaking with the caseloads social workers have.” – Oranga Tamariki site leader

“It’s a very different request for an [Oranga Tamariki] social worker to go and do a welfare check on someone out the back of Middlemarch, than here in Dunedin ... When one will take more than a day the other will take 30 minutes – I don’t think rurality is reflected in Oranga Tamariki caseloads.” – Oranga Tamariki leader

“It is an hour up the road and travel time with 0.3 of an FTE, things get stretched. Westland Southland is even more remote and [there are] less services. If you live close to Invercargill, you get support and the further away you are you don’t get the same services. The geography is very different here.” – NGO leader

“I think getting out to those far-reaching towns relies on the flexibility of the worker to get there and back, or to stay longer and get home after dinner ... It’s hard to commit to a 50-minute therapy with a three-hour drive one way. We’ve offered video calls, but it’s not the right thing to do with someone that has neurodiversity. One of the missing areas in our work is how do we deliver therapy to Invercargill. Even with Wanaka, it wouldn’t be feasible to do therapy in person, as that’s three-and-a-half hour drive too.” – Oranga Tamariki leader

Rural locations often have no after-hours support available and travel impacts response times in urgent situations

Responses to situations can also be delayed. Rural Police are not available 24 hours, and on-call kaimahi from both Oranga Tamariki and police may not live locally.

“Balclutha is not manned after hours ... we have to build plans that rely on police not being available. So there is a really rural lens, you can't just phone police after hours.” – Oranga Tamariki leader

“[Police] would like to get young people out [of cells] as soon as possible. I guess though, quite a few of us [social workers] don't live here in town, it can take a while.” – Oranga Tamariki leader

Referrals are made based on what is available locally, not what tamariki and rangatahi actually need

The services and supports that tamariki and rangatahi are referred to are not necessarily services that match their needs. Instead, referrals are often based on location and availability.

“When I first moved here I would make best practice recommendations, but the social worker said ‘what good is that [when there are no services available here]?’. You have to adapt recommendations based on what's available.” – Oranga Tamariki leader

“[Our Gateway service] will say these are our recommendations based on what we've got, rather than on the needs of the child.” – Oranga Tamariki leader

“When you talk about next step recommendations, ethically it's challenging as we can make recommendations to do therapy in Ranfurly, but knowing there's nothing there makes me question whether to recommend it at all ... It's not practical for us to do therapy in Ranfurly.” – Oranga Tamariki kaimahi

“Another challenge is that services have expected young people to fit into their service, rather than designing services around the needs of the young person.” – Oranga Tamariki leader

Doors to services close if appointments are missed

Services sometimes operate on a “three strikes and you’re out” policy – if someone doesn’t show up for three appointments, they are removed from the service. We heard this doesn’t account for needing to organise travel, and time needed for building relationships.

“When you talk about mental health it’s a whole other element, where you have got that relationship that needs building, but then services are under the pump and it could be three no shows and then they close. Especially when you have a young person who might not trust a lot of people, it takes time to build those relationships.” – NGO kaimahi

“They will say that the young person was late to meeting, or didn’t take the medications, or if they didn’t turn up, they will close the books [referral].” – Oranga Tamariki leader

“I was with Youth Social Services, they were good to me. I reached the age limit. I was sent to the health team and at the hospital I missed one appointment ‘cos I was out of gas, now I can’t go back there.” – rangatahi

There is a lack of agreement between government agencies about responsibility for the needs of tamariki and rangatahi

There is a lack of assigned and/or accepted agreement between Oranga Tamariki and health and education agencies over whether needs are behavioural or medical. This can result in tamariki and rangatahi being bounced between agencies without any aspect of their needs being met.

“CAFS often decline because this child is experiencing this deregulation due to the environmental factors they’re growing up in, so they can’t treat until the environmental factors [are addressed]. And OT are saying well we can’t do anything until they treat that child’s mental health.” – health kaimahi

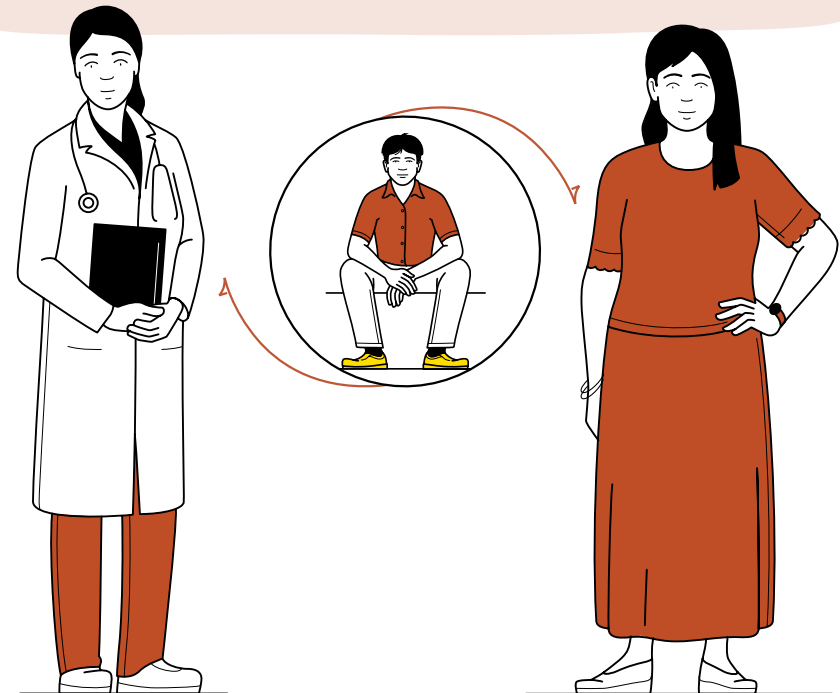
“It seems like as soon as the person is on medication, mental health walk away. Or they say it is behavioural.” – Oranga Tamariki site leader

“[Tamariki and rangatahi with mental health concerns] kind of get lost because there’s no ownership – the issue [of] whose scope that falls under tends to be a big issue. In paediatrics our area is not mental health, our area is the physical wellbeing of the child and we can manage that. But once it gets to emotional and mental health we are not trained, and so we would look at child and adolescent mental health services to pick that up. There seems to be this assumption that when there is behavioural challenges in kids that it’s related to their physical wellbeing and not mental and emotional wellbeing. Where does the behavioural fall under? No one takes ownership of that, no dedicated person in that space.” – health kaimahi

“At paediatrics we often get declined because there’s nothing from a physical health perspective or that we can medicate or treat, whereas there could be a mental health medication support intervention to support that need. There’s that space and that’s often we hear OT are consistently throwing us saying that health is failing.” – health kaimahi

“There’s a noticeable difference in opinion between CAFS and paediatricians, then the child’s going back to the GP, and so this child is being jumped around three different services without any real intervention that’s actually child focused.” – Oranga Tamariki site leader

“No school would touch him to do a teacher aide assessment because he wasn’t medicated properly and ICAMH’s wouldn’t fully medicate him because he isn’t in school. So, it was going round and round.” – whānau member



Key theme: **Placement shortages across care and youth justice**

Limited care placement options are made worse by difficulties recruiting caregivers

Across the region we heard there is a lack of caregivers, which is adding further pressure to the limited placement options.

We heard from some Oranga Tamariki leaders that the current caregiver recruitment strategy is not meeting the demand for placements. For rural sites such as Balclutha and Gore, there is a focus on increasing recruitment to try to address the lack of available placements.

“There are no caregivers, I don’t know what the strategy is, but they can’t keep having the same type of recruitment.” – Oranga Tamariki site leader

“I have been here long enough to see the patterns, we are in dire need of caregivers ... I have seen a social worker no longer forming a belief that a child is in need of care and protection because there is not an option to bring a child into care.” – Oranga Tamariki regional leader

“[We are] recruiting people we know to see if they are interested to become caregivers, specifically for Balclutha [and] Gore children cos that’s a real gap for us.” – Oranga Tamariki kaimahi

“[Caregiver] recruitments are low. Lower South Oranga Tamariki manager, has stopped recruitment and now we see recruitment beginning again in Balclutha and Gore. Dunedin and Gore are stagnating with carer recruitment.” – NGO leader

The support available for caregivers can have an impact on recruitment

We heard from Invercargill and rural sites that a barrier to their recruitment of caregivers is having limited numbers of caregiver social workers. Balclutha and Gore do not have a caregiver social worker and have to rely on the Dunedin and Invercargill care teams. Some Oranga Tamariki leaders in these rural sites and Invercargill acknowledge that this limits what can be delivered to support caregivers.

Key theme: **Placement shortages across care and youth justice**

We heard staff shortages are also having an impact on the ability of Oranga Tamariki to process assessments of potential caregivers and placements for tamariki and rangatahi in a timely manner.

“We know that there is also a delay in getting the [caregiver] assessment done, there is no capacity for Invercargill and Dunedin care teams to be responsive in a timely way.” – Oranga Tamariki site leader

“We have staff issues; we need another two CGRS social workers to do applications straight away.” – Oranga Tamariki site leader

“There are three caregiver social workers on her team covering Dunedin, Timaru, Oamaru.” – Oranga Tamariki site leader

Some caregivers say they feel unsupported and unheard when they go to Oranga Tamariki for help. Some community organisations told us that without more support and clearer communication, caregiver placements will continue to be unstable and likely breakdown.

“The biggest overlying thing is communication. Call me and tell me we haven’t done that ... because someone needs to tell me. I have asked them three times and they haven’t got back to me ...” – caregiver

“The provisioning issues are significant given the care crisis down there, and the impact on the kids needs to be addressed.” – Oranga Tamariki site leader

“Caregivers stopping being carers for Oranga Tamariki because they are not helpful to both long-term and or short-term caregivers. The carers don’t feel that they are getting the information and help they need from Oranga Tamariki.” – NGO kaimahi

“Stability of placements is an issue.” – NGO leader

We heard the placement of high needs or disabled tamariki and rangatahi is made more difficult as caregivers are not provided with enough support. The lack of support leads to potential breakdown of placements and burnout of caregivers. A couple of Oranga Tamariki kaimahi acknowledge the difficulty of caring for disabled tamariki and rangatahi but are not providing the additional support for those caregivers.

“Ultimately in the end [caregivers] said ‘that’s it, we are done’. So, the impact on that child with no supports in this area had a devastating effect in terms of his care.” – Oranga Tamariki site leader

“Some of our system block us to where we need to get to, we have lack of caregivers who do not want to come because we are working with really high needs and trauma, [intellectual disability] kids.” – Oranga Tamariki kaimahi

We heard that some community organisations are helping caregivers navigate the supports that are available.

“I’ve had appointments with [CCS Disability Action kaimahi] when talking about development. But I talk to her about how I’m feeling a little lost and it’s repetitive, so she’s organising a meeting for all the care people that I have appointments with and any people that have ongoing things with [child]. Then we are all sort of meeting so everyone is on same page and reaching the same goals – knowing exactly who does what and where I can go for help.” – caregiver

A shortage of respite caregivers can create stress and jeopardise placements

We heard from some community organisations and caregivers that access to respite services continues to be a challenge. We heard from community organisations they often had the capacity to provide respite, but Oranga Tamariki site leaders did not know of these options. Some Oranga Tamariki leaders told us the limited placement options and inability to plan respite care for caregivers more effectively, is increasing stress for caregivers.

“We do get respite care – through an organisation [in Dunedin] – it’s not great. Oranga Tamariki has said [rangatahi] is hard work. He hates it because he’s locked in. Two Oranga Tamariki beds and two health beds. It’s not set up for kids his age – it is set up for a 7-year-old girl not a [teenage] boy. They can’t get taken out either.” – caregiver

“The paperwork [for our family friend to be our respite] was never done, it got lost in translation. Our friend never heard from them. It feels like whānau caregivers are on the lower priority, because we’re family [with rangatahi].” – caregiver

“[I asked], ‘Do the respite caregivers know anything about him?’ I want it to be safe. I don’t just want him sent away. I tried to ring the social workers and got nothing.” – caregiver

Caregivers for high needs or disabled tamariki and rangatahi find accessing respite care even more challenging. Respite options are very limited and can break down.

“I realised I do need one weekend a month respite. [Child] has hated respite, he clashed with the respite family. It got stopped as his behaviour is so difficult. I have become stressed out, angry and burned out. I need a break.” – caregiver

We did hear from some caregivers who found respite options that worked for them.

“We’ve got [the ideal respite] now ... If we can’t use them, we won’t use any of them ... When we found these two [respite options] and the [children] were comfortable, we stuck with it. The older they get, they can just go stay with friends for the night. They ask, when am I going to go and stay on the farm?” – caregiver

Lack of placement options lead to emergency placements becoming longer term with no plan in place

Some Oranga Tamariki leaders told us that current caregivers are put under increased pressure as Oranga Tamariki becomes more reliant on them for emergency placements. Caregivers who take on emergency placements take them for longer periods of time, with no plan of where or when the tamariki or rangatahi will be placed next. Across sites, this only increases pressure on already limited placement options – including emergency ones.

At the same time, some of the caregivers who are available will only take tamariki and rangatahi of a certain age or gender. While this may be based on skills and their own circumstances, this also limits available placement options, with tamariki and rangatahi being placed with caregivers out of town.

“We have one lady that can give a bed to two young children, not teenagers or babies. And Family Works have a placement on a farm for a baby. This is for Queenstown, Gore, Balclutha.” – Oranga Tamariki site leader

“One thing we find, and we are probably going to do some research on this, in an emergency, the caregivers get the child and then they never move. Then that emergency caregiver is no longer available, and the child gets stuck with no ongoing plan.”

– Oranga Tamariki site leader

“We tend to have one or two caregivers on our list that come with some caveats like no child [aged] under 5 or 7 and no teenagers, no wāhine etc, there are limitations.” – Oranga Tamariki site leader

“[Emergency caregivers] do it for the love and out of their heart. We test that love to breaking point ... ‘Oh can you do two days more, then two weeks more’.” – Oranga Tamariki regional leader

Out of town placements can disconnect tamariki and rangatahi from their whānau

Limited local placements also have an impact on whānau. When tamariki and rangatahi are placed across the region, or out of the region, it makes it harder for them to stay in touch with their siblings and whānau.

We heard being placed away from home impacts on the support for tamariki and rangatahi, and additional resourcing is required for whānau to visit their tamariki and rangatahi. We also heard from some community organisations that sometimes tamariki and rangatahi are placed with whānau they have no relationship with. They felt that some whānau were financially motivated and in some cases, these placements were not suitable and soon broke down.

“It’s an awful space to be in. You are going to take [custody] orders, and you know they have not got any whānau either. [For] large families [we need to think about] the trauma we are causing for these young people when they could be split up or all over the [region].” – Oranga Tamariki kaimahi

“We have nine kids out of Invercargill in placements [because] we don’t have carers for them in our community. You have to pay for access for them to see their family. Social workers have to travel to Dunedin every eight weeks which has huge impact on resources.” – Oranga Tamariki site leadership

“There is a family member here, but they have had nothing to do with that family member their whole life – but they still sent them down here.” – NGO kaimahi

"[Child] was sent to live with [a relative] in [a North Island city] who made [child] believe they wanted [them] to live with their family. When [child] got there, [relative] was interviewing people who was going to take care of [them]." – group home leader

"It is retraumatising and it is continued abuse in care because of those placements that create instability." – group home leader

Rural and out of town placements also add to kaimahi workloads

Some Oranga Tamariki leaders told us when tamariki and rangatahi are placed hours away, it is adding to kaimahi workloads. While a placement has been secured for these tamariki and rangatahi, the caregivers are sometimes unable to drive them to their original school. This can result in resource workers or social workers driving tamariki and rangatahi between their original school and the allocated placement hours away. It adds additional pressure to the resource workers' and social workers' caseloads, as they must get up early and drive for hours.

"It's the exception to the rule that the caregiver would take the kids to school. If you had someone apply to be a caregiver and they say 'no, they can't drop the kids off to school', then we would say 'no thank you', but we can't do that because we got no other options." – Oranga Tamariki kaimahi

"One day we did have social workers go all the way to Queenstown, drifting asleep while driving, then they were speeding. To take the child all the way there and back, and then you have to take the child and go back again because the caregiver's got work." – Oranga Tamariki site leader

"We brought them into care and over to a caregiver from Gore. Every day my staff left at 5am ... to get them to school." – Oranga Tamariki site leader



Group homes are not fully accessible for disabled tamariki and rangatahi in rural areas

We heard from leaders and kaimahi across Oranga Tamariki and community organisations that rural areas also do not have the homes adapted as needed to accommodate disabled tamariki and rangatahi. The group homes available in rural areas are providing spaces for disabled tamariki and rangatahi with complex needs, however this can mean the homes are under capacity as placing other tamariki or rangatahi may not be suitable.

“They have one [group home] here run by Pact [community care partner] with OT [Oranga Tamariki] staff. It’s a four-bedroom home with one [rangatahi] in it, because of her needs.” – police youth aid officer

“There are three client bedrooms and one staff bedroom. Potentially three young people could be here ... There has been a little discussion about who would match well and who would live well with her.” – group home kaimahi

Oranga Tamariki resistance to fee for service placements results in a dependence on motels

Some Oranga Tamariki site leaders and kaimahi find that placement teams resist approving fee-for-service placement options. Kaimahi provide evidence of tamariki and rangatahi situations and the significant paperwork required – only to find the placement team could reject the application one day and approve it the next.

Some Oranga Tamariki kaimahi and leaders told us that waiting for approval from the placement team makes it difficult to provide plans and assurance to whānau. This results in stress for whānau, tamariki and rangatahi.

“We’ve got examples of kids that should be in Dunedin and if a fee for service was signed off, they would have a bed here.” – Oranga Tamariki site leader

“We put this whānau and this boy through turmoil because of a money decision. I don’t think it’s understood by the placement team. We were picking up the tears.” – Oranga Tamariki site leader

“You can’t get it across the line because they are not listening to me – this child is at risk and they are unsafe. You put that on paper and they skim over it.” – Oranga Tamariki kaimahi

“We have to write miles and miles of paperwork. It would be easier to talk to them on how important the reality of it is, you have to voice it.” – Oranga Tamariki kaimahi

“[The resistance to fee for service placements] goes all the way up [to national office] I can call them at 5 to 5 and say I have a young person in the office, and they just won’t sign it.” – Oranga Tamariki kaimahi

Motel placements are being used due to the lack of placements across the region, with time in these placements varying from days to several weeks.

“[Rangatahi] was in a motel day and night during [for months]. Oranga Tamariki pulled him out of school for [that period].” – caregiver

“[I] was in a motel for two weeks, I wasn’t feeding myself, I was an hour and half walk from anywhere, police station was near me. [I was] constantly on alert.” – rangatahi

We heard that in rural areas this is becoming more difficult as Oranga Tamariki are banned from using some local motels, resulting in a need to go further afield.

“We have burnt many bridges with moteliere here. It’s a tourist area, many of these motels have told Orbit [Oranga Tamariki booking provider] we won’t take Oranga Tamariki clients because of impact to their guests and reputations.” – Oranga Tamariki site leader

A group home provider said Oranga Tamariki do not use their home for placements as motels are seen as a cheaper option due to how budgets are allocated. They expressed that this financial consideration of placements is not in the best interests of tamariki and rangatahi. We also heard that some disabled tamariki and rangatahi are placed in motels because Oranga Tamariki could not find other suitable placements.

“They see it as a lower cost. Oranga Tamariki can ring up Pact and it will cost say \$600 a night or the child can go into a motel at \$200 a night and they will pick that one [motel] discounting the fact that they got staff that goes into the motel with the child.” – group home leader

Limited placement options are also putting Puketai under pressure to keep tamariki and rangatahi for longer

We heard the care and protection residence Puketai, is under pressure to hold onto tamariki and rangatahi. A member of the Puketai leadership team explained when tamariki are due to leave Puketai, or other group homes, Puketai are asked to accept or extend their placement. If they do not take on the child, they are told the alternative would be placement in a motel.

Puketai leadership also told us sometimes saying “no”, even under threat of a motel placement, is the only way to get Oranga Tamariki to find a more viable long-term placement for some tamariki and rangatahi.

“Once the ‘no’ comes, then the opportunity to change that from a motel to the specialist placement comes with the ‘no’. It becomes more necessary. It becomes more available.” – residence leader

A couple of Puketai kaimahi told us that a lot of the pressure to keep tamariki and rangatahi in their care was because of the limited placement options. We heard from Oranga Tamariki kaimahi that Puketai was a “safe space” for tamariki. For example, we were told by Oranga Tamariki kaimahi there was good communication from Puketai kaimahi around the tamariki in their care. Puketai kaimahi told us tamariki can be left there while Oranga Tamariki try to find an “ideal placement”. However, some Puketai kaimahi also saw social workers who would jump on any placement, regardless of it being a good fit for the child.

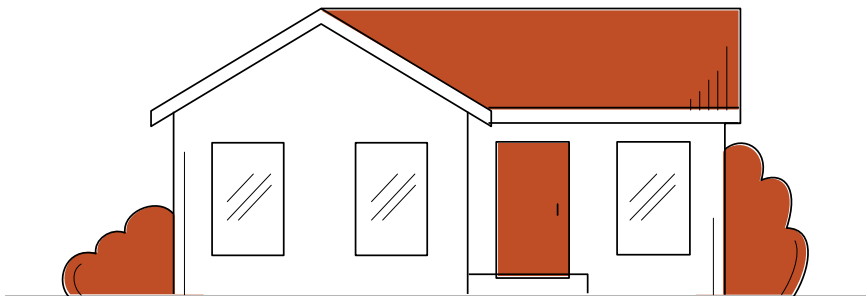
“We talked about [placement options] in the leadership hui, what was happening previously. [Oranga Tamariki] were waiting for that ideal placement, and there is never going to be an ideal placement, there is going to be a placement but never an ideal one.” – residence kaimahi

A new family home in Dunedin may relieve some pressure

We heard from Oranga Tamariki that their response to limited placements and reliance on motel placements is to create a new family home in Dunedin. This family home is being designed to provide a stable environment with more support direct from paid staff.

“One of the challenges caregivers find [in providing home-like care, is] that’s what they’d like to do, but they don’t have the resources – and getting through the day is hard enough. With extra staff, they can support kids going to a soccer game or things that matter.” – Oranga Tamariki site leader

“[The new family home will be] set up for low to moderate, so not set up for high needs. There are some kids who are low or moderate who are in high needs bed, as nothing is available.” – Oranga Tamariki site leader



Decisions about the new home were made despite some existing providers being underutilised by Oranga Tamariki

Some community organisations told us that the Dunedin site focusing resources on the family home has led to feelings of frustration. Leaders across NGOs and care providers have acknowledged the placement shortage but said they were currently underutilised by Oranga Tamariki.

Some service providers said that Oranga Tamariki are not aware that they have beds available to help ease placement pressures. A couple of service providers told us they talked to Oranga Tamariki about providing more placement options if they could receive funding. But these offers were rejected due to funding constraints, which has led to the providers feeling there has been a lack of collaboration on the family home decision.

“I know there is a crisis and I have offered to set up emergency care as our organisation has an emergency care house and was told there is no money. And now a resource place is going up. The support staff for this new where are paid well above the normal rate. I am happy for them, but it is a kick in the face for us. I have reached out to Oranga Tamariki and have the ability to open another house but get told there is no money.” – NGO leader

“That is rubbish as we have never been at full capacity. There have been times when we are booked for say the next two weeks but never been at full capacity.” – NGO leader

“Classic example is last week a person called me and didn’t know that we had housing and didn’t know if she should be calling me and asked can we help.” – NGO leader

“Why did [Oranga Tamariki] not come to us, who also have residential services ... At no point did Oranga Tamariki come and say there is a problem with placing young people.” – Māori social service provider kaimahi

“[They could use] more accommodation in Dunedin. It’s madness that there is no facility in an emergency situation. There are numerous spaces in the community – just not in use.” – police officer

Police are using court processes to push for action from Oranga Tamariki, resulting in further placement pressure

As outlined in the section on reports of concern, police are increasingly frustrated by the lack of action on their reports of concern. This is because police are seeing tamariki and rangatahi in court for whom they previously filed repeated reports of concern – when there was an early opportunity to get support in place.

Oranga Tamariki kaimahi told us that court-ordered youth justice family group conferences are being viewed by police as a tool to get support in place.

“A lot of that [placement pressure] is the Police – they put a lot of low-level things into the court [rather than through less restrictive pathways]. We see more court-ordered youth justice plans than community [intention to charge] plans.” – Oranga Tamariki kaimahi

“Police had admitted to us they get more push on us [action from Oranga Tamariki] if it is in court because there is more accountability.” – Oranga Tamariki kaimahi

“I then did a family court application for a protection status, Oranga Tamariki submitted the non-agreement FGC plan as being agreed to, luckily the lawyer for child was there and said there was a non-agreement. But [Oranga Tamariki] submitted this FGC plan and the judge said to Oranga Tamariki, ‘why don’t you want to help this family?’ and made an interim custody order.” – police Youth Aid officer

Limited placement options can mean longer periods in police cells for rangatahi who offend

We heard from police that limited placement options in the region result in rangatahi being held in police cells longer – while Oranga Tamariki finds somewhere to place them.

We heard the length of time in police custody varies from less than a day to in some cases several days. We heard that the lack of alternative placements outside of youth justice residence, creates pressure on appropriate pathways available to rangatahi who offend. Some police officers in Dunedin told us that not having a remand or bail home locally means more time in their custody. We heard from leaders that they have limited accessible placement options, particularly as Puketai, the local residence, is a small care and protection residence and is not able to take rangatahi over the age of 14 for reasons of offending.

“They generally stay for two nights a lot of the time. One of the worse times was one of our kids had spent seven days in the police cells.” – Oranga Tamariki kaimahi

“Judges are getting a bit prickly about custodial placement. We are holding young people for four to five days that is about our facilities, and we can’t push them [rangatahi] out.” – police regional leader

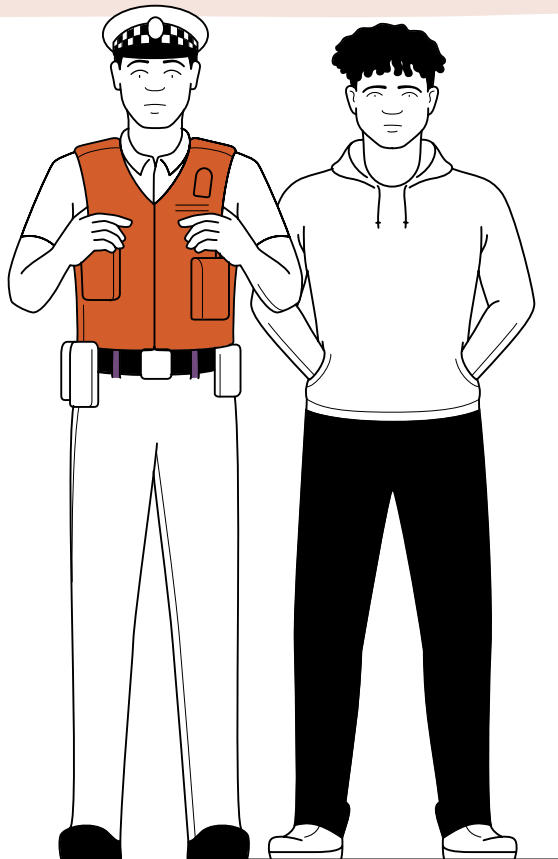
“We had one [rangatahi] last week [who] was in cells for four nights because they couldn’t get him a bed, – our cells are third worst in New Zealand and second unsafe and constantly we are battling with this boy.” – police Youth Aid officer

“We only hold [rangatahi] if [Oranga Tamariki] don’t have a facility available.” – police officer

“We have a limited amount of facilities here in Dunedin. There is Pūketai [care and protection residence] but they take very few placements. A young person is arrested for an offence and there no placement for them – it is an Oranga Tamariki issue. So, they end up bouncing between court and our cells each day.” – police regional leader

"[Rangatahi] are held here longer than normal because there is nowhere else to go." – police officer

"Yeah, for the second charge I stayed in the cells. The bro got to go home ... My thoughts were going crazy ... [in police cells] Two days ... [the police] They didn't care at all." – rangatahi



Youth justice residence and bail home placements are mostly out of the region

There is no secure youth justice residence and only one bail home in the region.

"Our closest bail home is in Invercargill and closest remand home is in the North Island. Our closest [youth justice] residence is Te Puna Wai in Christchurch ... There are no local placements for us. We had a local remand home, which has been shut for a period of time. There's just nothing for us here."
– Oranga Tamariki kaimahi

Rangatahi were affected when Te Puna Wai o Tuhinapo (the youth justice residence in Christchurch) was only accepting males – the only residence available to female rangatahi is Te Au rere a te Tonga in Palmerston North.

"Some are in custody and are shipped off Te Puna Wai and kōtiro [girls/females] have to go the North Island – they are isolated." – police officer

Invercargill has the only bail home in the region. Referrals from Otago and the North Island place pressure on this already oversubscribed home. Sometimes there is no room for local rangatahi who then need to be placed out of the region.

“When they are having to move, they have no family and no connection. How is that going to help a young person change their behaviours?” – NGO kaimahi

“[It] puts a lot more anxiety on them and their families to be shifted so far away.” – Oranga Tamariki kaimahi

“There was no communication about where he should go, and he ended up getting flown to a [residence] in Rotorua.” – whānau

We heard some rural based homes, which catered to different placement needs had closed. We heard from a Youth Aid officer in Balclutha that they used to have a local home catering to care and protection and youth justice.

“Back in the day, we had a home in Milton that was care and protection. Because our offenders weren’t so bad back then it was used for youth justice too, it was [also] used for respite, and the kids could stay in school.” – police Youth Aid officer

“There is no ability to rehabilitate, so young people get sent to bail homes, and then referred somewhere else they are just keeping ping-pong around it is this cyclic nature with over and under prescribed and around and around we go.” – police district leader





Aroturuki | Independent
Tamariki | Children's Monitor

aroturuki.govt.nz