



# Safety of Children in Care

Annual Report  
July 2022 to June 2023



**ORANGA  
TAMARIKI**  
Ministry for Children

## **Acknowledgements**

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### **Acknowledgements**

This report reflects the work undertaken across Oranga Tamariki to keep children in care safe and free from harm. We would like to acknowledge the children and young people whose voices remain strong in this space and who provide a constant reminder to us all of the importance of honest and challenging conversation to provide for the best of them. We also wish to acknowledge the work of individual practitioners in supporting children to raise concerns and in addressing them once raised.

### **Disclaimer**

We seek to tell the children's stories in a way that reflects what is known without disrespecting their right to privacy.

### **Publication status**

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# Introduction

When children come into care, Oranga Tamariki is responsible for providing them with stable and loving placements and ensuring that they are safe.

We know from our regular monitoring and reporting activities that most children are safe in Oranga Tamariki care and experience an environment that protects and promotes their wellbeing. However, we also know that most children who enter care due to experiencing a form of abuse or neglect are at greater risk of further harm from others and that there are children who experience further harm once in care. Any experience of further harm is likely to have an adverse effect on children and their whānau. Oranga Tamariki is dedicated to understanding how and where harm does occur for children in care, being open in the reporting of this and taking steps to prevent harm.

In a recent survey of children in care<sup>1</sup> of the children aged 10-17 years who participated, the most positive response overall was to the question “Do the adults you live with now look after you well?”. 82% of children who responded to the survey agreed their caregivers did this all of the time and a further 16% said they did so most of the time.

The Oranga Tamariki Annual Report highlighted an increase in stability for children and young people in a family placement. 84% of children and young people in a family placement had the same caregiver at the end of the period as they did at the beginning and the number of children in out of home placements had decreased by 33% since June 2019<sup>2</sup>.

While it is heartening to hear stories of stable and loving placements, it is also necessary to hear and acknowledge the experiences of those children who have not had the same experience of safety and stability while in care. We need to identify and understand these experiences so that we can

strengthen our social work response and improve oranga and safety for all children in care.

**Oranga Tamariki is committed to monitoring and understanding the experiences of children in care in an open and respectful way.**

The Safety of Children in Care Team within Oranga Tamariki was established in 2018 to enable us to better understand, respond to, and prevent harm<sup>3</sup> to children in care. The team monitors and reviews situations when harm or the risk of harm has been reported and findings of abuse have been made for children in care. This regular reporting is one aspect of a demonstrated commitment to transparency about the experiences of children who are in care and continuous improvements in stability and safety for children.

Real time review of findings by the Safety of Children in Care Team enables a thorough analysis of casework practice and regular feedback to practitioners to ensure robust management of any continuing safety issues on an individual basis. This work allows lessons learned from emerging trends and patterns to inform continuous practice improvement across Oranga Tamariki and to keep a focus on our practice, supports, and services for children and young people in care, their families, and caregivers.

The 2023 Annual Report is the fifth annual report on the Safety of Children in Care completed by Oranga Tamariki. In this report we analyse the data reviewed for children in care over the period 1 July 2022 to 30 June 2023 and provide insights into the experiences of children in care over the past five years. We look at what has remained consistent and what has changed over the period and provide information about practice responses and initiatives to further improve the safety of children in care. As well as reporting different abuse types, in this year's report we are reporting harm in detail across four broad placement types

1 Oranga Tamariki Voices of Children and Young People Team, Te Mātātaki (August 2023)  
Available at [www.orangatamariki.govt.nz/about-us/research/our-research/te-matataki-2023/](http://www.orangatamariki.govt.nz/about-us/research/our-research/te-matataki-2023/)

2 Oranga Tamariki Report, Annual Report 2022/23 Available at [www.orangatamariki.govt.nz/assets/Uploads/About-us/Corporate-reports/Annual-Report/Annual-Report2022\\_23.pdf](http://www.orangatamariki.govt.nz/assets/Uploads/About-us/Corporate-reports/Annual-Report/Annual-Report2022_23.pdf)

3 See Appendix 1 for definitions of harm.

(return/remain home, family placement, non-family placement and residence<sup>4</sup>). This format allows for a more nuanced and practice-focused way of understanding the contexts in which harm to children is occurring.

## Guide to the annual report

This report provides detailed information relating to:

- the overall number of individual children who have experienced harm
- the number of individual children who have had more than one finding of harm in the past twelve months
- the number of individual children who have experienced each type of harm
- the number of findings of each type of harm experienced
- where the child was living when the harm occurred
- whether the harm occurred inside or outside the placement
- who was alleged to have caused the harm
- the key characteristics of the people who were alleged to have caused the harm

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<sup>4</sup> See Appendix 1 for definitions of placement types.

# Ensuring Safety and Wellbeing of Children in Care

In the fifth year of monitoring and reporting there are more consistent responses to children in care when they experience harm.

Regulation 69 of the National Care Standards requires that when an allegation of abuse or neglect is made about a child or young person in care it is responded to promptly, the information is recorded and reported in a consistent manner, those involved are informed of the outcome (including the child or young person when appropriate), and support is given to both the child and their caregiver as needed.

Allegations of harm for children in care can be raised in several different ways by any person, including the child themselves. A report of concern will then be entered into the Oranga Tamariki case recording system to ensure a consistent and structured social work response.

Over the past five years there has been a greater understanding that a new report of concern is required to be made in all situations when a child in care is thought to have experienced harm. This ensures each concern is thoroughly and appropriately assessed and investigated.

In 2023 we saw the highest number of reports of concerns for children in care, with 2425 reports being made.

To understand the concerns raised, social workers undertake a social work assessment or investigation, informed by engagement with the child and others involved in the child's life, to ensure any ongoing risks are mitigated and that support is provided to both the child and their caregiver. The social worker determines whether harm has occurred that meets one of the four abuse types and records this finding, along with the details of the person who allegedly caused the harm.

In the cases reviewed for this report, social work assessments have taken account of the child's needs and, where the assessment of ongoing risk has determined it necessary, children have been moved to alternative placements. Where placement arrangements have continued, an assessment of the support needs for the people providing care was undertaken and additional supports put in place.

The child's needs are considered in each assessment. A range of supports are offered, depending on need. For example, some children have received counselling to address the impact of the harm they have experienced. For other children, counselling will be considered at a later point if their immediate need is for care arrangements to be stabilised. Family members and caregivers can also be provided with additional supports to ensure they can help the child address the impact of harm and to address their own need for support.

For the person alleged to have caused the harm there are a range of possible outcomes. Some have faced criminal charges and have been prosecuted – these decisions are managed by the police. When harm has been caused by caregivers, a reassessment of their circumstances and the appropriateness of their ability to provide care is completed. These reviews consider whether it is appropriate for the caregiver to continue to provide care for the child, including whether additional supports can strengthen care arrangements to ensure safe and stable placements can continue. Where harm has been caused by staff in an Oranga Tamariki care environment (such as a residence) an assessment of any ongoing risks is made and appropriate actions taken.

There are 12 practice requirements that are used to measure performance in relation to Regulation 69 of the National Care Standards and are reported to the Independent Children's Monitor on a regular basis. There have been improvements in practice in relation to these requirements, particularly in relation to timeliness of investigations and reviewing the child's and the caregiver's support plans. This information shows that Oranga Tamariki is responding to initial safety concerns promptly and taking steps to ensure children's immediate safety needs are being addressed. It also shows that children, and their caregivers, have access to supports to address concerns raised in a timeframe consistent to the children's needs.

We acknowledge however that there is still further work to be done to continue to build on these improvements until they are at an acceptable level where we are consistently meeting all the National Care Standards on each occasion.



# What the data tells us about harm for all children in care

There has been an increase in the number of children harmed and the number of findings of harm although the number of children in care has declined over the past five years.

There is an increase in both the number of children and the number of findings in this reporting period when compared with those in previous Safety of Children in Care reports.

In the first Safety of Children in Care Annual Report in 2019 we reported that approximately 5.65% of all children in care had findings of harm. In this reporting period, 9% of all children in care have findings of harm. This increase needs to be considered in the context of a reducing care population over the past five years, balanced with a corresponding increased culture of identification and reporting on harm in care settings over the same period.

There are less children in care now than as at 30 June 2019 when there were 6450 children and young people in care and protection custody and 140 in youth justice custody, a total of 6590 children in care.

As at 30 June 2023 there were 4317 children and young people in care and protection custody and 162 in youth justice custody, a total of 4479 children in care.

The first annual report noted that "...when we launched the measurement approach implemented by the Safety of Children in Care Unit, we indicated that the findings data was unlikely to reduce in the immediate timeframe and could in fact increase over the period due to a number of factors:

- Better adherence to the process for recording of harm (especially under the Care Standards regulations) will raise the visibility of harm
- Improvement in practice as a result of the Practice Framework and National Care Standards implementation will strengthen relationships with children so they may feel safer to talk about their experience while in care (including the disclosure of harm)
- Legislative amendments to raise the age of statutory care have increased the number of children and young people in the older age range in our care.”<sup>5</sup>

These factors could account for the consistent rates of harm reported against a declining care population, but there are some additional factors that have also affected the increase in rates of harm such as changes to the care population itself beyond just the rise in age, changes in reporting behaviour of staff, and changes in the types of placements. There has been a greater recognition of all types of harm in all care settings, including all that who cause harm, with a particular focus on ensuring harm that occurs between children in care settings is appropriately recorded.

**We are continuing to build our understanding of the experiences of children in care by reviewing all findings of harm and analysing and reporting on the findings<sup>6</sup>**

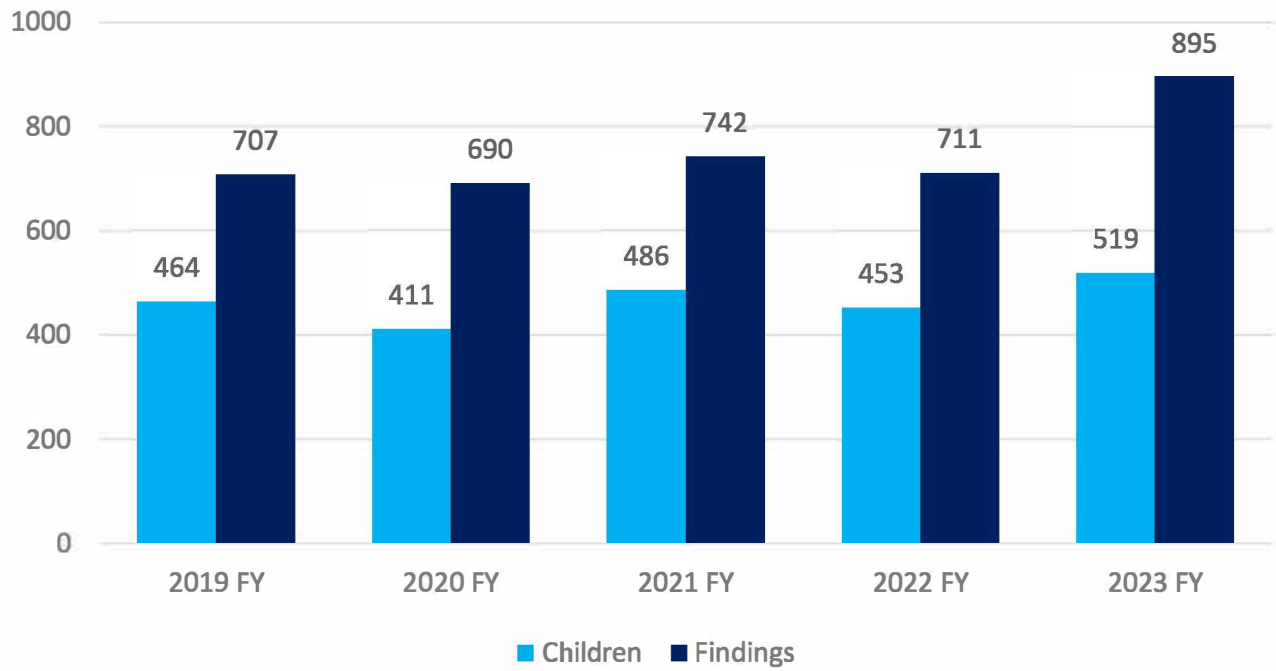
During the period July 2022 to June 2023, 519 children in care experienced an incident of harm for which they had a recorded finding. The number of recorded findings in the period was 895. The proportion of children in care with findings made has increased to 9% for this reporting period, compared with the 7% reported last year.

<sup>5</sup> Safety of Children in Care Team, Safety of Children in Care Annual Report July 2018 to June 2019. Available at [www.orangatamariki.govt.nz/assets/Uploads/About-us/Performance-and-monitoring/safety-of-children-in-care/2018-19/Safety-of-children-in-care-Annual-Report-2018/19.pdf](http://www.orangatamariki.govt.nz/assets/Uploads/About-us/Performance-and-monitoring/safety-of-children-in-care/2018-19/Safety-of-children-in-care-Annual-Report-2018/19.pdf)

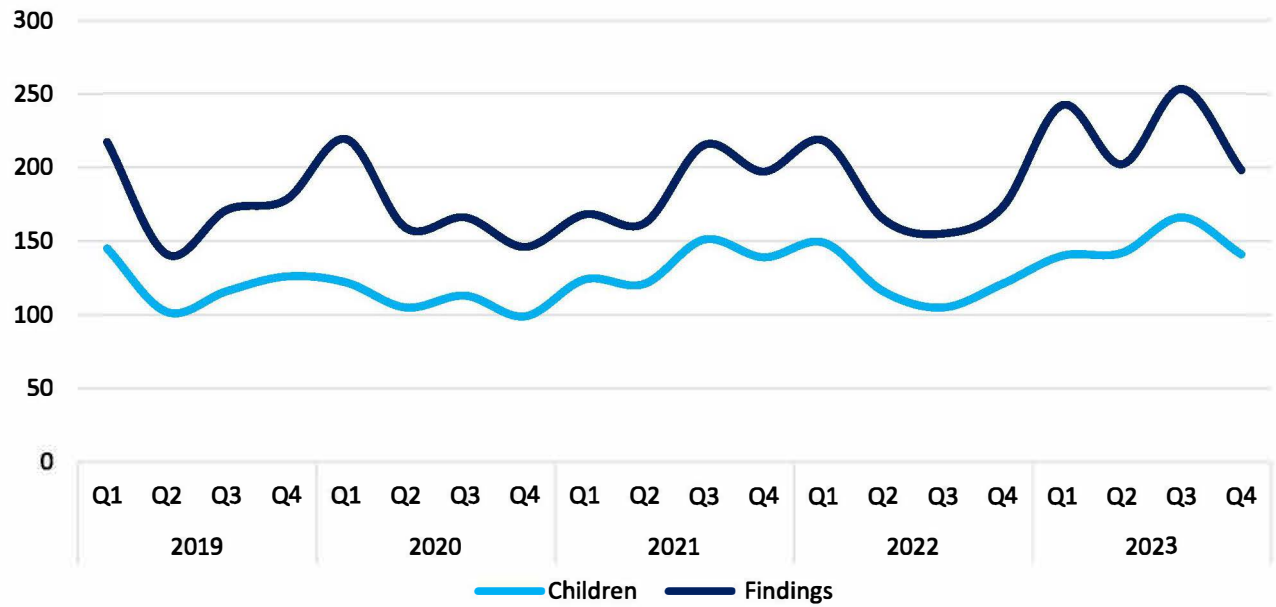
<sup>6</sup> The methodology for collation of the safety of children in care data can be found in Appendix 2

WHAT THE DATA TELLS US ABOUT HARM FOR ALL CHILDREN IN CARE

Total children harmed and findings of harm



Total children harmed and findings of harm





## WHAT THE DATA TELLS US ABOUT HARM FOR ALL CHILDREN IN CARE

## There have been changes to the children in care population over the past five years.

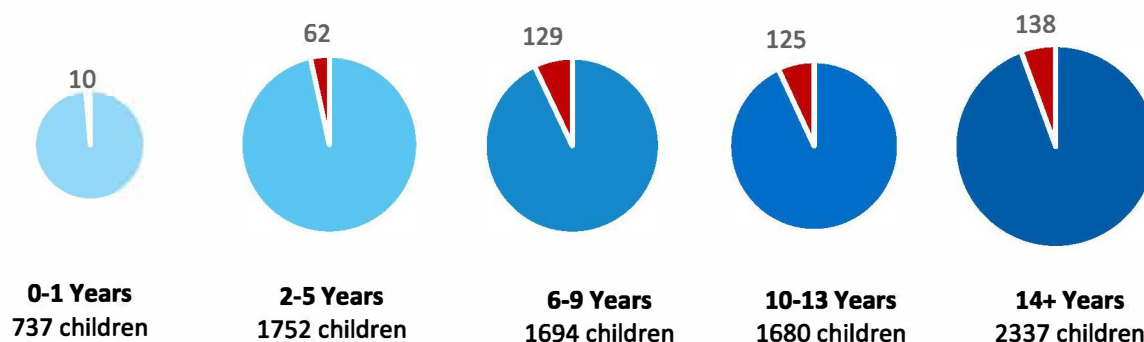
As well as there being fewer children in care in 2023, the care population is now mostly in the older age ranges. This is due to recent changes in practice that have seen a decline of the number of children being brought into care, particularly in the under 5 years age range, legislation changes in the youth justice sector and the aging of the children who have remained in care.

When the upper age in youth justice was raised on 1 July 2019 to include 17-year-olds, youth justice custody numbers increased. In the last 12 months a third of those in youth justice custody were aged 17 to 19 years old, a significant change in this population. Most of the youth justice custody placements are made in residences (85%), with the remainder mostly being made in community remand homes.<sup>7</sup>

Conversely, the number of entries into care for young children has fallen since 2017, although this decrease has broadly stabilised since 2020 onwards. The largest drop in entries to care, following several independent reviews of Oranga Tamariki, coincided with a practice shift that focussed on ensuring that every effort was made to enable children to be cared for safely within their family with the appropriate level of support, before bringing a child into state care.

As the numbers of children entering care have reduced those who come into care have, as a population group, higher and more complex needs.<sup>8</sup> There is increased complexity amongst the older age group due to their risk-taking behaviours, a history of trauma that can affect their decision-making and continuing contact with networks that were harmful to them prior to coming into care. At the same time there are often limited suitable placement options available, and this combination of factors can become a driver for further harm.

### Age of children in care and children harmed 2019

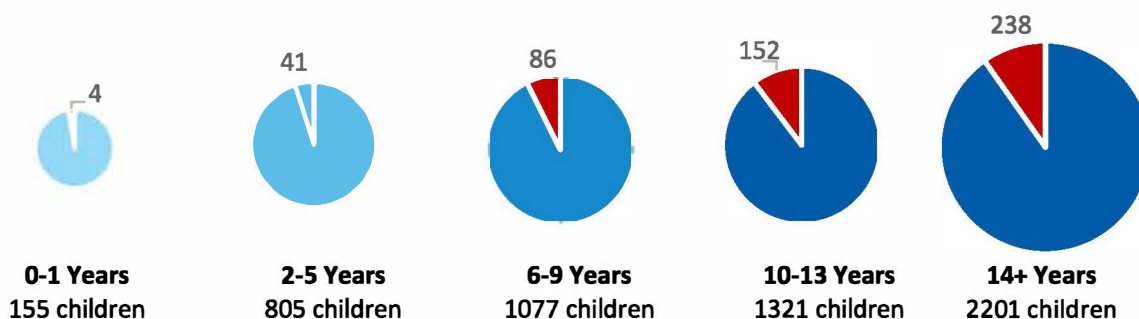


<sup>7</sup> Oranga Tamariki Report, Oranga Tamariki Evidence Centre (July 2023). Available at [www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Youth-Justice-custody-trends/Youth-justice-custody-trends.pdf](http://www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Youth-Justice-custody-trends/Youth-justice-custody-trends.pdf)

<sup>8</sup> Oranga Tamariki Report, Annual Report 2022/23 Available at [www.orangatamariki.govt.nz/assets/Uploads/About-us/Corporate-reports/Annual-Report/Annual-Report2022\\_23.pdf](http://www.orangatamariki.govt.nz/assets/Uploads/About-us/Corporate-reports/Annual-Report/Annual-Report2022_23.pdf)

WHAT THE DATA TELLS US ABOUT HARM FOR ALL CHILDREN IN CARE

**Age of children in care and children harmed 2023**

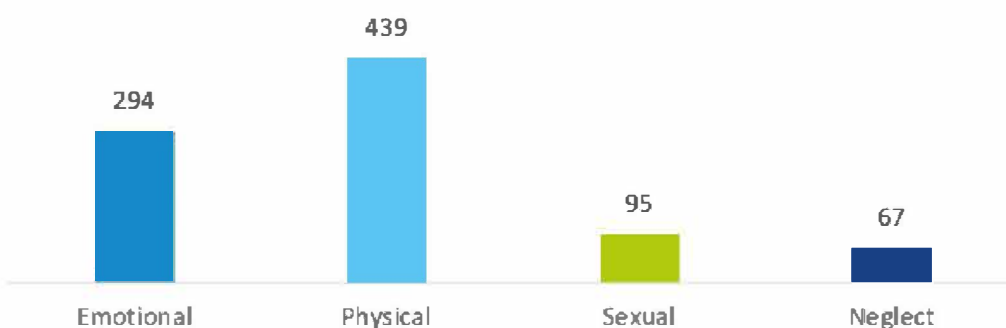


In 2023 17% (960 children) of the care population were aged 5 years and younger. This is a 13% decrease from 30% in 2019. The age group 14 years and above has grown as a proportion of the care population from 29% in 2019 to 40% in 2023. This coincides with raising the age within both the Youth Justice and Care and Protection provisions of the Oranga Tamariki Act. The proportion of children with findings of harm in this age group has also increased from 30% in 2019 to 46% in 2023. Children in the older age groups are more likely to experience harm compared to younger children. This includes harm experienced outside of their care arrangement and harm inflicted by similar age peers.

Collating data over time about the types of harm and where it is occurring tells us that the patterns of harm experienced by children in care are consistent.

The patterns in the findings by types of harm have remained consistent over the past five years, with physical abuse being the most common type of harm experienced, followed by emotional abuse, sexual abuse and then neglect.

**Overall findings of harm by type of harm**



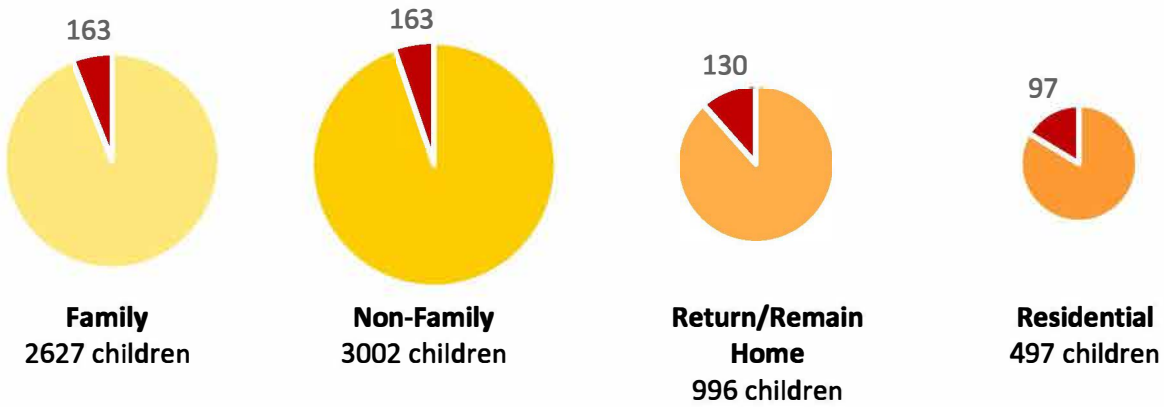
3.6% of all children in care had findings of emotional abuse, 5.8% had findings of physical abuse (in 2022 this was 4%), 1.4% had findings of sexual abuse and 0.8% had findings of neglect.

In this reporting period most children (70%) had one finding of harm relating to a single incident of harm, which is an increase from the 2019 rate of 54%, meaning less children had multiple

experiences of harm. A small proportion of children experienced one incident of harm and more than one finding of harm from that single incident and 12% of children experienced more than two incidents of harm with more than two findings of harm across all incidents. The proportion of children experiencing multiple incidents of harm in care has remained consistent over the most recent years.

WHAT THE DATA TELLS US ABOUT HARM FOR ALL CHILDREN IN CARE

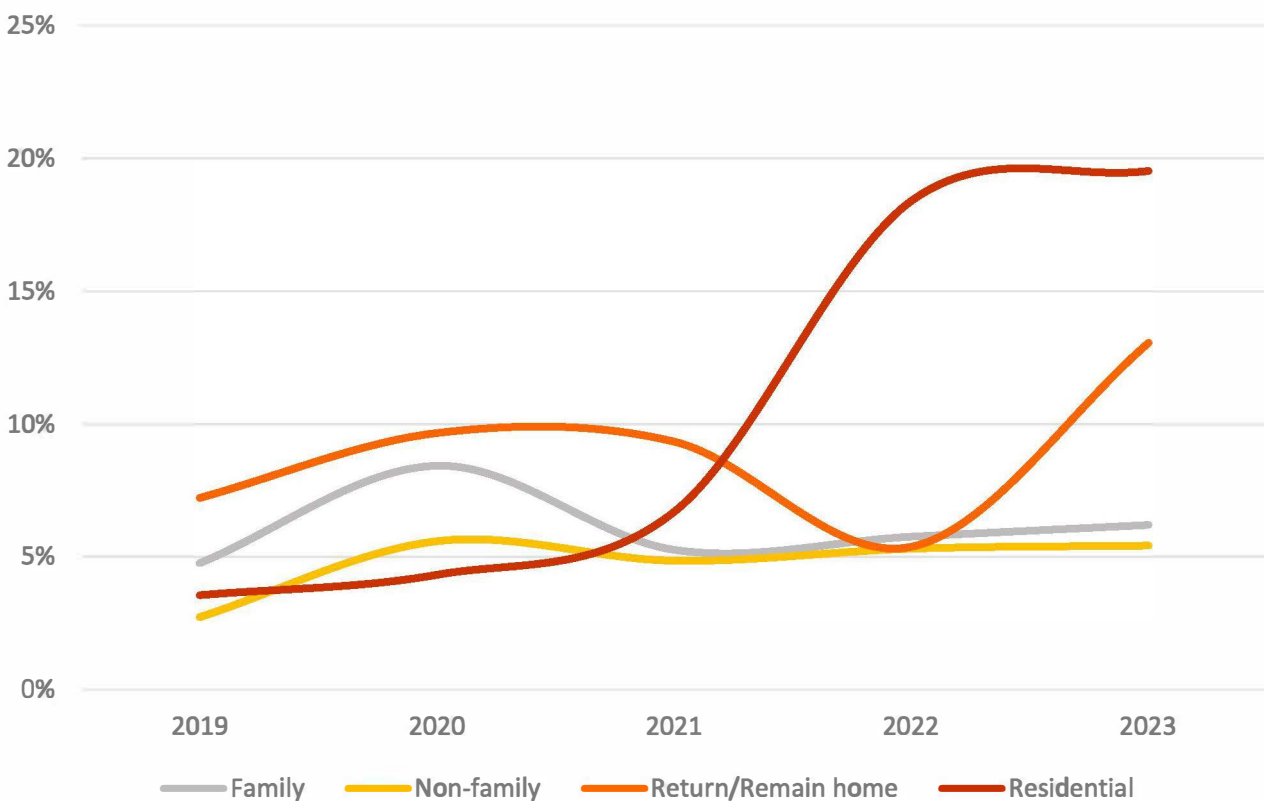
**Number of children Harmed by placement type**



This graph shows the number of children in each type of placement as well as the number of those children with findings of harm (placement type does not always reflect where the harm took place or the person who caused the harm).

During the year the majority of children were in family or non-family placements in which 6% (family) and 5% (non-family) experienced harm. A greater proportion of children and young people in return/remain and residential placements experienced harm (13% and 20% respectively).

**Incident of harm by placement 2019-2023**



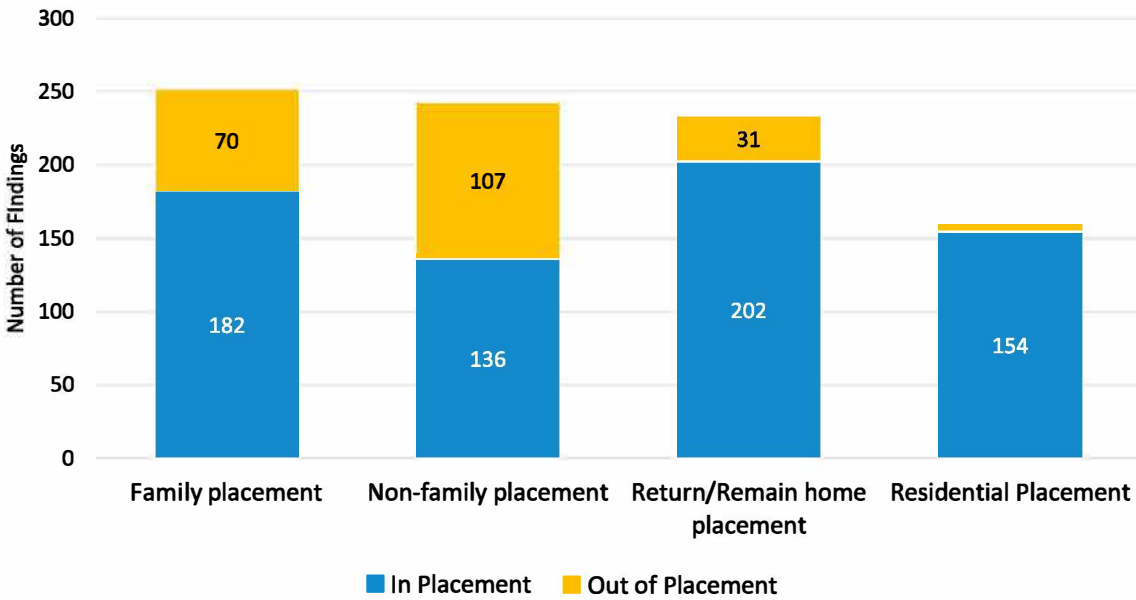


WHAT THE DATA TELLS US ABOUT HARM FOR ALL CHILDREN IN CARE

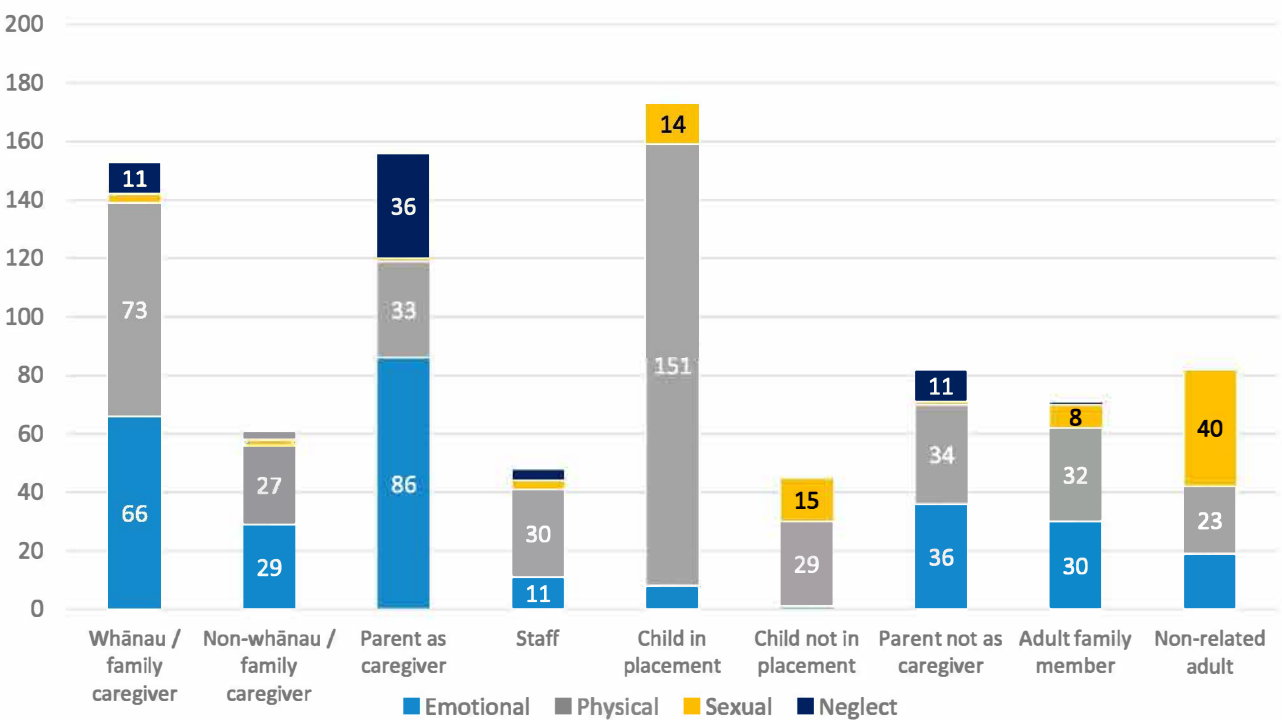
The incidence of harm in family and non-family has remained consistent for the last three years. Harm in return/remain placements increased in 2023 from 5% in 2022 after a decrease from 9% in 2021.

Residential placement harm incidence remains high. After an increase from 7% to 18% in 2022, it increased slightly in 2023 to 20% of children.

Findings of harm for in or out of placement



Type of harm by person alleged to cause the harm



WHAT THE DATA TELLS US ABOUT HARM FOR ALL CHILDREN IN CARE

We know that children have experienced harm from a range of people across the different types of placements and that these trends have changed over the past five years. In the first year of reporting whānau/family caregivers were the people who had caused most of the harm (213 findings in 2019), particularly physical abuse. Rates of harm by whānau/family caregivers dropped after 2020 and have remained at a more constant level since. This year we are reporting similar rates of harm by parents as caregivers and whānau/family caregivers. However, those causing the most harm in this reporting period are other children in placement (173 findings). This harm is predominantly occurring in the residences and in group living situations that are provided both by Oranga Tamariki and by our care partners and is overwhelmingly physical in nature.

Another increase in this reporting period, compared with the previous four years, is the findings of harm (except sexual harm) by parents – both when the parent is the child’s caregiver (in a return/remain home placement) and when they are not the caregiver but are having some form of contact with their child. Emotional harm by parents (both as caregiver and not as caregiver) in this reporting period increased from 65 findings in 2022 to 122 findings in 2023.

Harm by staff (includes Oranga Tamariki and care partner staff) has decreased from 80 findings in 2022 to 48 findings in 2023. The increase in findings of harm by staff in 2022 was primarily

due to an investigation at Te Oranga residence in July 2021.

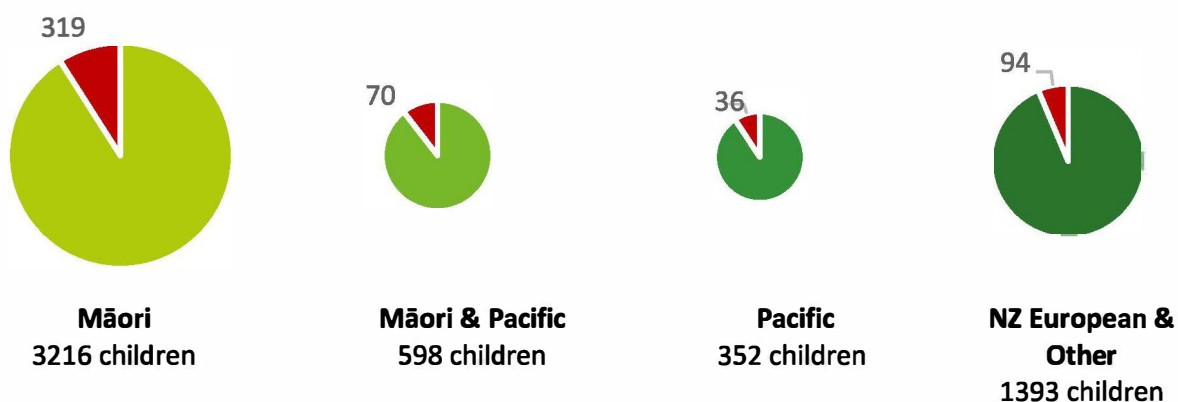
Sexual harm was most often caused by non-related adults in situations where younger girls are being sexually abused by much older males who they do know, which is a change from previous years when the harm has been from unknown non-related adults. This type of harm occurs outside of the placement for the most part. It sometimes occurs in situations where the child or young person has agreed to meet with the adult, but can also occur in situations where they have not known the adult at all. In many of the situations where children were sexually abused by other children, an element of coercion and force was used.

Findings related to neglect were the lowest number of all harm types. The numbers of findings of neglect have increased in the past year (44 in 2022 to 67 this year). In this year there has been an increase, particularly in the return home placement (20 findings of neglect in 2022 to 39 findings in 2023).

Findings related to physical harm were the highest number of all harm types and increased in the last year (354 to 439 findings). Findings related to emotional harm and sexual harm were at rates comparable to the previous year of reporting.

**Harm to children occurs across a range of ages, ethnicity, and gender.**

**Ethnicity of children harmed**



WHAT THE DATA TELLS US ABOUT HARM FOR ALL CHILDREN IN CARE

The proportion of tamariki Māori and Māori Pacific in care with findings of harm in this period (74%) was slightly more than the overall proportion of tamariki Māori and Māori Pacific in care in the period (69%). The pattern of harm has been stable over the past five years. There was a slight

decrease in the proportion of harm findings for children NZ European and other from 23% in 2022 to 18% this year despite the proportion of children in this group remaining at 25% of the care population for the last five years.

**Gender of children harmed**

**Children with findings of harm**



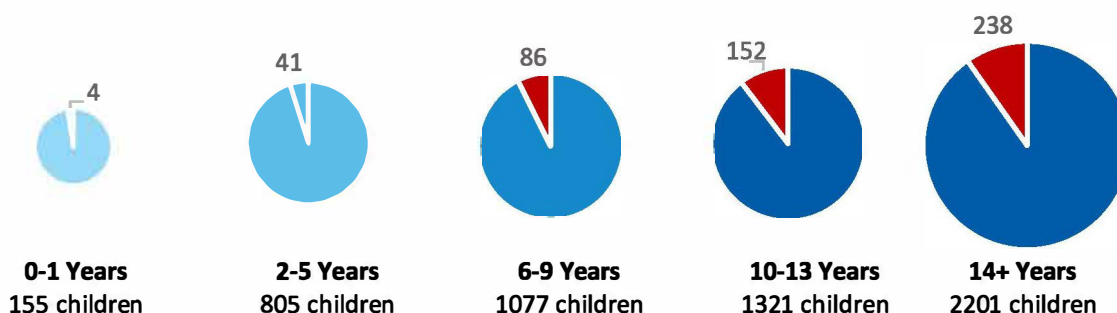
**All Children in care**



■ Female ■ Male ■ Another Gender

This year we are including information about the children in care who identify as another gender, rather than as male or female. This is a starting point towards promoting transparency, respect and inclusion, and building an understanding about takatāpui and rainbow children in care who experience harm.

**Age of children harmed**



The proportion of harm experienced in the older age group has incrementally increased each year since 2019 and this year the 14+ age group experienced 46% of the harm found. Rates of harm for young children (5 years and under) remain low.



# The type of harm differs depending on placement type

## Harm to children occurs across the range of care arrangements.

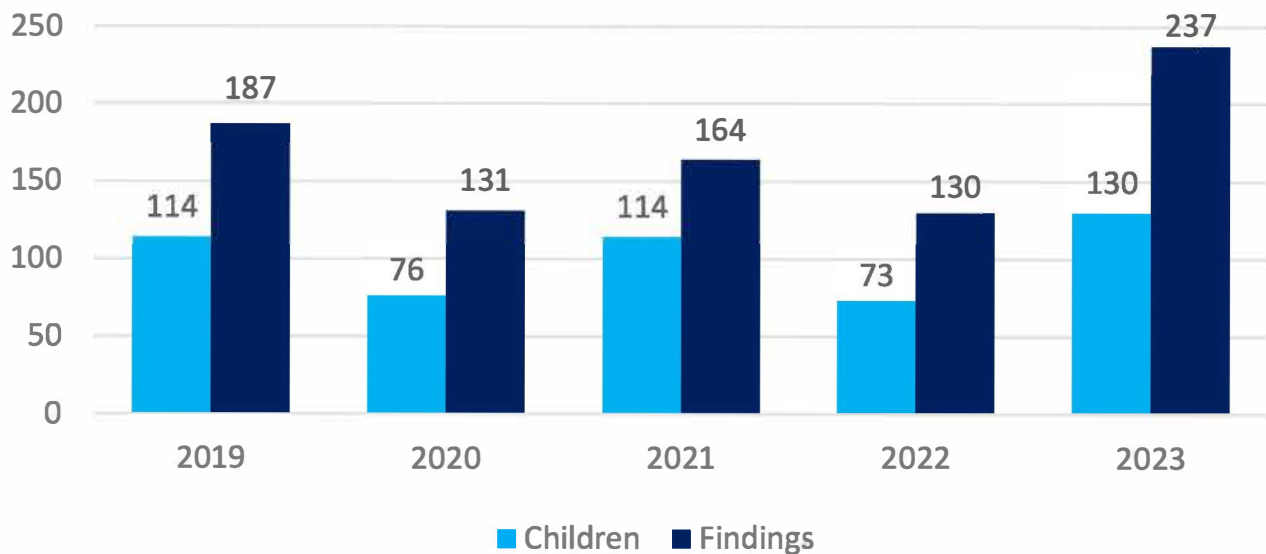
Once children enter care, several different types of care arrangements are available to them. Preferably, where it is safe to do so, children would be able to be supported to either remain in, or return to, the care of their parent, or be placed in care within their wider family in accordance with the principles of our legislation, policies and practices that promote children to live safely with their own family. When family care is not possible there are a range of non-family placement options. For a small number of children and young people placement within either a care and protection or youth justice residence is required. In this report we will look at each of these placement types in

turn to understand the unique patterns of harm and then consider ways in which future safety can be enhanced.

## Return/remain home placement

Return/remain home placement describes arrangements where children are in the legal custody of the Chief Executive but return to or remain in the care of their immediate family (usually parents). These placements are most used where we are attempting to support the reunification of a family, while still maintaining legal custody.

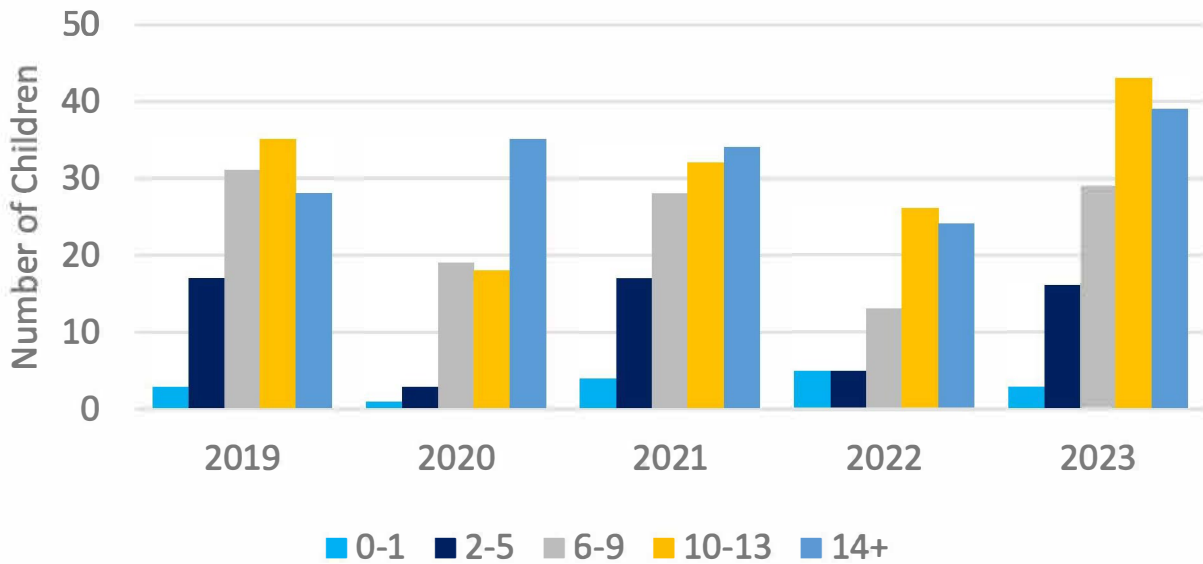
**Total children harmed and findings of harm in return/remain home placement**



130 children and young people in return/remain home placement had 237 findings of harm recorded.

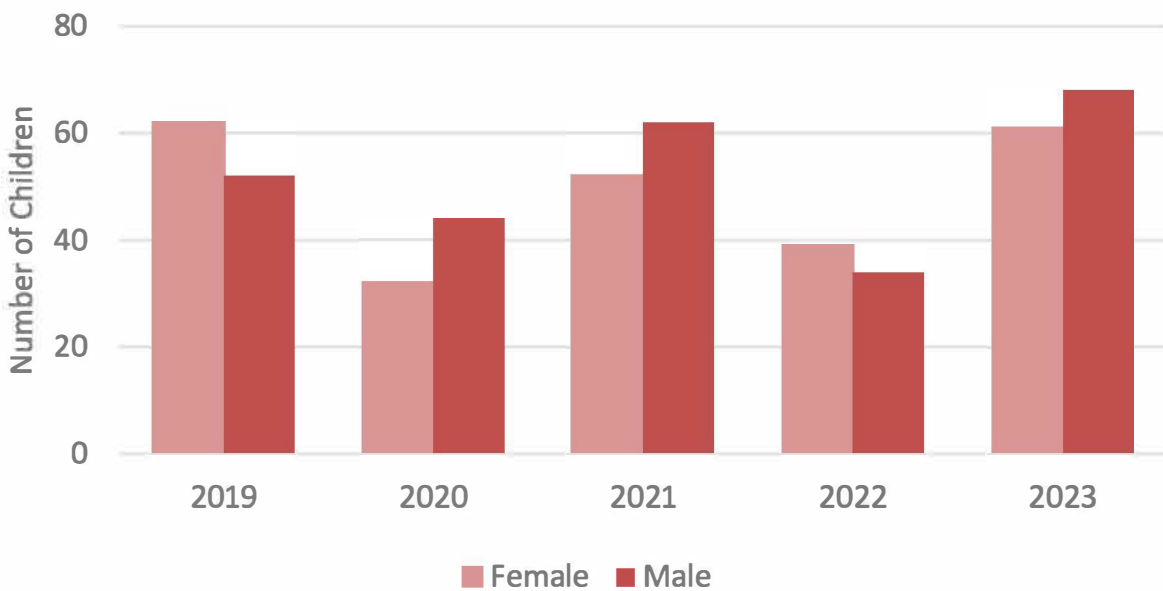
THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

Children harmed in return/remain home placement by age



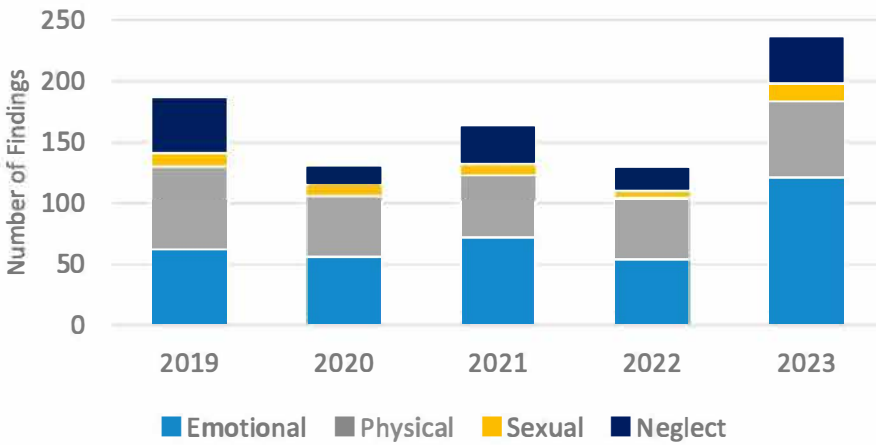
Children aged 10 and older have experienced higher findings of harm and there is little difference for gender.

Children harmed in return/remain home placement by gender



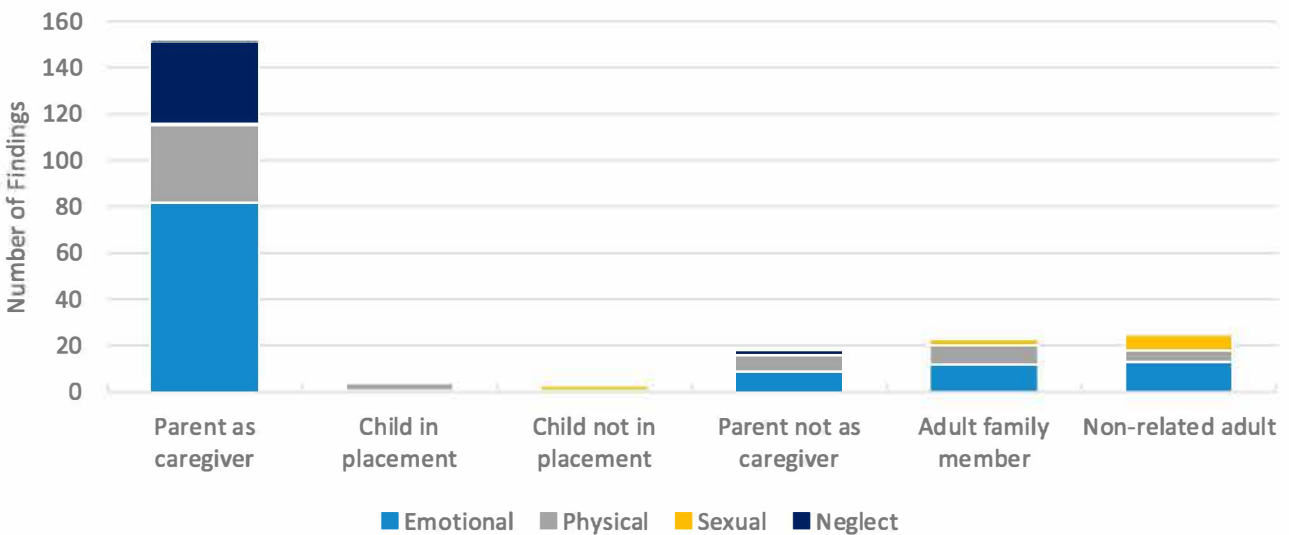
THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

Type of harm occurring for return/remain home placement



There has been a significant increase in the amount of emotional abuse experienced by children living in return/remain home placements, with the majority of this being caused by the parent.

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



Parents as caregiver are alleged to have caused harm most often to children and young people in return/remain home placements.

There has been an increase in findings of harm in return/remain home placements and harm is mostly caused by parents.

This reporting period has recorded the highest level of both children and findings of harm in return

home placements since we began reporting. In this reporting period 130 children had 237 findings. In each of the previous reporting periods we have noted that children in return/remain home placements experience a proportionally higher rate of harm than in any other placement type.



## THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

Most harm in this placement type occurs in the placement (202 findings), with 31 of the findings being made for harm that has occurred out of the placement. A third of the harm occurring out of placement is sexual abuse, mostly by non-related adults.

Although children of all ages experience harm whilst living with their parents, older children have a higher representation. The age group with the highest representation for this reporting period is children aged between 10 to 13 years (26 children in 2022 to 43 children in 2023).

51% of harm experienced in return/remain home placement in 2023 was emotional abuse which was the highest proportion of emotional abuse recorded in the five-year period. Physical abuse is proportionally lower than previous years at 26% and neglect and sexual harm rates have remained reasonably consistent over the five-year reporting period.

Over the past five years parents as caregivers have been responsible for most of the harm to children in return/remain home placements. In 2023 there were 82 findings of emotional harm, 33 findings of physical harm and 36 findings of neglect by the parent as the caregiver. Sexual abuse by the parent as a caregiver for children who had returned home has rarely featured in our data over the past five years.

Some children, usually in the older age ranges, choose to return to the care of their parent, even when they have had an established and safe placement. In other situations, a placement breakdown would result in an abrupt return to a parent's care. Whilst young people do sometimes make their own decisions, it does not always mean it is a safe decision or a decision agreed to by family or whānau. There is an added complexity of vulnerability, trauma, and risk that needs to be considered when assessing children's needs and parents' capacity during unexpected transitions back to parents.

We do know that if the parent receives insufficient financial, practical or educative assistance to support the social work plan for the child before

the transition home, or as soon as possible after their return, there could be an impact on future safety. In some of the cases reviewed we could see that housing was inappropriate, children were not engaged in education, and there were environmental stressors that were affecting the wellbeing and safety of children.

These observations were also reflected in the Independent Children's Monitor Report "Returning Home from Care"<sup>9</sup> recognising that funding, and resulting waiting lists, make it difficult to get the right support in place for tamariki and their whānau. This highlights the importance of cross sector partnership and access to services for children and their family, especially in return/remain home placements.

Findings of emotional abuse by parents related to children witnessing family violence or being affected by parental alcohol and drug use. These factors have been identified in previous years and are often the same factors that led to the child coming into care in the first place. Children who experienced physical abuse were usually living with only one parent and it was mostly in the form of punches and slaps to the body and head. These were situations where the parent struggled to respond appropriately to the presenting behaviours and needs of their children, and they have responded with violence. Physical abuse has been experienced mostly by children aged 10 years and over.

The "Returning Home from Care" report found that when transitions are planned and supported tamariki experience safe and successful return to whānau care and it cited several examples where this process had worked well.

The principles of the Oranga Tamariki Act 1989 promote children being supported to live safely with their family/whānau. However, returning a child to a parent from whom they have been previously removed due to actual or potential harm requires careful assessment, planning, and support. The increase in findings of harm in return/remain home placements, including the increase in emotional abuse in this reporting period, identifies the need to ensure that possible risks are thoroughly understood and responded

<sup>9</sup> Aroturuki Tamariki, Independent Children's Monitor focussed review, Returning Home From Care (August 2023) Available at [Returning Home From Care | Aroturuki Tamariki | Independent Children's Monitor](#)

## THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

to so that children can be safely cared for. These findings also support the need for thorough and robust follow up in those unplanned circumstances where children have returned to their parent's care. Finally, the findings reinforce the importance of government agencies working together to ensure that barriers such as housing, which may prevent a safe return home, are addressed.

### Having support plans for parents when their children return home and addressing the needs of children and young people is vital for safe return/ remain home care arrangements.

Oranga Tamariki recognises, and is committed to, the importance of a dedicated focus on the safety and wellbeing of children and young people who return home. Over the past five years there has been a fluctuation in the numbers of children harmed following a return home. This is an area of practice where we know that a sustained social work focus will lead to increased safety. An updated return home policy and supporting guidance are in the final stages of completion and will be available in 2024. These updates will strengthen our focus on oranga and safety and will support a safe and successful return home by requiring sound assessment, decision-making, planning and support prior to and following children and young people returning home.

In addition to the policy and guidance, we have established a work programme 'Returning tamariki to parents, family or whānau'. Local sites and regions will be supported to identify barriers and solutions to support children returning safely to the care of their whānau. The programme includes:

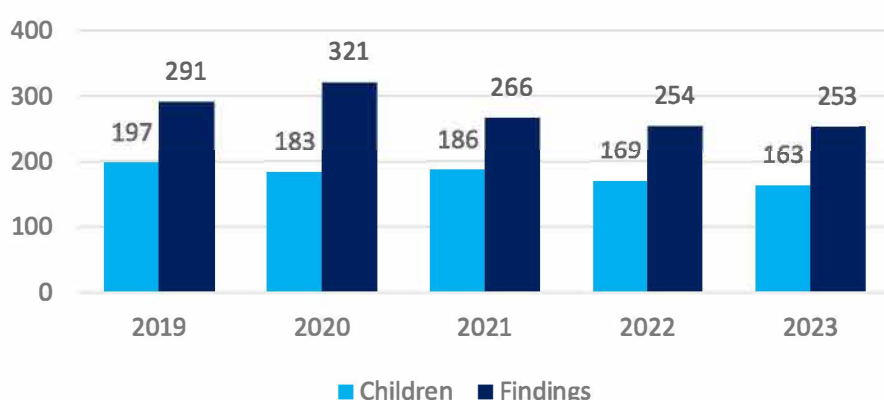
- the greater use of Care Clinics and planning forums; to promote collaborative decision making and comprehensive plans for return home.
- a Quality Practice Tool, for site-based Practice Leaders to use to assess the quality of return home practice in their individual sites.

This programme will promote the practice policy and guidance requirements when tamariki return home, provide real-time feedback to practitioners, and the opportunity to take action to address any gaps or areas for improvement in practice locally. Working closely with other professionals will also support improvements in this area of practice.

## Family placement

Family placement describes an out of home placement where a child who has been brought into the custody of the Chief Executive, is supported to live with a member of their family or whānau as their caregiver. These caregivers have been assessed and approved to provide care to the child and are entitled to receive support in line with the National Care Standards.

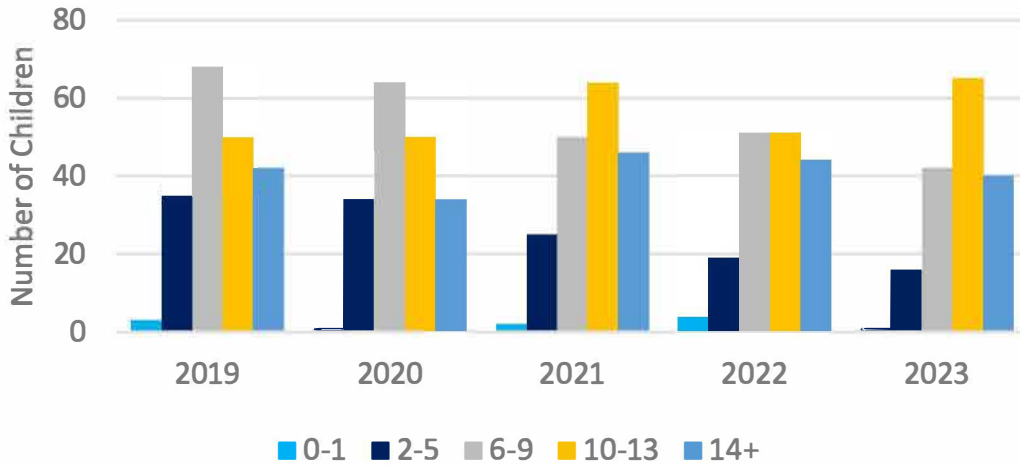
### Number of children harmed and findings of harm in family placement



163 children and young people in family placement had 253 findings of harm recorded.

THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

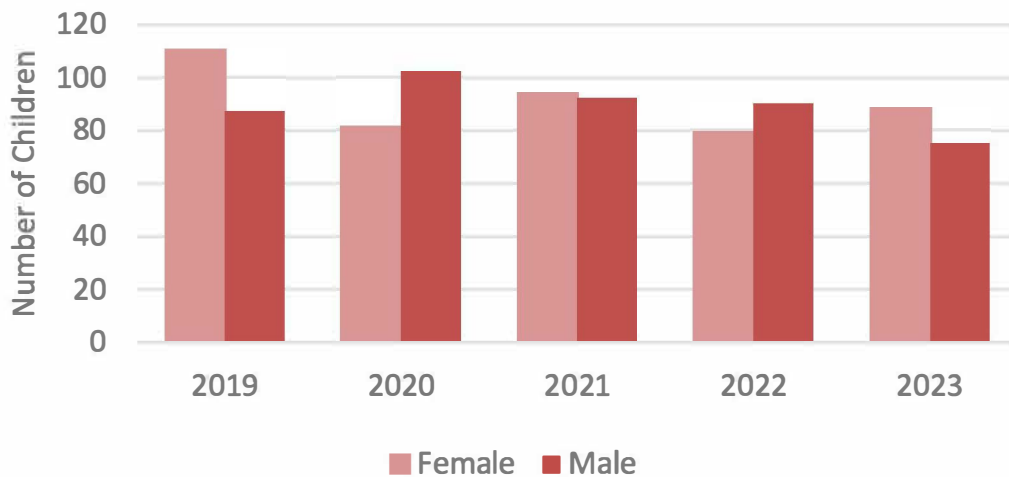
**Children harmed in family placement by age**



The number of children harmed in family placement aged 5 years and under has been steadily decreasing since 2019, from 38 children harmed in 2019 to 17 children harmed in 2023. There was also a decrease in the number of

children harmed between 6 to 9 years and 14 years and above in this reporting period. However, there was a 30% increase for children aged between 10 to 13 years (50 children in 2019 to 65 in 2023).

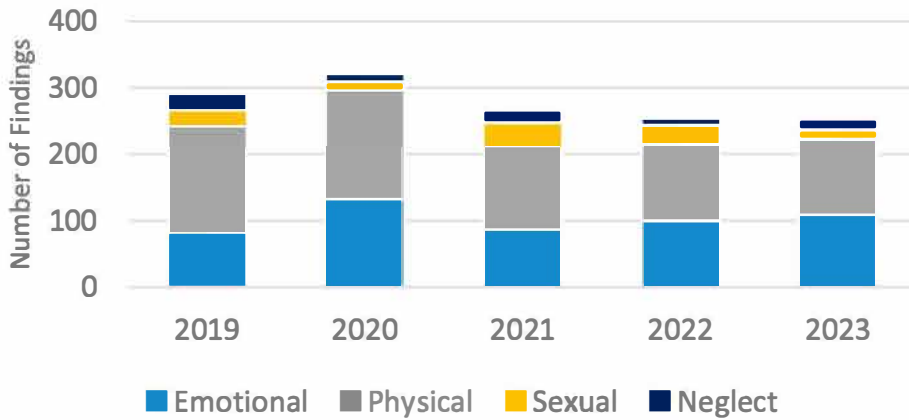
**Children harmed in family placement by gender**



Harm to younger children decreased in this reporting period and more girls experienced harm than boys.

THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

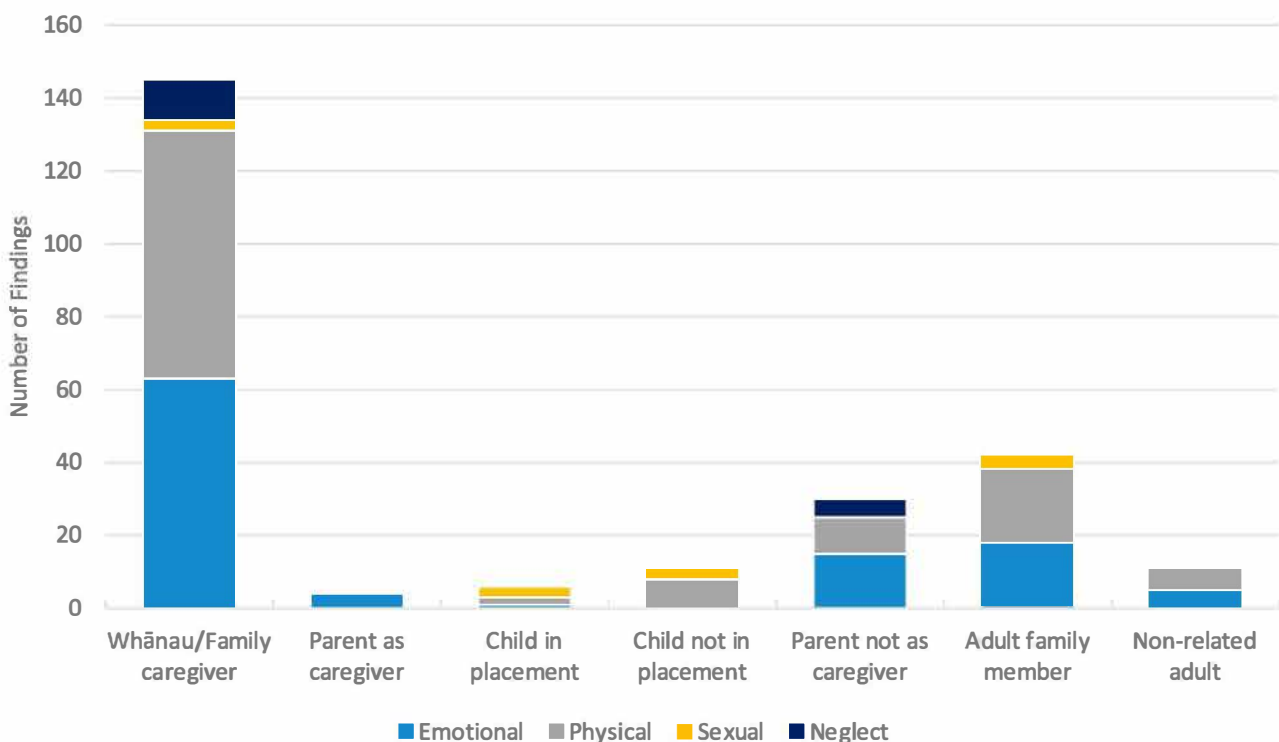
Type of harm occurring for family placement



Children and young people in family placements continue to be exposed to all harm types with physical and emotional harm being the common type of harm substantiated over the five-year

period. The proportion of harm occurring to children being cared for within family placements is proportionally less than the number of children who live in family placement.

Findings of harm by person alleged to cause the harm in family placement



Physical abuse is the most common type of harm experienced in family placements and this is mostly caused by the whānau/family caregiver.



## THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

### There have been improvements in the rates of harm for children in family placements over the last five years.

In the 2019 reporting period, it was noted that the proportion of harm by whānau/family caregivers was of concern, as it was again in 2020. At the time it was identified that not all whānau/family caregivers were receiving adequate support to provide safe and stable care. There is a 21% decrease in the number of children with findings of harm in family placement from 2019 to 2023, and a 15% decrease in the number of findings in the same period. The amount of harm in the family placement type has remained relatively stable over the last three years.

In 2023 whānau/family caregivers were responsible for 57% of all the findings of harm for family placement type, with 63 findings of emotional harm, 68 findings of physical harm, 11 findings of neglect and 3 finding of sexual harm. 17% of harm is caused by an adult family member who is not the child's caregiver and 12% caused by a parent who is not the caregiver. A large proportion of harm occurs in the placement (182 findings). However, in this period, the proportionality of harm occurring outside of placement (28%) was the highest it has been over the past five years.

When a neglect finding by whānau/family caregivers was made, there was usually drug use present in the household as well. When physical abuse was found it was in the form of slapping and punching and at times was leaving bruises. In the more serious situations of physical abuse, concerns had often been previously raised. As noted below, this emphasises the importance of caregiver review and support to prevent future harm.

### The voices of children and caregivers are important in maintaining safe and stable care arrangements.

Over the past five years there has been a slight decline in the number of tamariki experiencing harm when they are placed with family. We have seen an improvement in the quality of caregiver support plans completed which could suggest that better supported whānau/family caregivers

are more able to provide safe and stable care. We also know that a greater percentage of whānau/family caregivers are receiving a higher foster care allowance to support the complex and additional needs of the children they are caring for and some are receiving additional supports from Whānau Care providers. However, with the numbers of children still being harmed by whānau/family caregivers we need to continue to look to ways of promoting safety and wellbeing and to responding to concerns at the earliest opportunity. We need to ensure that children are listened to every time an issue is raised and that caregivers are responded to if they voice concern about being able to manage and meet the needs of the child they are caring for.

Practice developments have led to a focus on earlier review with the caregiver of supports in place (at the point of a concern being raised) to attempt to address any issues in a timely manner and prevent harm. The early review of the support plan will ensure that any supports required at this stressful time are identified and implemented, mitigating future harm. Approval processes have also been strengthened following any findings of harm by caregivers to ensure risk is accounted for in future placement planning.

Caregiving Recruitment and Support supervisors complete a Quality Practice Tool (an internal quality assurance mechanism) over the most recent caregiver assessment and review when an allegation of harm involving a caregiver has been made. This aids with understanding gaps and potential red flags that may have been missed in the initial assessment and support stages so that preventative and continuous improvement measures can be put into place.

Ongoing training tailored for caregivers is an important part of the support they are provided and this has strengthened over time. As part of this support, caregiver social workers can cover targeted refresher topics from the Emotional Distress Module / Prepare to Care Programme. Topics include ways whānau/family caregivers:

- can describe how to keep children in their care, and their caregiving whānau, safe and well.
- recognise the emotional triggers for children and young people.

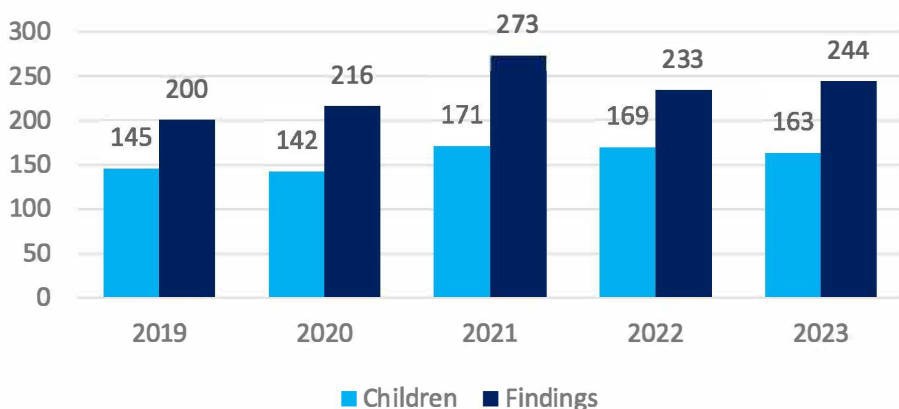
THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

- identify ways to support children and young people to manage their emotions and behaviours.
- recognise their responses to the emotional distress of children and respond in a way that is safe for everyone.
- apply techniques to safely manage the distress of children and young people.

### Non-family placement

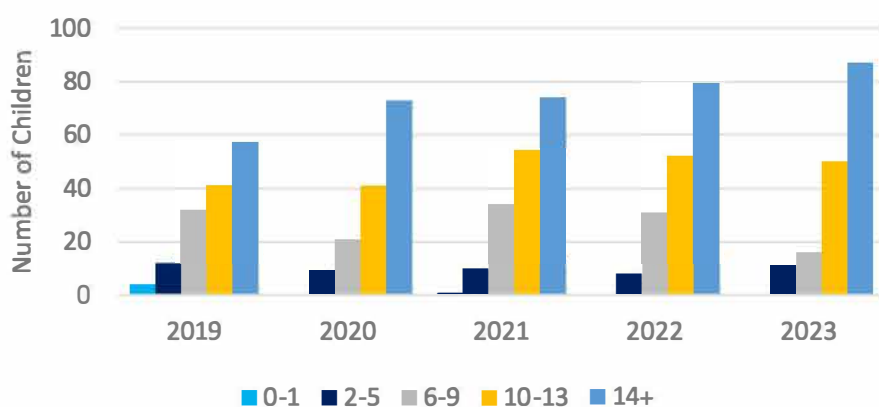
Non-family placement describes an out of home placement where a child has been brought into the custody of the Chief Executive and supported to live in one of a number of care arrangements<sup>10</sup>, including with a non-whānau/non-family caregiver, in group homes, in an arrangement provided by a child and family support service, or an independent living arrangement if they are of an age and stage to do that.

Number of children harmed and findings of harm in non-family placement



163 children and young people in non-family placement had 244 findings of harm.

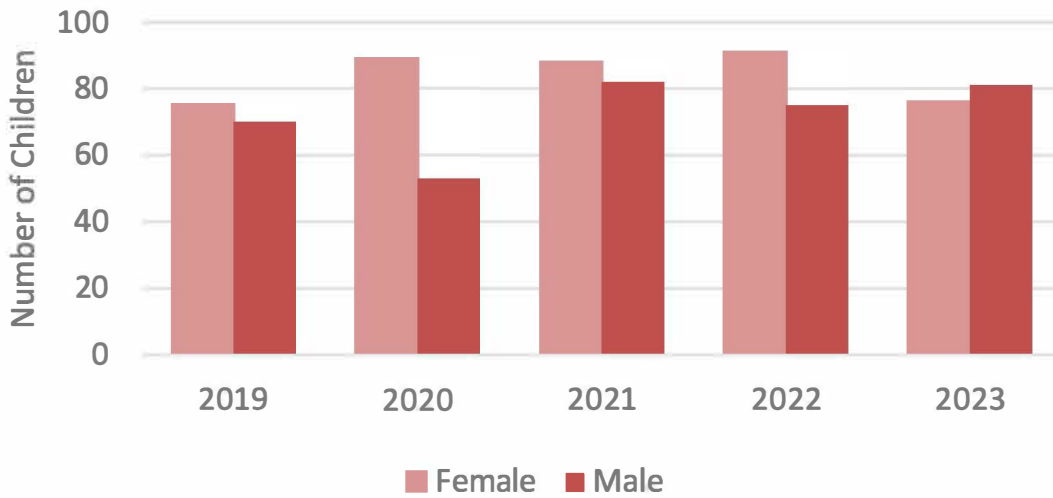
Children harmed in non-family placement by age



10 See Appendix 1 for definitions of non-family placement types

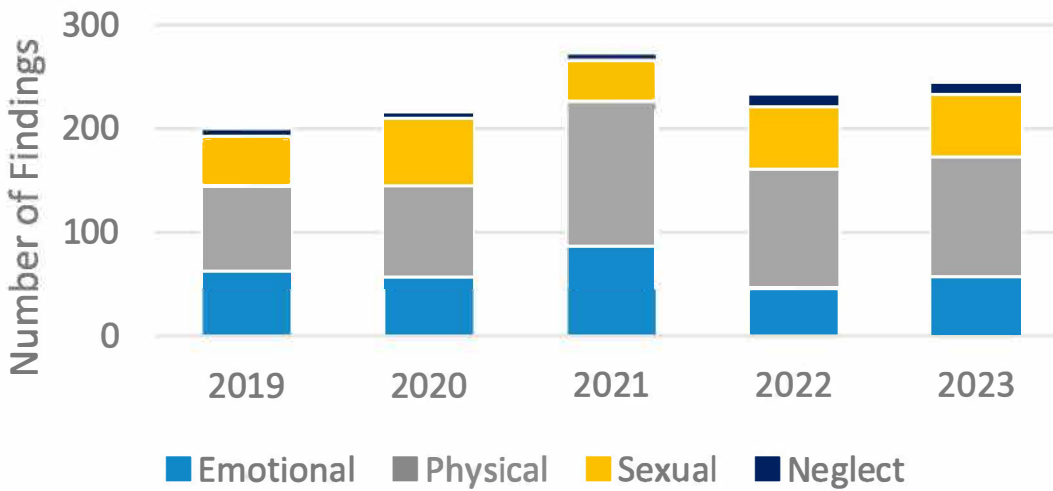
THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

Children harmed in non-family placement by gender



Young people aged 14+ have more findings of harm, for 2023 there is no difference in gender.

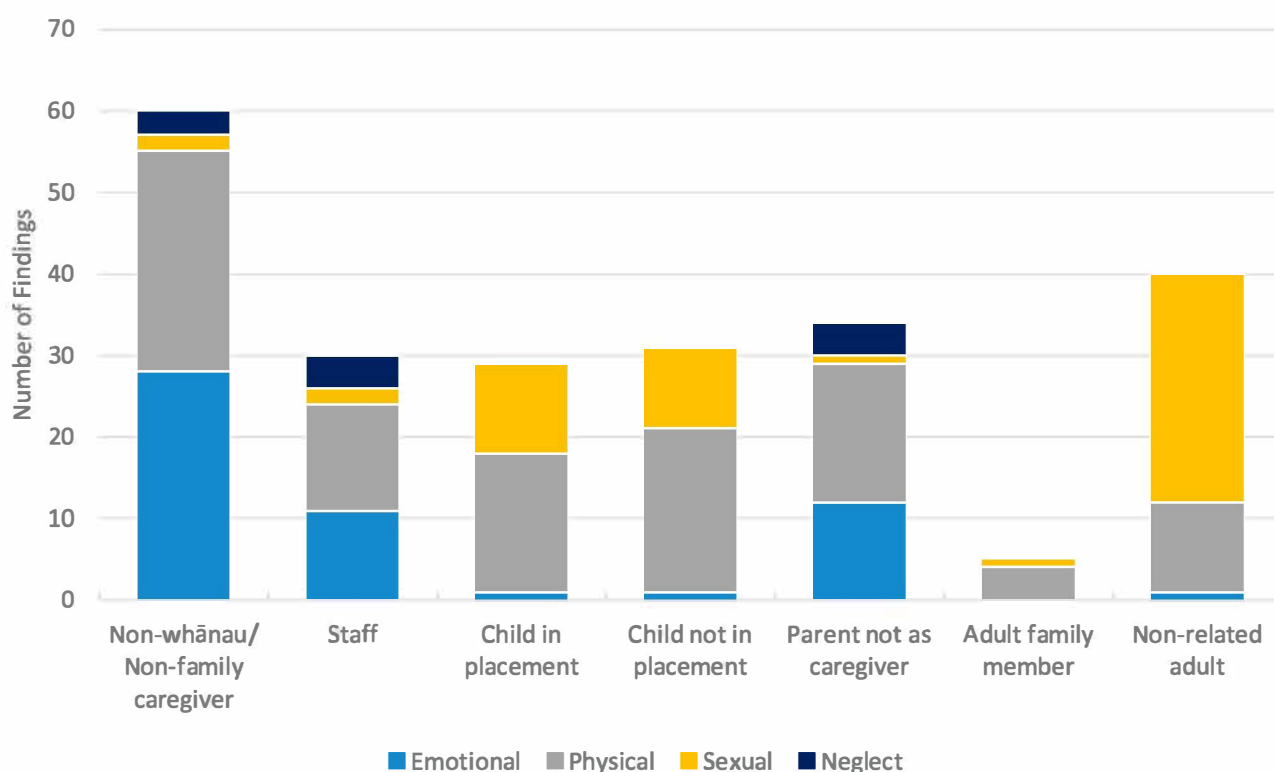
Type of harm occurring for non-family placement



Children in non-family placements continue to be exposed to all harm types. Physical and emotional harm are the most common, with neglect being the least common type of harm experienced.

## THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

## Findings of harm by person alleged to cause the harm in non-family placement



Non-whānau/non-family caregivers feature highest as the person alleged to have caused harm to children and young people in non-family placements.

### The specific type of non-family placement influences both the harm experienced and who they are harmed by.

Findings for children in non-family care have remained consistent over the past five years despite a year-on-year decrease in the number of children living in this placement type.

There has been a consistent trend of more harm being experienced in the older age group in non-family care. For example, in return/remain home and family placements children aged 10-13 years experienced the greatest proportion of harm, but in the non-family care arrangement it is young people aged 14+. A greater proportion of the harm experienced in non-family placements occurs out of the placement compared with any other placement type, with 44% of the harm occurring out of the placement.

Over the five years of reporting harm in non-family placements, females have had a slightly higher representation, which again is a different pattern to the other placement types. We also know that findings of harm within group care settings (such as family group homes, specialist group homes, remand homes) are higher for males than for females. In independent living arrangements, all the young people harmed were over the age of 14 years and almost exclusively female.

There is a wide variation in the person alleged to have caused the harm due to the different placement subtypes included in this category.

Non-whānau/non-family caregivers have the highest number of findings for this reporting period, followed by non-related adults. There were 60 findings against non-whānau/non-family caregivers in 2023, which is a decrease from 118 findings in 2019, with most of this harm being physical and emotional.

Twenty-nine findings have been attributed to a child in placement and half of these findings were for children living in group home settings. Group home settings can provide additional challenges



## THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

for the caregiver as children with complex needs or disabilities can struggle in a group living environment. In addition to harm from other children in the placement, the group home setting was where staff were most likely to be identified as the perpetrators of harm. Findings against staff members in these settings mostly related to inappropriate behavioural management responses that met the definition of physical abuse.

Harm experienced by children outside of non-family placement usually occurred when they were involved in community-based activities or had absconded. These incidents of harm were perpetrated by a range of people, for example, other young people or parents not as caregiver. Findings against parents occurred during contact outside of their placement.

Non-related adults were the most common perpetrator type for harm experienced outside of the placement with 40 findings. Harm by non-related adults was mostly in relation to sexual abuse, usually for incidents that occur when young people have absconded from their placement. Often the young person had used alcohol or drugs and was more vulnerable due to intoxication and not having a protective person with them.

### We need to understand and reduce the risk of harm occurring between children.

The range of placements categorised as non-family placement refers to a range of different types of placements that respond to a diverse range of children, needs and circumstances. These placements should provide a unique response to their needs and a nurturing environment. Non-whānau/non-family caregivers need to understand and support the individual needs of the child, even though they do not have a biological connection and are unlikely to know the child prior to caring for them. The provision of current and up to date information about the child and focused planning is necessary for non-whānau/non-family caregivers and staff to achieve this, especially when being placed with other children.

We have seen a decrease in findings of harm over the five years of reporting for non-whānau/non-family caregivers. As highlighted in the family placement section above, we acknowledge that improved assessment, training, and quality care

plans, have contributed to improved safety and stability in non-family placements with approved non-whānau/non-family caregivers. Non-whānau/non-family caregivers have had the same strengthened responses and supports made available to them as whānau/family caregivers and there has been some improvement in feedback from caregivers in the Caregiver Survey in the past two years.

We know that group home placements are often used for children and young people with complex needs, sometimes including children with disabilities and neurodiversity. These placements are often made following the breakdown of other placements or because the children require a higher level of care from more specialist providers. The placement of children with these levels of complexity into a group environment requires structured and consistent supports for staff to ensure safety between children.

Standard Operating Procedures (SOPs) for all centrally managed group homes are currently being developed and will be implemented in 2024. The SOPs will focus on developing consistent practice from care staff and the introduction of a compatibility assessment to assess suitability, risks, and behavioural strategies for placement of children and young people together.

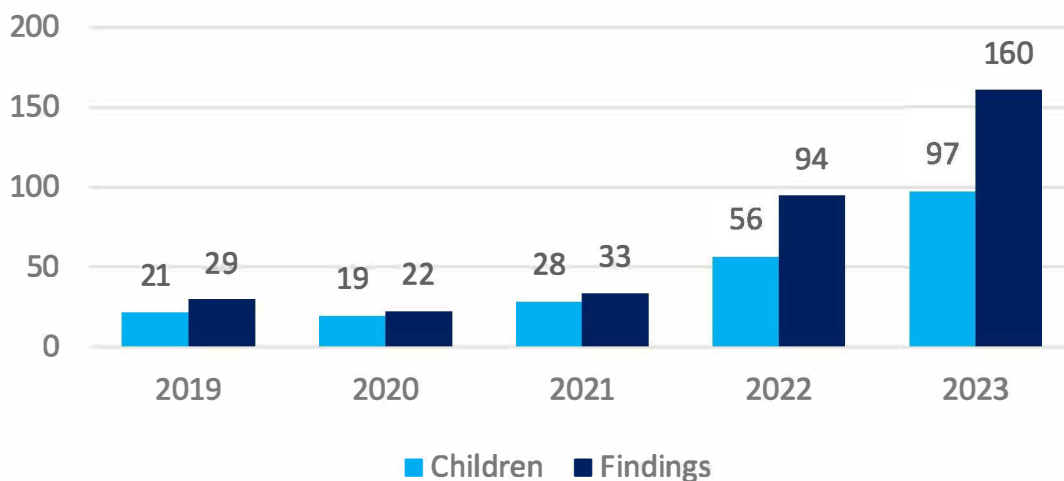
Oranga Tamariki contracts with other organisations, who are bound by regulations, to provide a range of placements for children and young people. We also perform a quality assurance function to lend an additional level of assurance, in addition to social work interventions, through the identification and rectifying of operational and practice issues for these care providers when they affect the safety of children.

## Residence placement

Residence is a secure living environment that provides for the "care and control" of children and are established under section 364 of the Oranga Tamariki Act 1989. Admission to the youth justice residences for young people aged between 14-17 years mostly comes through the District Court or High Court, while admission to a Care and Protection residence is via a referral process for children who have an existing custody status with the Chief Executive.

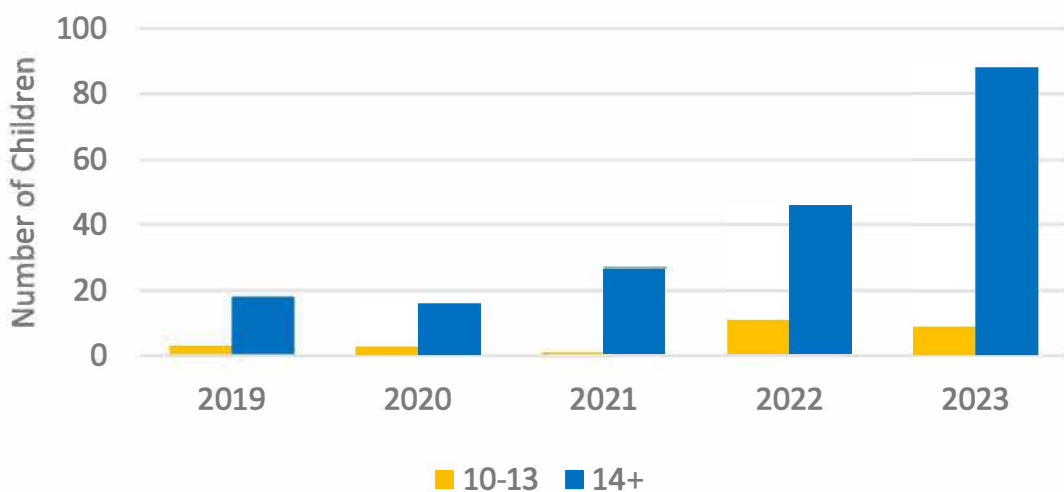
THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

**Number of children harmed and findings of harm in residential placement**



97 children and young people in residential placement had 160 findings of harm.

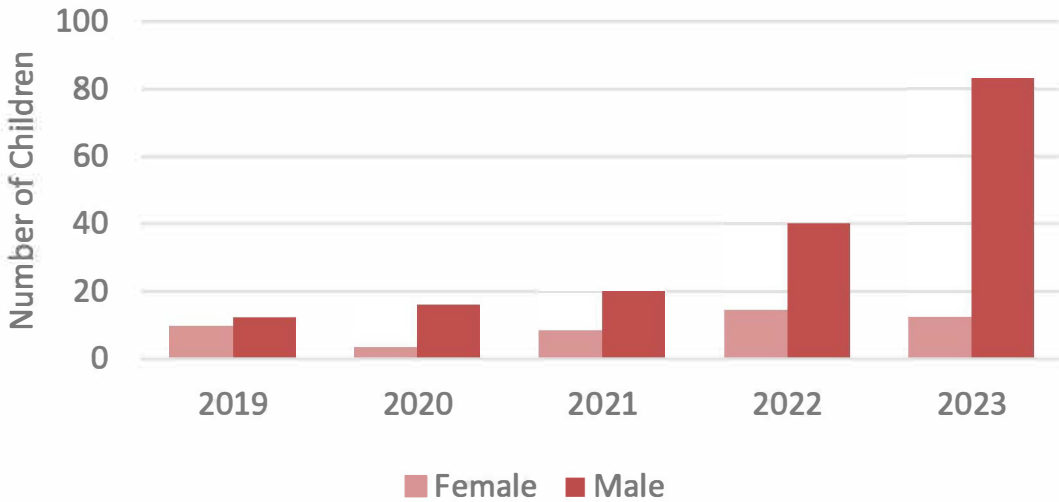
**Children harmed in residential placement by age**



Young males aged 14 years and older experience most of the harm.

THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

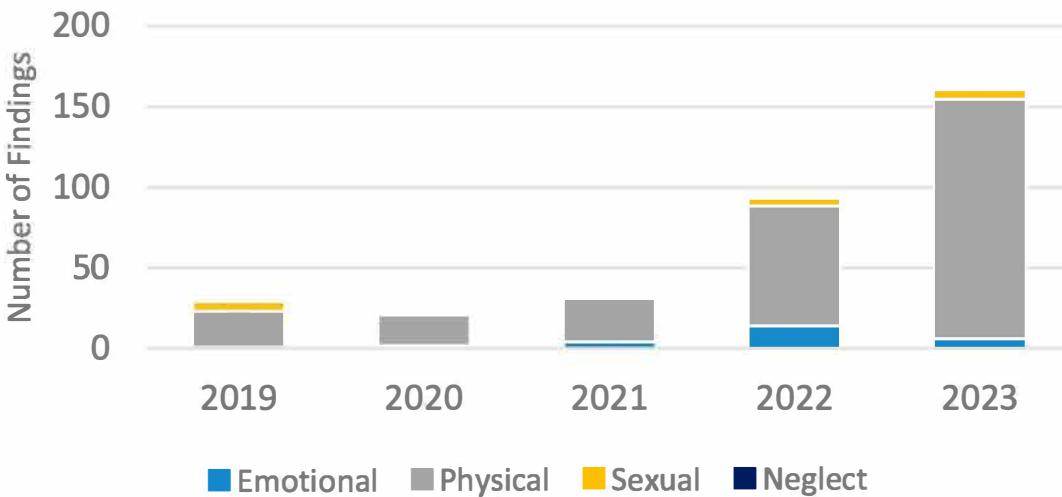
Children harmed in residential placement by gender



In 2023 nine children aged between 10 to 13 years had findings of harm, compared with 11 children in 2022. This is higher than findings of harm in the first three years of reporting. For young people in residence aged 14 years and above there have

been significant increases in findings of harm. There were 88 children with findings of harm in 2023 for this age group, which is almost double that of 2022 (46 children).

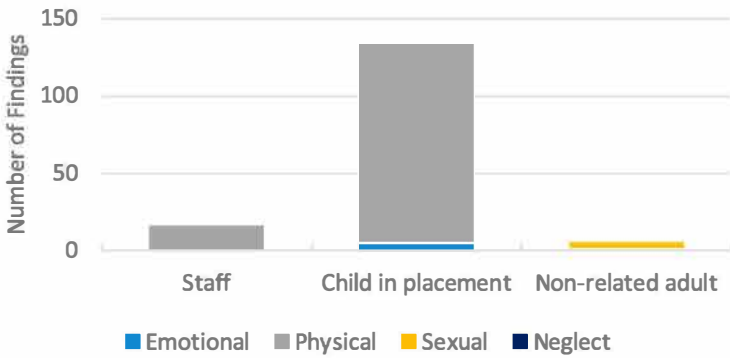
Type of harm occurring for residential placement



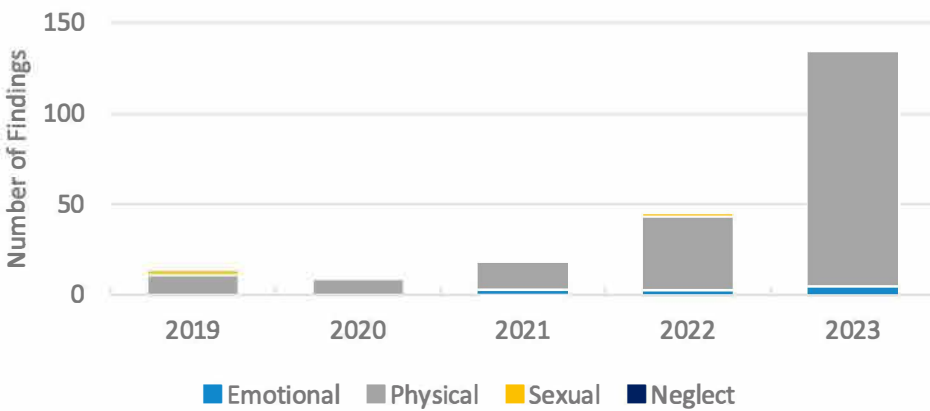
Physical abuse (148 findings) is the most common type of harm experienced in residence.

THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

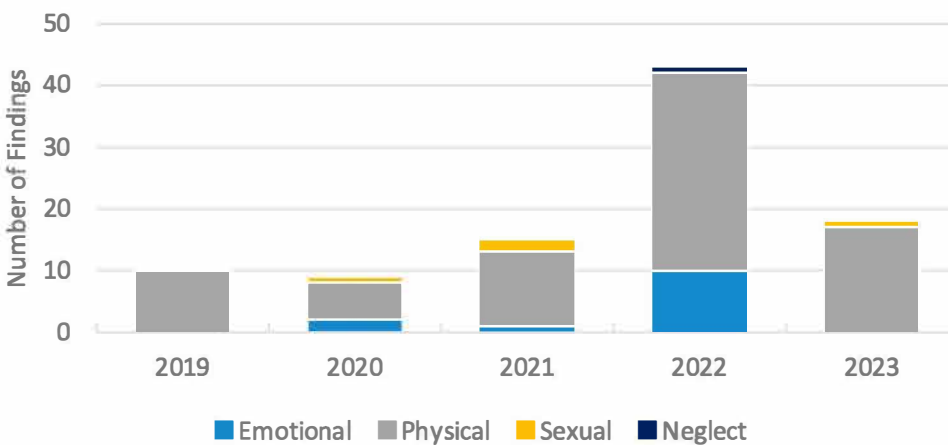
**Findings of harm by person alleged to cause the harm in residential placement**



**Findings of harm by child in placement alleged to cause the harm in residential placement**



**Findings of harm by staff alleged to cause the harm in residential placement**





## THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

## Findings of harm in residential care have steadily tracked upwards over the past five years.

This reporting period has recorded the highest numbers for both children and young people and for findings in residence since we began reporting. There was a 73% increase in children and a 70% increase in findings of harm from 2022.

93% of the harm experienced in residences in 2023 was physical abuse, with the remaining harm relating to emotional abuse and sexual abuse in equal proportions. This year's data indicates that 84% of the harm experienced was caused by other children in the placement and 11% was caused by staff. The amount of harm caused by staff was lower than that reported in 2022 (43 findings in 2022, compared with 18 findings in 2023). However, we anticipate that this will increase again in the next reporting period, due to the commitment of the Chief Executive to identify and address all harm occurring in residences.

Due to the containment nature of residences, most harm occurs in the placement itself.

The residence population is predominantly male. Between 1 July 2017 and 30 June 2023, 86% of the young people placed in youth justice residence were male. In care and protection residences 71% of the children were male. The numbers of males in residence with findings of harm in 2023 more than doubled compared with those in 2022 and there were more than triple the number of males than there were reported in the 2019 annual report. The rates of harm for females were more consistent over the five-year period.

Residences can have a 'secure unit' to which admission is met via legislative provisions. We do know that admittance into secure care is a time of heightened behaviour and responses, and this is where we are mostly likely to see harm caused by staff to young people. Since the raising of the age in 2019 young adults up to their 20th birthday have been able to be placed into Youth Justice residences on remand or to serve custodial sentences. This has resulted in an older aged cohort within the residences in recent years and a different set of challenges in maintaining a safe environment for both young people and staff.

## Physical abuse is the most common type of harm experienced in residence and this is mostly caused by other children in the placement.

When children and young people have experienced harm in a residence there has been, for the most part, planning for the immediate safety of the child, a medical response provided, and the involvement of police when required.

Physical abuse in the residence setting covers a range of situations and injuries. The 'peer to peer' fights that occur in the residences do not meet the definition of physical abuse on the Practice Centre and so are excluded from this data. However, direct assaults by one young person to another would be considered. Last year we reported that just over half the findings for children or young people were caused by other children or young people in the placement and this year this has increased from 45 in 2022 to 134 findings of harm in 2023.

The nature of this harm is often very serious across both the care and protection and youth justice residences. We saw cases of children and young people requiring medical treatment, including hospital visits, in the care and protection residences and injuries that ranged from being knocked unconscious to bleeding lips and noses. Many of the assaults within the youth justice residences were also serious and included young people being assaulted by groups of other young people at times, and assaults that included the use of instruments such as chairs. We did see that some young people experienced multiple assaults on several occasions over time in residences.

In contrast, harm by staff across both types of residences occurred overwhelmingly in the context of restraining a child or young person during a critical incident. For a finding of physical abuse to be made the restraint must have been an unreasonable use of force, an unlawful use of physical action or an unapproved restraint technique. A review of the use of restraint is undertaken by residence managers and the Use of Force Review Panel. This review considers the circumstances by viewing CCTV footage to check if mandated techniques were applied appropriately.

## THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

At times the response of staff reflected a lack of ability or support to respond appropriately and safely to challenging situations and behaviours. Some of the responses to young people reflected an escalated response by staff to non-compliant behaviour without a demonstration of the required de-escalation strategies.

Emotional abuse is not often considered in the social work investigation for children and young people in residences, and it is not a common finding in our data. There is a common reluctance by children and young people in residences to engage in a conversation about what has happened to them. This can lead to a lack of formal recognition of the emotional impact for children and young people of living in an environment where they experience threats and acts of violence and harm, both to themselves and by witnessing it happening to others.

In our review we note whether a child has a diagnosed disability, including neurodisabilities such as ADHD and FASD. Over the three years (2021 to 2023) 60% of children and young people who were harmed in residence were diagnosed with some type of disability. Children and young people placed in residential settings typically present with complex needs and behaviours that require an individualised therapeutic approach. The data presented suggests that having high numbers of children and young people with complex needs placed together increases risk of harm to them, and increased pressure on staff to manage the needs, dynamics and risks that are present.

### Changes in reporting requirements for harm in residences has led to an increase in reports of concerns being made and investigated.

We do know there have been changes in the responses made at the time of an incident of harm within the residence setting and this has led to an increase in the number of reports of concern being made. Residence staff and site social workers have an increased understanding of our requirements under the National Care Standards (Regulation 69) to report and respond to all

incidents of harm via a social work assessment or investigation.

The 'report of concern' action has been used more consistently for incidents in residences when previously they will have been reported through a Serious Event Notification, an Incident Report, a grievance or via an HR report. It is likely that this change in reporting practice accounts for much of the increased number of findings for harm within residences, rather than solely an increase in the level of harm occurring.

However, we also acknowledge the change in the population of young people in residence since the lifting of the age level and the increase in seriousness of offending, and that this has also negatively affected the amount of harm that is occurring and who is causing that harm.

### There is a significant programme of change and dedication in focus to improve safety for children and young people placed in residential care.

Over the past few years there has been considerable public interest and concern about the care that children and young people receive in both the Care and Protection and Youth Justice residences.

In June 2023, following several serious and publicly reported allegations involving staff and young people in some of our residences, urgent action was undertaken by Oranga Tamariki. The Chief Executive appointed former Police Commissioner, Mike Bush, to temporarily take over the management of our residences and undertake an independent rapid review<sup>11</sup> of those facilities. An Incident Management Team was stood up to respond to every report of harm against children and young people in our residences.

The review was released in September 2023 and it provided a thorough assessment of residences and suggested significant high-level changes and improvements to make these places safer for both young people and staff. The review highlighted in detail the current issues and challenges that were

<sup>11</sup> Oranga Tamariki Report, Rapid Review (September 2023) Available at [www.orangatamariki.govt.nz/assets/Uploads/About-us/Performance-and-monitoring/Reviews-and-Inquiries/Rapid-residence-review/Secure-residence-review.pdf](http://www.orangatamariki.govt.nz/assets/Uploads/About-us/Performance-and-monitoring/Reviews-and-Inquiries/Rapid-residence-review/Secure-residence-review.pdf)

## THE TYPE OF HARM DIFFERS DEPENDING ON PLACEMENT TYPE

affecting the safety and wellbeing of children and young people. It set out a proposed roadmap of change covering areas such as workforce and culture, leadership and governance, vision and strategy, child and staff experience, and finally resources and facilities. These eight specific elements of the residential operating model were identified as needing change and improvement to improve the experience of children and young people in residence. The findings of the report were accepted in full by Oranga Tamariki and have been urgently included in the broader transformation work for our organisation.

Throughout 2023 work has been completed to ensure staff have the skills to reduce harm in the residence environment through training, supervision, and the development of Standard Operating Procedures. In the past year psychologists have provided education and coaching sessions with staff to increase their knowledge and understanding in recognising and responding to the effects of trauma on young people. A Workforce

Development Framework was put in place for care and protection residences, supported by a national training lead and two training facilitators.

The profile of advocacy services has been increased in three pilot residences, with posters and brochures being developed and displayed so that young people know about the role of advocates and how to access them. VOYCE – Whakarongo Mai has a strengthened presence in the residences to provide support to young people.

In November 2023 an 0800 number for young people at Epuni residence was implemented as a pilot project to provide an alternative mechanism for young people to lodge grievances and provide feedback and complaints to ensure their voices are heard and they receive an independent response. A webform has been developed to enable a digital option for making a complaint and this will be tested and implemented in early 2024.



# Using our data and the insights gained to continue to improve and refine our practice

We are taking an evidence-based approach to increasing safety for children in care by continuing to build on and develop our social work practice and mitigating responses to areas of risk.

The Safety of Children in Care Team continues to provide information about which children are experiencing further harm when in care, the nature of this harm, where it occurs, and who is responsible for it. Data provided by the team at a regional level has enabled regions to identify their own areas of practice strength and improvement when responding to children harmed while in care. This data has also been used to support continuous improvement in adherence to the National Care Standards (Regulation 69) across regions and we have seen slow but consistent achievement in this area.

Practice insights and responses to reduce harm have been outlined for each placement type. There are also common themes that have emerged across all placement types. This includes having a holistic understanding of the child's individual needs and a thorough assessment of a caregiver's capacity to provide safe and stable care. This understanding is critical to informing a clear plan of how both the child and their caregiver are going to be supported through the care journey.

The provision of current and up to date information about the child in the form of an All About Me Plan is vital so caregivers, whatever type of caregiver they may be, know who they are caring for, what their goals and aspirations are, risks to be managed, and which strategies will be effective to support their oranga and safety. Social workers need to maintain positive and trusting relationships with both the child and the caregiver, regardless of the placement type, and there needs to be a timely response to concerns when they are raised to address risks and prevent further harm occurring.

A safe care experience requires input from the broader children's system and assistance to ensure both accessibility and engagement with the appropriate services and supports, and skilled kaimahi who are confident in their practice.

Within Oranga Tamariki there has been considerable investment in enabling our people to meet the organisational vision of children being safe, loved and nurtured by whānau, hapū and iwi, supported by thriving communities.

We have developed a new approach to social work practice. The Practice Approach is delivered through a new Oranga Tamariki Practice Framework and supports relational, inclusive, and restorative practice with all tamariki, children, whānau and families. Once embedded, kaimahi will understand all tamariki in the context of whakapapa and understand their safety, needs, and aspirations through the holistic and ecological view of oranga/wellbeing. The approach is complementary to iwi, Māori and community ways of working and practicing. The Practice Approach is being introduced to practice through a learning cycle programme for all staff that began in 2021. In 2024 models, tools, and resources which are currently being trialled across several sites will be introduced to all social workers in the third learning cycle.

The Chief Social Worker asked for a strong focus on four of the Core Practice standards to provide for the safety and wellbeing of children:

- Whakamana te tamaiti – practice empowering tamariki Māori
- See and engage tamariki
- Use professional supervision
- Work in partnership

Additionally, a Practice Note 'When tamariki or rangatahi are at risk of harm' was issued by the Chief Social Worker in November 2023 to all staff to reiterate the practice standard of 'Ensure safety and wellbeing'. It outlined the need for social workers to work relentlessly with whānau and community to keep tamariki safe within the context of their whānau by providing more effective support and mobilising enduring protective relationships through their wider family, whānau and community networks.

Understanding the health and disability needs of children who are in care is integral to supporting their oranga and safety. The last five years of data has shown that children with disabilities



USING OUR DATA AND THE INSIGHTS GAINED TO  
CONTINUE TO IMPROVE AND REFINE OUR PRACTICE

(including diagnosed neurodisabilities) have a higher representation in the data. A Disability Strategy has been recently approved and identifies four practice shifts that need to occur to further strengthen our ability to respond, and four areas of focus for our interventions. Lifting disability capability is an urgent need and we will design and implement disability specific learning materials for all Oranga Tamariki staff. A focus on caregivers will also include lifting disability capability for our whānau/family caregivers and for non-family caregivers by providing greater levels of support to care for disabled tamariki and rangatahi.

The Disability Strategy recognises the need to work across the children's and disability systems to ensure support from other agencies is provided so that children are safely cared for and placements are less likely to reach crisis point or to break down entirely.

The practice shifts, practice policy and guidance, and strengthened understanding of the disability needs of children in care will support social workers' responses and mitigation of harm to ensure a more consistent response to harm.

Finally, there has been significant work across Oranga Tamariki to strengthen self-monitoring of practice with tamariki in care, to support ongoing work to improve our practice and our responses to all tamariki in line with the National Care Standards requirements. In the past year we developed a self-monitoring framework, focused on identifying lead indicators of performance against the National Care Standards, that supports us to understand and report against our compliance. This is the first year this approach has been used and additional lead indicators will be incorporated over time as our self-monitoring framework is further developed and matured.

Alongside this, we have also invested significantly in broadening and strengthening our case file analysis to provide a more comprehensive picture of the quality of practice for tamariki in care. Case file analysis involves a manual review of cases by a team of quality assurance professionals, to enable us to better understand not only whether something was done but how well it was done and the extent to which it met the needs of the individual child.

# Appendix 1: Definitions

## Terminology

**Child or children** – all children and young people under the age of 18, irrespective of what age group they are in.

**Young person or young people** – specifically refers to individuals who are aged 14 years and above.

**Children in care** – children or young people who are subject to a custodial order or legal agreement under the Oranga Tamariki Act that places them in the care or custody of the Chief Executive of Oranga Tamariki.

**Tamariki Māori and tamariki Māori Pacific** – children and young people recognised as either Māori or Māori Pacific.

**Whānau** – the Māori term for family and in this context used in relation to Māori families.

**Takatāpui** – inclusive term for Māori who identify with diverse genders and sexualities.

**Kaimahi** – worker, employee, staff.

## Definitions of abuse from the Oranga Tamariki Practice Centre 2023:

**Physical abuse** involves situations where a tamaiti has an injury or was at serious risk of injury. The harm could be deliberate or unintentionally result from a deliberate action. Physical abuse can be a single injury or action. It can also happen in combination with other circumstances.

**Sexual abuse** is any action where a tamaiti is used for a sexual purpose whereby the tamaiti is forced or enticed to take part in sexual activities, whether or not a tamaiti is aware of what's happening. Sexual abuse can be either contact abuse or non-contact abuse and includes exposure to sexual activity and sexual imagery and grooming behaviours.

**Neglect** is the failure to meet the basic needs of te tamaiti – physical (adequate shelter food and clothing), emotional (not providing comfort, attention and love), supervisory (leaving tamariki without someone safe looking after them), medical (not taking care of health needs), or educational

(allowing truancy, failure to enrol in education or inattention to education needs). Neglect could happen once or it could happen regularly.

**Emotional abuse** occurs when the mental health and social and/or emotional functioning and development of te tamaiti has been damaged by their treatment. It is a pattern of systematic and purposeful harm aimed towards te tamaiti through aggression and verbal put-downs and there is an absence of positive affirmation, love and affection for te tamaiti. Witnessing intimate partner violence may constitute emotional harm if the functioning, safety or care of te tamaiti has been adversely affected or put at risk.

## Classification of people alleged to have caused the harm:

**Whānau/family caregiver** describes a person who provides care for a child who has a family connection or other significant connection to the child.

**Non-whānau/non-family caregiver** describes a person who provides care for a child who does not have a pre-existing connection to the child and who is not related to the child.

**Parent (as caregiver)** refers to the person who has been in the parenting role for the child prior to entering care and continued providing care or had the child returned to their care (in the main this describes biological parents but can describe grandparents or other family members who have previously been in the parent role for the child).

**Staff (Oranga Tamariki, and Child and Family Support Services)** describes a person employed directly by Oranga Tamariki or through contractual arrangements with NGO and iwi providers to provide care.

**Children in placement** refers to all children living in the same household/environment as the child in care (this could describe other children in care or a caregiver's own children).

**Other children** describes all children who do not live in the same household as the child in care and could describe related children or unrelated children.

## APPENDIX 1: DEFINITIONS

**Parent (not as caregiver)** describes the biological/ or de facto parent of a child who is not currently providing care for the child.

**Adult family member** refers to all family members aged over 18 who are not defined as parents or caregivers and are not currently providing care for the child.

**Non-related adult** describes any person over 18 who does not fall into any of the other categories. This could include a babysitter or unrelated household member or a stranger to the child.

## Classification of non-family placement types:

**Non-whānau/non-family caregiver** describes a person who has been assessed and approved by Oranga Tamariki as a caregiver. These caregivers are recruited in communities and receive training and support from Oranga Tamariki caregiver social workers and are not related to the child.

**Family Group Homes (FGH), Supervised Group Homes (SGH), and Remand Homes** are usually owned and maintained by Oranga Tamariki to provide group living homes to older aged children and young people, with either caregivers or staff employed by Oranga Tamariki. Family Homes can

provide care to up to six children, but this can vary depending on the needs of the children – such as keeping siblings together. SGHs work on a similar basis as family homes however they provide a more therapeutic approach to care. Remand homes cater to young people on youth justice custody orders.

**Child and Family Support Services (CFSS)** Oranga Tamariki contracts with other organisations to provide a placement for children and young people. The type of placement can vary, ranging from 1:1 care for children with high needs, group home placements and approved caregivers in the caregiver's home.

**Independent living** If a young person aged 16 years or older is in the custody of the Chief Executive they can choose to live independently with the support of their social worker if they do not wish to remain in their current placement. This can include living on their own, flatting, or living with a friend or older sibling.

**No placement arrangement** There is no placement arrangement, usually in the situation where a young person has been absconding, they are unable to return to where they were living, and a new placement has not yet been identified. This is not a common situation but does occur occasionally.

## Appendix 2: Methodology

### There are several ways the safety of children in care data is collated:

- When we report the overall number of individual children with a finding of harm, we count children only once, even if they have more than one finding of harm.
- When we report the number of individual children within each type of harm, we are counting children once within each type of harm but the sum of all the types will be greater than the overall number of individual children as some children have experienced more than one type of harm.
- When the number of findings of harm is reported this number reflects all findings and therefore a child may be counted more than once in the following circumstances:
  - if they experience more than one incident of harm (this describes distinct and separate harmful activity taking place in a different time period as we recognise that often what is described as a harmful event reflects repeated behaviours and not a one-off event)
  - and/or if the finding relates to more than one person who caused the harm,
  - and/or an incident relates to more than one abuse type,
- When we report on the person alleged to have caused the harm, individuals are counted for every finding recorded against them. This may reflect findings for more than one child or for different types of harm
- The numbers reported are based on the date the findings are made, not the date of the harm experienced by the child

We have provided descriptive scenarios to illustrate clusters of harmful behaviour. These are composite summaries made up of the predominant factors present in a number of situations and do not describe one circumstance for one individual child.

Safety of children in care data is reported on by financial year. In the report a year will reflect a financial year – 2023 refers to the period 1 July 2022 to 30 June 2023, 2019 refers to the period 1 July 2018 to 30 June 2019 etc.





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