



**ORANGA
TAMARIKI**
Ministry for Children

Safety of Children in Care

Annual Report

July 2020 to June 2021



Acknowledgements

Authors

Safety of Children in Care Unit
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Acknowledgements

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

Disclaimer

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

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Introduction

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

We acknowledge that children who have suffered abuse and neglect are at greater risk of experiencing further harm.

The Safety of Children in Care Unit within Oranga Tamariki was established in 2018 to enable us to better understand and prevent harm to children in care.

The Unit and its regular reporting is one aspect of a demonstrated commitment to openness and continuous improvement to ensure the safety of all tamariki.

All of the children and young people reported on in this report have had their allegations of harm investigated and followed up, and their plans reviewed to strengthen care arrangements and provide for their safety.

The insights provided by the data in this report have enabled us to put in place a number of changes to better support tamariki, rangatahi, whānau and caregivers.

Guide to the Annual Report

Harm is defined as an action or inaction that meets the definition of the four abuse types: neglect, emotional abuse, physical abuse and sexual abuse (as described in the report).

This report provides detailed information relating to:

- the overall number of individual children who have experienced harm
- the number of individual children who have had more than one finding of harm in the past twelve months
- the number of individual children who have experienced each type of harm
- the number of findings of each type of harm experienced
- where the child was living when the harm occurred
- whether the harm occurred inside or outside the placement
- who 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 and
- the key characteristics of the people who are 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 less than five children or adults - this is in line with accepted ethical standards adopted in comparable studies and prevents the risk of identification or self-identification. Where a detail is unknown it is not reported

We have provided descriptive scenarios to illustrate clusters of harmful behavior. 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.

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 abuse type
- When we report on the person alleged to have caused the harm, individuals are counted for every finding recorded against them. This may reflect findings for more than one child or for different types of harm.

Additional Information

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.

Tamariki Māori and tamariki Māori Pacific refers to children and young people recognised as either Māori or Māori Pacific.

Whānau is the te reo Māori term for family and in this context used only when talking to Māori families.

Kairaranga-ā-whānau is a specialist Māori role within Oranga Tamariki. The literal meaning of the term is: a person who is a weaver of family connections. The role includes identifying and engaging whānau, hapū and iwi members in decision making for their tamariki as early as possible and supporting and/or facilitating hui ā-whānau. The role also assists Oranga Tamariki staff to integrate cultural knowledge and practice into decision-making processes.

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. 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.

Ensuring Safety and Wellbeing of Children in Care

How we respond to allegations of harm for children in care

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

Social workers arrange and 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 determines 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 these findings and examines the underpinning social work practice. In cases where harm results in serious injury or death additional practice analyses and review processes take place across the organisation.

How children are supported

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 before more focused support. Some family members have also been provided with additional supports to ensure they can help their child 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, a reassessment of their circumstances and the appropriateness of care arrangements is completed. In some circumstances, the additional caregiver approval process is undertaken again. These assessments consider whether additional supports can strengthen care arrangements to ensure safe and stable placements can continue.

Where harm has been caused by staff an assessment of any ongoing risks is made and the appropriate actions taken.

Overview

Context

As at 30 June 2021 there were 5239 children and young people in care and protection custody and 118 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 which is 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 lessons 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 and supports and services for children and young people in care, their whānau and caregivers.

Since 2019 we have reported publicly on the safety of children in care and previous reports are available on: **Safety of Children in Care | Oranga Tamariki – Ministry for Children**

In this annual report we are providing the analysis of the data reviewed over the year 1 July 2020 to 30 June 2021 and highlight emerging patterns identified across the three years to date.

What we know about the findings of harm

It is an established understanding that most children who enter care due to experiencing a form of abuse or maltreatment are at greater risk of further harm from others.

Most children in care were safe and supported in their care arrangement. However, during the period July 2020 to June 2021, 486 children in care, representing 8% of all children in care, experienced an incident of harm for which they have had a recorded finding. The number of recorded findings in the period was 742.

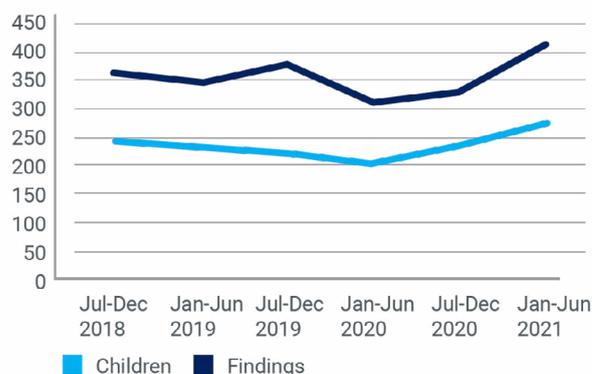
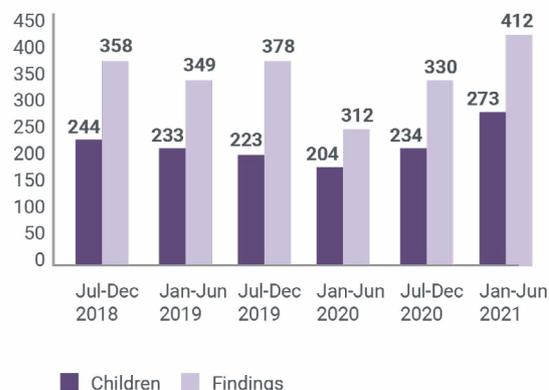
There has been an increase in both the number of children experiencing harm and the number of findings in the most recent period.

The majority of children (74%) had one finding of harm in the period relating to one incident of harm.

A much smaller proportion (20%) of children and young people experienced one incident of harm in the period but had more than one finding of harm related to that one incident. This reflects that some children had findings for more than one type of harm or were experiencing harmful behaviour from more than one person during the one incident.

A small proportion (5%) of children experienced more than one incident of harm, this has halved from the previous reporting period when 11% of children experiencing harm had experienced more than one incident.

Total children harmed and findings of harm - biannual numbers



What we know about the children

In the period 1 July 2020 to 30 June 2021 486 children in care had 742 findings of harm recorded for them.

Ethnicity of children harmed

Children with findings of harm



All children in care



■ Māori ■ Māori Pacific
■ Pacific ■ New Zealand European and other

- The proportion of tamariki Māori and Māori Pacific in care with findings of harm in this period (76%) was more than the overall numbers of tamariki Māori and Māori Pacific in care in the period (68%). This is an increase of 6% from last year's annual report.
- 13% of the children in care with findings of harm were Māori Pacific, this is proportionately greater than the number of tamariki Māori Pacific in care (10%).
- 5% of children in care with findings of harm were Pacific which is slightly less than the overall numbers of Pacific children in care (6%).
- 19% of children in care with findings were classified as New Zealand European and Other whilst the overall numbers of New Zealand European and Other children in care is 25%.

Gender of children harmed

Children with findings of harm



All children in care



■ Female ■ Male

- 51% of children with findings of harm in this period were boys, this is proportionately lower than the number of boys in care in the period (55%).
- Despite the lower numbers of girls, they remain overrepresented in the children in care with findings cohort.
- We do not report in any detail on the children who identify as either gender diverse, non-binary or gender fluid due to risk of identification.

Age of children harmed

Children with findings of harm



All children in care



■ 0-1 ■ 2-5 ■ 6-9 ■ 10-13 ■ 14 plus

- Older children and young people were over-represented within the children in care with findings of harm whilst the youngest age group of children are underrepresented.
- 36% of the children in care with findings of harm were aged 14 years plus. Proportionately this is slightly greater than this age group in the wider care numbers (34%) and reflects previous reporting.
- 30% were aged 10-13 years old, this is proportionately greater than the number in this age group in care (23%).
- 23% of children in care with findings of harm were aged six to nine years old which is proportionately greater than the number in this age group overall (20%).
- 10% were aged between two and five years old whilst 20% of the wider care population are in this age group.
- The number of children in care with findings of harm aged under one year old is small.

Placement type of children harmed

Children with findings of harm



All children in care



■ Family placement ■ Non-family placement
■ Return/remain in home placement
■ Residential placement

This is a breakdown of the overall proportion of time spent by all children in care 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).

- 37% of children with findings of harm in this period were in family placements. This is proportionately less than the number of children in care in this type of placement (41%). This reflects a 10% decrease in the proportional representation of this placement type within the findings of harm when compared to the second-year annual data (47% in year two).
- 23% of children with findings of harm were in return/remain home placements. This is proportionately greater than the number of children in care in this type of placement (14%). This reflects an increase in the proportional representation of this placement type within the findings of harm when compared with the second-year annual data (19% in year two).

- 34% of children with findings of harm were in a non-family placement, compared to 41% of children in care overall.
- 6% of children with findings of harm were in residences, this is slightly higher than the overall number of children in care in residences (5%).

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

When did harm occur?

Most findings, 94%, related to incidents that had occurred in the previous 12 months; with approximately 63% of these findings related to incidents occurring in the previous three months. Only 6% of findings related to historic incidents (incidents that had occurred prior to 12 months before the concern was raised).

We observed a reduction in reports of concern being raised in the period immediately after COVID-19 lockdown in 2020 and then a steady increase in the number of concerns raised since January 2021. We have looked at whether COVID-19 lockdown periods in 2020 impacted on the disclosure rate or on the reporting of concerns about children in care. We also looked at whether there has been an additional delay in the raising of concerns, but this was not evident in the data reviewed. The lockdown periods experienced by tamariki in the last year may be producing additional stress within care arrangements which may explain the increase in reporting of incidents – this will be examined in the coming year to establish whether it has been an exceptional period and correlated with distinct lockdown periods.

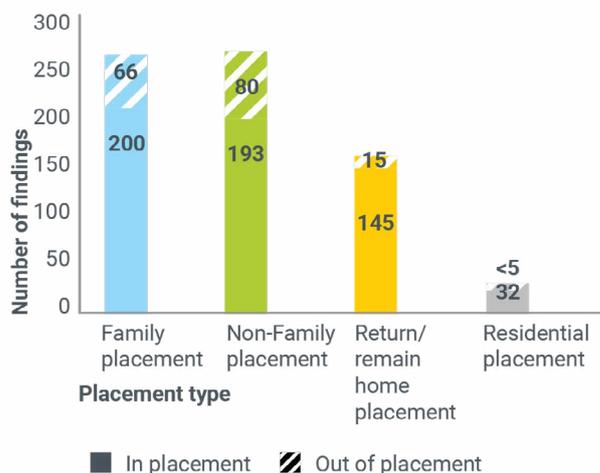
What type of harm is occurring?

Findings related to neglect were the lowest number of all harm types. The numbers of findings of neglect have increased in the last year (34 to 58).

Findings related to physical harm were the highest number of all harm types and increased in the last year (320 to 344 findings) when compared to the previous year of reporting.

Findings related to emotional harm and sexual harm were at rates comparable to the previous year of reporting.

Where is harm occurring?



The children who experienced harm lived in a range of care placements and incidents occurred both in and out of their placement. The different types of harm all occurred more frequently in placement except for sexual harm which most frequently occurred out of placement.

Overall, most harm (78%) occurred within placements. In non-family care a third of harm occurred outside of the placement.

Of note there was a marked reduction of 30% from last year in the number of findings for incidents occurring in placement for children living in family placements.

In contrast, for the first time there are a higher number of findings for children living in non-family² placement category (years one and two reporting children living in family placements were the highest category).

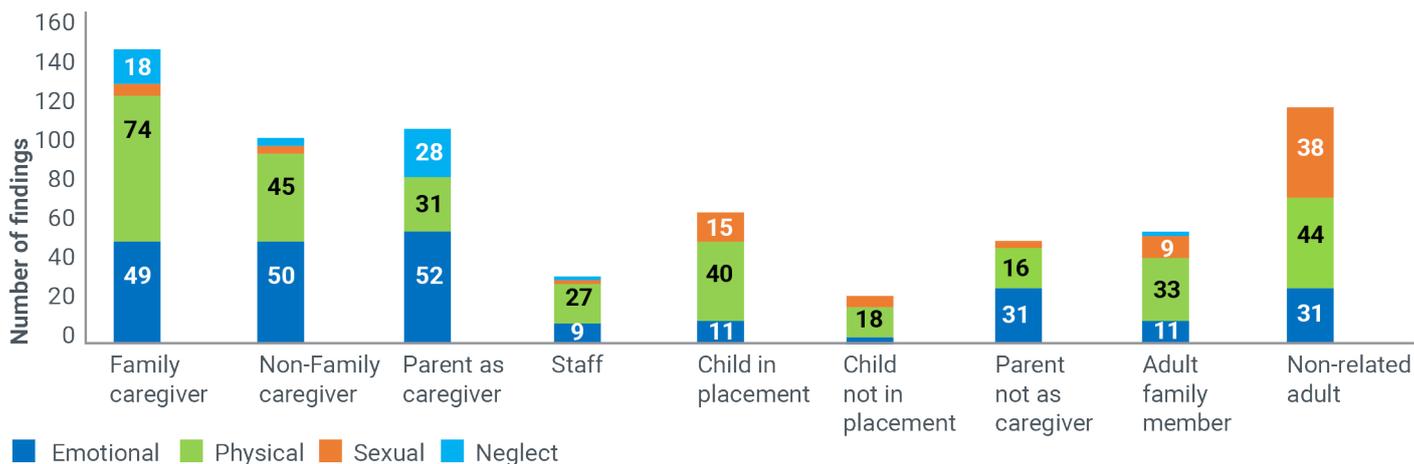
We have noted a significant increase (31%) in the number of findings for incidents occurring in placement for children living in return/remain home placement (2020/21 145 findings compared to 2019/20 111 findings).

We have also noted a significant increase in the number of findings for children living in residences in the last year (from 17 in 2020 to 32 in 2021). This increase reflects incidents that occurred in placement. Incidents occurring in residences remain the smallest category of all placements.

² Non-family placement category includes unrelated caregivers, family homes, other group home settings, independent living situations

Who is causing harm? ³

Type of harm by person alleged to cause the 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. There was however a notable increase when compared to year two reporting of physical harm caused by other children in placement (18 to 40 findings) and in physical harm caused by staff (14 to 27 findings).

Sexual harm was more often caused by non-related adults some of whom had existing relationships with children and young people and some who were strangers. There was however a reduction in the rate of sexual harm caused by non-related adults when compared to year two reporting (50 to 38 findings). A significant number of sexual harm incidents were also caused by other children or young people both in and out of placement and again the emerging patterns of sexual harm mirrored previous reporting.

There was an increase in the rate of emotional harm caused by non-related adults (72%) when compared to year two reporting. This reflects emotional harm caused within the context of relationships that young people were in and for some children distinct emotional harm that occurred alongside another harm type as part of an incident.

In comparison to year two reporting, there has been a markedly lower rate of emotional harm (102 to 49 findings) and physical harm (119 to 74 findings) caused by family caregivers for this reporting period.

³ The chart does not reference total number of findings due to a small number of children who did not want to or were unable to confirm who had caused the harm.

Neglect

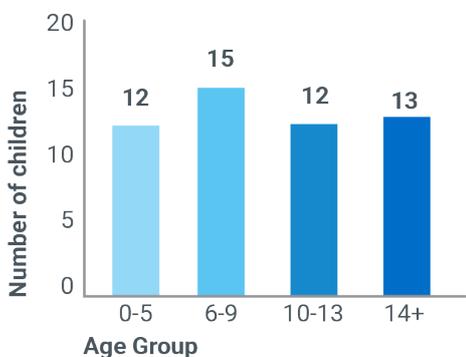
52 children had 58 findings of neglect.

This represents 0.76% of the total number of children in care at any time during the twelve-month period.

Definition: Neglect is defined as the failure to provide children with their basic needs –physical (inadequate food or clothing), emotional (lack of comfort, attention, and love), supervisory (leaving a child without someone safe looking after them), medical (health care needs not met), or educational (failure to enrol, allowing truancy or inattention to education needs). Neglect can be a one-off incident or may represent a sustained pattern of failure to act. (Oranga Tamariki Practice Centre 2019)

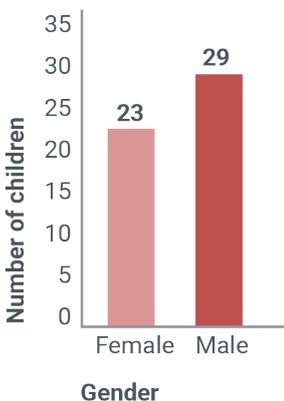
What we know about the children

Children neglected by age



Just over half of the children (52%) were aged under ten years old.

Children neglected by gender

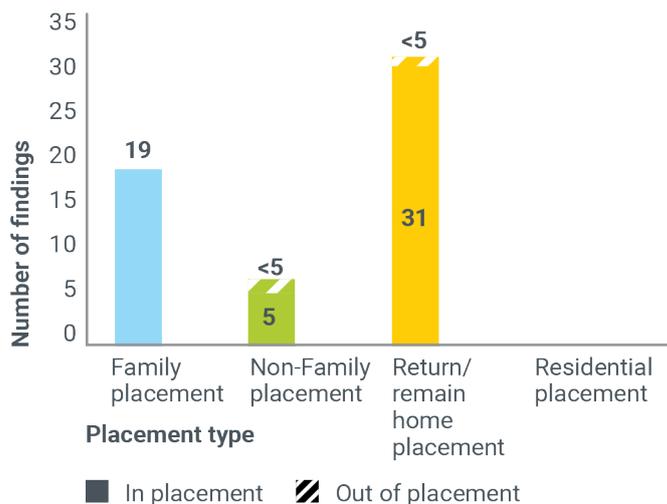


Slightly more boys than girls were neglected in this period.

4 There were 58 findings of neglect in this period due to the fact that some children were harmed by more than one person.

What we know about the findings of harm ⁴

Findings of neglect by placement type



Most neglect occurred within the placement.

18 children living in family placements had 19 findings of neglect, with almost all caused by the family caregiver.

6 children living in non-family placements had 7 findings of neglect, with almost half caused by the non-family caregiver.

28 children living in return home placements had 32 findings of neglect. The majority of this was caused by parents as caregivers.

Neglect involved children's continued exposure to drug and alcohol use in the home by parents and caregivers and either being left home alone or in the care of others that has not been safe.

The neglect experienced by some children meant that their basic needs such as the provision of food and/or health requirements were not being met.

Neglect in non-family placements often reflected the lack of a protective and safety response by caregivers to children in order to keep them safe from harm caused by others as well as exposure to drug use by other adults in the placement.

Emotional Harm

183 children had 252 findings of emotional harm.

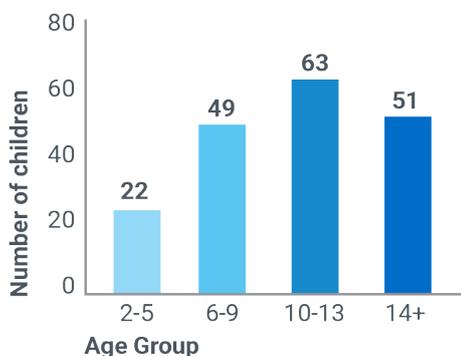
This represents 2.7% of the total number of children in care at any time during the twelve-month period.

Definition: Emotional abuse is defined as a situation where the psychological, social and emotional functioning or development of children has been damaged by their treatment during repeated deliberate exposure to negative actions.

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)

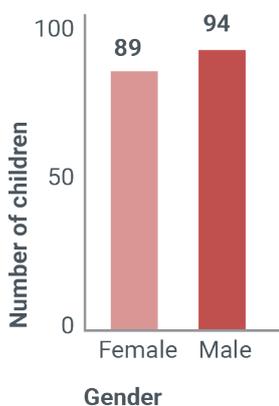
What we know about the children ⁵

Children emotionally harmed by age



While most of the children who experienced emotional harm were aged 10 years and older, a third of the children were in the 10-13 years old age range.

Children emotionally harmed by gender



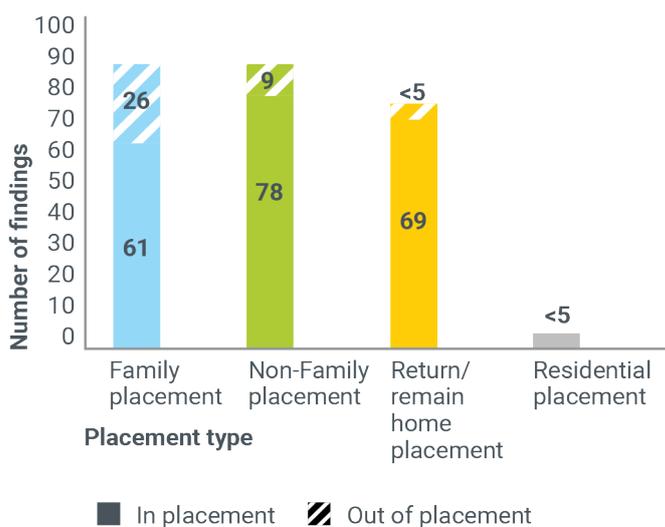
Slightly more boys than girls were emotionally harmed in this period.

⁵ A child can have more than one incident over the period, this means if the child changes age group over the period, both age groups are counted.

⁶ There were 252 findings of emotional harm in this period due to the fact that the children were harmed by more than one person and some children experienced more than one distinct emotional harm incident.

What we know about the findings of harm ⁶

Findings of emotional harm by placement type

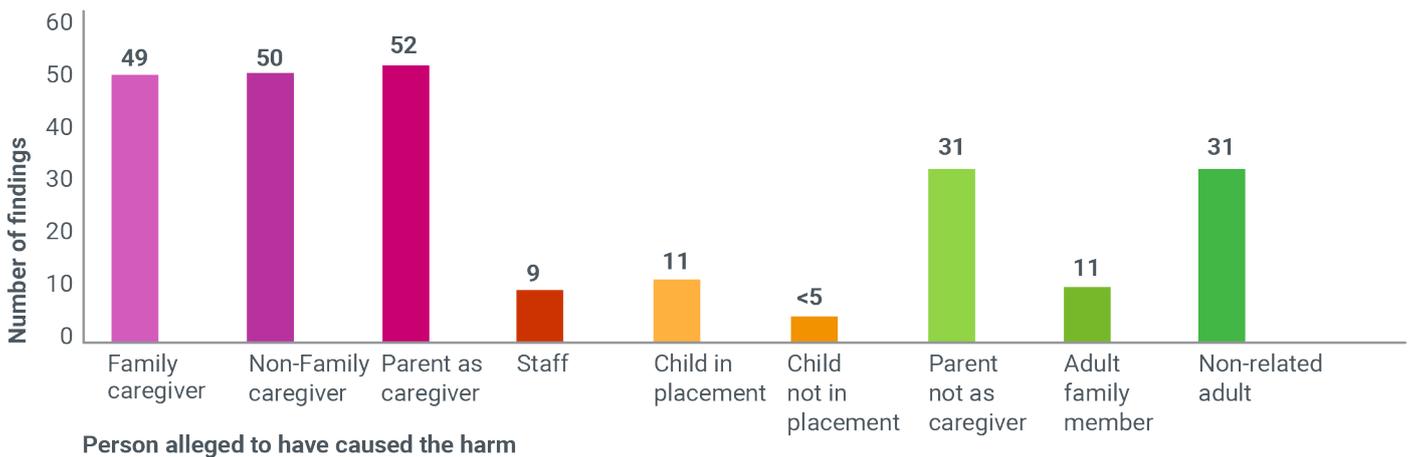


69 children living in family placements had 87 findings of emotional harm. The majority of this was caused by the family caregiver (49/87) with almost half reflecting sibling groups who were harmed by a family caregiver.

60 children living in non-family placements had 87 findings of emotional harm. More than half of this was caused by the non-family caregiver (50/87).

50 children living in return home placements had 72 findings of emotional harm. Most of this was caused by parents as caregivers (52/72).

Findings of emotional harm by person alleged to have caused the harm



Parents caring for their children were responsible for 72% of emotional harm findings in this placement setting. For children this presented as exposure to ongoing violence in the home; parental drug use; emotional harm alongside other types of harm as part of the same incident or witnessing siblings being hurt.

Emotional harm caused by family caregivers was related to stress within the household due to the caregiver's own family members or inappropriate responses to child behaviours or punitive forms of discipline. Some children experienced anger from the caregiver which involved threats of harm, being yelled at, and called names. A number of children were exposed to problematic adult alcohol and drug use in the care arrangement. In some instances, children were exposed to arguments and violence between their caregiver and other adult family members in the home; sometimes children would see their caregiver being hurt or hurting others.

Parents who were not providing care for their children but having contact with them were responsible for a proportion (12%) of the emotional harm caused. For some children, emotional harm was caused by the partners of their parents. The emotional harm was often due to children being exposed to violence between their parent and their family caregiver or their parent and partner either during contact or within the placement setting. In some instances, this occurred in the context of parents and partners separating with children exposed to the impact of this.

The majority of emotional harm caused by non-family caregivers related to inappropriate responses to children and/or behaviour. For children, emotional harm was the result of seeing their siblings or others in the placement setting being hurt by the caregiver and for some children the distress was due to feeling scared about being hurt as well. Emotional harm was also described as being called derogatory names, being yelled at for long periods of time, threatened with violence or being subjected to punitive forms of discipline.

For almost all the children within return/remain home placements, the emotional harm related to exposure to family violence within the home often involving the current or ex-partner of the parent. Continued exposure to adult drug or alcohol use was also problematic and, in some instances, children were left in what was the unsafe care of others not well known to them.

Emotional harm caused by non-related adults often occurred as a direct result of other harm experienced. In some instances, emotional harm occurred as part of intimate partner violence between young people and their partners. Some emotional harm was caused by family members of the caregiver in the placement setting.

Physical Harm

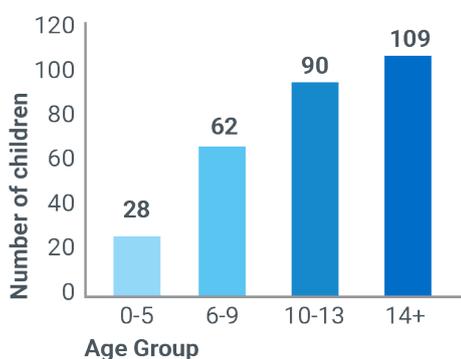
289 children had 344 findings of physical harm.

This represents 4.2% of the total number of children in care at any time during the six-month period.

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)

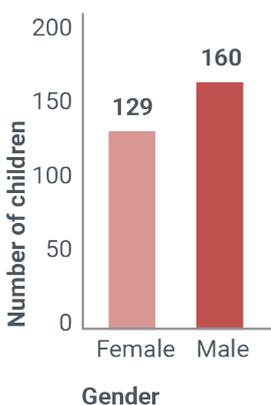
What we know about the children

Children physically harmed by age



69% of the children were aged over ten years old, with more than a third aged over 14.

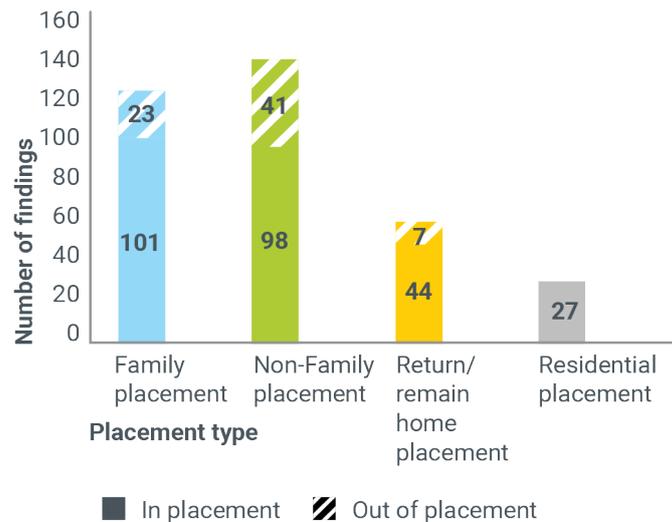
Children physically harmed by gender



More boys than girls were physically harmed.

What we know about the findings of harm ⁷

Findings of physical harm by placement type



The majority of physical harm (270/344) occurred within the placement setting.

Family placements: 110 children had 124 findings of physical harm. The majority of the physical harm (101/124) occurred in placement, and most was caused by the caregiver (74/124). The higher number of findings to child in this placement type was due to more than one person causing harm in the same incident.

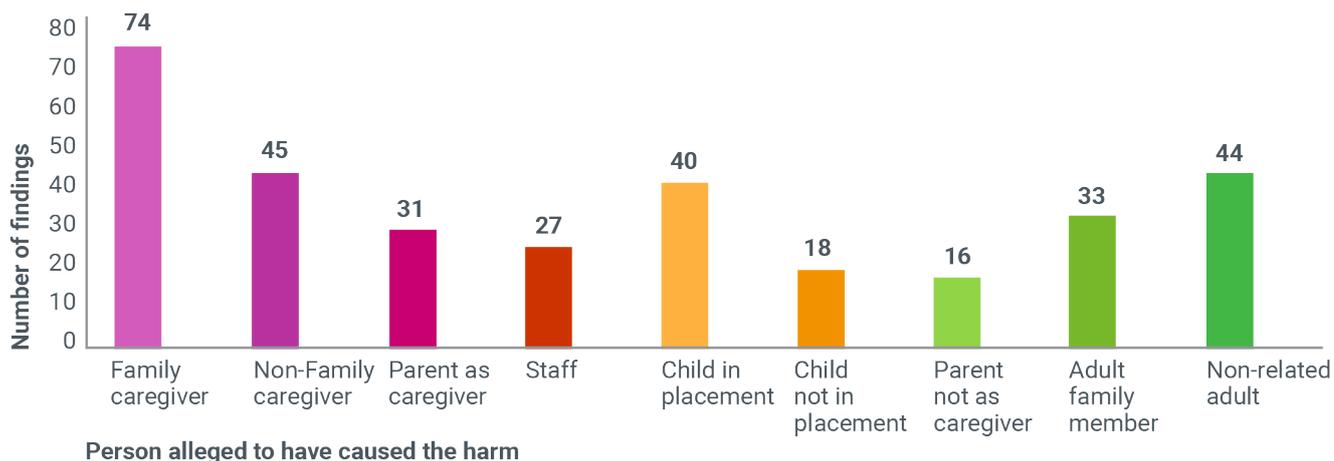
Non-family placements: 112 children in non-family placements had 139 findings of physical harm. Most of the physical harm (98/139) occurred in placement with a third caused by caregivers (45/139).

Return/remain home placements: 48 children in return/remain home placements had 51 findings of physical harm. Most of the physical harm occurred in placement (44/51) with almost two thirds caused by parents as caregivers.

Residential placements: 24 children had 27 findings of physical harm. All the findings occurred within the placement with just over half of these caused by other children in the placement setting with the remaining findings caused by staff.

⁷ There were 344 findings of physical harm in this period due to the fact that the children were harmed by more than one person and some children experienced more than one distinct physical harm incident.

Findings of physical harm by person alleged to have caused the harm



Just over half (177/344)⁸ of physical harm findings were caused by caregivers, parents as caregivers or staff. Most of these incidents related to inappropriate discipline of children or inappropriate responses or reactions to behaviour, or in response to children challenging the poor behaviour of the adult and all involved physical injury or harm.

Some of the harm was of a serious nature and resulted in children sustaining bruising and welts. Some of the children disclosed being fearful of the caregiver.

44/344 of physical harm findings were caused by non-related adults with almost half being people known to the child. Some of the harm described intimate partner violence towards teen girls from current or ex-partners. Some of these young women were living independently at the time the harm occurred.

In residences the findings of physical harm caused by staff were related to inappropriate responses to behaviour with harm occurring during restraint procedures. Harm caused by other young people in residences was either unprovoked attacks or because of arguments that have escalated to incidents of physical harm.

The higher number of findings per child in this category of harm reflects in some cases that a number of children were harmed by more than one adult in the same incident most often by both caregivers or both parents. In some instances, some children had experienced more than one incident of physical harm during the reporting period.

⁸ The total referred to will not be the same as in the chart due to a small number of children who did not want to or were unable to confirm who had caused the harm.

Sexual Harm

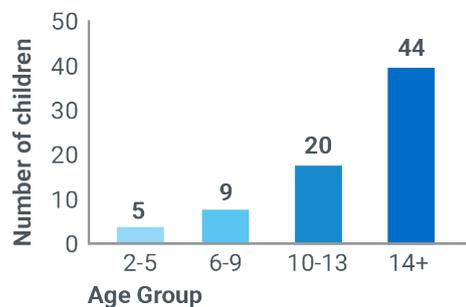
77 children had 88 findings of sexual harm.

This represents 1.2% of the total number of children in care at any time during the period.

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)

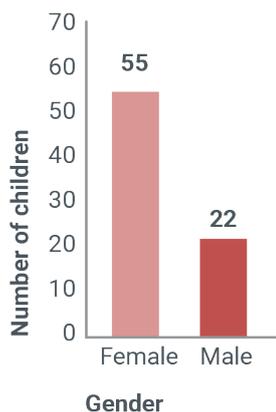
What we know about the children ⁹

Children sexually harmed by age



More than half the children were aged 14 years and above (57%).

Children sexually harmed by gender



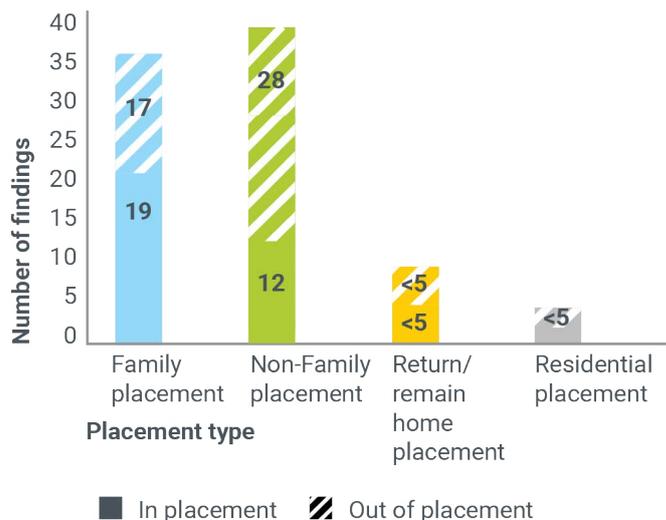
The majority of sexual harm was caused to girls.

⁹ A child can have more than one incident over the period, this means if the child changes age group over the period, both age groups are counted.

¹⁰ There were 88 findings of sexual harm in this period due to the fact that the children were harmed by more than one person and some children experienced more than one distinct sexual harm incident.

What we know about the findings of harm ¹⁰

Findings of sexual harm by placement type



The majority of sexual harm (57%) took place outside of the placement and more children who experienced sexual harm were living in non-family placements than any other placement type.

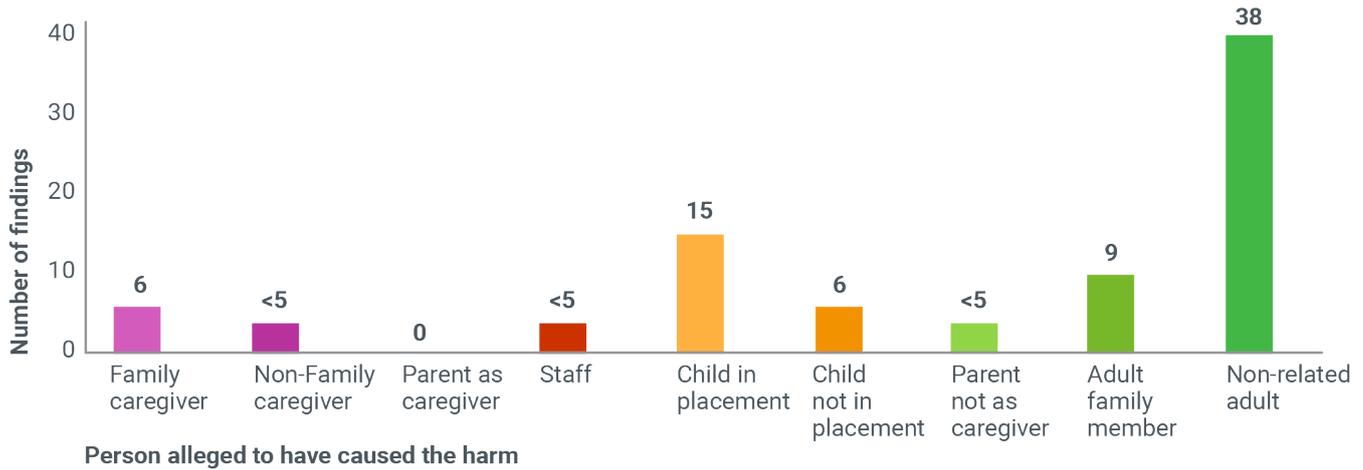
Most sexual harm in non-family placements that occurred in placement was caused by other children or young people in the placement and not by the caregivers.

Most sexual harm in family placements and in return/remain home which occurred in placement was caused by adult family members and non-related adults and not by caregivers or parents.

Overall, most of the sexual harm to children was caused by non-related adults (43%). This mostly occurred outside of the placement setting.

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

Findings of sexual harm by person alleged to have caused the harm



Incidences of sexual harm for children and young people included exposure to adult masturbation and other sexual activity, persistent sexualized comments made to children, grooming of children by adults for adult sexual gratification, sexual touching of children's bodies and the most serious of sexual assaults including rape.

Those responsible for the sexual harm were mainly non-related adults and adult family members some of which involved contact via social media (sending explicit photos via apps, meeting children or young people through apps like Tinder, grooming children or young people through Messenger/Facebook).

Other children in the placement caused 17% of sexual harm. This ranged from inappropriate sexual touching to threatening sexual language.

Insights

In this third year of reporting, the patterns and emerging trends overall were comparable with previous insights.

Emerging Trends

Family caregivers

There was a significant decrease in the emotional and physical harm experienced by children living with family caregivers. The types of harm and context of the harm that we observed in family care by family caregivers was comparable to rates seen in previous reports but to a lesser extent.

In 2021 all new caregivers have started receiving the new Prepare to Care learning programme delivered by Caregiver Social Workers. This programme helps caregivers understand the role of providing care for a child in the custody of the Chief Executive and provides foundational information about the impact of trauma on the way children understand, interact, and behave in the world.

The programme helps new caregivers understand that trauma results in emotional distress which causes children to behave in ways that may be challenging for caregivers to respond to.

In 2021 the Caregiver Support Service also provided many kanohi ki te kanohi and online opportunities for learning and support for caregivers. These opportunities provided more detailed understandings of the impact of trauma and how caregivers could respond in ways to help children regulate their distress and behaviour and move towards healing and thriving.

As the Caregiver Recruitment and Support service matures, we have also seen caregivers' satisfaction with support from their caregiver social worker increase in 2021 with around 70% - 80% of caregivers noting their social workers provide useful advice, are available to support and respect them.

Working with parents and addressing safety issues in return home arrangements

Children who have remained home or who have returned home to the care of parents continues to be an area of risk.

The seriousness of physical harm by parents is comparable to last year's reporting and reflected the adult's escalation to violence in anger rather than this being in the context of managing children's behaviour by using physical discipline.

It is acknowledged that returning children home is a particularly vulnerable time and therefore a time when the levels of support need to increase, not decrease. Many of the examples where harm was caused in the last year were unplanned return home placements – such as an older child returning themselves home, or placements breaking down and no other placement being able to be identified.

In these instances suitable preparation and support is often mobilised after the immediate placement home. Examples where harm was caused after a planned return home reflected a lack of robust assessment to understand what had changed to support safe care and what the ongoing needs for the adults and children would be.

There was a need for more sustained robust safety planning, with supports in place to progress change in adult behaviours in the household or in overseeing the on-going safety and well-being of children and ensuring sustained

change. Often the support for the return home placement dropped off or was not established in the first place, and the parent did not receive sufficient financial, practical, or educative assistance to support the social work plan for the child.

Residences

In this year's annual data there has been an increase in the physical harm experienced by children and young people living in care and protection and youth justice residences.

Of significance is the increase in physical harm caused by staff which most often occurred in the context of the young person being physically restrained. Physical harm occurred in the following context:

- when there was no mandate to use force often reflecting a reactive response to verbal abuse by a young person,
- the holds were applied incorrectly, and the young person was harmed as a result or
- when unlawful physical actions were used by the staff member.

Some of the responses to young people reflected an inappropriate emotional and professionally immature response by the adults involved and on occasion this could reflect an instinctive response to trauma experienced.

When physical harm has been caused by other young people, some of this has been unprovoked with little or no prior indication for staff or the young person harmed that an assault was going to occur.

In several incidents physical assaults did appear to be premeditated and planned and often the need for the young person to exert control over other young people. Physical assaults have mostly been of a very serious nature resulting in injuries that have required medical assessment.

Focussed practice support designed to take account of the particular context of residential care are part of our ongoing commitment to improving safety within residential provision.

These include:

- The development of strengthened assurance mechanisms to monitor and review use of force practice to ensure we are learning from incidences that occur.
- Screening Assessment tools that further support a consistent standard of care by assessing any risks to the child or young person (including by themselves) and ensuring appropriate supports are put in place.
- Implementation of Whakamana Tangata, a restorative practice between Youth Justice Residential staff that helps restore a young person's mana. This practice is informed by Te Ao Māori values of mana, tapu, mauri ora, piringa and ara tikanga.

Within our care and protection residences we are developing our trauma informed responses to strengthen the management of children's needs within that environment.

These include:

- Enhancing the sensory environments in residences including development of sensory rooms and sensory items and tools to support tamariki to self-regulate.

- Growing the provision of trauma-informed programmes across residential environments with a goal of reducing the level and frequency of behavioural incidents for tamariki.
- Embedding the Alert Program®, an evidence-based intervention that promotes self-regulation using sensory and cognitive strategies. The programme helps staff to more skilfully support children to self-regulate.
- Embedding the Te Waharoa induction programme, a comprehensive package that includes Whakamana Tangata.

A new role of Kaiwhakaako has been developed to provide cultural advice and support for staff in care and protection residences, community residential services and supervised group homes in their care of children and young people. Kaiwhakaako will be at each care and protection residence. The roles will contribute to meeting our obligations to mana tamaiti, whakapapa and whanaungatanga.

Understanding the health and disability needs of children who are experiencing harm

Oranga Tamariki does not currently collect data about disabled children in a consistent way. We generally rely on data from the Ministry of Social Development (i.e., whether Disability Support Services are being accessed), Ministry of Health and the child having a medical diagnosis. It is important that we get better at how we collect data so we can see how disabled children are faring compared to the non-disabled population. Just as important is capturing data on the intersection of disabled and Māori and disabled and Pacific to understand the outcomes for these children. Oranga Tamariki has started work drafting an Evidence Strategy on Disability.

Whilst we are unable to provide a proportional rate of harm for disabled children in care, we did make a commitment to tracking any emerging patterns of need if we were able to see these. For the purposes of this report disability includes learning, psychiatric, psychological, mobility or hearing impairment.

In reviewing the practice in responding to the allegations of harm for children in care we have noticed a high occurrence of needs for children that relate to disability needs.

We are noting a range of needs; some children whose presenting issues suggest further health assessment is required to those children who have a formal diagnosis and are receiving treatment and medication.

We have observed that often the behavioural needs of the children lead to escalated circumstances which in turn, when inappropriately managed, can lead to harmful incidents. The presenting behavioural issues are directly related to the health and disability needs of the child. We have seen a high number of FASD, ADHD, ODD and to a lesser degree PTSD, general anxiety, and depression.

Strengthening responses to children in care

Continuous improvement in standards of care and quality of practice

The work of the Safety of Children in Care Unit has continued to provide a level of assurance that means over three years of review work we continue to increase our understanding of the areas of most need in relation to the experiences of children in care.

As part of reporting requirements, the regular data and reporting on rates of harm enable the organisation to respond to the emerging patterns and trends we are seeing; identify where preventive measures and practice improvements are most needed and provide a greater level of safety planning for children in certain circumstances.

To ensure we are able to meet the National Care Standards, there is a renewed focus on lifting the quality of our social work practice for children in care.

At an operational level, regular reviews of practice are completed, and this informs continuous improvement conversations with sites. Performance monitoring assurance and review across the organisation provides additional insights as to where we have strengthened our responses to children in care and informs development work as part of our ongoing work programme.

Since the beginning of 2021, the organisation has been delivering regular workshops and the development of additional resources have supported the continuous embedding of the National Care Standards, with the aim to refresh and further improve understanding and related practice. The work undertaken considers the standards in the context of the Te Ao Māori practice framework and programme. This learning has a focus on the principles and rights within the National Care Standards and reinforces the importance of mana tamaiti, whakapapa and whanaungatanga. It also highlights the importance of considering te tamaiti¹¹ in the context of their whānau and of engagement, relationship and collaborative assessment and planning. Over the coming year we are developing training to provide knowledge to support staff in the implementation of the Care Standards in their practice.

Measuring our performance

Reporting in the last year to the Independent Children's Monitor (with specific reference to regulation 69) acknowledged the vast improvement needed in compliance across practice. However, some improvement in compliance by Oranga Tamariki was noted.

Annual data demonstrates high compliance in responding to allegations of harm for children in care and ensuring their immediate safety as we found:

- improvement in the accuracy of assessment findings entered and in children being told of the outcome of the assessment
- high compliance in making sure children's plans were reviewed and in the provision of support to address the impact of harm
- improvement in the review of caregiver support plans to ensure caregivers had access to what they needed to support their safe care of children and to meet the changing needs of children who experienced further incidents of harm.

¹¹ In the insights section we are describing a practice framework that reflects Te Ao Māori and we are using language that takes account of this.

Oranga Tamariki continued the dedicated programme of work directed towards providing children in care with safe, stable, and supported placements. Several continuous improvement activities related to the National Care Standards were undertaken over the year.

The Safety of Children in Care Unit engaged regularly with individual sites about their practice with children in care and at a wider level with regional teams and practice leads to promote understanding of the care standards and to provide feedback and guidance to enable continuous learning in this area.

Three years of review work and engagement has enabled the Unit to identify trends and needs for sites and regions and to respond with focused training, consultation and coaching to a wide range of staff. Engaging with a range of staff in different forums (workshops, social work induction) has provided the opportunity to promote a consistent understanding of regulation 69.

We have worked to develop communities of practice engagements to support care partners. This has resulted in annual webinars that began in 2020 which contribute to understanding the experiences of children in care and in developing continuous improvement in practice.

Strengthening our core practice

We are making a fundamental shift in our approach to practice within Oranga Tamariki. At the heart of this shift is the relationships we build with children, young people, and families, and those that care for and support them. This is a significant shift in our practice, and we are committed to supporting our staff as we make it together.

Traditionally, we have looked to Western and mainstream sources of knowledge to inform our practice. Our shift in practice encourages us to draw first from Te Ao Māori sources of knowledge, methods, and principles. Te Ao Māori principles are relational, restorative, and inclusive. Practice which draws from these principles, benefit tamariki and whānau Māori and also better meet the needs of all children and families we work with.

We have also tended to focus primarily on the risk to children based on a specific incident and have often viewed the child in isolation. This shift places an emphasis on understanding tamariki in the context of their whakapapa within the context of a more holistic and long term view of oranga. Responding to where harmful incidents occurred for children in care, we have observed practice that strengthens family connection and takes account of support needs of children within the context of their care.

In reviewing the practice when responding to allegations of harm for tamariki Māori in care the role of Kairaranga-ā-whānau continues to be visible. This role is used differently depending on both local need and the specific skillset of individuals with a core focus on the purposeful connecting of people. It is also evident in this role the critical function of providing support to social workers to increase confidence and develop practice when working with tamariki and whānau Māori, hapū and iwi.

There were examples of practice that reflected the importance of whanaungatanga with the restoration of relationships being part of the process for tamariki and whānau Māori and caregivers when harm has occurred. This practice is further supported through use of hui-a-whānau.

We observed some social workers reflecting the needs, thoughts, and views of tamariki and whānau Māori in planning. There were also examples of decision making with whānau that strengthened how tamariki understood, learnt about, and maintained connection to their whakapapa (visits home to marae, urupā, wāhi tapu).

Moving forward we will continue to develop and embed practice models, tools, and resources to support our staff to work more effectively with children and families. A particular focus will be on how we build understanding about children's needs and plan with them, their families and those who support them.



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