ORANGA TAMARIKI
Ministry for Children

Te Kāwanatanga o Aotearoa

Safety of Children in Care

Biannual Report July to December 2020

Acknowledgements

Authors
Safety of Children in Care Unit Oranga Tamariki

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. 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.

Contents

Introduction

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

As at 31 December 2020 there were 5,613 children and young people in care and protection custody and 110 young people in youth justice custody of the Chief Executive of Oranga Tamariki.

The Safety of Children in Care Unit within Oranga Tamariki was established in 2018 to ensure a greater understanding of harm and the circumstances in which it happens. This enables us to understand how to prevent harm to children in care. The Unit provides a dedicated response focused on understanding the elements that provide for the safety of children in care and can promote best practice in this area whilst also providing comprehensive public information.

The Unit is responsible for reviewing and reporting on non-accidental harm caused to children in care. The Unit reviews the findings of harm in line with the definitions used throughout the organisation by practitioners to describe actions or inactions that cause harm and form the basis for a finding of harm for a child. Definitions are provided throughout the report.

Real time review of findings 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 enables the learnings from emerging trends and patterns to inform continuous practice improvement across Oranga Tamariki. This understanding enables us to focus our efforts on improving our practice, support and services for children and young people in care, their whānau and caregivers.

In March 2019 the Safety of Children in Care Unit published the first of a series of quarterly reports and in December 2019 an Annual Report which detailed the findings of harm for children in care for the first year using the newly adopted measurement approach. In June 2020 a biannual report was published and then in January 2021 the unit published the year two Annual Report which provided a greater level of analysis of the findings for the period 1 July 2019-30 June 2020.

Biannual report

This report sets out the findings of harm in the six-month period July to December 2020. In this period, 214 children in care had 295 findings of harm.

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.

This report provides detailed information relating to:

— the overall number of individual children who have experienced harm

— 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

— if the harm occurred inside or outside the placement and

— who is alleged to have caused the harm

The level of detail in this report is based on a desire to be open and transparent whilst protecting the privacy of those affected by the harm. We have not provided detail of circumstances that relate to fewer than five children or adults implicated by the data, this is in line with accepted ethical standards adopted in comparable studies and prevents the risk of identification or self-identification. Reporting reflects the data as known at the time of the review work completed by the Safety of Children in Care Unit. Any additional data or data changes that are entered after this date will be captured in annual reporting.

There are several 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 type of harm

— 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.

Guide to the report

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 the care or custody of the Chief Executive of Oranga Tamariki are subject to a custodial order or legal agreement under the Oranga Tamariki Act 1989.

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 the harm was 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 Non-Government Organisations (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 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 and includes care and protection and youth justice.

In some circumstances children were harmed away from their current placement, eg, 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. The harm experienced by children in care is caused by a range of people.

Classification of people alleged to have caused the harm:

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 & CFSS[1]) 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 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.

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.

1 CFSS refers to Child Family Support Services provided by NGO and iwi social services

Findings

Neglect | **20 children had 22 findings of neglect**

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 [2]

Children neglected by age

The largest proportion (40%) of children experiencing neglect were in the 14+ years old age category.

35% of children experiencing neglect were aged between six and nine years old.

Children neglected by gender

Boys and girls equally experienced neglect in this period with an exact 50% split across these two gender categories.

What we know about the findings of harm [3]

Findings of neglect by placement type and by person alleged to have caused the harm

59% of findings of neglect were caused to children in return/remain home placements. The majority of this occurred within the placement. Parents as caregivers were responsible for 77% of the neglect within this placement type. In half of the cases where parents neglected the children's needs drug use and/or alcohol was a factor. In half of the cases supervisory neglect by parents led to children being in high-risk circumstances placing them in danger.

32% of findings of neglect were caused to children in family placements, all of this occurred in placement and all of it was caused by the family caregiver. These circumstances described a range of neglectful behaviours by caregivers; some indicating drug use impacting on the adult's ability to provide for the children in their care and some reflecting intentional acts that result in the basic needs of children not being met.

2 It is not possible to report any further detail on the age of children, the placement type or the person alleged to cause the harm due to the small numbers and consequent risk of identification.

3 There were 22 findings of neglect in this period due to the fact that the children were harmed by more than one person.

Emotional Harm

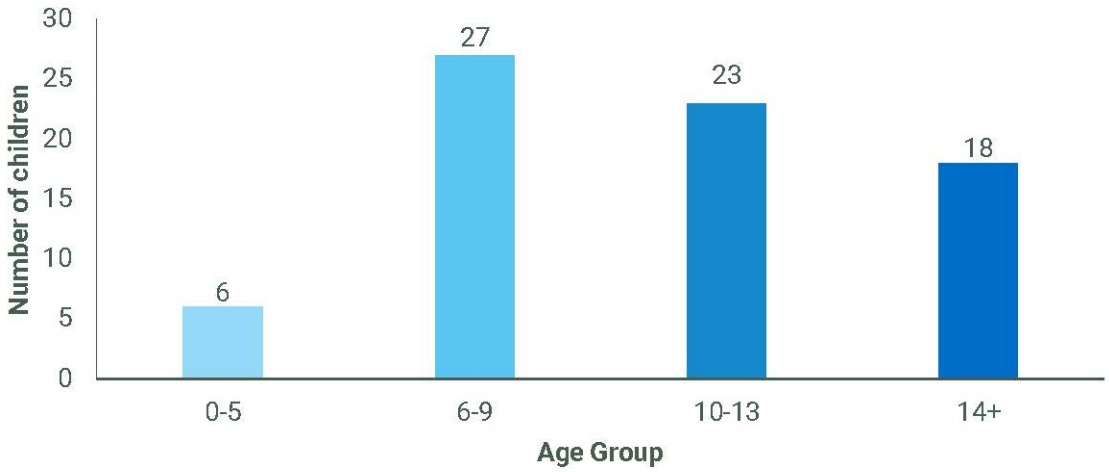
74 children had 95 findings of emotional harm

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)

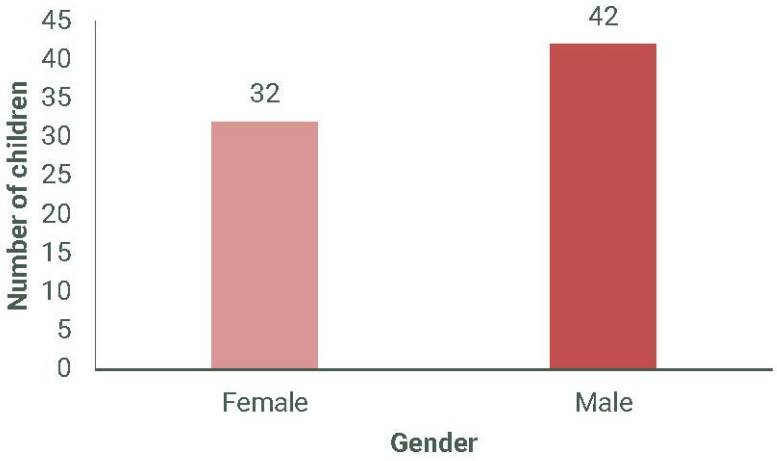
What we know about the children

Children emotionally harmed by age



Just over half of the children (55%) were aged over ten years old but a significant proportion (36%) were aged between six and nine years old.

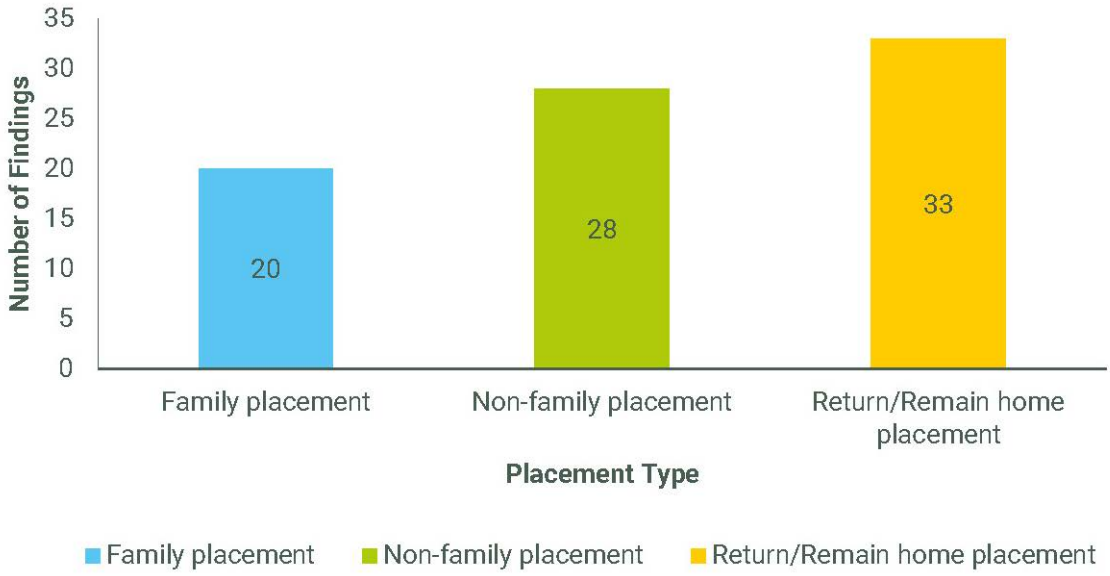
Children emotionally harmed by gender



More boys than girls were emotionally harmed in this period.

What we know about the findings of harm [4]

Findings of emotional harm by placement type [5]



The majority, of emotional harm incidents occurred within the placement for all placement types.

Family placements:

Nineteen children living in family placements had 20+ findings of emotional harm. Just over half of this was caused by the family caregiver whilst the rest of the emotional harm in placement was caused by other adult family members. Harm out of placement was caused by parents as caregivers or non-related adults.

Non-family placements:

Twenty-six children living in non-family placements had 28+ findings of emotional harm. The majority, 60%, of this was caused by the non-family caregivers within the placement. Non-related adults accounted for 19% of the emotional harm to children living in this placement type and the harm occurred out of placement.

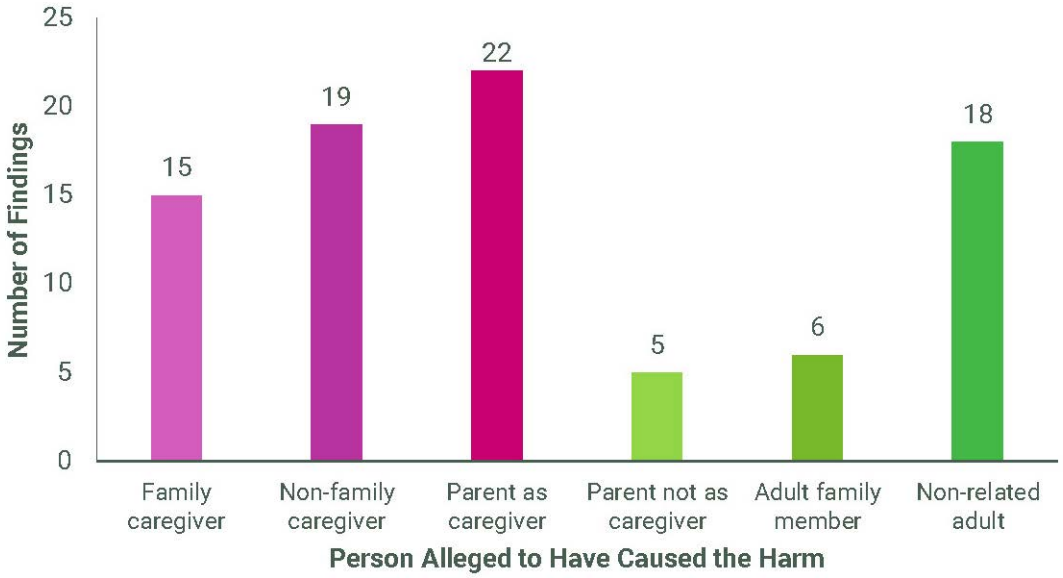
Return/remain home placements:

Twenty-six children living in return home placements had 33+ findings of emotional harm. Two thirds of the emotional harm in this placement was caused by parents as caregivers or by parents not in a care giving role. Just under a quarter of the emotional harm occurring in placements was caused by non-related adults – mostly the male partners of parents.

4 There were 95 findings of emotional harm in this period due to the fact that the children were harmed by more than one person and or some children experienced more than one distinct emotional harm incident.

5 Not all placement types and none of the incidents of harm that took place outside of the placement are reported due to risk of identification.

Findings of emotional harm by person alleged to have caused the harm[6]



Emotional harm caused by family caregivers in this period was mainly described as intentionally cruel treatment of children involving repeated name calling and punitive acts of discipline.

Emotional harm caused by other adult members and some parents in family placements involved repeated exposure to family violence.

Emotional harm caused by non-family caregivers in this period mainly described emotionally harmful and punitive discipline and anger outbursts which scared children and often involved physically threatening behaviour.

Emotional harm caused by parents in return/remain home more often involved illegal drug activity and often involved exposure to gang violence. Some younger children were emotionally harmed by being witness to serious assaults by parents and/or other adults on older siblings.

Emotional harm caused by non-related adults in this period was mainly caused within placement by adults living within the household- either being the partner or adult child of the caregiver or parent. It was noted that there were smaller numbers of incidents caused by boyfriends of the young people or through exposure to high-risk environments, in previous reporting periods this has been a larger proportion of harm.

6 Not all categories of people who allegedly caused the harm can be reported due to risk of identification

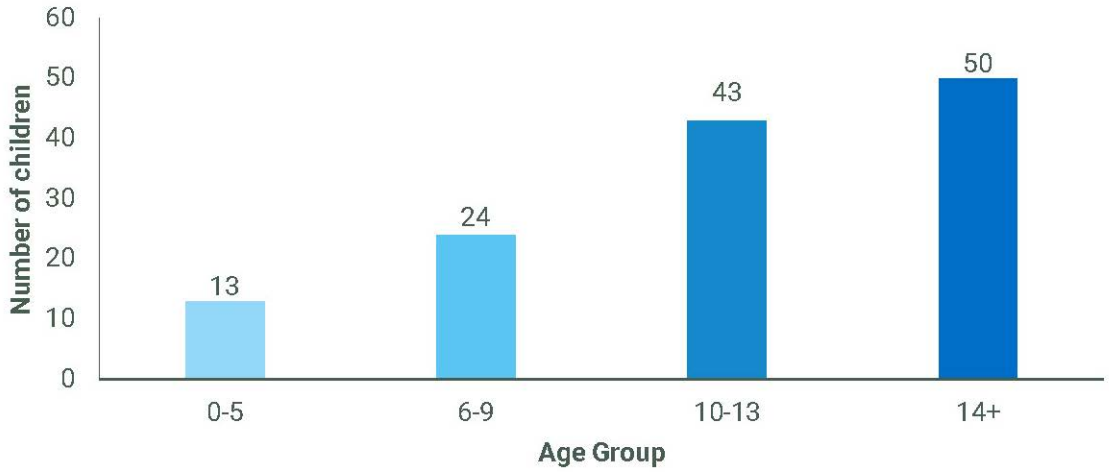
Physical Harm

130 children had 141 findings of physical harm

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 [7]



Most children who were physically harmed were in the older age groups:

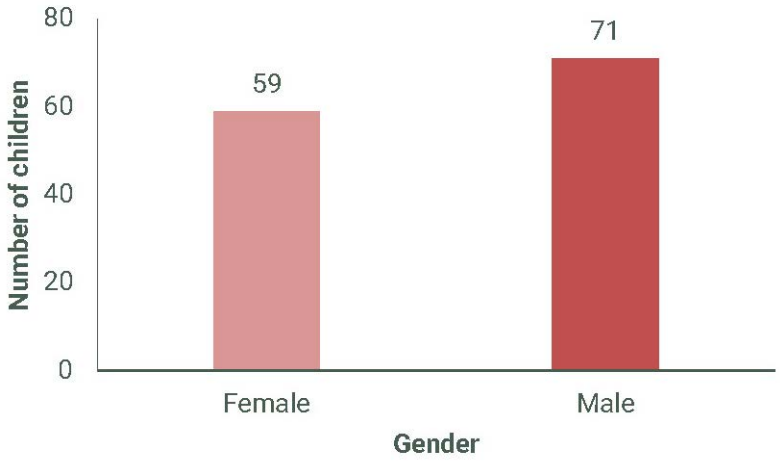
— 38% of children aged over 14 years old.

— 33% of children aged between 10 and 13 years old.

— 18% of children were aged between six and nine years old.

— 10% of children were aged below five years old.

Children physically harmed by gender

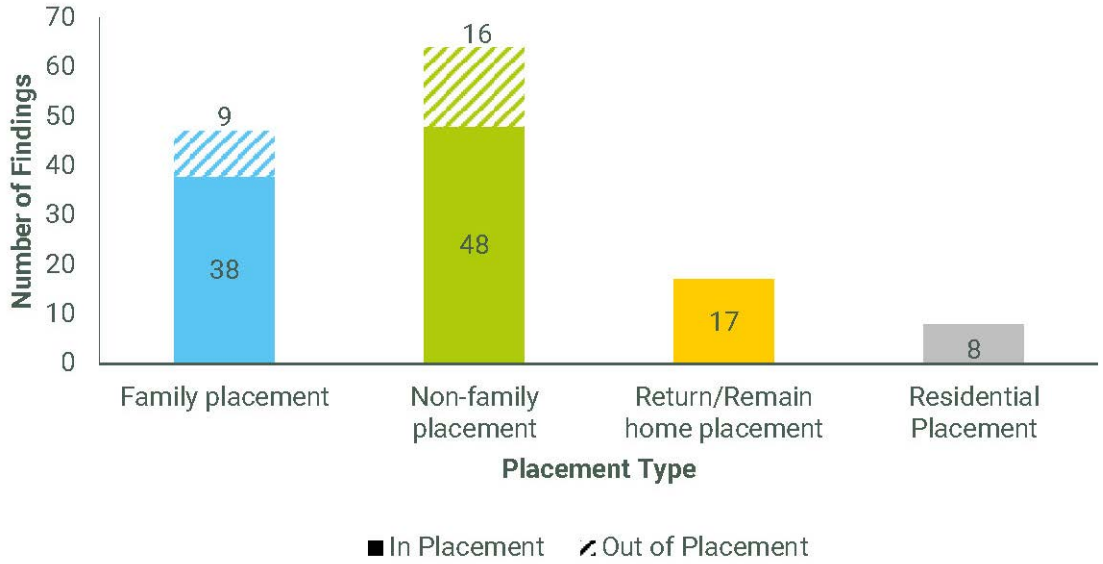


More boys than girls were physically harmed in this period, this is comparable with previous reporting.

7 The two lower age categories have been collapsed to prevent identification.

What we know about the findings of harm [8]

Findings of physical harm by placement type



The majority, 79% of physical harm occurred within the placement setting (111/141).

Family placements:

Forty-four children had forty-seven findings of physical harm. The majority, 81%, of the physical harm occurred in the placement. The majority, 57%, was caused by the caregiver but a quarter of the harm caused in this placement type was caused by parents during visits or other adult family members and not those providing care.

Non-family placements [9]:

Fifty- eight children in non-family placements had 64+ findings of physical harm. Seventy percent of the physical harm occurred within the placement.

Forty percent of physical harm in this placement category was caused by caregivers A quarter of the findings of physical harm were caused by other children both in and out of placement.

Return/remain home placements:

Seventeen children in return/remain home placements had findings of physical harm. The majority of the findings of physical harm occurred within the placement and were caused by parents as caregivers.

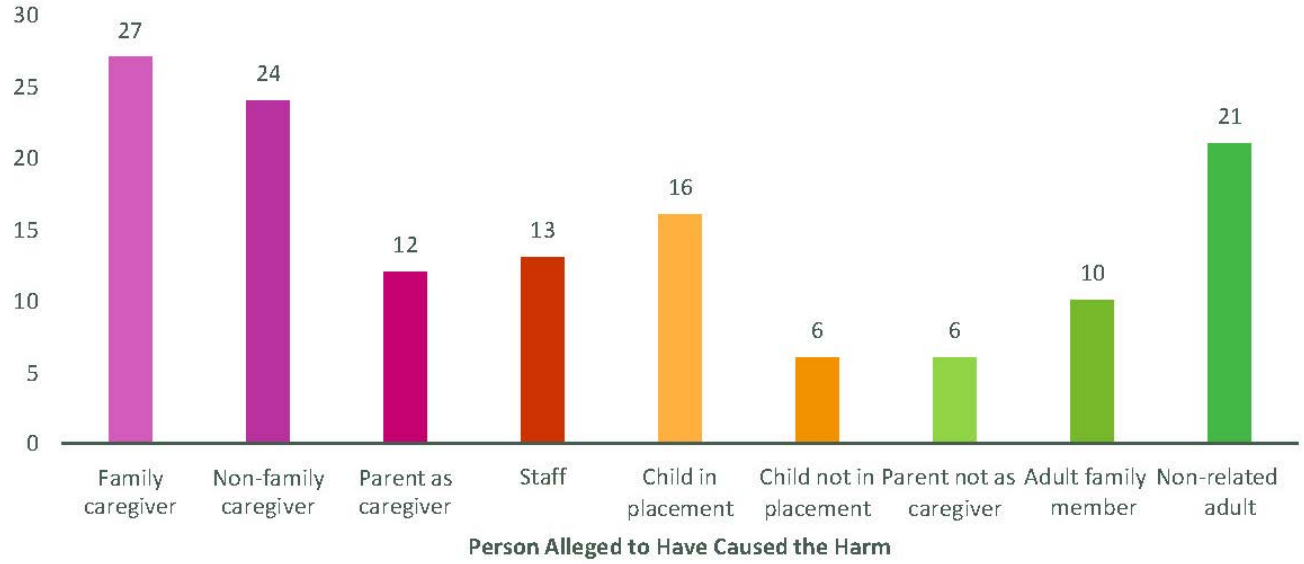
Residential placements:

Eight children had eight findings of physical harm. All of the incidents causing harm occurred within the placement, with both staff and other young people within the residence causing harm.

8 There were 141 findings of physical harm in this period due to the fact that the children were harmed by more than one person and/or some children experienced more than one distinct physical harm incident.

9 Note: for a small number of incidents, it was not possible to determine where the incident took place or who caused it.

Findings of physical harm by person alleged to have caused the harm [10]



Caregivers, both family and non-family caused most physical harm in this period. This represents a significant reduction in physical harm caused by family caregivers and a slight increase in physical harm caused by non-family caregivers. (Last year in the equivalent period we reported 74 findings of physical harm by family caregivers and 21 findings by non-family caregivers).

Parents as caregivers caused 12 of the physical harm findings which represents 9% of the total, last year in the equivalent period parents were responsible for only 4% of the physical harm findings.

When physical harm was caused by the caregiver or parent the incidents mostly related to inappropriate discipline of children or inappropriate responses or reactions to behaviour which often reflected the adults' inability to manage stress or contain their anger. There were a small number of incidents that reflected drug or alcohol use by the adult. On a few occasions adults were described as maliciously intentional in the physical harm to children. All incidents involved physical injury or harm of varying degrees.

Fifteen percent of physical harm findings (21/141) were caused by non-related adults, with the majority describing intimate partner violence towards teen girls from current or ex partners. Some harm was of a very serious nature and involved harm by adults not known to the young people.

Most of the findings of physical harm caused by staff [11] were related to incidents involving escalated behaviour and often occurred during restraint procedures.

Most of the physical harm caused by other young people in the placement were as a result of arguments that had escalated. There were a small number of completely unprovoked physical attacks by young people towards other young people.

10 Note: for a small number of incidents, it was not possible to determine where the incident took place or who caused it.

11 Findings against staff were not all from incidents within residences, there were more than half from non-family placement arrangements such as group homes or independent living arrangements.

Sexual Harm

34 children had 37 findings of sexual harm

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 [12]

Most children who were sexually harmed were in the older age groups:

— 53% of the children who were sexually harmed were aged 14 years and above.

— 26% of the children sexually harmed were aged between 10 and 13 years old.

— 21% of the children sexually harmed were aged between two and nine years old.

— There were no infants under the age of one who were sexually harmed.

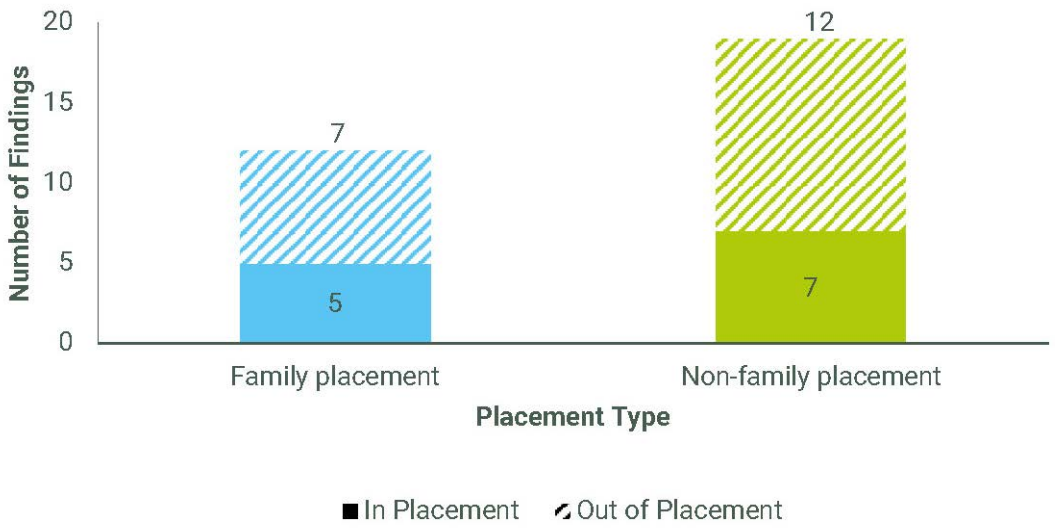
Children sexually harmed by gender

Just under two thirds of sexual harm was experienced by girls.

12 The standard age categories have been amended in reporting for this period for this harm type to prevent identification of children.

What we know about the findings of harm [13]

Findings of sexual harm by placement type [14]



The majority, 54%, of sexual harm took place outside of the placement.

More children who experienced sexual harm were living in non-family placements (19/34)., it should be noted that this placement type includes a range of arrangements from non-family caregivers to independent living.

Non-related adults were responsible for 38% of sexual harm to children.

Most non-related adults were unknown to the young person and many of the incidents of sexual harm occurred whilst the young person was missing from their placement. Some non-related adults hadan established relationship with the child prior to the harm occurring or had made a connection to the child or young person.

Approximately 20% of the findings of sexual harm were caused by adult family members.

Approximately 14% of the findings of sexual harm were caused by another child or young person within the same placement.

Please note it is not possible to report any further detail about the placement type or the people alleged to have caused the harm without risking identification or self- identification.

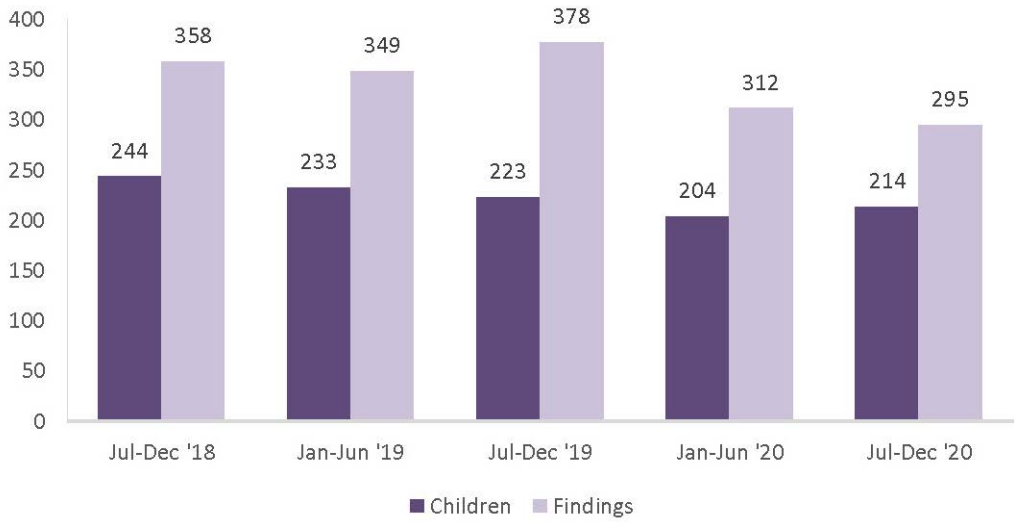
13 There were 37 findings of sexual harm in this period for 34 children due to the fact that the children were harmed by more than one person and / or some children experienced more than one distinct sexual harm incident.

14 Not all placement types are reported on due to risk of identification.

Overview

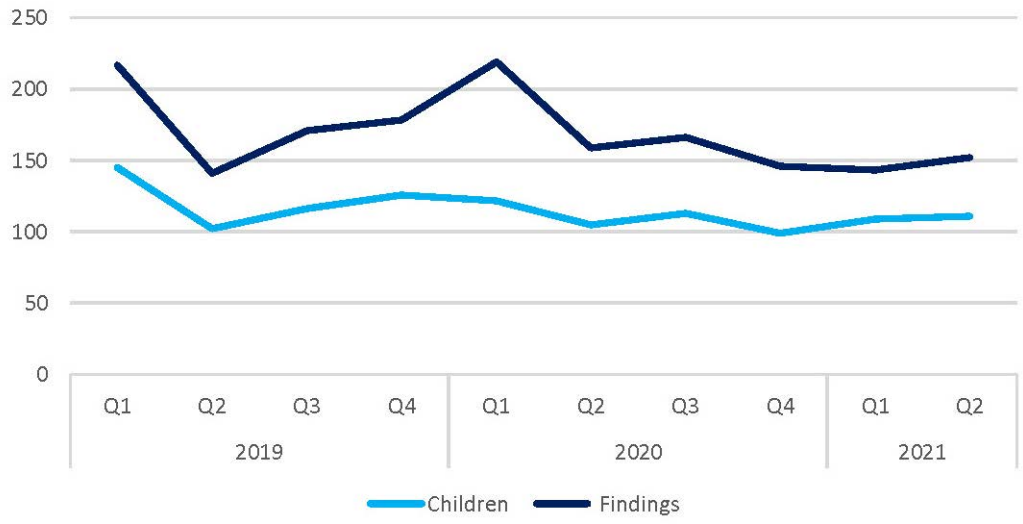
In the period July to December 2020, 214 children had 295 findings of harm recorded for them.

Total children harmed and findings of harm – biannual numbers

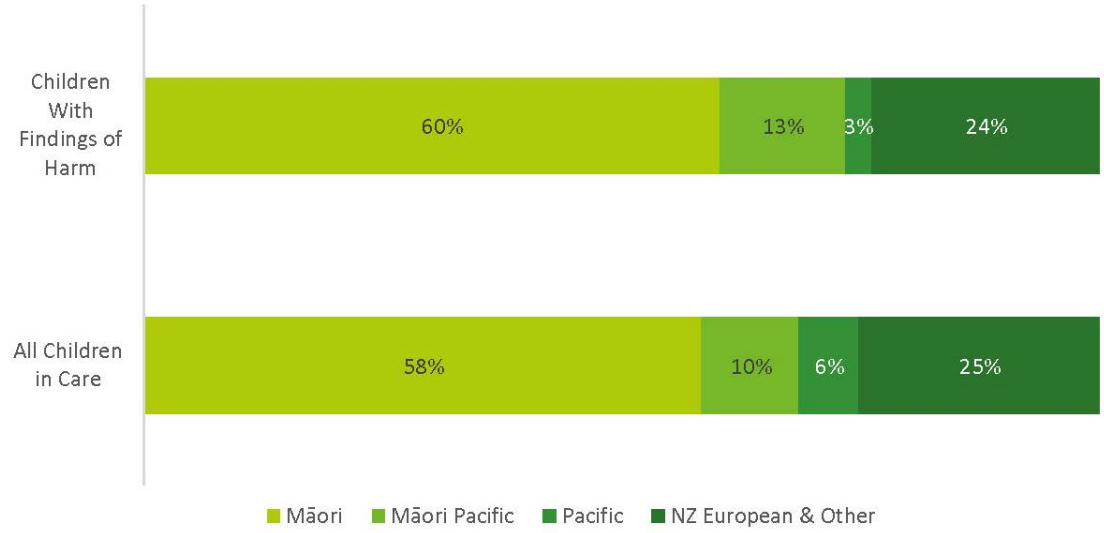


214 children had 295 findings of harm recorded in the period July to December 2020, this is comparable with other reporting periods, and reflects a slight downward trend over time in the numbers of children experiencing harm and a significant reduction over time in the numbers of findings (noting that updates to data at the end of the year may result in increases across the period).

Total children harmed and findings of harm- line pattern over time



Ethnicity of children harmed



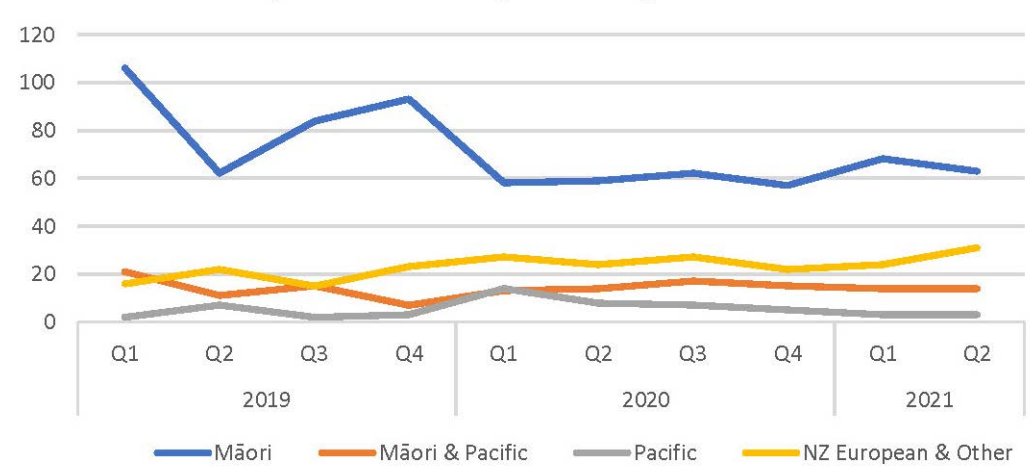
The proportion of tamariki Māori and tamariki Māori Pacific in care with findings of harm in this period (73%) reflects an overrepresentation in comparison with the overall numbers of tamariki Māori and tamariki Māori Pacific in care in this period (68%). This is a slight rise in the numbers of tamariki Māori with findings of harm from the most recent periods of reporting but signals a reduction in the numbers of tamariki Māori and tamariki Māori Pacific experiencing harm over time. (see over time analysis in chart below).

There were low rates of harm for Pacific children in this period, 3% of children with findings of harm were Pacific whilst the overall rate of Pacific children in care is 6%.

24 % of children with findings were classified as NZ European and Other, this is comparable to the overall care rate of 25%.

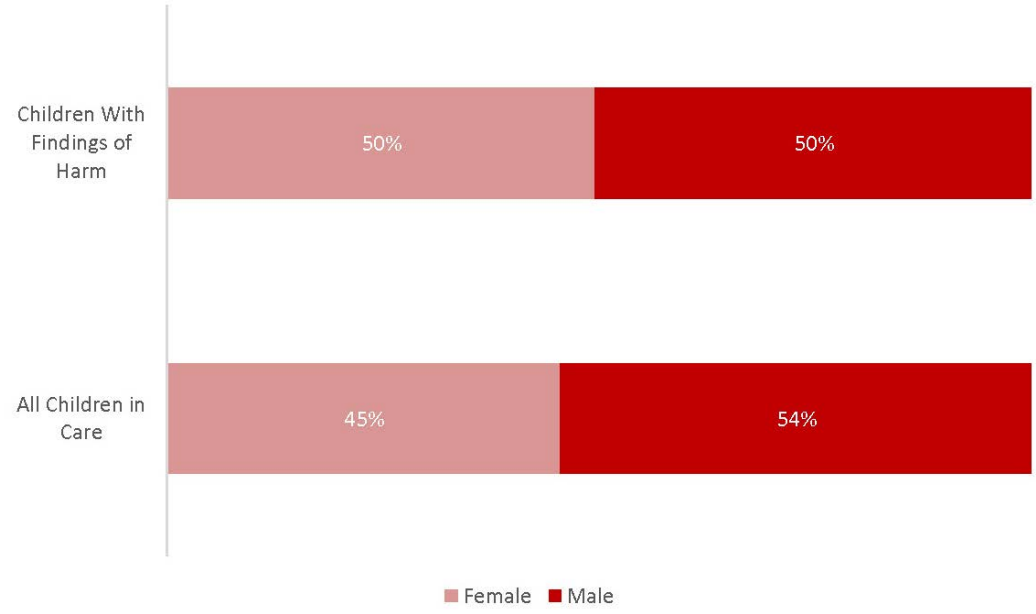
Ethnicity of children experiencing harm over time

Gender of children harmed



The gender split for children experiencing harm was overall 50% female and 50% male, this represents a slight over representation of girls and a slight underrepresentation of boys when compared to the overall gender split for all children in care.

Age of children harmed



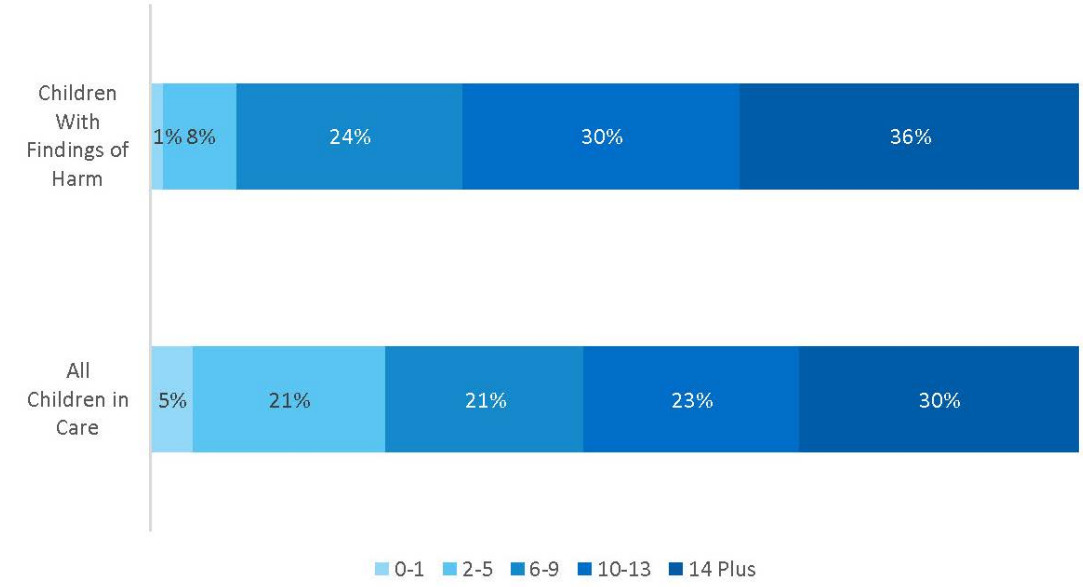
Older children and young people were over-represented within the children with findings of harm whilst the youngest age group of children were under-represented and this age split was more pronounced than in the same period this time last year, with 12% fewer young children (under the age of nine) experiencing harm than for this period in 2019.

Only 1% of children with findings were aged under one years old this is lower than the wider care proportion in this age group (5%) and 8% were aged between two and five years old whilst 21% of the wider care population are in this age group.

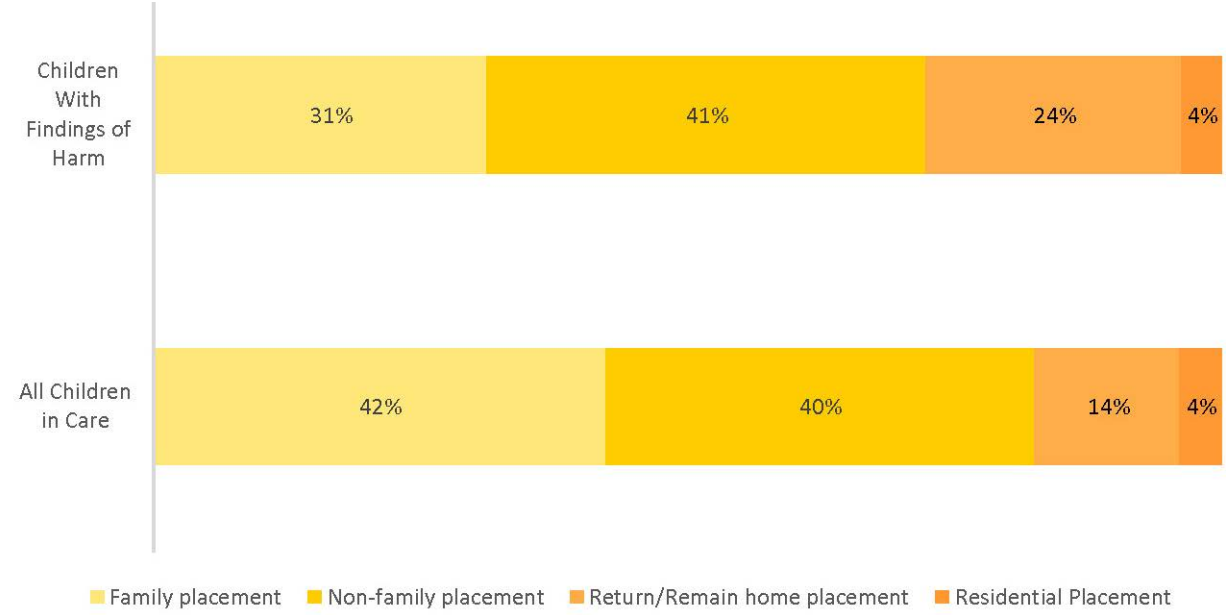
24% of children with findings of harm were aged six to nine years old, proportionately greater than the number in this age group overall (21%).

30% were aged 10-13 years old, this is proportionately greater than the number in this age group in care (23%).

36% of the children with findings of harm were aged 14 years plus, this is proportionately greater than this age group in the wider care numbers overall (30%).



Placement type of children harmed



This is a breakdown of the overall proportion [15] of time spent by all children in care [16] 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 took place or the person who caused the harm [17]).

The numbers of children in family care who had findings of harm in this period represented a much lower proportion (31%) of the total who had findings when compared with previous reporting periods, this was also lower proportionately when compared to the overall children in care cohort (42%).

Children in non-family placement with findings of harm (41%) was representative of the overall numbers in care in this placement type (40%), this represents an increase in the rate of harm for children in this placement type in this period. It should be noted again that this category of placement type reflects a range of very different care arrangements from non- family caregiving to independent living and therefore reflects very different vulnerabilities and risks.

Children in return /remain home placements reflect the highest risk group as they are significantly overrepresented within the findings numbers when compared to the overall numbers in care in this placement type (24% compared to 14%), this is comparable with most reporting periods over time and reflects an increase in the rates of harm in this placement type in the most recent reporting period.

Children with findings of harm living in residential placements (4%) was representative of the overall numbers of children in this placement type (4%).

15 Note percentages do not add to 100 due to rounding.

16 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.

17 Detail on where harm occurred and by whom is presented in the types of harm sections in the report.

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 on-going risks that might be present. Social workers formulate an assessment plan for investigating the incident and where appropriate this will involve the Police.

Assessment is informed through work with family, our community providers, and other professionals. Where needed, re-approval of caregivers is undertaken. These assessments consider whether additional supports can strengthen care arrangements to ensure safe and stable placements continue.

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 harm has been caused by caregivers or parents who are providing care for children a reassessment of their circumstances and the appropriateness of care arrangements is completed. Contact with parents who are not providing day to day care but who have caused harm will be reviewed to ensure that any safety concerns are taken account of.

Where harm has been caused by staff an assessment of any ongoing risks is made and the appropriate actions taken. It should be noted that the timeframes for reporting this information do not allow for a review of the longer-term outcomes.

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. Ensuring the safety and wellbeing of children and young people in care remains a top priority for Oranga Tamariki and is an area of significant focus and investment.

National Care Standards and Continuous Improvement Mechanisms

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 provide care to children. We have set up a dedicated portfolio with responsibility to support the nationwide implementation of the National Care Standards, but we acknowledge that fully achieving the aspirations of the National Care Standards will take time and forms part of our multi-year transformation journey.

Regulation 69 of the Care Standards requires consistency in responding to allegations of abuse or neglect for children in care. The insights gained from the measurement of harm work enables an improved understanding of what is happening for children in care and supports ongoing continuous improvement activity focused on enhancing the quality of practice for children in care, their families, and caregivers.

Training and professional development is a key area of focus and investment in the specialist resource provided by the Safety of Children in Care Unit enables direct coaching and learning opportunities for sites in relation to Regulation 69. Focused learning opportunities that enable understanding, provide practical solutions and resources, and that test thinking, and decision making are helpful in promoting consistency of practice. Social workers welcome the opportunity to reflect on the intent of practice expectations in this area of work, in particular reflecting on how greater consistency of practice has significance for children and young people impacted by harm.

To support our ability to meet the Care Standards requirements we have continued to broaden and strengthen our internal quality assurance processes to monitor our adherence to the standards, and the extent to which this is improving over time. Gathering direct feedback on the views and experiences of children, families, caregivers and partners is a critical part of our work to understand how well a site is doing in meeting the needs and expectations of children in care. At a local level, sites use the findings of quality assurance activity to inform realtime feedback to practitioners on specific cases, to identify trends and themes in practice, and to establish areas for learning and capability development.

Nationally, the findings inform our understanding of the extent to which the Care Standards are being achieved in our practice with tamariki, their whānau, hapū, iwi and caregivers; to inform strategic and operational decision making about areas for additional support or improvement; and to share what can be learned from those sites who are doing well.

Caregiver recruitment, learning and support

Caregivers, especially those caring for tamariki from within their whānau, and/or tamariki with higher needs, manage complex situations daily. Significant changes have been made to the support and learning provided to all caregivers. All new caregivers now have Prepare to Care foundational learning and resources provided and existing caregivers have access to this learning retrospectively where a need is identified.
The modes of delivery have been made flexible to allow easier access to learning opportunities and resources for all members of the caregiving whānau. As well as the supports and resources identified in the individual Caregiver Support plan all caregivers now have access to the caregiver assistance program (counselling) and 20 days paid respite care. Further work is occurring to ensure collaborative and supportive relationships, needs assessment and planning between caregiving whānau, caregiver social workers and tamariki social workers so that supports are provided for early. Plans need to pro-actively support caregiving whānau to continue to provide a safe and stable home for the tamariki in their care.

Safety in Residential Care

Te Waharoa, induction training for staff is being further enhanced to better understand and manage mental health of young people in residential care. The additional training domains support the focus of the Te Ao Maori and trauma-informed approach.

Whakamana Tangata is a practice approach that facilitates the restoration of young people's mana, promoting their wellbeing in holistic and culturally meaningful ways. Whakamana Tangata is based on, and informed by, Māori values (ara tikanga, mana, tapu, mauri ora, and piringa) and four restorative principles (relationships, respect, responsibility, and repair).

Whakamana Tangata forms a cornerstone for youth justice residential practice and provides the foundation to build a range of therapeutic, educational, health, and cultural interventions and supports.

Practice Change

There is a significant programme of work underway to enable quality practice with children and families. This includes increased numbers of social workers, lower average caseloads, new specialist Māori roles, including the new Kairaranga-a-whānau role, upgraded technology for social workers to access and record information in real time, new expenditure cards to enable social workers to purchase items for children and families more quickly, and investment in property to enhance working environments, including co-location with iwi / community.

As part of the next phase of work to drive consistently high-quality practice, we are focussed on developing our practice framework. We are working with our partners to fully develop the concept of Māori-centred practice within Oranga Tamariki, but it will involve a high-

degree of iwi and Māori involvement in the design and delivery of practice and will require all staff to have a core level of cultural competence. Over the next 12 to 18 months, we will be taking a fundamentally different approach to supporting this practice shift by recognising that our implementation approach needs to be tailored to the unique needs and context of our different regions.

Section 7AA

A priority focus for Oranga Tamariki is meeting our practical commitments to the principles of the Treaty of Waitangi set out in section 7AA of the Act. Our overarching responsibilities under section 7AA are to ensure that all policies and practices of Oranga Tamariki have the objective of reducing disparities for Māori and have regard to mana tamaiti (tamariki) and the whakapapa of Māori children and young persons and the whanaungatanga

responsibilities of their whānau, hapū and iwi. A key activity for 2021 is to ensure the application of the National Care Standards is meeting our practical commitment to te Tiriti. We will continue to improve, and the introduction of the new Practice Framework will further focus our efforts in this area. In addition, we are working to further understand the experience of tamariki Māori in care and the experiences of their whānau. These experiences are intended to inform the development of policies, practices, frameworks and services of Oranga Tamariki in line with section 7AA.

ORANGA TAMARIKI
Ministry for Children

Te Kāwanatanga o Aotearoa