



**ORANGA  
TAMARIKI**  
Ministry for Children

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# Safety of children in care

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**Annual Report July 2018 to June 2019**



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## Chief Executive Foreword

When children come into care, Oranga Tamariki is responsible for providing them with stable and loving placements and ensuring they are safe. In order to promote safety we need to understand how and why things can go wrong for children in our care, and how to address the impact of harm when it occurs.

We are wholeheartedly committed to reducing the rates of harm in care. These measures can help us to fulfil this commitment to tamariki.

The Safety of Children in Care unit is a dedicated and expert group responsible for reporting on the rates of harm for children in care. Established to enable open and transparent accountability within the children's system, it provides a real opportunity for practice development at an individual case level; applying scrutiny of individual practice, and providing feedback to sites to ensure what we learn is implemented.

Oranga Tamariki is leading internationally in the measurement and reporting of harm of children in care. Other jurisdictions continue to manage this information in a number of different ways, with few reporting on incidents of harm for all children in care irrespective of the type of harm or where it occurred.

This is the right step to take. To prevent harm occurring it's essential we understand the full picture of where it happens and what the risk factors, themes and patterns are, and identify where improvements are needed.

As an organisation, we are making improvements in how we support children in care, their whānau and caregivers. This includes more frontline workers with a focus on children and young people in care, and ensuring tamariki Māori are connected to their whakapapa, and nurtured by whānau, hapū and iwi. We are also working with communities to develop a more systematic approach to early intervention, to ensure more effective and better targeting of services to meet the needs of children and their whānau early on.

Underpinning this, the National Care Standards set out the standard of care that every child and young person in care needs to be well and do well, and the support that caregivers can expect to receive when they are looking after tamariki and rangatahi. The safety of children in care findings help inform us about what caregivers' needs are.

The practice reflections and analysis of trends and patterns in data also enable the unit to shape service design. This is a critical support for developing social work practice as we implement the National Care Standards and seek to improve the experiences for all children in our care, their whānau and caregivers.

We are mindful of the need to take account of the individuals who are affected by the information in this report. It's critical it is treated carefully and respectfully within the public arena and that, wherever possible, we seek to improve understanding in this area. Only with such understanding can we seek to encourage individuals to share their experiences in often incredibly challenging circumstances. With their perspective, we can do everything we can to stop harm from occurring, and work towards our vision of every child and young person flourishing within a safe, loving home.



Gráinne Moss | Chief Executive

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## Acknowledgements

This report has been produced by the Safety of Children in Care Unit, Oranga Tamariki and reflects the work undertaken across the organisation to keep children in care safe and free from harm.

Firstly, 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 the best for them. We seek to tell the children's stories in a way that reflects what is known without disrespecting their right to privacy, and we understand that in the re-telling of these stories there is a potential negative impact on all children in care as it reflects what we know can happen for some.

The unit wishes to acknowledge the work of individual practitioners in supporting children to raise concerns and in addressing them once raised. We have observed some dedicated and highly responsive social work practice that seeks to engage with children and their families and caregivers in highly complex situations.

Lastly, we would like to acknowledge the individual members of the expert measurement group responsible for establishing the measurement of harm parameters that we use within Oranga Tamariki.

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## Guide to the Annual Report

The level of detail in this report is based on a desire to be open and transparent, while protecting the privacy of those affected by the harm. We have not provided detail of circumstances that relate to less than five children or adults. This is in line with accepted ethical standards adopted in comparable studies, and prevents the risk of self-identification or identification by others. We have provided descriptive scenarios of 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.

Quarterly reporting throughout the year has reflected the data as known at the time of reporting. This annual summary includes additional data that takes into account information relevant to investigations that has come to light after data extraction. It's important to reflect these in the annual figures as it represents the experiences of children in the period.

This annual report provides detailed information relating to:

- the overall number of individual children who have experienced harm in the past 12 months<sup>1</sup>
- the number of individual children who have had more than one finding of harm in the past 12 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 and who is alleged to have caused the harm
- the number of people who are alleged to have caused more than one finding of harm in the period
- the key characteristics of the people who are alleged to have caused the harm.

### Understanding our data

Oranga Tamariki has taken a proactive stance in prioritising the measurement of the four types of harm (sexual, physical, emotional and neglect) for children in care across all care arrangements and being publicly accountable for this. This broad approach does not reflect the standard of reporting in other jurisdictions. It is therefore difficult to provide meaningful comparative data.

### Change in reporting frequency

The first year of reporting on safety of children in care was established to reflect quarterly data on the basis that many other data sources from Oranga Tamariki follow this pattern.

It has become apparent that less regular reporting would be more helpful. This is because:

- quarterly numbers are low and make the risk of self-identification or identification by others high
- trends and patterns in any quarter can be unhelpfully skewed by findings related to one or two large family groups or large number of findings that relate to one incident.

In year two, biannual reporting will therefore be adopted. This will also enable greater analysis of all harm experienced by children as it will not be necessary to collapse detailed fields to prevent self-identification or identification by others.

For this reason some of the data is presented in biannual format within this report.

### Measurement of harm and the implementation of the National Care Standards

The National Care Standards were brought into effect on 1 July 2019 and serve to establish clear and consistent standards for the care of children in the care or custody of Oranga Tamariki and other approved providers.

Regulation 69 specifically addresses the practice requirements related to concerns of a risk of harm caused by abuse and neglect.

Practice expectations specifically address the need for consistent and timely responses to concerns when raised, the requirement to communicate outcomes to the child, and the need to take appropriate steps with the parties to the allegation which should include reviews of caregivers' plans.

There is a requirement that in all circumstances there is consistent reporting and recording of the information.

Oranga Tamariki will continue to report on the rate of incidents in detail using the measurement approach currently in operation. In addition, we will report to the Independent Children's Monitor on the specific practice that is observed as a result of our Safety of Children in Care unit's review work.

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<sup>1</sup> Harm is defined as an action or inaction that meets the definitions of the four abuse types: neglect, emotional abuse, physical abuse and sexual abuse (as described within the report).

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## Terminology

The terms child or children are used within this report to refer to all children and young people under the age of 18, irrespective of what age group they are in. When we use the term young person or young people in this report we are specifically referring to individuals who are aged 14 years and above as this is the legal definition. Children in care are defined as being subject to a custodial order or legal agreement under the Oranga Tamariki Act in the care or custody of the Chief Executive of Oranga Tamariki.

The language we use reflects standard definitions and terminology to describe the four abuse types: neglect, emotional abuse, physical abuse and sexual abuse (as described within the report).

The numbers reported are based on the date the findings are made, not the date of the harm experienced by the children.

### Examining harm in different placement types

For this review, all placement arrangements are considered including those where children return or remain at home and those where they live more independently.

We have grouped smaller placement types together under non-family placement (see placement type classification for detail). We have grouped all residences together, both care and protection and youth justice. We acknowledge this describes a range of situations but it enables us to aggregate information in order to prevent identification or self-identification by the individuals involved.

### Placement type classifications

A **family placement** is an out of home placement where a child has been brought into the custody of the Chief Executive, and supported to live with a member of their family as their caregiver (who has been assessed and approved).

A **non-family placement** is an out of home placement where a child has been brought into the custody of the Chief Executive and supported to live within the following arrangements: with unrelated caregivers who have been assessed and approved as caregivers; in family home and other group home settings such as therapeutic homes; or in independent living situations. These placements include care by caregivers and staff members managed by Oranga Tamariki, by NGO providers and by iwi support services.

**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 commonly used where we are attempting to support the reunification of a family, while still maintaining legal custody.

**Residential placement** describes an out of home placement that provides a secure living environment for children who are in the custody of the Chief Executive (includes care and protection and youth justice).

In some circumstances children were harmed away from their current placement, e.g. children harmed by parents during a contact visit, or children harmed whilst absconding. This report includes harm that occurs outside of placement. Wherever possible we have contextualised the incidents and provided narrative to enable better understanding of the circumstances.

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

The harm experienced by children in care is caused by the following range of people

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

**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 & Child and Family Support Service)** describes a person employed directly by Oranga Tamariki or through contractual arrangements with NGO and iwi providers to provide care in a number of settings.

**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 the 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.

**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.

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## Data collection

### There are a number of ways the 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 a 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 the finding relates to more than one person who caused the harm
- and/or an incident relates to more than one abuse type.

In this annual report we have reported on the number of children with findings related to multiple incidents in the year.

We have also provided detail on the types of harm that occur more frequently in individual incidents and those that appear more frequently when children experience more than one individual incident.

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.

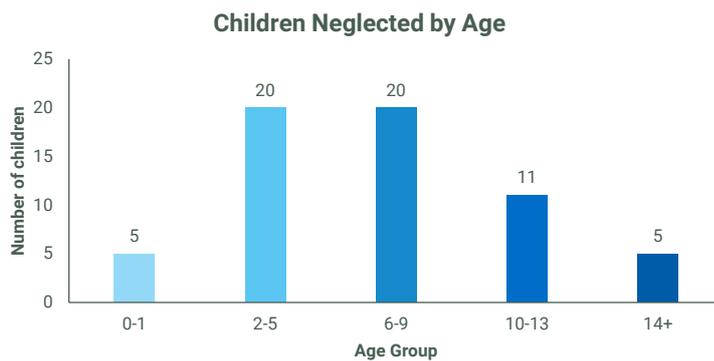
## Neglect

**61** children had findings of neglect.<sup>2</sup>

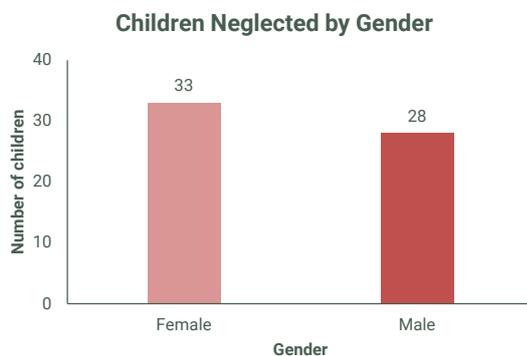
(This represents 0.74% of the total number of children in care at any time during the year.)

**Definition:** Neglect is defined as the failure to provide children with their basic needs; physical (inadequate food or clothing), emotional (lack of emotion or attention), supervisory (leaving a child home alone), medical (health care needs not met), or educational (failure to enrol or chronic non-attendance at school). Neglect can be a one off incident, or may represent a sustained pattern of failure to act. (Oranga Tamariki Practice Centre 2019)

### What we know about the children



The children were aged from a few months old to 16 years. Just under three quarters (74%) of the children with findings of neglect were aged under ten years old.

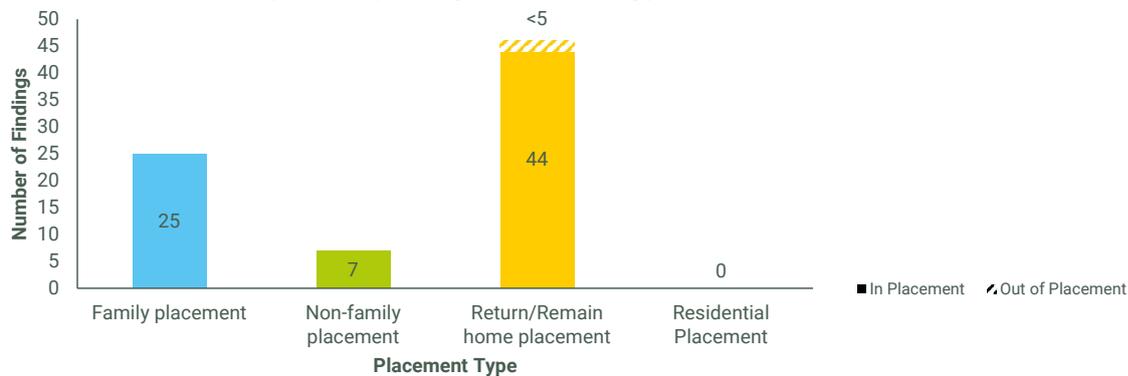


Slightly more girls had findings of neglect than boys.

<sup>2</sup> For these children there were 78 findings of neglect in total due to the fact that the neglect was caused by more than one person or because there was more than one incident of harm.

## What we know about the findings of harm

Findings of Neglect by Placement Type



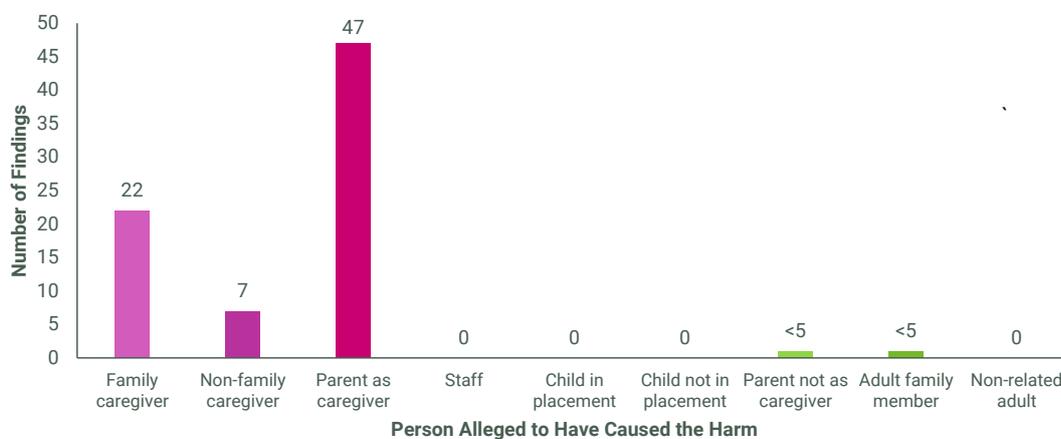
The majority (97%) of neglect occurred within the placement. There were no neglect findings for children within residences.

Thirty eight children in return home placements had 46 findings of neglect with parents as caregivers being responsible for causing the majority of neglect (44/46 findings) in this placement type.

Nineteen children in family placements had 25 findings of neglect with family caregivers being responsible for causing the majority of neglect (16/19 findings) in this placement type.

A small number of children in non-family placements had seven findings of neglect. The majority of neglect by non-family caregivers (6/7 findings) related to a small number of children in the same household where the children's needs were not provided for.

Findings of Neglect by Person Alleged to Have Caused the Harm



The majority of neglect (97%) across the three placement types was caused by the adults in a caregiving role, both family and non-family caregivers and parents as caregivers.

Parents as caregivers caused most neglect (60%) and family caregivers caused a significant proportion (28%).

In the majority of cases neglect by parents reflected long standing parenting capacity issues and often were related to drug and alcohol use.

Some of the incidents of neglect by parents as caregivers involved both parents with large sibling groups within a small number of households.

Neglect by parents mainly involved a lack of care and provision of basic needs such as food. Some of the neglect involved young children being left unsupervised for significant periods of time on a frequent basis and at times this was during the night.

Some neglect by both parents and caregivers was related to a failure to provide the appropriate care for children with specific health needs.

## Emotional harm

**153** children had findings of emotional harm.<sup>3</sup>

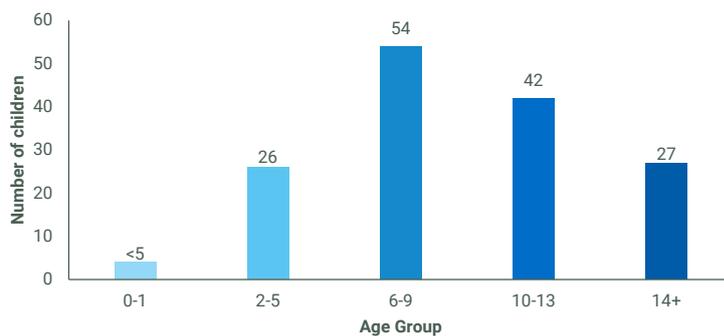
(This represents 1.86% of the total number of children in care at any time during the year.)

**Definition:** Emotional abuse is defined as a situation where the psychological, social, intellectual and emotional functioning or development of children has been damaged by their treatment. This often results from repeat exposure to negative experiences, particularly in a context of insecurity.

Witnessing intimate partner violence may constitute emotional harm if the functioning, safety, or care of the children has been adversely affected or put at risk. (Oranga Tamariki Practice Centre 2019)

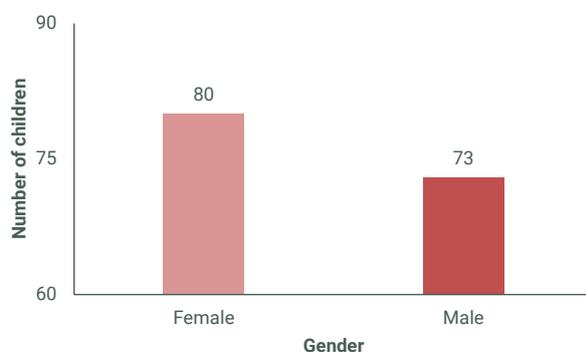
### What we know about the children

Children Emotionally Harmed by Age



Just over half (54%), of the children were aged under ten years old and more children who experienced emotional harm were aged between six and nine years old than any other age group.

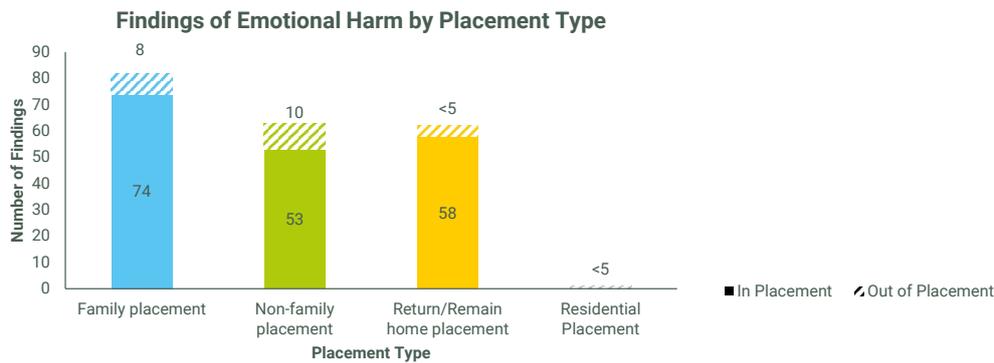
Children Emotionally Harmed by Gender



Slightly more girls than boys experienced emotional harm.

<sup>3</sup> For these children there were 208 findings of emotional harm due to the fact that the harm was caused by more than one person or because they experienced more than one incident of emotional harm.

## What we know about the findings of harm



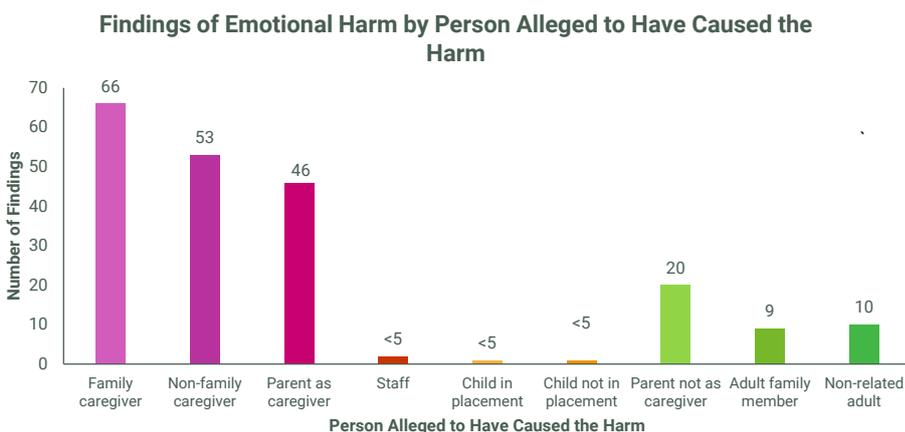
The majority of emotional harm (89%) occurred within the placement.

Sixty four children living in family placements had 82 findings of emotional harm, the majority of this was caused by the family caregiver (66/82 findings).

Forty five children in non-family placements had 63 findings of emotional harm, the majority of this was caused by non-family caregivers (53/63 findings).

Forty three children living in return/remain home placements had 62 findings of emotional harm, the majority of this was caused by parents as caregivers (46/62 findings).

In these three placement types parents who were not providing care for their children but having contact with them were responsible for a notable proportion of the emotional harm caused (10%).



Emotional harm caused by family caregivers was related either to stress within the household or inappropriate responses to child behaviours or punitive forms of discipline. For children this presented as repeated name calling or harsh forms of behaviour management.

Some emotional harm caused by family caregivers was related to the child's exposure to ongoing family violence within the home and for some children this resulted in being threatened with violence. Some of the emotional harm within family placement was caused by parents during contact visits with their children.

The majority of emotional harm caused by non-family caregivers was inappropriate and harsh discipline measures in response to challenging or difficult behaviours. This often reflected a general lack of insight into the children's needs. For some children this resulted in being exposed to degrading language and punishment and on occasion the child's care status or history was used to humiliate them.

For most children within return/remain home placements the harm caused was related to being exposed to family violence within the home and parental drug or alcohol use. Some children in return/remain home placements experienced more than one type of harm so could be exposed to verbal violence in addition to physical harm.

Some children experienced emotional harm by non-related adults, this was related to violent incidents by adults.

Some children had multiple findings of emotional harm because the harm was perpetrated by more than one individual. Some caregivers had findings recorded against them for incidents against sibling groups so these same caregivers were responsible for several findings of harm.

A quarter of the emotional harm findings (53/208) related to more than one distinct incident of harm for the children.

## Physical harm

**265 children had findings of physical harm.**<sup>4</sup>

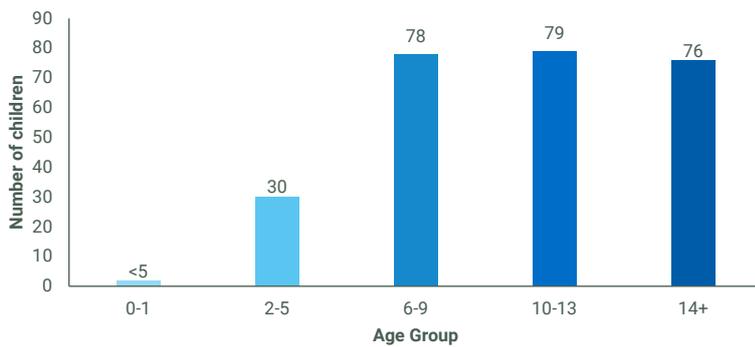
(This represents 3.23% of the total number of children in care at any time during the year.)

**Definition:** Physical abuse describes a situation where children have sustained an injury or were at serious risk of sustaining an injury. Injuries may be deliberately inflicted or the unintentional result of behaviour (e.g. shaking an infant).

Physical abuse may result from a single incident, or combine with other circumstances to justify a physical harm finding. (Oranga Tamariki Practice centre 2019)

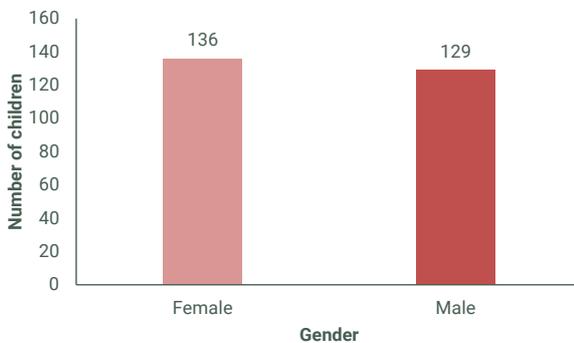
### What we know about the children

Children Physically Harmed by Age



Just over half (58%), of the children were aged ten years old and over. A third (29%), of the children were aged between six and nine years old. Eleven per cent of the children were aged between two and five years old.

Children Physically Harmed by Gender



Slightly more girls than boys were physically harmed.

<sup>4</sup> These children had 332 findings of physical harm due to the fact that the harm was caused by more than one person or on more than one occasion.

## What we know about the findings of harm

Findings of Physical Harm by Placement Type



Physical harm occurred across all four placement types. The majority of physical harm (88%) occurred within the placement.

### Family placements:

One hundred and twenty nine children in family placements had 160 findings of physical harm. The majority of the physical harm (90%) occurred within placement and was caused by the caregiver (74%) with adult family members being responsible for a notable proportion (9%).

### Non-family placement:

Sixty three children in non-family placements had 82 findings of physical harm. The physical harm that took place within placement was mainly caused by caregivers (65%). The harm that occurred outside of placement was largely related to intimate partner violence (12%); for example young women in relationships.

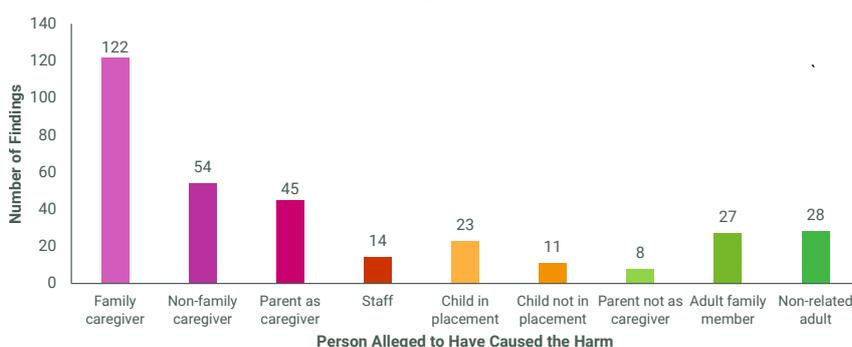
### Return/remain home placements:

Fifty eight children in return/remain home placements had 68 findings of physical harm. The majority of the physical harm was caused by parents as caregivers (60%) and approximately half of this was of a serious nature. Other adult family members caused 13% of the physical harm to children. Some of the harm for children in return/remain home placements was caused by non-related adults, (16%), most often partners of the young people and occurred out of placement.

### Residential placement:

Fifteen children had 22 findings of physical harm in residential placements, physical harm was caused by staff (45%) or other young people within placement (50%).

Findings of Physical Harm by Person Alleged to Have Caused the Harm



Two thirds of physical harm (67%) was caused by caregivers, parents as caregivers<sup>5</sup> or staff. The majority of incidents were related to inappropriate discipline of children and some were of a serious nature.

Adult drug or alcohol use was a factor in some of the harmful incidents and involved a range of alleged abusers, this was the case across the different placement types except for residences.

In some incidents frustration felt by the alleged abuser or stress related to child behaviours or wider circumstances played a part in the harmful behaviour. Some of the physical harm caused by non-related adults related to intimate partner violence towards teenage girls either

from current partners or previous partners. Some teenage girls in the custody of Oranga Tamariki were living independently with adult partners who were violent towards them.

In residences and other group home settings the physical harm caused by staff was related to behaviour management. Harm often occurred during restraint procedures but was not accidental and involved the use of excessive physical force.

Physical harm caused by other young people in these settings was unprovoked and of a serious nature often resulting in injury.

<sup>5</sup> Some caregivers and parents as caregivers had findings recorded against them for incidents against sibling groups so the same caregivers were responsible for several findings of harm.

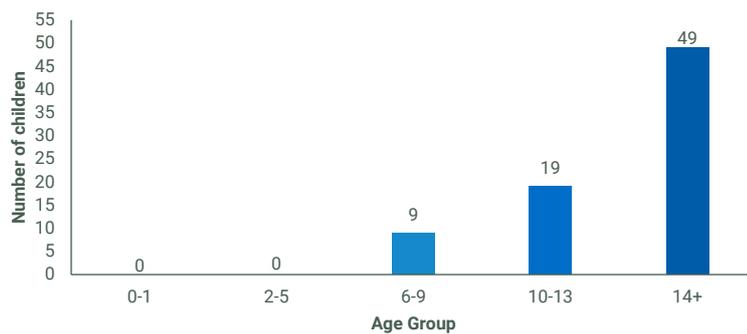
## Sexual harm

**77 children had findings of sexual harm.**<sup>6</sup>  
(This represents 0.93% of the total number of children in care at any time during the year.)

**Definition:** Sexual abuse is defined as any action where an adult or a more powerful person (which could include other children) uses children for a sexual purpose. Sexual abuse doesn't always involve bodily contact. Exposure to inappropriate sexual situations or to sexually explicit material can be sexually abusive, whether touching is involved or not. Children may engage in consensual sexualised behaviour involving other children as part of normal experimentation; this is not considered sexual abuse. (Oranga Tamariki Practice Centre 2019)

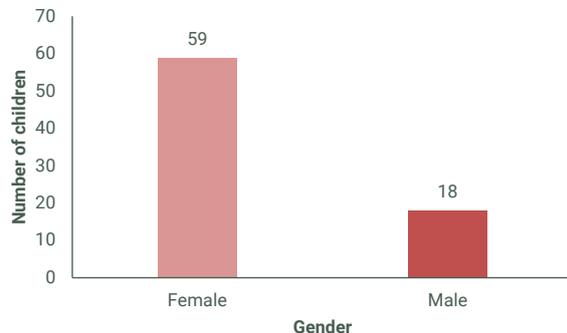
### What we know about the children

Children Sexually Harmed by Age



The majority of children who were sexually harmed were aged 14 years and over.

Children Sexually Harmed by Gender



Over twice as many girls than boys experienced sexual harm.

<sup>6</sup> These children had 89 sexual harm findings due to the fact that the harm was either caused by more than one person and/or some children experienced more than one distinct sexual harm incident.

## What we know about the findings of harm

Findings of Sexual Harm by Placement Type



Most sexual harm took place outside of the placement and more children who experienced sexual harm were living in non-family placements than any other placement type.

Forty children living in non-family placements had 48 findings of sexual harm, with more than two thirds of these incidents occurring outside of the placement. Half of all the sexual harm incidents for young people in this placement type were caused by non-related adults.

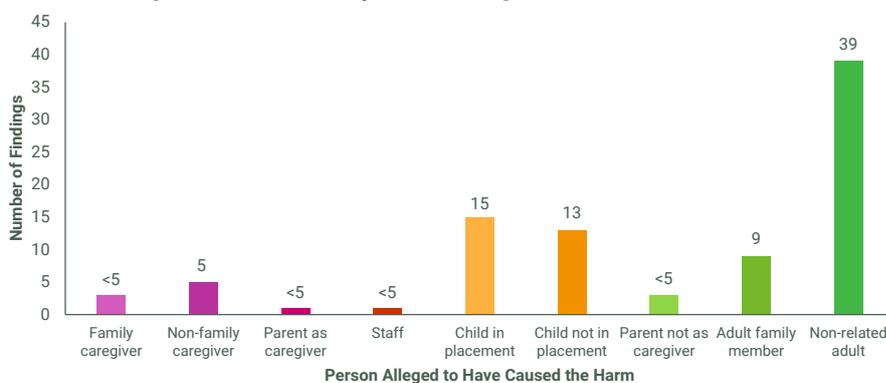
For some, harm occurred when the young person had run away and were in unsafe environments with people not known to them or known in a very limited sense. Six of the children with findings of sexual harm were living independently but were subject to legal custody orders.

Twenty three children living in family placements had 24 findings of sexual harm, with just over half of these occurring within placement. A third of these incidents were caused by another child in placement, 17% by adult family members and 12% were caused by family caregivers.

Nine children in return/remain home placements had 11 findings of sexual harm. 64% of the sexual harm incidents for these young people were caused by non-related adults.

A small number of young people in residences had six findings of sexual harm - none of this was caused by members of staff. Half of the incidents were caused by other young people within placement.

Findings of Sexual Harm by Person Alleged to Have Caused the Harm



Forty four percent of sexual harm to children was caused by non-related adults mostly outside of the placement settings.

Many of the non-related adults who caused the sexual harm were known to the young person as they had made a connection to them prior to the incident or they had existing connections to the child or young person. Some of the sexual harm took place after the young people had been specifically targeted by the person who was alleged to have caused the harm. Some young people were sexually harmed by non-related adults who were complete strangers, but this was not the norm.

Thirty one percent of sexual harm was caused by other young people, both within and out of placement arrangements. The sexual harm caused by other young people reflected a power imbalance, lack of consent or use of force.

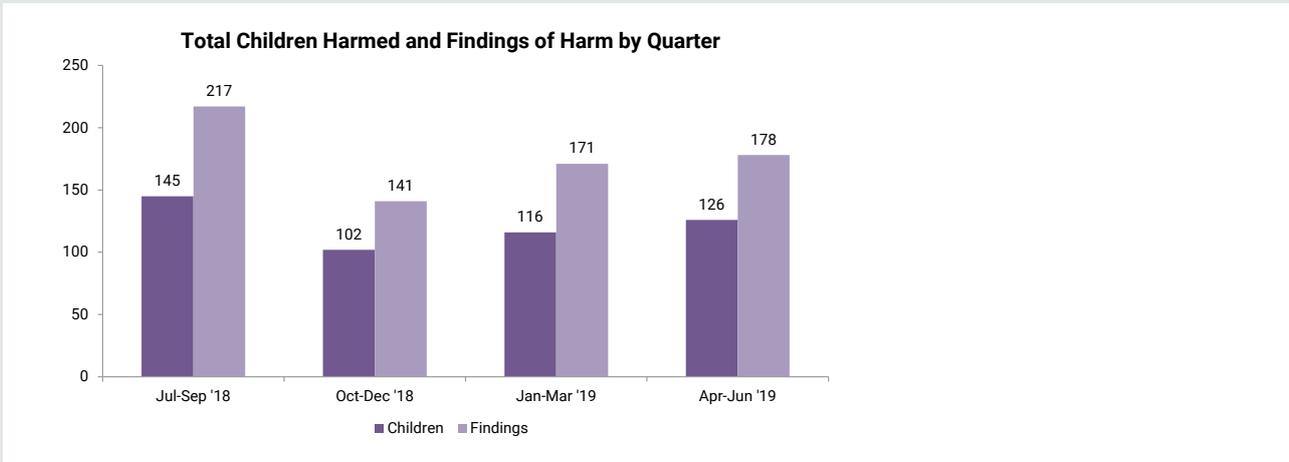
Ten percent of sexual harm was caused by adult family members and sometimes occurred within family placements, but also occurred out of placement arrangements during unsupervised contact or visits to family.

Twenty five young people experienced more than one incident of sexual harm over the year.

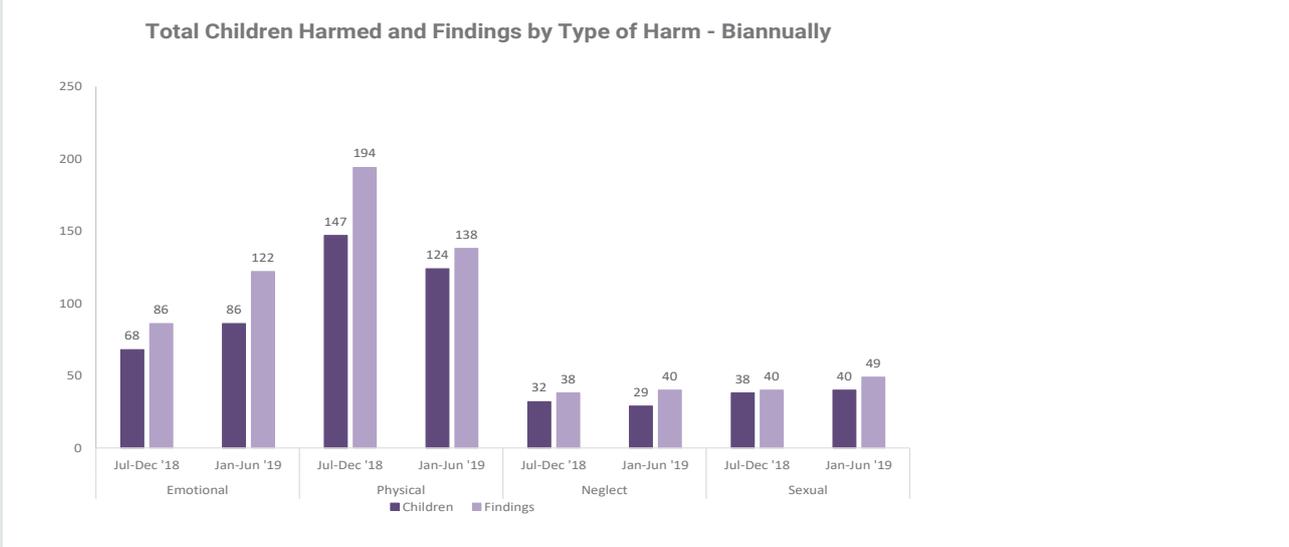
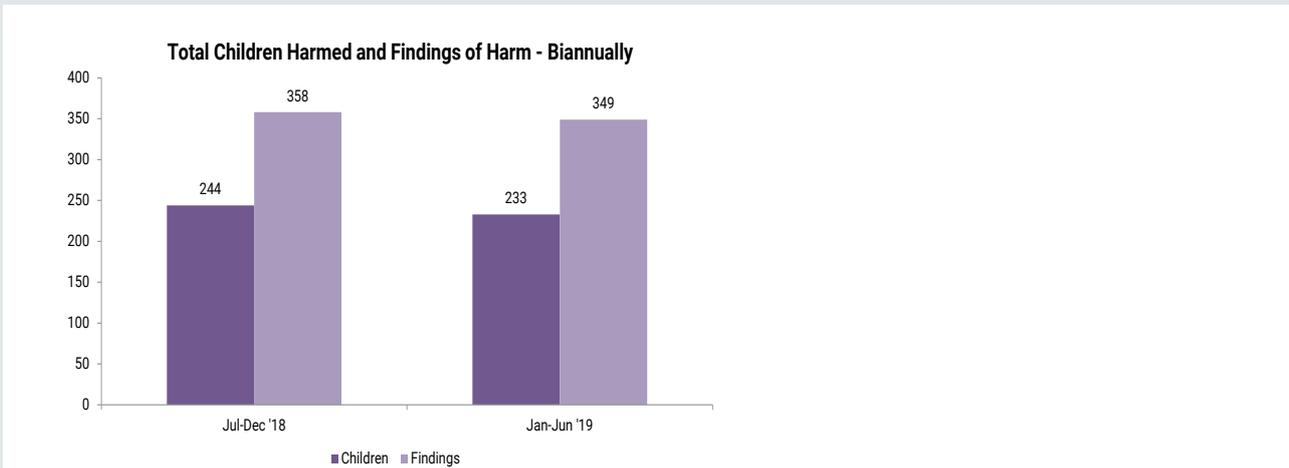


## What we know about the findings of harm

These charts compare the total number of children harmed and the findings of harm<sup>7</sup> across the year by quarter and biannually.



Physical harm was the most prevalent type of harm caused to most children across a range of care settings and by a range of people alleged to have caused the harm.

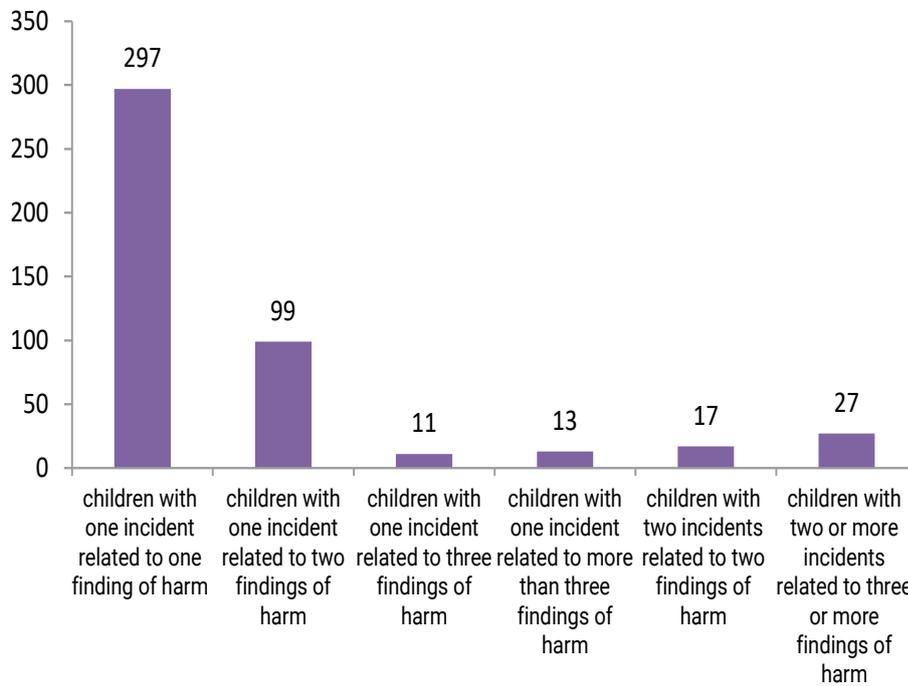


Generally the numbers of findings for each type of harm have remained static throughout the year although there were two peak periods; in the second half of the year emotional harm findings increased and in the first half of the year physical harm findings were greater.

<sup>7</sup> The data in this annual report includes additional data taking into account updates to investigations and assessments and the total numbers are therefore greater than those reported in quarterly reports which took account of knowledge at the time of reporting.

## What we know about the incidence of harm

This chart breaks down the number of children experiencing one incident or more and then provides detail about the number of findings related to the number of incidents (noting this relates to the 464 children who experienced harm in care).



The majority (90%) of children with findings experienced one incident of harm; just under a third (29%) of these children had more than one finding recorded for the incident either because there was more than one person who caused the harm or because the incident reflected more than one type of harm impacting the child.

The majority of children (351 representing 76% of the total number of children with findings of harm) were harmed by one person.

Twenty two percent (102/464) of the children were harmed by two people. Most often the people causing the harm were family and non-family caregivers and parents as caregivers and reflects the fact that the incident of harm was caused by the adult couple in the household.

A small proportion, 11 children, were harmed by three people; for over half of these findings (55%) the harm was caused by non-related adults. Some of the most serious sexual harm was caused by non related adults causing both physical and sexual harm to individual young people in separate incidents.

The circumstances of the children and young people who experienced more than one incident of harm were varied. For some the nature of issues within households meant that several incidents occurred within a short period of time resulting in multiple findings being entered for repeat exposure to harmful behaviours. These experiences often reflected problems associated with family violence, drug and alcohol use and limited capacity to cope with stress. In some cases the harm caused within family settings over several distinct incidents was reported at the same time.

For some teenage girls the multiple findings reflected a period of escalating concerns and a continuing presence of high risk factors in their lives which resulted in a series of physical and sexual harm findings. The findings data also reflects that for some children the disclosure of one incident triggered the disclosure of other incidents of harm and this occasionally led to multiple findings in the period.

# What we know about the children

In the period 1 July 2018 to 30 June 2019, 464 children had 707 findings of harm recorded for them<sup>8</sup>, this represents 5.65% of all children in care in the period.

## Ethnicity

Of the children with findings of harm in this period 70% were Māori. This is proportionately greater than the number of Māori in care (59%). Of the children with findings; 11% were Māori Pacific, this reflects the proportion of all children in care; 3% were Pacific, this is proportionately lower than the number of children in care; 16% of children with findings of harm were classified as other, this is proportionately lower than the number within this classification in care overall.

## Gender<sup>9</sup>

54% of children with findings of harm in this period were girls. This is proportionately greater than the number of girls in care (46%). Whereas boys were under-represented within the children with findings data (46%) in comparison with days in care overall (54%).

## Age

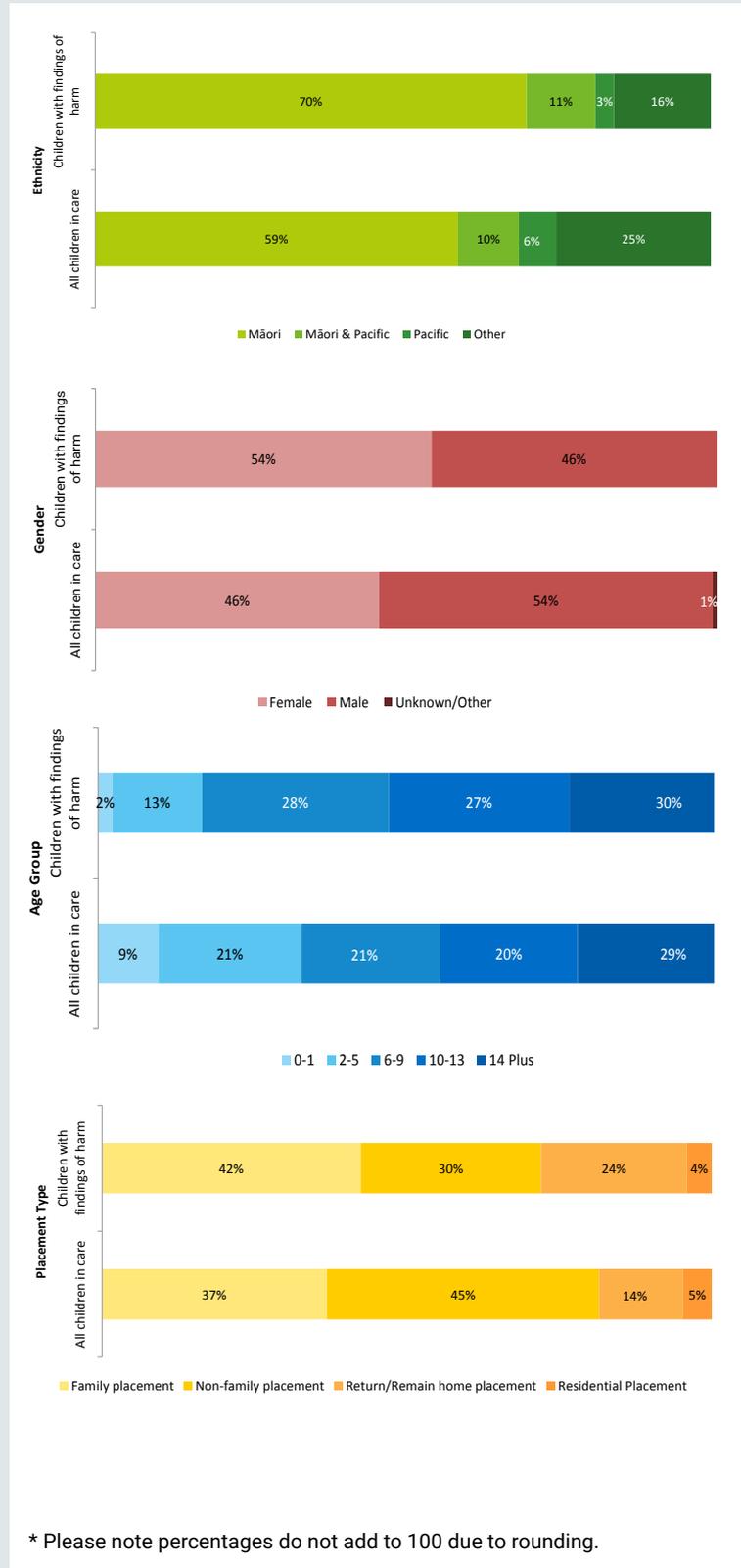
27% of children with findings of harm in this period were aged 10-13 years old. This is proportionately greater than the number of children in this age group in care (20%). Only 2% of children with findings were aged under one year old, this is lower than the wider care proportion (9%).

## Placement type

This is a breakdown of the overall proportion of time spent by all children in care<sup>10</sup> within each placement type, compared to the proportion of children in care with findings of harm in each placement type (n.b. placement type does not always indicate where the harm takes place or the person who caused the harm).

24% of children with findings of harm in this period were in return/remain home placements. This is proportionately greater than the number of children in care in this type of placement (14%).

30% of children with findings of harm were in a non-family placement, compared to 45% of children in care overall.



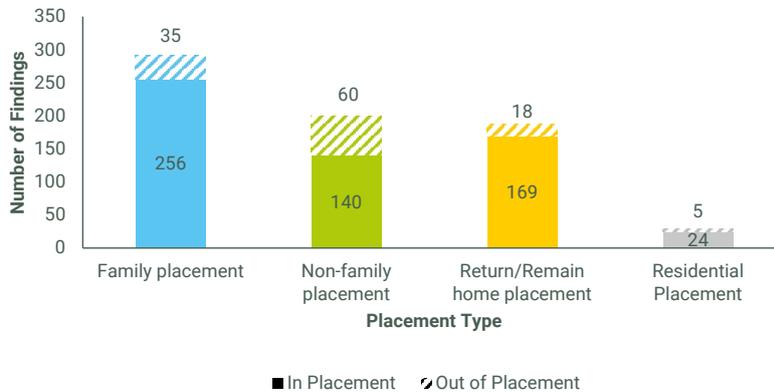
<sup>8</sup> Some children had findings for more than one type of harm and/or some had findings for more than one incident of harm and/or, some harm was caused by more than one person.

<sup>9</sup> Unknown/other describes gender diverse, unknown and unrecorded gender identification.

<sup>10</sup> The breakdown for all children in care is based on numbers that take account of the time spent in each placement type and counts days spent in the placement type by children and does not count individual children, a child can appear in multiple placement types over the year.

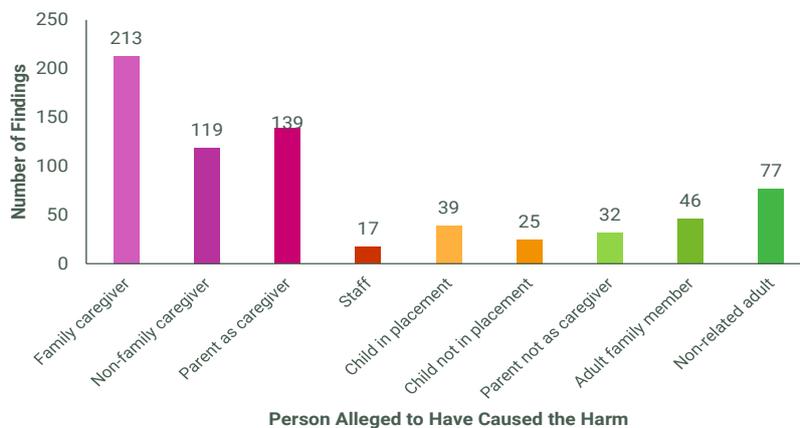
## What we know about where harm occurs and by whom

Findings of Harm by Placement Type



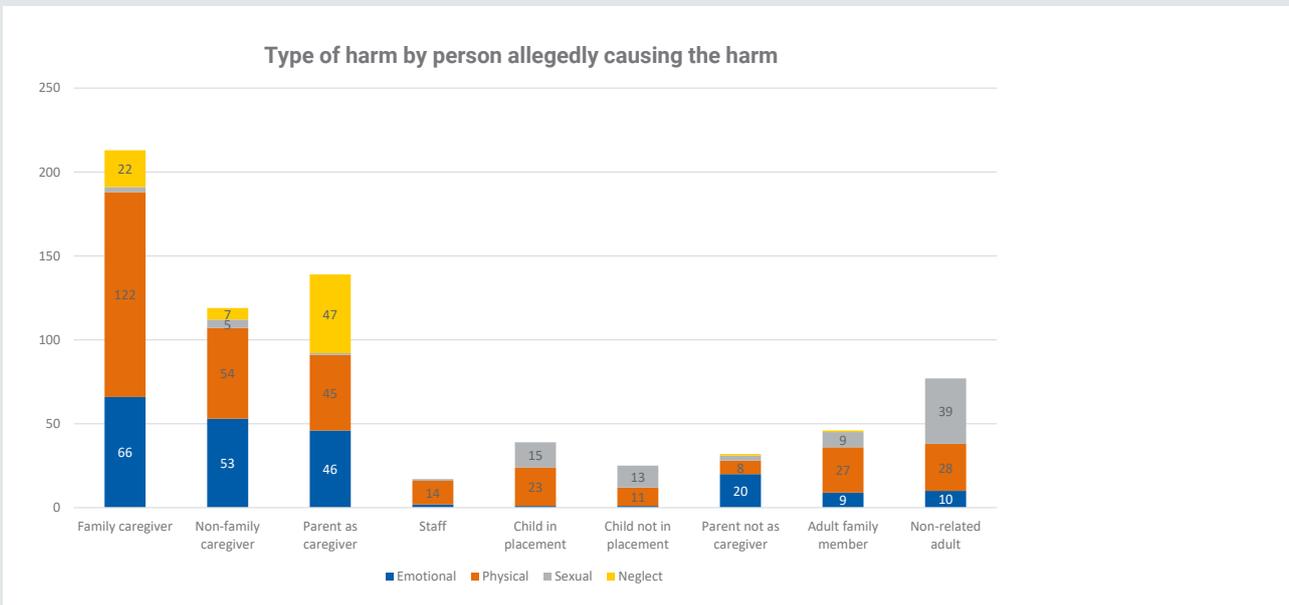
More harm occurred within family care arrangements than in any other placement settings. Overall, most harm occurred within placement settings however in non-family care a significant proportion of harm was caused outside of the placement (43%).

Findings of Harm by Person Alleged to Have Caused the Harm

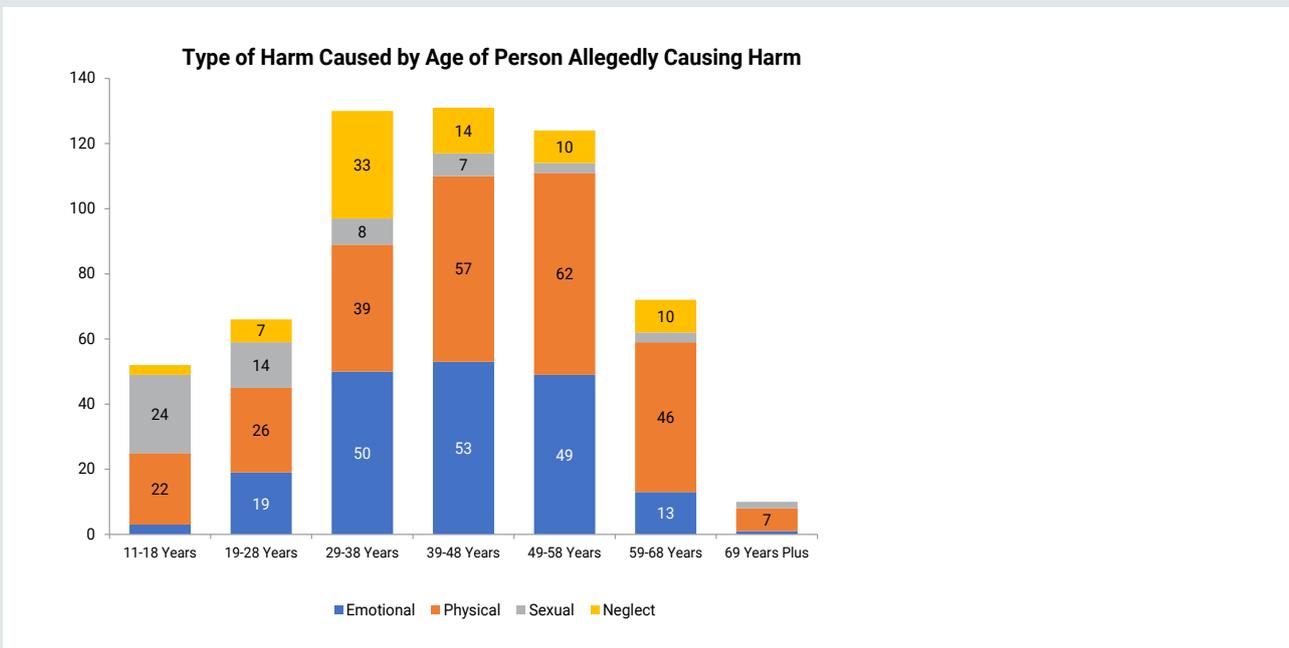


Family caregivers were the most prevalent category of person alleged to have caused harm to children. Two thirds (67%) of all harm findings for children in care were caused by the person responsible for providing care to the child. 11% of harm findings for children in care were caused by non-related adults.

## What we know about the different types of harm caused by different types of people



Family caregivers caused more physical harm than other forms of harm whilst non-family caregivers mainly caused emotional and physical harm. Parents as caregivers caused neglect and physical and emotional harm. Non-related adults most often caused sexual harm. Harm caused by other children in placement was mainly physical but also related to a significant proportion of sexual harm. Children out of placement caused sexual harm and physical harm.



The most common age of people alleged to have caused harm was 39-48 years old, whilst those aged over 69 years old caused the least amount of harm. A number of children and young people were responsible for causing harm to other children and young people. People in the younger age ranges were responsible for causing more sexual harm than older age groups. The age range for people causing sexual harm was not known for just under a third of cases but in cases where age was known sexual harm was mainly caused by people between the ages of 15 and 25 years old (35% of findings of sexual harm).

## What does the data tell us about the experiences of children in the care of Oranga Tamariki?

As at 30 June 2019 there were 6,590 children and young people in the custody of the Chief Executive of Oranga Tamariki. Of these, 6,450 were in care and protection custody and 140 young people were in youth justice custody.

Most children in care from July 2018 to June 2019 were safe, and had the support they needed to ensure they could thrive and flourish in loving homes.

However, during this time 464 children in care (representing approximately 5.65% of all children in care in the period) had experienced an incident of harm for which they have had a recorded finding. The number of findings recorded in the period was 707.

Research which examines the outcomes for children in care in other jurisdictions highlights that children who have experienced harm are more vulnerable to further harm. In particular, children who have experienced physical violence, child sexual abuse and maltreatment from a parent or caregiver have a higher chance of being polyvictims, which means to be at risk of multiple incidents of different kinds of harm. (Finkelhor et al 2009b)<sup>11</sup>

Most children in care are in this risk group having experienced a form of harm prior to entering care.

### When did harm occur?

The majority (88%) of findings related to incidents that had occurred in the previous 12 months; with approximately half of these findings related to incidents occurring in the previous six months. Only 12% of findings related to incidents that had occurred prior to 12 months before the concern was raised and are defined as more historical incidents.

### What type of harm is occurring?

Findings related to neglect were the lowest number of all harm types while findings related to physical harm were the highest.

### Who is experiencing harm?

More girls than boys experienced harm. Generally older children (aged over 10 years old) were harmed more frequently than younger children. The proportion of tamariki Māori with findings of harm whilst in care is proportionately greater than the number of tamariki Māori in care or custody overall.

The children who experienced harm lived in a range of care placements and incidents occurred both in and out of their placement. More harm occurred within family placement types than in any other placement.

Children living in a return/remain home placement were the highest risk group. These children were overrepresented in the findings (24% of all findings)

as compared to the numbers in care in this placement type overall (14%).

The different types of harm all occurred more frequently in placement, with the exception of sexual harm, which most frequently occurred out of placement.

### Who is causing harm

Children experienced harm from a range of people, although some types of harm were caused by particular categories of people more often. Physical harm most often in the form of harsh or inappropriate discipline measures was mostly caused by family caregivers. Sexual harm was more often caused by non-related adults along with a significant number of incidents caused by other children or young people both in and out of placement.

### What do the numbers tell us

The numbers of findings were generally stable over the year.

The majority of children (90%) with findings in the year experienced one incident of harm. However just under a third (29%) of these children had more than one finding recorded for the incident, either because there was more than one person who caused the harm or because the incident reflected more than one type of harm impacting on the child.

The majority of children, with findings of harm (351 or 76% of the total number) were harmed by one person.

We have noted a 'cluster' of harmful incidents occurring that have comparable factors for the children experiencing them. We explore these in more detail in the emerging patterns section.

It should be 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>11</sup> Finkelhor et al 2009b) cited in UCLAN The Abuse of Children in Care in Scotland - A Research Review



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## Emerging themes

### Harm to children by family caregivers and parents

#### Context of harm

The majority of physical harm to children placed in the care of family members occurred as a result of inappropriate ways of managing or correcting what the caregiver or parent perceived as bad behaviour. Most of the physical harm described included being hit or slapped, mainly on the head and face. Several incidents involved children being hit with wooden spoons and sticks. The harm experienced often resulted in marks, bruises and other injuries.

Some children experienced this harm over a period of time during the placement.

Some of the physical harm, particularly involving the older young people aged over 14, occurred during arguments that escalated to physical harm. These incidents also included the child being yelled at, called names or being threatened.

The majority of children who experienced harm had established relationships with these family members prior to being placed with them. Some were living in these care arrangements because they had been removed either from parents or other family members because they were being physically abused.

Some of the family caregivers had been assessed specifically because of the child's previous placement ending abruptly and a new placement being needed quickly. This factor had impacted on the preparation in place for the caregiver and the quality of approval assessments.

During investigations or assessments completed as a result of the physical harm incident, family caregivers often spoke about being stressed by their caregiving role and not feeling supported while they were providing care. Not being supported could mean:

- no social worker visiting them
- no response to emails or phone calls even if they said they were struggling
- having to manage dynamics within their wider family on their own (such as having the child's parents and other family members being angry with them for taking on the care of the children, and having to supervise contact between children and parents themselves).

The majority of the family caregivers had no experience of looking after children impacted by trauma, or they had experienced trauma themselves.

A significant area of risk for children has been within remain/return home arrangements. Most harm was caused by parents as caregivers and reflected a number of ongoing issues that were prevalent prior to their children entering care. Drug and alcohol use by parents and continuing family violence were dominant factors in the households. In these scenarios, the parents inability

to focus on the child's needs above all other presenting issues resulted in neglect. For some children this meant being left alone for significant periods of time, while other children experienced adult behaviours that were scary and/or violent.

Some harmful situations also reflected the difficulties encountered within families when attempting to reunify after periods of separation. Harm was sometimes caused by parents using inappropriate and harsh discipline methods in an attempt to manage children's escalating behaviours as they transitioned back to home environments. In some circumstances, parents were emotionally harmful to children in response to strained and confrontational relationship dynamics. At times children were isolated from their siblings and repeatedly made to feel different or were exposed to distinct and punitive treatment which was often viewed as a consequence of having been in care.

#### Impact on children and young people

The children were likely to have suffered cumulative harm which often compounded previous experiences and diminished their sense of safety, stability and wellbeing. The impact of harm by a family member is often of greater consequence to a child, who will feel their trusted person has additionally let them down.

Harm to children by parents is often indicative of previous patterns of behaviour and so for the child is a repeat experience. The impact of this can be profound and likely impact the child's ability to trust their parents or to believe in any realistic sense of change. Some children experienced being blamed for the harm that occurred, not only by the family caregiver or parent but other extended family as well, while some children were not believed by extended family members. The damage to these familial relationships further decreases the child or young person's networks of support. Given that family relationships are life long, if an opportunity for restoration is not created, these relationships could continue to be damaging for the child/young person and the wider family.

Multiple experiences of being abused by family, either immediate or extended, have the potential to impact a child or young person's sense of belonging and their identity.

#### What works well

Social workers demonstrated a consistent approach to recognising and naming harm, and encouraged children to make use of supports available to them. This was particularly evident in situations where children were too young to undertake evidential interviews, or where the adults responsible for the harm denied the harm caused or blamed the child for what had occurred.

There were instances where social workers were working in partnership with families to plan safety for children following instances of harm. It continues to be important for Oranga Tamariki to work alongside families and to safely place children within their wider family whenever possible.

The use of hui-a-whānau was present in some of these situations. This enabled families to gain an understanding of what had happened for children, what additional support for family caregivers was needed, and who else within the family might be able to provide care for the child.

It is evident that social workers and parents have a commitment to progress return home arrangements for children when circumstances change and when care planning allows for it.

## Areas for development

### Family caregivers

The quality of caregiver assessments was varied, this may often reflect that they were completed when urgently needing somewhere for children to be placed. If support needs were identified during the assessment process these were not put in place soon enough or in some cases not at all.

Family caregivers did not always understand the complex needs that some of the children and young people had, or have the skills to manage these effectively. Caregiver development and support plans is an area of work that needs strengthening to ensure caregivers can respond to the emerging and changing needs of children.

This is an area of focus within practice development in Care Services, with more responsive caregiver training programmes currently being implemented that support caregivers with children who have experienced trauma. An example of this is Matua Kautia te Tamariki, a training initiative based on a Mātauranga Māori bi-cultural approach with a focus on restoring the mana of tamariki in care. At the end of the period of reporting 257 caregivers had graduated from evidence based trauma informed training pilots.

Improved practice in identifying and managing risk in order to encourage placement stability needs to be supported. For some children, decisions were made to change placements when there may have been opportunity to address the risk by understanding the gaps in support and addressing these through robust planning.

There is a need for social workers to actively communicate decisions throughout the assessment or investigation following a harmful incident and to keep caregivers updated of outcomes and timeframes during the process. This will encourage caregivers to understand decision making in this area of work and to feel an integral part of the child's plan.

Social workers need to value the importance of relationship restoration throughout the process. For some children who are harmed, while their immediate safety may be managed, they continue to have a lifelong connection or relationship with the person responsible for the harm. This needs to be acknowledged and built upon for the child.

Caregiver assessment needs to include exploring the impact of the family caregiver role in the context of wider family views about statutory involvement in child

protection. This includes the impact on relationships within wider family when people become family caregivers for children.

There needs to be good collaboration between sites when the family caregiver and the child or young person live in different areas. We observed instances where good collaboration supports informed assessment, decision making and planning for both the child and the caregiver.

### Return/remain home placements

All return and remain home placements require robust safety planning and high levels of monitoring to ensure safety for children. This is a placement arrangement where risk to children is heightened by both the nature of the previous concerns that led to the child's removal from home and the difficulties encountered in reunifying children with their families after periods of being away.

Return home placements for most children in care occur as part of a planned transition and form part of long-term interventions with parents to ensure issues have been addressed and safety can be assured.

However for some children we have noted that return home arrangements can be in place due to instability in the child's care circumstances, and these require a highly responsive and flexible approach by all involved.

Some of the arrangements in place for older young people also reflect a pragmatic approach whereby the fact that the young person is unwilling to stay in alternative care placements means that a return home is supported to ensure a level of stability and safety as an alternative to a young person absconding regularly. Safety planning and assessment of risk in these circumstances is complex and social work practice needs to be strengthened in consideration of this.

We have observed some safety planning that does not fully test the capacity of parents to manage concerns and to keep children safe. When risks have been identified within return home arrangements, there have been occasions where the response to concerns has been inconsistent and where emerging concerns have not been addressed. It appears that optimism bias influences decision making in this area.

There is a danger in weighting risk assessments too much in favour of sustaining return home placements with limited support instead of recognising circumstances where increased monitoring, higher levels of engagement with children and interventions with families are required.

Oranga Tamariki has acknowledged these inconsistencies and as a result of risks outlined in the quarterly reports has strengthened monitoring of return home arrangements at a regional level.



## Physical and sexual harm to teenage girls

### Context of harm

We have seen a cluster of abusive and harmful incidents occurring for teenage girls outside of care placements that are caused by adult males and, on occasion, older teenage males.

Sexual abuse of teenage girls has been most prevalent in high risk circumstances. On occasions these circumstances are exacerbated by the young person's risk taking behaviour. This typically occurs when a young person has absconded or is missing from their placement, is engaging in drug and alcohol use and is associating with or encountering adult males who take advantage of the situation and behave in abusive and harmful ways.

Young people who have experienced trauma and damaging relationships will often seek relationships with others who provide a sense of love and belonging. In these circumstances the ability of the young person to protect themselves, or make safe decisions, is significantly diminished. In addition, the capacity of the caregiving support that is in place to provide protection for them is seriously compromised.

Most of these circumstances describe sexual abuse of a serious nature and, on some occasions, include rape and violent sexual assault. In some of these situations the young people were also subject to violent physical assaults.

This heightened risk for some young people reflects what is known from other studies. A study in Scotland estimated that children who had run away from care placements were six times more likely to be subject to sexual exploitation than those who were within care placements.<sup>12</sup>

The data highlights a number of incidents where teenage girls have been harmed by their boyfriend or ex-boyfriend. These incidents have occurred both in and outside of care placements. Length of the relationships in which the harm occurred ranged from a few months to several years. The boyfriends of these young women were mostly of a similar age. Some of the boyfriends were also known to be vulnerable. For some of the teenage girls there had been more than one violent incident with their boyfriend (or ex-boyfriend). Most of these unhealthy relationships were known to family members or to other networks of support. In some cases these support networks were helpful in challenging the presence of violence, while in others the behaviour mirrored intergenerational experiences and was not challenged.

### Impact on the young people

These young people experience trauma and harm of a profound nature. In some cases the incidents mirror previous experiences and therefore serve to compound existing issues. This in turn increases the likelihood of further harmful incidents. Some young people who were physically hurt by their boyfriends had been exposed to violence within their own homes growing up.

These experiences can often lead to feelings of low self-esteem and a lack of self-worth, which can affect mental health and increased acting out and risk taking. The young people often continue to resist the support on offer to them and instead seek association with high-risk adults or situations.

We have observed that for a small number of teenage girls this means they are encountering harmful behaviours on a frequent basis and are experiencing harm on more than one occasion.

### What works well

We have seen responsive social work practice that is seeking to stabilise care arrangements for these young people and high levels of social work engagement to 'reach' individuals whose chaotic day to day movements make this problematic. This is intensive and difficult work that relies on flexible and resilient working practices, and often takes long periods of engagement to realise any progress or make for change in young people's lives.

We've also observed a continuing and committed approach from social work, police and health professionals to addressing the incidents. This involves responding with consistent and clear follow up that communicates to the young people that abuse is unacceptable in all circumstances and that the system is there to provide protection, hold those responsible to account and address the impact of the harm for the young people. In some circumstances this has enabled the young people to engage in formal investigative procedures that progress to criminal action being taken against the adult perpetrators. Some young people also engage the therapeutic support available and the impact of the harm can start to be addressed.

It was noted that social workers were consistent in supporting young people to address unhealthy relationships and maintained a clear threshold of harm when discussing incidents - often in the presence of denial by the young person involved.

<sup>12</sup>Lerpiniere et al 2013

## Areas for development

In many of the scenarios we have seen the young people themselves make choices not to progress any formal police action or take up the support being offered to address the impact of the harm.

Young people tend to minimise the harm caused and often appear to find it difficult to separate their own risk-taking behaviours from the behaviour of the adult who causes the abuse. This results in young people not recognising the importance of holding the adults to account which is further compounded by their continuing association with them.

This follows patterns within the wider community, where family violence and sexual violence is underreported and/or not progressed to police charges or conviction.

It is also clear that for some young people in the midst of crisis it is not possible to progress formal criminal procedures or to engage in therapeutic support in the immediate period after a harmful event. In these circumstances the system and support mechanisms need to allow for review and follow-up at later points in time.

When therapeutic support was offered to young women, there was often a reluctance to engage, with some of the young women preferring to 'move on' and choosing not to discuss the abuse incident any further. In these cases it is important that we understand the young person well enough to then know what kind of therapeutic support to offer.

When a young person chooses not to, or isn't ready to engage in therapeutic support, a trauma-informed social work approach becomes vital as a way of understanding the impact of the trauma experience on all facets of the young person's life and how to mitigate some of this where possible. This involves observing the impact of the trauma on those around the young person, particularly those responsible for providing care and/or support which in turn helps to understand how to best support those supporting the young person. It also provides an opportunity to engage with young people about their own sense of self-worth, understand how relationships were role-modelled to them growing up, what expectations they have of future relationships, and their thoughts about what safe and healthy relationships should look and feel like.

A trauma informed approach relates to both the young person harmed and, in some cases, the young person who caused the harm. It talks to cumulative harm, unresolved trauma experiences, ability to recognise what is abusive, and what is to be expected in healthy relationships. It is important that this informs work undertaken with alleged abusers as well as those who have experienced harm.

There is a need to support young women in accessing available support from community agencies. For some a reluctance to engage with social workers prevents any support being in place. We need to consider how we enable links to be made and promote services so that young women are more aware of what is available to them. There is also a need for our own knowledge and practice to be developed by strengthening our relationship with expert agencies.

Expert support can promote healthy relationships as young people develop intimate partner relationships and could also be proactive in challenging peer relationships that at times can encourage high-risk behaviours. We need to be consistent in responding to harm for the people causing the harm as well. In holding young men to account for harmful behaviours we can begin to address and reduce the risk of further harmful behaviour in the future.

Evidential procedures are sometimes limited in taking account of children's needs, specifically disability and developmental needs of children, which often preclude witness statements being taken. It's important to ensure that responsive communication support and methods are developed within these systems to enable all children to engage in processes.

It's important for social workers to remain focussed on patterns of harm for young people and to recognise the need to revisit decisions that are made with urgency. The priority for social work engagement with high risk teenagers is understandably about placement stability and immediate safety. The risk is that, in focusing on responding to immediate issues (which for some young people are daily and hourly crises), we can lose sight of the wider emerging patterns and impact of incidents on young people.

The development of specialised social work services across the country enable intensive and responsive social work for those young people who need it.

Transition services now in place for young people up to the age of 25 can support a more consistent follow up. Support can be offered to young people as they settle into early adulthood enabling a greater level of therapeutic input in later years after events have occurred. By working with young people in care from the age of 15 the transition service can ensure that consistent support is in place so that young people's stories are known and do not need to be retold, and that follow-up can be revisited.

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## Ensuring safety and wellbeing of children in care

### Actions taken to ensure safety for children harmed

Allegations of harm for children in care can be raised in a number of different ways from a range of people, including the child themselves. In each instance a formal report of concern is completed and this ensures a consistent and structured process is followed in the social work response. On every occasion social workers engage with children and complete an assessment to understand what has happened to them.

This assessment will involve those providing care for the children to ensure that the child's immediate needs are met and to manage any ongoing risks that might be present. Social workers formulate an assessment plan for investigating the incident and, where appropriate, this will involve the Police.

Social workers provide support to children to ensure they feel safe and secure and to address any impact of the harm they have experienced. Once the assessment has been completed a social worker will determine whether the harm meets one of the four abuse types and records this in the child's records along with the details of the person who allegedly caused the harm. This information forms the basis of a finding of harm and the Safety of Children in Care Unit reviews all of these findings and examines the underpinning social work practice. In cases where harm results in serious injury or death, there are a number of additional practice analyses and review processes that take place across the organisation.

In the cases assessed for this report, social work assessments have taken account of the child's needs and, in all cases 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 in some cases additional supports have been put in place. Some children have received counselling support to address the impact of the harm they have experienced. For other children this will be considered at a later point to reflect their immediate need for care arrangements to be stabilised prior to more focussed support. Some family members have also been provided with additional supports to ensure they can enable their child to address the impact of harm and to address their own support needs.

### Outcomes for the person alleged to have caused the harm

There are a range of possible outcomes for the person alleged to have caused the harm. Some have faced criminal charges and have been prosecuted - these decisions are managed by the police.

When we receive notice that a child may have been harmed by a staff member we deploy robust processes to ensure that the child is safe and cared for, and that decisive action is taken. This includes suspension, investigation and determination of the appropriate course of action. Where serious misconduct has been upheld, employees have been dismissed. In circumstances where an employee has chosen to resign, we continue with the disciplinary process to make a final finding.

When harm has been caused by caregivers, a reassessment of their circumstances and the appropriateness of care arrangements is completed. Where needed, re-approval of caregivers is undertaken and in some instances this means caregivers' status is revoked. These assessments consider whether additional supports can strengthen care arrangements to ensure safe and stable placements continue.



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## Strengthening responses to children in care

We have a dedicated programme of work directed towards providing children in care with safe, stable and loving placements.

### National Care Standards

The National Care Standards came into effect on 1 July 2019. They set out the standard of care every child and young person needs to do well and be well, and the support caregivers can expect to receive when they open their hearts and homes to tamariki and rangatahi. They also specify our duty to ensure consistent and timely reporting and response to allegations of abuse or neglect in care monitored by the new Independent Children's Monitor.

### Caregiver recruitment, training and support

This report highlights the complex challenge caregivers, particularly family caregivers, face in caring for tamariki who have been impacted by trauma. It identifies opportunities to strengthen whānau recruitment, training and support so those caregivers have a better understanding of the needs of tamariki and the necessary skills to respond to those needs. We are making significant changes to respond to these challenges.

This includes:

- a new Caregiver Recruitment and Support Service, with 11 dedicated Care teams in place to ensure caregivers get the support they are entitled to
- a 24/7 Caregiver Guidance and Advice support phoneline staffed by a team of trained social workers who understand what it takes to be a caregiver. Designed by caregivers, for caregivers, the line is especially valuable for those living in remote and rural areas who due to location are unable to have day-to-day contact with a social worker
- more responsive caregiver training programmes that support caregivers with children who have experienced trauma
- a new approach to recruiting whānau caregivers through a Noho Wānanga caregiver recruitment process with Waikato Tainui, Ngāti Kahu, Ngāpuhi, Waitomo Papakainga, Ngāti Ruanui and Te Roopu Awhina. The noho is a marae-based assessment and learning experience that can reach whānau across the country and provides a safe and supportive environment to understand the process and implications of becoming a caregiver
- implementing new specialist Māori roles to increase the identification and involvement of whānau early in the care and wellbeing of tamariki, and progressing new strategic partnerships to establish different models of engaging, approving and supporting caregivers from within whānau, hapū and iwi.

### Support after a child has returned home

This report highlights the importance of continued support to whānau when a child is returned to their care. In line with the National Care Standards, from 1 July we have strengthened practice guidance around the specific considerations for tamariki transitioning between care arrangements. This new guidance complements and strengthens our existing policy and guidance settings.

We have brought an increased focus to our monitoring of return home placements at a regional level. Return home is a key focus in the development of the intensive intervention services we are co-designing with iwi and community partners.

### Safety in residential care

We continue to introduce changes within our residences to improve safety for children and young people. These changes include a new specialist youth justice unit for vulnerable boys with acute needs. A new induction package for staff has been developed which embeds an understanding of Māori wellbeing from a Te Ao Māori and trauma-informed perspective, focussed on managing challenging behaviour and developing reflective practice.

### Follow-up support

We now have transition services in place for care-experienced young people from age 15 up to the age of 25 that provides the opportunity to offer more consistent and longer-term follow-up support for these young people as they settle into early adulthood. This enables a greater level of therapeutic input in later years after events have occurred, and ensures consistent support and follow-up is in place so young people's stories are known and do not need to be re-told.





**ORANGA  
TAMARIKI**  
Ministry for Children