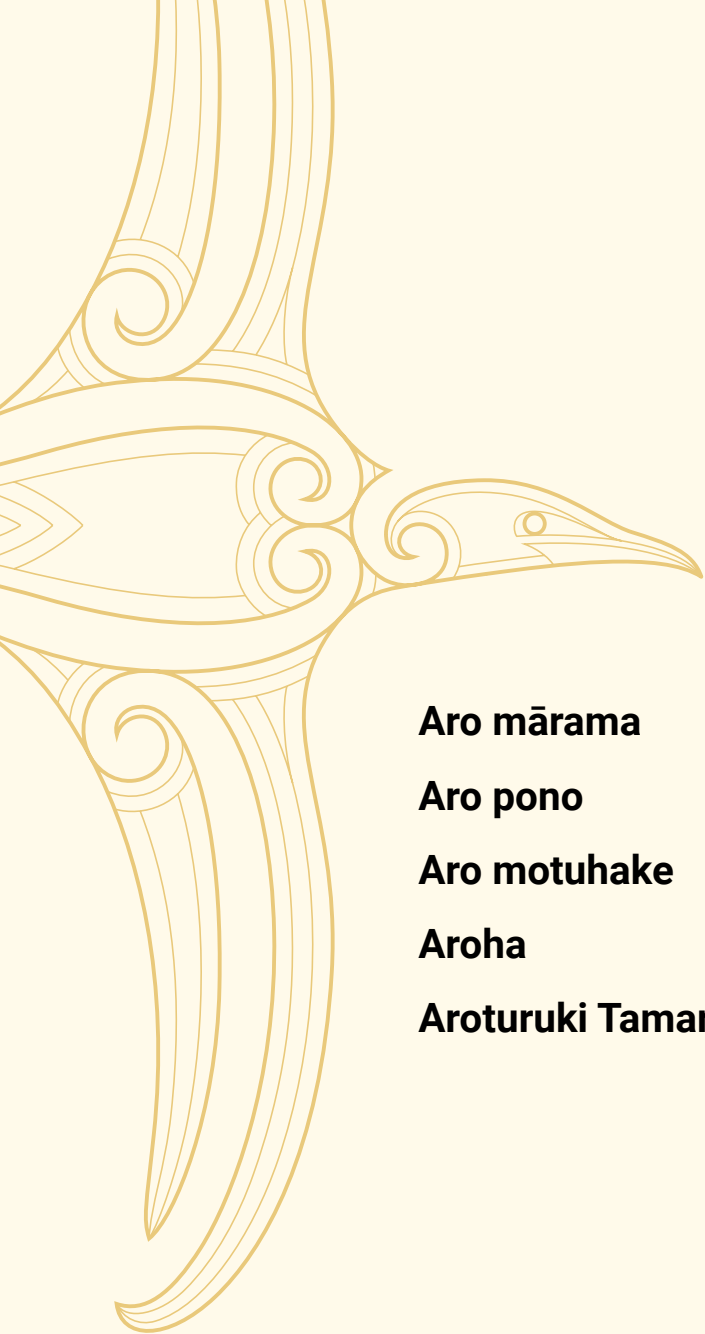


Experiences of Care in Aotearoa

Agency Compliance with the National Care Standards
and Related Matters Regulations

REPORTING PERIOD 1 JULY 2022 – 30 JUNE 2023





Aro mārama

Clear insight

Aro pono

Truthful insight

Aro motuhake

Independent insight

Aroha

Caring insight

Aroturuki Tamariki

*Independent
Children's Monitor*



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Foreword

This is our third report on experiences of care, agency compliance with the National Care Standards and Related Matters Regulations (NCS Regulations). We have now visited every region in Aotearoa New Zealand, and have a comprehensive view of how tamariki (children) and rangatahi (young people) experience care.

Over the last three years, there has been some improvement in Oranga Tamariki compliance with the NCS Regulations. For Open Home Foundation, there has been continued improvement in its compliance and care practice.

Many tamariki and rangatahi we met with told us they feel safe, supported and cared for. They talked positively about having someone in their lives they could turn to. This could be their caregiver, social worker, sibling or parent.

However, overall, the voices of tamariki, rangatahi, caregivers, whānau (extended family) and professionals, as well as Oranga Tamariki data, tell us the NCS Regulations have not been implemented well enough. Not all tamariki and rangatahi are having their basic needs met, including fundamental requirements such as being seen by their social worker, proper support for their caregivers, and access to health, education and other services.

Despite a decrease in the number of tamariki and rangatahi in the custody of Oranga Tamariki, an increased number are being abused or neglected.

Oranga Tamariki kaimahi (staff) told us that they want to support tamariki and rangatahi, but things such as resources, funding and lack of supervision make this a challenge. Good support requires other government agencies to be there, but collaboration and information sharing remain a barrier. Whānau also need support, so that tamariki and rangatahi can return home safely.

Where we hear about good practice, it is often because of the strength of a trusted relationship or because caregivers or kaimahi do what is best for tamariki and rangatahi despite, not because of, the system.

Agencies with custody of tamariki and rangatahi, Oranga Tamariki, Open Home Foundation and Barnardos, have responded to our previous reports, and will respond to this one, stating what they will do to better meet the needs of those in care. For tamariki and rangatahi in the custody of Oranga Tamariki, progress has not been fast enough. Several commitments have been made, but we are yet to see positive impact.

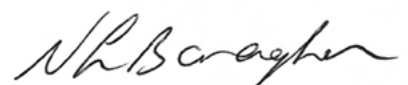
Tamariki and rangatahi mostly come in to care because they are unsafe and/or are not having their needs met by those who are supposed to care for them. Once tamariki and rangatahi are in care, agencies need to do more. The NCS Regulations were put in place to ensure agencies meet their needs and give them the same opportunities as every other child. They deserve nothing less.

We will continue to look at whether things are improving. We are now returning to communities we visited previously, and looking to see what has changed.

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



Arran Jones
Chief Executive



Nova Banaghan
Chief Monitor

Contents

- Foreword** **3**
- Key Findings** **9**
 - What has changed for tamariki and rangatahi in care since the NCS Regulations came into effect? 9
- Our Context** **15**
- Our Methodology** **23**
 - Gathering data and information 24
 - Analysing data and information 27
 - Analysing information 27
 - Analysing data 27
 - Equity analysis 27
 - Preparing for publication 27
- Agency self-monitoring** **29**
 - Oranga Tamariki 29
 - Independent statistician's review of sampling methodology 29
 - Oranga Tamariki surveys 30
 - Open Home Foundation and Barnardos and compliance with the NCS Regulations 31
 - Open Home Foundation 31
 - Barnardos 31
- Outcomes for tamariki and rangatahi** **33**
 - Introduction 34
- Manaakitanga** **35**
 - Summary 36
 - Oranga Tamariki 37
 - What the Oranga Tamariki data tells us 37
 - Commitments and changes in response to our 2020/2021 and 2021/2022 reports 39
 - Manaakitanga in detail 39
 - Open Home Foundation 45
 - What the Open Home Foundation data tells us 45
 - Key insights from our community visits 46

Whanaungatanga 47

Summary	48
Oranga Tamariki	49
What the Oranga Tamariki data tells us.....	49
Commitments and changes in response to our 2020/21 and 2021/22 reports	51
Whanaungatanga in detail.....	51
Open Home Foundation.....	55
What the Open Home Foundation data tells us	55
Key insights from our community visits.....	56

Rangatiratanga 57

Summary	58
Oranga Tamariki	59
What the Oranga Tamariki data tells us.....	59
Transition to adulthood measures.....	60
Commitments and changes in response to our 2020/2021 and 2021/2022 reports.....	61
Rangatiratanga in detail	61
Open Home Foundation.....	72
What the Open Home Foundation data tells us	72
Key insights from our community visits.....	72

Aroha 75

Summary	76
Oranga Tamariki	77
Commitments and changes in response to our 2020/2021 and 2021/2022 reports.....	80
Aroha in detail	80
Allegations of harm and abuse.....	81
Social Worker visits with tamariki and rangatahi.....	87
Assessing caregivers and the safety needs of tamariki when they come into care.....	88
Stability of care	90
Open Home Foundation.....	93
What the Open Home Foundation data tells us:	93

Kaitiakitanga	97
Summary	98
Oranga Tamariki	100
What the Oranga Tamariki data tells	100
Prevalence of disability	101
Commitments and changes in response to our 2021/2022 report	102
Kaitiakitanga in detail	103
Open Home Foundation.....	109
What the Open Home Foundation data tells.....	109
Key insights from our community visits.....	111
Mātauranga	113
Summary	115
Oranga Tamariki	115
What the Oranga Tamariki data tells us.....	115
Commitments and changes in response to our 2021/2022 report	118
Key insights from our community visits.....	118
Open Home Foundation.....	123
What the Open Home Foundation data tells us	123
Key insights from our community visits.....	126
Barnardos Outcomes	128
Glossary	129
Appendices	133
Appendix One: Agency commitments from 2021/2022 and 2020/2021.....	134
Oranga Tamariki	134
Open Home Foundation.....	139
Barnardos	141
Appendix two: Oranga Tamariki compliance tables	144
Appendix three: Open Home Foundation compliance tables	169



Key Findings

The National Care Standards and Related Matters Regulations (NCS Regulations) came into effect in 2019 and set out the minimum standard of care that must be provided when tamariki (children) or rangatahi (young people) are in care. The NCS Regulations were developed by Oranga Tamariki and informed by what tamariki and rangatahi with experience of care said they need – such as supporting them to express their views, keeping them connected to their family and whānau (extended family), giving them opportunities to participate in their culture and ensuring their health and education needs are met.

The agencies that have custody of tamariki and rangatahi are Oranga Tamariki, Open Home Foundation and Barnardos, and we have been monitoring them for over three years.

We started monitoring compliance with the regulations in 2019, with our first full report covering the period 2020/2021. Over the past three years we have visited tamariki and rangatahi, and those who support them, right across the motu (country).

What has changed for tamariki and rangatahi in care since the NCS Regulations came into effect?

For tamariki and rangatahi in care:

- most of us have important people in our lives who make us feel loved and cared for
- we are more likely to have an assessment and a plan in place
- we are likely to have had fewer moves between homes
- we are more likely to have contact with close whānau
- our caregivers are more likely to be visited by a social worker, and plans are more likely to be in place for them.

However:

- our social workers aren't seeing us as often as we need
- findings of abuse and neglect have not reduced
- our caregivers are still not seeing their social worker as often as agreed and some caregivers need more support. They also aren't always getting the information they need about us
- agencies are finding it hard to share information about us
- we struggle to get education support and mental health services
- if we have a disability, it's still not well understood and we're less likely to have a say in our plan
- our whānau don't always feel heard, and a lack of cultural competence means social workers struggle to build relationships with them
- fewer of us have had an assessment of our life skills as we transition to adulthood. More of us are offered a referral to transition support services but referrals are often made too late for us to build a relationship with the service.

What we found

Three years of reporting has shown that the minimum standards set out in the NCS Regulations are not consistently being met. There has been some improvement in compliance, and we heard about pockets of good practice where agencies worked together to support tamariki and rangatahi. However, we are still hearing from tamariki, rangatahi, whānau and professionals that there is more to be done and crucially, findings of abuse and neglect have increased.

The key findings in this report are similar to those of previous years.

Social workers are not able to see tamariki and rangatahi as often as they need

The frequency of social worker visits was a key finding in our previous reports, and there has been no improvement in this area. Only 61 percent of tamariki and rangatahi are being seen by social workers to the frequency set out in plans, or at least once every eight weeks.

“I haven’t seen my social worker [OT] in ages probably two months at least ... in person. I don’t think I’ve ever seen my social worker to be honest ... there’s been a few changes.”

“[Social worker name] she’s cool, she does heaps for me. She sorts out my clothes – like when I first came here, I didn’t have time to pack my bag or get my clothes cos they had to fly me straight up. I just had what I was wearing. She sorted out clothes and stuff. I wish I could have filled my drawers you know. She asked if I needed blankets, but we’ve got heaps here so that was fine. If I want to get into boxing, she will organise that. She sorts out school stuff. She just got me a new computer, I’m pretty sure that was her.”

Changes in social worker are common, with tamariki and rangatahi having had on average ten social workers during their time in care. This has increased from nine over the last three years. The majority (61 percent) of tamariki under the age of five have had between two and five social workers. The majority (51 percent) of rangatahi aged 15 and above had have had between ten and twenty social workers during their time in care.

Tamariki and rangatahi are more involved in decisions about them

Oranga Tamariki data shows an improvement in tamariki and rangatahi involvement in plans and decisions, but we’ve also heard from tamariki, rangatahi and whānau that they don’t feel listened to. It is one thing to ask tamariki and rangatahi what they would like to happen, it is another to listen and act upon it.

“They [OT social worker] says it doesn’t matter what I want because I’m the child and they’re the adult. It doesn’t matter because I’m only 14.”

“Not only is she the first social worker that’s listened to [rangatahi]’s wants and needs, she’s also the first to listen to me and acted on it.”

“I have a voice in the plan! You can see it and hear it – I just received the first plan and it was great – I broke down, like is this really happening? I actually have a plan that recognises me. I have built a relationship with her and she is the only one in Oranga Tamariki that has earned my trust.”

Tamariki and rangatahi don’t always know their rights or how to make a complaint. Data from Oranga Tamariki shows low levels of complaints compared to an increasing number of tamariki and rangatahi making complaints directly to the Ombudsman.

Tamariki and rangatahi are less likely to move between homes

When we talked to tamariki and rangatahi about their experiences in care, we heard that changes in placement feel difficult and unfair.

“Make sure you know what you’re doing before bringing a kid to your care, before a kid is brought into so many houses. Make sure you know that. We are kids, we hate to be moved to different people. It’s hard and not fair.”

Three quarters of tamariki and rangatahi have had more than one caregiver, and on average, tamariki and rangatahi will have approximately four caregivers while in care. Positively, Oranga Tamariki data shows that transitions within and out of care are reducing, from 48 percent in 2020/2021 to 25 percent this year.

However, availability of suitable homes, poor information sharing with caregivers and the availability of respite care remain barriers to further improvement.

We often heard from kaimahi (staff) that changes in placement hamper what can be achieved, particularly in education and health services. We also heard that some mental health professionals are reluctant to treat tamariki and rangatahi who are not in stable placements because they believe that mental distress may be caused by their lack of stable care. Conversely, Oranga Tamariki has told us that a lack of mental health services for the caregivers and their tamariki may lead to placement instability.

“It’s like having been wet and miserable all day, but it’s like coming home and there’s a fire there and it’s warm”.
[explanation of life before and after being with a whānau caregiver]

Fewer rangatahi leaving care are being supported

A decreasing number of rangatahi had an assessment of their life skills as part of their move to independence, down to 38 percent this year. This assessment is a requirement of the NCS Regulations.

Transition support services were set up to ensure rangatahi leaving care and custody have the same opportunities in life as any other New Zealander. Oranga Tamariki expected the service would grow as more rangatahi become eligible and are referred to it for support.¹

While more rangatahi were offered a referral to transition services (up to 71 percent), we’re hearing that referrals are often too late. Fewer rangatahi had a transition plan developed, down from 54 percent in 2021/2022 to 48 percent this year.

“I think it’s crazy that we spend so much money to build them [rangatahi] up and then just pull it away [when they age out]. [Oranga Tamariki] can’t wait to get them out the door fast enough. They [Oranga Tamariki] are just waiting for them to turn 18... One of the [young people] we were [working with] we were told to just put him on a bus. We asked if we could support him by going with him, but they said he has to get used to it [being independent].”

¹ <https://www.orangatamariki.govt.nz/support-for-families/how-we-support-whanau/from-care-to-adulthood/>

Caregivers continue to need more support

This year we saw a marked improvement in both recorded visits and plans to provide support to caregivers. Despite the improvement, fewer than half of caregivers are being visited to the frequency in their plans, and caregivers told us they need greater support.

“Trust your caregivers and bring them on board, you’re a team, a unit together, not on different sides. And listen. That would solve a multitude of problems. I almost feel like they’re too scared to do anything, there is a lot of red tape.”

This is consistent with findings from the Oranga Tamariki caregiver survey. The survey showed 45 percent of caregivers are satisfied with the support Oranga Tamariki provided. Forty-seven percent of caregivers felt valued. Open Home Foundation’s caregiver survey showed foster parents had high levels of satisfaction with the support they received from Open Home Foundation.

Collaboration and information sharing between government agencies remains a barrier

Our monitoring over the last three years has shown that government agencies do not always work effectively together to support tamariki and rangatahi in care. Particularly in education and health, individual government agency policy settings can sometimes delay or prevent access to services and supports. A lack of information sharing from Oranga Tamariki means that education and health agencies don’t always know whether tamariki and rangatahi they are engaged with are in care. We’ve also heard there are differing views among agencies about who funds services and supports. Teacher aide funding is one example that we heard a lot about during the 2022/2023 reporting period.

However, this year we have started to hear positive examples of inter-agency collaboration, including that dedicated liaison roles have made a real difference in bringing agencies together and ensuring that the needs of tamariki and rangatahi are met.

Access to health services continues to be a challenge

There is a lack of clarity about enrolments with primary health organisations, and annual health and dental checks, including when parental/whānau consent is required.

As outlined in our report on access to primary health services and dental care, an annual health check is a requirement of the NCS regulations yet there is no guidance for those caring for tamariki and rangatahi, or for the health professionals who would be carrying out the checks, on what an annual health check should cover.

The number of plans that include needs assessments and identify the support required has improved, but we do not know if that support was provided.

“It is the fight between the services in the background. He has disability, mental health. Instead of all working together, the services want [the other] one to take it, so they don’t work together.”

“In terms of the mental health, I have whānau who have schizophrenia, it is in our family. When we talk about my son, it feels like I am talking about my brother. You can imagine how it feels when the doctor says he is tracking on that. We need the right label so that we get the right help. Because mental health have fallen, poor disability have to pick it up. If they both worked together side by side, we wouldn’t be in this situation.”

For secondary health care, we continue to hear about challenges accessing services. Mental health services are an area of particular concern, given the high prevalence of mental distress experienced by tamariki and rangatahi in the general population.

² Despite providing data on the use of Substance and Choices, Kessler and Suicide (SKS) screens and information on the number of tamariki and rangatahi who may have needed these screens in 2020/2021, and a more limited set of data on this in 2021/2022, Oranga Tamariki was unable to provide any data on the level of SKS screening for 2022/2023.

Access to education support continues to be a challenge

There have been improvements in the completion of individual assessments of educational need for tamariki and rangatahi in the care of Oranga Tamariki over the last three years. However, Oranga Tamariki does not have assurance that these needs are being met or that services and supports are being delivered. In particular, Oranga Tamariki is not able to provide data on school attendance.

Tamariki and rangatahi in care often have high or very high educational needs, but we continue to hear about difficulties for this group securing educational placements or accessing educational supports. There is a lack of clarity about who is responsible for funding. There is also a lack of oversight in areas such as school attendance and achievement.

“Whānau found he was six years behind – how did this happen when he’s been in care? Don’t the school try to get kids up to speed?”

“... Just wish I came [into care] earlier and learning needs supported earlier especially at high school. Would have been lot more settled if [it] came three years ago.”

Oranga Tamariki is starting to improve data collection and monitoring

The NCS Regulations require self-monitoring of compliance. By 2021/2022, Open Home Foundation had implemented systems to provide data on all areas of compliance with the regulations (for all tamariki and rangatahi in its custody) and identify areas for improvement.

Oranga Tamariki has continued to make improvements in self-monitoring and reporting. It has been able to provide additional data this year and has started to develop a self-monitoring framework. However, as we said last year, gaps in that self-monitoring mean that its leadership team are hampered in their ability to understand the quality of care, what areas of practice are working well, and where best to focus effort to ensure Oranga Tamariki is adequately supporting tamariki and rangatahi in its care.

² As reported in the 2021/22 Annual Report on the Child and Youth Wellbeing Strategy, there has been a trend of sharply increasing rates of youth psychological distress and associated measures over the last decade in Aotearoa New Zealand and internationally. <https://www.childyouthwellbeing.govt.nz/sites/default/files/2023-04/Final-202122-CYWS-Annual-Report.pdf>



The background of the page is a light cream color, decorated with several stylized bird icons. These icons are rendered in various colors including green, yellow, and blue. They are scattered across the page, with some appearing larger and more detailed than others. The birds have a distinctive shape with long, curved wings and a pointed beak. The text 'Our Context' is centered on the page in a bold, purple font.

Our Context

Our Context

Care population

The population of Aotearoa aged 18 years and under is

1.2 million

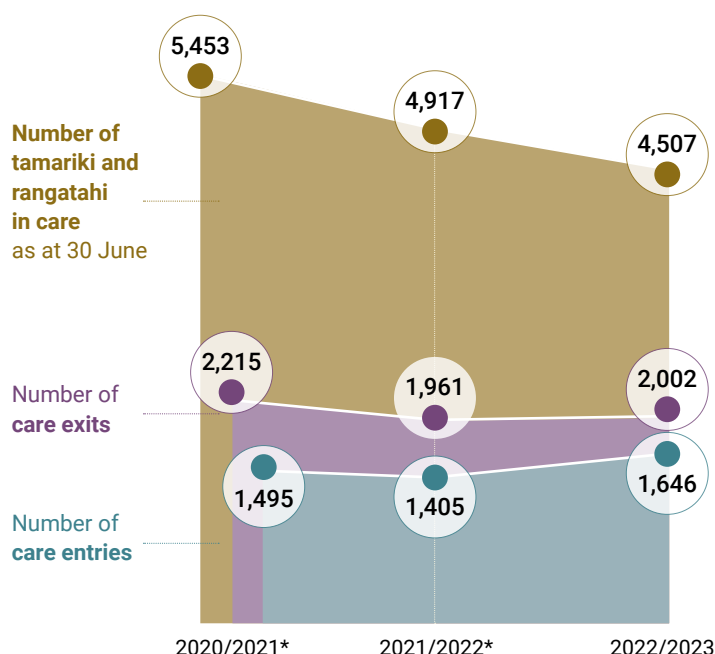
6,054

tamariki and rangatahi spent time in the care of the state or approved child and family social service between 1 July 2022 and 30 June 2023.

4,507

tamariki and rangatahi were in the care of the state or approved child and family social service as at 30 June 2023.

Care entries and exits



The number of tamariki and rangatahi in care has decreased over the last three years of reporting. The decrease this year is proportionally smaller than we saw for the previous reporting period.

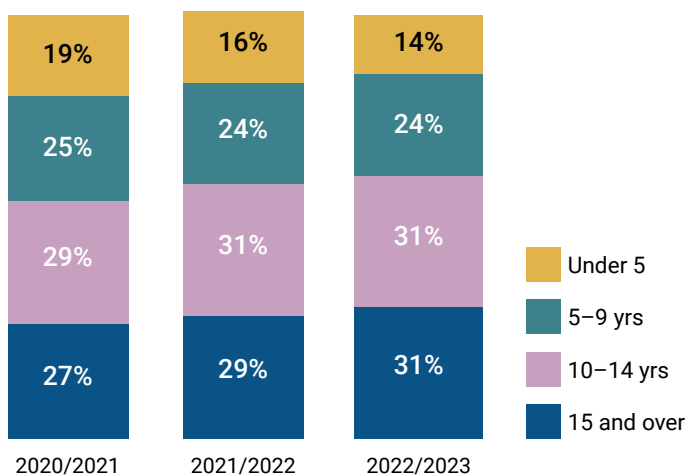
This decrease does not mean that fewer tamariki and rangatahi are entering care. The number entering care has increased since 2020/2021, but the number exiting care has remained higher, resulting in a lower number of tamariki and rangatahi in care as at 30 June 2023 compared with previous years.

*The number of tamariki and rangatahi in care in 2020 and 2021 differ from our previous reports, because of the inclusion of number in custody under warrants. Oranga Tamariki revised the number of care entries and care exits following publication of our 2020/2021 and 2021/2022 reports.

Age

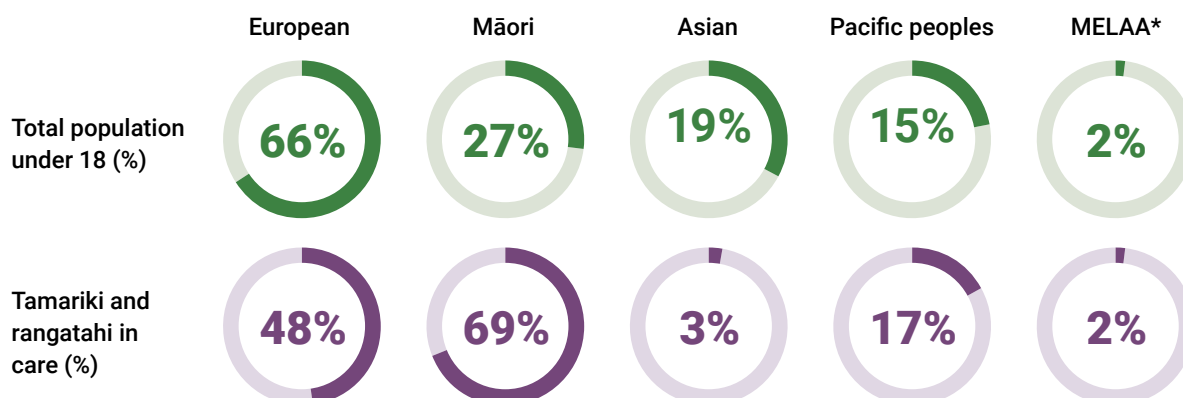
Over the last three years, the average age of tamariki and rangatahi in care has increased. The proportion aged over 15 has steadily grown, while the proportion under five has steadily decreased.

This may suggest that the increasing numbers of tamariki exiting care are from younger age groups and that fewer under-fives are entering care, while older tamariki and rangatahi are more likely to remain in care until they transition to adulthood.



Ethnicity

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

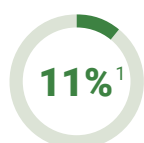


*Middle Eastern, Latin American, and African

Over the last three years the number of tamariki and rangatahi in care has continued to decline. Numbers of tamariki and rangatahi Māori have declined at similar rates, however tamariki

rangatahi Māori continue to be over-represented in the care population. As at 30 June 2023, 1.25 percent of tamariki Māori had spent time in care in the last year.

Tamariki and rangatahi with a known disability



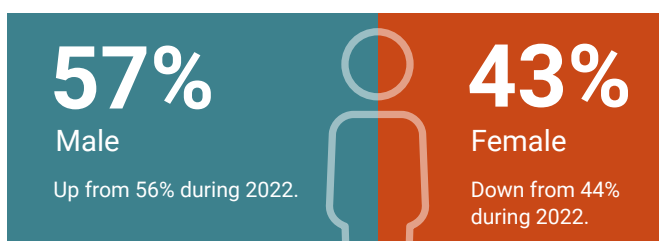
General population under 15



Tamariki and rangatahi in care

Tamariki and rangatahi in care are more than twice as likely to have a disability than the general population, although this is still possibly under-represented.

Gender



<1% Another gender³
No change from 2021.

The proportion of the care population who are male has been slightly increasing over the last three years, from 55 percent in 2021. As the total population in care has been decreasing, the number of boys in care has not been decreasing as much as the number of girls.

Custody Agency

Over the course of 2022/2023, 6,054 tamariki and rangatahi spent time in care. They were in the custody of:



5,977



75



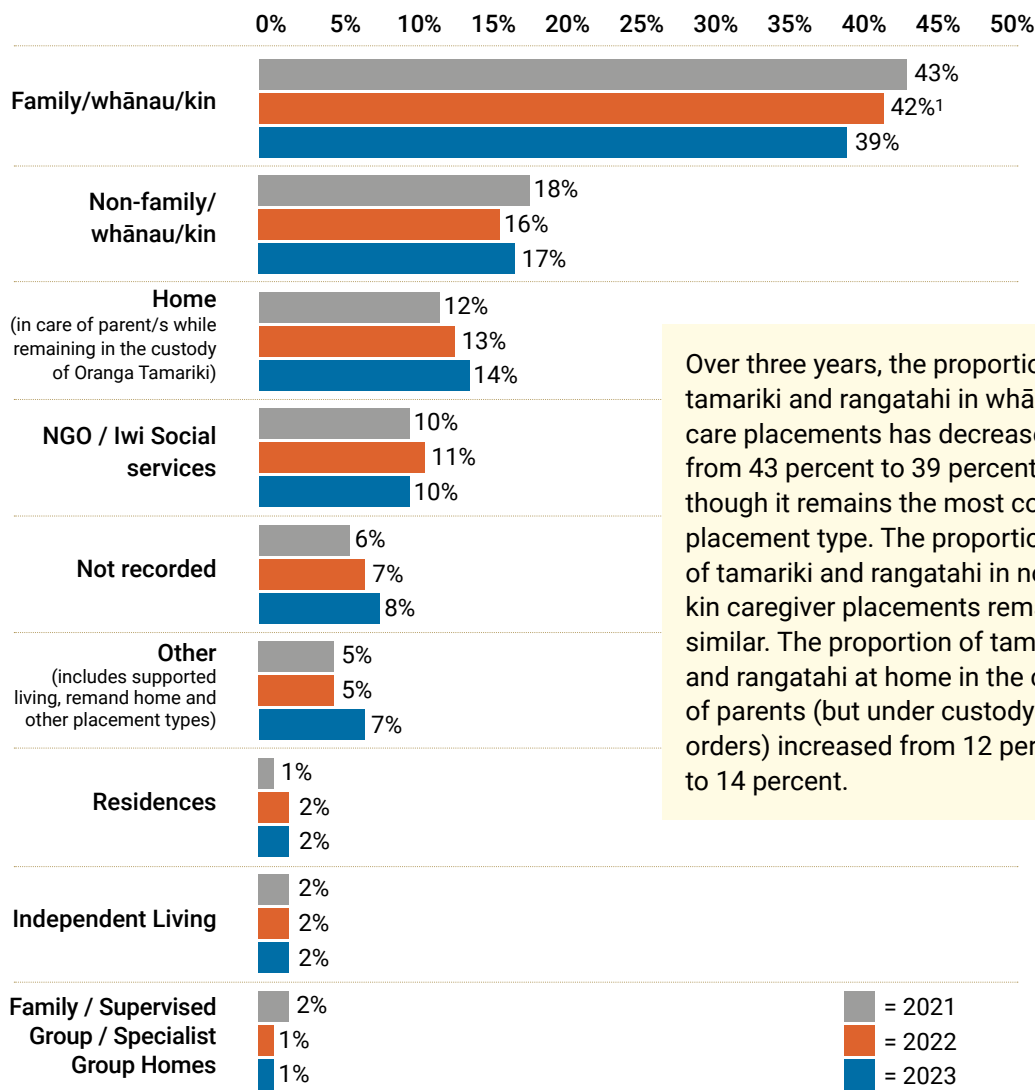
2

¹ Statistics New Zealand Disability survey 2013 pg 3.

² Last year's EocA report stated that 14% of the population in care had a disability condition based on structured data. For this reporting period, the percentage was calculated based on the more detailed view provided by data collected by the case file analysis tools of Oranga Tamariki and Open Home Foundation.

³ This reflects the Statistics New Zealand standard classification of gender released in 2021.

Placement types as at 30 June



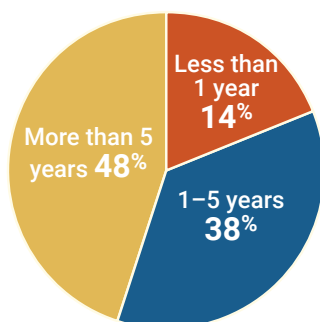
Over three years, the proportion of tamariki and rangatahi in whānau care placements has decreased from 43 percent to 39 percent, though it remains the most common placement type. The proportion of tamariki and rangatahi in non-kin caregiver placements remains similar. The proportion of tamariki and rangatahi at home in the care of parents (but under custody orders) increased from 12 percent to 14 percent.

¹ The 42% recorded as being in family/whānau/kin placement in 2021/2022 is an update on the 38% recorded in our 2021/2022 report.

Duration in care and care entries

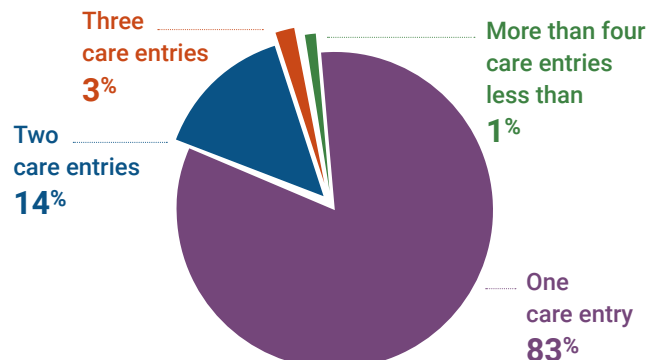
Tamariki and rangatahi under care and protection orders during the reporting period had been in care for an average of five years over the course of their life.

Tamariki and rangatahi in care % by duration in care



Seventeen percent of tamariki and rangatahi who were in care during the reporting period, had been in care before.

Number of care entries over time



Change in key relationships

When we spoke to tamariki and rangatahi during our monitoring visits, we heard that their relationships with their caregivers and social workers are really important.

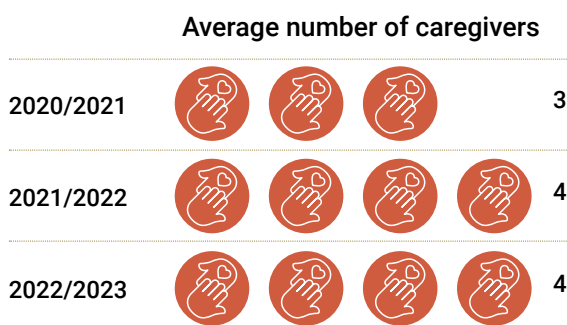
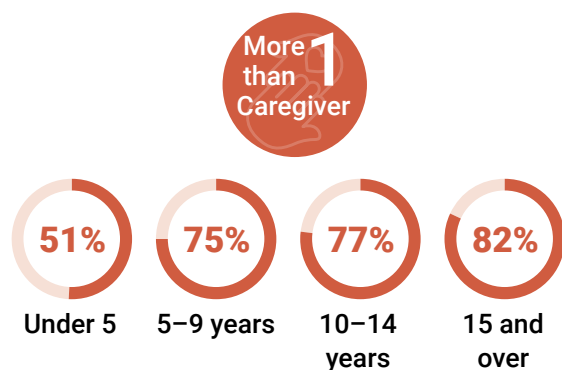
We looked at how many caregivers and social workers tamariki and rangatahi have had during their time in care.

Tamariki and rangatahi that have experienced a change of caregiver

Almost three-quarters (74%) of tamariki and rangatahi have changed caregivers at least once during their time in care.

Older tamariki and rangatahi are more likely to have changed caregiver during their time in care than younger tamariki. Even among those who had been in care for less than one year, we found that rangatahi over 15 had the highest number of caregivers.

A change in caregiver is common even among under-fives; almost half had had more than one caregiver. Our analysis found the average number of caregivers for under fives to be consistent regardless of how long they have been in care, which may suggest these changes of caregiver tend to happen in the early stages of their time in care.

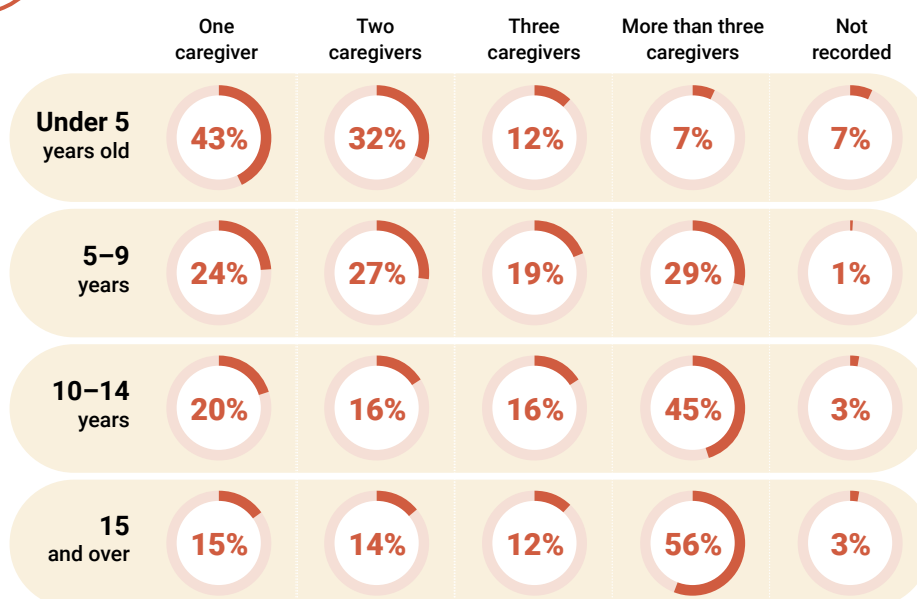


On average, tamariki have had four caregivers during their time in care, although this is inflated by a few outlying cases. This is consistent with the previous reporting period.



Changing caregivers

This graph shows how many tamariki and rangatahi change caregivers during their time in care.

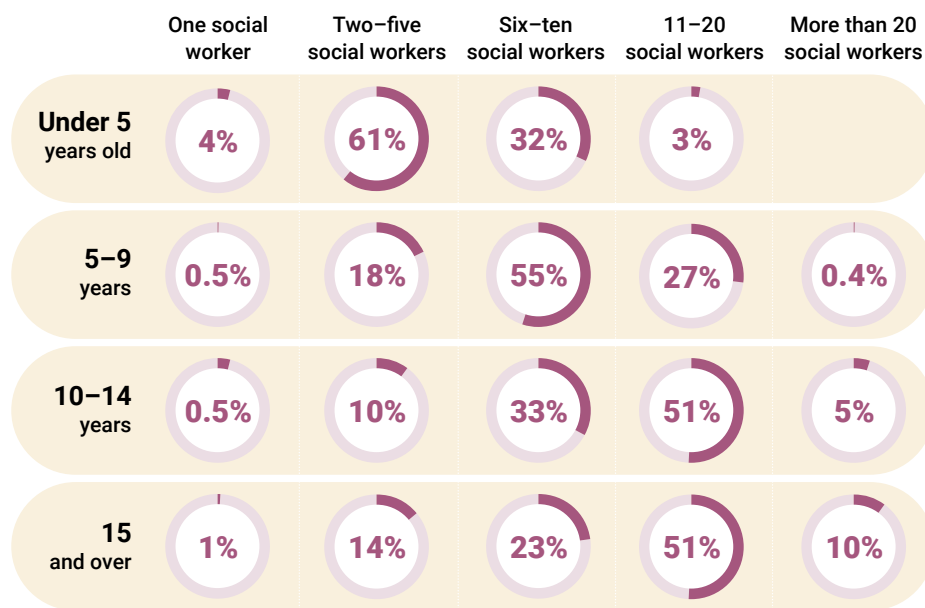




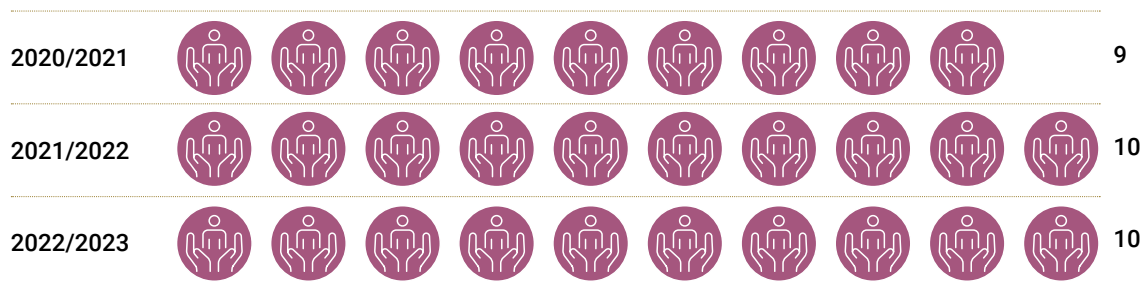
Changing social workers

The number of social workers increases as the age of the tamariki or rangatahi increases:

- The majority (61 percent) of tamariki under five years of age have had between two and five social workers over their time in care.
- In contrast, the majority (51 percent) of rangatahi over 15 years of age have had between 10 and 20 social workers during their time in care. A further 10 percent have had more than 20 social workers.



Average number of social workers



The context for this reporting period

Abuse of tamariki

Abuse of tamariki, both historically and presently, continues to be a significant issue within Aotearoa New Zealand. During this reporting period, the chief executives of six government agencies¹ commissioned an independent cross-agency review of child abuse following the murder of five-year-old Malachi Subecz by his carer. The review, completed by Dame Karen Poutasi, was published in November 2022. Although Malachi wasn't in the care of Oranga Tamariki, it identified five critical gaps within the children's sector.

Dame Poutasi's report made recommendations for change, including a final recommendation for the Independent Children's Monitor to review the recommendations after 12 months. We have been working with agencies across government to understand the changes they are implementing to address the gaps and recommendations identified by Dame Poutasi to make Aotearoa New Zealand safer for all tamariki. A report on our findings from this review will be published in mid-2024.

In our chapter on Aroha, we report more specifically on how Oranga Tamariki has responded to allegations of abuse to tamariki and rangatahi in care over this reporting period. Despite improvements in some areas compared with previous years, many tamariki and rangatahi continue to experience abuse after coming into care. Tamariki and rangatahi who return home, but remain in custody, continue to be overrepresented. These statistics, combined with hearing from parents that they didn't always have the right services and support in place to make the return home successful, led us to publish an in-depth report *Returning Home From Care*.² Our report found that policies, practices and support from across the social sector is not yet consistently in place to help tamariki and whānau to make a successful return home, and thereby reduce the likelihood of further harm.

Oranga Tamariki Action Plan

The Oranga Tamariki Action Plan (OTAP) was published at the start of this reporting period.³ OTAP is a statutory requirement under the Children's Act 2014. It sets out how children's agency⁴ chief executives will work together to improve outcomes for tamariki and rangatahi "of interest" to Oranga Tamariki. Tamariki and rangatahi "of interest" are those at risk of coming into care, those in care, and those who have transitioned out of care up to the age of 25 years.

OTAP includes short- and long-term actions to support tamariki, rangatahi and whānau, and to enable government agencies to work together more effectively. Some actions focus on better understanding the needs of tamariki, rangatahi and whānau, and others on improved data and monitoring. The first action is for children's agency chief executives to clarify expectations to frontline decision-makers and operational staff of the requirement to meet the needs of tamariki, rangatahi and whānau involved with Oranga Tamariki.

Completed work under OTAP includes in-depth needs assessments on housing, primary health, mental health and the health needs of tamariki and rangatahi transitioning out of care. A May 2023 Cabinet paper on implementation states that some changes can be expected from the first tranche of OTAP delivery.⁵ These changes include a different experience for rangatahi in care through increased options for support into housing and other housing options when they transition from care. They also include and improved access to health and education supports for tamariki and rangatahi in care.

The in-depth assessments acknowledge that government agencies have a higher duty of care: "By taking these children and young people into care, ...the State has accepted a higher positive obligation, which is to provide day-to-day care of the

¹ Ministry of Corrections, Ministry of Education, Ministry of Health, Ministry of Social Development, New Zealand Police and Oranga Tamariki.

² <https://aroturuki.govt.nz/reports/returning-home-from-care/>

³ <https://orangatamarikiactionplan.govt.nz/otap-resources/publications/>

⁴ Children's agencies are defined in legislation as the Ministry of Education, Ministry of Health, Ministry of Justice, Ministry of Social Development, Oranga Tamariki and New Zealand Police.

⁵ Oranga Tamariki Action Plan – Report on Initial Implementation, May 2023.

child or young person.⁶ Despite this, the primary health needs assessment acknowledges that “children and young people in care have arguably the poorest health and wellbeing of any population in Aotearoa New Zealand and fewer protective factors for health.⁷ The mental health needs assessment recognises “evidence that children and young people involved with Oranga Tamariki are more likely to have greater mental health and wellbeing needs and higher levels of psychological distress than those who have never been involved with Oranga Tamariki.⁸ The mental health assessment also states that “lack of reliable data on needs and effectiveness of services is a system issue but is particularly lacking for children and young people involved with Oranga Tamariki.⁹

In the Kaitiakitanga outcome section of this report, we discuss insights from our monitoring around supporting the health needs of tamariki and rangatahi in care. This includes discussion on access to health services and supports.

In our report into the experiences of accessing primary health services and dental care, we discuss implementation of the NCS Regulations relating to health.

Rapid review of residences

In June 2023, the Chief Executive of Oranga Tamariki announced a review of secure residences in response to allegations of staff acting inappropriately in youth justice and care and protection residences.

The rapid review was released in September 2023 and recommended that eight elements of the residential operating model require improvement in the near-term. In its response to the rapid review,

Oranga Tamariki noted that a reporting line set up to support the review had received 46 complaints or allegations involving staff potentially causing harm to young people in care. The complaints included inappropriate language, supplying contraband, as well as more serious allegations of physical and sexual assault, and Oranga Tamariki noted all were unacceptable. Findings from these complaints add to the overall increase of findings of abuse for tamariki and rangatahi in secure residences, as detailed in our chapter on Aroha.

Under our expanded mandate, which came into effect on 1 May 2023 with the Oversight of Oranga Tamariki System Act 2022, we have begun monitoring of residences. While this report does not include residential settings, due to the timing of when this expanded mandate came into effect, our future reports will include findings from our monitoring of residences.

Cyclone Gabrielle

In February 2023, cyclone Gabrielle devastated parts of the North Island. The social and economic impacts are long-lasting, and include severe disruption to the lives of tamariki, rangatahi, whānau, caregivers and kaimahi. Their wellbeing, and that of the communities around them, is most important. We were unable to carry out some of our scheduled monitoring visits as a result. Our monitoring of the Hawke’s Bay was postponed and truncated. Our heartfelt thanks go out to the tamariki, rangatahi, whānau, caregivers and kaimahi who shared their experiences with us under such difficult circumstances.

⁶ Primary Health Needs of Children and Young People in Care: Oranga Tamariki Action Plan In-Depth Needs Assessment Report, June 2023, page 4.

⁷ *Primary Health Needs of Children and Young People in Care: Oranga Tamariki Action Plan In-Depth Needs Assessment Report*, June 2023, page 4.

⁸ *Mental health and wellbeing needs of children and young people involved with Oranga Tamariki: Oranga Tamariki Action Plan*, May 2023, page 23.

⁹ *Mental health and wellbeing needs of children and young people involved with Oranga Tamariki: Oranga Tamariki Action Plan*, May 2023, page 53.

The background features several stylized bird motifs, possibly representing terns, in various colors including green, yellow, and blue. The birds are depicted in flight, with their wings spread. One large bird is prominent on the left side, while several smaller ones are scattered across the page. The overall style is clean and modern, with a focus on geometric and organic shapes.

Our Methodolgy

Our Methodology

This section explains how information and data is gathered and analysed to develop the key findings and themes presented in this report.

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

Our information is from the perspective of tamariki and rangatahi, their whānau, those who care for them, and the professionals who work with them. This helps us understand:

- what is working well for tamariki and helping them achieve good outcomes in their lives (we call these enablers)
- what is getting in the way of achieving good outcomes (we call these barriers).
- Analysing the self-monitoring data from the agencies with tamariki in their custody helps to:
 - look for trends and changes that have implications for tamariki and rangatahi in care
 - understand from the agencies' data their compliance with the NCS regulations.

Gathering data and information

At the centre of our monitoring approach are the stories and lived experiences of tamariki and rangatahi, their whānau, caregivers and community. We also gather information from frontline kaimahi at Oranga Tamariki, Open Home Foundation and Barnardos (the three agencies with custody of tamariki), iwi and Māori partners, care partners, and other government agencies, such as the New Zealand Police, as well as frontline health and education providers. This helps us develop a holistic picture of the experiences of tamariki and rangatahi in care.

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

We have an assessment framework that includes a set of pātai pākiki (questions) that our monitors use when engaging with people in a community. This framework supports a consistent approach to the kōrero (discussions).

The framework incorporates factors that support professionals working with tamariki, rangatahi and whānau; for example, are polices clear, do they have supervision, and do they have the resources they need to do their job. The framework looks for the root cause as to why something is or isn't happening.

In the 12 months to 30 June 2023, we spoke with over 1,200 people about their experiences.

Who we heard from during 2022/2023¹

163

tamariki and rangatahi

60

whānau

168

caregivers

417

kaimahi from Oranga
Tamariki

35

kaimahi from Open Home
Foundation

126

representatives from iwi/
Māori providers

103

representatives from non-
government organisations

159

representatives from government agencies such
as health, education and police

Over three years of reporting, we spoke with almost 3,300 people about their experiences.

Who we heard from during 2020 - 2023

420

tamariki and rangatahi

130

whānau

430

caregivers

1,130

kaimahi from Oranga Tamariki

120

kaimahi from Open Home
Foundation, Barnardos
and Dingwall Trust

240

representatives from iwi/
Māori providers

330

representatives from non-
government organisations

480

representatives from government agencies such
as health, education and police

¹ Due to Cyclone Gabrielle, our visit to Hawke's Bay was postponed. A shortened visit took place in August 2023 and the results are included in this report.

Over the last three years, the ethnicity and gender of the tamariki and rangatahi we spoke to was representative of the ethnicity and gender of the care population. While we heard from a smaller number of tamariki under 10 years of age, the nature of our work means we tend to hear from tamariki and rangatahi who are 10 years of age or older. We try to speak to caregivers of tamariki and rangatahi of all ages to provide insight into the experiences of those younger tamariki.

Around one quarter of tamariki and rangatahi we heard from had an identified disability. This is in line with the proportion of tamariki and rangatahi in care estimated to have a disability.

The whānau we heard from were also broadly representative of the ethnicities of tamariki and rangatahi in care.

We met with both whānau and non-whānau caregivers, however, we heard from twice as many non-whānau caregivers as whānau caregivers. This is not representative of the caregiver population. This may be because connections between non-whānau caregivers made it easier for us to talk with them in groups. We will continue to focus on talking with whānau caregivers in the future, so we hear more of their experiences and perspectives.

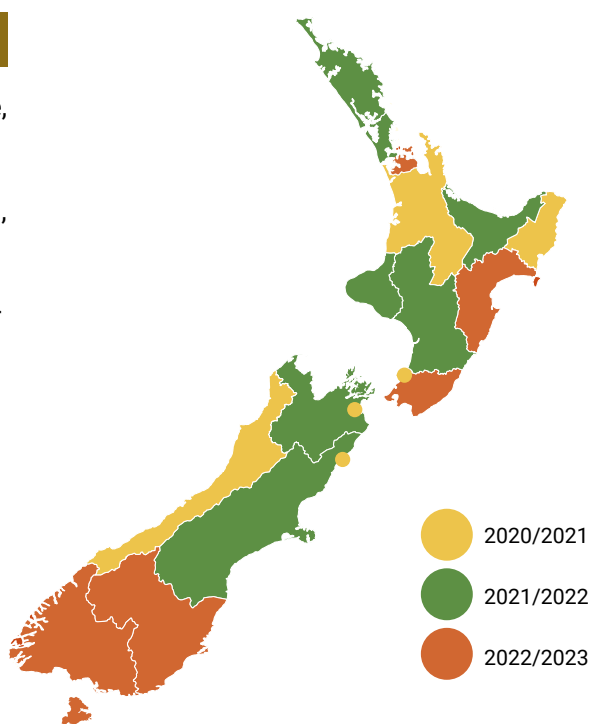
Tamariki and rangatahi we spoke with by care agency

Care agency	2020 - 2023			
	Oranga Tamariki	Iwi social service providers & Māori providers	NGOs (including Barnardos, Dingwall and Open Home Foundation)	Unknown or Not Recorded
Tamariki & Rangatahi	184	34	180	21

Where we visited

Our community visits are organised on a three-yearly cycle, with all Oranga Tamariki regions across the motu visited once during this time. In 2022/2023, we visited Greater Wellington (Wellington, Porirua, Kapiti, and the Hutt Valley), South Auckland, Waikato, Lower South Island (Alexandra, Invercargill, Otago Urban (Dunedin) and Balclutha/Gore), Wairarapa and Hawkes Bay. This completed our three-year schedule around the country.

In 2021/2022 we visited Te Tai Tokerau (Northland), North-West and Central Auckland, Bay of Plenty, Taranaki and Manawatu, upper South Island and Canterbury. In 2020/2021, we visited Kaitiaki, South Auckland (Māngere and Otahuhu), Gisborne, Porirua and Paraparaumu, Blenheim and Kaikoura, and the West Coast (Westport, Greymouth and Hokitika).



Our full monitoring schedule is available on our website.

Gathering data

We also request data from Oranga Tamariki, Open Home Foundation and Barnardos - the agencies with custodial responsibilities. The NCS Regulations require these agencies to make their own assessments of how well they are complying with the regulations and provide this information to us. These data requests are available on our website and include areas we have previously identified as needing improvement.

After responses to the data requests are received, we make supplementary requests to Oranga Tamariki and Open Home Foundation where further data, information or clarification is required. Both agencies work closely with us to meet these requests wherever possible.

Analysing information and data

Analysing information

At the end of a monitoring visit, we wānanga (meet and discuss) to understand what we heard from tamariki and rangatahi, their whānau, and caregivers. Quotes are anonymised to protect the identity of the people we spoke with.

We use qualitative analysis methodology and software to capture this collective understanding and develop the findings in this report. For more information on how we wānanga and our qualitative research methodology, see our website.

Analysing data

When we analyse the data from agencies with custodial responsibilities, areas of change are examined to understand how any new initiatives or changes in practice have affected the quality of services the agencies provide to tamariki and rangatahi in their care.

We also look at whether measures are different for tamariki and rangatahi Māori compared to non-Māori, and disabled tamariki and rangatahi compared to those with no identified disabilities.

You can find data tables for Oranga Tamariki and Open Home Foundation showing their performance

against the NCS Regulations in [Appendix reference].

Equity analysis

We analysed data from Oranga Tamariki to identify whether compliance with the NCS Regulations is equitable across the population of tamariki and rangatahi in care. We did not find any statistically significant differences in compliance measures between tamariki and rangatahi who are disabled and those who are not.

In most cases, there were no statistically significant differences between measures for Māori and non-Māori either. There was one exception in the measure on opportunities for play and experiences, with tamariki Māori receiving fewer opportunities than non-Māori.

We also analysed the information gathered through our monitoring visits to see if there were any differences among Māori and non-Māori tamariki, rangatahi, whānau and caregivers. Aside from areas relating specifically to te ao Māori (Māori world view), we found that tamariki, rangatahi, whānau and caregivers talked about similar things regardless of ethnicity.

Preparing for publication

Agencies review the report to check for fairness and accuracy

Before publishing this report, each of the three agencies had an opportunity to review the report to:

- check that our analysis and interpretation of the data they provided is accurate, and
- prepare to respond publicly to any comments or findings.



Agency Self-Monitoring

Oranga Tamariki

Self-monitoring and data capturing systems support accountability, openness, and transparency. A high level of accountability is especially important for agencies that hold responsibility to care for our tamariki and rangatahi. The NCS Regulations require agencies to monitor their compliance with the regulations.

Through its self-monitoring, Oranga Tamariki has assessed itself as 'partially compliant' across the full suite of NCS Regulations. Oranga Tamariki has also stated that it has improved the extent to which it is compliant across a number of areas of practice, although work remains to ensure all tamariki and rangatahi in care are achieving a consistent level of support that meets the full range of expected standards.

For 2022/2023, Oranga Tamariki found that, out of the six core lead indicators that apply to almost all tamariki and rangatahi, all six were met for only 45 percent of tamariki and rangatahi. This is an improvement on 31 percent for 2021/2022 but shows that Oranga Tamariki still has a long way to go to ensure all tamariki and rangatahi receive an appropriate standard of care.

Gaps in data remain

Despite the progress that Oranga Tamariki has made in maturing its self-monitoring framework, there has been little change in the coverage of the data provided in response to our data request, and gaps remain.

For the past three years, Oranga Tamariki has been unable to provide data to measure compliance in key areas of the NCS Regulations. For example, support provided to meet assessed needs of tamariki and rangatahi, monitoring of education progress and attendance, and the provision of a record of tamariki life events.

This year, Oranga Tamariki also did not provide information that had previously been provided about supports and assessments for tamariki and rangatahi at risk of self-harm or substance abuse.

We had anticipated that Oranga Tamariki would have been able to provide greater structured data about the experience of caregivers owing to the implementation of the Oranga Tamariki Caregiver Information System (CGIS) case management system. This went live in July 2022. CGIS is used to administer recruitment, approval, review and support processes for caregivers.

However, in its response to our data request for the 2022/2023 reporting period, Oranga Tamariki advised us that CGIS would take *"two full reporting periods to allow the information captured and reported to be reflective of not only practice but how the system is used and what reporting will tell us about our performance"*.

Independent statistician's review of sampling methodology

In 2023, Oranga Tamariki commissioned an independent review of its case file analysis sampling approach. The review found that case file analysis is an essential component of self-monitoring and a necessary part of any continuous-improvement programme. The review was generally positive about the stratified random sample design, the questionnaire and the ability of Oranga Tamariki to understand and control inter-rater variability.

The review recommended that Oranga Tamariki consider producing confidence intervals for estimates in reports, which it has now done. The review also recommended that Oranga Tamariki consider a further stratification by length of stay in care and explore the possibility of an adaptive sampling scheme to provide further insights into quality improvement.

It is reassuring that the independent review shows that the sampling design used in Oranga Tamariki case file analysis is robust, and that Oranga Tamariki has already provided more detailed estimates of the accuracy of its measures.

Case file analysis is recognised as an important component of self-monitoring, however there are some areas where systematic (structured) and timely data collection is more important. These include areas of experience that are infrequent and therefore have low occurrence in the sample (such as care transitions, transition to adulthood, and caregiver approvals); and areas where it's important that operational data is complete, accurate and up-to-date. An example of this is data on registrations with primary health organisations, an area of ongoing weakness in record keeping highlighted in our recent review into access to primary health services and dental care.

Structured data is essential for self-monitoring and assurance purposes as well as informing immediate operational responses to the needs of tamariki and rangatahi in care.

Oranga Tamariki surveys

Throughout this report, we refer to an Oranga Tamariki survey of 10 – 17-year-olds in care, Te Tohu o te Ora. In 2023, Oranga Tamariki released Te Mātātaki 2023, the second report based on the Te Tohu o te Ora survey.

Results from Te Tohu o te Ora show how 10 – 17-year-olds in care feel about aspects of their lives and the services and supports they receive from Oranga Tamariki. In this report, we have used results from Te Tohu o te Ora to complement or support themes we have heard from our engagements with tamariki and rangatahi in care.

In 2021/2022, the Te Tohu o te Ora survey moved from a paper-based questionnaire to an online questionnaire given to tamariki and rangatahi on Oranga Tamariki devices by their social workers. In its methodology report, Oranga Tamariki has assessed the potential of social desirability bias, the likelihood that participating tamariki and rangatahi would change their answers to match what they thought would please the social workers who were offering them the survey. Oranga Tamariki concluded that the move to a digital platform may have reduced the risk of social desirability

bias. It also found that the questions where social desirability bias could be most expected (such as relationships with social workers) were answered less positively than other questions in the survey.

Te Tohu o te Ora uses a census approach. It is intended to be offered to all 10 – 17-year-olds in care (under a Care and Protection order) for at least one month at the time of the survey. However, there was a decline in the proportion of eligible tamariki and rangatahi who were offered the opportunity to complete the survey (down from 79 percent in year one, to 43 percent in year two). Oranga Tamariki identified the Omicron outbreak of the COVID-19 pandemic and significant organisational change as contributing factors to the decrease in offer rate.

For Te Tohu o te Ora to continue to play its role, it is important that Oranga Tamariki focuses on offering the survey to as many 10 – 17-year-olds in care as possible during future rounds. It is also important for Oranga Tamariki to continue to assess whether the mode of delivery of the survey is a good fit for its participants.

Throughout this report, we also refer to an Oranga Tamariki survey of its caregivers. This survey was conducted quarterly and is now offered once per year to all Oranga Tamariki caregivers with a child in their care (or who have had a child in their care within the past two years). Unlike Te Tohu o te Ora, the caregiver survey is offered directly to participants and can be completed online, by phone or on paper questionnaire. The overall response rate for the caregiver survey in 2022 was 23 percent. This response rate is moderate compared to the benchmark of 30 percent expected for a voluntary online survey, but still high enough to ensure representativeness. Like results from Te Tohu o te Ora, in this report we have used results from recent Oranga Tamariki caregiver surveys to complement or support themes we have heard from our engagements with caregivers.

Open Home Foundation and Barnardos

Over the course of 2022/2023, there were 75 tamariki and rangatahi in Open Home Foundation care and two in Barnardos care.¹ We acknowledge that Open Home Foundation has worked hard to develop and implement its monitoring and reporting framework. Both organisations can provide data to demonstrate the level of their compliance with the NCS Regulations.

Open Home Foundation

For Open Home Foundation compliance is defined as “the extent to which we are meeting the requirements of Parts 1 – 6 of the NCS Regulations; we have a set of policies, processes, and systems in place to guide and evidence compliance and, where improvement is needed, clear time-framed plans are in place to achieve it.”

Open Home Foundation has improved its compliance in most areas, however, is not fully compliant with all of the NCS Regulations. This year, it focused on continuous improvements, and where compliance is not meeting policy requirements, this is referred to the appropriate team for resolution. When teams have met the standards, an Appreciative Inquiry process is undertaken to explore how they managed to do this, what has helped them, and whether there are learnings that can assist them to repeat their success with other teams.

As we saw last year, improvements in the Open Home Foundation client management system mean that, once again, it has answered all of the applicable measures for all tamariki and rangatahi in its care. This has required effort and expense on the part of Open Home Foundation.

The Chief Executive also acknowledge that it requires ongoing investment of time to capture and organise the data, however, they are seeing the benefits for their practice and organisational knowledge and understanding.

Open Home Foundation has continued to use the graduated measures it adopted last year so we are now able to measure progress against 2021/2022. This year it has also defined the point at which each graduated scale equates to compliance. This means it can see for how many tamariki and rangatahi each compliance measure has been met, where it hasn't been met, and whether progress has been made towards compliance. We have included its compliance tables in the appendices of this report. Open Home Foundation data for 2020/2021 has not been included in this report because improvements made to its approach to self-monitoring for 2021/2022 mean that data previously provided is not comparable.

Barnardos

As Barnardos has a small number of rangatahi in its custody, it can rely on peer review, supervision and case audits for self-monitoring using its self-audit tool. We have also met with Barnardos to discuss its information. It is compliant with the NCS Regulations for rangatahi in its custody.

¹ Barnardos and Open Home Foundation are organisations approved “as a child and family support service” for the purposes of the Oranga Tamariki Act (Section 396).





Outcomes for Tamariki and Rangatahi

Introduction

We use an outcomes framework to understand experiences of care, and agencies' compliance with the NCS Regulations.

Our Outcomes Framework draws on the six wellbeing outcomes in the Government's

Child and Youth Wellbeing Strategy and incorporates key dimensions from the Whānau Ora Outcomes Framework and the Oranga Tamariki Outcomes Framework.

The six outcomes are:



Manaakitanga

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



Whanaungatanga

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



Rangatiratanga

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



Aroha

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



Kaitiakitanga

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



Mātauranga

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

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

Changes in how Oranga Tamariki has measured its compliance with the NCS Regulations means we are not always able to make comparisons across years and impact on our ability to understand whether and how progress is being achieved. The measures provided are set out below, and where possible year-on-year comparisons are provided.

During this reporting period, 6,054 tamariki and rangatahi were in care. Oranga Tamariki had custody of 5,977 (almost 99 percent); Open Home Foundation had custody of 75; and Barnardos had custody of two. For each outcome, we cover overall findings then we examine what we found for Oranga Tamariki and Open Home Foundation. Due to the small number of rangatahi in Barnardos custody, there is one overall outcomes section for Barnardos later in this report.



Manaakitanga





Manaakitanga

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

The presence of manaakitanga is fundamental to developing relationships that recognise, respect and enhance the mana¹ of tamariki and rangatahi and their whānau. These relationships are safe, trusting and nurturing, and help to empower individuals and communities.

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

Under the NCS Regulations, all tamariki and rangatahi who come into care must receive a needs assessment, which in turn informs a plan that sets out actions to address their needs. Caregivers must also have a plan that sets out how they will be supported to meet the needs of the tamariki in their care.



Summary

This year we saw improvements in needs assessments for both Oranga Tamariki and the Open Home Foundation. Oranga Tamariki data also shows it is taking greater account of the views of professionals in its planning. However, we continue to hear that services to meet identified needs are not universally delivered. Oranga Tamariki case file analysis currently measures whether plans were completed or updated within the past 12 months, as opposed to the “at least every six months” standard required by the NCS Regulations.

Over the past three years, we have reported on the importance of positive relationships, and how this is pivotal to achieving successful outcomes for tamariki and rangatahi in care. While some tamariki and rangatahi report having positive relationships with their social workers, this is not experienced by all. We also hear that staff turnover and changes in social workers impact tamariki and rangatahi forming relationships with social workers and also how they view Oranga Tamariki. We also heard

from social workers about high workloads and how this can impact on their ability to spend time with tamariki and rangatahi.

Whānau told us that they do not feel heard by Oranga Tamariki. We also continue to hear that a lack of cultural competence impacts the ability of social workers to build relationships with whānau.

This year we saw a marked improvement in both recorded visits and plans to provide support to caregivers. Despite the improvement, fewer than half of caregivers are being visited to the frequency of their plans, and caregivers told us that they need greater support. This is consistent with findings from the Oranga Tamariki caregiver survey. The survey showed 45 percent of caregivers are satisfied with the support Oranga Tamariki provided. Forty-seven percent of caregivers felt valued. Open Home Foundation’s caregiver survey showed foster parents had high levels of satisfaction with the support they received from Open Home Foundation.

¹ In this context, mana means having control or authority over their lives, to make their own decisions or to take the lead.

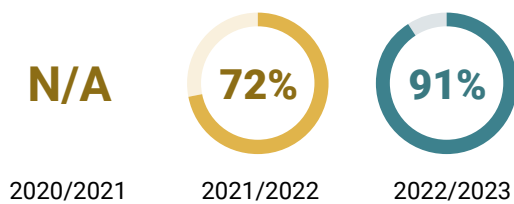
Oranga Tamariki



What the Oranga Tamariki data tells us

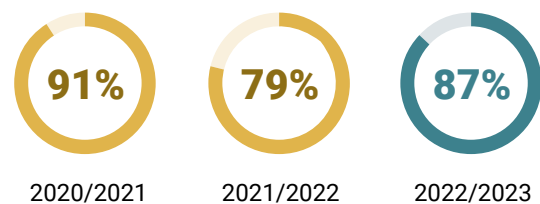
Assessment and planning

Oranga Tamariki lead indicator: Assessment



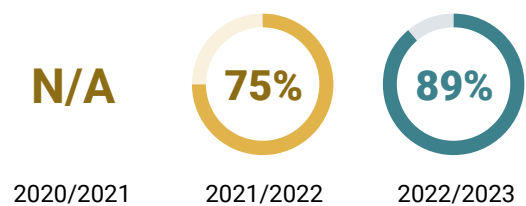
This is a measure of whether tamariki and rangatahi have a current² needs assessment that assesses both their immediate and long-term needs. While needs assessments overall are increasing, Tuituia assessments are not and account for fewer than half of all assessments - 43 percent this year, which is similar to last year. Oranga Tamariki give examples of other holistic assessments including Court reports, Gateway assessments, and psychological assessments. While the NCS Regulations do not specify the type of assessment needed, the Oranga Tamariki Practice Centre still notes that Tuituia is the single assessment tool for the tamariki and rangatahi that Oranga Tamariki work with, and that all assessments are to be guided by the Tuituia assessment framework and domains.³

Oranga Tamariki lead indicator: Planning



This is a measure of whether tamariki and rangatahi have a current plan that contains actions to address their needs. The NCS Regulations require that plans are updated at least every six months, but the measure that Oranga Tamariki use of whether a plan is current is whether plans have been updated within the last 12 months.

Oranga Tamariki lead indicator: Working with others



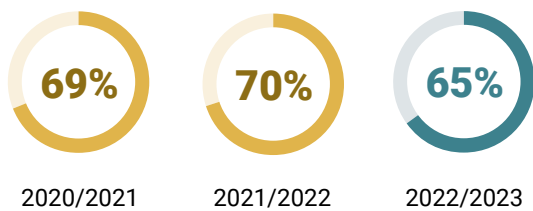
Evidence of Oranga Tamariki consulting with and considering the views of other professionals in its practice with tamariki, rangatahi and whānau has increased markedly. Other professionals include education and health professionals and lawyers involved in the lives of tamariki and rangatahi.

² Oranga Tamariki defines current as being within the last 12 months.

³ <https://practice.orangatamariki.govt.nz/core-practice/practice-tools/the-tuituia-framework-and-tools/the-tuituia-framework-and-domains/>

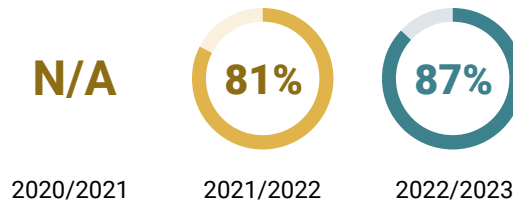
Visiting and supporting tamariki and rangatahi

Tamariki and rangatahi social worker visits



This is a measure of whether tamariki and rangatahi were visited by their social workers at the frequency set out in the needs assessment or plan – or at least once every eight weeks. There is no statistically significant change over the three years.

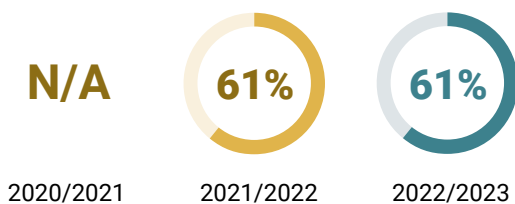
Tamariki and rangatahi receiving the support described in their plans



This is a measure of whether there is evidence that social workers are carrying out actions agreed to in current tamariki and rangatahi plans. This measure does not include the four percent of tamariki and rangatahi who do not have a current plan.

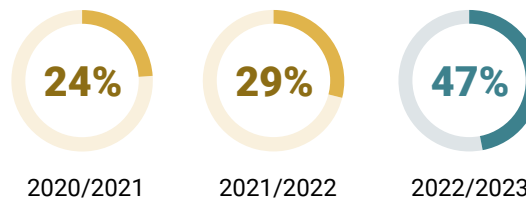
Support for caregivers

Oranga Tamariki lead indicator: Caregiver support



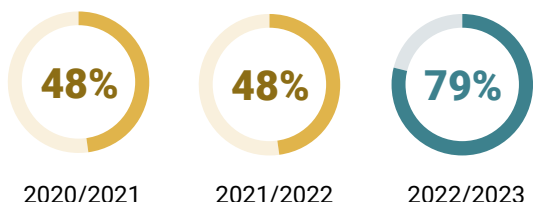
This is a measure of whether caregivers who need support have a current support plan with actions to support them. This measure does not include caregivers who do not require support from a caregiver social worker.

Caregiver visits



This is a measure of how often caregiver social workers met the planned frequency of visits with caregivers. This is a significant improvement from the previous two years, however, around half of caregivers are still not visited by their social workers to the planned frequency.

Caregivers receiving the support described in their caregiver support plans



This shows a marked improvement from previous years. However, it applies to only those caregivers that need support and who have a current support plan that sets out actions to meet those needs (61 percent). Taking this into account, it means around 55 percent of all caregivers are receiving support. This reflects what we heard from caregivers.

Commitments and changes in response to our 2020/2021 and 2021/2022 reports

In its response to our report last year, Oranga Tamariki undertook to make changes to free-up social worker time to work with tamariki and rangatahi, whānau and caregivers.⁴ Oranga Tamariki also made a commitment to prioritise visits with tamariki and rangatahi after our first report. While Oranga Tamariki data indicated an improvement in visits to caregivers, we have not seen improvement across other measures of engagement with tamariki and rangatahi, whānau and caregivers.

Furthermore, over the past three years, we have reported that caregivers tell us they need more support than they are receiving from Oranga Tamariki. Last year, Oranga Tamariki told us it had implemented a new Caregiver Information System (CGIS), which was expected to provide better data and a greater level of assurance on how caregivers are supported. However, utilising CGIS for this purpose has been delayed, and Oranga Tamariki has continued to rely upon case file analysis and its caregiver survey to demonstrate how it is supporting caregivers.

Manaakitanga in detail

More tamariki and rangatahi have plans

The NCS Regulations require a written plan for tamariki and rangatahi in care, and for that plan to account for the needs identified as part of the needs assessment. This year we saw improvements in needs assessments for both Oranga Tamariki and the Open Home Foundation. Oranga Tamariki data also shows it is taking greater account of the views of professionals in its planning.

This year 87 percent of tamariki and rangatahi in care had an actionable plan. This figure has fluctuated a bit over the previous two years of reporting from 91 percent in 2020/2021, dropping to 79 percent in 2021/2022. However, it indicates that for the majority of tamariki and rangatahi, there is information available about them and their situation.

We also heard examples of stable relationships making a difference for tamariki and rangatahi. Tamariki and rangatahi and their caregivers spoke positively about seeing their social worker (which is a requirement under the NCS Regulations), as well as being in regular contact through means such as texting. We heard that when relationships with social workers are good, it is because the social

worker knows the tamariki or rangatahi well, and they are consistent and honest with them. We heard about social workers regularly attending meetings with school principals, meeting mentors, and generally being involved in what was happening in the lives of the tamariki and rangatahi. Tamariki with positive experiences of manaakitanga with their social workers told us:

“She’s more part of the family than a social worker. We invited her to our Christmas dinner.”

“My social worker does her job proper perfectly.”

Changes in social workers and staff turnover affect relationships with tamariki and rangatahi

Turnover of frontline social workers appears to be trending upwards. For 2022/2023, frontline social worker annual turnover in Oranga Tamariki was 14 percent, which is an increase from 10 percent in 2021/2022 and eight percent in 2020/2021. The average length of service for frontline social workers increased from 6.9 years in June 2021 to 7.8 years in June 2023.

⁴ <https://aroturuki.govt.nz/assets/FINAL-Oranga-Tamariki-Response-ICM-Annual-Report-2022.pdf> pages 5-6.

We again heard about high workloads and pressures on work/life balance, and that kaimahi seem to leave Oranga Tamariki to look after their own wellbeing. Some Oranga Tamariki social workers told us:

- they thought other social workers were leaving due to burnout because of workload
- some sites were carrying vacancies which meant kaimahi in those sites had to pick up extra work
- experienced social workers were sometimes replaced with recent graduates, who do not have the same amount of experience and were not always receiving the training they needed to be able to do their jobs well.

The issue of workforce experience was also noted in our 2020/2021 report and was reflected in the initial report of the Oranga Tamariki Ministerial Advisory Board, which identified that despite an increase in the social work workforce, the overall workforce was less experienced.⁵

We heard again this year about how changes of social workers impact on tamariki and rangatahi. Like previous years, we heard that stable, trusting, and nurturing relationships are important, and we continued to hear that building these relationships is made difficult for tamariki and rangatahi by multiple changes of social workers. Caregivers felt there needed to be more consistency, particularly for tamariki and rangatahi who were not in short-term care. Greater consistency would enable them to form connections and rapport with their social worker.

In addition, we heard that changes in social workers are not always explained to tamariki and rangatahi or advised in advance, and that information does not seem to transfer from one social worker to the next, so tamariki and rangatahi find they are repeatedly having to tell their story to a new social worker. This was a frustration voiced both by tamariki and rangatahi.

“I don’t know her name... I don’t know what site she is from, my last social worker just disappeared on me.”

This same frustration was echoed in comments we heard from caregivers:

“Why another one [social worker] you know? You build up those bonds and relationship, then you have to start again. If you are going to have a relationship with a social worker, it needs to be a constant. They need to be a little more flexible if you like, they need to go right through the age group.”

“When you get a new social worker, they don’t know the background. They don’t read the paperwork and when they ring you, they expect you to repeat it all. [Partner] and I go ‘read the file and then get back to us’.”

This variation in practice and experiences we heard this year is consistent with our previous reports.

Tamariki and rangatahi are not always having their needs met

The NCS Regulations set out that supports must be made available to a child or young person in care to address their needs (as identified in their needs assessment), and that assistance must be provided to tamariki and rangatahi so they can access that support.

Supports for tamariki and rangatahi include entitlements such as receiving pocket money and clothing allowances, as well as supports to address a variety of other needs. Some examples include specialist services such as counselling or orthodontic services or specialist education support. It also includes support for play, recreation and community activities, such as swimming lessons, as well as support for culture, belonging and identity, such as attending, celebrating or acknowledging cultural events significant to them.

⁵ <https://www.beehive.govt.nz/sites/default/files/2021-09/SWRB082-OT-Report-FA-ENG-WEB.PDF> pages 17-19.

Oranga Tamariki data indicates that tamariki are receiving support, however, we continue to hear mixed experiences of tamariki and rangatahi. We heard they did not always receive the supports they needed, even when they asked for it. Some tamariki and rangatahi told us they did not receive pocket money or a clothing allowance, and that they received conflicting advice from their social workers on what they were entitled to. For example, tamariki/rangatahi told us:

“It frustrated me, sometimes I needed something, [but] by the time they answered, I didn’t need it anymore.”

“Clothing and stuff, sometimes 100 bucks doesn’t get enough clothing, 120 doesn’t go far. Need shoes that will last long, I got new shoes and they didn’t even last a term, my friend sold me shoes but was discounted. My jacket was 200 but lasts long, a Kathmandu one. OT ended up paying for that after a month of nagging, felt like a year.”

For those tamariki and rangatahi who said they received what they need from Oranga Tamariki, it was because of positive relationships and communication with their social worker, and the social worker advocating for them and following through to deliver on what they say they will. For example, a caregiver explained:

“The right help and support, people looking after them like, the social workers that can pull the strings in the background and actually care about the kids, and to help them. I want the kids not to have to fight and struggle to get the life they deserve.”

Social workers explained that their access to funding is also a barrier to putting supports in place. They told us that the authority for spending does not rest with them, and they have limited control over this. There was a view from some Oranga Tamariki social workers that support could be delivered more promptly for tamariki and rangatahi if they had the authority to make some spending decisions. A frontline social worker explained:

“It would be cool to have some authority to be able to make some decisions – clothing grants – haircuts we could generate that, clothing – we would get it done – rather than hearing ‘sorry maybe next week’.”

We also heard how the availability of community services is a barrier, and in particular for tamariki or rangatahi with high or complex needs. Having good community relationships and getting the right people to deliver supports enables better outcomes for tamariki and rangatahi in care. Social workers found this challenging in communities where services are not available, or where relationships with agencies and providers are not developed.

Many caregivers continue to report they are not receiving sufficient support

Caregiver support plans are a requirement under the NCS Regulations and are intended to ensure that the care placement meets the needs of tamariki or rangatahi, and identifies any additional support or training required by the caregiver. Oranga Tamariki data shows that 61 percent of caregivers have a current caregiver support plan that sets out actions to be taken to support the caregiver to provide quality care. This is unchanged from last year.

The Oranga Tamariki caregiver survey showed 45 percent of caregivers are satisfied with the support Oranga Tamariki provided. Overall, this is a slight decrease from the 2021 survey, but the decrease in satisfaction and feeling valued was most notable for Māori caregivers, with satisfaction decreasing from 52 percent in 2021, to 43 percent in 2022, and feeling valued decreasing from 49 percent to 43 percent. This is also consistent with results from the 2022 survey which showed that non-Māori caregivers reported a higher rate of feeling respected by their caregiver social worker than Māori caregivers did - 84 percent and 78 percent respectively.

“I just love OT for what they tried to do we are very, very lucky. And I know that there are probably caregivers that feel the opposite.”

We continue to hear that caregivers feel they are not getting the support they need from Oranga Tamariki. This has been a consistent theme in our previous two reports. This year caregivers told us that financial support from Oranga Tamariki is insufficient, reimbursement of costs is slow, and that there is no clarity or consistency on what is available, with different practices at different sites. Caregivers told us:

“No one has explained what they [Oranga Tamariki] will pay for.”

“[It’s] really frustrating, you think ‘this site do it, why don’t this site?’”

Despite minimum rates of payment for board increasing annually in line with the Consumer Price Index, caregivers told us they are needing to cover more costs personally, as board payments are not keeping up with cost-of-living increases. This resulted in tamariki and rangatahi sometimes missing out on getting to do things that tamariki and rangatahi who are not in care might get to do, like going out for dinner, activities and going on holiday.

We also heard that getting financial assistance from Oranga Tamariki to purchase necessary items, like school uniforms and shoes, was often protracted, resulting in tamariki and rangatahi needs not always being met.

Sometimes caregivers were receiving reminder invoices for unpaid costs such as school fees and before and after school care, because Oranga Tamariki was not paying these invoices in a timely way. A whānau caregiver told us:

“It feels like I do it all by myself. They do not really do anything. Everything takes too long, you almost have to starve before they do anything. And the clothing, it is the Warehouse, though it takes too long to get what the OT Social Worker said she was going to do. Why does it take so long? Just lucky, we can share some clothes with other kids. For me, [tamariki] is lucky to have whānau like us that can buy clothes, though what about all the whānau that do not have that. I have not seen my OT Social Worker for ages. It is getting a bit sickening.”

We heard from several sites that when the caregiver social worker and the care and protection social worker visit the caregiver together, communication is better, and it can make a difference to how and what support is provided.

We also heard that some caregivers do not feel listened to by Oranga Tamariki. Those caregivers told us they were not involved in developing the plan for the tamariki or rangatahi in their care, despite regulations requiring that Oranga Tamariki take into account the views of caregivers (if they are known) in planning. One caregiver voiced their frustration at not being included in planning when they told us:

“I say to them [Oranga Tamariki] you can’t just write ‘holiday in July’ and not talk to me.”

The NCS Regulations also require plans to be shared with caregivers, yet we heard again this year that caregivers often do not receive plans or information about tamariki and rangatahi coming into their care. We were told that in shared care situations there is added complexity as information needs to go via the shared care partner, rather than directly from Oranga Tamariki to the caregiver. Care partners also reported that they often did not receive plans, and when they did, the plan was sometimes blank, or the information within it was not helpful.

While this year 87 percent of tamariki and rangatahi in care had an actionable plan, only around half of available plans were shared with caregivers. Caregivers told us about concerns they had when they did not receive plans, such as not knowing key medical information (such as medication requirements or allergies to be aware of), particularly when the tamariki are very young and unable to voice this themselves.

Oranga Tamariki kaimahi from a site felt that there was a lack of support being provided to whānau caregivers. Some kaimahi told us that whānau are not being supported to take on tamariki or rangatahi, citing the caregiver approval process taking months, that whānau are not being provided with funding to obtain legal advice about taking on tamariki, and that whānau are not provided with material items, such as beds, to enable them to take tamariki and rangatahi in. While Oranga Tamariki national office told us that its policy and guidance strongly state that support should be provided, this was not the experience we heard from the frontline social workers.

For example, a kaimahi reported the main barriers to supporting whānau caregivers as being “money and lack of services”. We were told that whānau caregivers are not supported once tamariki and rangatahi are in their care, with whānau, including elderly whānau, being asked to pay for things themselves. A kaimahi stated, “it’s discriminatory seeing the divide between whānau and non-whānau caregivers”. Some kaimahi told us that their advice to whānau caregivers is to not take on permanency. They spoke of whānau caregivers ceasing care of high needs tamariki due to a lack of support, with young people remaining in Oranga Tamariki care as a result. They told us that once whānau take on custody, support and funding stops, and whānau “have to provide everything”.

Non-government organisation (NGO) care partners also told us about the lack of information shared and how decisions are made without including the NGO kaimahi or caregiver, who has been working with the tamariki and rangatahi, often for long periods of time. When asked why they think this is happening, we heard that NGO kaimahi think they cannot challenge the power of Oranga Tamariki and that Oranga Tamariki do not listen to the professional voice of the NGO kaimahi, instead thinking they “know best”.

Whānau often do not feel included in planning and care decisions

The NCS Regulations are clear that the views of family and whānau should be taken into account in the development of plans for their tamariki and rangatahi. To this end, the Oranga Tamariki family/whānau views lead indicator tells us that family/whānau views were incorporated into plans or needs assessments 84 percent of the time, which is similar to 2021/2022 (see Rangatiratanga for more details on the family/whānau views lead indicator).

However, we heard from whānau that they often only receive information about their tamariki and rangatahi when it is too late, or after decisions had been made without their input. Examples we heard included not receiving information about schooling, health needs (such as prescribed medications), court appearances and whānau access arrangements. This is consistent with what we heard from tamariki and rangatahi in relation to not receiving support, and caregivers telling us that they did not receive plans. One parent told us:

“She [social worker] texts me every now and then when she needs me to sign a piece of paper.”

Whānau told us that the lack of communication was frustrating for them, and they felt that Oranga Tamariki social workers should be working with them to identify what they can do to regain custody of their tamariki or rangatahi. This is also a theme that we have identified in previous reports.

Cultural awareness and understanding is critical to identify and address needs

We heard again this year that when staff lack cultural competence, it can negatively impact relationships between Oranga Tamariki, whānau and other organisations. Cultural awareness and understanding is needed to match and deliver appropriate supports in needs assessment and planning. But we heard that a lack of cultural competence within Oranga Tamariki is often a hindrance.

“Everyone is not a box to be ticked off ... The cultural ignorance of staff is very prominent – that would have made a big difference – if we were dealt with our culture respected ... Disrespected we were. Coming from a Māori whānau ... Firstly, understand that he doesn't come as his own he comes as his whānau – he is not one person, what he does, it affects his whole whānau. There is no follow through. You see these Māori words and not to overuse this word it's just tokenistic. You know we went back to the framework and vision they give to us – Māori concepts like Aroha, Whanaungatanga, etc, it's just lip service. I mean karakia, even we didn't have that until our current social worker came on board – we had been asking to do this since day one.”

Oranga Tamariki told us that it put significant investment into cultural competence through its Tū Maia programme, and that training resources are also available on its online professional development platform. However, we again heard from Oranga Tamariki kaimahi that access to support for building cultural competence within the organisation was limited, and what was available was not always what they felt they needed. There was a reliance upon Māori staff and service providers to meet the cultural needs of tamariki and rangatahi Māori in care, as support was not provided to kaimahi to build this competence themselves. We further heard that budget constraints within Oranga Tamariki are sometimes a limitation to providing a culturally appropriate response.

“Our site manager had tears in her eyes when she looked at the budget we have for kai for our community. How is that manaakitanga? How can we talk about the practice shift and then say there's no money to do it? What works is when there's enough resourcing.”

Iwi partners told us that, from their perspective, Section 7AA of the Oranga Tamariki Act, regarding duties in relation to the Treaty of Waitangi, is not being implemented as it should be, and they saw this as linked to a lack of cultural competence within Oranga Tamariki. In one region, we heard how practice had been driven well by the practice leader at a particular site, demonstrating Māori-centred practice, but when she left, practice reverted to the “old ways” driven by key performance indicators (KPIs).

Care partners told us that they often feel they have to fill the gaps in cultural competency for Oranga Tamariki, as in their view, Oranga Tamariki doesn't seem to be able to build relationships and work effectively with Māori. The care partners indicated that they do it because if they don't no-one else will, but there remained a feeling that the support the NGOs provide Oranga Tamariki was one-sided.

Although Oranga Tamariki leadership has told us of the significant investment it is making towards building cultural competence internally, we are yet to hear from Oranga Tamariki kaimahi about the difference this investment is making for their practice. It is also clear from what we heard, that stakeholders expect more from Oranga Tamariki in terms of culturally appropriate responses. We acknowledge that it may take some time to see the gains from the investment made by Oranga Tamariki. To this end, we will be looking at whether and how experiences of cultural competence are improving in our future reports.

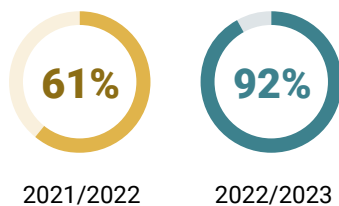
Open Home Foundation



What the Open Home Foundation data tells us

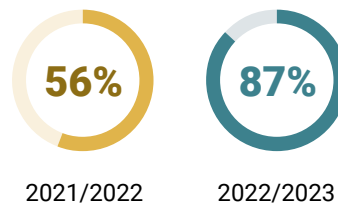
Assessment and planning

Child and Adolescent Needs and Strengths assessments



There was marked improvement in how up-to-date Open Home Foundation needs assessments, Child and Adolescent Needs and Strengths (CANS) assessments, were. In line with the NCS Regulations, Open Home Foundation defines up-to-date as reviewed within the past six months (or within three weeks of care entry or placement change).

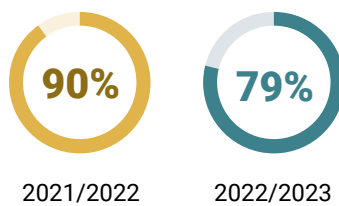
Planning



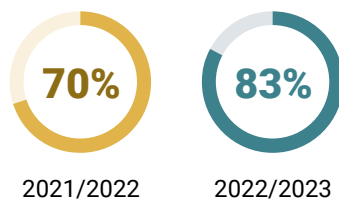
Similarly, there was a marked improvement in how up-to-date Open Home Foundation Child and Young Person's plans were. Again, the Open Home Foundation definition of up-to-date is within the past six months and is in line with the NCS regulations.

Supporting foster parents

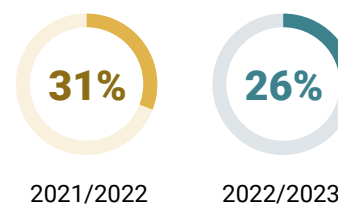
Foster parent support plans



Foster parent support



Visits to foster parents at the frequency set out in their plans



Open Home Foundation told us it has reviewed how it plans with foster parents and whānau carers, and as a result, it has simplified its foster parent support plan which is now better aligned to the NCS Regulations. Open Home Foundation also told us that vacancies have impacted its ability to visit foster parents at times. This has meant that some contact has occurred via phone or online, however, this contact is not recorded in the above numbers, as policy requires visits to be in person. Overall contact between Open Home Foundation and foster parents is therefore likely to be higher than the data shows.

Key insights from our community visits

Open Home Foundation noted that it had placed a focus on visits to tamariki and rangatahi as well as whānau carers and foster parents over this reporting period. It indicated that it had seen an increase in compliance with visits in the latter part of the reporting period, so it may be that lower compliance initially has pulled the rate down. Furthermore, Open Home Foundation acknowledged that it has noticed more is required of foster parent social workers to comply with the NCS Regulations. As a result, it is investigating capacity and resourcing to ensure it is able to meet the standards.

Open Home Foundation noted that it experienced workforce demands this year, compounded by decreased funding from Oranga Tamariki,¹ which saw resignations increase in response to staff concerns about job security. Open Home Foundation further noted that, while staff retention was an ongoing challenge for it and the sector more generally, recent progress with pay equity may assist with this. An Open Home Foundation kaimahi told us:

“It’s because of low staff at OHF – we are 3x staff down and it has a massive impact.”

Despite these challenges, Open Home Foundation was able to tell us that, in responses to its annual Better Off survey of parents, whānau caregivers, rangatahi, foster parents and other professionals, 96 percent of Open Home Foundation foster parents agreed or strongly agreed that “Open Home Foundation has equipped me as a foster parent”.

“OHF has a comprehensive induction with ongoing trauma informed care training. I have just completed it. When the parents get their children back, they don’t have the training, so it is harder for them. They are set up to fail as they don’t have the tools supplied to us.”

Support for tamariki and rangatahi

Open Home Foundation told us that when tamariki and rangatahi in its care need support, it can provide it. Open Home Foundation told us it has noticed that it is not the same group of tamariki and rangatahi as last year who are needing intensive support, which suggests that providing intensive support at the right time makes a difference.

“I’m with Open Home Foundation and feel heard from by my social worker. Although there’s a lot of things I like to do on my own. Like buying my car. I just organise it myself, actually buying it, I saved every cent myself because I didn’t want to be in debt. I have no complaints about my social worker. They kind of let me have my freedom. They reign me in when needed. Very prone to losing my temper sometimes. I really lost my temper one day, I wasn’t thinking properly and started punching the boxing bag and scraped my knuckles.”

¹ In its response to us, Open Home Foundation told us that in early July 2022, Oranga Tamariki advised it that there would be a reduction in its care and social work contracts, which required Open Home Foundation to make changes to continue to operate within the reduced funding. This led to the closure of one service centre and the merging of four service centres into two service centres, as well as a number of redundancies. This in turn led to concerns among Open Home Foundation kaimahi about the viability of their jobs, and an increase in resignations.



Whanaungatanga





Whanaungatanga

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

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

Under the NCS Regulations, Oranga Tamariki has a responsibility to ensure that connections for all tamariki and rangatahi and whānau are honoured, and that tamariki and rangatahi in care can build and maintain these relationships.



Summary

Over the past three years, we heard from Oranga Tamariki that they are placing greater emphasis on connecting all tamariki and rangatahi with their whānau and families, and the importance of a cultural approach as the first step to building this connectedness. Connectedness is important for establishing and maintaining a sense of belonging, which in turn is a protective factor that strengthens people's resilience.¹ We've seen some progress towards this within Oranga Tamariki, particularly about recording contact arrangements in plans, but we continue to hear that implementation needs to improve.

Oranga Tamariki data shows that almost all tamariki plans contain information on contact arrangements with whānau, and positive feedback from our community visits suggests that Oranga Tamariki is supporting contact with whānau to occur.

This year Oranga Tamariki introduced the lead indicator Tamariki Māori, which shows that around half of tamariki and rangatahi Māori were supported to connect to their marae, hapū or iwi – or that strong connections were already in place.

Many tamariki and rangatahi told us they can contact their whānau as often as they like, but some said they

feel they are prevented from doing this or were only able to contact their whānau at set times, and they did not understand why.

Both this year and last year, we heard from Oranga Tamariki kaimahi that the Kairaranga-ā-whānau is an essential role within Oranga Tamariki for supporting connections between tamariki, rangatahi and their whānau. We also heard that while there is some training and support in place to build the cultural capability of Oranga Tamariki kaimahi across the organisation to be able to build connections and work effectively with Māori whānau, access to this support seems to vary, and some kaimahi feel they need more support than what is available to them. As a consequence, we heard repeatedly that the responsibility for working with tamariki Māori and their whānau, hapū and iwi sometimes falls unevenly on Māori kaimahi in Oranga Tamariki sites.

Whānau caregivers told us that communication from Oranga Tamariki needs to improve, particularly around the rationale for policies, such as when whānau caregivers need to be approved prior to caring for tamariki, and for decisions such as whether contact with wider whānau can occur, and when.

¹ <https://msd.govt.nz/about-msd-and-our-work/publications-resources/literature-reviews/social-connectedness-and-wellbeing.html>

Oranga Tamariki



What the Oranga Tamariki data tells us

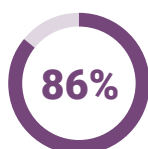
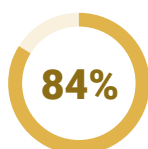
Oranga Tamariki carried out case file analysis to understand whether there is evidence that the needs for tamariki and rangatahi to establish, maintain and

strengthen connections with their family, whānau, family group, hapū, and iwi have been sufficiently considered and met.

Connecting with whānau and family

Oranga Tamariki lead indicator: Strengthening connections

N/A



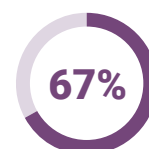
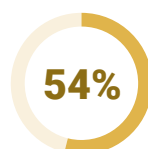
2020/2021

2021/2022

2022/2023

This is a measure of whether the needs of tamariki and rangatahi to establish, maintain or strengthen connections with members of their family, whānau, and/or family group have been identified and addressed in their plan (not whether identified actions were delivered).

Oranga Tamariki lead indicator: Identity and cultural needs



2020/2021

2021/2022

2022/2023

This is a measure of whether the identity and cultural needs of tamariki are identified and addressed in their plan. It shows consistent improvement across three years in how this is recorded in plans, but it does not indicate whether support was provided to enable this to happen.

Supporting whanaungatanga

measure changed/not comparable



2020/2021

2021/2022

2022/2023

This is a measure of whether, for the 86 percent of tamariki and rangatahi whose plans identified and addressed their need to establish, maintain, or strengthen connections with their family, whānau or family group, there was support provided for the tamariki and rangatahi to do this.

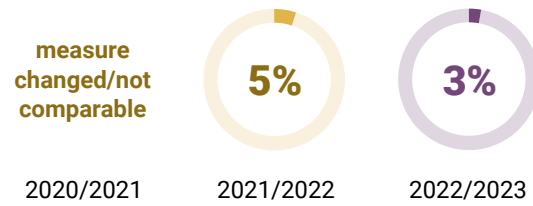
Connections for tamariki and rangatahi Māori

Oranga Tamariki lead indicator: Tamariki Māori



This is a measure of the proportion of tamariki and rangatahi Māori who are being supported to establish, maintain or strengthen connections with their marae, hapū or iwi. As the methodology that Oranga Tamariki has used to collect this data has changed, we are not able to compare this across years or comment on whether there has been any improvement.

Hapū and iwi participation



This is a measure of whether current plans for tamariki and rangatahi Māori considered the views of their hapū or iwi. Case file analysis over two years shows very low consideration of the views of hapū and iwi in the plans for tamariki and rangatahi Māori. We note that responsibility for achieving this does not rest solely with Oranga Tamariki, and requires commitment from whānau, hapū and iwi to be successful.

Iwi affiliation



Structured data shows that the number of tamariki and rangatahi Māori in care with an iwi affiliation recorded has increased over the past three years.

Commitments and changes in response to our 2020/2021 and 2021/2022 reports

In response to our 2020/2021 report, Oranga Tamariki told us about its practice shift to build relationships with the tamariki, rangatahi, whānau, communities and partners it works with, based on a te ao Māori approach.

Last year, in response to data showing low rates of connection between tamariki and rangatahi Māori and their marae, hapū or iwi, Oranga Tamariki acknowledged that it can be difficult to distinguish in its case file analysis between an engagement with a whānau member and engagement which might more broadly represent marae, hapū or iwi. It noted that this in turn makes it difficult to determine

whether its practice is compliant with the NCS Regulations. Oranga Tamariki noted that it needed to consider a change to the methodology to be confident of what this says about practice.

Oranga Tamariki made changes to its case file analysis methodology and introduced the lead indicator Tamariki Māori. This showed around half of tamariki Māori were supported to connect to their marae, hapū or iwi – or that strong connections were already in place. Now that self-monitoring is in place, we will continue to look for improvements in the future.

Whanaungatanga in detail

Oranga Tamariki is actively supporting tamariki and rangatahi to maintain and build connections with whānau

We continued to hear from Oranga Tamariki staff and leadership about the importance of a cultural approach as the first step to build connectedness with whānau, and between whānau and their tamariki and rangatahi. This is part of the shift in practice within Oranga Tamariki that we heard about in 2020/2021, but is still a new approach for many kaimahi. Oranga Tamariki kaimahi told us it is essential to place whānau at the centre of the decision-making process. The hui-a-whānau model, which comes from a belief that whānau have the answers, was becoming more embedded within Oranga Tamariki, and this was supporting better connections with whānau. We also heard that for tamariki and rangatahi Māori, iwi and Māori providers were effective in supporting tamariki and rangatahi to stay with their whānau or to move to be with whānau.

This year, Oranga Tamariki case file analysis identified that almost all tamariki and rangatahi plans included details on contact arrangements with members of their immediate whānau. This was further supported by tamariki, rangatahi, caregivers

and whānau telling us that Oranga Tamariki was providing support to build and maintain connections between tamariki, rangatahi and their whānau regularly, often through supervised visits, and by providing support with transport to visits. Regular contact and visits with whānau are important for tamariki and rangatahi to develop connections, and with those connections, a sense of belonging, and identity about who they are and where they come from.

Oranga Tamariki leadership and kaimahi from both Lower Hutt and Porirua sites, Te Awe, and regional management, spoke positively of policy that enables tamariki and rangatahi to stay connected with their whānau. Kaimahi discussed section 7AA enabling connection – unless there is a court order – with whānau, having access specified in court plans, and setting an expectation in court that tamariki are to maintain their connection with whānau, hapū and iwi. We were told that if return home is not possible, then tamariki and rangatahi are connected with whānau firstly, then hapū and iwi, which is outlined in social work plans. Some kaimahi spoke of working with tamariki, rangatahi and whānau to rebuild their relationships, and there being supports in place to “support tamariki staying with whānau or being supported to move to whānau”. One regional

management kaimahi highlighted Te Awe being “heavily whānau orientated” and taking a “lead seat” in this space.

Caregivers also told us how they were supporting the tamariki and rangatahi in their care to build and maintain connections with their whānau, including how they work closely and independently with whānau to have clear communication and understanding of situations. This was especially important for non-whānau caregivers trying to create connections with whānau. Supporting connections to whānau included regular phone calls and by supporting visits, including sometimes providing transport themselves. Some caregivers told us they have photographs of the whānau of the tamariki or rangatahi in their care on display in their homes.

However, we also heard from caregivers that connections with whānau became difficult where Oranga Tamariki required the social worker to arrange contact. This was described as a barrier because it did not support caregivers and whānau to develop organic or natural relationships where they collectively support the tamariki or rangatahi. For example, we heard from a non-whānau caregiver that while she was willing and wanted to facilitate access between the tamariki in her care and their whānau, the social worker prevented this, saying it needed to be arranged by them rather than the caregiver. The caregiver told us that often contact did not happen for several months, and the caregiver felt that this connection with whānau was prevented by the social worker.

We heard mixed feedback from tamariki and rangatahi about how often they saw their whānau. Some rangatahi told us they can decide how often they see their whānau, and that they had social workers who supported that.

“Yeah, we have phones and that, so we choose when we see them [our whānau]. We can go out on weekends and stuff with them.”

This is in line with findings from Te Tohu o te Ora, which found that 77 percent of tamariki and rangatahi (10-17 years of age) in care, were able to keep in touch with their birth family/whānau as much as they would like to.

“When I go ... to see caregivers I get to go see mum too because she lives nearby... The staff here drive us where we need to go. I video call my dad... he is coming over to see me soon.”

Some tamariki and rangatahi told us that they felt prevented from seeing their whānau as much as they wanted to. A key factor here was differences in access to phones, which impacted on their ability to call their whānau when they wanted to, or having set times when they could call or text.

“I haven’t seen my mum since I’ve been here. I keep asking, they say yes, but then they said to me that my mum doesn’t want to see me – but then I ask my mum, and she says she misses me and wants to see me – but she doesn’t know who to speak to, to see me.”

When we look at connections with wider whānau, hapū and iwi, Oranga Tamariki data shows that contact arrangements with hapū and iwi in plans are unchanged (nine percent this year and last), while case file analysis suggests that evidence of relationships with hapū and iwi in case recording decreased from already very low rates (13 percent last year and 11 percent this year).

We heard from some Oranga Tamariki kaimahi that whānau can be reluctant to discuss their whakapapa with Oranga Tamariki, because it is considered tapu (sacred) and that this can be a barrier to identifying wider whānau members. They told us that whānau need trust to share that information, and that trust needs to be built over time. They told us that for tamariki and rangatahi Māori, this means it can sometimes be a challenge to develop connections with wider whānau. An Oranga Tamariki social worker said:

“If I can break down those barriers by finding that hononga [connection] and we have that connection, they can become more open to share.”

As mentioned in the chapter on Manaakitanga, we continue to hear mixed views about support to build cultural competence and confidence, and that this also impacts on their ability to make connections with wider whānau members.

Oranga Tamariki kaimahi identified a continuing need to build cultural capability

In our previous reports, we heard from social workers that they lacked the necessary cultural competence and confidence to help them make connections with whānau and Māori organisations and to support the practice shift. In response, Oranga Tamariki told us that they were providing kaimahi with additional training, including te Hāpai Ō and Tū Māia programmes. However, we continued to hear mixed views.

We heard that lessons in te reo Māori were available to kaimahi, and in one site, we heard about a new programme that the team had participated in to support a te ao Māori approach. We also heard there was significant regional support for the practice change leads and social workers, who were receiving external cultural supervision. They spoke positively about this support in terms of their social work practice generally.

However, other Oranga Tamariki kaimahi told us that there was a lack of access to cultural training. Some leadership said that the budget was limited on what they could offer their kaimahi in terms of training. We heard that some Oranga Tamariki social workers were not receiving supervision and they felt this had an impact on their ability to implement the practice shift in a culturally competent way. Social workers told us that everyone is open to the practice shift, but that they would benefit from supervision and guidance showing what that looks like in practice. Some frontline kaimahi told us there were times where they felt pressured by leadership within Oranga Tamariki to place tamariki and rangatahi with whānau purely because of the practice shift, and without fully understanding the needs of the tamariki, rangatahi and whānau. This indicates that understanding practice shift, and how to implement it is varied within Oranga Tamariki, and more work is required to enable consistent implementation.

Kairaranga-ā-whānau are considered essential

Similar to the discussion in the chapter on Manaakitanga, we heard that requirements around taking a cultural approach sometimes fell unevenly on Māori kaimahi in sites. Many Oranga Tamariki staff said that they relied on their Kairaranga-ā-whānau to support their cultural approach to practice. This is despite the role of the Kairaranga-ā-whānau being to help identify and weave connections between tamariki, rangatahi and their whānau, and to support iwi affiliation for tamariki Māori.

Like last year, Oranga Tamariki advised that there are Kairaranga-ā-whānau roles in most sites, and for the three years this report covers, all regions had at least one. We commonly heard from Oranga Tamariki kaimahi that the Kairaranga-ā-whānau role is an essential resource but that it is not always available. We also heard that the expectations on the role, and what it can realistically achieve, may sometimes be too high. Some Oranga Tamariki kaimahi told us they felt that having a Kairaranga-ā-whānau engage with the whānau was less invasive for the whānau. We also heard mixed feedback from care partners about the Kairaranga-ā-whānau role, and that some are better than others.

We were told that, in some regions, Oranga Tamariki is still working to build relationships with iwi. Oranga Tamariki kaimahi acknowledged there has been mistrust in the past, and it will take time and trust to repair. We heard in some regions that it was expected that the practice shift would be done in partnership with local iwi, but the relationships were not there yet.

Policies and timeframes can be a barrier

We heard again this year how policies and processes can create time constraints and barriers to connecting tamariki and rangatahi with their whānau, hapū, iwi and other important people in their life. Overall, whānau and caregivers spoke of what they considered was an overly risk-averse practice being applied, and this was impacting on their ability to support connections for tamariki and rangatahi. We heard this particularly in relation to caregiver approvals. The NCS Regulations require that all prospective caregivers are approved prior to tamariki or rangatahi being placed in their care. The purpose of the caregiver approval process is to determine the extent to which the prospective caregiver:

- is likely to be a suitable caregiver who is able to provide an appropriate standard of care for the child or young person; and
- is able to provide a safe, stable, and loving home for the child or young person; and
- is able to meet the needs of the child or young person; and
- is able to promote mana tamaiti (tamariki) and acknowledge whakapapa and support the practice of whanaungatanga in relation to the child or young person.

We heard from some whānau caregivers that they didn't always see the importance of the approval process for whānau members, or why it was required again at times. For example, a whānau caregiver who cared for tamariki only during school holidays told us they needed a new approval every time they had the tamariki in their care (every two months). They felt that this focus on renewing approval processes took time and effort away from what was needed for the tamariki. Oranga Tamariki national office told us that this experience is at odds with its policy, which only requires caregiver approvals to be renewed if there are additional members in the household that have not been approved as caregivers for the tamariki or rangatahi. Others indicated they felt that, as whānau members, they should be able to care for tamariki or rangatahi within their whānau without requiring the permission of Oranga Tamariki.

In addition, whānau caregivers spoke about changes in approval procedures and that Oranga Tamariki did not always explain the context behind these changes. Some whānau caregivers told us they felt that changes and updates on caregiver approvals could be better communicated by Oranga Tamariki. Some Oranga Tamariki kaimahi in leadership positions also highlighted occasions when going through the provisional caregiver approval process, which happens for urgent placements, could be humiliating for some whānau caregivers, and that historical incidents from a whānau caregiver's past could sometimes overshadow their current situations.

We further heard how policies, and importantly how a lack of communication from Oranga Tamariki around those policies, could put whānau caregivers in uncomfortable situations with their wider whānau, particularly around visitation. Policies were not always explained well by Oranga Tamariki, and whānau caregivers, tamariki and rangatahi did not always understand why Oranga Tamariki felt connections were not suitable. One whānau caregiver told us:

"I didn't know that I had ask to let the kids to go the whānau. That is the thing, if it was not safe, I would not send them. That made me mad. They are my whānau; they are safe. I know that. I don't understand why it is like that. They said, 'oh it's under the Act so it has to be approved'."

Some Oranga Tamariki kaimahi told us that timeframes and financial restrictions prevented them from building effective relationships with whānau. We heard that some kaimahi felt it was difficult to access funding to support whānau connections to occur and would therefore over-justify why this was needed to get a successful outcome, despite it being a policy and regulatory criteria, and in the best interests of the tamariki or rangatahi. This suggests that implementing the support to make connections with whānau is not aligned with the improvements seen in recording both the needs and the actions to address them, in plans and assessments.

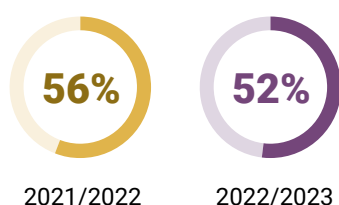
Open Home Foundation



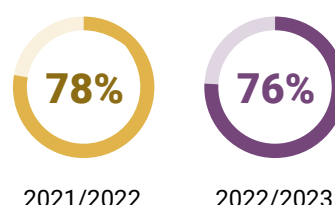
What the Open Home Foundation data tells us

Involvement of whānau, hapū and iwi in planning

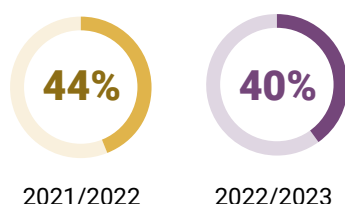
Family and whānau views taken into account in planning



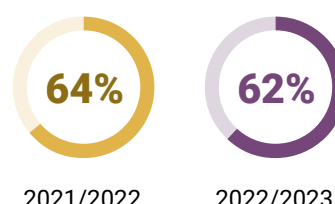
Identifying contact with whānau in planning



Hapū and iwi views taken into account in planning



Identifying contact with hapū and iwi in planning



Open Home Foundation data on the frequency of taking into account the views of family and whānau, and also of hapū and iwi in plans for tamariki and rangatahi has not changed significantly from last year.

Open Home Foundation was able to provide an example highlighting how it worked in partnership with Oranga Tamariki to ensure siblings could reunite at their whenua (land), and how the hapū has subsequently been involved in planning and decision making for tamariki and rangatahi.

Open Home Foundation data shows that 76 percent of tamariki and rangatahi plans identified contact arrangements with whānau this year, which is similar to last year. Contact arrangements with hapū, iwi and marae were also similar at 62 percent of the time this year, compared with 64 percent last year.

Key insights from our community visits

Connections with whānau, hapū, iwi and marae

Open Home Foundation told us that, this year, support was provided to every tamariki and rangatahi in its custody to establish, maintain, or strengthen connections with family and whānau. This is an increase from last year when this was provided 97 percent of the time. For hapū and iwi, support was provided to tamariki and rangatahi in Open Home Foundation custody to establish, maintain or strengthen their connections 90 percent of the time, which is an increase from 83 percent last year.

These measures have been evidenced through support for tamariki and rangatahi to visit their marae in other parts of the country, attending events at marae with their whānau carers or foster parents, and tamariki and rangatahi learning whaikairo, kapa haka and te reo. Open Home Foundation told us this a priority for tamariki and rangatahi who are living with non-whānau, but also provided to those who are living with whānau.

“Foster parents and whānau have a good relationship. Foster parents invited grandmother to the whānau hui at her house ... have just taken to the marae – support with vouchers – emotional time of reconnection – grandma was really involved.”

“[Rangatahi] would go back to his marae ... [He would] often go back over there, [it is] particularly important to see his marae and iwi and that this was done with whānau and iwi and not foster parents. Done with whānau who were okay to take him up.”

“As much connection as possible, try to be led by whānau. Whānau contact, arranged by whānau, for us working with iwi is still a work in progress but that’s only my opinion.”

Open Home Foundation also told us that it has more tamariki and rangatahi registered with their iwi, and with connections formed with hapū this year.

“The social worker spent ages to engage with whānau, but then we were able to get the young person’s dad to the meeting, he [dad] was able to make changes by talking and communicating to the whānau, and then things were changing. The young person started to blossom, and you can see the changes being made. A real sense of celebration. Dad even opened a meeting with a karakia. Young person felt family was there to help and support.”

These improvements are in line with Open Home Foundation’s response to our 2021/2022 report, where it told us that this year it would focus on all tamariki and rangatahi in its care having a strong sense of identity and whānau connectedness.

“We have a Cultural Advisor. His main focus is building those connections with iwi and supporting our cultural practice.”

“We’ve really struggled, our staff is out of their depth, the child wants to know their whakapapa. But we don’t know how to go about it, how do we respectfully do that. We’re trying to build better relationships with whānau, to build trust, etc. We’ve been meeting with our local iwi so in the future we can connect them and ask them to help connect. There is a Māori cultural advisor we’ve connected to. The other thing is Mataiwi (service) we connect with, they were invited to our kōrero and meeting relating to our tamariki, Mataiwi is able to help us to ensure young person gets better opportunities.”

Open Home Foundation noted that some rangatahi have been reluctant to build these connections due to the harm that occurred to them whilst within the whānau. It explained how, in these situations, social workers have engaged with whānau to share their whakapapa for the rangatahi in letters, photos and other ways, and that this is kept safe for the rangatahi in their memory box or care story.



Rangatiratanga





Rangatiratanga

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

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

Under the NCS Regulations, the views of tamariki, rangatahi, whānau and caregivers should be considered in needs assessment and planning. The NCS Regulations also require information to be provided and explained to tamariki and rangatahi in care in a way that is appropriate to their age, development, language and any disability. This includes information on their rights, and how they can provide feedback or make a complaint. In relation to support to transition to independence, the NCS Regulations require that an assessment of life skills is undertaken, and that if required, support is provided to develop necessary life skills for independent living.



Summary

Over the past three years, we have heard mixed experiences of tamariki, rangatahi, whānau and caregivers being involved in key decisions. Oranga Tamariki data shows a high level of compliance compared to some other measures, yet this is not reflected, to the same degree, in what we hear in our community visits.

Across the three years, we have reported that not all tamariki and rangatahi know their rights or how to make a complaint. A key finding in our 2021/2022 report was that, in order to express their opinions, be involved in decisions, and share concerns, tamariki and rangatahi need to know their rights. Oranga Tamariki has told us about work it has done to improve these areas, including with VOYCE Whakarongo Mai, but we continue to hear from tamariki and rangatahi that they need more clarity and information on this.

Complaints from tamariki and rangatahi to Oranga Tamariki have remained low, sitting at around 16 each year, and complaints from whānau continue

to make up the majority of complaints. Grievances raised by tamariki and rangatahi in residences decreased this year.

Involvement in all care transitions and planning also remains mixed. Rangatiratanga is enhanced when there is good communication with tamariki and rangatahi and they feel their voices are heard. Tamariki and rangatahi who are not involved in decisions about their care transitions, or feel they are not heard, told us this makes them feel frustrated and disappointed.

Many whānau told us they do not feel heard by Oranga Tamariki and that they feel their voices or views don't matter to Oranga Tamariki. Caregivers also raised concerns that the voices of tamariki and rangatahi were not always heard by Oranga Tamariki, and they felt they needed to speak up on behalf of the tamariki and rangatahi in their care. In addition, caregivers have told us over several years that they feel excluded from decision making, despite feeling like they know the tamariki and rangatahi in their care better than others.

Although it is a requirement of the NCS Regulations, fewer rangatahi had an assessment of their life skills as part of their transition to adulthood, decreasing from 50 percent in 2020/2021, to 43 percent in 2021/2022, and to 38 percent this year. While more rangatahi were offered a referral to

transition support services (up to 71 percent), we're hearing that referrals are often coming too late. Fewer rangatahi had a transition plan developed, down from 54 percent in 2021/2022 to 48 percent this year.

Oranga Tamariki



What the Oranga Tamariki data tells us

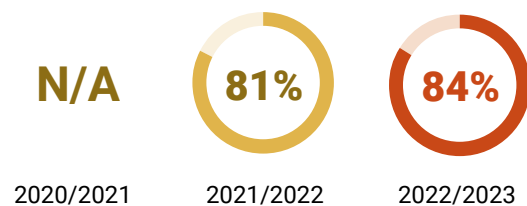
Taking account of the views of tamariki and rangatahi and their whānau

Oranga Tamariki lead indicator: Tamariki views



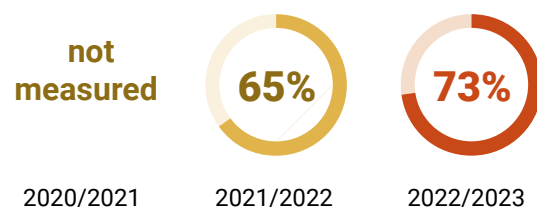
This measure of whether tamariki and rangatahi views have been identified and considered in their assessments or plans, has remained unchanged over the two years Oranga Tamariki has had data available.

Oranga Tamariki lead indicator: Family/whānau views



This is a measure of whether family/whānau views have been identified and considered in the assessments or plans of their tamariki and rangatahi.

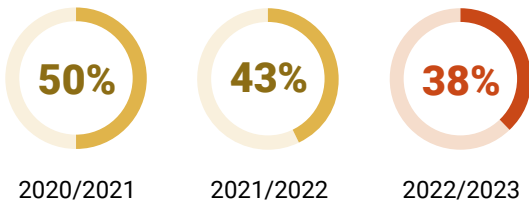
Wishes and aspirations



This measures whether tamariki and rangatahi wishes and aspirations were identified in the most recent Tuituia and/or other holistic assessment. Wishes and aspirations are measured separately from the views of tamariki and rangatahi.

Transition to adulthood measures

Life skills assessment



This measures whether rangatahi transitioning to adulthood had an assessment made of their life skills. This assessment informs a transition plan detailing what support or services the rangatahi need to help them prepare to transition to adulthood outside of care.

Referral to Transition Support Services



This measure shows how many eligible rangatahi¹ were offered the opportunity to be referred to the Transition Support Service and how many accepted the offer and were referred. Oranga Tamariki established the Transition Support Service in 2019 to assist rangatahi to move into adulthood.

Complaints from tamariki and rangatahi



Oranga Tamariki received 16 complaints from tamariki and rangatahi this year, which is the same as in 2021/2022. Later in this chapter we note that we continue to hear that tamariki and rangatahi in care do not routinely understand their rights. This raises the question of whether this may be impacting on their ability to voice complaints.



The median time to resolve complaints from tamariki and rangatahi was 41 working days. The target is 35 working days.

Grievances from secure residences

For context, in 2022/2023, 471 rangatahi spent time in a youth justice residence and 34 tamariki and rangatahi spent time a care and protection residence between July 2022 and March 2023.

Grievances from youth justice residences



Grievances from care and protection residences



¹ These figures are for 15 – 18 year olds and differ from figures Oranga Tamariki published for 15 – 21 year olds.

Commitments and changes in response to our 2020/2021 and 2021/2022 reports

In our 2020/2021 report, we found that some tamariki and rangatahi that we spoke with do not know and understand their rights. In response, Oranga Tamariki told us it is strengthening the feedback and complaints system through Manaaki Kōrero; a joint project with VOYCE Whakarongo Mai. It also told us it had updated the 'My Rights My Voice' resources and had introduced a new practice framework which places the rights of tamariki and whānau at the heart of social work practice.

Further to this, in our 2021/2022 report, we noted that Oranga Tamariki advised it was taking steps to improve the grievance process, which is how tamariki and rangatahi in residences make complaints, including:

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

These changes were intended to address concerns raised in our 2020/2021 report that tamariki and rangatahi in residences need to ask residence kaimahi for a form to make a grievance. This requirement can make tamariki and rangatahi reluctant to make a grievance, as those same kaimahi manage the day-to-day living arrangements of the tamariki and rangatahi, including whether and when they can leave the residence, have visitors, and make phone calls. We have not heard anything about these changes being implemented, but in response to the independent review of secure residences in 2023, Oranga Tamariki noted that it was piloting new ways for rangatahi to lodge a grievance in three residences.

In our 2021/2022 report, we noted we continued to hear that tamariki and rangatahi in care did not understand their rights. In response, Oranga Tamariki told us it was continuing to work closely with VOYCE Whakarongo Mai and was still progressing the Manaaki Kōrero project. In response to our request for information for this report, Oranga Tamariki also told us that it had again reviewed and updated the 'My Rights My Voice' booklet, this time to incorporate an increased te ao Māori lens, include a focus on other trusted adults and not just Oranga Tamariki social workers, and to use more tamariki-centred language. In addition, Oranga Tamariki told us it is developing new practice tools and resources to support its kaimahi to engage with tamariki and rangatahi, including a focus on upholding tamariki and rangatahi rights to be part of decision-making, and it is disseminating these resources to kaimahi through webinars.

Oranga Tamariki also told us it is trying to improve the feedback service by making complaint information more visible on its website, making complaints and claims information available in pamphlets, providing training sessions with senior managers, and reviewing quality assurance measures to enable greater levels of consistency and quality in response to complaints.

Rangatiratanga in detail

Tamariki and rangatahi views in needs assessments and plans

The NCS Regulations require the views of tamariki or rangatahi to be taken into account in their needs assessment and in the development of their plan, and that tamariki and rangatahi must be provided with a copy of their plan. The data from Oranga Tamariki shows 86 percent of assessments or plans identified and considered the views of the tamariki or rangatahi. While some of the experiences we heard from tamariki and rangatahi aligned with this, most did not.

Some tamariki and rangatahi we spoke with said that they had been asked questions by their social worker but didn't know that their views were being included in their plan, or that a plan existed. Oranga Tamariki could not provide any data to indicate whether or how often plans had been discussed with the tamariki and rangatahi in care.

A few tamariki and rangatahi discussed positive experiences around their All About Me Plans. Those who discussed positive experiences of their plan said that they participated in creating their plan, or had their social worker or caregiver discuss it with them to some extent.

"I have a voice in the plan! You can see it and hear it – I just received the first plan and it was great – I broke down, like is this really happening? I actually have a plan that recognises me. I have built a relationship with her and she is the only one in Oranga Tamariki that has earned my trust."

Overall, in our discussions with tamariki and rangatahi, we found that non-disabled tamariki and rangatahi were more likely to discuss having an All About Me Plan. We also heard from disabled tamariki and rangatahi that they did not have, or were not aware of having, an All About Me Plan.

Caregivers continued to tell us how important it was for them to be able to speak up, be heard and advocate on behalf of the tamariki and rangatahi in their care. When asked whether the tamariki or rangatahi in their care were supported to talk for themselves and be involved in things that concern them, like the development of their plans, a whānau caregiver told us:

"Nothing. Nothing no plan. No nothing. They never come in and sit down and get to know one kid. They've [Oranga Tamariki] never done that ... never even asked them how they're feeling. Never visit them at school or ring up see how the kids are going ... never ... So yeah, their voices don't look like nothing. I'm their voice. If they need something I do it when they're too afraid to speak ... I speak for them."

When explaining how it ensures the voices of tamariki and rangatahi are heard, Oranga Tamariki told us about positive collaboration with VOYCE Whakarongo Mai. We were told that this often involved regular meetings to discuss the needs of tamariki and rangatahi in their rohe (region). A couple of Oranga Tamariki kaimahi also mentioned that VOYCE Whakarongo Mai helps keep Oranga Tamariki "accountable", especially if tamariki or rangatahi have not been allocated a social worker.

Care partner staff highlighted different channels and ways that tamariki and rangatahi in their care can share their thoughts and have a say, noting "it's not a one-way street". One iwi social services kaimahi described an application (app) their agency created and implemented for tamariki and rangatahi to use their voice:

"Recently we built an app – there's a QR code in the whare - for their voice, they can send a message, they can read about their rights, nominate one of the staff if they think they've been doing a great job. All the ones with a smart phone can access that. We've had it about three months now. Concerted effort to give them a voice. How to make sure every child has someone to make a fuss about something or to be heard. It doesn't have to go through their team or the manager, their voice can rise above that whenever they want."

“Ko te kai a te rangatira, he kōrero”

This is an example about a rangatahi (who we'll call Cam) living in a community group whare (home) managed by an Oranga Tamariki iwi care partner and demonstrates how rangatiratanga (voice) flourishes when aroha, manaakitanga and whanaungatanga are practiced daily by kaimahi and leadership in a community group whare.

The leadership team and kaimahi expressed their passion for their work supporting rangatahi and how the organisation and whare values of whanaungatanga, kaitiaikitanga, kotahitanga, whakamana and aroha are incorporated in their everyday mahi. “We're big on living with the values. Everyone comes from tikanga, you know, behind these kids it's their tikanga uplifting our children.” Leadership shared that when hiring they make considered and conscious efforts to ensure they hire the right people. They told us they base their questioning around whether the applicants “love children” not whether they have a qualification. They stressed they provide appropriate training for the mahi “you can't teach someone how to love a child.”

For Cam, this approach means she felt supported to exercise rangatiratanga, enabling her to identify obstacles that devalue her voice.

We met Cam at the whare where she immediately welcomed and made us comfortable by offering a hot drink and chatting with us before the mihimihi (introductions). She presented as a friendly, confident, and well-spoken teenager who was visibly at home with kaimahi and leadership present. Cam told us that, although now living elsewhere, she is considered part of the whare whānau and told us kaimahi have included her in their own whānau events, stating “...that experience made me feel like I'm family.”

Kaimahi and leadership told us they focus on building relationships with the rangatahi, for example sitting with them when they are eating and “taking the time” to talk to them about their day, normal everyday interactions. The kaimahi reiterated it was important for them to treat the rangatahi like their mokopuna (grandchildren), nieces and nephews, again linking that to “aroha”. The sense of aroha, the genuine relationship of care between the kaimahi, leadership and rangatahi was evident and clearly influenced and supported Cam's growth,

wellbeing, and confidence. Kaimahi noted how confidently she greeted us and that previously this would have raised her anxiety levels, especially with a new group of people.

Cam has been in Oranga Tamariki care for a few years and has moved through care placements and whare in the area. At the time of meeting Cam, she has been in a stable care placement for a few months. Leadership acknowledged that this is a significant step for her given her history of sabotaging placements to return to the whare. They told us “If this placement is working well, it doesn't work for everyone this place, but it works for her. So why would you move her.” This demonstrates that when agencies engage Cam in the decision-making process around her placement and support that she needs to maintain a placement, it creates positive outcomes.

Cam has experienced instability in care. However, through living at the whare, Cam told us the difference it made to support her to exercise her rangatiratanga. Cam told us she researches entitlements on the Oranga Tamariki website and uses this knowledge to champion her requests with her social worker. Cam shared how she is informed and proactive in the day-to-day and big decisions regarding her education, health, and entitlements. She told us that communication with her social worker is a barrier and shared an example of a missed counselling session. Her social worker didn't pick her up, and despite calling and texting, Cam had not received a response regarding that session or the status of future sessions.

Cam said she clearly understands the complaints process and regularly makes complaints; however, she said she persistently feels unheard. She told us that she is uncertain whether her complaints are actioned, stating “... they look at me and see me as a know it all ... they say 'ok we will deal with you'” adding that she isn't informed of the status of her complaints. Cam told us that the whare kaimahi and leadership continue to support and advocate for her with Oranga Tamariki to ensure the actions in her plan are being met. Despite being unheard by Oranga Tamariki, Cam's journey shows how her rangatiratanga (voice) was encouraged, nurtured, and empowered through the consistent use of aroha, manaakitanga and whanaungatanga in the daily practice of the whare, kaimahi and leadership.

Whānau want to be more involved in decisions about their tamariki

Consistent with key findings for rangatiratanga in our previous reports, we continued to hear this year that many whānau experienced not feeling listened to, not having a say in decisions, and that they felt their complaints or concerns were not heard.

A significant theme this year was a lack of dedicated support within the system to enable whānau voices to be heard. Unlike tamariki and rangatahi, who have VOYCE Whakarongo Mai, and caregivers who have Caring Families Aotearoa, there is no independent body that advocates for whānau with tamariki in care.

Whānau discussed a lack of support in sharing their voice, and an absence of whānau advocacy in the system. Whānau expressed how this made them feel dismissed or neglected by the system and professionals. For example, a whānau member spoke of not being listened to by Oranga Tamariki when requesting services or supports that are rooted in a te ao Māori perspective and spoke of being put in a system that did not work for their rangatahi. They referred to being “divorced” from te ao Māori and being forced into a “white system” that lacked cultural competency to work with tamariki and rangatahi Māori.

Whānau told us there is a lack of communication and support for them from social workers, that they often feel judged and discriminated against, that assumptions are made about them, and that their viewpoints are misrepresented or lied about. Some whānau told us their voice was not listened to at important hui (meetings), they weren’t kept informed of decisions, and their input into decisions was not valued. For example, a mother told us:

“Oranga Tamariki had a Family Group Conference and did not invite me, they were cutting me out. They made a plan, it all crumbled and had nothing from me. You can’t hold, can’t have a Family Group Conference without his mum there. They [Oranga Tamariki] made all these plans, there was so much going on between services the social worker, lawyer and all these people. I phoned them and I said I want to be part of the plan. They said they left a message on my phone but I did not get it.”

Data from Oranga Tamariki also shows that consultation with parents and legal guardians on health and education matters is similar this year to previous years. Overall, consultation on health matters remained higher at 81 percent of the time compared with consultation on education matters occurring 71 percent of the time.

In addition, there was less consultation with whānau when planning for a care transition, decreasing from 94 percent in 2021/2022 to 86 percent this year. The NCS Regulations require that the views of family and whānau and important members of their hapū, iwi or family group are taken into account in the development of plans for tamariki and rangatahi, including transition plans.

A frustration voiced by some whānau was they did not have a say in seeing their tamariki despite doing the programmes and plans that Oranga Tamariki had asked of them. As one parent said:

“I had been doing what they had asked. I thought I was going to a meeting that they were going to tell me how to get my kids but then it was a meeting where I was not getting my kids back. It was sprung on me like that. I thought my auntie was there to support me but she was there to tell me I was not getting my kids back and that was the last time I heard from Oranga Tamariki or my auntie.”

“[staff member] was not around for that time. Her baby was sick so I did not have anyone to call on.”

“They [Oranga Tamariki] set me up to fail. Asked things of me I could not do. I looked like an idiot trying to, doing the things I couldn’t but I still tried.”

Other whānau told us they feel a lack of empathy and a power imbalance between them and Oranga Tamariki. There were repeated references to “how to talk to these people” and a feeling that there is a language they need to learn to be heard and taken seriously by Oranga Tamariki. As one whānau member told us:

“...I want to learn how to talk to these people [Oranga Tamariki] so they understand me. Let me be the leader. No one cares about me more than me. No one cares about my children more than me.”

We also heard that the lack of consistency in support that whānau receive in navigating the care system can exacerbate inequity for whānau Māori who have disengaged with the oranga tamariki system and processes. We heard that sometimes iwi services step in to do this role despite not being funded to do so. A kaimahi from a kaupapa Māori service told us of the benefit to whānau of providing Poutiaki ā-whānau to support them to navigate the system, but said that Crown agencies also needed Pou roles to support whānau engagement and whānau voice.

Although we heard that this lack of support was a barrier, we also heard some examples of what good practice looks like, with whānau being included in hui and involved in and informed of decisions around their tamariki and rangatahi. When asked if they were part of the planning, one whānau told us:

“Definitely. I don’t have the mana to say this is what’s going to happen – but I have the mana to be part of what’s happening – to find the clear path.”

Similarly, a father we spoke with recalled that the social worker had called him to ask permission for his son to have his hair cut. This was a positive experience for him, and he was surprised that he was involved in this decision.

Some Oranga Tamariki kaimahi also told us that they work closely with community agencies to find support for whānau participation – including local iwi, interpreters, and lawyers, allowing whānau to attend multi-agency hui with support. Whānau also discussed how having a professional they trusted who could walk alongside them and advocate for them helped them feel listened to and valued.

In addition, NGOs told us that it was important that they were invited to attend Family Group Conferences, as this enabled them to advocate and support tamariki, rangatahi and whānau decisions and participation, with everyone working together.

Involving caregivers in decisions

The NCS Regulations require consultation with those who have particular knowledge and expertise relevant to the tamariki or rangatahi, and specifically lists caregivers as an example of who may be consulted. Case file analysis from Oranga Tamariki suggests that this year consultation with caregivers as part of needs assessments was evident in 92 percent of cases, up from 86 percent in 2021/2022, however this does not reconcile with the experiences we heard from caregivers in our community visits.

Some caregivers spoke of not being included in plans, hui and care decisions, despite feeling like they knew the tamariki and rangatahi in their care the best. A few caregivers told us how they are not asked for their opinion or if they are, their input isn’t respected and there is no power in their voice. This reinforces what we heard in 2021/2022 and aligns with themes outlined in the chapter on Manaakitanga around the level of caregivers who felt valued or respected.

Involving tamariki and rangatahi in decisions about their care

The NCS Regulations say that a care transition plan should be developed in consultation with the tamariki or rangatahi concerned, that information about the prospective placement should be provided to them in advance of the transition date, and that ideally, there is an opportunity for the tamariki or rangatahi to visit the new placement before the transition.

Oranga Tamariki kaimahi told us they try to offer young people a choice of where they will be placed, and also mentioned they have different ways they can support rangatahi voice in a residential setting. They told us how important it was to hear rangatahi and whānau “if we don’t do that, we are setting them [up] to fail”. However, Oranga Tamariki is not currently collecting data to support this.

Although we heard several examples where tamariki and rangatahi did not feel their voices were heard, data from Oranga Tamariki indicates there has been an increase in consultation with tamariki and rangatahi as part of planning for a care transition, from 78 percent in 2021/2022 to 91 percent this year. We note, however, that these figures refer to those tamariki and rangatahi for whom Oranga Tamariki found “there was evidence of planning to

support a successful transition”, which is 85 percent of all planned transitions (planned transitions account for 45 percent of all transitions). Discussion on planning for care transitions more broadly is set out in the chapter on Aroha.

This year we continued to hear tamariki and rangatahi sharing a mix of positive and negative experiences of involvement in decisions about their care placement. Some of the tamariki and rangatahi spoke about not feeling included in planning or decision-making during the care placement process. The tamariki and rangatahi implied that they felt powerless, and that they were losing trust towards the adults involved in the situation.

Other tamariki and rangatahi discussed trying to make their voices heard during the transition planning process, but that they were ignored. Examples included Oranga Tamariki initially trying to organise a transition back to whānau but then halting the process without the rangatahi knowing why, with the rangatahi telling us it felt like Oranga Tamariki “just wasted my time”. Others said they had social workers or other kaimahi who had simply said “no” to their wishes about where they wanted to live. We also heard from some tamariki and rangatahi that they were given little to no information about outcomes of their transition plan or placement decisions made through Family Group Conferences. They talked about being told at the last minute about moving, creating situations of sudden change.

A few tamariki and rangatahi talked positively about their involvement in the transition planning process. Their experiences were positive because they were able to make choices about where they lived. They felt like they had a voice in the process and were consulted regularly on what was happening. Their choices were respected and supported. Positive experiences rangatahi told us about were:

“When I moved in with Dad, I got asked quite a lot if I actually wanted to.”

“I was in another residence, but they transferred me here because I asked to come here to be closer to my family because I didn’t know anyone in the South Island.”

One rangatahi mentioned that although they were not involved in decision making around their transition into a group home, their social worker

gave them plenty of advance notice and checked if they were ready to move, which made it a positive experience for them.

Some kaimahi talked about the challenge of ensuring tamariki, rangatahi and whānau voice is heard in a court setting. They said the Remand Option Investigation Tool (ROIT) contained input from rangatahi, whānau, Police, Oranga Tamariki, and an assessment board, but was not always well used:

“You could consider it a condensed format of a young person’s voice and what’s available to them to put forward. In the heat of the court process, it can get a bit lost and doesn’t get the attention it should.”

Involving disabled tamariki and rangatahi in decisions about their care

Some disabled tamariki and rangatahi told us that they are not given any information about the outcomes of decisions on where they will live, and that they feel disappointed and frustrated when they do not know this information. A disabled rangatahi said that their parent and social worker lied to them about their new placement to ease the moving process:

“It was stressful. They lied to me and told me there was a swimming pool here because they knew I liked pools. I was really angry and disappointed.”

Disabled tamariki and rangatahi also told us they feel that they have no voice in the transition planning process, that their interests and wants are ignored, and some told us that their views would not be considered in decision-making.

“[Caregiver’s name] didn’t get invited [to the Family Group Conference] and then they muted me [Family Group Conference was virtual]. So, I didn’t feel they were talking to me or listening to me, and I wasn’t heard. They lied saying I wanted to go to Palmerston North and that I didn’t like my grandmother, which was wrong. It was the other way around, I do like my grandmother, but I don’t want to move to Palmerston North.”

“They [OT social worker] say it doesn’t matter what I want because I’m the child and they’re the adult. It doesn’t matter because I’m only 14.”

Transition to adulthood services and supports

The NCS regulations require support to be provided to rangatahi transitioning from care to independence, and in particular, that an assessment of life skills is undertaken, and support is provided to help them to develop the life skills required for independence. Within Oranga Tamariki, this process is referred to as transition to adulthood.

The proportion of eligible rangatahi who had an assessment of their life skills as part of their transition to adulthood continues to decline, decreasing from 50 percent in 2020/2021, to 43 percent in 2021/2022, and to 38 percent this year. There was also a drop in the proportion of rangatahi for whom a transition plan had been developed, down from 54 percent in 2021/2022 to 48 percent this year.

Oranga Tamariki policy for rangatahi transitioning to adulthood applies to rangatahi 15- to 18-years of age who have been in care or custody for a continuous period of at least three months. This includes in either a care and protection placement or court wardship; a youth justice residential placement (including remand); Police custody (remand) before turning 18; or under a remand or prison sentence in the adult justice system before turning 18 years of age. The policy sets out the commitments that Oranga Tamariki make to these rangatahi.²

Support for transition to adulthood has a mixed delivery model. Assessment and planning is coordinated by social workers within custody agencies, but rangatahi can be offered referrals to NGOs that are contracted as Transitions Support Service providers, to implement the transition plan. If a rangatahi does not want to be referred to an NGO for this, or if no referral is offered, the

responsibility for implementing the transition plan remains with the custody agency. 2022/2023 is the first year of operation of the Transition Support Service after a phased three-year rollout was completed in June 2022.

Oranga Tamariki recently published an updated evaluation of the Transition Support Service.³ The evaluation was based on research carried out over three years from 2019 and included results from qualitative interviews, case studies and a series of annual surveys of rangatahi eligible for Transition Support Services (Just Sayin’ survey). Some findings from the evaluation are similar to our findings from qualitative analysis in 2021/2022 and 2022/2023, in particular:

- starting preparation and planning for leaving care as early as possible is important
- the importance of connecting rangatahi to providers who understand their needs (and who can work together with the rangatahi, their social worker and others including whānau)
- Transition Support Service providers feel not all Oranga Tamariki staff understand entitlements of rangatahi and the process around transition to adulthood well.

Across 2021/2022 and 2022/2023, professionals we spoke to about transition to adulthood were unanimous that it’s important to start the process early, when rangatahi become eligible around 15 years of age, rather than as rangatahi are about to “age out” of the oranga tamariki system. This time is important to establish a trusting relationship between rangatahi and their transition worker, particularly if there was no pre-existing relationship, and to plan and deliver support services. However, many participants from both Oranga Tamariki and NGOs said that referrals to Transition Support Services were often happening “too late”. We heard:

“The process we have set up is gold standard. The outcomes are not gold standard. We are currently doing transition at 17 years due to current volume. Ideally, we should be looking at 15 [years of age].”

² <https://practice.orangatamariki.govt.nz/policy/transition-to-adulthood-preparation-assessment-and-planning/>

³ Transition Support Service evaluation findings 2022, <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Transition-Support-Service-evaluation-2022/TSS-Malatest-report.pdf>, Published 6 June 2023.

Oranga Tamariki data shows that, of those rangatahi eligible for the Transition Support Service in 2022/2023:

- 71 percent were offered the opportunity to be referred
- 64 percent accepted the offer
- 29 percent of rangatahi were not offered the choice to be referred to a Transition Support Service provider.

We heard there was confusion about roles and responsibilities, which may be adding to a failure to implement the service. An Oranga Tamariki regional management team member said that their Transition Support Service providers “don’t know what they should be doing” and that Oranga Tamariki staff “don’t seem to understand the transition to adulthood process particularly well either”. When asked about what happens when rangatahi “age out” without sufficient support or their behavioural needs being addressed, they responded:

“We don’t know. We lose track. Maybe sleeping under a bridge. I worry about them.”

Open Home Foundation regional management team members also discussed varied levels of understanding of the transition to adulthood process among Oranga Tamariki kaimahi and how that impacted how the agencies worked together to support rangatahi in shared care arrangements. Examples included delayed starts to planning for transitions to adulthood and where legal orders lapsed before support orders were established to continue board payments where the rangatahi opted to remain with their foster parents beyond 17 years of age. We note that while a support order is not required, it can be helpful for providing confidence that board payments and other support will continue to be provided.

Oranga Tamariki kaimahi told us they work hard to hear and promote rangatahi voice and gain their input in decisions around transitions to independence. A few kaimahi told us that supporting transition to independence and getting the buy-in of rangatahi was better when there was a dedicated social worker for this process. They said this meant it was easier to ensure rangatahi were heard and address their needs in a timelier

manner. Most social workers and other Oranga Tamariki kaimahi said that they were supported by other organisations working specifically in the transition to adulthood space to hear and support transitioning rangatahi. A few mentioned how VOYCE Whakarongo Mai and contracted iwi partners are particularly beneficial for supporting young people’s voices and wishes through the process to independence. However, it was noted that the funding for transition to adulthood is “not great”.

One group of Oranga Tamariki social workers said that funding for transition to adulthood was contingent on rangatahi accepting a referral to a Transition Support Service provider and that “[rangatahi] feel like we are deserting them via our process ... they don’t want to work with anyone else”. They went on to say that internal capacity to support transition to adulthood was stretched.

Oranga Tamariki national office clarified that funding for transition support is not contingent on rangatahi accepting a referral, and that rangatahi are entitled to access advice and assistance, including financial assistance, from Oranga Tamariki until their 25th birthday. This is usually provided via the Transition Assistance Helpline, but can also be provided through sites. Furthermore, rangatahi who are not referred to a Transition Support Service provider should be contacted by the Transition Assistance Helpline after they leave care, and up to 21 years of age to maintain contact and to continue to offer support.

A transition worker from an iwi social service provider told us that being separate from Oranga Tamariki is exactly what enables them to work with rangatahi who distrust Oranga Tamariki. They said this increases the chances rangatahi will accept a referral for Transition Support Services and reduces the chances rangatahi will reject support for transition to adulthood outright.

It appears that there is a lack of clarity around the implementation of transition services, and the model is not always centred on what works best for the rangatahi.

Iwi kaimahi working in the transition to adulthood space said there was money set aside in the funding pool for rangatahi to access, but that accessing the funding was so micromanaged and drip-fed out to the young people, it prevented them being able to be truly independent.

“It’s the contract – it is creating dependence.”

The difficulties accessing funding and slow responses meant some rangatahi would just say “nah, I’m not talking to anybody” and lose trust in the process.

While a few agency kaimahi gave examples of the planning and delivery of support for transition to adulthood going well, overall it was more common to identify barriers:

We heard there was a shortage of Transition Support Service providers and/or Oranga Tamariki youth workers who could act as transition workers in some regions. One NGO told us that its funding to provide Transition Support Services was removed from its contract by Oranga Tamariki, who said this was because of underutilisation. The NGO told us that this did not adequately take into account forecast need and they were now reconsidering whether they could continue to provide the service:

“We now have to think hard about whether or not we can do this. It’s not like it’s a random fund. The legislative right is to access support. Very frustrating. No consultation.”

The regional leader from a Māori provider gave examples of tensions working with Oranga Tamariki social workers on transition to adulthood. They gave an example where an incorrectly recorded birthdate led to an attempt to ‘age out of care’ a 16-year-old. They also said that sometimes Oranga Tamariki social workers interfered in transition plans developed by the provider with rangatahi:

“I think it’s crazy that we spend so much money to build them [rangatahi] up and then just pull it away [when they age out]. [Oranga Tamariki] can’t wait to get them out the door fast enough. They [Oranga Tamariki] are just waiting for them to turn 18... One of the [young people] we were [working with] we were told to just put him on a bus. We asked if we could support him by going with him, but they said he has to get used to it [being independent].”

An NGO gave an example of transition to adulthood going well. As they were also a provider of services to adults, they were able to transition a rangatahi from the residence they operated to their supported independent living accommodation.

Tamariki and rangatahi do not always know their rights

We heard again this year that some tamariki and rangatahi can identify trusted adults in their life who they can turn to when they have a problem. Research over many years shows the importance of having a trusted adult to turn to, particularly for tamariki and rangatahi who are vulnerable or have had adverse childhood experiences. However, like previous years, we heard that some tamariki and rangatahi do not know their rights or how to make a complaint if they want to. This links to our 2021/2022 key finding that to support tamariki and rangatahi to express their opinions, be involved in decisions, and share concerns, they need to know their rights. It is also a requirement under the NCS Regulations that tamariki and rangatahi in care are provided with information about their rights in a form appropriate to their age, development, language, and any disability they may have.

Some tamariki and rangatahi told us that their social worker never explained their rights to them. In one case, a young person acknowledged that their social worker had spoken to them about their rights “at the very beginning” but not since. There were similar experiences with explaining how to make a complaint, which we discuss later in this chapter.

Oranga Tamariki care and protection residence kaimahi told us that VOYCE Whakarongo Mai visits regularly, advocates where needed, offers booklets and raises issues with a social worker if needed. Some kaimahi identified that they would like more training on what tamariki and rangatahi rights are in a care and protection residence setting. It is concerning if the kaimahi working in the residences are not aware of tamariki and rangatahi rights.

Complaints process

Management of complaints within Oranga Tamariki is done centrally by the Feedback and Complaints team. When a complaint is received, the team is required to log the issue, acknowledge receipt, and then allocate the matter to the appropriate part of Oranga Tamariki to investigate and address it, which is generally either the relevant site, or the central complaints team.

The complainant is supposed to receive a formal outcome of the complaint investigation by letter or as part of a hui-a-whānau. As part of the outcome, apologies can be offered and, in some cases, options to further address the concerns.⁴ We heard from tamariki and rangatahi, as well as whānau and caregivers, that for the most part they do not hear back about the outcomes of their complaints. When we raised this with Oranga Tamariki, we were told that its internal quality assurance sampling indicates that 84 percent of complaints had evidence of either a partial or full response to the complaint.

There are also other avenues for complaints, notably the Ombudsman. When the Oversight of Oranga Tamariki System Act 2022 came into effect on 1 May 2023, the Ombudsman's powers were extended to cover all care and custody providers as well as Oranga Tamariki. This means that on receipt of a complaint, the Ombudsman can require Oranga Tamariki or a care or custody provider to provide information, so the Ombudsman can decide whether an investigation or resolution is appropriate. In our future reports, we will work with the Ombudsman and the Children and Young People's Commission to consider whether there is additional reporting we can provide around complaints.

Complaints data

Oranga Tamariki advised us that in 2022/2023 it received 1,194 complaints. This is similar to the number of complaints received in 2021/2022 (1,147). The same two key themes as last year are evident: fair treatment (38 percent of issues) and communication (31 percent of issues).⁵

Oranga Tamariki sets a target of 35 working days to resolve complaints it receives. During 2022/2023, the median time for complaints to be resolved was 60 calendar days (or about 41 working days). This is the first year Oranga Tamariki provided us information on the length of time to resolve complaints. Resolving complaints in a timely way is critical if tamariki, rangatahi and whānau are to have trust and confidence in the process.

Oranga Tamariki could not give us information on the outcome of complaints and solutions. This is despite telling us last year that it intends to be able to capture information on actions relating to recommendations following the complaint findings. We have again asked Oranga Tamariki when this information will be available.

Complaints from tamariki and rangatahi are low

This year Oranga Tamariki received 16 complaints from tamariki and rangatahi (not including grievances from those in secure residences), which is the same number it received in 2021/2022. Like last year, the themes they raised were primarily around fair treatment, communication, and care issues.

In our visits, some tamariki and rangatahi discussed not knowing how to make a complaint. A few said that their social worker had never explained how to make one or had explained this to them too long ago. Only a few tamariki and rangatahi discussed knowing the complaints process. One rangatahi who discussed knowing her rights was Cam, from the example outlined earlier in this chapter. Cam told us that she regularly makes complaints, however, this doesn't reconcile with the small number of complaints identified in the data from Oranga Tamariki. This leads us to question whether all complaints from tamariki and rangatahi in care are recorded, or whether some are treated informally and therefore not captured by the data. We further note that the Chief Ombudsman has identified that he is receiving increased contact from tamariki and rangatahi as part of his role in reviewing complaints related to Oranga Tamariki.

We have previously noted in our reports that other bodies, such as the Ombudsman, have commented that it is difficult to find and navigate through the Oranga Tamariki complaints process.

For tamariki and rangatahi in secure residences, the Oranga Tamariki (Residential Care) Regulations 1996 require that tamariki and rangatahi in residences have access to a complaints process that is safe and accessible. Within Oranga Tamariki, this process is known as Whāia Te Māramatanga, or the grievance process.

⁴ <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Information-releases/OIA-responses/Requesting-copies-of-Complaints-Procedures-and-Policies.pdf>

⁵ Complaints could have multiple themes.

Between 1 July 2022 and 30 March 2023, there were 195 grievances made by rangatahi in youth justice residences, and 62 grievances made by tamariki and rangatahi in care and protection residences. After investigating the grievances, Oranga Tamariki recorded that 39 percent of the grievances in youth justice residences were justified, and 66 percent of the grievances in care and protection residences were justified. In youth justice residences, the most prevalent reason for grievances was “general – other” and “staff – other”. In care and protection residences, the most prevalent reason for grievances to be lodged was “staff - other”.

Most complaints come from whānau of tamariki and rangatahi

The largest number of complaints Oranga Tamariki received was from whānau of tamariki and rangatahi in care, at 947 complaints. This was slightly more than 2021/2022 when 898 complaints were made by whānau. Of these, 13 complaints related to youth justice. The primary themes across all complaints from whānau were around fair treatment and communication.

Although whānau are the largest group of complainants, we continued to hear from whānau this year that there is a lack of support around making complaints. Some were unsure of how to make a complaint and noted that the process is difficult to navigate unless you know the system and who to go to for help. Whānau also spoke of being aware they had rights, but not knowing what they were.

Caregivers told us of mixed experiences with making complaints

This year Oranga Tamariki received 107 complaints from caregivers. The primary themes align with those of other groups around fair treatment and communication.

In our monitoring, many caregivers expressed that the complaints process was not-fit-for-purpose, with the process being difficult to navigate or that they received no response from Oranga Tamariki. However, some caregivers spoke of positive experiences when making a complaint or expressing their concerns.

“The social worker we got when we wrote a complaint – we had a phone call asking about our complaint – she actually did something about it.”

A few professionals and members of the public made complaints

Complaints from professionals to Oranga Tamariki in the last year sat at 45, down from 57 in 2021/2022, and also were around the themes of communication and fair treatment. Oranga Tamariki defines professionals as education or health professionals, lawyers and other professionals involved in the lives of tamariki and rangatahi.

This year Oranga Tamariki received 62 complaints from the general public. These were also around the same themes of fair treatment and communication.

There is regional variation

The lowest number of complaints relative to the regional count of tamariki and rangatahi in care came from South Auckland, while the highest number of complaints relative to the number of tamariki and rangatahi in care was in the Upper South Region, which covers Nelson, Tasman and the West Coast of the South Island. Across all regions, fair treatment was the most prevalent theme, followed by communication.

The Ombudsman saw an increase in complaints about Oranga Tamariki

This year the Chief Ombudsman received 731 complaints and enquiries about Oranga Tamariki, which is a 53 percent increase from last year. The Chief Ombudsman noted that he continues to see an increase in tamariki, rangatahi, and caregivers contacting him directly about their experience in the Oranga Tamariki system. He further noted that many concerns are the result of inadequate kōrero and planning from Oranga Tamariki, and that he has recommended resolutions for this, including that Oranga Tamariki provide meaningful kano ki te kano (face-to-face) apologies and hui that provide complainants with a full understanding of Oranga Tamariki acts and decisions.⁶

⁶ <https://www.ombudsman.parliament.nz/sites/default/files/2023-10/Ombudsman%20Annual%20Report%202022-23.pdf> pages 46-47.

Open Home Foundation



What the Open Home Foundation data tells us

Taking account of the views of tamariki and rangatahi and whānau

Needs assessments

Views of tamariki and rangatahi



2021/2022



2022/2023

Planning

Views of tamariki and rangatahi

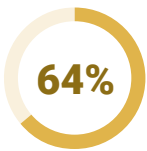


2021/2022

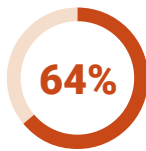


2022/2023

Views of whānau



2021/2022



2022/2023

Views of whānau



2021/2022



2022/2023

Open Home Foundation has made an improvement across most measures of taking into account the views of tamariki and rangatahi, when compared with last year.

Key insights from our community visits

Open Home Foundation kaimahi told us it was key to do regular visits and involve tamariki and rangatahi in developing their plans. Open Home Foundation kaimahi said they do regular visits, at least one every four weeks, but often more frequently (depending on the needs of the tamariki or rangatahi), to hear what they want and how best to support that.

“We do four weekly visits sometimes weekly or even more it really depends on child, sometimes it’s just about having a chat with them.”

Open Home Foundation also noted that involving whānau in the planning was often very beneficial. They said that sometimes putting the voice of the tamariki or rangatahi first requires “manoeuvring” to keep foster parents and whānau happy; reminding them that this is what the tamariki or rangatahi wants and that is who they are there for.

Open Home Foundation said that it is important that they do what they tell tamariki and rangatahi they will do. This means not making promises they cannot keep, but telling tamariki and rangatahi that they will look into their request and then doing so. Open Home Foundation told us that while some tamariki and rangatahi requests are “not reasonable”, they are “not going to know until we explore that”.

One Open Home Foundation kaimahi described how they hear the voices of tamariki, rangatahi and the whānau in their processes to make sure the real situation for the tamariki, rangatahi and whānau is understood:

“When we do our parenting assessments, we do it quite deep, it’s not just a tick box, because if they [OT] ask us for that, they either want to place the child back, they want to see “where is this child”. We really invest in that; we really hear the voice of the child when we do that. They’re [whānau/tamariki/rangatahi] honest, they will tell us about their real experience.”

Open Home Foundation also told us about resources it uses to help with hearing tamariki voice, including kaimahi laptops to use with tamariki, the “Mind of My Own” app, via text, the three houses resource¹, and culturally appropriate resources. They told us that if tamariki have the focus taken off them, they will often open up more. The “Mind of My Own” app is a tool for Open Home Foundation to hear the voices of tamariki and rangatahi in its care. It can be used as a tool to help planning with the social worker but can also be used independently by the tamariki or rangatahi to communicate with their social worker, for instance, to let them know how they are feeling about things.

It can record feelings of safety in different locations (school, caregivers, clubs, etc.), and can also be used to let social workers know if things are not going well, for instance, if the tamariki or rangatahi are experiencing issues with their friends or caregivers.

Rights

Open Home Foundation kaimahi said they actively inform tamariki and rangatahi of their rights, and how to give feedback and make complaints. Some also said they remind tamariki and rangatahi of their rights and discuss the issue with them to see how they could help.

“All our [...] kids have ‘my rights my voice’ [resource] – comes with their memory box – when we have a shared care cards – names and numbers – cartoon quite cute – often it is confusing to have another person we have Oranga Tamariki we don’t need another one – as shared care we are just there to make sure they are okay.”

Complaints

Open Home Foundation reported that they have not received any complaints from tamariki or rangatahi in its custody in the year to 30 June 2023.

“We do monthly child sighted visits. We talk with them by themselves ask if there is anything they are worried about. If there are, we can ask them what, and how we can support them to deal with that when the team does a child sided report, which I read. We put it up on our system. Did you ask them this? I have to say most of the time children say no and with complaints we go through the complaints process with them at the start.”

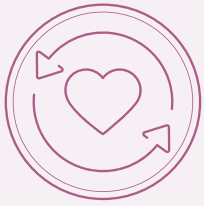
¹ The Three Houses resource is a visual way to identify strengths, risks and vulnerabilities, and to build a picture of what tamariki and rangatahi, and their whānau or family, would like to see happening in their world – their hopes and dreams.





Aroha





Aroha

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

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

The NCS Regulations require actions to be taken in response to an allegation of abuse or neglect for tamariki or rangatahi in care. The NCS Regulations also require safety needs to be assessed as part of an overall needs assessment, and for needs assessments and plans to specify how often tamariki and rangatahi need to be visited by their social worker. The NCS Regulations require planning to take place for any transition, including returning home or transitioning to a new placement.



Summary

Most tamariki and rangatahi indicated that they feel safe, supported and cared for. In line with what we heard last year, most of the tamariki and rangatahi we spoke with mentioned caregivers, social workers, siblings, parents or workers in the residence/home as people who supported them, or they could go to if they needed to.

However, over the past three years, despite a decrease in the number of tamariki and rangatahi in care, an increasing number of tamariki and rangatahi in care are being abused or neglected. There has also been no improvement in the frequency of social worker visits, despite this being raised as a concern in our reports, and assurances from Oranga Tamariki that this would be a priority. There are barriers that limit social workers from being able to see tamariki, rangatahi and caregivers.

In the Manaakitanga chapter, we found similar gaps in the level of support for caregivers.

Oranga Tamariki are not always assessing caregivers and their household before tamariki and rangatahi are placed with them. When we raised this issue last year, Oranga Tamariki committed to improving practice, however, we are yet to see the impact of this.

Oranga Tamariki data shows that transitions within and out of care are reducing, which suggests an improvement in stability. However, availability of suitable homes, poor information sharing with caregivers and the availability of respite care are barriers to further improvement. As noted in our chapter on Manaakitanga, we also heard from caregivers that support to care for, and meet the needs of, tamariki and rangatahi is insufficient.

Oranga Tamariki



What the Oranga Tamariki data tells us

Abuse and neglect

Number of allegations of abuse and neglect for tamariki and rangatahi in care



Findings of abuse and neglect for tamariki and rangatahi in care



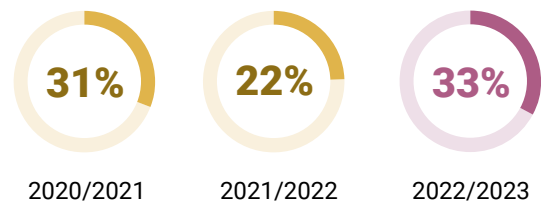
The above data shows that findings of abuse and neglect of tamariki and rangatahi in care have increased since 2020/2021, despite fewer tamariki and rangatahi in care. It's important to note there may be multiple findings of harm of a child. In 2022/2023, there were 895 findings of harm relating to 519 tamariki and rangatahi.

Incorrect initial decisions for no further action



Oranga Tamariki made a "no further action" (NFA) decision in relation to 148 reports of concern for tamariki and rangatahi in care. Through its review process, it found that 69 of the NFA decisions (47 percent) were incorrect. Oranga Tamariki informed us that a new process has been in place since November 2022, with incorrect NFA decisions being re-entered into the system and followed up by an assessment or investigation. NFA decisions are reviewed within a week of being made. Under this new process, 12 percent of "inappropriate" NFA decisions for tamariki and rangatahi in care, have not been remedied by Oranga Tamariki this year.

Timeliness

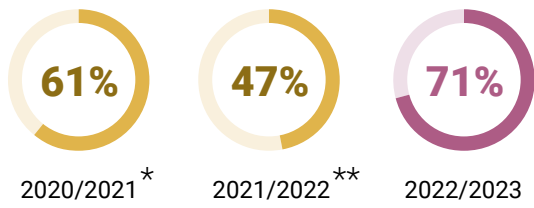


This measures the proportion of investigations and assessments for tamariki and rangatahi in care that were completed within 20 working days, which is Oranga Tamariki policy. We note that Oranga Tamariki policy was amended in 2022 to complete investigations within 40 days, if the circumstances are complex.

Assessments or investigations completed



Reviewing caregiver support plans following an allegation of abuse and neglect



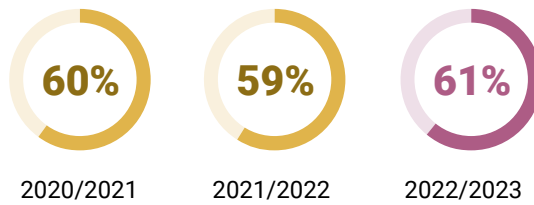
This year shows an increase in the proportion of caregiver support plans being reviewed following an allegation of abuse or neglect of tamariki or rangatahi in their care. The review of the caregiver plan does not necessarily mean the caregiver was responsible for the alleged abuse or neglect, but rather that the caregiver has support to address ongoing impacts of the abuse or neglect experienced by the tamariki or rangatahi they care for.

* Oranga Tamariki revised this figure and it differs from the 62% published in previous Experiences of Care in Aotearoa reports for the same period.

** Oranga Tamariki revised this figure and it differs from the 43% published in Experiences of Care in Aotearoa 2021/2022 for the same period.

Social worker visits

Oranga Tamariki lead indicator: Seeing and engaging tamariki



The Oranga Tamariki lead indicator “seeing and engaging tamariki” is a measure of whether tamariki and rangatahi are being visited to the planned frequency, or at least every eight weeks, and there is evidence of quality engagement. This measure has not changed over the three years, however, the quality of engagements, when they do occur, is improving with case file analysis showing that quality engagement increased from 76 percent last year to 88 percent this year.

Proportion of plans that specify a frequency of visits



Assessing safety needs and planning

Oranga Tamariki lead indicator: Safety needs



Under the NCS Regulations, an assessment of safety needs must be undertaken for all tamariki and rangatahi when they come into care, and any needs arising out of this assessment be included as part of the plan prepared for the tamariki or rangatahi.

As part of its new self-monitoring framework, Oranga Tamariki developed a lead indicator "safety needs", that looks at whether safety needs are incorporated into tamariki and rangatahi plans.

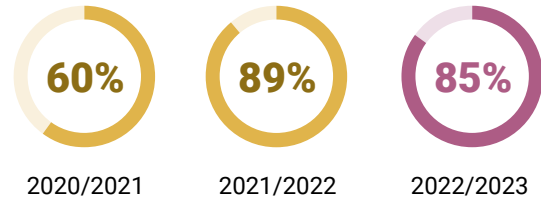
It is also relevant to note that while safety needs are assessed on entry to care, they can change over time and this assessment is not related to the measures for allegations of abuse and neglect in care (NCS Regulation 69).

Oranga Tamariki lead indicator: Caregiver assessment



This measures whether caregivers were approved (either fully or provisionally) prior to tamariki and rangatahi being placed with them.

Oranga Tamariki lead indicator: Care Transitions



This measures whether, for the around half of transitions that are planned, sufficient planning has occurred to support a successful transition between care options.

Motel accommodation

135 tamariki and rangatahi

There has been a marked reduction in the number of tamariki and rangatahi staying in motels and the length of those stays. This year, 135 tamariki or rangatahi spent a total of 2,043 nights in motel accommodation. The median length of stay in a motel was two nights (one child/young person spent 167 nights in motel accommodation). This is a marked improvement on 2021/2022, when 186 tamariki or rangatahi spent 6,151 nights in motel accommodation, with the longest stay exceeding two years.

Commitments and changes in response to our 2020/2021 and 2021/2022 reports

A key finding in our 2020/2021 report was that Oranga Tamariki responds well when tamariki first enter care, with practice weakening over time. In response to this finding, Oranga Tamariki told us that the Office of the Chief Social Worker would continue to focus on better understanding social worker capacity, caseload complexity and workload management, while supporting frontline kaimahi with improved supervision support. It would also simplify core processes and systems, and redirect tasks that do not require a social work skill set, so that social worker time can be refocused to working directly with tamariki, rangatahi, whānau and caregivers. Oranga Tamariki also told us that the tools and resources it is developing for kaimahi will allow social workers to spend more time with tamariki, rangatahi, whānau, caregivers and communities, and that positive change is underway and it expects to see this continue. Despite these

undertakings, we see no evidence of improvement in the frequency of visits with tamariki and rangatahi in Oranga Tamariki data or in what we heard in communities.

In our 2021/2022 report, we found that not all caregivers were approved prior to tamariki or rangatahi being placed with them. In response, Oranga Tamariki noted that it would remedy this with urgency, and that it expected to see improvements within six months because of better understanding of the policy and practice guidance. However, the Oranga Tamariki data this year shows that there has been no change to the proportion of caregivers who are approved (either fully or provisionally) prior to tamariki or rangatahi being placed with them. Around a third of all tamariki are placed without any approval in place.

Aroha in detail

Most tamariki and rangatahi indicated that they feel safe, supported and cared for. In line with what we heard last year, most of the tamariki and rangatahi we spoke to this year mentioned caregivers, social workers, siblings, parents or workers in the residence/home as people who supported them, or they could go to if they needed to. This is aligned with the finding from Te Tohu o te Ora, which found that 98 percent of the tamariki and rangatahi surveyed thought the adults they live with now looked after them well.

Like last year, many tamariki and rangatahi talked positively about being cared for, being safe, and being supported by kaimahi and caregivers in residential settings, however, a few rangatahi in care and protection residences or group homes said that they didn't feel supported or cared for in that situation.

Allegations of abuse and neglect

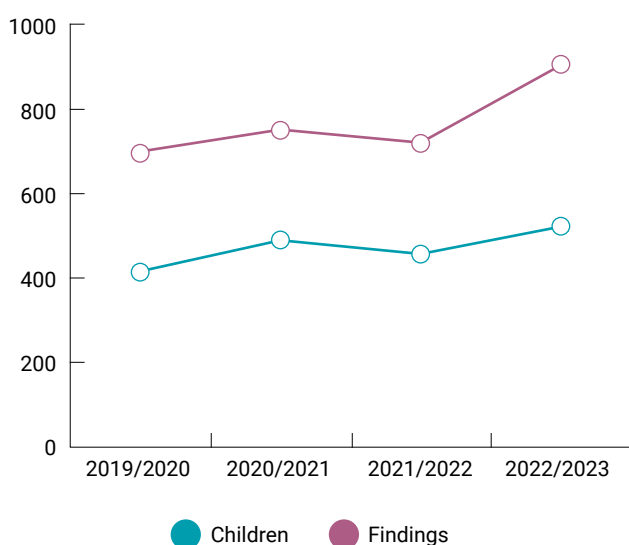
Reported rates of harm to tamariki and rangatahi in care are not reducing

While we heard from tamariki and rangatahi that they feel safe, Oranga Tamariki has told us that 2,558 reports of concern were recorded for tamariki and rangatahi in care during this reporting period. Of these, 1,754 were considered allegations of

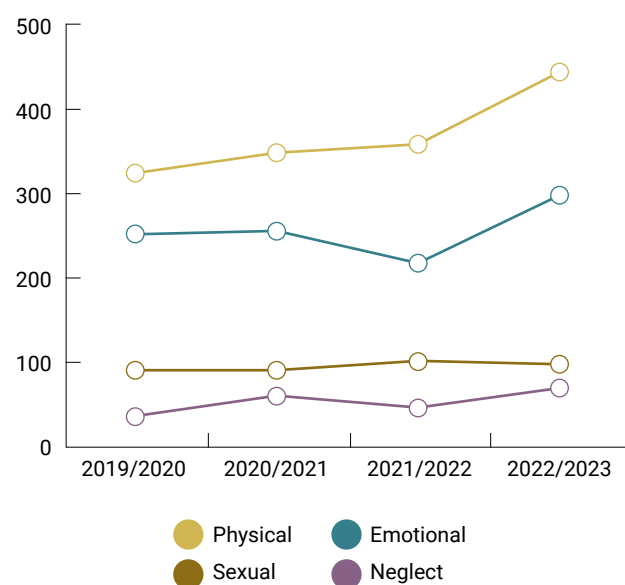
harm (abuse and neglect). In 2021/2022 there were 1,894 reports of concern and of these 1,367 were considered to be allegations of harm.

In addition to an increase in allegations, there was also an increase in findings of abuse and neglect.

Tamariki and rangatahi in care found to have been harmed



Types of harm

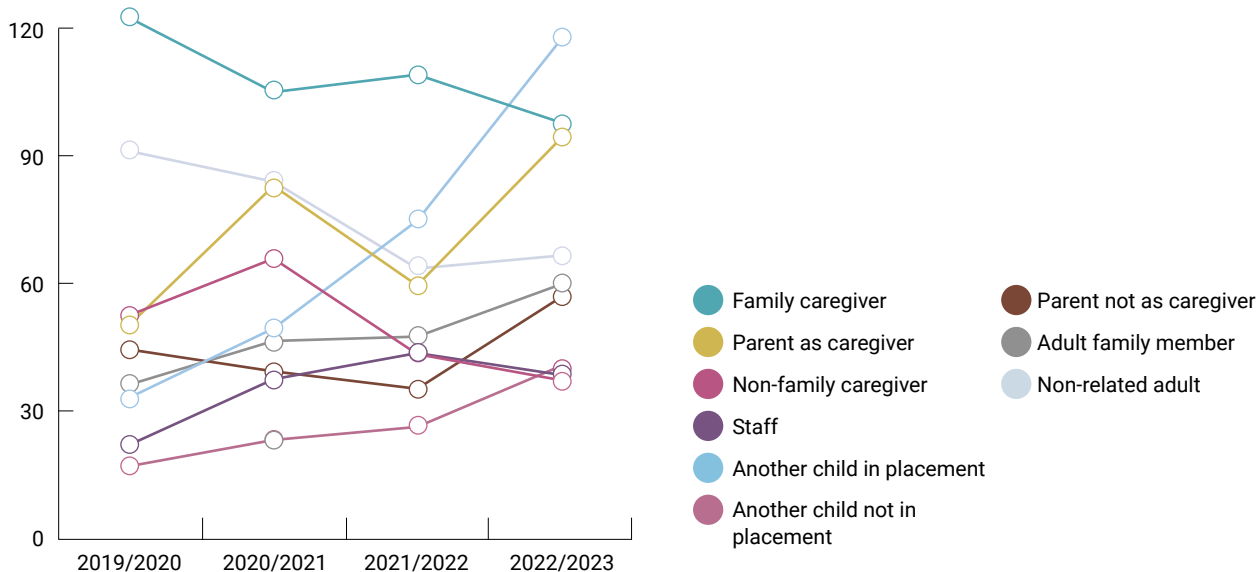


Tamariki and rangatahi in care found to have been harmed, by year and type of harm

Year	Children	Findings	Physical	Emotional	Sexual	Neglect
2019/2020	411	690	320	248	88	34
2020/2021	486	742	344	252	88	58
2021/2022	453	711	354	214	99	44
2022/2023	519	895	439	294	95	67

Notes: Data is reported for all tamariki and rangatahi in care with findings of harm. A child may have multiple findings of harm.

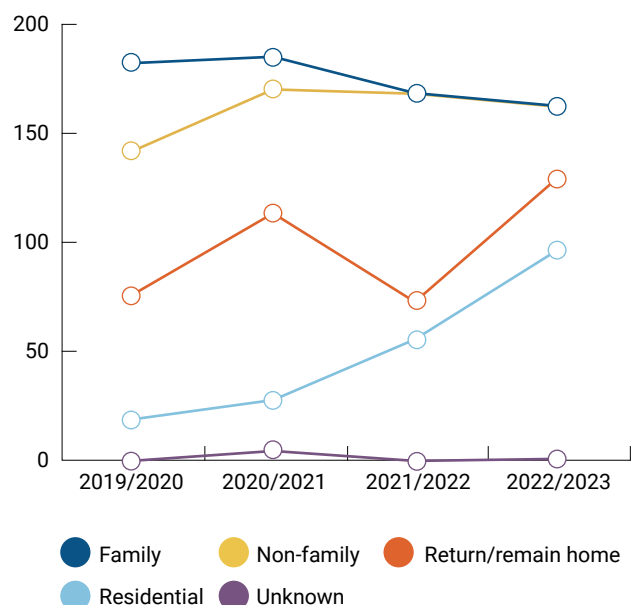
Tamariki and rangatahi in care found to have been harmed by year and by person alleged to have caused the harm



Year	Number of tamariki and rangatahi found to have been harmed by person alleged to have caused the harm									
	Family/whānau caregiver	Parent as caregiver	Non-family/whānau caregiver	Staff	Another child in placement	Another child not in placement	Parent not as caregiver	Adult family member	Non-related adult	Unknown
2019/2020	122	50	52	22	33	17	44	36	90	3
2020/2021	104	82	65	37	49	23	39	46	83	23
2021/2022	108	59	43	43	74	26	35	47	63	23
2022/2023	97	93	37	38	116	40	56	59	66	20

Notes: Data is reported for all tamariki and rangatahi in care with findings of harm. Children are counted for each category they are found in.

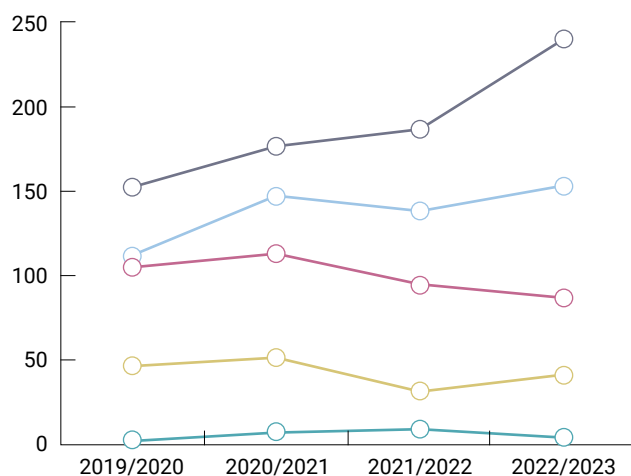
Tamariki and rangatahi with findings of harm by year and by care placement type



Year	Number of tamariki and rangatahi by placement type				
	Family	Non-Family	Return/Remain Home	Residential	Unknown
2019/2020	183	142	76	19	0
2020/2021	186	171	114	28	5
2021/2022	169	169	73	56	0
2022/2023	163	163	130	97	1

Notes: Data is reported for all tamariki and rangatahi in care with findings of harm. Children are counted for each category they are found in. There may be multiple findings of harm relating to one child. This means the number of findings by placement type may total more than the number of tamariki and rangatahi.

Tamariki and rangatahi with findings of harm by year and by age group



Year	Age of tamariki and rangatahi				
	0-1	2-5	6-9	10-14	14+
2019/2020	2	46	104	111	151
2020/2021	7	51	112	146	175
2021/2022	9	31	94	137	185
2022/2023	4	41	86	152	238

Notes: Data is reported for all tamariki and rangatahi in care with findings of harm.



Initial decision making

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

After a report of concern has been recorded for tamariki or rangatahi in care, Oranga Tamariki makes one of three decisions:

- Take no further action (NFA). This decision is taken when the report has no substance, the concerns do not indicate harm to a child, or concerns are being appropriately responded to by others.
- Carry out a child and family assessment. This decision is appropriate if the tamariki or rangatahi is experiencing (or is likely to experience) serious harm, and/or the concerns are having a significant impact on their development, safety, health and/or wellbeing, but do not indicate abuse that may constitute a criminal offence.
- Carry out an investigation. This decision is appropriate when the concern for the child

meets the criteria in the Child Protection Protocol and the abuse may constitute a criminal offence.

Oranga Tamariki data shows that, of the 1,754 reports of concern that it considered to be allegations of harm in 2022/2023:

- an initial decision for an assessment or investigation was made in 1,606 cases
- no further action was initially taken in 148 cases.

Oranga Tamariki reviews all NFA decisions about allegations of abuse and neglect for tamariki and rangatahi in care as part of its quality assurance checks, and this is done weekly. These reviews found that 69 of the 148 NFA decisions (47 percent) were incorrect. This is a similar proportion of incorrect NFA decisions as last year (45 percent).¹

This year, Oranga Tamariki informed us that a new process has been in place since November 2022, all NFA decisions are reviewed within a week, and incorrect decisions are re-entered into the system and assessed or investigated. As a result, the following actions were taken:

- 61 of the 69 incorrect NFA decisions were re-entered and assessments completed.

¹ We will be looking at the quality and accuracy of decision making for all reports of concern, (whether the tamariki are in care or not) as part of our review of recommendations made by Dame Karen Poutasi in her report *Ensuring strong and effective safety nets to prevent abuse of children* (<https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Performance-and-monitoring/Reviews-and-Inquiries/System-review-Dame-Karen-Poutasi/Final-report-Joint-Review-into-the-Childrens-Sector.pdf>)

- The remaining eight did not receive an assessment or an investigation, and as such remain inappropriate NFA decisions. The main reason for this is a delay between Oranga Tamariki receiving the report of concern and making the NFA decision, and when this was picked up by reporting.

After assessments or investigations had been completed, 12 percent of “inappropriate” NFA decisions were not remedied by Oranga Tamariki this year.

In total, 95 percent of all allegations of harm this year proceeded to assessment or investigation. This leads us to question whether there is value in making an initial response decision (particularly when half of the NFA decisions were incorrect), or if a more appropriate response would be to complete an immediate assessment or investigation.

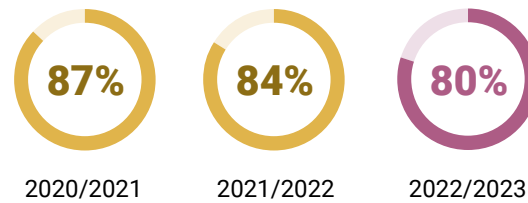
Oranga Tamariki compliance with Regulation 69 is improving over time

NCS regulation 69 requires that when an allegation of abuse or neglect is made about tamariki or rangatahi in care, it is responded to promptly, the information is recorded and reported in a consistent manner, the tamariki or rangatahi are informed of the outcome (if appropriate) and steps are taken with the parties to the allegation, including a review of the caregiver’s plan.

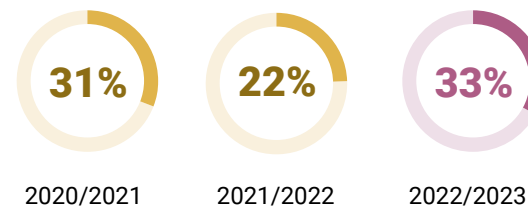
Oranga Tamariki compliance with Regulation 69 has improved in some areas and remained static in others.

The data below compares findings for 2020/2021, 2021/2022 and 2022/2023 on whether the initial response at the site was prompt, whether the standard of completing the assessment or investigation within 20 working days was met, whether findings were entered correctly, and whether all information relating to the allegation was entered correctly into the Oranga Tamariki database.

Initial response



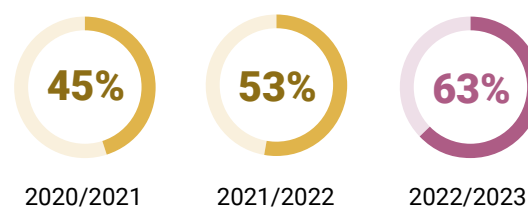
Timeliness



Findings entered correctly



All information entered



* Oranga Tamariki revised this figure and it differs from the 91 percent published in previous Experiences of Care in Aotearoa reports for the same period.

Timeliness of investigations and assessments is getting worse

The Safety of Children in Care team reviewed the findings of 1,281 assessments and investigations between 1 July 2022 and 30 June 2023. For 80 percent, it found the initial response at the site office was prompt and within the expected timeframe for completing an initial safety screen. This is a decrease from the previous two years.

Following an initial safety screen, Oranga Tamariki policy is that the site is expected to complete an assessment or investigation within 20 working days, or if the matter is complex or further time is needed, it must be completed within 40 working days.

Oranga Tamariki found that 33 percent of assessments and investigations met the standard of being completed within 20 working days. This is an improvement on previous years.

Timeliness was raised by the Police kaimahi we spoke with. They told us about what they perceived as a lack of action in response to reports of concern in general. In one region, we were told it could be a wait of between two to three weeks for the allocation of a local social worker after a report of concern was lodged with the Oranga Tamariki National Contact Centre. Often these reports of concern were made after a family harm call out. While these did not specifically relate to tamariki and rangatahi already in care, they noted that this delay was a barrier to early intervention:

“We are missing the opportunity to have effective, preventative measures put in place for them. We look at ‘who is the lead agency’ and OT is just not there. Police become the twenty-four-hour preventive [agency] and end up doing everything.”

We also heard from Caring Families Aotearoa about the impact on caregivers and tamariki when there are lengthy caregiver investigations, particularly when tamariki or rangatahi are placed outside of their care during this time. Where it is necessary to move tamariki or rangatahi from their placement while the investigation takes place, we heard that the longer the investigation takes, the more difficult it becomes to return tamariki to the caregiver’s home, if this is considered appropriate. Caring Families Aotearoa felt that two weeks was the longest a tamariki or rangatahi could be away before it has a detrimental impact on a subsequent return.

Caring Families Aotearoa also raised concern about the lack of learning following an investigation to determine whether preventative measures, such as providing more support when caregivers have reached out, could have stopped the alleged harm from occurring.

Caring Families Aotearoa also told us that in its experience, many social workers investigating allegations are not experienced in doing them and are unfamiliar with the policy framework as they don’t do them often enough. Having a specialised team, or specifically trained person in each site to do these investigations could be beneficial.

The perception of Caring Families Aotearoa was that Oranga Tamariki prefers a highly risk-averse approach; that often a knee jerk reaction is made to remove the child immediately following an allegation, instead of making a more considered and holistic approach, which may include a safety plan. Oranga Tamariki policy states “Wherever it is safe to do so, we must support, strengthen and assist the whānau or family to care for their tamariki and prevent the need for them to be moved to an alternative living arrangement.” Removing the tamariki or rangatahi immediately takes the pressure off completing the investigation within timeframes, as safety of the tamariki or rangatahi is no longer a perceived issue, but this can be detrimental to the tamariki or rangatahi, creating unnecessary and unsettled placements.

Ministry of Education kaimahi also spoke about stability and how the response to allegations can have an impact on this. For example, they spoke about a case where the disclosure of abuse with a whānau caregiver led to the tamariki cycling through multiple short-term family home placements, before ending up with a non-whānau caregiver. They highlighted issues around information sharing between agencies, and how these can be exacerbated if care changes result in a change in school, particularly if relevant background information is not shared with the new school to assist with understanding and meeting the needs of the tamariki or rangatahi.

“[The] school wasn’t listened to enough to what we experienced, system wasn’t up front enough ... [if] schools don’t have time to build connection and trust, the kids are considered naughty [when they] move classes and regions because of placement availability.”

Further, some caregivers told us they felt they were not supported enough by Oranga Tamariki to meet the needs of the tamariki and rangatahi in their care who had experienced abuse while with previous caregivers. A caregiver expressed frustration that this history was known to their agency but was "never passed to us".

Review of caregiver plans following an allegation of abuse has improved

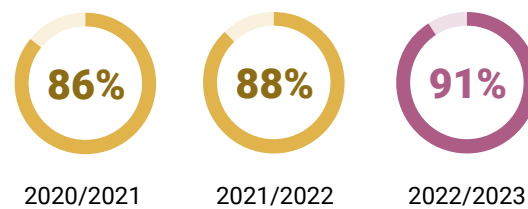
Once an allegation is being assessed or investigated, the NCS Regulations require Oranga Tamariki to take appropriate steps, including a review of both caregiver and tamariki and rangatahi plans. This year, there was a continued improvement in reviews of caregiver plans, which occurred 71 percent of the time, compared with 47 percent in 2021/2022 and 61 percent in 2020/2021.

The other relevant measures remain high, with tamariki and rangatahi plans being reviewed 91 percent of the time, compared with 88 percent in 2021/2022 and 86 percent in 2020/2021, and supports are in place to address harm 84 percent of the time, compared with 81 percent in 2021/2022 and 82 percent in 2020/2021.

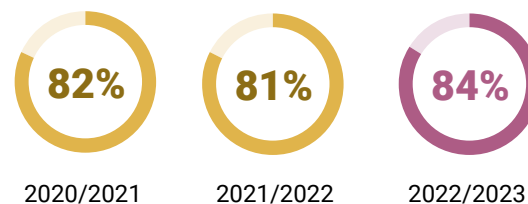
Letting tamariki and rangatahi know about the outcome of an assessment or investigation

Informing tamariki and rangatahi of the outcome of an assessment or investigation is necessary so they feel that they have been heard and that the concerns were taken seriously. Oranga Tamariki data shows that, in cases where it is appropriate to tell tamariki and rangatahi of the outcome, practice has increased from 33 percent in 2020/2021 to 42 percent in both 2021/2022 and 2022/2023. Oranga Tamariki advise that apart from age considerations, tamariki and rangatahi should be told in all but exceptional circumstances. Allegations of abuse and neglect for younger tamariki is low, therefore it is expected that a greater percentage of tamariki are told the outcomes.

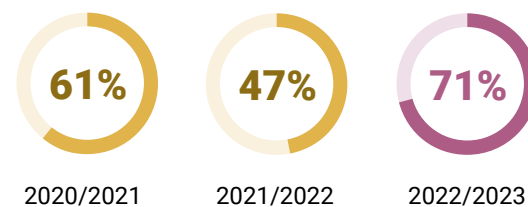
Tamariki/rangatahi plans reviewed



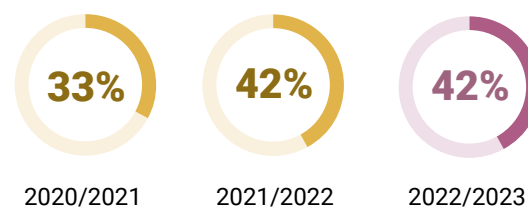
Supports in place to address harm



Caregiver plan reviewed



Tamariki/rangatahi informed of the outcome



Oranga Tamariki practice requirements

Oranga Tamariki developed a set of 12 practice requirements that, if followed, would assure it is compliant with NCS Regulation 69. Data shows that for the period 1 July 2022 to 30 June 2023, performance against the 12 practice measures to meet NCS Regulation 69 has improved, but still has not been achieved for the majority of tamariki or rangatahi who have allegations of abuse or neglect.

Compliance with the 12 practice measures was found in six percent of cases, which is an improvement from 2021/2022 when there was compliance with one percent of cases. Thirty-eight percent of cases this year met ten or more practice measures. Although there is evidence of continuing improvement in practice, Oranga Tamariki acknowledges that there remains a need to significantly improve its practice in this area.

Social Worker visits with tamariki and rangatahi

Frequency of social worker visits with tamariki and rangatahi has not improved

Social worker visits help keep tamariki and rangatahi in care safe. Regular visits enable social workers to see firsthand how things are going, and whether plans are being implemented, including actions to address safety needs. In addition, regular and quality engagement is more likely to create a trusting relationship where the tamariki and rangatahi feel safe to discuss their concerns and needs with their social worker. To this end, the NCS Regulations require that needs assessments and plans for tamariki or rangatahi must identify how often they must be visited.

“She [OT social worker] barely comes and sees me... She rings me and tells me that she is meant to see me weekly. But this doesn't happen.”

“[I] don't like a new social worker every month, very very frustrating, very annoying, gotta tell them same things every time, I dunno how they'll fix that but it's very annoying, they visit and then say there's a new social worker for you. Why I get a new one every month?”

“Youth Horizons are a really good support team. If you were just under [Oranga Tamariki] you would only see them [social worker] every 8 -10 weeks. I've always been under Youth Horizons. They are only a phone call away. They visit every week. This new lady is excellent. She will ring and say “are you home? Should I pop over and take [the boys] to the park?”. One time she picked them up after school because I had an appointment I needed to get to.”

“She [Key Assets Social worker] has mother wings – he is screaming out for it. She gets down to his level. If he wants lunch, she will take him out. He also knows how hard she worked for him to make the placement work. She puts in the extra effort, he sees that. Also, the things he has asked for he has seen in his plan. She has also gone out of their way to support his siblings.”

The Oranga Tamariki lead indicator for seeing and engaging tamariki also shows that there has been no improvement in regular engagement over three years of our reporting. This was 61 percent this year, 59 percent last year and 60 percent in 2020/2021. However, when visits do occur, Oranga Tamariki case file analysis shows improvements in the quality of engagement between social workers and tamariki and rangatahi compared with previous years. Evidence of quality engagement includes whether the practitioner has (where appropriate and practical) engaged with the child in private to enable them to express their views freely, and has talked with the child about what's happening for them, what's going well and what's not.

“I have a social worker, but he is as useless as a chocolate tea pot. When he is asked to make critical decisions, he is not good.”

“Her name is [name] but she's cool, she does heaps for me. She sorts out my clothes – like when I first came here, I didn't have time to pack my bag or get my clothes cos they had to fly me straight up. I just had what I was wearing. She sorted out clothes and stuff. I wish I could have filled my drawers you know. She asked if I needed blankets, but we've got heaps here so that was fine. If I want to get into boxing, she will organise that. She sorts out school stuff. She just got me a new computer, I'm pretty sure that was her.”

“Communication with OT is the worst ... The worst part was when they moved me to another social worker, but I didn't know anything about it. Sometimes [I couldn't get hold of them], or a delay in a message from them ... I had a good relationship with one of the social workers.”

In response to our two previous reports, we were told about Whiti (a performance reporting tool) and how this would support social work practice by providing greater visibility of when visits occur.

We were also told that core processes and systems within Oranga Tamariki would be simplified and that tasks not requiring a social work skill set would be redirected, so that social worker time can be focused more on working directly with tamariki, whānau and caregivers. In addition, the Chief Social worker was looking at this issue.

“I [social worker] have been allocated to an unallocated [tamariki without a social worker]. Two of them have been in care for eight years – eleven years – and we are still involved. One hadn't been visited for several months...”

Assessing caregivers and the safety needs of tamariki and rangatahi when they come into care

Not all caregivers and their households are assessed and approved before tamariki and rangatahi come into the home

The NCS Regulations place an obligation on Oranga Tamariki to assess a prospective caregiver and their household before tamariki or rangatahi are placed with them. Provisional approval can be given to a prospective caregiver to care for tamariki or rangatahi in an urgent situation. Assessments determine whether a caregiver is suitable and can provide the necessary care, including providing a safe, stable and loving home. Assessments are a requirement for both whānau and non-whānau caregivers. A key finding in our 2021/2022 report was that not all caregivers are being approved by Oranga Tamariki before tamariki and rangatahi are placed in their care.

It was anticipated in our last report, that the introduction of the Caregiver Information System (CGIS) from July 2022 would provide systematic (structured) information on the caregiver assessment, approval and reassessment processes every two years. However, Oranga Tamariki continued to rely on its Quality Practice Tool (QPT) and case file analysis, while it undertakes further work to validate its CGIS data. Unlike case file analysis, QPT is not systematically and randomly sampled, so it is unclear how generalisable these results are. The Oranga Tamariki lead indicator for caregiver assessment shows that there has been no

improvement in assessing caregivers, and around a third of all caregivers are not approved prior to tamariki or rangatahi being placed with them, which is what we reported last year.

In its response to us last year, Oranga Tamariki noted it was concerned by the finding that caregivers were not always assessed prior to placing tamariki and rangatahi in their care. They noted it would remedy this with urgency, by reviewing when and why this is happening, and following up with practitioners to ensure the approval process is being followed. There has been no evidence of change this year, however, it may be too soon to see changes, and we will continue to monitor progress.

There is limited monitoring of provisionally-approved caregivers

The NCS Regulations provide for provisional approvals to be granted in an urgent situation with a requirement that close monitoring must take place until a full assessment is completed. This year, case file analysis again found there was minimal evidence of 'close monitoring' of provisionally-approved caregivers. Consistent with previous years, close monitoring was only evident in 11 percent of cases. However, we also know that the numbers of provisionally-approved caregivers have dropped over the past three years, from 55 percent in 2020/2021, to 31 percent in 2021/2022 and 13 percent this year. Given this smaller number, it is unclear why close monitoring has not improved.

Experiences of the caregiver approval process are mixed

When discussing the approval process, some Oranga Tamariki site and regional leadership kaimahi said they felt the caregiver approval process was too complicated, took too long or presented unnecessary barriers, especially for whānau caregivers. They went on to say that this could contribute to a lack of stability for tamariki and rangatahi if they were moved into non-whānau care or temporary group home/family homes while the whānau was going through the approval process. However, in one Oranga Tamariki site, we heard how their successful shift towards whānau care was supported by strengths-based needs assessment and referral to services and support from community agencies while the approval process was completed.

Overall, the 2022 Oranga Tamariki caregiver survey showed caregivers were moderately satisfied with most elements of the caregiver approval process. Between 58 to 68 percent of caregivers were satisfied or very satisfied, and between 12 to 24 percent were dissatisfied or very dissatisfied with elements of the process. This included the information provided, the time it took for the application to be completed, updates on the progress of applications, training received, and the time it took for caregiver social workers to complete assessments.

The Oranga Tamariki caregiver support policy² outlines that the policy applies to Oranga Tamariki-approved caregivers (both whānau and non-whānau) and includes provisionally-approved caregivers. However, a third of tamariki and rangatahi are initially placed with unapproved caregivers, and therefore are not able to access supports, such as board payments, until they are at least provisionally approved.

In our chapter on Manaakitanga, we also note that caregivers continue to tell us that they are not receiving sufficient support from Oranga Tamariki, and that financial support is insufficient.

Assessing the safety needs of tamariki and rangatahi when they come into care

Assessing the safety needs of tamariki and rangatahi in care is part of an overall assessment of their needs required under NCS Regulations. The NCS Regulations also require that matters identified in the needs assessment are then taken into account in the development of a plan. It is important that plans address any identified safety issues for tamariki and rangatahi, including situations where they may pose a risk to themselves or others.

Oranga Tamariki self-monitoring data shows that safety needs have been identified and addressed sufficiently well 94 percent of the time³ for those who have a current plan. However, given Oranga Tamariki data shows that only 61 percent of tamariki and rangatahi receive regular and quality engagement from their social workers, it makes it difficult to understand how it can be confident that it almost always sufficiently addresses safety needs in plans. We asked Oranga Tamariki how it can do this if it is not always visiting and seeing tamariki and rangatahi regularly. It advised that visiting and engaging with tamariki and rangatahi was one aspect of understanding their needs. It further explained that needs assessments are informed through all the information it gathers; this includes engagement with parents, significant members of whānau or family, wider whānau or family and family group, (including hapū and iwi where relevant), caregivers, and agencies working with the tamariki or rangatahi and their whānau or family.

While we agree with this, it does not remove the need to see tamariki and rangatahi. It is also not supported by what we heard in our community visits. As set out in our chapter on Whanaungatanga, while connections with whānau appear to be routinely supported by Oranga Tamariki, connections with wider hapū and iwi are not. In our chapter on Rangatiratanga, we report that many whānau and caregivers do not feel listened to by Oranga Tamariki, and our chapters on Kaitiakitanga and Mātauranga highlight that health and education professionals have reported difficulties in collaborating with, and sharing information with, Oranga Tamariki.

² <https://practice.orangatamariki.govt.nz/policy/caregiver-support/>

³ Those for whom safety needs were 'not applicable' were excluded from this measure.

Stability of care

Transitions within and out of care

Over three years, the stability of placements has improved. Twenty-five percent of tamariki and rangatahi had a care transition within the year, compared with 48 percent in 2020/2021 and 28 percent in 2021/2022.

While fewer tamariki and rangatahi are experiencing changes in placement, there has been little change in the proportion of planned transitions. Unplanned transitions still account for around half of all changes in placement. Where a transition is planned, there is evidence of sufficient planning 85 percent of the time.

Like last year, whānau continued to speak about structured, planned and gradual transitions to return home as being important. Communication and support from social workers and NGOs were spoken about positively. Social worker visits during care transitions, especially when returning home, are essential to monitor the success of the transition, offer support if necessary, and ensure the safety of tamariki and rangatahi in a new placement. However, some social workers supporting family homes said they still observed return home transitions occurring without sufficient support. They told us this led to return home care breaking down, and tamariki and rangatahi cycling back through multiple family homes.

Our recent in-depth review *Returning Home from Care* looked at the experiences and practices surrounding tamariki and rangatahi cared for at home by their parent/s while in the custody of the State or an approved child and family social service. It found that safeguards and support for tamariki and rangatahi who either remain in, or return to, the care of their parents while in custody are not always there, despite this group being at higher risk of harm than others in care. It also showed that the rates of planning, and visits from social workers in the first week and month were low.

In response to findings from that report, Oranga Tamariki advised that it has updated its “monitoring and reviewing after the return home” guidance to state that the frequency of visiting should be based on the assessed needs of the tamariki or rangatahi and recommends at least weekly visits for the first four weeks.⁴

Oranga Tamariki data may show that more children are being visited in the first four weeks of returning home. However, as the data is based on a small sample of tamariki and rangatahi, it is not possible to say whether there has been any meaningful improvement compared to last year. Oranga Tamariki casefile analysis shows:

- that around a third of all care transitions in the sample this year were returns home and just over half of these were planned returns home
- fifty-eight percent of tamariki and rangatahi in a planned return home and 40 percent of those in an unplanned return home were visited in the first week of their transition home
- ninety-four percent of tamariki and rangatahi in a planned return home, and 72 percent of those in an unplanned return home, were visited at least once in the first month of their transition home (compared with 75 percent for planned and 63 percent for unplanned last year)
- thirty-five percent of tamariki and rangatahi who have returned home were visited weekly for the first month or to the planned frequency.

Although care transitions are reducing, there continues to be a shortage of care options

Stable placements can support tamariki and rangatahi to experience healthy relationships, love and belonging, continuity at school and with health services, as well as consistent social connections with whānau and peers. Providing the right support to caregivers is an important part of making a stable home.

Oranga Tamariki kaimahi told us that finding suitable homes and caregivers can be challenging. A range of options is important, as needs such as living near whānau, with or near siblings, and appropriately skilled caregivers to meet the needs of tamariki and rangatahi can be taken into account.

When there are no other options available, Oranga Tamariki may place tamariki or rangatahi in motel accommodation as a last resort. However, as noted earlier, the number of tamariki and rangatahi staying in motels has reduced, along with the number of nights.

⁴ <https://practice.orangatamariki.govt.nz/previous-practice-centre/policy/caring-for-children-and-young-people/key-information/returning-mokopuna-safely-home/>

Police told us that they had observed how, in their region, a lack of care options affected decision making, especially for tamariki and rangatahi with complex needs or who required secure placements. For example, a police officer explained that Oranga Tamariki “pressured” Police to find a care option for a child with autism on a temporary care agreement, in a situation where multiple family harm incidents were occurring.

Like last year, Oranga Tamariki social workers and site and regional leadership continued to talk about stable whānau care as the goal if tamariki and rangatahi needed to enter care. At the same time, social workers discussed barriers that delayed, prevented or failed to support stable whānau care, including professional practice, policy and guidance, finance, and work experience and skills.

Oranga Tamariki kaimahi from one site felt that there is a lack of support being provided to whānau caregivers. Some kaimahi told us that whānau are not being supported to take on tamariki and rangatahi. They referred to the caregiver approval process taking months, that whānau are not being provided with funding to obtain legal advice about taking on tamariki and rangatahi, and that whānau are not provided with material items, such as beds, to enable them to take those tamariki and rangatahi in. Kaimahi said the main barrier to supporting whānau caregivers is “money and lack of services”.

We were told that whānau caregivers are not supported once tamariki and rangatahi are in their care, with whānau being asked to “use their own network of support” for respite, and having to pay for things themselves, including elderly whānau. A kaimahi told us, “it’s discriminatory seeing the divide between whānau and non-whānau caregivers”.

Some kaimahi told us that their advice to whānau caregivers is to not take on permanency. They spoke of whānau caregivers ceasing care of high needs tamariki and rangatahi due to a lack of support, with tamariki and rangatahi remaining in Oranga Tamariki care as a result. They told us that once whānau take on custody, support and funding stops, and whānau “have to provide everything”.

In response to hearing about a lack of care options, we asked Oranga Tamariki about its caregiver recruitment policy. Oranga Tamariki advised us that it does not have a policy about the recruitment of non-whānau caregivers. Rather, the care arrangement policy reflects the expectations of legislation and requires that for all tamariki and rangatahi, preference must be given for them to be living with a member of their wider family, whānau, hapū, iwi or family group who is able to meet their needs, including with their siblings where feasible. If an initial care arrangement for te tamaiti or rangatahi is not within their wider family, whānau, hapū, iwi or family group, then Oranga Tamariki practice is to find a care option for them within their wider family, whānau, hapū, iwi or family group at the earliest opportunity. Oranga Tamariki noted that it may be that this practice requirement is leading to less recruitment of non-whānau caregivers at some sites.

Oranga Tamariki further noted it has a policy that prohibits the advertising for caregivers for specific tamariki or rangatahi, but allows advertising for general recruitment.

A lack of information sharing is a barrier to stable care

The NCS Regulations set out what information must be provided to caregivers when tamariki or rangatahi are placed in their care to help meet their needs. This year, Oranga Tamariki data shows that almost half of all caregivers did not get a copy of the plan.

Care partners told us that All About Me plans often arrived blank from Oranga Tamariki and that they often needed to chase Oranga Tamariki to access complete information on the tamariki and rangatahi, including medical assessments, Gateway assessments, psychological reports, Family Group Conference plans and All About Me plans. Care partner kaimahi said this lack of information impacted their ability to support kaimahi and caregivers to care for tamariki and rangatahi.

One leader from a care partner gave an example of how good it was when they did receive full information during a transition between placements:

“We had a girl come in – she had her whole care plan and her whole All About Me plan done – she could express her anxieties and her triggers and that worked really well. We were able to share that with our residential staff. We don’t get that very often.”

Several Oranga Tamariki kaimahi also gave examples where information sharing was a barrier within Oranga Tamariki. Kaimahi from a group home said the All About Me plans they received did not always match up with the rangatahi, and that they do not always receive timely responses from social workers when asking for supplementary information. One kaimahi had access to CYRAS and could look up case information directly, but other kaimahi did not have access, and this was a barrier to meeting the needs of the rangatahi. In addition, Oranga Tamariki team members supporting family homes in another region said All About Me plans often “weren’t good” and they “have to go into CYRAS and make sure information is all there for caregivers to create a stable placement”.

Social workers talked about how the All About Me plan was needed, even for short-term respite or emergency care, but they gave varying opinions about how: fit for purpose or easy to use CYRAS is; the benefit and ease of use of the Tuituia needs assessment tool; how much information it was appropriate to share (for example with respite caregivers); the completeness and currency of All About Me plans; and how to approach getting information from tamariki and rangatahi to update needs assessments and plans. When discussing the importance of plans and keeping them updated, one senior practitioner from within Oranga Tamariki told us: “you could probably do that more subtly if you visited more regularly”.

Lack of information sharing and the impact of this for caregivers meeting the needs of the tamariki and rangatahi in their care was a key insight in our 2021/22 report, and it remains an issue this year.

Experiences of respite continue to be mixed

A few caregivers mentioned lack of access to suitable respite. We heard of whānau caregivers being told by their Oranga Tamariki social workers to find other whānau members, or to use their own networks of support for respite, but that Oranga Tamariki was unwilling to pay whānau members to provide respite care on the same basis it would pay non-whānau respite caregivers.

Oranga Tamariki national office advised us that all caregivers are entitled to 20 days respite per year, and that during this time, the primary and respite caregivers receive Foster Care Allowance. It noted it was unclear how the situation in the above example could have occurred, given the policy, however, we have noted several examples in this report where frontline practices and understanding does not align with Oranga Tamariki policy.

There were mixed experiences of accessing respite, with some caregivers having sufficient access to respite through Oranga Tamariki, Open Home Foundation or an NGO care partner, whereas others said they were accessing respite, but had needed to ‘fight for it’ – or they used informal respite arrangements. Some caregivers implied the onus was on them (rather than social workers) to find respite caregivers.

In the 2022 caregiver survey, 39 percent of Oranga Tamariki caregivers used respite within the last 12 months. Among the 61 percent of caregivers who did not use respite, the major reasons were not needing respite for this child (41 percent) or that it would be too traumatic for the child (19 percent). There was also a reduction in the number of caregivers reporting that they did not know they could access respite, from 13 percent in 2021, to six percent in 2022.

Open Home Foundation



What the Open Home Foundation data tells us

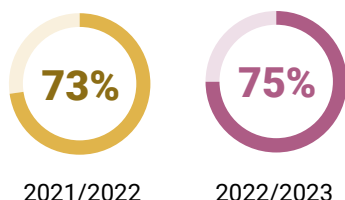
Across most measures this year, the Open Home Foundation compliance remained consistent. There are a few areas where improvement was noted; in relation to reviewing tamariki and rangatahi plans following an allegation of abuse, and in preparing plans for care transitions. There were also a few

areas where compliance has deteriorated; notably around recording and reporting information in relation to allegations of abuse in a consistent manner, providing support following an allegation of abuse, and reviewing foster parent support plans following an allegation of abuse.

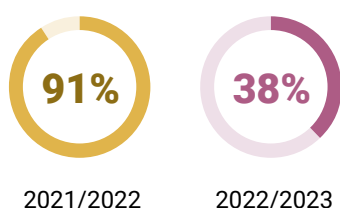
Allegations of abuse and neglect

In reading the data, it is important to acknowledge that there were twelve cases in total, and therefore non-compliance on one case can have a significant impact on the percentage.

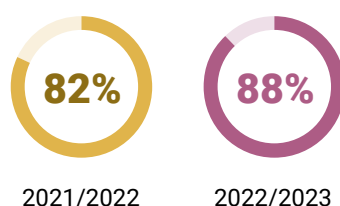
Initial response to report of concern



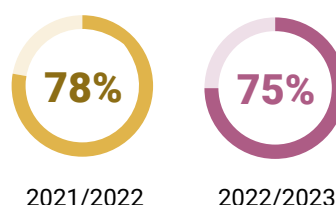
Information recorded and reported in a consistent manner



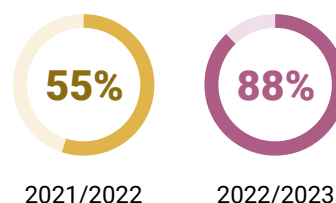
Steps taken in response to a report of concern



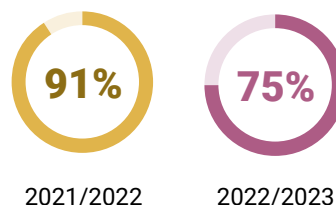
Advising tamariki and rangatahi of the outcome



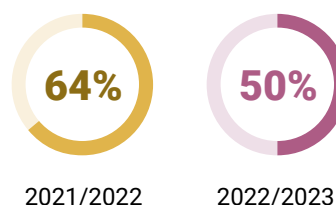
Tamariki and rangatahi plan reviewed



Supports in place to address harm

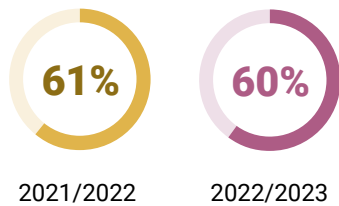


Review of foster parent support plan

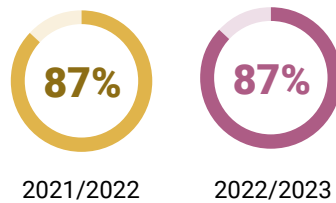


Other aspects of Aroha

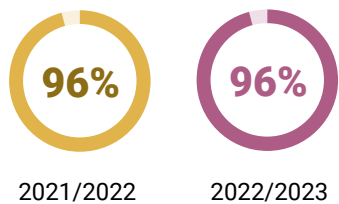
Tamariki visited to frequency in plan



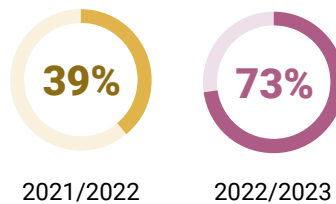
Assessment undertaken prior to care transition



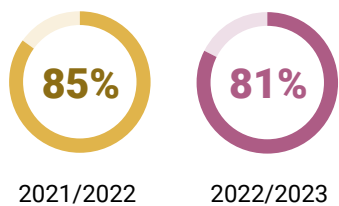
Tamariki and rangatahi plan identifies visit frequency



Plan developed for care transition



Assessments of foster parents and households



Key insights from our community visits

Safety

This year Open Home Foundation reported 12 allegations of abuse for tamariki or rangatahi in Open Home Foundation custody. This is slightly fewer than last year, when 15 allegations were reported. All 12 allegations were responded to within the reporting period, and for eight of the allegations, a report of concern was made within 24 hours. Policy requires that a report of concern is made for all allegations of abuse. In one instance, following a discussion with the local Oranga Tamariki site, and on the direction from that site, it was agreed that a report of concern would not be made.

Open Home Foundation has reported to us that it has identified some incidences where it could improve the way it records information of an allegation of abuse. Open Home Foundation advised that it aims to continue to run mentoring sessions with its team, and to provide refresher training in identifying abuse to all Open Home Foundation social workers. One Open Home Foundation kaimahi told us:

“The children tell them things – told them stuff and put in a ROC [report of concern] – spoke to grandad – very casual conversation with tamariki – the foster parent was pulling her hair out – then they go back and see grandad and see more family violence.”

Social Worker visits with tamariki and rangatahi

Open Home Foundation visited tamariki and rangatahi in their custody to the planned frequency 60 percent of the time, which is consistent with 2021/2022. Open Home Foundation policy is for at least one visit per month. When comparing the absolute frequency of social worker visits, 95 percent of tamariki and rangatahi in Open Home Foundation custody were visited at least once every eight weeks during 2022/2023, which is an increase from 90 percent last year.

When talking about support for return home transitions, communication and support from Open Home Foundation social workers was discussed positively in our community visits.

Assessing caregivers and their households

Eighty-one percent of Open Home Foundation foster parents and whānau carers were assessed before children were placed with them, which is a small decrease from 85 percent in 2021/22. This year, of the eight cases where foster parents/whānau carers were not fully approved, two were ‘closely monitored’ until the assessment was completed, five received ‘some monitoring’ and one received ‘no monitoring’.





Kaitiakitanga





Kaitiakitanga

Tamariki and rangatahi have all aspects of their holistic wellbeing acknowledged, nurtured and supported, in line with the cornerstones of Te Whare Tapa Whā.

The NCS Regulations require the chief executive to ensure that support is provided to address the health needs of all tamariki and rangatahi in their care, including taking reasonable steps to ensure that they are enrolled with a primary health organisation (PHO), have annual health and dental checks, and that their health and wellbeing needs are assessed and addressed. This includes physical, mental and emotional needs, and health needs relating to substance abuse.

Tamariki and rangatahi in care have poorer health outcomes than tamariki and rangatahi who are not in care. Data from the Integrated Data Infrastructure (IDI) shows that, for the year ending June 2021, tamariki and rangatahi in care had higher levels of additional health needs identified during Before School Checks¹, and higher potentially-avoidable hospitalisations², Emergency Department admissions, mental health treatment, substance usage treatment, and chronic conditions than tamariki and rangatahi in the general population.

It is through annual checks that any further health and dental needs can be identified and treated. We know that unmet health need can be both costly and detrimental to wellbeing over the life course. Dental caries or tooth decay, for example, is the most common non-communicable childhood disease in Aotearoa New Zealand, but it is largely preventable. Poor oral health can go on to affect physical health, mental health, educational success and employment outcomes.³



Summary

Our review into the experiences of accessing primary health services and dental care for tamariki and rangatahi in care found that the health-related NCS Regulations have not been implemented well by Oranga Tamariki.

Oranga Tamariki has analysed IDI data, which shows that approximately 70 percent of tamariki and rangatahi in care had been seen at least once by a General Practitioner (GP) in the twelve months to 30 June 2021. However, the NCS Regulations require reasonable steps to be taken for every tamariki and rangatahi to be enrolled with a PHO and attend an annual health and dental check. Our review found

that further work is needed to implement these regulations and to ensure they are being met.

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. We heard in our monitoring visits that 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 did not hear from kaimahi or caregivers about training, although

¹ This includes B4SC referrals for vision, hearing and/or development; and B4SC dental scores in the referral range.

² Potentially avoidable hospitalisations include respiratory conditions, gastroenteritis, skin infections, and vaccine preventable illnesses. They also include unintentional injuries and hospitalisations due to assault or self-harm.

³ <https://www.health.govt.nz/system/files/documents/publications/good-oral-health-strategic-vision-2006.pdf>

Oranga Tamariki has since told us that training and information are available for both social workers and caregivers. While Oranga Tamariki has pointed to its practice guidance as evidence of clear expectations being set, we also heard from Oranga Tamariki national office that practice guidance is not embedded across the organisation. Our monitoring visits suggest that clear expectations have not been set from Oranga Tamariki national office to ensure tamariki and rangatahi have access to primary health services and dental care.

Despite data-matching exercises with Te Whatu Ora and the IDI, Oranga Tamariki cannot see accurate enrolment data in its own systems, because its records are incomplete. This can impact on the ability to share important information with caregivers, whānau and other social workers that may be working with the tamariki or rangatahi. There continues to be a lack of urgency to ensure that data collection by social workers is improved.

We also heard that Oranga Tamariki does not always collect health-related compliance data from care partners⁴, which it would need to have oversight of the care being provided to tamariki and rangatahi in partnered care. Because of this lack of information, Oranga Tamariki is not able to share information with health providers to improve access to primary health care. This is despite the willingness we heard from health professionals to ensure that tamariki and rangatahi in care have access to the health services they need.

Beyond that review, our monitoring over the last three years has shown a continuous improvement by Oranga Tamariki in completing assessments and individual plans that include the health needs of tamariki and rangatahi in care. However, the ongoing absence of reliable data is a major barrier to understanding how well tamariki and rangatahi in care are having their health needs met.

Tamariki and rangatahi tell us that their experience is good when they access health services, but we continue to hear that securing access is difficult. This is particularly the case for mental health services. Oranga Tamariki no longer provides us with data on psychological distress and suicide risk screening among tamariki and rangatahi in care, citing issues around data accuracy in its case file analysis. Given the high levels of trauma associated with being in care, psychological distress and suicide risk assessment is critical to understanding the needs of those in care and seeking the required services.

While we recognise that all tamariki and rangatahi may face difficulties accessing mental health services,⁵ we continue to hear that some tamariki and rangatahi in care are denied mental health services because their needs are viewed by mental health practitioners as behavioural. Inter-agency collaboration is needed to ensure health needs are met. We continue to hear that inter-agency collaboration is patchy and inconsistent, but we have also started to hear positive accounts of agencies working together to support the health needs of tamariki and rangatahi in care.

⁴ By this, we mean data from care partners on whether they have met the NCS Regulations for tamariki and rangatahi in their care.

⁵ For example, “demand for Infant, Child and Adolescent Mental Health Services (ICAMHS) is high and services are stretched, which is consistent across all health services. [There] are also significant vacancies and challenges in recruitment, leading to workforce constraints. ICAMHS is funded to serve three percent of the population, but they currently provide services to four percent of the population.” page 35. https://www.orangatamarikiactionplan.govt.nz/assets/Action-Plan/Uploads/Understanding-need/Mental-health-and-wellbeing/OT-MW-Needs-Assessment_final-for-publication_Redacted.pdf

Oranga Tamariki



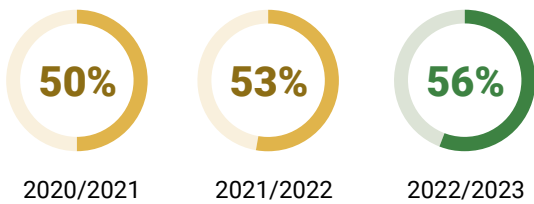
What the Oranga Tamariki data tells us

There has been improvement in completing needs assessments across all health domains in the 2022/23 reporting period.⁶ Data was not available from Oranga Tamariki for the 2020/21 year so we cannot measure change over three years.

There has also been improvement in incorporating actions across most health domains into plans in the 2022/23 year.⁷ As outlined elsewhere in this report, this does not necessarily mean that plans have been actioned and that relevant services and supports are in place.

Health Needs

Primary health organisation enrolments

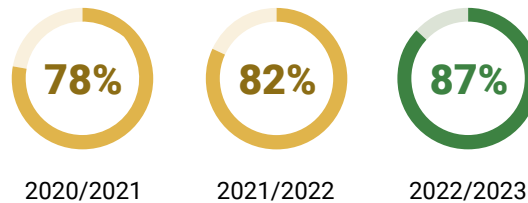


Oranga Tamariki acknowledges that this data is not accurate and is likely to under-represent enrolments.⁸ Oranga Tamariki has worked with Te Whatu Ora on a data matching exercise, which found that as of 30 June 2023, 93 percent of tamariki and rangatahi in the care of Oranga Tamariki were enrolled with a PHO. The Ministry of Health, with the support of Oranga Tamariki, also completed work using de-identified data on PHO enrolments in the IDI which again found high levels of enrolment (93 percent for males and 95 percent for females as of 30 June 2021).

This data paints a more positive picture. However, we note that this data likely over reports current PHO enrolment rates because it won't necessarily be updated when tamariki and rangatahi move until they re-enrol with a new PHO. This means,

for example, that if tamariki and rangatahi are registered with a PHO in Wellington but then move to the Hawke's Bay and are not registered with a PHO there, they would still show as being enrolled with a PHO.

Oranga Tamariki lead indicator: Health needs



Across the last three years, the Oranga Tamariki Health Needs lead indicator shows an increase. While this shows an improvement in identifying health needs and taking them into account in plans, it does not show whether these needs are being met.⁹

Annual health checks

As with previous years, there is no available data from Oranga Tamariki regarding the NCS Regulations on annual health and dental checks.

⁶ Data from Oranga Tamariki refers to health needs assessments including: behavioural, emotional, physical health, mental health, substance abuse and disability.

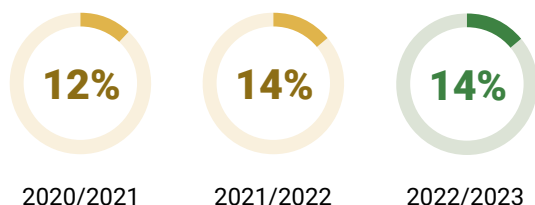
⁷ Data was not available in 2020/2021 on physical health, mental health and substance abuse. Where data is available for 2021/2022 and 2022/2023, the sample size is too small to assess statistically significant change.

⁸ Data from Oranga Tamariki includes an acknowledgement that the figures provided are "indicative that a specific doctor or medical centre has been advised and recorded. The values entered in this data source are 'free text' so are not consistent records that provide an indication of unknown, unregistered, to be confirmed or other non-enrolment that have been grouped as not being enrolled. Records marked as confidential are also not included in the supplied figure."

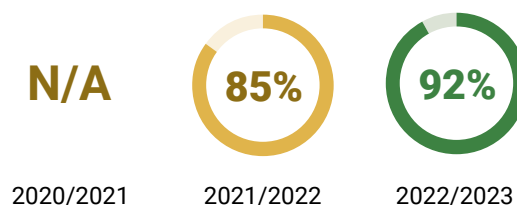
⁹ Overall 97 percent had some form of current needs assessment in 2022/23 (up from 89 percent in 2021/2022).

Prevalence of disability

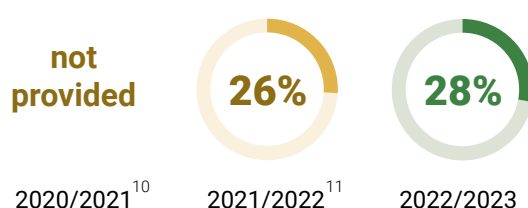
Oranga Tamariki disability indicator measure



Oranga Tamariki lead indicator: Tamariki with a disability



Estimate of disability based on case file analysis



Oranga Tamariki acknowledges that the disability indicator in its case management system 'significantly undercounts the prevalence of disability' at 14 percent. Oranga Tamariki analysis of a sample of 702 children in care estimated that 28 percent have a diagnosed disability.

The Oranga Tamariki Disability lead indicator shows that, for disabled tamariki and rangatahi in the care of Oranga Tamariki, 92 percent of disability-related needs have been identified and appropriate services and supports put in place during the 2022/2023 reporting period.

This is a positive result. However, it must be read in the context of how Oranga Tamariki identifies disabled tamariki and rangatahi in its system. Oranga Tamariki is only reporting on the identification of needs for tamariki and rangatahi where there is evidence on file of a diagnosed disability (28 percent of tamariki and rangatahi in care¹²). There are tamariki and rangatahi in care with undiagnosed disabilities – for example, we heard about challenges in diagnosing conditions such as foetal alcohol spectrum disorder (FASD).

In previous reports, we have commented that Oranga Tamariki has a narrow definition of disability that does not accurately represent the true number of disabled tamariki. This work is yet to be done.

Psychological distress and suicide risk

Oranga Tamariki uses several verified screens to assess the wellbeing of tamariki and rangatahi over 12 years of age. The Substance and Choices Scale and the Kessler and Suicide (SKS) screen, assess substance use, suicide and other areas of risk.

Oranga Tamariki policy also includes consultations with Towards Wellbeing¹³, who support social workers to assess and understand psychological distress and suicidal ideation among tamariki and rangatahi in care. These are key tools to support tamariki and rangatahi who may have experienced trauma, are engaging in risk-taking behaviour, and

¹⁰ Oranga Tamariki did not provide a figure based on case file analysis for this period.

¹¹ Oranga Tamariki did not provide this figure for our 2021/2022 *Experiences of Care in Aotearoa* report, but we estimated it to be 25 percent from the data provided to us. Oranga Tamariki now states that this is 26 percent.

¹² The 2013 Disability Survey identified a disability rate of 11 percent among children aged 0-14 years in Aotearoa New Zealand. Researchers and NGOs have since suggested that the true rate is likely to be much higher. <https://www.childyouthwellbeing.govt.nz/sites/default/files/2023-04/Final-202122-CYWS-Annual-Report.pdf>

¹³ Towards Wellbeing is a clinical advisory service contracted by Oranga Tamariki. It supports social workers to identify suicide risk and develop plans for rangatahi to reduce risk. It also assists with accessing mental health services.

may be at risk of suicidal ideation. Understanding how often these tools are used is also helpful in providing a view of performance in assessing mental health needs as well as adherence to Oranga Tamariki policies.

For previous reports, Oranga Tamariki has provided data on how often these screens and assessments were being used, taken from a sample of files. In 2020/2021, Oranga Tamariki also provided us with the number of tamariki and rangatahi who may have needed these screens and assessments. In reviewing the data, we noted the use of these tools seemed low compared with the concerns raised about the psychological health of tamariki and rangatahi.

This year, we again asked for data on use of these screens and assessments. We also asked whether Oranga Tamariki has plans to report on whether such assessments are taking place when needed.

We received no data because Oranga Tamariki no longer includes the use of these screens in its case file analysis. Oranga Tamariki told us *“While we no longer ask specific questions around Kessler and Suicide screens, reviewers are considering the mental health and emotional wellbeing needs through a number of questions looking at assessment, planning, and implementation”*.

Oranga Tamariki has also told us that the introduction of its practice approach and framework

means that it is moving towards a relational, inclusive and restorative way of working with tamariki, rangatahi and whānau, centred around oranga. The practice framework is trauma-informed, helping practitioners to work with tamariki and rangatahi who may be dealing with substance abuse issues, suffering from psychological distress and/or at risk of taking their lives. Oranga Tamariki is of the view that these considerations meet the requirements of the NCS Regulations, and has told us that it will continue to strengthen practice around supporting tamariki and rangatahi with mental health and emotional wellbeing needs.

Although the NCS Regulations are not specific about the types of screening and assessment required, and to that degree Oranga Tamariki is correct, the NCS Regulations do require Oranga Tamariki to assess the safety, behavioural, emotional and health needs of every tamariki and rangatahi in their care. Oranga Tamariki policy also requires these screens to be completed in various situations, such as upon entry into a secure residence or a change in circumstance. Given the high levels of trauma associated with the in-care population, and therefore the importance of completing these screens and assessments, it remains important for Oranga Tamariki to understand the regularity of their use. In the absence of better data, Oranga Tamariki should report on the use of these assessments and screens and develop an assessment of their need.

Commitments and changes in response to our 2021/2022 report

In last year's *Experiences of Care in Aotearoa* report, we noted that Oranga Tamariki referred us to work underway on disability and mental health. We heard that specialist roles at Oranga Tamariki had been appointed and would be establishing advisory and inter-agency governance groups respectively. These arrangements have been in place for several years now, and we have yet to observe any impact in our monitoring visits.

Oranga Tamariki also referred us to cross-agency work under the Oranga Tamariki Action Plan¹⁴ published in July 2022. Since then, the health agencies (Ministry of Health and Te Whatu Ora) and Oranga Tamariki have completed in-depth assessments for primary health, mental health, and the health needs of rangatahi transitioning out of care. A cross-agency response to the mental health needs assessment has been agreed, with actions to support frontline kaimahi and caregivers, and improve coordination between agencies.

¹⁴ The Oranga Tamariki Action Plan sets out how Oranga Tamariki, New Zealand Police and the Ministries of Education, Health, Justice and Social Development will work together to improve the wellbeing of the core populations of interest to Oranga Tamariki. The 'core populations of interest' are those tamariki and rangatahi at risk of entering state care, those who are currently in state care, and those who have transitioned out of state care up to the age of 25.

For this year's *Experiences of Care in Aotearoa* report, we also asked Ministry of Health what work has been done to prioritise tamariki and rangatahi in care during the 2022/2023 reporting period. We heard that completed work includes the updating of key health strategies to prioritise outcomes of tamariki and rangatahi, and their whānau, involved with Oranga Tamariki.

We also heard that several work programmes are underway or planned. These include, as part of

Budget 2022, specific funding allocated for tamariki and rangatahi with mental health needs in the care of Oranga Tamariki, with dedicated roles being established to provide additional mental health and addiction support to Oranga Tamariki residences.

We recognise these commitments. Our future reports will show whether any impacts are observed in our ongoing reporting.

Kaitiakitanga in detail

As discussed in our review into access to primary health services and dental care for tamariki and rangatahi in care, health professionals told us that they are eager to ensure this cohort has access to health services. However, the lack of information sharing between agencies means that the health system does not routinely hold information about the in-care population. This, combined with a lack of clarity on practice at the frontline (as evidenced by feedback from social workers) and confusion over parental consent, means that primary health care may be delayed for tamariki and rangatahi in care.

Tamariki and rangatahi report positive experiences when receiving health services

When we spoke with tamariki and rangatahi in Oranga Tamariki care, they reported more positive than negative experiences in accessing health services. They also reported more positives than negatives for each of the aspects of kaitiakitanga that we asked them about. Many told us that they could tell their whānau, caregiver, kaimahi at their day-to-day care provider, or their social worker, if they needed to see a doctor or dentist and that they would be supported to do so.

A smaller number of tamariki and rangatahi spoke of having access to regular medications if needed, and/or reported having access to orthodontist specialists and braces.

Some rangatahi spoke of staying physically fit by going to the gym, staying active, lifting weights, and playing sports, with some telling us they are supported by their caregivers to do so.

We also heard that, for tamariki and rangatahi Māori in Oranga Tamariki care, there were more positive than negative experiences around accessing all health services, both primary and secondary.

Access to services and supports can be difficult

Although the experience of tamariki and rangatahi was predominantly positive, we heard from many kaimahi that access to health services and supports can be difficult. This is not surprising given the well-reported constraints on the public health system.¹⁵ It may well be that the tamariki and rangatahi we spoke to were unaware of the challenges kaimahi and caregivers face to secure health services and supports for them.

Kaimahi from several agencies, including government agencies and non-government organisations (NGOs), told us about the delays that tamariki and rangatahi experience when they are referred to services, including mental health services. We heard about long waitlists, and funding and capacity constraints, and that in some cases services are unavailable.

¹⁵ For example, clinical performance data from Te Whatu Ora shows that preventable hospital admissions, for illnesses that could have been treated earlier, had increased during the year to 30 June 2023, and particularly so for young children. <https://www.tewhaturora.govt.nz/publications/clinical-performance-report-1-april-30-june-2023>

Some of the specific difficulties we heard about include: psychologists and therapists having no availability to support tamariki and rangatahi; delays in Gateway assessments being undertaken; delays in access to the services recommended in Gateway assessments; and long waitlists for mental health services, neurological assessments and behavioural assessments.

We were told that there can be serious consequences when tamariki and rangatahi are not able to access necessary services and supports. We heard these impacts can include a breakdown in placement, struggles to learn at school and escalating behavioural challenges. We heard that, for rangatahi in youth justice placements, difficulties accessing services and supports can mean a pathway from youth justice to prison. A regional health kaimahi told us:

“I was in forensics, 99.9 percent highlighted wonderings around FASD, and we know the pathway from YJ to court is prison.”

Information from assessments and plans is not routinely shared with caregivers

Data from Oranga Tamariki shows that improvements have been made this year in the completion of assessments and planning for tamariki and rangatahi in care. However, when we talked with caregivers, many told us that they are not seeing individual plans and are not aware of the health needs of tamariki and rangatahi in their care. What we heard is supported by Oranga Tamariki data showing that 54 percent of caregivers had received a copy of the plan for the tamariki and rangatahi in their care, and the caregiver survey showing that 63 percent had received the plan.

We also heard that vital medical information is not always passed on from Oranga Tamariki to caregivers.

“There were gaps in the medical stuff [in the All About Me Plan] – not knowing what therapy stuff was going on. Eczema and asthma. Getting straight answers about what was the right medicine, who her doctor was.”

“[Tamariki] had open heart surgery, and I had no information about their physical disabilities, in the end their adopted father in [another country] got records for me, I wasn’t sure if it was even safe for her to do her dancing due to her disability.”

“You don’t need to know the nitty gritty but OT need to give you the health information when the child comes to you. The reason some things fall behind is the information is not available to you. We didn’t get the required health information needed in a timely manner.”

“We didn’t know about my moko’s epilepsy for ages. The information came late.”

“Often find before school checks are a big issue, don’t know about their immunisations or anything, we have these kids, and we are in the dark. One kid got immunised twice.”

Examples of the flow of essential information being prevented were also shared with us. A care partner received criticism from Oranga Tamariki for sharing a Gateway assessment with a caregiver in a long-term, stable placement.

“Tamariki in shared care, there’s a Gateway assessment, how difficult is it to get that information? For some reason OT doesn’t want to share the information. How can you care for a child if you don’t have the information. We really want our foster parent to have the information. We want our foster parent to feel empowered. Even the gateway assessments don’t normally happen because it isn’t prioritised. “

From what we heard, issues with the sharing of necessary information remain. This is vital so that caregivers and social workers can best support tamariki and rangatahi with their health needs. In addition, as noted by Dame Karen Poutasi in her review of the children’s sector, better sharing of health-related information would aid the

identification of any significant concerns. Dame Poutasi recommended that medical records held in different parts of the health sector be linked, and that the health sector be added as a partner to the Child Protection Protocol between Police and Oranga Tamariki.

Access to mental health services

Difficulties accessing mental health services has been a consistent theme throughout the three years of our monitoring.

Mental health services, including child and adolescent mental health services (CAMHS), are widely recognised as being under-resourced¹⁶ at a time when demand continues to increase¹⁷. However, our monitoring visits have shown that there is a perception that some tamariki and rangatahi in care are denied mental health services because practitioners believe their issues are 'behavioural' and/or arising from their placements. This is an ideological position that we are told can severely limit access to services.

We heard from some health kaimahi, including kaimahi from CAMHS, about service delays due to waitlists and capacity. We also heard from CAMHS kaimahi in one region that CAMHS is designed for short-term support, whereas tamariki and rangatahi in care often need longer term support with consistent kaimahi. They also told us that tamariki and rangatahi in care might have behavioural issues due to their environment (for example, suicidal ideation driven by placement) that can't be resolved with therapy. They said tamariki and rangatahi in care need to be in a stable placement, with a stable adult/caregiver to support them, before they can receive mental health support. In response to this, Oranga Tamariki has pointed out that a lack of access to treatment and mental health support contributes directly to placement instability.

In another region, we heard from CAMHS that Oranga Tamariki closes files too soon, which in turn, impacts CAMHS ability to support tamariki and whānau.

CAMHS kaimahi told us:

"What we are saying is that the suicidal ideation is driven by the placement – that's the formulation we have. We aren't going to fix that through therapy."

"You need a young person to have a secure place and an adult who can help them to engage with mental health services and do that hard work and it is often unsafe to have them engage with us – if they don't have a stable [or] secure adult [or] caregiver to support them."

"Hearing you talk makes me think about our system and the choice in partnership with mental health for us in this room – it doesn't work for tamariki/rangatahi who have been in care. You meet one person for an assessment for an hour and a half – and then they meet the next one and the next. "

Despite these views on the impacts of placements on mental health, we heard of instances where it is clearly vital that tamariki and rangatahi in care receive the mental health support that they desperately need.

"He went through a stage of having girlfriends; when they break up with him, he gets suicidal and very depressed... He had to wait six weeks to be seen by anyone for the suicidal behaviour due to long waitlists. "

In our report last year, we noted that social workers felt left to support tamariki and rangatahi experiencing mental distress without the necessary expertise or assistance from other professionals.

¹⁶ For example, there are only three specialist units providing inpatient mental health services for children and adolescents in Aotearoa New Zealand (in Auckland, Wellington and Christchurch), resulting in some young people being admitted to adult inpatient mental health services <https://www.mhwc.govt.nz/news-and-resources/youth-services-focus-report/>

¹⁷ As reported in the 2021/22 Annual Report on the *Child and Youth Wellbeing Strategy*, around one in four young people aged 15-24 years experienced high or very high levels of psychological distress in the four weeks prior to being surveyed (24%). This is a statistically significant increase from one in ten in 2019/20 (from 11% to 24%). This continues a concerning trend of sharply increasing rates of youth psychological distress and associated measures over the last decade in Aotearoa New Zealand and overseas. <https://www.childyouthwellbeing.govt.nz/sites/default/files/2023-04/Final-202122-CYWS-Annual-Report.pdf>

We heard this too from caregivers, who do not feel equipped to care for tamariki and rangatahi affected by trauma.

When we spoke with tamariki and rangatahi about their mental and emotional wellbeing, some reported feeling that they didn't have anyone to speak to. Others told us that they did have access to a counsellor/psychologist, but they didn't want to speak to them or didn't feel comfortable speaking to them.

"[Psychologist] is frustrating. He tries to focus on everything at once. It's like if I have multiple cuts all over my hand, rather than just one bigger cut, your body expends more resources trying to heal them all and it takes more time to heal."

Conversely, other tamariki and rangatahi spoke about seeing psychologists (including psychologists from CAMHS) and counsellors regularly to support their mental health and anxiety, talk through problems, and discuss how things are going. Some told us that their Oranga Tamariki social worker supported them to access this support. Others told us they have been supported in the past, but not currently as they no longer need it.

"Social worker will organise [counselling] when I want to do it, but I haven't wanted to go to counselling."

"On the mental health side I've had a reasonable amount of counsellors. That's one thing they've been reasonably good at [Oranga Tamariki] like setting the mental health stuff up."

"I just have someone to talk to too [at therapy] and talk about my feelings and stuff like that."

Agencies are starting to work better together

During our 2022/2023 monitoring visits, we started to hear more positive accounts of government agencies and other providers working together at a local level to support the health and wellbeing of tamariki and rangatahi in the care of Oranga Tamariki.

We heard positive accounts from health service kaimahi about their experience of inter-agency

collaboration and their relationship with Oranga Tamariki. We heard that improved collaboration stops tamariki and rangatahi being caught in between government "siloes", results in faster access to services and supports, and ensures greater consistency for tamariki and rangatahi. We were told that having a positive relationship with Oranga Tamariki makes "a real difference for these children" as it enables tamariki and rangatahi to receive services and supports in a timely manner. A health kaimahi told us:

"We do have a MOU meeting with health, police and Oranga Tamariki – developing trainings – space to discuss really important information – [hospital liaison] is the OT rep – she has been helpful bringing everyone together."

We also heard from Oranga Tamariki kaimahi who spoke positively about the collaborative relationships they have with other agencies and organisations, that have a positive impact on tamariki and rangatahi.

"We do have a really good working relationship [with ICAF] – we have the team leader come and sit here monthly on a Friday morning – really good engagement – 'is this a good referral?'"

"We have a really good relationship with the Youth Forensics Team. We've had a relationship with them for 12-15 years. Every Friday they come in for weekly meetings. They have a psychiatrist, nurse therapist, sometimes a psychologist on the team and AOD [alcohol and drug] counsellor and our kids can get assessed much more quickly. That's a really good meeting, we know each other so well. They are really obliging. They are good to pick up an assessment before we have to do a 333 [Section 333 Medical, psychiatric, and psychological] report through court."

"When I go to high and complex needs meetings – all the players are there – I enjoy it because everyone who needs to be there is there. Outcomes for tamariki are improved when everyone is involved."

We also heard positive accounts of some regional advisor and/or liaison roles, which help to ensure that information is shared between agencies and that kaimahi from different agencies are connected. Health kaimahi told us:

“We now have good relationship as we have an OT liaison, so we get a response that day, able to have that communication when the information we need isn’t there.” “I was trying to get in touch with OT staff from another region and couldn’t get a response from them. I copied her [OT regional disability role] into the email... such a small example, but her prompting social workers on our behalf to follow up on things they said they were going to follow up on is a huge help. I understand though that OT are under resourced.”

However, we also heard from kaimahi from NGOs and health and education agencies about the difficulties they experience working with Oranga Tamariki, particularly in terms of collaboration, communication and information-sharing. Some health service kaimahi told us that they experience poor communication from Oranga Tamariki “until a crisis occurs”, and that they often do not know who to contact to arrange services for tamariki and rangatahi in Oranga Tamariki care. This is a theme that we have explored in more detail in our report into access to primary health services and dental care for tamariki and rangatahi in state care.

We heard from an iwi social service that poor communication of Oranga Tamariki policies and practices creates barriers for the provider to meet the health needs of tamariki and rangatahi in their care.

“There’s always room for improvement. However, in terms of medications and guardianship, Oranga Tamariki have that however the important thing that I can see is that within the rūnanga, our services we’ve got doctors, medical centres, if we can change that mindset

or guardianship and social workers with medications and utilise our own services, it would be a vast win for all in terms of the service. As you know, when the rangatahi needs to go for an appointment it’s not the kaimahi’s job to take them because we’re not the legal guardian, the social workers have to take them and then again that’s a step backwards because it prolongs the process. Whereas if we had the use of our own services, it would cut out the middleman. However, with Oranga Tamariki holding the strings we can’t do that. However, another trick, we are fortunate to have an iwi appointed manager sitting upstairs [in the Oranga Tamariki office] next month who A. are from the iwi and B. hopefully will push changes” [Iwi social services provider]

We were told that these difficulties impact on agencies’ ability to meet the health needs of tamariki and rangatahi in the custody of Oranga Tamariki.

Overall, the experience of agencies working together is mixed. However, we are starting to see an improvement in some regions and where we are hearing about good collaboration, kaimahi describe how it benefits tamariki and rangatahi.

Support for tamariki and rangatahi with high and complex needs

We had heard in our earlier monitoring that kaimahi from several agencies, including Oranga Tamariki and Police, were concerned about a lack of funding and support available for tamariki and rangatahi with high and complex needs, including neurodevelopmental disorders such as FASD. This year, we heard similar themes from caregivers and whānau, as well as kaimahi from Oranga Tamariki. They spoke about difficulties in getting assessments, and in accessing supports following diagnosis. FASD was again raised as an issue in terms of diagnosis, availability of funding and supports, and the way that it is or is not recognised as a disability within the health system¹⁸.

¹⁸ The cross-agency plan for mental health and wellbeing, as part of OTAP, refers to work being undertaken in 2023 to expand caregivers’ access to specialist skills development in supporting neurodevelopmental disabilities including FASD, and work in 2024 to design role-specific learning pathways in care and protection residences to support neurodevelopmental disabilities including FASD.

When we spoke to disabled tamariki and rangatahi and/or their caregivers, there were more positive than negative experiences around accessing health services in general. We also heard from tamariki and rangatahi in a specialist disability placement that being able to experience fresh air from open windows at night was a welcome change from being in hospitals. We were told by tamariki and rangatahi that they feel safe and cared for.

“I have lovely people like [name], lovely teachers, good friends ...”

“We do Zumba on Thursdays. Sometimes I go in front ... We have a circle of high-fives and we go around and give everyone a high five”

However, we also heard concerns about the system response to parents who are struggling to cope with caring for disabled tamariki and rangatahi with very high needs. We heard that very high and complex needs associated with disability are sometimes treated as care and protection issues. Some whānau with tamariki and rangatahi living in specialist disability placement told us about their struggle in making the initial decision to have their tamariki and rangatahi in care. Some Oranga Tamariki kaimahi told us that they do not think this system response is appropriate.

“A lot of disability work high level is not always care and protection. We almost have to put a punitive label on these whānau in order to get the needs in the support of a placement.”

“There is a different approach between OT and the health sector. The health sector is about removing children from parents and putting them in a residential programme – not about looking at the resources that can support them to remain in their own home ... we have a tension at a philosophical level around where we should be intervening.”

“We had a situation – a young person was in respite care with mental health service, were only allowed three days – mum wanted a bit more time – mum couldn’t go and meet with them at the service – they wouldn’t meet mum at home – so they referred to us, we said we would see mum with them – they told us they needed us to take custody of the child. We said that didn’t seem right. We went and seen mum in the end – we negotiated an extra night or two at the respite home – but it shouldn’t have been that complex. We had nothing to do with them – they were under the CAMHS service – it got escalated right through help – one of those perverse situations where you end up with a distorted outcome, when there was a relatively straight forward solution. I know that isn’t part of the policy – you normally get family coming to the service.”

“I am involved with one rangatahi where it would be most ideal if we could contract the service, a rostered service to go into the home, but service providers are not willing to do that. We are ten years behind in our thinking. Spectrum care – those types of providers have been providing these services.”

The importance of government agencies working together to achieve positive outcomes for tamariki and rangatahi in care has been reinforced from what we heard in our monitoring visits. Oranga Tamariki is not responsible for delivering health services, yet we continue to hear that it is left to deal with the consequences of unmet health needs among the tamariki and rangatahi it cares for. Greater clarity over how services are accessed and funded is required, so that Oranga Tamariki social workers and caregivers can more easily navigate the system to get tamariki and rangatahi the services they require.

Open Home Foundation



What the Open Home Foundation data tells us

Open Home Foundation recorded a PHO enrolment rate of 100 percent for tamariki and rangatahi in its care during 2022/2023. Open Home Foundation data also states that 79 percent of tamariki and rangatahi in its care had an annual health check in 2022/2023, and 75 percent had a dental health check (or were not eligible due to their age). However, as outlined in our report into access to primary health services and dental care, we understand from Open Home Foundation kaimahi that any visit to a PHO may be recorded as an annual health check, irrespective of what that visit was for.

Open Home Foundation data also records that 100 percent of tamariki and rangatahi in its care had access to a culturally knowledgeable and experienced health practitioner during the reporting period¹. This is discussed in our report into access to primary health services and dental care.

In terms of equity, Open Home Foundation data shows that tamariki and rangatahi Māori have higher rates of annual health checks than non-Māori. While the numbers are too small to draw firm conclusions, it does point to an absence of any indication that tamariki and rangatahi Māori are receiving fewer checks than non-Māori.

PHO enrolments

N/A

99%

100%

2020/2021

2021/2022

2022/2023

Annual health checks

N/A

65%

79%

2020/2021

2021/2022

2022/2023

Annual dental checks

N/A

59%

75%

2020/2021

2021/2022

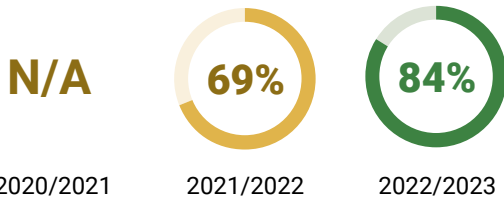
2022/2023

¹ NCS Regulation 13 includes the requirement that reasonable endeavours are made to ensure that tamariki and rangatahi have “access to a health practitioner who has knowledge and experiences of the cultural values and practices” of those tamariki and rangatahi. For tamariki and rangatahi Māori, this means “a health practitioner who has knowledge and experience of Māori models of health”.

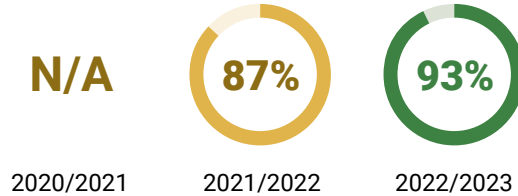
Including health needs in plans

In most cases, there has been an improvement in how well health needs have been included in individual plans.

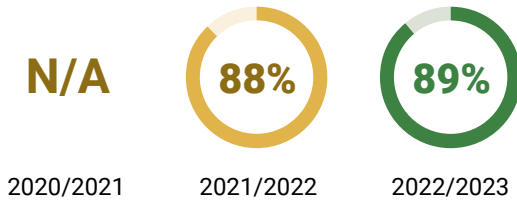
Physical health needs included in tamariki and rangatahi plans



Emotional health needs addressed in tamariki and rangatahi plans



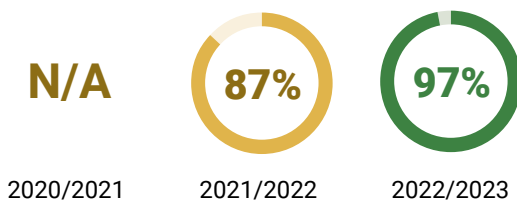
Behavioural health needs addressed in tamariki and rangatahi plans



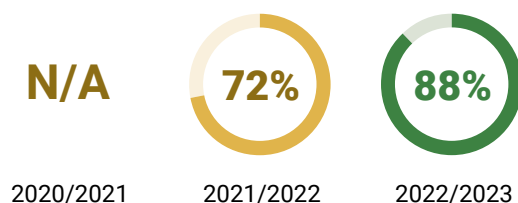
Disability

Open Home Foundation states that 40 percent of tamariki and rangatahi in its care during the 2022/2023 reporting period were identified as having a disability. There have been improvements in how well disability-related needs have been identified and addressed in individual assessments and plans.

Disability-related needs identified in recent CANS assessment



Disability-related needs addressed in tamariki and rangatahi plans



Key insights from our community visits

We heard from tamariki and rangatahi in the care of Open Home Foundation that they know who their doctor is, or they know how to access their doctor, and that they would be supported to see a doctor if they needed to.

“I have a doctor, no issues. Since being here I actually have a regular doctor. I go to the local clinic in [town]. I’m happy with my doctor. In previous homes I never had regular doctor and I might not have got to see them anyway. I’m seeing him [doctor]tomorrow due to my mental health. My [...] can read me like a book. He suggested anti-depressants we’re going to talk to the doctor tomorrow. I’ve always felt weird about that, because it says maybe there is something that’s weird about me, but then it might help.”

We also heard from Open Home Foundation caregivers that they had more positive than negative experiences in terms of supporting the health and wellbeing of tamariki and rangatahi in their care.

“Arranged doctor and dentist. He has also been to the optician. He has glasses now. I got him in the dentist because he’s 16 and he needs it. It’s really difficult to get young people into doctors and dentists down here.”

“They [OHF] are pretty quick. They like to stay on top of things. Social worker will come along to paediatrician appointment sometimes and I will let her know latest information, share reports from school, things like that. He has been to the orthodontist and will need braces in the future. Open Home Foundation know about that. They will pay for this bill.”

As with kaimahi from Oranga Tamariki, we also heard from Open Home Foundation kaimahi about delays in access to health services, including mental health services. In some instances, tamariki and rangatahi are unable to access services as books are full, and therefore closed to new patients. We also heard that some tamariki and rangatahi are unable to access some services, such as mental health services and supports for intellectually disabled tamariki and rangatahi, due to the high thresholds for eligibility.

“No funding for counsellors and lack of counsellor.... With CAMHS – a kid can’t get seen, can’t get an appointment. Funding is so hard and so unfair.”

“With health I feel they need to be bad enough or in crisis to be able to be seen – Paediatricians seem to get more access to services. Children who are not cutting won’t be seen. If the behaviours aren’t there then they don’t reach the criteria.”

“I have this child – having nightmares – would wake up so escalated – wakes up at a level nine – I can’t bring him down – he needs counselling, and he needs medication – gun to your head you can’t learn to function at a nine – you can’t come down. Six months to start the process to assessment – he can’t access services because he is not in stable placement.”

Once again, the system supporting tamariki and rangatahi in care must be strengthened to better serve the health needs of this group.





Mātauranga





Mātauranga

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

The purpose of the NCS Regulations is to support tamariki and rangatahi to engage successfully with education. The Regulations require that all tamariki and rangatahi in care have their educational or training needs assessed (taking into account their personal goals), that they are all enrolled in education or training appropriate for their age (or that they obtain employment), that their attendance is supported, and that their progress is monitored. The NCS Regulations also require tamariki and rangatahi in care to have support for play, recreation and community activities.

There is a well-established link between education and other areas of wellbeing. Education contributes to wider wellbeing through better employment and earning prospects. Data shows that rangatahi receiving a main benefit are 4.3 times more likely to have youth justice history, and 2.4 times more likely to “have interacted with Oranga Tamariki in childhood” than the general Aotearoa youth population.¹ Higher levels of education are also associated with higher life expectancy and lower levels of smoking, obesity, disability and depression.² We also know that achievement of a minimum of NCEA Level 2 by mothers is associated with higher educational attainment in their children.

Unsurprisingly, there is also an inverse correlation between missed education and educational achievement – declines in school attendance and engagement in learning can be expected to have major long-term consequences.³

Tamariki and rangatahi in care have poorer education outcomes than tamariki and rangatahi who are not in care. Data from the IDI shows that, for the year ending June 2021, tamariki and rangatahi in care had higher levels of stand-downs, truancy, and suspensions⁴; and lower NCEA level 2 achievement⁵ than tamariki and rangatahi of the same age who were not in care.

¹ Ministry of Social Development Insights Reporting Series, ‘Young people 16-24 years old’, <https://msd.govt.nz/documents/about-msd-and-our-work/publications-resources/statistics/insights-reporting-series-docs/insights-reporting-series-young-people.pdf>

² https://www.educationcounts.govt.nz/_data/assets/pdf_file/0016/206026/education-and-health-report.pdf (accessed 21 September 2023).

³ Child and Youth Wellbeing Strategy 2021/2022 Annual Report.

⁴ In the 5-17 year age group, 11 percent of tamariki and rangatahi in care had been marked as having stand-down days, 3 percent had suspension spells, and 11 percent had truancy days. In the general population, these figures were all below 1 percent for the same age group.

⁵ In the 14-17 year age group, 6 percent of rangatahi in care had achieved NCEA level 2 or higher, compared with 15 percent of the general population. However, NCEA level 2 or higher is achieved by 80 percent of the general population by 18 years of age – most rangatahi in care have ‘aged out’ by this age.



Summary

There have been improvements in the completion of individual assessments of educational need for tamariki and rangatahi in the care of Oranga Tamariki over the last three years. However, Oranga Tamariki does not have assurance that these needs are being met or that services and supports are being delivered. In particular, Oranga Tamariki is not able to provide data on school attendance.

Tamariki and rangatahi in care often have high or very high educational needs, but we continue to hear about difficulties accessing educational supports for this group and a lack of clarity over who is responsible for funding. This, combined with negative attitudes from schools, means

that tamariki and rangatahi in care may attend Alternative Education or have no educational placement. There is evidence to show that tamariki and rangatahi in care who attend Alternative Education often engage well. However, Alternative Education has worse educational outcomes than other places of learning, and the Education Review Office does not consider it to be a viable option for tamariki and rangatahi in care.

Evidence indicates that better outcomes can be achieved if more is done to support tamariki and rangatahi to have an education placement in school, and to remain in school.

Oranga Tamariki



What the Oranga Tamariki data tells us

As discussed in other parts of this report, there has been an improvement in assessment and plans being completed for tamariki and rangatahi this year. Across the last three years, the Oranga Tamariki education needs lead indicator shows an increase in the proportion of tamariki and rangatahi whose education needs are addressed in their plans, from 78 percent to 92 percent. The biggest improvement occurred between 2021 and 2022.

This means that assessments and plans have been completed – it does not necessarily mean that the supports and services have been delivered.

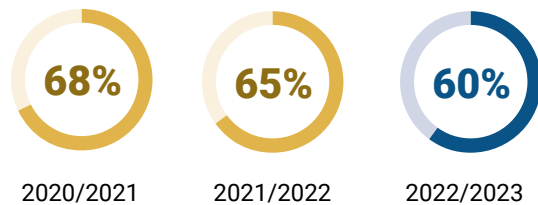
Education needs and enrolment

Oranga Tamariki lead indicator: Education needs



This measures whether the education needs of tamariki and rangatahi are addressed in their plans.

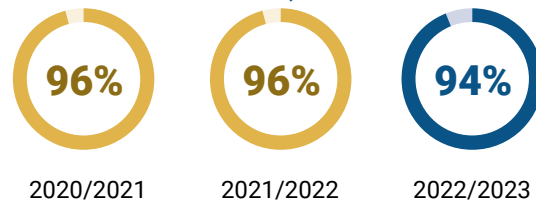
Early childhood enrolment (0-5 year olds enrolled in early childhood education)



Data shows a continuing decline in enrolment of tamariki in early childhood education. The drop is most marked for tamariki 0-4 years of age, with 43 percent of tamariki 0-4 years of age enrolled in a licenced ECE service or certified playgroup in 2022/2023. This was recorded at 58 percent the previous year.

We recognise that ECE is not compulsory, and that participation in ECE has declined generally across Aotearoa since 2020.⁶

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



Of the 94 percent of school enrolments, Oranga Tamariki data shows the majority (91 percent) enrolled at a registered school. Just under one percent were recorded as learning in the following settings: home school, correspondence school, and Alternative Education. For five percent of tamariki and rangatahi 6–15-years of age, there was no record.

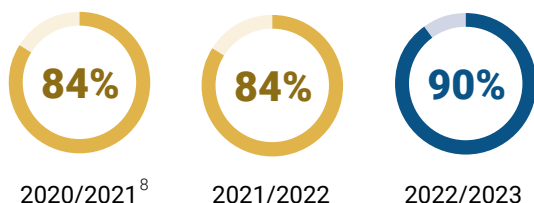
Education is compulsory for all tamariki and rangatahi in this age group in Aotearoa, and this is reinforced by the NCS Regulations for tamariki and rangatahi in care.⁷ Oranga Tamariki data shows that 3,329 out of 3,523 school-aged tamariki and rangatahi in its care had a record of an education provider in 2022/2023. Similar to data on enrolment with PHOs, it is unclear whether this means tamariki and rangatahi are enrolled at a school they currently attend, or whether the information is out of date.

We heard concerns about educational placements in our monitoring visits, where some tamariki and rangatahi are spending every weekday at Oranga Tamariki offices because no educational placement has been made available for them.

⁶ As recorded in June 2022. The Child and Youth Wellbeing Strategy 2021/22 Annual Report states that the Covid-19 pandemic is thought to be the predominant reason for this decline.

⁷ NCS Regulations 38(1) and 38(2) state that young persons 6-15 years of age must be enrolled at a registered school, and 'If any dispute arises about the enrolment of a child or young person in a particular school, the chief executive must take steps to resolve the dispute, including, where necessary, bringing in legal proceedings'.

Tamariki and rangatahi had opportunities for play and experiences



Oranga Tamariki case file analysis showed 90 percent of tamariki and rangatahi in its custody had opportunities for play and experiences that are appropriate to their interests and development.

Monitoring attendance and progress

As with previous years, Oranga Tamariki has not been able to provide data on whether an update had been obtained, at least once a term, on the regularity of school attendance.

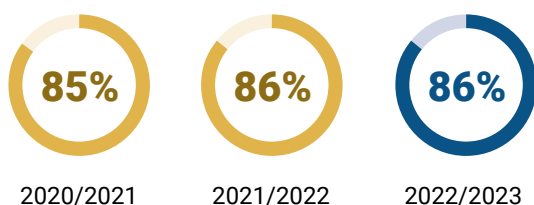
Actions taken to address any concerns raised about educational progress



Case file analysis shows that during the past three years, between one quarter and one third of tamariki and rangatahi in care had concerns raised about their educational progress and/or their educational goals not being achieved. Where these concerns were raised, Oranga Tamariki considered that social workers had taken sufficient action to address the issue in 86 percent of cases in 2022/2023.

Education, training and employment

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



Of this group, four percent were on an apprenticeship or training course in 2022/2023, and three percent were in employment.

Ten percent of rangatahi in this age group did not have their education or employment status recorded.

Data shows that 86 percent of rangatahi aged 16 years of age and older were either enrolled at a registered school or tertiary education organisation, or had obtained employment, during the reporting period.

⁸ The methodology used by Oranga Tamariki changed slightly after 2020/2021 so this figure is not directly comparable to later years.

Commitments and changes in response to our 2021/2022 report

In our previous Experiences of Care in Aotearoa reports, we heard that government agencies are not consistently working well together at a local level to meet the educational needs of tamariki and rangatahi in care. We heard this again this year.

For this year's report, we asked the Ministry of Education what actions have been taken during the reporting period to prioritise tamariki and rangatahi in care. We were told that the Ministry "does not collect data on children in care or use care status to prioritise learners for individual services", and that support is allocated "according to learning need".⁹ However, the Ministry told us that it is developing an information sharing agreement with Oranga Tamariki "to better understand need and consider more targeted approaches", and that work is

underway on specific issues – such as high needs learners, stand-downs and suspensions – which disproportionately affect tamariki and rangatahi in care.¹⁰

We were also told of specific initiatives that contribute to improved educational outcomes under the Oranga Tamariki Action Plan (OTAP). These include the appointment of a Lead Education Advisor for Children in Care in Auckland, a Ministry response to the Education Review Office's review of learning in residential care, and the development of agreed processes and practices with Oranga Tamariki.

Our future reports will look at whether these initiatives are making a difference.

Key insights from our community visits

Educational placements

During our monitoring visits, we heard of some tamariki and rangatahi not having educational placements. This is because schools are unwilling to accept them, and/or they don't meet the eligibility for Alternative Education (for example, if they are too young) and/or because it takes too long to secure a placement in Alternative Education. This is likely to account for some of the tamariki and rangatahi who are not identified as having been enrolled at a school.

For the older age group of 16 to 20 years of age, education is not compulsory in the general population. However, the NCS Regulations require Oranga Tamariki to assist rangatahi to be enrolled in education or training or to obtain employment. Oranga Tamariki data shows that 86 percent of this group was enrolled at a registered school or tertiary education organisation or had obtained employment during the 2022/2023 year (1,138 out of 1,317 rangatahi).

During our monitoring visits in 2022/2023, we heard from Oranga Tamariki kaimahi that they are concerned about the tamariki and rangatahi who do not have education, employment or training placements. They described how some tamariki and rangatahi have no option but to sit in Oranga Tamariki offices every day because there is no educational or training placement available for them. We heard this is also an issue for under 16-year-olds.

"Very common in residence [group home in the community]. If our kid is not going to school – he will be in the office. No kids are to be in our house between 9 and 3 – they need to be at school. So that's why they end up in the OT office. Because of what they do when they are at the office – they are free in the office."

⁹ Correspondence dated 26 September 2023.

¹⁰ Oranga Tamariki data shows that 27 percent of the in-care population has been stood down from school in their lifetime, compared with 1.8 percent of the general population. 80 percent of the youth justice population has been stood down, compared with 4.5 percent of the general population in the same age group.

“Too often we have rangatahi on the third floor [of an OT site] – they have been excluded from school and we don’t know what to do with them. We don’t have youth workers we don’t have resource workers. Sometimes our family group homes they stay in – they don’t keep them there for the day – so they come here for the day, and it goes on for quite a while.”

“Why isn’t there a system where they engage in some type of programme – rather than sit in a cold room in OT doing nothing. Something that teaches them social skills – but nothing is happening cos the social worker is so busy. There is no programme.”

“If a family wasn’t taking their child to school – the child could be uplifted.”

We heard consistently from kaimahi at Oranga Tamariki that schools often have negative perceptions of tamariki and rangatahi in care. We also heard this can sometimes lead to schools stigmatising these tamariki and rangatahi, and/or being unwilling to enrol them at all.

This was also acknowledged as a concern by a small number of kaimahi from the Ministry of Education.

“Some schools work hard not to accept them, they are not welcomed, they are seen as disruptors.”

However, we heard from a Ministry of Education kaimahi who suggested they would be able to support Oranga Tamariki in these instances.

“One of the things that really concerns me is how difficult it is for Oranga Tamariki social workers to enrol kids in school. They don’t quite believe schools are going to be welcoming and sometimes they are not. And if they are not, they don’t ask us [MoE] for help. So, they will accept a very small welcome mat from school. And some schools believe they [tamariki/rangatahi] won’t be suited for the mainstream learning

environment and I’m not sure where that judgement comes from so then social workers have to find somewhere for that child to be during the day. But they just need to ask us to support them with that!”

What we heard is that schools are not always there for tamariki and rangatahi in care. In some cases, this may be because of the attitude of the school, and in others, it may be because there are challenges in getting supports in places so that tamariki and rangatahi can successfully attend.

Attendance and engagement in learning

The NCS Regulations require Oranga Tamariki to take reasonable steps to ensure that all tamariki and rangatahi in its care attend school. It must also obtain updates on attendance at least once a term.

Ministry of Education data shows that school attendance has been declining over recent years across Aotearoa, and particularly due to the Covid-19 pandemic. It is for this reason that the Ministry launched its Engagement in Learning Strategy in 2022, which includes work *“to better understand and respond to the barriers to attendance and engagement for ākongā¹¹ who come into contact with Oranga Tamariki. The Ministry of Education will work with Oranga Tamariki to identify and provide the data and information schools need to better support this group of ākongā”*.

Monitoring attendance is crucial to understanding the extent of the problem, and whether strategies for encouraging attendance are working. It is frustrating that in three years of monitoring the care standards, Oranga Tamariki remains unable to report on levels of attendance for the tamariki in its care (in comparison, the Open Home Foundation is aware of attendance, and is starting to receive this information from schools). It is hoped that this ongoing work with the Ministry of Education will resolve this issue, so that Oranga Tamariki can get a better understanding of engagement with school.

Although we again heard from some tamariki and rangatahi that Covid-19 had impacted their engagement in learning, we also heard some positive stories. One new theme to emerge from our monitoring visits in 2022/2023 is that tamariki and

¹¹ learners

rangatahi Māori told us that schools are supporting them to connect to te ao Māori. We heard this is because of schools' practice and teachers' attitudes.

This is supported by the 2021/2022 Te Tohu o te Ora survey of tamariki and rangatahi in Oranga Tamariki care, which found that 79 percent of tamariki and rangatahi Māori said they had a chance to learn about their culture (1.6 times more likely than other groups). Although we cannot draw any firm conclusions, we recognise that there have been several initiatives in recent years to support te ao Māori in education. They include, for example, changes to the New Zealand history curriculum, cultural competency professional development for teachers, and wider efforts to revitalise te reo Māori.

Supporting learners with higher needs

Analysis from the Social Wellbeing Agency shows that tamariki and rangatahi in care are likely to have evidence of high needs that are likely to impact on their learning.¹² Despite this, we heard again this year that there are often disputes between Oranga Tamariki and the Ministry of Education over which agency will fund educational supports for tamariki and rangatahi in care.

Kaimahi at Oranga Tamariki told us:

"Am not saying it's the MoE people, but just wanting to hear, whose responsibility is it. When a child has learning needs, they expect us to provide a teacher aide, is that ours? Isn't it theirs?"

"We've been supported by teacher aide, but only if Ministry of Education is involved. We can only fund if MoE is involved, and if they don't get funded, they miss out on the teacher aide. I see this as [an] issue where [the] school is looking at us for the answer, and they say, we are not taking the referral if Oranga Tamariki don't fund it as well."

"Education wants everything funded by us [Oranga Tamariki]. External agencies expect us to fund it all [supports and services] and that we have all this money. This is not true."

"We have told Education that this is your area so you need to provide funding but they won't have a bar of it. Where does all the education funding go. Where has the \$40 million that education received for that funding gone?"

Kaimahi at the Ministry of Education told us:

"I would love to share more with Oranga Tamariki how schools access funding for teacher aides and extra resources. It's a big process to get teacher aides, they don't fall out of the sky."

"I put one [a teacher aide] in place and I am waiting for funding to come through. Oranga Tamariki have agreed to fund it. It was put in last year. I have been chasing up. We have put the support in for the tamariki as it was needed. In the meantime we are funding that, waiting for Oranga Tamariki to do what they said they would."

We asked Oranga Tamariki and the Ministry of Education about any changes to funding supports such as teacher/student aides. Oranga Tamariki told us that its student aide support funding is intended to complement existing support funded by the Ministry of Education to help meet educational needs. There is no longer a ring-fenced Oranga Tamariki budget for student aides, but Oranga Tamariki funding can be used to "top up, not replace, existing [Ministry of Education] support or fill a gap while awaiting other supports".¹³

The Ministry of Education has pointed out that not all learners with additional needs require additional funding from the Ministry of Education. Operational funding received by schools, including a Support for Inclusion component, is intended to support all learners, including those with additional needs. The Ministry also states that learning support funding, which is additional, should not be a prerequisite for enrolment or attendance. Teacher aides are one of most common supports that are used and/or requested, but they should be

¹² Children with additional learning needs, Social Wellbeing Agency, September 2023. <https://swa.govt.nz/publications/Children-with-additional-learning-needs>

¹³ Oranga Tamariki response to supplementary questions, September 2023.

considered as one of a number of responses to remove barriers to learning.

As discussed below, Open Home Foundation also finds it necessary to fund educational supports for tamariki and rangatahi with high needs, sometimes on a temporary basis to enable an educational placement to commence or continue. From what we heard, processes that Open Home Foundation has put in place make it easier for its kaimahi to access funding, when compared to those of Oranga Tamariki.

It is clear there is a lack of clarity and consistency over how supports are funded. This is a cause of frustration for both schools and social workers and is likely to contribute to issues raised earlier about tamariki and rangatahi not being accepted into schools. Difficulties in accessing support for tamariki and rangatahi has remained a consistent and strong theme over the three years of our monitoring. Given that tamariki and rangatahi in care often have high or very high educational needs, and given the importance of keeping tamariki and rangatahi in school, clarity over who funds support, alongside simple systems to access it, is urgently required.

Alternative Education

Alternative Education caters for tamariki and rangatahi who are at risk of disengaging, or who have already disengaged, from school. It is usually offered to tamariki and rangatahi aged 13 years of age and above, and aims to provide learning opportunities to support them back into mainstream education, training or work.

Oranga Tamariki data reports that five percent of 16-year-olds and above were learning in Alternative Education in the 2022/2023 reporting period.

We heard in our monitoring visits that some schools will not accept tamariki and rangatahi in care, leaving Alternative Education as one of very few options for an educational placement.¹⁴

“We have one child, a 14-year-old that is not welcome at any school in the [region] anymore. We have explored every option, with no success with MoE being able to help, the only thing we can do is home school.”

“Each school is very different. Some schools don’t want to take our kids, hence, why they are enrolled in private schools. There are big, big disparities at how our kids are accepted – mostly not accepted in mainstream schools when they find out Oranga Tamariki is involved.”

The Education Review Office (ERO) has reported on a survey showing that one in six (17 percent) tamariki and rangatahi in Alternative Education who completed the survey had been in the care of Oranga Tamariki. The Social Wellbeing Agency has found that almost one in five (19 percent) care-experienced rangatahi participate in Alternative Education at some point in their lives, compared with two percent of the general population of the same age.¹⁵ Sixty-eight percent of tamariki and rangatahi in Alternative Education are Māori, and 63 percent are male.¹⁶

Young people in Alternative Education are the most highly disengaged from mainstream education and have high and often complex needs.¹⁷ They are referred to Alternative Education due to behaviour, attendance issues, alienation from school and referrals made by Youth Justice and Oranga Tamariki.

¹⁴ Other options include home schooling and correspondence school, both of which require support from an adult as well as a suitable venue during the day.

¹⁵ ERO data is based on the experience of learners in the care of Oranga Tamariki, who were learning in Alternative Education when they responded to the survey. The Social Wellbeing Agency data looked at whether tamariki and rangatahi in the care of Oranga Tamariki had attended Alternative Education at some point in their lives.

¹⁶ The Social Wellbeing Agency found that Alternative Education participants are 2.8 times as likely to be Māori as non-participants. In its study, 51 percent of non-participants in Alternative Education in the sample were male, compared to 63 percent of Alternative Education participants. <https://swa.govt.nz/assets/Document-Library/Experiences-and-outcomes-of-Alternative-Education-participants-v3.pdf>

¹⁷ The Social Wellbeing Agency has identified that nearly half (47 percent) of the in-care subset of tamariki born between 2009 and 2012 has evidence of high needs inside or outside the education system. 38 percent of the same in-care subset have received individualised learning support within the education system, and 27 percent have evidence (from parents and carers in the health system) of needs that are likely to impact their learning (using data from outside the education system).

The ERO survey found that rangatahi in care were more engaged in, and more likely to enjoy, their learning in Alternative Education (80 percent of those in care) compared to those not in care (66 percent). Seventy-one percent of survey respondents in care who were in Alternative Education said they see education as being important for their future (compared with 59 percent of those not in care).¹⁸

Despite this, Alternative Education is associated with worse educational outcomes than other educational settings. For example, fewer than one in 10 rangatahi from Alternative Education achieve NCEA Level 2 or higher (nine percent), compared to eight out of 10 rangatahi in mainstream school. ERO describes Alternative Education as poorly resourced with little oversight from contract-holding schools, little accountability for educational outcomes, and few registered teachers (only one in five educators in Alternative Education is a registered teacher). Funding per place in Alternative Education was found to be less than half of the funding available for some small secondary schools,¹⁹ although we recognise that Budget 2023 funding took effect on 1 January 2024. This new funding increases the annual per-place funding rate by 30 percent.

When tamariki and rangatahi do succeed at Alternative Education, it is due to the elements of the model that do work. These include small class sizes, having the same educator throughout the day, flexibility to provide a different education, and having kaimahi with experience, aptitude, and commitment to working with tamariki and rangatahi, and who act as role models.

We spoke with some tamariki and rangatahi attending Alternative Education during our monitoring visits and heard some accounts of their experience.

“Yeah it’s [alternative education school] alright. There are just too many troublemakers there.”

“I want to be around everyone else. Not being with kids [in Alternative Education] that are annoying as fuck. I told my social worker I want to be at a school with everyone.”

We also heard from both rangatahi and kaimahi about the lengthy, drawn-out processes for securing an Alternative Education placement and that this can risk further disengagement from learning and education.

“It took her four months to get me into a [alternative education] school and I was just sitting around doing nothing.”

“There are lengthy processes to get them support. Sometimes tamariki have been out of education for two years, it is too long. They get haututū [mischievous] because there is not an alternative for them and not in a timely manner.”

“A lot of our young people struggle with engagement in training and school. MoE and [alternative] schools, there is a drawn-out process. There seems at times a lack of willingness to positively engage with tamariki and rangatahi.”

We note that ERO has recommended the Alternative Education model be reformed to meet the needs of the most disengaged tamariki and rangatahi who need an alternative to mainstream schooling. ERO does not consider Alternative Education to be a viable option for learners in care. Its review demonstrates that tamariki and rangatahi are better off if they can remain in mainstream school. As we already note, removing current barriers to accessing support (such as teacher aides) for tamariki and rangatahi is likely to help with this.

However, for some tamariki and rangatahi in care, Alternative Education and other learning pathways such as home school and correspondence school may be the only options for education. When we consider the positive levels of engagement with Alternative Education, there is an opportunity to improve education if access and quality to this service can be improved. By association, this can improve other life outcomes for tamariki and rangatahi in care.

¹⁸ *An Alternative Education? Support for our most disengaged young people* Te Ihuwaka | Education Evaluation Centre 2023.

¹⁹ *An Alternative Education? Support for our most disengaged young people* Te Ihuwaka | Education Evaluation Centre 2023.

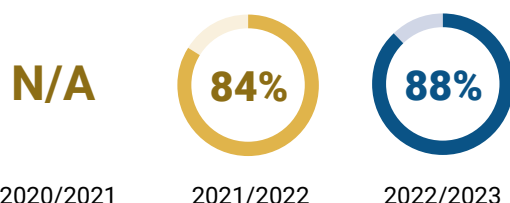
Open Home Foundation



What the Open Home Foundation data tells us

Education needs and enrolment

Education needs addressed in plans



Eighty-eight percent of plans took into account educational or training needs. This is an improvement on last year.

Early childhood enrolment 0–4-year-olds

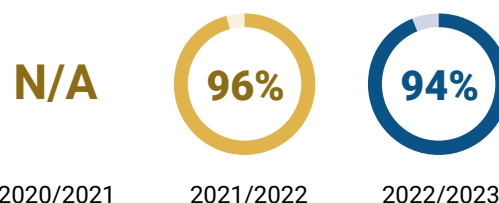


Early childhood or school enrolment 5-year-olds



Open Home Foundation reports 100 percent ECE enrolment for tamariki 0-4 years of age in its care (an improvement from 83 percent the previous year), as well as 100 percent enrolment for tamariki five years of age in either ECE or a registered school (unchanged from the previous year). ECE or school attendance is not a legal requirement for tamariki in this age group, but is described in the NCS Regulations as a requirement “where it is in the best interests of a child”.¹

School enrolment 6–15-year-olds



In 2022/2023, 94 percent of tamariki and rangatahi aged 6-15 years of age were enrolled at a registered school.

Equipment and material provided

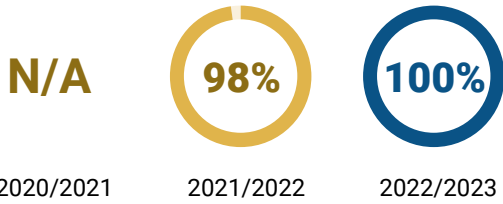


Education-related costs (such as donations or fees) provided



¹ Section 36, NCS Regulations.

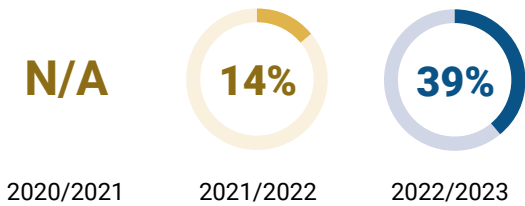
Additional support provided for the tamariki or rangatahi to succeed



Although not all plans showed evidence of taking into account the educational needs of tamariki and rangatahi, Open Home Foundation also provided data that shows that all tamariki and rangatahi received support to address their needs, such as education-related costs or additional support.

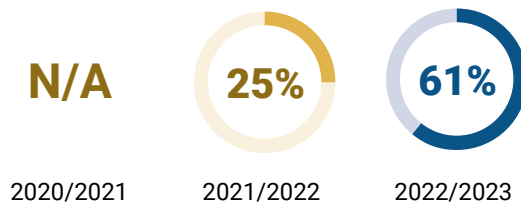
Monitoring attendance and progress

Termly updates on tamariki attendance at school



Open Home Foundation reports an improvement in monitoring school attendance during the reporting period. For 39 percent of tamariki and rangatahi enrolled at school in 2022/2023, an update on school attendance was obtained four times a year (up from 14 percent the previous year). The mean number of times per year was 2.6.

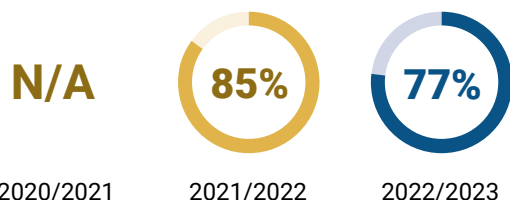
Termly written updates on educational progress



Open Home Foundation data shows that it obtained a written update from education providers on the educational progress of tamariki and rangatahi in its care at an average rate of twice a year (61 percent had a written update each term in 2022/23, up from 25 percent the previous year).

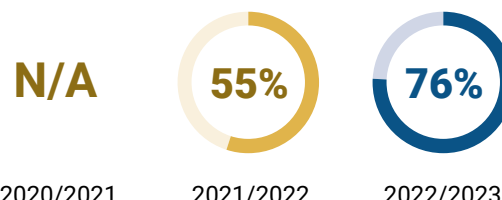
Support and opportunities

Tamariki and rangatahi had opportunities for play and experiences



77 percent of tamariki had opportunities for play and experiences. This is eight percent fewer than last year.

Appropriate support for cultural activities

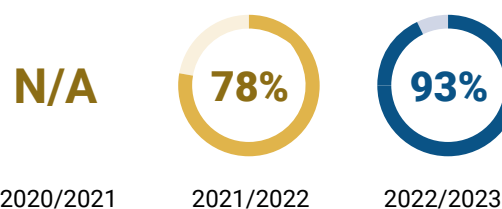


Open Home Foundation reports that 76 percent of tamariki and rangatahi in its care had appropriate support (including financial support) to participate in cultural activities. This is an increase from 55 percent in the previous year.

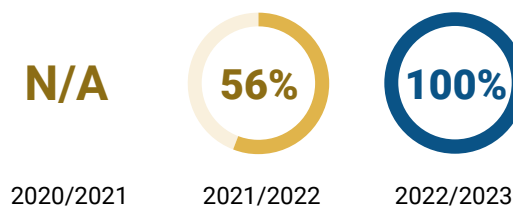
Education, training and employment

Open Home Foundation reports that 93 percent of rangatahi 16-18 years of age were enrolled with a registered school or tertiary education organisation in 2022/2023. This is an improvement from 78 percent the previous year. For those not enrolled with a school or tertiary education organisation, Open Home Foundation also reports that 100 percent of this age group had been assisted to obtain employment. Although caring for a small number of rangatahi, Open Home Foundation has achieved full compliance with the NCS Regulation around education, employment and training for the over 16 cohort.

Rangatahi 16-18 years of age in school or tertiary education



Rangatahi 16-18 years of age, not in education, assisted to obtain employment



Key insights from our community visits

During our 2022/2023 monitoring visits, we spoke with a small number of tamariki, rangatahi, whānau and caregivers from Open Home Foundation. Due to the nature of our monitoring visits, most of the Open Home Foundation people we spoke to in the 2022/2023 reporting period were in partnered care. This means that Oranga Tamariki has the custody of tamariki and rangatahi and entrusts their day-to-day care to Open Home Foundation.

The tamariki, rangatahi, whānau and caregivers we spoke to were generally positive about the supports they receive from Open Home Foundation, with some saying that the tamariki and rangatahi they care for have teacher aides thanks to Open Home Foundation. However, as discussed earlier, some also spoke about difficult relationships between schools and Oranga Tamariki.

Open Home Foundation leadership told us:

“Even teacher aide funding has been cut back. We pay for full time teacher aide to keep them in school.”

We heard from Open Home Foundation kaimahi that they have good relationships with other agencies. They told us that good communication and collaborative relationships with other professionals and agencies drives positive outcomes for tamariki, rangatahi and their whānau.

However, Open Home Foundation kaimahi in one hui discussed a lack of communication between themselves and local schools. We heard that this has meant those schools have a limited understanding of the needs of the tamariki and rangatahi in Open Home Foundation care, and therefore limited ability to support them.

Open Home Foundation kaimahi also spoke about the difficulties they faced when Oranga Tamariki and the Ministry of Education do not agree on their respective responsibilities for supporting and funding tamariki and rangatahi in care. We discussed this with the leadership team at Open Home Foundation and heard that Open Home Foundation has limited options when tamariki and rangatahi are in partnered care. This is because Oranga Tamariki takes responsibility for accessing funding. Where Open Home Foundation has custody, it can move quickly to fund educational supports to ensure that tamariki and rangatahi do not miss out on their education.

A new theme emerged this year around limited funding for services and supports and the lengthy, drawn-out assessment processes to access funding for disabled tamariki and rangatahi, as well as those with high and complex needs. We heard that some funding streams are inaccessible or are not applicable to certain conditions, such as Foetal Alcohol Spectrum Disorder (FASD),² or have lengthy application processes. Open Home Foundation spoke about how they must find money to provide supports in the meantime.

² The Ministry of Education states that its funding for learning support is based on evidence of need, and not on diagnosis of a particular condition.

“Another child who has 10 diagnoses including a cleft palate isn’t able to access any funding, cannot go to the toilet by herself etc. We had to get the money out of our own budget for a teacher aide – should be funded by MoE – feel sorry for OT, but MoE won’t pay for anything it’s absolutely insane.”

“The assessments take years, MoE doesn’t recognise FASD, can’t understand, MoE won’t fund if FASD. Took months and months, good side, when we do have a TA, its good. Hoping they are getting good support and that they share their findings.”

Open Home Foundation kaimahi also spoke about the importance of teacher aides in supporting tamariki and rangatahi, and the difference they make in terms of outcomes for those tamariki and rangatahi. However, they also told us about difficulties in accessing teacher aides with the necessary skills and training to support tamariki and rangatahi with complex needs.

“We often hire a teacher aide; the school will often say it’s difficult for them to find anyone. We’re looking for different skill sets depending on the child. What is it, it is quite specialised. If we get the right person, then it’s life changing. Sometimes schools get funding for that child, but it’s not used for the child.”

“Even teacher aide funding has been cut back. We pay for full time teacher aide to keep them in school. We were doing a safety planning with a mum who has a young boy who has trauma, he runs away from school can’t manage himself, school rings her to pick him up from school. Mum is stressing. We went to OT and said we can pay for a person to be with him at school and to help him. He is thriving, he’s believing he can now do things himself and is proud he is able to do things. Unfortunately, the teacher aide left and now the boy is back to his old behaviours. School has asked mum to take the boy to another school.”

“The [teacher aide] funding is being cut and it’s sad because the child is now back to his normal behaviours. He now has another teacher aide an 18-year-old with no training or trauma training etc.”

This is the same theme that we heard for tamariki and rangatahi in Oranga Tamariki care. This issue of funding is important to clarify so that tamariki and rangatahi have the best chance to stay in mainstream school and improve potential outcomes.

Barnardos Outcomes

For the period of this report, Barnardos has two rangatahi in its custody and care. Barnardos told us that, through its self-monitoring, it has evidence of full compliance with the NCS Regulations for their two rangatahi.

Barnardos provided us with examples of how the outcomes are being achieved for both rangatahi and both have demonstrated examples of expressing their views and have been enabled to make day-to-day decisions about their lives. For example, about where they live and their choice of education or employment. As in our previous reports, neither of these rangatahi see themselves as “in care” and, while they have regular contact with their social workers from Barnardos, are stable and secure in their current homes. Both have access to all their belongings including memory recording, milestones and whānau photos.

The Barnardos summary provides evidence of both rangatahi having their needs met and receiving timely access to services, including specialist services. It also provides information about positive relationships between the social workers and caregivers, and the rangatahi. Barnardos kaimahi are involved and updated by the other services involved with the rangatahi, including education and health providers.

There have been no allegations of harm or abuse for either of these rangatahi. Both rangatahi have been stable with their current caregivers for many years. Prior to living with their current caregivers (one with whānau) each had experienced multiple placements while in the care of Oranga Tamariki.

Barnardos also stated that it has implemented the improvement areas noted in our previous reports. See Appendix One.

Glossary



Agencies	Oranga Tamariki, Open Home Foundation and Barnardos - the three agencies in Aotearoa that have custody of tamariki and rangatahi.
All About Me plan	The primary plan that Oranga Tamariki uses to support tamariki and rangatahi needs and objectives.
Care or custody	In relation to tamariki and rangatahi, being subject to an order for custody or sole guardianship or to a care agreement, in favour of the chief executive of Oranga Tamariki—Ministry for Children, an iwi social service, a cultural social service, or the director of a child and family support service.
Caregivers	People who care for tamariki and rangatahi in custody of Oranga Tamariki, Open Home Foundation or Barnardos. Caregivers can be whānau or non whānau. They provide a range of care options including respite, short-term, or permanent care. Caregivers are sometimes referred to as foster parents or carers.
CGIS	Oranga Tamariki caregiver information system.
Child and Adolescent Needs and Strengths (CANS) assessment	An internationally recognised assessment and planning tool that supports decision making, used by Open Home Foundation.
Communities	When we talk about communities, we are referring to iwi and Māori organisations, care partners and organisations providing services to the community.
Complaints process	An opportunity for service recipients to raise concerns about services related to tamariki and rangatahi in care or custody of the agencies. See also grievance procedure.
CYRAS	Oranga Tamariki administrative database.
DHB	District health board (now Te Whatu Ora Health New Zealand).
Family Home	Oranga Tamariki describe family home care as two caregivers who care for up to six tamariki and/or rangatahi in a community-based home provided by Oranga Tamariki.
Foster parent	Open Home Foundation's term for a caregiver or carer.
Gateway assessment	An inter-agency process between health and education services and Oranga Tamariki to identify the health and education needs of tamariki in care, and how they will be supported.
Grievance procedure	An opportunity for tamariki and rangatahi to raise concerns about services related to their care in a residential facility.
Hapū	Sub-tribe
IDI	The Integrated Data Infrastructure is a large research database, maintained by Statistics New Zealand. It holds de-identified data about New Zealand people and households. Results from IDI analysis are not official statistics. They have been created for research purposes from the IDI, which is carefully managed by Stats NZ. For more information about the IDI visit https://www.stats.govt.nz/integrated-data/
Iwi	Tribe

Kaiarataki	Staff who coach and support leaders within Oranga Tamariki to change their approach to practice.
Kaimahi	Staff
Kairaranga ā-whānau	A specialist role at Oranga Tamariki that is designed to help weave connections between tamariki and rangatahi, and their whānau, and support tamariki and rangatahi Māori affiliation with their iwi.
Kaitiaki	Caretaker, caregiver, guardian
Kaiwhakamana	Advocacy worker
Kanohi ki te kanohi	Face-to-face
Kaupapa Māori	An approach underpinned by Māori values.
Kōhanga reo	An early childhood education and care centre where all education and instruction are delivered in te reo Māori.
Kōrero	Conversation or discussion.
KPI	Key performance indicator.
Legal guardian	An adult who is responsible for making decisions about important decisions in a child's life, for example religion and education.
Mana motuhake	Autonomy and independence.
Motu	Country
NCS Regulations	Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018. Came into effect on 1 July 2019. The NCS Regulations set out the standard of care tamariki and rangatahi can expect to receive when they are in the care of one of the agencies.
NVivo	A qualitative data analysis software programme.
OECD	Organisation for Economic Co-operation and Development. Aotearoa is one of 38 member countries.
Children and Young People's Commission	Formerly the Office of the Children's Commissioner. An independent Crown entity that advocates on issues that affect children and young people; and raising awareness of and advancing the United Nations Convention on the Rights of the Child.
OSCAR	Open Home Foundation's administrative database and case management system.
Outcomes Framework	A tool we use to measure how well agencies are supporting the wellbeing and life outcomes of tamariki and rangatahi in care.
Pākehā	A New Zealander of European descent.
Permanency	Full-time care for tamariki and rangatahi when returning to their family/whānau is no longer an option and an alternative permanent home is needed.
Rangatahi	Defined by the Oranga Tamariki Act 1989 as a young person or young people 14 years of age or older.

Rangatahi Māori	Young people 14 years of age or older of Māori descent.
Shared-care partners	Organisations that provide care for tamariki in custody of one of the three agencies under the Oranga Tamariki Act 1989. There are approximately 50 shared-care partners. Can be called shared care providers.
SKS screens	Substance and Choices, Kessler and Suicide Screens. Screening tools used to evaluate whether tamariki and rangatahi are dealing with substance abuse, suffering psychological distress or are at risk of death by suicide.
SoCiC Team	Oranga Tamariki Safety of Children in Care Team.
Tamaiti	Oranga Tamariki uses Tamaiti to refer to a singular child.
Tamariki	Defined by the Oranga Tamariki Act 1989 as children aged under 14 years of age.
Tamariki Māori	Children under 14 years of age of Māori descent.
Taonga	Treasures
Te ao Māori	The Māori world.
Te Tohu o te Ora	Oranga Tamariki survey of tamariki and rangatahi
Towards Wellbeing	A risk assessment and monitoring service that provides advice to social workers who work with tamariki and rangatahi who may be suicidal.
Tuituia assessment	An assessment used by Oranga Tamariki to capture information about the needs of tamariki and rangatahi. Tuituia focuses on holistic wellbeing of tamariki and rangatahi; capacity of their caregivers to nurture their wellbeing; and whānau, social, cultural, and environmental influences on them and their caregivers.
Tūrangawaewae	Place of belonging, location of identity through kinship and whakapapa (see whakapapa below).
VOYCE Whakarongo Mai (VOYCE)	An independent NGO that helps to advocate for children with care experience. VOYCE stands for Voice of the Young and Care Experienced.
Wānanga	To meet and discuss.
Whakapapa	Genealogy that connects a person to their identity and tūrangawaewae (see tūrangawaewae above).
Whakawhanaungatanga	Process of establishing relationships.
Whānau	People who are biologically linked or share whakapapa. For our monitoring purposes, whānau includes parents, whānau members living with tamariki at the point they have come into care (this does not include whānau caregivers) or whānau who are close to, and/or involved with tamariki on a day-to-day basis (this does not include whānau caregivers) and who have been involved in decision making about their care.
Whenua	Land, country
Whiti	The performance reporting tool Oranga Tamariki use.

Appendices



Appendix One

Agency commitments from 2021/2022 and 2020/2021

Each year we ask agencies about their compliance with the NCS Regulations and the progress they are making with self-monitoring. This year, we are looking at what agencies said they would do and what they have done over the last 3 years. For some initiatives, it may be too soon to see an impact on compliance with the NCS Regulations or the experiences of tamariki and rangatahi, however we will continue to report on any progress.

Oranga Tamariki

Findings by Monitor	Response from Oranga Tamariki	Progress with actions	Improvement on findings
	Planned actions	(Not started, In progress, Progress not known, Complete)	(Unknown, No Change, Improvement shown)
2020/2021	<ul style="list-style-type: none"> Strengthen case-file analysis 	Complete	Improvement shown
Gaps in monitored agency data limits our ability to fully understand how they are meeting their obligations under the NCS Regulations.	<ul style="list-style-type: none"> Caregiver Information System (CGIS) to be implemented early 2022 	Complete	Improvement planned for future reporting periods
	<ul style="list-style-type: none"> Launch new whānau survey 	Discontinued	No change
	<ul style="list-style-type: none"> Explore replacement of CYRAS 	Not started	No change
	<ul style="list-style-type: none"> Utilise Social Wellbeing Agency's Data Exchange 	Complete	Improvement shown
2020/2021	<ul style="list-style-type: none"> Full role out of Whiti 	Complete	Improvement shown
Self-monitoring of compliance with NCS Regulations needs to improve, so we can understand the quality of care and how to improve.	<ul style="list-style-type: none"> Use information from self-monitoring to implement policy and practice change 	In Progress	No change
	<ul style="list-style-type: none"> Continue to develop self-monitoring measures 	In progress	Improvement shown

Findings by Monitor	Response from Oranga Tamariki	Progress with actions	Improvement on findings
2021/2022 Oranga Tamariki is yet to fulfil the regulatory requirement to self-monitor its compliance with the National Care Standards Regulations.	<ul style="list-style-type: none"> Confirm self-monitoring framework, approach and model 	In progress	Improvement shown
	<ul style="list-style-type: none"> Establish baselines and targets for measure identified 	In progress	Improvement shown
	<ul style="list-style-type: none"> Develop reporting of foundational measures at each assurance level 	In progress	Improvement shown
2020/2021 Tamariki and rangatahi do not know and understand their rights.	<ul style="list-style-type: none"> Strengthen feedback and complaints system 	In progress	No change
	<ul style="list-style-type: none"> Create new resources with VOYCE [Manaaki Kōrero project] 	In progress	No change
	<ul style="list-style-type: none"> Update “My Rights My Voice” resource 	Complete	No change
	<ul style="list-style-type: none"> Mandate that rangatahi provided with grievance form after being searched or admitted to secure 	Progress not known	No change
	<ul style="list-style-type: none"> Appoint a National Quality Lead, Residential Quality Leads, National Training Coordinator, Residential Training Leads and Kaiwhakaako (cultural advisor within residence) 	In Progress	No change
	<ul style="list-style-type: none"> Implement priority areas from Te Tohu o te Ora 	In progress	No change
	<ul style="list-style-type: none"> Consider research insights and recommendations from rainbow and takatāpui rangatahi in care 	In progress	No change
2021/2022 To support tamariki and rangatahi to express their opinions, be involved in decisions, and share concerns, they need to know their rights.	<ul style="list-style-type: none"> Release Te Tohu o te Ora results early 2023 	Complete	No change
	<ul style="list-style-type: none"> Establish another Youth Advisory Group 	Complete	No change
	<ul style="list-style-type: none"> Establish an ‘Advisor Rangatahi Voices’ 	Complete	No change
	<ul style="list-style-type: none"> Increase accessibility to information on rights 	In progress	No change

Findings by Monitor	Response from Oranga Tamariki	Progress with actions	Improvement on findings
2020/2021 Connections with whānau and culture are important for tamariki Māori in care.	<ul style="list-style-type: none"> Further development of Te Toka Tūmoana (indigenous and bicultural principled framework) 	Progress not known	Unknown
	<ul style="list-style-type: none"> Update All About Me Plan policy to include emphasis on whānau searching 	Complete	Improvement shown
	<ul style="list-style-type: none"> With Whānau Care, recruit and support caregivers in partnership with iwi and kaupapa Māori providers 	In progress	No change
	<ul style="list-style-type: none"> Development of Te Hāpai Ō, Māori cultural capability programme 	Complete	Improvement shown
2021/2022 When staff lack cultural competence, relationships between Oranga Tamariki, whānau and other organisations can be negatively impacted.	<ul style="list-style-type: none"> Te Hāpai Ō baseline report to be completed in early 2023 	In progress	No change
	<ul style="list-style-type: none"> Te Hāpai Ō resources available on MyLearn 	Complete	No change
	<ul style="list-style-type: none"> Second intake of Tū Māia 	Complete	Improvement shown
	<ul style="list-style-type: none"> Refinement of Tū Māia (cultural capability programme) training resources 	In progress	No change
	<ul style="list-style-type: none"> Commence Te Reo Māori strategy in 2023/24 financial year 	Not started (Deferred)	No change
	<ul style="list-style-type: none"> Visit frequency changed to meet needs of tamariki 	Complete	No change
2020/2021 Oranga Tamariki respond well when tamariki enter care; practices weaken during their time in care.	<ul style="list-style-type: none"> Introduce “Tamariki in Care Clinics” (before June 2022) 	Complete	No change
	<ul style="list-style-type: none"> Facilitation of practice sessions by Practice Leaders that focus on NCS Regulations 	Complete	No change

Findings by Monitor	Response from Oranga Tamariki	Progress with actions	Improvement on findings
2020/2021 Caregivers need more support.	• Monitor caregivers' participation in 'Prepare to Care' programme	Complete	No change
	• Identify number of caregivers who have participated in trauma-informed learning/ support programmes	Complete	No change
	• Conduct case file review to improve support to caregivers	In progress	No change
	• Reform the system of financial assistance and support for caregivers	In progress	No change
2021/2022 Caregivers continue to tell us that they need more support.	• Continue to listen to caregivers' voices about their experiences	In progress	No change
	• Explore unfulfilled support themes reported	In progress	No change
2020/2021 Agency support of health needs, especially mental health needs, is variable.	• Case file analysis to capture diagnosis type to provide greater insight into disability needs for tamariki in care	Complete	No change
	• Establish inter-agency governance group across residences	In progress	No change
2021/2022 The prevalence of disability among tamariki in care is not well understood.	• Improve disability data prevalence measurement	In progress	No change
	• Examine experiences of tamariki and rangatahi in care receiving Disability Support Services	In progress	No change
	• Six-18 month focus on disability data improvements	In progress	No change
	• Disability Advisory Group provide advice on Disability Strategy	In progress	No change

Findings by Monitor	Response from Oranga Tamariki	Progress with actions	Improvement on findings
<p>2021/2022</p> <p>Lack of availability and access to mental health services continues to be a barrier.</p>	<ul style="list-style-type: none"> Will work with other children's agencies through OTAP to improve access to services to meet identified need 	In progress	No change
<p>2020/2021</p> <p>Agencies not communicating and working together effectively is a common barrier to achieving outcomes.</p>	<ul style="list-style-type: none"> Action Plan to be published early 2022 	Complete	No change
	<ul style="list-style-type: none"> Ngā Tini Whetū (collaboration between Oranga Tamariki, Te Puni Kōkiri, ACC and Whānau Ora Commissioning Agency to develop and implement a new whānau-centred early intervention prototype 	In progress	No change
	<ul style="list-style-type: none"> Develop new schedule in MoU between Oranga Tamariki, Police, Ministry of Health and Health New Zealand 	Complete	No change
<p>2021/2022</p> <p>Connections between Oranga Tamariki, health and education providers and communities remain splintered.</p>	<ul style="list-style-type: none"> Work with the Regional Public Service Commissioners to drive support and engagement in OTAP 	In progress	No change
	<ul style="list-style-type: none"> Progress next set of in-depth assessments and provide agency responses 	In progress	No change
<p>2021/2022</p> <p>For social workers to successfully perform their role they need to be able to spend more time with tamariki, rangatahi, whānau, caregivers and communities.</p>	<ul style="list-style-type: none"> Development of an organisational demand and allocation model, implemented in 2022/23 financial year 	In progress	No change
	<ul style="list-style-type: none"> Office of the Chief Social Worker will focus on better understanding social worker capacity, caseload complexity and workload management 	In progress	No change
	<ul style="list-style-type: none"> Streamline core processes and tasks to prioritise social workers time with tamariki, whānau and caregivers 	In progress	No change
	<ul style="list-style-type: none"> Development of a supervision strategy 	In progress	No change
	<ul style="list-style-type: none"> Invest further in supervisors' ability to support social work practice 	In progress	No change

Findings by Monitor	Response from Oranga Tamariki	Progress with actions	Improvement on findings
2021/2022 Oranga Tamariki are not always assessing caregivers and their households before tamariki are placed with them.	<ul style="list-style-type: none"> Determine why assessment and approval is not occurring 	In progress	Improvement shown
	<ul style="list-style-type: none"> Office of the Chief Social Worker to implement practice guidance around provisional approval 	Not started	No change

Open Home Foundation

Findings by Monitor	Response from Open Home foundation	Progress with actions	Improvement on findings
	Delivered and planned actions	(Complete, In progress, On-going, Not started)	(Improvement shown, No change, Unknown)
2020/2021 Gaps in monitored agency data limits our ability to fully understand how they are meeting their obligations under the NCS Regulations.	<ul style="list-style-type: none"> Improvements made to OSCAR (Case Management System) to increase scope and support ease of reporting 	In progress	Improvement shown
2021/2022 No finding specific to Open Home Foundation.	<ul style="list-style-type: none"> Continued to refine self-monitoring and data capturing in OSCAR 	In progress	Improvement shown
2020/2021 Self-monitoring of compliance with NCS Regulations needs to improve, so we can understand the quality of care and how to improve.	<ul style="list-style-type: none"> Continued to develop 'Better Off' survey data 	In progress	Improvement shown
	<ul style="list-style-type: none"> Hold fortnightly forums to upskill social workers on NCS Requirements 	In progress	Improvement shown
2021/2022 No finding specific to OHF.	<ul style="list-style-type: none"> Utilise 'Better Off' survey data for continuous improvement 	In progress	Improvement shown
	<ul style="list-style-type: none"> Continue to hold internal practice forums with a focus on the NCS 	In progress	Improvement shown

Findings by Monitor	Response from Open Home foundation	Progress with actions	Improvement on findings
<p>2021/2022</p> <p>For social workers to successfully perform their role they need to be able to spend more time with tamariki, rangatahi, whānau, caregivers and communities.</p>	<ul style="list-style-type: none"> • Twelve month focus on increasing visits to tamariki, Whānau Carers and Foster Parents 	In progress	Improvement shown
<p>2020/2021</p> <p>Connections with whānau and culture are important for tamariki Māori in care.</p>	<ul style="list-style-type: none"> • Te Roopu Māori kaimahi are supporting kaimahi to support tamariki and rangatahi Māori to be better connected to their whānau, hapū and Iwi 	In progress	Improvement shown
	<ul style="list-style-type: none"> • Changes to be made in OSCAR to reflect work in te ao Māori 	In progress	Improvement shown
	<ul style="list-style-type: none"> • Grow relationships with iwi/Māori organisations 	Progress not known	No change
<p>2021/2022</p> <p>When staff lack cultural competence, relationships between Oranga Tamariki, whānau and other organisations can be negatively impacted.</p>	<ul style="list-style-type: none"> • Trialled a cultural plan based on Te Aho Takitoru framework to meet cultural needs of tamariki 	Complete	Improvement shown
	<ul style="list-style-type: none"> • Increased focus on connected tamariki with their whānau and where they come from 	In progress	Improvement shown
<p>2021/2021</p> <p>Tamariki and rangatahi do not know and understand their rights.</p>	<ul style="list-style-type: none"> • Roll out a communication tool that will give tamariki an extra way to express their views 	Complete	Improvement shown
<p>2021/2022</p> <p>To support tamariki and rangatahi to express their opinions, be involved in decisions, and share concerns, they need to know their rights.</p>	<ul style="list-style-type: none"> • Increase use of Mind of my Own app to engage tamariki and rangatahi in conversations and planning about them 	In progress	Improvement shown
	<ul style="list-style-type: none"> • Focus on tamariki having child-friendly plans 	In progress	Improvement shown

Findings by Monitor	Response from Open Home foundation	Progress with actions	Improvement on findings
2020/2021 Caregivers need more support.	<ul style="list-style-type: none"> Caregivers receive on-going supervision and visits from their social workers 	In progress/ on-going	Improvement shown
	<ul style="list-style-type: none"> Foster Parent Support Plan developed based on needs of tamariki 	In progress/ on-going	Improvement shown
	<ul style="list-style-type: none"> Continue to provide Foster Parents with induction training, and introduction to trauma informed practice and additional online training 	In progress/ on-going	Improvement shown
2021/2022 The prevalence of disability among tamariki in care is not well understood.	<ul style="list-style-type: none"> Disability advisors are active in their input into plans for disabled tamariki and/or those with high needs 	In progress/ on-going	Improvement shown

Barnardos

Findings by Monitor	Response from Barnardos	Progress on commitments	Improvement on findings
	Delivered and planned actions	(Complete, In progress, On-going, Not started)	(Improvement shown, No change, Unknown)
2020/2021 Gaps in monitored agency data limits our ability to fully understand how they are meeting their obligations under the NCS Regulations.	<ul style="list-style-type: none"> Develop a self-monitoring tool 	Complete	Improvement shown
	<ul style="list-style-type: none"> Utilise self-audit tool 	In progress/ on-going	Improvement shown
	<ul style="list-style-type: none"> Staff engage in regular 'quick learn' sessions with a focus on consistent recording and assessment best practice 	Complete/ on-going	Improvement shown
2021/2022 Self-monitoring of compliance with NCS Regulations needs to improve, so we can understand the quality of care and how to improve.	<ul style="list-style-type: none"> Barnardos reports to be fully compliant with the NCS Regulations 	Complete	Improvement shown

Findings by Monitor	Response from Barnardos	Progress on commitments	Improvement on findings
<p>2020/2021</p> <p>Gaps in monitored agency data limits our ability to fully understand how they are meeting their obligations under the NCS Regulations.</p>	<ul style="list-style-type: none"> Develop a self-monitoring tool 	Complete	Improvement shown
	<ul style="list-style-type: none"> Utilise self-audit tool 	In progress/on-going	Improvement shown
	<ul style="list-style-type: none"> Staff engage in regular 'quick learn' sessions with a focus on consistent recording and assessment best practice 	Complete/on-going	Improvement shown
<p>2021/2022</p> <p>Self-monitoring of compliance with NCS Regulations needs to improve, so we can understand the quality of care and how to improve.</p>	<ul style="list-style-type: none"> Barnardos reports to be fully compliant with the NCS Regulations 	Complete	Improvement shown
<p>2020/2021</p> <p>Tamariki and rangatahi do not know and understand their rights.</p>	<ul style="list-style-type: none"> Barnardos have provided examples of the tamariki in their care expressing their views and being enabled to make day-to-day decisions about their lives 	Complete	
<p>2021/2022</p> <p>To support tamariki and rangatahi to express their opinions, be involved in decisions, and share concerns, they need to know their rights.</p>			
<p>2020/2021</p> <p>Connections with whānau and culture are important for tamariki Māori in care.</p>	Barnardos have no tamariki Māori in their care, however, continue to upskill the cultural competence of their workforce		
<p>2021/2022</p> <p>When staff lack cultural competence, relationships between Oranga Tamariki, whānau and other organisations can be negatively impacted.</p>	<ul style="list-style-type: none"> Kaimahi attend regular training 	In progress on-going	
	<ul style="list-style-type: none"> Strengthen connections with local iwi to enable whanaungatanga with the foster care team and caregivers 	In progress	
	<ul style="list-style-type: none"> Practice guidance is underdevelopment as part of strategic plan 	In progress	

Findings by Monitor	Response from Barnardos	Progress on commitments	Improvement on findings
<p>2020/2021</p> <p>Caregivers need more support.</p>	<ul style="list-style-type: none"> Caregivers' needs are identified and support through the Maiatanga plan 	In progress/ on-going	
<p>2021/2022</p> <p>Caregivers continue to tell us that they need more support.</p>			
<p>2020/2021</p> <p>Agency support of health needs, especially mental health needs, is variable.</p>	<ul style="list-style-type: none"> Develop a financial template to ensure tamariki do not experience funding barriers to accessing services 	Complete	Improvement shown
<p>2021/2022</p> <p>Lack of availability and access to mental health services continues to be a barrier.</p>	<ul style="list-style-type: none"> Both tamariki in the care of Barnardos have their needs met and receive timely access to services 	Complete	
<p>2020/2021</p> <p>Agencies not communicating and working together effectively is a common barrier to achieving outcomes.</p>	<ul style="list-style-type: none"> Barnardos report a good relationship with other services, including health and education providers 	Complete	
<p>2021/2022</p> <p>For social workers to successfully perform their role they need to be able to spend more time with tamariki, rangatahi, whānau, caregivers and communities.</p>	<ul style="list-style-type: none"> Barnardos report that the tamariki in their care have regular contact with their social workers 	Complete	

Appendix Two

Oranga Tamariki 2022/2023 compliance tables

These tables show compliance against measures relating to the National Care Standards Regulations, based on data that we requested from monitored agencies for each of the last three reporting periods.

Statistics from Oranga Tamariki case file analysis are based on a sample rather than the total population, which means they have a margin of error associated with them. When we looked at year on year changes for these measures, we calculated whether those changes are statistically significant, using confidence intervals provided by Oranga Tamariki. If there is a significant difference between two years, it indicates that the difference is unlikely to be attributed to chance or random factors alone. When statistics are based on small sample sizes, even quite big differences may not be significant. However, it's crucial to note that statistical significance does not necessarily imply a large or important change.

Abbreviations explained:

CYRAS = Administrative database


CFA = Casefile analysis


SD = Structured data


QPT = Quality Practice Tool

SoCiC = Safety of Child in Care

Key:








 Where Oranga Tamariki has not provided data against a measure this is highlighted in yellow and grey.

 Teal indicates that a statistic is based on low numbers - these can be subject to greater fluctuation over time.













 Orange indicates that a change in methodology means previous data is not comparable to current data, and is therefore not shown.

Footnotes

- (1) This question is not applicable if reviewers find no evidence of mental health needs in CYRAS recording.
- (2) This question is not applicable if reviewers find no evidence of substance-abuse related needs in CYRAS recording.
- (3) Data was not provided on support provided under 34 (2), instead an overall measure of whether the child has had opportunities for play and experience was provided. Last year data was provided on whether the child has had opportunities for each aspect of play and experience under 34(2).
- (4) Has a record of a specified doctor or medical practitioner (indicative).
- (5) Figures are indicative of a young person being enrolled at a registered school or tertiary education organisation or having obtained employment; it does not detail if they were assisted to do so.
- (6) This question is applicable only if the tamaiti came into the care of their current caregiver during the review period. Out of 25 applicable cases, in 16 cases the caregiver was fully approved, in four cases the caregiver was provisionally approved and in five cases there was no evidence of caregiver approval at the time the tamaiti was placed with them.
- (7) 2021 'reflects the child's needs', 2022 'set out the child's needs', 2023 'sufficiently reflect the child's needs'.
- (8) 2021: Return home/transition planning meeting held, 2022: Meeting took place to create a plan 2023: sufficient evidence of planning.
- (9) The Transition to Adulthood QPT did not ask Practice Leaders to assess the life skills assessment against each element of Regulation 75(3) of the NCS. Instead, Practice Leaders were asked to identify the extent to which the life skills assessment was completed, using the Not at all to Fully scale. The elements of Regulation 75(3) of the NCS were set out in the note to the life skills assessment question in the QPT template.
- (10) Case file analysis question changed this year and is not directly comparable to previous years.
- (11) Last year Oranga Tamariki provided the number of Kessler and Suicide screens completed among the sample case files, but not how many tamariki and rangatahi needed to be assessed so this was not comparable to the previous year.

Oranga Tamariki: Performance against National Care Standards Regulations								
Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
Part One: Needs assessments, plans, and visits to, and collection of information about children and young persons								
7	When needs assessment is required							
7(1)		Has a record of a Tuitiui assessment	SD	99%	91%	89%	-2%	
		Has approved Tuitiui Report in the last 12 Months	SD	52%	40%	41%	1%	
		Was the Tuitiui assessment completed or updated and approved in the 6 months to 30 June 2023?	SD	36%	22%	23%	0%	
		Has Tuitiui assessment created or updated in the reporting period?	CFA	46%	46%	43%	-3%	No
		Has Tuitiui (or other holistic assessment) created or updated in reporting period	CFA		89%	97%	8%	Yes
		Has a record of completed Gateway assessment	SD	76%	79%	78%	-1%	
7(1)(a)		Does the most recent Tuitiui assessment (or other holistic needs assessment) identify the following for the child?						
		• their immediate needs	CFA		95%	98%	3%	Yes
		• their long-term needs	CFA		82%	94%	12%	Yes
10	Matters that must be identified in needs assessment							
		Overall, in the most recent Tuitiui assessment (or other holistic needs assessment), how well are the needs of the child identified?						
10(1)(a)		How well does the most recent Tuitiui assessment (or other holistic assessment) identify the following needs of the child?						
		• their identity and cultural needs	CFA		75%	83%	8%	Yes
		• their need to maintain connections with their family / whānau	CFA		89%	91%	2%	No
		• need to maintain connections with hapū, iwi and family group	CFA		46%	50%	4%	No
		• their behavioural needs	CFA		82%	91%	9%	Yes
		• their play, recreation and community needs	CFA		71%	79%	8%	Yes
		• their emotional needs	CFA		80%	89%	9%	Yes
		• their educational or training needs	CFA		88%	94%	6%	Yes











Oranga Tamariki: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
10(1)(h)		<ul style="list-style-type: none"> their health needs - their mental health needs (1) - their physical health needs - their alcohol or drug misuse (if any) (2) 	CFA		64%	84%	20%	Yes
			CFA		87%	92%	5%	Yes
			CFA		48%	65%	17%	No
10(1)(i)		<ul style="list-style-type: none"> their needs relating to any disability 	CFA		80%	88%	8%	Yes
		If the disability was diagnosed within the past 12 months, was a Needs Assessment and Service Coordination (NASC) referral made?						
		If the disability was diagnosed within the past 12 months, was a specialist assessment completed?						
		If the disability was diagnosed within the past 12 months, was another allied health assessment completed (for example occupational therapy)?						
10(1)(j)		Does the most recent Tuitiui assessment (or other holistic needs assessment) identify how often the child should be visited?	CFA		28%	21%	-7%	Yes
10(2)								
10(2)(a)(i)		Does the most recent Tuitiui (or other holistic needs assessment) take into account the views of the following?						
		<ul style="list-style-type: none"> the child 	CFA		81%	82%	1%	No
		<ul style="list-style-type: none"> their family/whānau 	CFA		78%	79%	1%	No
		<ul style="list-style-type: none"> their hapū/iwi 	CFA		4%	6%	2%	No
		<ul style="list-style-type: none"> their caregivers 	CFA		86%	92%	6%	Yes
		<ul style="list-style-type: none"> relevant professionals (for example health and education professionals, cultural experts) 	CFA		78%	89%	11%	Yes
10(3)		How well does the child's Tuitiui (or other holistic needs assessment) identify						
		<ul style="list-style-type: none"> their wishes and aspirations 	CFA		65%	73%	8%	Yes
		<ul style="list-style-type: none"> their strengths 	CFA		90%	94%	4%	Yes





Oranga Tamariki: Performance against National Care Standards Regulations								
Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
12	Process for identifying connections with family, whānau, hapū, iwi, and family group	How well does the most recent Tuitiui assessment (or other holistic assessment) identify the following people? <ul style="list-style-type: none"> members of the child's family/family group/whānau significant members of the child's hapū or iwi 	CFA CFA	 	96% 13%	99% 11%	3% -2%	Yes No
13	Process for assessing health needs	How well does the most recent Tuitiui assessment (or other holistic needs assessment) describe whether reasonable efforts were made to access health practitioners who have: <ul style="list-style-type: none"> knowledge and experience of the cultural values and practices of the child knowledge and experience of Māori models of health Does the most recent Tuitiui assessment (or other holistic assessment) identify the following needs of the child? <ul style="list-style-type: none"> their physical health needs their mental health needs If concerns raised about self-harming was the child supported to engage with mental health services If concerns were raised about self-harming or high-risk behaviour of the child, was a Kessler Screen completed for the child? If concerns were raised about suicidal ideation was the child referred to Towards Wellbeing If concerns were raised about suicidal ideation was the child supported to engage with mental health services If concerns were raised about the suicidal ideation of the child, was a Suicide Screen completed for the child? Does the most recent Tuitiui assessment (or other holistic assessment) identify the following needs of the child? <ul style="list-style-type: none"> Substance abuse related needs 	CFA CFA CFA CFA CFA CFA CFA CFA CFA CFA	 	87% 64% (11) (11)	92% 84%	5% 20%	Yes Yes
13(1)(a)								
13(1)(b)								
13(2)								
13(2)(a)								
13(2)(b)								
13(2)(c)								
					48%	65%	17%	No



Oranga Tamariki: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
		If concerns raised about substance abuse was the child supported to engage with mental health services						
		If concerns were raised about substance abuse behaviour of the child, was a Substances and Choices Scale (SACS) assessment completed for the child?	CFA	29%				
14	Process for assessing safety needs							
14(b)								
14(b)(i)		Does the most recent Tuitiua assessment (or other holistic needs assessment) consider the following when identifying the safety needs of the child?						
		<ul style="list-style-type: none"> the nature of harm, loss, or injury that tamariki may have experienced, and the effect this may have on their ongoing safety or wellbeing the risk of harm posed by other persons who come into, or may come into, contact with tamariki the nature and level of resilience and protective factors present for tamariki aspects of behaviour that may present a risk of harm and the impact this may have on their own safety or the safety of others 	CFA	86%	94%	8%	Yes	
14(b)(ii)			CFA	79%	92%	13%	Yes	
14(b)(iii)			CFA	89%	94%	5%	Yes	
14(b)(iv)			CFA	75%	87%	12%	Yes	
15	Reassessment of needs							
15(b)(i)		When the All About Me Plan was last updated, was the child's Tuitiua assessment also reassessed?						
17	When plan must be commenced and completed							
17(1)								
17(1)(a)		Has record of an All About Me Plan	SD	94%	93%	-1%		
18	Process to be used to develop plan							
18(1)		Does the All About Me Plan (or other plan) identify how often the child should be visited?	CFA	59%	62%	65%	3%	No


Oranga Tamariki: Performance against National Care Standards Regulations								
Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
		Does the most recent All About Me Plan (or other plan) take into account the following needs of the child (as identified in the Tuituia assessment)						
		• their identify and cultural needs	CFA	58%	58%	67%	9%	Yes
		• their need to maintain connections with their family / whānau	CFA		91%	90%	-1%	No
		• their need to maintain connections with hapū, iwi and family group	CFA		38%	37%	-1%	No
		• their need to maintain connections with other important people	CFA		68%	67%	-1%	No
		• their safety needs	CFA	86%	87%	94%	7%	Yes
		• their behavioural needs	CFA	67%	70%	78%	8%	Yes
		• their play, recreation and community needs	CFA	65%	68%	72%	4%	No
		• their emotional needs	CFA	71%	77%	84%	7%	Yes
		• their educational or training needs	CFA	85%	88%	92%	4%	Yes
		• their physical health needs	CFA		86%	91%	5%	Yes
		• mental health and trauma recovery needs (1)	CFA		60%	69%	9%	No
		• alcohol or drugs misuse (2)	CFA		23%	40%	17%	No
		• their needs relating to any disability	CFA	69%	68%	83%	15%	Yes
		Does the most recent All About Me Plan (or other plan) take into account the following for the child?						
		• their wishes and aspirations	CFA		64%	67%	3%	No
		• their strengths						
18(2)		Does the most recent All About Me Plan (or other plan) take into account the views of the following?						
18(2)(a)		• the child	CFA		73%	71%	-2%	No
		• their family/whānau	CFA		77%	73%	-4%	No
18(2b)		• their hapū/iwi (for tamariki Māori)	CFA		5%	3%	-2%	No
19		Matters to be identified in plan						
19 (1)								
19(1)(a)		Overall, in the most recent All About Me Plan, how well have the assessed needs of the child been taken into account?						

Oranga Tamariki: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
19(1)(c)		Does the most recent All About Me Plan (or other plan) identify how often the child should be visited?	CFA	59%	62%	65%	3%	No
19(2)		How well does the most recent All About Me Plan record the actions others agreed to undertake to help meet the needs of the child, including? <ul style="list-style-type: none"> • caregivers • whānau • relevant professionals (for example health and education professionals, cultural experts) 						
20		Plan must include information about arrangements with family, whānau, hapū, iwi, marae, and family group						
20(a)		How well does the most recent All About Me Plan (or other plan) identify contact arrangements for the following people? <ul style="list-style-type: none"> • members of their family/family group/whānau • members of their hapū, iwi and marae 	CFA		95%	98%	3%	Yes
22		When plan must be reviewed	CFA		9%	9%	0%	No
22(1)(b)(ii)		Evidence of All About Me Plan case note updated in 6 months to June 2023	SD		24%	21%	-2%	
		Was the All About Me Plan completed or updated in the reporting period	CFA	50%	53%	46%	-7%	Yes
		Has an All About Me Plan or other plan completed or updated in the reporting period	CFA	92%	92%	96%	4%	Yes
		In the reporting period, how many times was the All About Me plan reviewed?						
23		Matters to be taken into account when reviewing plan						
23(c)		How well does the most recent All About Me Plan (or other plan) take into account the views of the following? <ul style="list-style-type: none"> • their caregivers • relevant professionals (for example, health and education professionals, cultural experts) 	CFA		83%	83%	0%	No
			CFA		63%	68%	5%	Yes

Oranga Tamariki: Performance against National Care Standards Regulations								
Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
24	Information to be given to child or young person, caregivers, and others							
24(1)		Has the most recent All About Me Plan been given to the child and explained in a way that they understand according to their age, development, and any disability they may have?						
26	Purpose of visits to children and young persons							
26(c)		Is there evidence that the social worker is carrying out actions set out in the All About Me Plan (or other plan)?	CFA		81%	87%	6%	Yes
27	When visits to children and young persons should be undertaken							
27(1)		Was the child visited by their social worker on average at the planned frequency?	CFA		65%	62%	-3%	No
27(1)		Was the child visited by their social worker to planned frequency or on average at least every 8 weeks	CFA	69%	70%	65%	-5%	No
27(2)(b)		Does the most recent All About Me Plan (or other plan) identify how often the child should be visited?	CFA	59%	62%	65%	3%	No
28	What happens when child or young person is visited							
28(1)(a)		Was there evidence of quality engagement between social workers and tamariki during visits? In particular, did social workers: meet the child in private where appropriate and practical? Inquire about the things that going well? Inquire about any concerns the child may have? Discuss what is important to them? Identify their circumstances or needs have changed? Monitor the ongoing safety, best interests and wellbeing of the child?	CFA		76%	88%	12%	Yes
28(1)(b)								
28(1)(c)								
28(1)(d)								
28(2)		If the child entered care during the reporting period, were they provided the following information?						
		• obligation of a social worker to meet with tamariki on their own						

Oranga Tamariki: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
Part Two: Support to address child's or young person's needs								
30	Support for assessed needs							
30(1)(a)		Was the most recent All About Me Plan or other plan actionable	CFA	91%	79%	87%	8%	Yes
30(1)(b)		Are social workers carrying out the actions set out in the most recent All About Me Plan or other plan	CFA		81%	87%	6%	Yes
30(2)		During the reporting period, was support (including financial support) provided to meet the child's assessed health needs?						
		Overall, during the reporting period, was the child supported to meet their assessed needs relating to a disability?	CFA		85%	92%	7%	Yes
		Was the need for specialist support (other than specialist support for a disability) identified for the child?						
30(3)(a)		Overall, thinking of the support provided during the reporting period to maintain connection with family/whānau/hapū/iwi:						
		• How prompt is the support provided?						
		Overall, thinking of the support provided during the reporting period to meet the child's play, recreation, and community needs:						
		• How prompt is the support provided?						
		Overall, thinking of the support provided to meet the child's culture, belonging and identity needs during the reporting period:						
		• How prompt is the support provided?						
		Overall, thinking of the support provided to meet the child's education and training needs during the reporting period:						
		• How prompt was the support provided?						
		Overall, thinking of the support provided to meet the child's health needs during the reporting period:						
		• How prompt was the support provided?						
30(3)(b)		Overall, thinking of the support provided during the reporting period to maintain connection with family/whānau/hapū/iwi:						
		• How appropriate is the amount and type of support provided?						
		Overall, thinking of the support provided during the reporting period to meet the child's play, recreation, and community needs:						
		• How appropriate is the amount and type of support provided?						

Oranga Tamariki: Performance against National Care Standards Regulations								
Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
		Overall, thinking of the support provided to meet the child's culture, belonging and identity needs during the reporting period:						
		<ul style="list-style-type: none"> How appropriate is the amount and type of support provided? 						
		Overall, thinking of the support provided to meet the child's education and training needs during the reporting period:						
		<ul style="list-style-type: none"> How appropriate was the amount and type of support provided? 						
		Overall, thinking of the support provided to meet the child's health needs during the reporting period:						
		<ul style="list-style-type: none"> How appropriate was the amount and type of support provided? 						
30(3)(c)		Overall, thinking of the support provided during the reporting period to maintain connection with family/whānau/hapū/iwi:						
		<ul style="list-style-type: none"> How well is cultural safety of the child considered in the way support was provided? 						
		Overall, thinking of the support provided during the reporting period to meet the child's play, recreation, and community needs:						
		<ul style="list-style-type: none"> How well is cultural safety of the child considered in the way support was provided? 						
		Overall, thinking of the support provided to meet the child's culture, belonging and identity needs during the reporting period:						
		<ul style="list-style-type: none"> How well is cultural safety of the child considered in the way support was provided? 						
		Overall, thinking of the support provided to meet the child's education and training needs during the reporting period:						
		<ul style="list-style-type: none"> How well was cultural safety of the child considered in the way support was provided? 						
		Overall, thinking of the support provided to meet the child's health needs during the reporting period:						
		<ul style="list-style-type: none"> How well was cultural safety of the child considered in the way support was provided? 						

Oranga Tamariki: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
31	Support to establish, maintain, and improve whānau connections							
31(1)								
31(1)(a)		During the reporting period, was support provided to the child, their caregivers and/or their whānau to enable the child to do the following:						
		<ul style="list-style-type: none"> establish, maintain or strengthen their connections with their family/whānau 	CFA	87%	90%	3%	No	
		<ul style="list-style-type: none"> establish, maintain or strengthen their connections with their hapū/iwi (10) 	CFA		52%	NA	NA	
		<ul style="list-style-type: none"> establish, maintain or strengthen their connections with other important people 	CFA	67%	65%	-2%	No	
31(1)(b)								
31(1)(e)		If an important education-related decision was made about the child, were the following people given the opportunity to participate in the decision-making						
		<ul style="list-style-type: none"> the child's parents or other legal guardians 	CFA	74%	71%	-3%	No	
		<ul style="list-style-type: none"> the child's whānau 						
		<ul style="list-style-type: none"> the child's hapū/iwi 						
31(4)		<ul style="list-style-type: none"> updates on child's progress and development provided to whānau 	CFA		80%	NA	NA	
		<ul style="list-style-type: none"> updates on child's progress and development provided to child's hapū/iwi 						
32	Support for culture, belonging, and identity							
32(2)(a)		During the reporting period, has the child had opportunities and provided with appropriate support (including financial support) to do the following:						
		<ul style="list-style-type: none"> connect with whānau, hapū, iwi to attend special whānau events 						
		<ul style="list-style-type: none"> gain knowledge of their culture and identity 						
		<ul style="list-style-type: none"> participate in activities and experiences relevant to their culture 						
		<ul style="list-style-type: none"> connect with places of cultural relevance 						
32(2)(d)								
32(2)(d)(i)		<ul style="list-style-type: none"> maintain or improve proficiency in the language of their culture or identity (for example, te reo Māori, sign language) 						
		If the child entered care during the reporting period, were they provided the following information about their rights?						
		<ul style="list-style-type: none"> their right to participate in their culture, language, and religion 						

Oranga Tamariki: Performance against National Care Standards Regulations									
Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?	
32(2)(d)(ii)		During the reporting period, has the child had opportunities and provided with appropriate support (including financial support) to do the following: <ul style="list-style-type: none"> connect with other children and young people in care 							
33	Right to have personal belongings								
33(a)		During the reporting period, were visits (or other sources of information) used to ensure that the child had the following: <ul style="list-style-type: none"> their own personal belongings with them in care including taonga, clothing, a suitable bag, and bedding somewhere to store their belongings 							
33(b)									
34	Support for play, recreation, and community activities								
34(2)									
34(2)(a)		During the reporting period, was appropriate support (including financial support) provided for the child to: <ul style="list-style-type: none"> access developmentally-appropriate books/toys maintain peer and community relationships participate in sporting activities participate in cultural activities participate in community and volunteering activities provide opportunities for play and experiences 							
34(2)(b)									
34(2)(c)									
34(2)(d)									
34(2)(e)		Has the child had opportunities for play and experiences that were appropriate to their age and development? (3) Does the child get pocket money?	CFA	84%	90%	6%	Yes		
34(2)(f)									
35	Support to maintain and improve health								
35(1)(a)		Is the child currently enrolled with a primary health organisation? (4) If not currently enrolled with a primary health organisation, was the child enrolled with a primary health organisation at any point during the reporting period? Has the child received an annual health check within the reporting period?	SD	50%	53%	56%	3%		
35(1)(b)									

Oranga Tamariki: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
35(1)(d)		If over the age of two, has the child received an annual dental check during the reporting period?						
35(1)(e)		During the reporting period, how well was the child provided with information on relevant health matters?						
35(1)(f)		During the reporting period, how well was the child supported to access publicly-funded health services to address their assessed health needs?						
35(1)(g)		During the reporting period, was the child supported to access private health services to address their assessed health needs?						
36	Children aged 1 to 4 years							
36(1)		If aged between 1 - 4 years, is the child currently enrolled in a licensed early childhood service or certified playgroup?	SD	60%	58%	43%	-15%	
37	Children aged 5 years							
37(1)		If aged 5 years, is the child currently enrolled in a registered school (or a licensed early childhood service or certified playgroup)?	SD	90%	89%	77%	-11%	
38	Children and young persons aged 6 to 15 years							
38(1)		If aged, 6 - 15 years, is the child currently enrolled at a registered school?	SD	96%	96%	94%	-1%	
39	Young persons aged over 16 years							
		If aged over 16 years, has the young person been assisted to do either of the following?		85%	86%	86%		
39(a)		• enrol at a registered school or tertiary education organisation (5)	SD		77%	76%	0%	
39(b)		• obtain employment						
40	Obligation to support attendance							
40(2)(a)		If the child is enrolled at a registered school, have the following things been done to support attendance?						
		• provision of information to caregivers about the importance of attendance (including their role in supporting the child's attendance)						
40(2)(b)		• an update obtained at least once a term from the school or caregivers on the regularity of the child's attendance						
40(2)(c)		• arrangements to address any concerns about attendance						

Oranga Tamariki: Performance against National Care Standards Regulations								
Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
40(2)(d)		<ul style="list-style-type: none"> If the child was excluded from school were alternative educational arrangements facilitated 						
40(2)(e)		<ul style="list-style-type: none"> If excluded from school representation was provided at hearings to consider the suspension or exclusion from the school 						
41	Other support obligations							
		During the reporting period, was the child provided support (including financial support) to address their education and training needs, including?						
41(1)(a)		<ul style="list-style-type: none"> equipment and materials for education that are not funded (for example, school bag, uniform and stationery) 						
41(1)(b)		<ul style="list-style-type: none"> education-related costs such as donations or fees 						
41(1)(c)		<ul style="list-style-type: none"> additional support for the child to succeed in education 						
42	Monitoring educational progress							
42(1)		During the reporting period, were the following things done at least once a term?						
42(1)(a)		<ul style="list-style-type: none"> a written update from the education provider was obtained on the child's educational progress (for example a school report to the parents) 						
42(2)(a)		<ul style="list-style-type: none"> If enrolled at a registered school, was information provided to the school about the child's circumstances? 						
42(2)(b)		<ul style="list-style-type: none"> the education provider was engaged with to discuss the child's progress 						
42(2)(c)		<ul style="list-style-type: none"> a written update from the education provider was obtained on the child's educational progress (for example a school report to the parents) 						
42(2)(d)		Were actions taken to address any concerns raised about the child's educational progress?	CFA	90%	85%	86%	1%	No
43	Support for making a complaint, providing feedback, or raising issues of concern							
43(2)		If the child entered care during the reporting period, were they provided the following information about their rights?						
43(2)(b)		<ul style="list-style-type: none"> their right to give feedback 						
43(2)(c)		<ul style="list-style-type: none"> what to expect once they give feedback or make a complaint (for example support available and how they will be kept informed about the outcome) 						

Oranga Tamariki: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
Part Three: Caregiver and care placement assessment and support								
44	Information to be provided to prospective caregivers							
44(2)		For the caregivers of tamariki who were in care at any time during the reporting period, before tamariki were placed with them, were the caregivers provided with the following information about being a caregiver?						
44(2)(a)		<ul style="list-style-type: none"> information about the assessment and approval process 						
44(2)(b)		<ul style="list-style-type: none"> information on the level of care expected and what will happen if it is not provided 						
44(2)(c)		<ul style="list-style-type: none"> information about the impact that caregiving may have on their household and their lives 						
44(2)(d)		<ul style="list-style-type: none"> information about the availability of support, training and resources 						
		Did caregivers of tamariki who were in care during the reporting period attend the following training?						
		<ul style="list-style-type: none"> 'Prepare to Care' training (delivered to prospective caregivers before tamariki are placed with them) 						
		<ul style="list-style-type: none"> 'Understanding NCS' training (delivered to approved caregivers) 						
44(2)(e)		For the caregivers of tamariki who were in care at any time during the reporting period, before tamariki were placed with them, were the caregivers provided with the following information about being a caregiver?						
		<ul style="list-style-type: none"> information about the importance of informing the monitored agency when there is a significant change in circumstances or membership of their household 						
44(2)(f)		<ul style="list-style-type: none"> information about the effects of trauma on child's behaviour and development, including services available to support recovery 						
44(2)(g)		<ul style="list-style-type: none"> information on appropriate behaviour management to be provided by the caregiver? 						
44(2)(h)		<ul style="list-style-type: none"> information on the primacy of the child's best interests in decisions, and the importance of child's views and participation in those decisions? 						
44(2)(i)		<ul style="list-style-type: none"> information about decisions caregivers can and cannot make about day-to-day care arrangements 						
		<ul style="list-style-type: none"> information about decisions tamariki can and cannot make about day-to-day care arrangements 						
44(2)(i)		<ul style="list-style-type: none"> information on the rights of tamariki to keep a reasonable number and type of personal belongings 						

Oranga Tamariki: Performance against National Care Standards Regulations								
Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
44(2)(k)		<ul style="list-style-type: none"> information on need for connection between tamariki and their family, whānau, hapū, iwi and wider family group information about the support the caregivers will receive to facilitate this connection to whānau 						
44(2)(l)		<ul style="list-style-type: none"> information on the rights of legal guardians and how these are to be preserved 						
44(2)(m)		<ul style="list-style-type: none"> information about how tamariki can make a complaint 						
44(2)(n)		<ul style="list-style-type: none"> information about how caregivers can make a complaint 						
		Has a record of Caregive Kete being supplied during the reporting period				377 caregivers		
45	Assessment of prospective caregivers and their households							
45		Before the child was placed in their care, was a suitability check carried out for all members of the caregiver's household aged 18 or over?	QPT		98%	100%	2%	
46	Purpose of assessment of prospective caregiver and their household							
46(b)		Did the assessment determine the extent to which the prospective caregiver can provide a safe, stable, and loving home for the child?					0%	
46(d)		Did the assessment determine the extent to which the prospective caregiver was likely able to promote mana tamaiti, acknowledge the whakapapa, and support the practice of whanaungatanga in relation to the child?	QPT		98%	99%	1%	
47	When assessment must be completed							
47		Were the caregivers for the child's current placement (most recent placement during the reporting period) fully approved when the child was placed with them?	QPT		53%	54%	1%	
		Were the caregivers for the child's current placement (most recent placement during the reporting period) fully approved when the child was placed with them?						
50	Periodic review of approvals							
50(1)		Were caregivers' approvals reviewed within 2 years of issue? (where applicable to caregivers in the reporting period)	CFA	65%	75%	76%	1%	No

Oranga Tamariki: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
51	Provisional approvals for urgent placements							
51(5)		Where provisionally approved, how soon after placement was a full caregiver assessment carried out?						
51(6)		Were provisionally-approved caregivers closely monitored or visited weekly until they become fully approved?	CFA		11%	11%	0%	No
52	Identity confirmation							
52		Before the child was placed in their care, was an assessment made of their caregivers' suitability to provide care to the child including						
		<ul style="list-style-type: none"> confirmation of identity 	QPT		98%	99%	1%	
53	Police vet							
53(1)		<ul style="list-style-type: none"> police vet 	QPT		99%	100%	1%	
54	Other information							
54(1)(a)(i)		<ul style="list-style-type: none"> A list of residential addresses 	QPT		74%	81%	7%	
54(1)(a)(ii)		<ul style="list-style-type: none"> Referee checks 	QPT		95%	98%	3%	
54(1)(a)(iii)		<ul style="list-style-type: none"> Immigration status 	QPT		87%	95%	8%	
54(1)(a)(iv)		<ul style="list-style-type: none"> Medical report 	QPT		92%	93%	1%	
		<ul style="list-style-type: none"> Search of CYRAS and TRIM records 	QPT		98%	100%	2%	
55	Risk assessment							
55		<ul style="list-style-type: none"> risk assessment 	QPT		96%	98%	2%	
56	Assessment of other matters							
56(a)(i)		<ul style="list-style-type: none"> the prospective caregiver's experience, skills and attitudes relevant to providing care 	QPT		100%	100%	0%	
56(a)(ii)		<ul style="list-style-type: none"> the safety, adequacy and appropriateness of the physical care environment 	QPT		100%	100%	0%	
56(a)(iii)		<ul style="list-style-type: none"> the needs strengths and circumstances of the caregiver 						
56(a)(iv)		<ul style="list-style-type: none"> the caregiver's needs for support and capability development 	QPT		96%	97%	1%	
56(a)(v)		<ul style="list-style-type: none"> the identity of members of the caregiver's household or others likely to have regular unsupervised or overnight contact with the child 	QPT		62%	94%	32%	

Oranga Tamariki: Performance against National Care Standards Regulations								
Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
56(b)(i)		Did the assessment assess the likely effects of the placement on the following people?						
		• the child	QPT	90%	90%	91%	1%	
56(b)(ii)		• the household	QPT	90%	90%	91%	1%	
57		Information to be provided to caregiver						
57(1)		For the caregivers of tamariki who were in care at any time during the reporting period, before the child was placed with them, were the caregivers provided with the following information about the child?						
		• information on their roles and responsibilities to meet the needs of the child					0%	
57(3)							0%	
57(3)(a)		• a copy of the child's current All About Me Plan	SD			54%	NA	
57(3)(b)		• information about why the child came into care					0%	
57(3)(c)		• information about the child's needs (in particular, any critical information relevant to their immediate needs)					0%	
57(3)(d)		• information about access to assistance					0%	
57(3)(e)		• information about the child's wishes, strengths, preferences, and behaviour					0%	
57(3)(f)		• information about the child's family, whānau, hapū, iwi, family group and cultural background					0%	
57(3)(g)		• information about how often the child will be visited by a social worker					0%	
57(3)(h)		• information about ongoing planned contact with their family, whānau, hapū, iwi and family group or other people important to the child					0%	
57(3)(i)		• any other information needed to keep the caregiver and the child safe					0%	
57(3)(j)		• information about support available for caring for the specific child (for example support for caring for a child with a disability)?					0%	
58		Purpose of caregiver support plan						
58(a)		Is there a record of a caregiver support plan	SD		94%	98%	4%	
		Do caregivers have a current support plan	CFA (10)			85%	NA	NA
		Does the most recent caregiver support plan identify the needs of tamariki in their care? (7)	CFA	52%	72%	60%	-12%	Yes

Oranga Tamariki: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
58b)		Does the most recent caregiver support plan identify the caregiver's needs for the following?						
		<ul style="list-style-type: none"> access to training/learning needs 	CFA	83%	74%	85%	11%	Yes
		<ul style="list-style-type: none"> financial assistance 	CFA	66%	75%	78%	3%	No
		<ul style="list-style-type: none"> access to respite care 	CFA	74%	72%	64%	-8%	No
		<ul style="list-style-type: none"> access to advice and assistance 	CFA	71%	70%	85%	15%	Yes
		<ul style="list-style-type: none"> access to a support person 	CFA	88%	80%	97%	17%	Yes
60		Content of caregiver support plan						
60(2)(a)		Overall, how well does the most recent caregiver support plan describe the support the caregiver is provided to meet the needs of tamariki in their care?	CFA	39%	46%	66%	20%	Yes
60(2)(c)		Was the planned frequency of visits by the caregiver social worker recorded in the caregiver support plan?	CFA	64%	56%	90%	34%	Yes
60(3)		On average during the reporting period, were the caregivers visited by their caregiver social worker to the frequency identified in their support plans?	CFA	24%	29%	47%	18%	Yes
		If no, during the reporting period on average, were the caregivers visited by their caregiver social worker at least every eight weeks?	CFA	6%	10%	5%	-5%	Yes
		Were caregivers contacted by their caregiver social worker by other means during the reporting period -						
		<ul style="list-style-type: none"> Monthly 	CFA			41%	NA	NA
		<ul style="list-style-type: none"> Every 2 months 	CFA			24%	NA	NA
		<ul style="list-style-type: none"> Every 4 months 	CFA			17%	NA	NA
		<ul style="list-style-type: none"> Every 6 months 	CFA			6%	NA	NA
61		Review of caregiver support plan						
61(1)		Was the caregiver support plan reviewed within the reporting period	CYRAS/CGIS		89%	82%	-7%	
		How many times was the caregiver support plan reviewed within the reporting period?						
62		Provision of support to caregivers						
62(1)								
62(1)(a)		Did caregivers receive the support described in their most recent caregiver support plan? (where a plan was created or reviewed in the review period)	CFA	48%	48%	79%	31%	Yes

Oranga Tamariki: Performance against National Care Standards Regulations								
Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
62(1)(b)		During the reporting period, did caregivers receive support for any of the following?						
		<ul style="list-style-type: none"> promote the child's knowledge of whakapapa and the practice of whanaungatanga? 						
62(2)		How well does the most recent caregiver support plan take into account the following needs of the caregiver?						
62(2)(a)		<ul style="list-style-type: none"> access to training 						
62(2)(b)		<ul style="list-style-type: none"> financial assistance 						
62(2)(c)		<ul style="list-style-type: none"> access to respite care 						
62(2)(d)		<ul style="list-style-type: none"> access to advice and assistance 						
62(2)(e)		<ul style="list-style-type: none"> access to a support person 						
		Does the most recent caregiver support plan describe the support the caregiver is provided to meet the needs of tamariki in their care?	CFA	39%	46%	66%	20%	Yes
63	Support for maintaining whānau connections							
		During the reporting period, did caregivers receive support for any of the following						
63(a)		<ul style="list-style-type: none"> understand the importance for tamariki Māori of establishing, maintaining, or strengthening relationships with their whānau, hapū and iwi? 						
63(c)		<ul style="list-style-type: none"> facilitate the child's participation in contact arrangements with whānau? 						
		<ul style="list-style-type: none"> facilitate the child's participation in contact arrangements with hapū and iwi? 						
65	Support for culture and identity							
		During the reporting period, did caregivers receive support for any of the following?						
65(a)		<ul style="list-style-type: none"> promote the identity and culture of tamariki in their care? 						
65(b)		<ul style="list-style-type: none"> understand and respect the personal choices of tamariki regarding their identity and culture? 						
65(c)		<ul style="list-style-type: none"> enable tamariki to attend or participate in cultural events relevant to their culture and identity? 						

Oranga Tamariki: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
Part Four: Supporting children and young persons to express their views and contribute to their care experience								
Matters to be explained to children and young persons								
66		If the child entered care during the reporting period, were they provided the following information?						
66(a)		<ul style="list-style-type: none"> the reason they were brought into care 						
66(b)		<ul style="list-style-type: none"> their All About Me Plan 						
66(b)(i)		<ul style="list-style-type: none"> their right to be supported with a disability 						
66(b)(ii)		<ul style="list-style-type: none"> the timing of the assessment of their needs and making a plan to meet their needs 						
66(b)(iii)		<ul style="list-style-type: none"> how often they will be visited 						
66(b)(iv)		<ul style="list-style-type: none"> who they can contact if they have concerns 						
66(c)		<ul style="list-style-type: none"> how their family, whānau, hapū, iwi and family group will be involved in decisions made about them 						
		<ul style="list-style-type: none"> their right to stay close and connected to important members of their family and whānau 						
66(d)		<ul style="list-style-type: none"> how they can participate in decisions about their care, and how their views will inform decisions about them 						
66(e)(i)		<ul style="list-style-type: none"> the advocacy services available to support them 						
66(e)(ii)		<ul style="list-style-type: none"> iwi or kaupapa Māori services available to them 						
66(f)		<ul style="list-style-type: none"> their right to confidentiality and privacy, and how information will be collected, recorded, used, and disclosed? 						
66(g)		<ul style="list-style-type: none"> that records are being maintained and how to access these records 						
66(h)(i)		<ul style="list-style-type: none"> their right to make a complaint 						
		<ul style="list-style-type: none"> their right to give feedback 						
66(h)(ii)		<ul style="list-style-type: none"> who they can contact if they have concerns 						
66(h)(iii)		<ul style="list-style-type: none"> what to expect once they give feedback or make a complaint (for example support available and how they will be kept informed about the outcome) 						
66(h)(vi)		<ul style="list-style-type: none"> what they can do if they are not satisfied with the Ministry's response to their complaint 						

Oranga Tamariki: Performance against National Care Standards Regulations								
Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
67	Other steps that must be taken when child or young person enters care							
67(1)(a)		Did the child receive information about their prospective caregivers and placement before being placed with them?						
67(1)(b)		Was there an offer for the child to meet their prospective caregiver before being placed with them?						
67(1)(c)		Has information been provided and explained to the child about their right to have their personal belongings with them?						
67(2)		If placed under urgency, was information provided to the child about the caregivers and household as soon as is practicable?						
68	Method of providing information and explanation							
68(2)		Has information been provided and explained to the child when their plan is reviewed?						
69	Duties in relation to allegations of abuse or neglect							
69(1)		Have all Reports of Concern of abuse or neglect while in care been responded to in the reporting period						
69(2)(a)		Was there a prompt initial response to the most recent report of concern [prompt initial safety screen]	SoCIC	87%	84%	80%	-3%	
69(2)(b)		Was there a prompt initial response to the most recent report of concern [assessment/investigation completed within 20 working days]	SoCIC	31%	22%	33%	11%	
69(2)(c)		Was information about the most recent report of concern recorded correctly [Findings recorded correctly]	SoCIC	90%	90%	86%	-4%	
69(2)(d)		Was information about the most recent report of concern recorded correctly [All information recorded correctly]	SoCIC	45%	53%	63%	9%	
		Where appropriate, was the child informed of the outcome of the abuse allegation/s?	SoCIC	33%	42%	42%	0%	
		How well were appropriate steps take in response to their report of concern						
		Were caregiver plans reviewed?	SoCIC	61%	47%	71%	24%	
		Were the child's plans reviewed?	SoCIC	86%	88%	91%	3%	
		Were supports in place to address the impact of harm?	SoCIC	82%	81%	84%	1%	
70	Duty to maintain record of important life events							
70		Are records maintained about the important life events for the child?						

Oranga Tamariki: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
Part Five: Supporting children and young persons during care transitions								
72	Assessment and support plans for care transition							
72								
72(a)		Before the care transition took place was an assessment made of transition-related support needs (8)	CFA	60%	89%	85%	-4%	No
72(b)		Was All About Me Plan or other plan updated to reflect support to meet the child's assessed transition-related needs (planned transitions)	CFA	30%	30%	30%	0%	No
		Was All About Me Plan or other plan updated to reflect support to meet the child's assessed transition-related needs (unplanned transitions)	CFA	30%	29%	27%	-2%	No
73	Process and contents of care transition plan							
73(1)		When planning for a care transition, were the following people consulted?						
73(1)(a)		• the child	CFA	45%	78%	91%	13%	Yes
73(1)(b)		• their pre-transition caregiver/residence manager	CFA			91%	NA	NA
		• their post-transition caregiver/residence manager	CFA			94%	NA	NA
73(1)(d)		• their whānau	CFA	79%	94%	86%	-8%	No
		• their hapū/iwi	CFA	16%	7%	6%	-1%	No
74	Monitoring and support during care transition phase							
74(1)		If the child has a disability, did they continue to receive disability-related support throughout the care transition?						
		If the transition was a planned Return Home, was the child visited weekly for at least one month or until the child's All About Me Plan was updated?	CFA	20%	19%	29%	10%	No
		If the transition was an unplanned Return Home, was the child visited weekly for at least one month or until the child's All About Me Plan was updated?	CFA		16%	27%	11%	No
		If the transition was to another caregiver or residence, when was the child first visited after the transition						
		Tamariki in planned transitions were visited within the first week	CFA		30%	44%	14%	Yes
		Tamariki in unplanned transitions were visited within the first week	CFA		39%	43%	4%	No
74(2)		How well did the updated plan address the following needs or considerations?						

Oranga Tamariki: Performance against National Care Standards Regulations								
Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
74(2)(a)		<ul style="list-style-type: none"> transition-related support needs disability-related needs 						
		Overall, thinking of the support provided during the care transition:						
		<ul style="list-style-type: none"> How appropriate was the amount and type of support provided? 						
74(2)(b)		<ul style="list-style-type: none"> How well was cultural safety of the child considered in the way support was provided? 						
74(2)(c)		Before the care transition took place, was the child provided with the following? <ul style="list-style-type: none"> an explanation about why the care transition is happening information about the new environment, caregiving household or residence the opportunity to visit the new care environment current caregiver future caregiver 						
74(2)(d)								
74(2)(e)								
74(2)(f)								
74(2)(g)		Based on information from visits (or other sources), was the child able to take personal belongings of importance with them to the new care environment?						
74(2)(h)		Did the updated plans address support to maintain the relationship with the current caregiver (where that is considered to be in the child's best interests)						
75		Assessment of life skills						
75(1)(a)		Before the rangatahi transitioned to independence was an assessment made of their life skills?	QPT	50%	43%	38%	-5%	
		Has a transition plan been developed for those transitioning to adulthood?	QPT	43%	54%	48%	-6%	
75(1)(b)								
75(2)		How well did the life skills assessment address development or disability needs of the rangatahi?						
75(2)		If the child has a disability, did they continue to receive disability-related support throughout the care transition?						
75(3)(a)		Did the life-skills assessment address the young person's knowledge of the following? <ul style="list-style-type: none"> personal and healthcare managing money shopping cooking driving 						

Oranga Tamariki: Performance against National Care Standards Regulations								
Regulation	NCS Regulation	Measure	Data Source	2020-2021 Compliance	2021-2022 Compliance	2022-2023 Compliance	Change since 2021-2022	Statistically significant change?
75(3)(b)		<ul style="list-style-type: none"> sexual and reproductive health care managing any matters relating to sexual or gender identity safe and positive relationships culture and identity 						
76	Advice and assistance under section 386B(1)(a) of Act							
76(a)		Before the rangatahi transitioned to independence, were they provided with a copy of their record of important life events and achievements						
76(c)		Before rangatahi transitioned to adulthood, were they provided with assistance to obtain official documentation (for example photo identification, birth certificate, IRD number, bank account, verified online identity)	QPT	51%	61%	57%	-4%	
76(d)		Before the rangatahi transitioned to adulthood, were they provided with information about the legal requirements to enrol in the electoral roll once they reach the age of 18 years	QPT	2%	11%	14%	3%	
76(e)		Before the rangatahi transitioned to independence, were they provided with the following? <ul style="list-style-type: none"> assistance to develop any life skills needed for their independence (the transition plan was informed by life skills assessment)? 	QPT		65%	56%	-9%	
		Before the rangatahi transitioned to independence, were they provided with the following? <ul style="list-style-type: none"> assistance to develop any life skills needed for their independence (the activities and supports identified in the transition plan were being implemented)? 	QPT		69%	77%	8%	
		Before the rangatahi transitioned to independence, were they provided with the following? <ul style="list-style-type: none"> information about accessing health, education, housing, employment, financial and legal services independently once they leave care or custody 	QPT	87%	49%	43%	-6%	

Schedule Two: Statement of rights								
		If the child entered care during the reporting period, were they provided the following information about their rights?						
		<ul style="list-style-type: none"> their right to try new and fun things 						
		Was their statement of rights explained in a way that is appropriate for their age, development, sexual orientation, language or disability						

Appendix Three

Open Home Foundation 2022/2023 compliance tables

These tables show compliance against measures relating to the National Care Standards Regulations, based on data that we requested from monitored agencies for each of the last three reporting periods.

Open Home Foundation: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	2021-2022 Compliance		2022-2023 Compliance		Change
			2021-2022 Compliance	2022-2023 Compliance	2021-2022 Compliance	2022-2023 Compliance	
Part One: Needs assessments, plans, and visits to, and collection of information about children and young persons							
7	When needs assessment is required						
7(1)		Does the child have a current Child and Adolescent Needs and Strengths (CANS) Assessment? Was the CANS assessment completed or updated in the 6-months to 30 June 2023?	61%	92%	56%	90%	31% 34%
		How well does the most recent CANS assessment identify the following for the child:					
7(1)(a)		• immediate needs	99%	100%			1%
7(1)(b)		• long-term needs	94%	96%			2%
10	Matters that must be identified in needs assessment						
		Overall, in the most recent CANS assessment, how well are the needs of the child identified?	81%	84%			3%
		• How well does the most recent CANS assessment identify the following needs of the child?					
10(1)(a)		• identity & cultural	91%	95%			4%
10(1)(b)		maintaining connections with family/whānau	82%	84%			2%
		• maintaining connections with iwi, hapū, and family group	73%	68%			-5%
10(1)(c)		• safety	76%	80%			4%
10(1)(d)		• behavioural	94%	91%			-3%
10(1)(e)		• play, recreation, and community	95%	96%			1%
10(1)(f)		• emotional	95%	95%			0%
10(1)(g)		• educational or training	94%	93%			-1%
10(1)(h)		• health	79%	93%			14%
10(1)(i)		• relating to disability	87%	97%			10%
		• If any disability was diagnosed within the past 12 months, was a Needs Assessment and Service Coordination (NASC) referral made?	50%	25%			-25%
10(1)(j)		Does the most recent CANS assessment identify how often the child should be visited?	95%	96%			1%
10(2)		How well does the most recent CANS assessment take into account the view of the following:					
10(2)(a)(i)		• the child	83%	92%			9%
10(2)(a)(ii)		• their family/whānau	64%	64%			0%

Open Home Foundation: Performance against National Care Standards Regulations					
Regulation	NCS Regulation	Measure	2021 -2022 Compliance	2022-2023 Compliance	Change
10(2)(b)		<ul style="list-style-type: none"> • their hapū/iwi • their foster parents • relevant professionals 	56%	45%	-11%
10(3)		How well does the most recent CANS assessment identify the following needs of the child?			
10(3)(a)(i)		• wishes	74%	85%	11%
10(3)(a)(ii)		• aspirations	64%	73%	9%
10(3)(a)(iii)		• strengths	91%	96%	5%
12	Process for identifying connections with family, whānau, hapū, iwi, and family group				
12(1)		How well does the most recent CANS assessment identify the following for the child?			
12(1)(a)		• members of the child's family/family group/whānau	92%	95%	3%
12(1)(b)		• significant members of the child's hapū or iwi	77%	88%	11%
13	Process for assessing health needs				
13(1)(a)		How well does the most recent CANS assessment describe whether reasonable efforts were made to access health practitioners who have:			
13(1)(a)		• knowledge and experience of the cultural values and practices of the child	73%	85%	12%
13(1)(b)		• knowledge and experience of Māori models of health	61%	83%	22%
13(2)(c)		If yes, was the child supported to engage with mental health services?	50%	73%	23%
		If yes, was a CAGE assessment completed for the child?	60%	91%	31%
14	Process for assessing safety needs				
14(b)		How well does the most recent CANS assessment consider the following when identifying the safety needs of the child:			
14(b)(i)		• the nature of harm, loss, or injury that tamariki may have experienced, and the effect this may have on their ongoing safety or wellbeing	75%	84%	9%
14(b)(ii)		• the risk of harm posed by other persons who come into, or may come into, contact with tamariki	44%	52%	8%
14(b)(iii)		• the nature and level of resilience and protective factors present for tamariki	83%	89%	6%
14(b)(iv)		• aspects of behaviour that may present a risk of harm and the impact this may have on their own safety or the safety of others	84%	81%	-3%
15	Reassessment of needs				
15(b)(i)		When the Child and Young Person's Plan was last updated, was the child's CANS assessment also reassessed?	100%	99%	-1%

Open Home Foundation: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	2021-2022 Compliance		2022-2023 Compliance		Change
			2021-2022 Compliance	2022-2023 Compliance	2021-2022 Compliance	2022-2023 Compliance	
17	When plan must be commenced and completed						
17(1)							
17(1)(a)		Does the child have a Child and Young Person's Plan?	91%	100%			9%
18	Process to be used to develop plan						
18(1)		How well does the most recent Child and Young Person's Plan take into account the following needs of the child (as identified in the CANS assessment):					
		<ul style="list-style-type: none"> identity and cultural needs 	88%	84%			-4%
		<ul style="list-style-type: none"> need to maintain connections with their family/whānau 	86%	85%			-1%
		<ul style="list-style-type: none"> need to maintain connections with hapū, iwi and family group 	82%	75%			-7%
		<ul style="list-style-type: none"> safety 	83%	79%			-4%
		<ul style="list-style-type: none"> physical health 	69%	84%			15%
		<ul style="list-style-type: none"> behavioural 	88%	89%			1%
		<ul style="list-style-type: none"> play, recreational and community 	85%	81%			-4%
		<ul style="list-style-type: none"> emotional 	87%	93%			6%
		<ul style="list-style-type: none"> educational or training 	84%	88%			4%
		<ul style="list-style-type: none"> relating to disability 	72%	88%			16%
		<ul style="list-style-type: none"> need to maintain connections with other important people 	66%	75%			9%
		<ul style="list-style-type: none"> mental health and trauma recovery needs 	75%	81%			6%
		<ul style="list-style-type: none"> alcohol or drug misuse 	82%	40%			-42%
		How well does the most recent Child and Young Person's Plan take into account the following for the child:					
		<ul style="list-style-type: none"> wishes 	61%	75%			14%
		<ul style="list-style-type: none"> aspirations 	48%	60%			12%
		<ul style="list-style-type: none"> strengths 	81%	67%			-14%
18(2)		How well does the most recent Child and Young Person's Plan take into account the view of the following:					
18(2)(a)		<ul style="list-style-type: none"> the child 	70%	83%			13%
		<ul style="list-style-type: none"> their family/whānau 	56%	52%			-4%
18(2)(b)		<ul style="list-style-type: none"> their hapū/iwi 	44%	40%			-4%
19	Matters to be identified in plan						
19 (1)							

Open Home Foundation: Performance against National Care Standards Regulations					
Regulation	NCS Regulation	Measure	2021-2022 Compliance	2022-2023 Compliance	Change
19(1)(a)		Overall, in the most recent Child and Young Person's Plan, how well have the assessed needs of the child been taken into account?	68%	72%	4%
		How well does the most recent Child and Young Person's plan record the actions others agreed to undertake to help meet the needs of the child, including:			
19(2)		<ul style="list-style-type: none"> foster parents whānau relevant professionals 	96%	97%	1%
			61%	56%	-5%
			78%	73%	-5%
19(1)(c)		Does the most recent Child and Young Person's Plan identify how often the child should be visited?	96%	96%	0%
20	Plan must include information about arrangements with family, whānau, hapū, iwi, marae, and family group				
20(a)		How well does the most recent Child and Young Person's Plan identify contact arrangements with the following people:			
		<ul style="list-style-type: none"> members of their family/family group/whānau members of their hapū, iwi, and marae? 	78%	76%	-2%
			64%	62%	-2%
22	When plan must be reviewed				
22(1)(b)(i)		Was the Child or Young Person's Plan completed or updated in the 6 months to 30 June 2023?	56%	87%	31%
23	Matters to be taken into account when reviewing plan				
23(c)		How well does the most recent Child and Young Person's Plan take into account the views of the following:			
		<ul style="list-style-type: none"> their foster parents relevant professionals 	96%	95%	-1%
			68%	68%	0%
24	Information to be given to child or young person, caregivers, and others				
24(1)		Has the most recent Child and Young Person's Plan been given to the child and explained in a way that they understand according to their age, development, and any disability they may have?	9%	8%	-1%
26	Purpose of visits to children and young persons				
		Overall, during the reporting period, how well were the visits used to:			
26(a)		<ul style="list-style-type: none"> monitor the ongoing safety, best interests and wellbeing of the child 	76%	87%	11%
26(c)		Based on the information gathered from visits during this reporting period, how well is the Child and Young Person's Plan being implemented?	97%	97%	0%
27	Matters to be identified in plan				

Open Home Foundation: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	2021-2022 Compliance	2022-2023 Compliance	Change
27(1)		During the reporting period, was the child visited by their social worker on average at the frequency set out in their CANS assessment or Child and Young Person's Plan?	61%	60%	-1%
27(2)(b)		Does the most recent Child and Young Person's Plan identify how often the child should be visited?	96%	96%	0%
28		What happens when child or young person is visited			
		Overall, during the reporting period, how well were the visits used to:			
28(1)(a)		<ul style="list-style-type: none"> inquire about the things that are going well for the child 	76%	94%	18%
28(1)(b)		<ul style="list-style-type: none"> inquire about any concerns the child may have 	74%	89%	15%
28(1)(c)		<ul style="list-style-type: none"> discuss what is important to them 	77%	89%	12%
28(1)(d)		<ul style="list-style-type: none"> identify their circumstances or needs have changed 	74%	87%	13%
		If the child entered care during the reporting period, were they provided the following information:			
28(2)		<ul style="list-style-type: none"> obligation of a social worker to meet with tamariki on their own 	1 tamariki entered in care. OHF reported them as N/A	N/A	N/A
		Where appropriate, was the child met on their own by a social worker so they can express their views freely?	73%	90%	17%

Part Two: Support to address child's or young person's needs

30	Support for assessed needs				
30(1)(a)		During the reporting period, was support (including financial support) provided to meet the child's assessed need for disability support?	86%	93%	7%
		Overall, during the reporting period, how well was the child supported to meet their assessment needs relating to a disability?	75%	93%	18%
30(2)		During the reporting period, was support (including financial support) provided to meet the child's assessed health needs?	100%	97%	-3%
30(3)		Overall, thinking of the support provided during the reporting period to meet the child's needs:			
30(3)(a)		<ul style="list-style-type: none"> how appropriate is the amount and type of support provided 	94%	98%	4%
30(3)(b)		<ul style="list-style-type: none"> how prompt is the support provided 	97%	97%	0%
30(3)(c)		<ul style="list-style-type: none"> how well is cultural safety of the child considered in the way support was provided 	96%	97%	1%

Open Home Foundation: Performance against National Care Standards Regulations					
Regulation	NCS Regulation	Measure	2021-2022 Compliance	2022-2023 Compliance	Change
31	Support to establish, maintain, and improve whānau connections				
31(1)					
31(1)(a)		During the reporting period, was support provided to the child, their foster parents and/or their whānau to enable the child to do the following: <ul style="list-style-type: none"> establish, maintain or strengthen their connections with their family/whānau establish, maintain or strengthen their connection to their hapū/iwi establish, maintain or strengthen their connections with other important people 	97%	100%	3%
31(1)(b)		If during the reporting period was an important health, education or placement-related decision made about the child, were the following people given an opportunity to participate in the decision-making process: <ul style="list-style-type: none"> the child's parents the child's whānau any other legal guardians the child's hapū/iwi 	83%	90%	7%
31(3)(e)			95%	93%	-2%
			84%	83%	-1%
			56%	55%	-1%
			79%	31%	-48%
			44%	13%	-31%
31(4)		During the reporting period, how well were the following people kept informed of the progress and development of their child on a regular basis: <ul style="list-style-type: none"> their whānau their hapū/iwi 	84%	89%	5%
32	Support for culture, belonging, and identity		64%	59%	-5%
32(2)		During the reporting period, was the child provided with appropriate support (including financial support) to do the following: <ul style="list-style-type: none"> connect with whānau, hapū, iwi to attend special whānau events gain knowledge of their culture and identity participate in activities and experiences relevant to their culture connect with places of cultural relevance 			
32(2)(a)			94%	96%	2%
32(2)(b)			91%	96%	5%
32(2)(c)			78%	88%	10%
			61%	77%	16%

Open Home Foundation: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	Compliance		Change
			2021-2022	2022-2023	
		If the child entered care during the reporting period, were they provided the following information about their rights:			
32(2)(d)		<ul style="list-style-type: none"> their rights to participate in their culture, language, and religion 	1 tamariki entered in care. OHF reported them as N/A	N/A	N/A
32(2)(d)(i)		<ul style="list-style-type: none"> maintain or improve proficiency in the language of their culture or identity 	76%	81%	5%
32(2)(d)(ii)		<ul style="list-style-type: none"> connect with other children and young people in care 	78%	81%	3%
33	The chief executive must ensure that a child or young person in care or custody is able to have—				
		During the reporting period, were visits (or other sources of information) used to ensure that the child had the following:			
33(a)		<ul style="list-style-type: none"> their own personal belongings with them in care including taonga, clothing, a suitable bag, and bedding 	99%	96%	-3%
33(b)		<ul style="list-style-type: none"> somewhere to store their belongings 	99%	95%	-4%
34	Support for play, recreation, and community activities				
34(2)		During the reporting period, was appropriate support (including financial support) provided for the child to:			
34(2)(a)		<ul style="list-style-type: none"> access developmentally appropriate books/toys 	94%	95%	1%
34(2)(b)		<ul style="list-style-type: none"> maintain peer and community relationships 	97%	97%	0%
34(2)(c)		<ul style="list-style-type: none"> participate in sporting activities participate in cultural activities 	81%	78%	-3%
34(2)(d)		<ul style="list-style-type: none"> participate in community and volunteering activities 	55%	76%	21%
34(2)(e)		<ul style="list-style-type: none"> have opportunities for play and experience 	82%	83%	1%
34(2)(f)		Does the child get pocket money?	85%	77%	-8%
35	Support to maintain and improve health		92%	94%	2%
35(1)(a)		Is the child currently enrolled with a primary health organisation?			
		If no, was the child enrolled with a primary health organisation at any point during the reporting period?	99%	100%	1%
			100%	-	-

Open Home Foundation: Performance against National Care Standards Regulations					
Regulation	NCS Regulation	Measure	2021-2022 Compliance	2022-2023 Compliance	Change
35(1)(b)		Has the child received an annual health check within the reporting period?	65%	79%	14%
		Does the child have access to a health practitioner with the following:			
35(1)(c)		<ul style="list-style-type: none"> knowledge and experience of the cultural values and practices of the child knowledge and experience of Māori models of health 	100%	100%	0%
35(1)(d)		If over the age of two, has the child received an annual dental check during the reporting period?	90%	100%	10%
35(1)(e)		During the reporting period, how well was the child provided with information on relevant health matters?	59%	75%	16%
35(1)(f)		During the reporting period, how well was the child supported to access publicly-funded health services to address their assessed health needs?	96%	97%	1%
35(1)(g)		During the reporting period, was the child supported to access private health services to address their health needs?	98%	92%	-6%
36	Children aged 1 to 4 years		100%	96%	-4%
36(1)		If aged between 1 - 4 years, is the child currently enrolled in a licensed early childhood service or certified playgroup?	83%	100%	17%
37	Children aged 5 years				
37(1)		if aged 5 years, is the child currently enrolled in a registered school (or a licensed early childhood service or certified playgroup)?	100%	100%	0%
38	Children and young persons aged 6 to 15 years				
38(1)		If aged, 6 - 15 years, is the child currently enrolled at a registered school?	96%	94%	-2%
39	The chief executive must ensure that young persons aged 16 years or over who are in care or custody are assisted—				
		If aged over 16 years, has the young person been assisted to do either of the following:			
39(a)		<ul style="list-style-type: none"> enrol at a registered school or tertiary education organisation 	78%	93%	15%
39(b)		<ul style="list-style-type: none"> obtain employment 	56%	100%	44%
40	Obligation to support attendance				
40(2)		If the child is enrolled at a registered school, have the following things been done to support attendance:			
40(2)(a)		<ul style="list-style-type: none"> provision of information to foster parents about the importance of attendance (including their role in supporting the child's attendance) 	100%	100%	0%
40(2)(b)		<ul style="list-style-type: none"> an update obtained at least once a term from the school or foster parents on the regularity of the child's attendance 	14%	39%	25%
40(2)(c)		<ul style="list-style-type: none"> arrangements to address any concerns about attendance 	80%	100%	20%

Open Home Foundation: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	2021-2022 Compliance		2022-2023 Compliance		Change
			2021-2022 Compliance	2022-2023 Compliance	2021-2022 Compliance	2022-2023 Compliance	
		If the child was excluded from the school during the reporting period, which of the following were done:					
40(2)(d)		<ul style="list-style-type: none"> alternative educational arrangements were facilitated 	67%	100%	100%	33%	33%
40(2)(e)		<ul style="list-style-type: none"> representation was provided at hearings to consider the suspension or exclusion from the school? 	67%	100%	100%	33%	33%
41	Other support obligations	During the reporting period, was the child provided with support (including financial support) to address their education and training needs, including: <ul style="list-style-type: none"> equipment and materials for education that are not funded education-related costs such as donations or fees additional support for the child to succeed in education 	100%	98%	98%	-2%	-2%
41(1)(a)			100%	100%	100%	0%	0%
41(1)(b)			98%	100%	100%	2%	2%
41(1)(c)							
42	Monitoring educational progress	If enrolled at a registered school, was information provided to the school about the child's circumstances? <p>During the reporting period, were the following things done at least once a term:</p> <ul style="list-style-type: none"> their education provider was engaged with to discuss the child's progress a written update from the education provider was obtained on the child's educational progress If yes, were actions taken to address those concerns?	73%	93%	93%	20%	20%
42(2)(a)							
42(2)(b)			31%	43%	43%	12%	12%
42(2)(c)			25%	61%	61%	36%	36%
42(2)(d)			97%	98%	98%	1%	1%

Part three: Caregiver and care placement assessment and support

44	Information to be provided to prospective caregivers						
44(2)		For the foster parents of tamariki who were in care at any time during the reporting period, before tamariki were placed with them, were the foster parents provided with the following information about being a foster parent: <ul style="list-style-type: none"> the assessment and approval process the level of care expected and what will happen if it is not provided the impact that caregiving may have on their household and their lives the availability of support, training and resources Did foster parents of tamariki who were in care during the reporting period attend training on the NCS regulations? <ul style="list-style-type: none"> the importance of informing the monitored agency when there is a significance change in circumstances or membership of their household the effects of trauma on children's behaviour and development, including services available to support recovery 	84%	86%	86%	2%	2%
44(2)(a)			85%	84%	84%	-1%	-1%
44(2)(b)			85%	84%	84%	-1%	-1%
44(2)(c)			84%	84%	84%	0%	0%
44(2)(d)			88%	90%	90%	2%	2%
44(2)(e)			85%	84%	84%	-1%	-1%
44(2)(f)			85%	83%	83%	-2%	-2%

Open Home Foundation: Performance against National Care Standards Regulations					
Regulation	NCS Regulation	Measure	2021-2022 Compliance	2022-2023 Compliance	Change
44(2)(g)		<ul style="list-style-type: none"> appropriate behaviour management to be provided by the foster parent 	84%	80%	-4%
44(2)(h)		<ul style="list-style-type: none"> the primacy of the children's best interests in decisions, and the importance of the children's views and participation in those decisions 	85%	83%	-2%
44(2)(i)		<ul style="list-style-type: none"> decisions foster parents can and cannot make about day-to-day care arrangements 	83%	81%	-2%
		<ul style="list-style-type: none"> decisions tamariki can and cannot make about day-to-day care arrangements 	83%	81%	-2%
44(2)(j)		<ul style="list-style-type: none"> the rights of tamariki to keep a reasonable number and type of personal belongings 	85%	81%	-4%
44(2)(k)		<ul style="list-style-type: none"> information on the need for connection between tamariki and their family, whānau, hapū, iwi and wider family group 	86%	86%	0%
		<ul style="list-style-type: none"> the support the foster parents will receive to facilitate this connection to whānau 	86%	86%	0%
44(2)(l)		<ul style="list-style-type: none"> the rights of legal guardians and how these are to be preserved 	84%	83%	-1%
44(2)(m)		<ul style="list-style-type: none"> how tamariki can make a complaint 	82%	80%	-2%
44(2)(n)		<ul style="list-style-type: none"> how foster parents can make a complaint 	82%	80%	-2%
45	Assessment of prospective caregivers and their households				
45(1)		Before the child was placed in their care, was an assessment made of their suitability to provide care for the child?	85%	81%	-4%
46	Purpose of assessment of prospective caregiver and their household				
46(b)		Did the assessment determine the extent to which the prospective foster parent was likely able to (i) promote mana tamaiti (ii) acknowledge the whakapapa and (iii) support the practice of whanaungatanga in relation to the child?	48%	37%	-11%
46(d)		Did the assessment determine the extent to which the prospective foster parent can provide a safe, stable, and loving home for the child?	89%	93%	4%
47	When assessment must be completed				
47		Were the foster parents for the child's current placement (most recent placement during the reporting period) fully approved when the child was placed with them?	87%	82%	-5%
		Was the child placed with foster parents prior to completing the assessment of a prospective foster parent and their household?	87%	81%	-6%
50	Periodic review of approvals				
50(1)		Were foster parents reviewed within 2 years from approval? (where this applied to foster parents in the reporting period)	75%	82%	7%
		Was the approval of the foster parents for the child's current placement (or most recent placement during the reporting period) granted or reviewed within the past 2 years?	85%	92%	7%

Open Home Foundation: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	2021-2022 Compliance		2022-2023 Compliance		Change
			2021-2022 Compliance	2022-2023 Compliance	2021-2022 Compliance	2022-2023 Compliance	
51	Provisional approvals for urgent placements						
51(6)		Are provisionally-approved foster parents closely monitored where tamariki are in their care?	20%	25%	20%	25%	5%
52	Identity confirmation						
		Did the assessment include the following for each relevant individual (foster parent and members of their household over 18 years old):					
		<ul style="list-style-type: none"> confirmation of identity 	69%	73%	69%	73%	4%
53	Police vet						
53(1)		<ul style="list-style-type: none"> police vet 	99%	100%	99%	100%	1%
54	Other information						
		<ul style="list-style-type: none"> consideration of other relevant information 	92%	89%	92%	89%	-3%
55	Risk assessment						
55		<ul style="list-style-type: none"> risk assessment 	89%	90%	89%	90%	1%
56	The chief executive must ensure that there is an assessment of other relevant matters, including the following:						
		How well did the assessment cover the following:					
56(a)(i)		<ul style="list-style-type: none"> the prospective foster parent's experience, skills and attitudes relevant to providing care 	80%	83%	80%	83%	3%
56(a)(ii)		<ul style="list-style-type: none"> the safety, adequacy and appropriateness of the physical care environment 	92%	93%	92%	93%	1%
56(a)(iv)		<ul style="list-style-type: none"> the foster parent's need for support and capability development 	73%	69%	73%	69%	-4%
56(a)(v)		<ul style="list-style-type: none"> the identity of members of the foster parent's household or others likely to have regular unsupervised or overnight contact with the child 	79%	88%	79%	88%	9%
56(b)		How well did the assessment assess the likely effects of the placement on the following people:					
56(b)(i)		<ul style="list-style-type: none"> the child 	92%	92%	92%	92%	0%
56(b)(ii)		<ul style="list-style-type: none"> the household 	96%	95%	96%	95%	-1%
57	Information to be provided to caregiver						
		For the foster parents of tamariki who were in care at any time during the reporting period, before the child was placed with them, were the foster parents provided with the following information about the child:					
57(1)		<ul style="list-style-type: none"> their roles and responsibilities to meet the needs of the child 	92%	92%	92%	92%	0%
57(3)							
57(3)(a)		<ul style="list-style-type: none"> a copy of the child's current Child and Young Person's Plan 	51%	56%	51%	56%	5%

Open Home Foundation: Performance against National Care Standards Regulations					
Regulation	NCS Regulation	Measure	2021 -2022 Compliance	2022-2023 Compliance	Change
57(3)(b)		<ul style="list-style-type: none"> • why the child came into care 	68%	68%	0%
57(3)(c)		<ul style="list-style-type: none"> • the child's needs (in particular any critical information relevant to their immediate needs) 	84%	89%	5%
57(3)(d)		<ul style="list-style-type: none"> • access to assistance 	94%	95%	1%
57(3)(e)		<ul style="list-style-type: none"> • the child's wishes, strengths, preferences, and behaviour 	78%	78%	0%
57(3)(f)		<ul style="list-style-type: none"> • the child's family, whānau, hapū, iwi, family group and cultural background 	69%	73%	4%
57(3)(g)		<ul style="list-style-type: none"> • how often the child will be visited by a social worker 	73%	71%	-2%
57(3)(h)		<ul style="list-style-type: none"> • ongoing planned contact with their family, whānau, hapū, iwi and family group or other people important to the child 	66%	69%	3%
57(3)(i)		<ul style="list-style-type: none"> • any other information needed to keep the foster parent and the child safe 	83%	87%	4%
57(3)(j)		<ul style="list-style-type: none"> • support available for caring for the specific child 	79%	79%	0%
58	Purpose of caregiver support plan				
58(a)		Do foster parents have a foster parent support plan?	74%	88%	14%
58(b)		Overall, how well does the most recent foster parent support plan identify the needs of the tamariki in their care?	72%	88%	16%
		Does the most recent foster parent support plan identify the foster parents' needs for the following:			
		<ul style="list-style-type: none"> • access to training 	94%	90%	-4%
		<ul style="list-style-type: none"> • financial assistance 	70%	90%	20%
		<ul style="list-style-type: none"> • access to respite care 	77%	98%	21%
		<ul style="list-style-type: none"> • access to advice and assistance 	92%	100%	8%
		<ul style="list-style-type: none"> • access to support person 	94%	98%	4%
60	Content of caregiver support plan				
60(2)(a)		Overall, how well does the most recent foster parent support plan describe the support the foster parent is provided with to meet the needs of the tamariki in their care?	72%	88%	16%
60(3)		On average during the reporting period, were the foster parents visited by their foster parent social worker to the frequency identified in their support plans?	31%	33%	2%
		If no, during the reporting period on average, were the foster parents visited by their foster parent social worker at least every eight weeks?	28%	11%	-17%
61	Review of caregiver support plan				
61(1)		Was the foster parent support plan created or reviewed within the reporting period?	90%	79%	-11%
62	Provision of support to caregivers				
62(1)					

Open Home Foundation: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	2021-2022 Compliance	2022-2023 Compliance	Change
62(1)(a)		During the reporting period, did foster parents receive the support described in their most recent foster parent support plan to support the needs of tamariki in their care?	70%	83%	13%
62(1)(b)		During the reporting period, did foster parents receive support for any of the following: <ul style="list-style-type: none"> • promote the child's knowledge of whakapapa and the practice of whanaungatanga 	50%	77%	27%
62(2)		How well does the most recent foster parent support plan take into account the following needs of the foster parent <ul style="list-style-type: none"> • access to training • financial assistance • access to respite care • access to advice and assistance • access to support person 	95%	89%	-6%
62(2)(a)			74%	90%	16%
62(2)(b)			77%	98%	21%
62(2)(c)			92%	100%	8%
62(2)(d)			94%	98%	4%
62(2)(e)					
63		Support for maintaining whānau connections			
		During the reporting period, did foster parents receive support for any of the following? <ul style="list-style-type: none"> • understand the importance for tamariki Māori establishing, maintaining, or strengthening relationships with their whānau, hapū and iwi • facilitate the child's participation in contact arrangements with whānau • facilitate the child's participation in contact arrangements with hapū and iwi 	51%	66%	15%
63(a)					
63(c)			75%	87%	12%
			75%	59%	-16%
65		Support for culture and identity			
		<ul style="list-style-type: none"> • promote the identity and culture of tamariki in their care • understand and respect the personal choices of tamariki regarding their identity and culture • enable tamariki to attend or participate in cultural events relevant to their culture and identity 	76%	91%	15%
65(a)			83%	93%	10%
65(b)			65%	72%	7%
65(c)					

Part Four: Supporting children and young persons to express their views and contribute to their care experience

66		Matters to be explained to children and young persons			
		If the child entered care during the reporting period, were they provided the following information: <ul style="list-style-type: none"> • the reason they were brought into care • their Child and Young Person's Plan • their right to be supported with a disability • the timing of the assessment of their needs and making a plan to meet their needs 	100%	N/A	N/A
66(a)			N/A	N/A	N/A
66(b)			N/A	N/A	N/A
66(b)(i)			N/A	N/A	N/A
66(b)(ii)			N/A	N/A	N/A

Open Home Foundation: Performance against National Care Standards Regulations					
Regulation	NCS Regulation	Measure	2021-2022 Compliance	2022-2023 Compliance	Change
66(b)(iii)		<ul style="list-style-type: none"> how often they will be visited 	N/A	N/A	N/A
66(c)		<ul style="list-style-type: none"> how their family, whānau, hapū, iwi and family group will be involved in decisions made about them their right to stay close and connected to important members of their family and whānau 	N/A	N/A	N/A
66(d)		<ul style="list-style-type: none"> how they can participate in decisions about their care and how their views will inform decisions about them 	N/A	N/A	N/A
66(e)(i)		<ul style="list-style-type: none"> the advocacy services available to support them 	N/A	N/A	N/A
66(e)(ii)		<ul style="list-style-type: none"> iwi or kaupapa Māori services available to them 	N/A	N/A	N/A
66(f)		<ul style="list-style-type: none"> their right to confidentiality and privacy and how information will be collected, recorded, used, and disclosed 	N/A	N/A	N/A
66(g)		<ul style="list-style-type: none"> that records are being maintained and how to access these records 	N/A	N/A	N/A
66(h)(i)		<ul style="list-style-type: none"> their rights to give feedback 	N/A	N/A	N/A
		<ul style="list-style-type: none"> their right to make a complaint 	N/A	N/A	N/A
66(h)(vi)		<ul style="list-style-type: none"> what they can do if they are not satisfied with the Ministry's response to their complaint 	N/A	N/A	N/A
66(b)(iv)		<ul style="list-style-type: none"> who they can contact if they have concerns 	N/A	N/A	N/A
66(h)(iii)		<ul style="list-style-type: none"> what to expect once they give feedback or make a complaint 	N/A	N/A	N/A
67	Other steps that must be taken when child or young person enters care				
67(1)(a)		Did the child receive information about their prospective foster parents and placement before being placed with them?	N/A	N/A	N/A
67(1)(b)		Was there an offer for the child to meet their prospective foster parents before being placed with them?	N/A	N/A	N/A
67(1)(c)		Has information been provided and explained to the child about their right to have their personal belongings with them?	N/A	N/A	N/A
67(2)		If placed under urgency, was information provided to the child about the foster parents and household as soon as is practicable?	N/A	N/A	N/A
68	Method of providing information and explanation				
68(2)		Was information provided and explained to the child when their plan was reviewed?	39%	49%	10%
69	Duties in relation to allegations of abuse or neglect				
69(1)		Have all reports of concern of abuse or neglect while in care been responded to in the reporting period?	100%	100%	0%
		For the most recent report of concern for the child in the reporting period:			
69(2)(a)		<ul style="list-style-type: none"> how prompt was the response to the report of concern 	73%	75%	2%
69(2)(b)		<ul style="list-style-type: none"> how well was information about the report of concern recorded 	91%	38%	-53%

Open Home Foundation: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	2021-2022 Compliance	2022-2023 Compliance	Change
69(2)(c)		<ul style="list-style-type: none"> how well were appropriate steps taken in response to the report of concern where appropriate, was the child informed of the outcome of the abuse allegation/s? 	82%	88%	6%
69(2)(d)		<p>Were the following required steps taken in response of this allegation:</p> <ul style="list-style-type: none"> a review of the child's Child and Young Person Plan? provision of supports to address the impact of harm a review of foster parent plans 	78%	75%	-3%
			55%	88%	33%
			91%	75%	-16%
			64%	50%	-14%
70	Duty to maintain record of important life events				
		Are records maintained about the important life events for child?	89%	92%	3%

Part Five: Supporting children and young persons during care transitions

72	Assessment and support plans for care transition				
72					
72(a)		Before the care transition took place, was an assessment made of transition-related support needs?	87%	87%	0%
		How well did the assessment determine the necessary steps for the child to experience a positive care transition?	95%	60%	-35%
72(b)		Was the child's Child and Young Person's Plan updated to reflect the support required to meet the child's assessed transition-related support needs?	39%	73%	34%
73	Process and contents of care transition plan				
73 (1)		When planning for the care transition, were the following people consulted:			
73(1)(a)		• the child	87%	87%	0%
73(1)(b)		• their current foster parent	87%	91%	4%
		• their prospective foster parent	94%	100%	6%
73(1)(d)		• their whānau	65%	80%	15%
		• their hapū/iwi	53%	44%	-9%
74	Monitoring and support during care transition phase				
74(1)		If the transition was a Return Home, was the child visited weekly until the Child and Young Person's Plan was reviewed?	14%	17%	3%

Open Home Foundation: Performance against National Care Standards Regulations					
Regulation	NCS Regulation	Measure	2021-2022 Compliance	2022-2023 Compliance	Change
74(2)		If the transition was to another foster parent or residence, when was the child first visited after the transition?	44%	36%	-8%
74(2)(a)		How well did the updated plan address the following needs or considerations: <ul style="list-style-type: none"> transition-related support needs disability-related needs Overall, thinking of support provided during the care transition: <ul style="list-style-type: none"> how appropriate was the amount and type of support provided? how well was cultural safety of the child considered in the way support was provided? 	75%	100%	25%
74(2)(b)		Before the care transition took place, was the child provided with the following: <ul style="list-style-type: none"> an explanation about why the care transition is happening information about the new environment, caregiving household or residence the opportunity to visit the new care environment 	75%	86%	11%
74(2)(c)		Before the care transition took place, was the child provided with the following: <ul style="list-style-type: none"> an explanation about why the care transition is happening 	91%	86%	-5%
74(2)(d)		Before the care transition took place, was the child provided with the following: <ul style="list-style-type: none"> information about the new environment, caregiving household or residence 	91%	100%	9%
74(2)(e)		Before the care transition took place, was the child provided with the following: <ul style="list-style-type: none"> the opportunity to visit the new care environment 	78%	80%	2%
74(2)(f)		Before the care transition took place, was the transition plan or updated Child and Young Person Plan shared with the following people: <ul style="list-style-type: none"> current foster parent future foster parent 	50%	80%	30%
74(2)(g)		Based on the information from visits (or other sources), was the child able to take personal belongings of importance with them to the new care environment?	56%	100%	44%
74(2)(h)		Did the updated plans address support to maintain the relationship with the current foster parent (where that is considered to be in the child's best interests)?	96%	100%	4%
75	Assessment of life skills		75%	73%	-2%
75(1)(a)		Before the rangatahi transitioned to independence, was an assessment made of their life skills?	80%	100%	20%
75(2)		Has a transition plan been developed for those transitioning to adulthood? <p>If the child has a disability, did they continue to receive disability-related support throughout the care transition?</p> <p>How well did the assessment address development or disability needs of the rangatahi?</p>	100%	100%	0%
75(3)		Overall, how well did the assessment address the young person's life skills? <p>How well did the life skills assessment address the young person's knowledge of the following: <ul style="list-style-type: none"> personal and healthcare managing money shopping cooking </p>	78%	88%	10%
75(3)(a)(i)			100%	100%	0%
75(3)(a)(ii)			100%	100%	0%
75(3)(a)(iii)			100%	100%	0%
75(3)(a)(iv)			100%	100%	0%

Open Home Foundation: Performance against National Care Standards Regulations

Regulation	NCS Regulation	Measure	2021-2022 Compliance	2022-2023 Compliance	Change
75(3)(a)(v)		<ul style="list-style-type: none"> driving 	100%	100%	0%
75(3)(b)(i)		<ul style="list-style-type: none"> sexual and reproductive health 	100%	100%	0%
75(3)(b)(ii)		<ul style="list-style-type: none"> sexual or gender identity 	100%	100%	0%
75(3)(b)(iii)		<ul style="list-style-type: none"> safe and positive relationships 	100%	100%	0%
75(3)(b)(iv)		<ul style="list-style-type: none"> culture and identity 	100%	100%	0%
76	Advice and assistance under section 386B(1)(a) of Act				
76(a)		Before the rangatahi transitioned to independence, were they provided with a copy of their record of important life events and achievements	60%	43%	-17%
76(b)		Before the rangatahi transitioned to independence, were they provided with assistance to develop any life skills needed for their independence	100%	100%	0%
		Before the rangatahi transitioned to independence, were they provided with assistance to obtain the following:			
76(c)(i)		<ul style="list-style-type: none"> photo identification 	80%	100%	20%
76(c)(ii)		<ul style="list-style-type: none"> birth certificate 	40%	100%	60%
76(c)(iii)		<ul style="list-style-type: none"> IRD number 	80%	86%	6%
76(c)(iv)		<ul style="list-style-type: none"> bank account 	80%	100%	20%
76(c)(v)		<ul style="list-style-type: none"> verified online identity 	20%	57%	37%
76(d)		<ul style="list-style-type: none"> information about the legal requirements to enrol in the electoral roll once they reach the age of 18 years 	20%	43%	23%
76(e)		Before the rangatahi transitioned to independence, were they provided with information about accessing health, education, housing, employment, financial and legal services independently once they leave care or custody	70%	86%	16%

Schedule Two: Statement of rights

Schedule Two	Has their statement of rights been explained to the child in a way that is appropriate for their age, development, sexual orientation, language, or disability?	69%	78%	9%
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