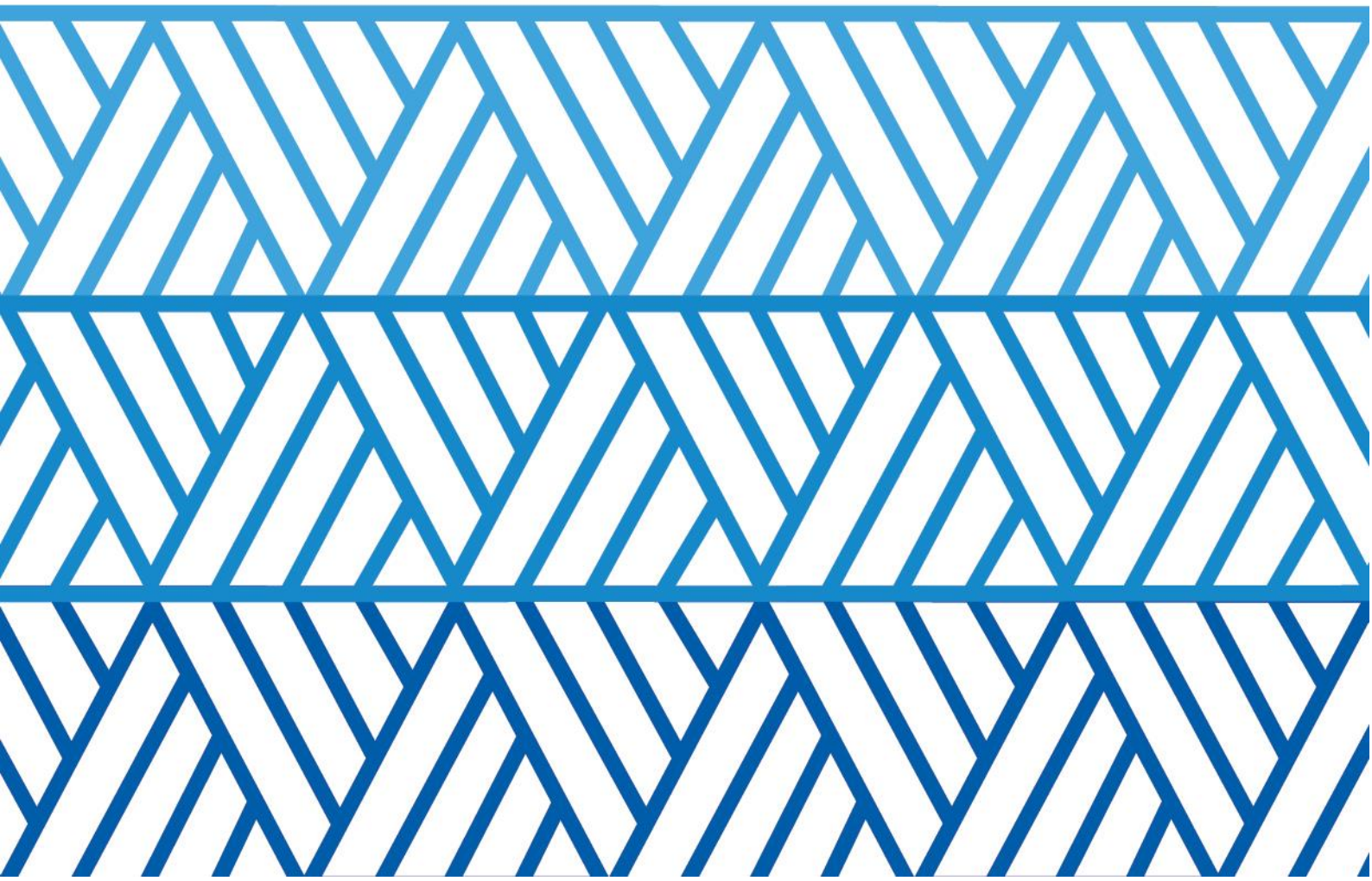


Response to  
Te Mana Whakamaru Tamariki Motuhake –  
Independent Children’s Monitor,  
request for self-monitoring information  
on the National Care Standards

2021/22 Financial Year



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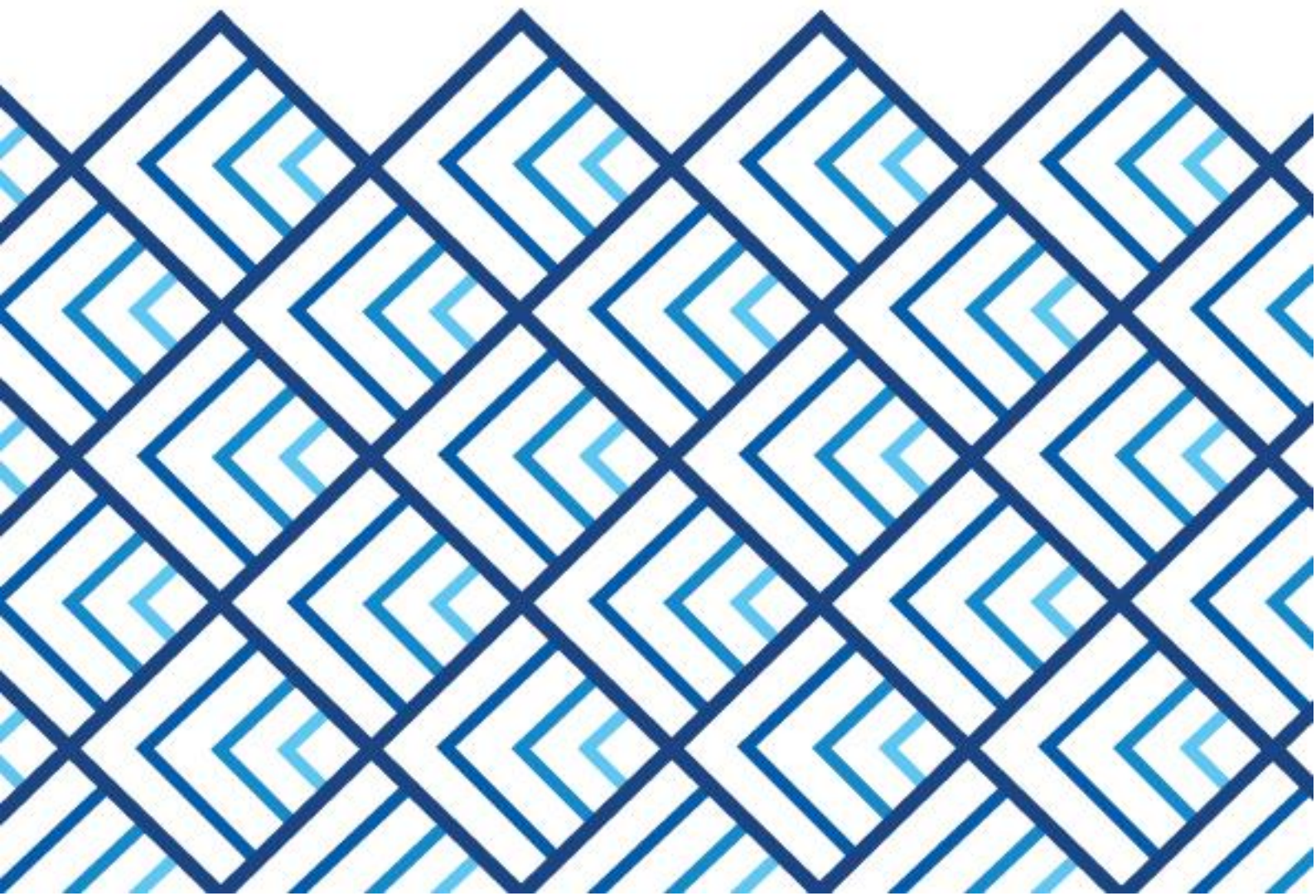




# Response overview

The following is the Oranga Tamariki–Ministry for Children (Oranga Tamariki) response to Te Mana Whakamaru Tamariki Motuhake / the Independent Children’s Monitor (the Monitor) request for information, as one of the three organisations (monitored organisations) who hold care and custody responsibilities for tamariki and rangatahi in statutory care.

This was first provided to the Monitor on 19 August 2022. This version contains final numbers that the Monitor used for their 2022 Annual Report. Some details have been removed to allow for this response to be published these changes will be acknowledge throughout this document.





## Information provided, Report and Response – 1 July 2020 to 30 June 2021

---

Last year, for the first time, we provided information to the Monitor on our ability to self-monitor and understand the extent to which we are meeting our obligations to tamariki in care as set out in the National Care Standards Regulations. The information was intended to provide a baseline to identify areas in which we needed to strengthen our performance.

The Monitor provided Oranga Tamariki with a request for information that included 212 separate questions, which would enable the Monitor to meet annual reporting obligations and signal the measures that the Monitor would expect to be in place for self-monitoring.

Based on the information provided to the Monitor, the report **Experiences of Care in Aotearoa: Agency Compliance with the National Care Standards and Related Matters Regulations** ([ICM Report](#)) was released with the following key findings:

- Gaps in monitored agency data limits our ability to fully understand how they are meeting their obligations under the NCS Regulations
- Staff and caregivers genuinely care for tamariki in care and want to improve their outcomes
- Self-monitoring of compliance with NCS Regulations needs to improve, so we can understand the quality of care and how to improve
- Tamariki and rangatahi do not know and understand their rights
- Connections with whānau and culture are important for tamariki Māori in care
- Oranga Tamariki respond well when tamariki enter care; practices weaken during their time in care
- Caregivers need more support
- Agency support of health needs, especially mental health needs, is variable
- Agencies not communicating and working together effectively is a common barrier to achieving outcomes

Oranga Tamariki provided a response to the Report, [Oranga Tamariki Response](#), which details the actions we would take to address the key findings. Details on our progress against those actions is provided further on in this report.

## Request for self-monitoring information on the NCS Regulations – 1 July 2021 to 30 June 2022

---

The Monitor's information request for the period 1 July 2021 to 30 June 2022 has been updated and seeks to source information on:

- [Demographics](#) – high level information about children in care during the period
- [Monitoring and reporting](#) – details based on NCS Part 6 compliance and actions that Oranga Tamariki planned to implement and their progress, 4 numbered questions
- [System-level inquiry](#) – details about Regulation 69 and Complaint and Compliments, 4 numbered questions
- [National Care regulations](#) – details based on NCS Parts 1-5, including 149 numbered questions

The information included in this request covers performance against the Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018 (National Care Standards) over the period from **1 July 2021 to 30 June 2022**.

It is important to note that that some of the information provided is based on different periods than the defined reporting period above. Where a different period has been used, we have detailed this in the response.



## Approach to response – 1 July 2021 to 30 June 2022

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### Providing data

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Our approach to providing data to the Monitor is to provide structured data, including insights from analysis, in the same format as previously reported, where possible. This will allow for year-to-year comparison and context for some key areas of information.

### Additional structured data

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#### ICM About Communities

We have provided eight About Community responses to the Monitor over the last year, to help the Monitor to plan their visits and be informed about the community they engage with tailoring who they might engage with, and the purpose of that engagement.

The About Communities responses contain additional structured data fields that were not included in the 2020/21 response, these have been added into the data provided this year. The inclusion of this data allows for alignment between the About Communities and the Annual Request for Information responses, and for us to further demonstrate structured data that we use to report and self-monitor.

These additional fields are:

<b>has_all_about_me_plan_yn</b>	Yes/No indicator that an All About Me Plan is recorded in CYRAS
<b>latest_aamp_casenote_date</b>	Date field relating to last updated case note in All About Me Plan
<b>had_visit_in_last_8_weeks</b>	Yes/No indicator that a visit had occurred in last 8 weeks
<b>latest_visit_casenote_date</b>	Date field relating to last updated case note for a visit

We have also included the following data fields that are either part of existing reporting or will support this response:

<b>NoOf_Pcmt_Episodes</b>	Count of placement episodes, as defined in <a href="#">demographics request</a>
<b>CP_Legal_Epi_Entry_F22</b>	Binary indicator to show if CP entry during reporting period
<b>curr_cp_epi_start</b>	Date field that shows current CP custody episode started
<b>YJ_Legal_Epi_Entry_F22</b>	Binary indicator to show if YJ entry during reporting period
<b>curr_yj_epi_start</b>	Date field that shows current YJ custody episode started
<b>gw_assessment_completed_date</b>	Date field relating to when most recent Gateway assessment was completed
<b>Fst_GW_Ref_Date</b>	Date field relating to when first Gateway referral was made

Additional reporting data in relation to caregiver support plans is also being supplied to support the response.

### Answering questions

---

As part of our development of our self-monitoring approach we have recognised the benefit of answering certain questions with either links to our policy, practice or guidance or providing a narrative to demonstrate how we view our compliance to certain regulations.

We consider this a positive step in our self-monitoring development as it allows us to show the wide range of tools we use, especially in areas that cannot currently be supported by structured data or case analysis.



## Self-monitoring development

---

We have included an additional section in our response to detail the progress being made towards our own self-monitoring approach.

This will detail work that has been done to date and a high-level description of the approach over the coming years towards having robust and comprehensive self-monitoring in place.

This information appears in the section: [Self-Monitoring Development](#)

## Data and documents provided to support this report

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A list of files was supplied to the Monitor to enable them validate numbers in this response and complete any other analysis of the data that they see fit. This list has been updated to remove the names of the files provided.

The following files are supplied to support this response and provide requested data:

### **CYRAS Data**

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**CYRAS Data – with all age school information included**

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**Complaints and Compliments Data**

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**Caregiver Data**

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**Children in Care questionnaire (Case File Analysis)**

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**ICM Data Sharing Business rules**

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**Self-Monitoring – Environment**

---

**Self-Monitoring – Roadmap**

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**Strategy on a Page**

Please note: the Oranga Tamariki – Strategy on a page.pdf is not to be shared publicly and intended for the Independent Children’s Monitor assessment purposes only

## Document formatting

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The format of this year's response has been updated to include visual icons to demonstrate where information was sourced, where data can be found in supplied data and clear links to key resources, such as the Practice Centre.

### Source identification

The following visuals will appear throughout the response, these demonstrate where narrative included within the box has been sourced from. The key for visuals used in the response are based on the [Self-monitoring – Environment](#) diagram, which defines the layers, groups, and elements. Below shows the layers and group detail visuals:

#### Expectations layer



Legislative & regulatory environment



Organisational guidance

#### Facilitating practice layer



Practitioner & site management tools



Record keeping

#### Data & information layer



Structured data sources



In-depth evaluation

#### Experience & voices layer



Gathered voices



Receiving feedback, complaints & compliments

#### Assurance & accountability layer



Organisational assurance & monitoring



Public accountability

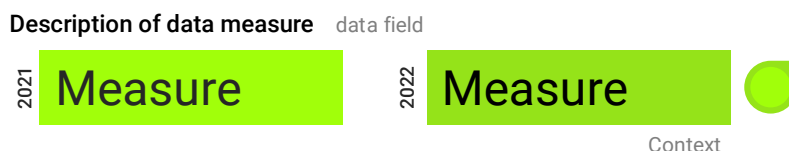
## Displaying data

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In sections where data is included, the following visual will be appear, this allows us to provide:

- a description of the data measure
- structured data field source (where applicable)
- 2020/21 measure – displayed as either a total, percentage or description (lighter colour)
- 2021/22 measure – displayed as either a total, percentage or description (darker colour)
- Context of how 2021/22 measure was determined.

The following examples are based on the Structured data sources group, the data visual colour will be displayed based on **Source identification** groups above, to demonstrate the source of data.



## Published resources

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Where a link to a published resource has been provided, resources include the Oranga Tamariki website and other external sites that provide context to narrative, the following visual will appear:

[Oranga Tamariki – Ministry for Children](#) (link to external source)

Description of site that link will lead to

## Improvement areas

---

When we are unable to provide information requested, the following visual will appear:



Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## Supporting information to response

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This section contains links to published information that demonstrates wider practices and resources that influence or support our ability to self-monitor.

### [Performance and monitoring | Oranga Tamariki – Ministry for Children](#)

Publications we produce to report on our progress as well as independent monitoring and reviews about us.

This includes links to our Quarterly Reports that are published, these give a snapshot in time of how we are performing in relation to the Outcomes Framework. It allows us to see how children and young people move through our system, supported by dedicated services.

### [Outcomes Framework | Oranga Tamariki – Ministry for Children](#)

The Oranga Tamariki Outcomes Framework sets out the main services we provide, how we intend to provide them differently from the past, and how we will know we're making a difference for tamariki and whānau.

The Framework is a living document, designed to keep us focussed on the outcomes we seek for the tamariki and whānau that we work alongside. It aligns to the Government's priorities and sets out our goals, plus the core functions we must perform to achieve what we say we'll do.

## Practice Centre

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The Practice Centre is the Oranga Tamariki repository for practice frameworks, policies, guidance, and tools.

In order to be transparent about our practice approach and requirements, most practice centre content is accessible to the public and is frequently drawn on by our partners. Some content, generally about sensitive or newly emerging practice, may only be available to Oranga Tamariki staff.



### [Home | Practice Centre | Oranga Tamariki](#)

A resource for Oranga Tamariki practitioners for must-dos, how-tos and guidance in their work with tamariki and their whānau or family.

## Evidence Centre

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The Evidence Centre produces research evaluation, analytics, and insights about tamariki, rangatahi, their whānau or family and the work of Oranga Tamariki.

Our policy is to 'publish by default' to be transparent and open about the research and analysis that we undertake and ensure that the evidence is as widely available as possible to support anyone working in this field, whether they are within Oranga Tamariki or not. For reports that are not for an external audience, they are available to internal staff to be used within the organisation.

Published reports are available via the link below:

### [Research articles | Oranga Tamariki – Ministry for Children](#)

We regularly publish research articles and reports related to the wellbeing of tamariki or children and whānau or families, and the social services sector.

## Surveys

To ensure that the voices of those who are experiencing aspects of the care system are heard and considered as part of self-monitoring, we have a range of surveys that we either have insights available for or are planned over the coming years.

The table below details the surveys, their planned frequency, previously published reports, and next planned survey/reports (these dates are indicative only).

Survey	Frequency	Links to previous reports	Next survey/report due
<b>Caregiver Survey – Foster Care Allowance (FCA)<sup>1</sup></b>	Annual	<a href="#">A survey of Oranga Tamariki caregivers</a>	2021 results due to be published by end of August 2022
<b>Caregiver Survey – Orphan’s Benefit/ Unsupported Child’s Benefit (OB/UCB)<sup>2</sup></b>	Bi-annual (once every 2 years)	<a href="#">Orphans benefit and the unsupported child’s benefit a follow up survey of caregivers</a>	Next survey and report due in 2023
<b>Partner Survey</b>	Bi-annual (once every 2 years)	<a href="#">Engagement survey with partners providing social services</a>	Next survey and report TBC
<b>Engaging All New Zealanders</b>	Bi-annual (once every 2 years)	<a href="#">Engaging all New Zealanders survey report</a>	2022 results due to be published by end of August 2022
<b>Korero Mai (Staff Engagement)</b>	Annual	<a href="#">Korero Mai Have Your Say Survey</a>	Next survey to run in August 2022 (internal only)
<b>Whānau Experience Survey</b>	Continuous	None	Pilot underway in Upper South, Pilot report due in September 2022 (internal only)
<b>Te Tohu o te Ora (Children)</b>	Annual	<a href="#">Te Matataki 2021</a>	2022 data collection underway, next report TBC
<b>Just Sayin’ (Transitions)</b>	Annual	<a href="#">Transitions service synthesis report</a>	2022 data collection completed in June 2022, next report TBC

<sup>1</sup> Tamariki and caregivers within the State care system receive the Foster Care Allowance (FCA) and related payments, as well as needs-based financial and non-financial support.

<sup>2</sup> Support for tamariki and caregivers outside of State care predominately consists of the Orphan’s Benefit (OB) and Unsupported Child’s Benefit (UCB), and related payments, with little additional needs-based support.

## Safeguarding Te Reo Māori

As part of this response, we have used Te Reo Māori throughout this document. The terms that appear in the Practice Centre resource, Te reo terms, have been used in the first instance. Further terms included are sourced from, Te Aka Māori Dictionary.



### [Te reo terms | Practice Centre | Oranga Tamariki](#)

This is a glossary that has been developed with the expertise of a registered National Translator and Interpreter on the guidance for the use of Te Reo Māori on the Practice Centre. Although not an exhaustive list, the glossary is a guide, a snapshot of everyday kupu that we use in the workspace and in our hapori (community).

### [Te Aka Māori Dictionary \(maoridictionary.co.nz\)](#)

As well as the words one would expect in a traditional dictionary, Te Aka has encyclopaedic entries including the names of plants and animals (especially native and endemic species), stars, planets and heavenly bodies, important Māori people, key ancestors of traditional narratives, tribal groups, and ancestral canoes. Māori names for institutions, country names, place names and other proper names are also provided. There are also explanations of key concepts central to Māori culture.

Comprehensive explanations for grammatical items are included, with examples of usage, as are idioms and colloquialisms with their meanings and examples.

## Common terms

The following are terms that are used relatively commonly and are broadly known within the communities we work within:

Te Reo Māori	Intent
Āta	to do something gently, carefully, thoroughly with purpose and intent
Hapū	sub tribes/nations of Aotearoa
Hui	a meeting, assembly, group
Hui ā-whānau	the hui ā-whānau is a process that can be facilitated by Oranga Tamariki staff with appropriate cultural expertise and/or whānau. Māori models of practice are used to engage, connect, share information, and hear the views of whānau in order to develop a plan for tamariki Māori. Hui ā-whānau is a process for healing, restoring mana and empowering whānau
Iwi	tribal nations of Aotearoa
Mana	one's power, honour, prestige, authority, self-esteem, influence, humility, and voice
Mana Tamaiti	a child's power, honour, prestige, authority, self-esteem, influence, humility, and voice
Manaakitanga	the process of showing respect, generosity, and care for others
Manaaki Kōrero	project partnering with VOYCE – Whakarongo Mai
Mahi	work
Rohe	a boundary, district, region, territory, area, border (of land)
Tāngata	People
Tāngata whenua	People of the land indigenous to Aotearoa New Zealand, also known as Māori
Tautoko	To support, agree or advocate
Te Ao Māori	Māori worldviews
Tikanga	correct processes and protocols, right ways of doing things
Whānau	nuclear, extended family and significant others (for example, church, clubs)



<b>Whanaungatanga</b>	purposeful relationships – blood lines and meaningful, relational associations (for example, church, clubs)
<b>Whakamana</b>	to give authority to, give effect to, give prestige to, confirm, enable, authorise, legitimise, empower, validate, enact, grant
<b>Whakapapa</b>	blood lines and genealogical ties to a common ancestor

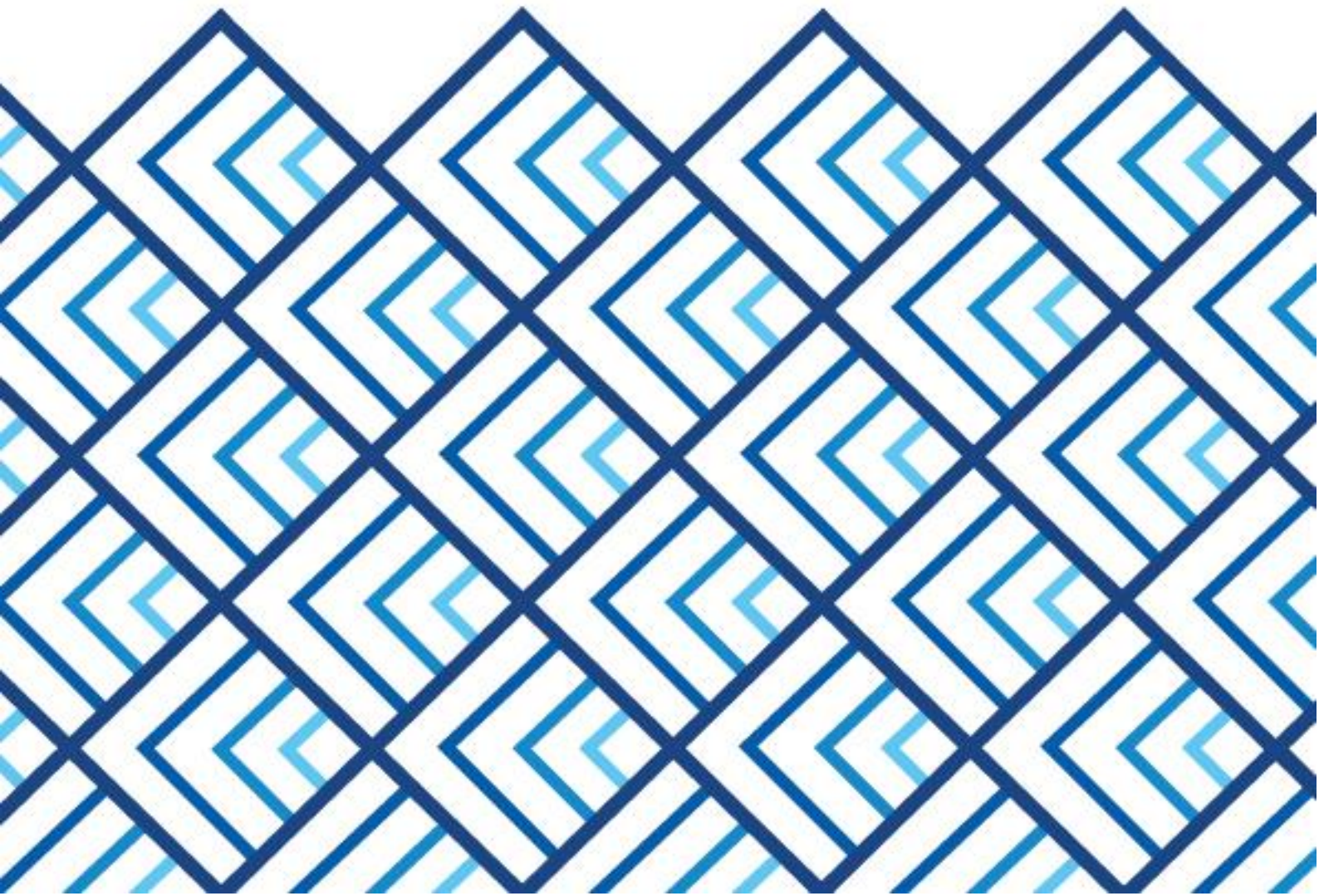
The following are terms that Oranga Tamariki uses that have specific meaning when they are used and tend to be used with relative frequency within our practice:

Te Reo Māori	Intent
<b>Kaimahi</b>	person who works for Oranga Tamariki, most often as a practitioner
<b>Kaitiakitanga</b>	guardianship, describing Bi-cultural professional supervision
<b>Kairaranga-ā-whānau</b>	a person who weaves together whakapapa and whānau connections
<b>Kete</b>	a basket of knowledge
<b>Kōrero Mai</b>	Name of Staff Engagement Survey
<b>Ngākau Whakaaro</b>	To have compassionate conversation
<b>Oranga</b>	wellbeing relates to a complex set of relationships that contribute to a state of wellbeing, including wairua
<b>Oranga Whānau</b>	healthy family wellbeing, welfare
<b>Pou Tikanga</b>	title for a cultural leader
<b>Rangahau</b>	to do research
<b>Rangatahi</b>	a young person or young people
<b>Te tamaiti and tamariki</b>	are used in the Oranga Tamariki practice standards to refer to the child and children
<b>Te Pae</b>	the name of the Oranga Tamariki intranet
<b>Te Riu</b>	the title of Oranga Tamariki Leadership Team
<b>Te Tohu o te Ora</b>	the name of the Children’s Experiences Survey
<b>Tuituia</b>	integrate (sew). This is the name of the Oranga Tamariki assessment tool
<b>Whānau ora</b>	the health of the family
<b>Whiti</b>	the name of new reporting tool



# Oranga Tamariki Journey

This section provides an overview of the journey that Oranga Tamariki has been on throughout the 1 July 2021 to 30 June 2022 period.





## Influencing factors during 1 July 2021 to 30 June 2022 period

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During the reporting period there have been many factors that have influenced the way that Oranga Tamariki operates, some provide us with the opportunity to improve including guidance from external sources and changes to leadership and practice internally, and others present extra challenges, such as the ongoing impacts of COVID-19.

External sources that have provided guidance to Oranga Tamariki on areas where we need to make improvements to our purpose, focus and practices to improve results and outcomes for children and their whānau include:

- The Independent Monitor report, [Experiences of Care in Aotearoa: Agency Compliance with the National Care Standards and Related Matters Regulations](#)
- The [Ministerial Advisory Board](#) report, [Hipokingia ki te Kahu Aroha Hipokingia ki te Katoa](#)
- The Royal Commission of Inquiry, [Royal Commission of Inquiry | Oranga Tamariki – Ministry for Children](#)
- Other reviews and inquiries, [Reviews and inquiries | Oranga Tamariki – Ministry for Children](#)

The above reports have enabled Oranga Tamariki to create action plans with clear objectives and timeframes required to address recommendations made in the reports. These action plans are:

- [Future Direction Plan](#)
- [Oranga Tamariki Action Plan \(OTAP\)](#)

Internally, Oranga Tamariki has made, or is in the process of making, change that will also help to shape the future of the organisation and be able to better self-monitor:

- [Introduction of Te Riu, the new leadership team](#)
- [Practice Framework and Practice Shift](#)
- [Whānau Care](#)
- [Caregiver Information System \(CGIS\)](#)
- [Enterprise Data & Analytics Programme \(EDAP\)](#) and [Whiti](#)
- [Enabling Communities](#)
- [Te Hāpai Ō Māori cultural capability approach](#)

## Legislative and Regulatory Change

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Following on from the substantive reforms to the Oranga Tamariki Act, 1989 in 2019, further legislative and regulatory change is underway or anticipated. This includes the Oranga Tamariki Amendment Bill and other government work, such as Adoption law reform and the Oversight of Oranga Tamariki System Bill.

This will require review and modification of existing practice policy and guidance to align with required changes as they come into effect over the coming years.

We are also working on advice to the Minister for Children about potential further amendments to the Oranga Tamariki Act.

## The Impact of COVID-19 on Practice

---

While practice requirements have now generally returned to normal, there were periods during this reporting period where practice was significantly modified in line with the relevant COVID-19 Government health measures and to enable Oranga Tamariki to balance the safety of tamariki, whānau, our kaimahi and the public. Social workers have had to be innovative in their engagement with tamariki, whānau and caregivers during periods where face to face contact has had to be limited.

As we continue to navigate our way through COVID-19 and its impact, the Practice Centre has published content that focuses on practice requirements and considerations during this period. The published guidance relates to public health settings as they are at the time. Guidance has been modified a number of times throughout the reporting year in line with alert level, traffic light and Public Health Order requirements.



[COVID-19 Protection Framework \(traffic lights\) | Practice Centre | Oranga Tamariki](#)

Oranga Tamariki has developed a guide to help kaimahi understand how to work within the COVID-19 Protection Framework. The guide contains information and guidance for Oranga Tamariki kaimahi about how we will deliver services safely and effectively for tamariki and rangatahi, and their whānau, family and caregivers within the COVID-19 Protection Framework.

We are actively seeking to understand how these modifications to our practice and, more generally, the impact of COVID-19 has affected the data and insights surfaced in this response however the true extent will only be understood as we monitor trends over time.



## Future Direction Plan

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The Oranga Tamariki Future Direction Plan (FDP) details a set of actions that paves the way for the long term-shifts to bring to life the full spirit and intent of Te Kahu Aroha and respond to the intent of the Waitangi Tribunal's report and other reviews since 2019.

In August 2021, an action plan was agreed to set the future direction of Oranga Tamariki over the next two to five years. This plan was designed to address several recommendations made by the Oranga Tamariki Ministerial Advisory Board.

The delivery of the 36 actions in the Future Direction Plan will ensure Oranga Tamariki is in the best position to deliver better outcomes for tamariki, rangatahi and whānau, empower staff to excel, enable local approaches, and lead across the system.

It also sets the dual role that Oranga Tamariki has:

- an enabler and coordinator for Māori and communities, to empower them to put in place the support, the solutions, and the services they know will work for their people
- a high-performing, highly trusted statutory care and protection and youth justice agency.

As at 15 June 2022, actions under the Future Direction Plan for the second quarter have progressed as planned, and preparation is well underway to move the focus to where the community can be most impactful in preventing harm.

### Te Riu (Oranga Tamariki Leadership Team)

On 12 April 2022, our Te Riu (leadership team) was stood up and has started to build momentum and create clarity on foundational areas such as an Oranga Tamariki purpose, organisational strategy, organisational priorities, organisational governance and working towards collectively supporting the implementation of the Future Direction Plan.

The organisational restructure has provided an opportunity to group functions in a way that drives shared accountability, collaboration, and effectiveness in order to better deliver change. A Transformation team was formed under the new organisational structure, which provides an increased opportunity to lead and guide delivery of change both internally and with communities.

We are focusing on five key areas to deliver our future direction:

## Organisational Blueprint

---

Ensure we have a structure that aligns functions, has clear accountabilities, reduces duplication, and supports a joined-up approach.

### What we have done

- Te Riu leadership structure went live on 12 April 2022.
- Oranga Tamariki signed a contract with VOYCE-Whakarongo Mai to co-design with tamariki, rangatahi and whānau a future state blueprint for complaints, grievance, information, assistance, and advice processes.
- The [Caregiver Information System](#) went live in February 2022.
- Created our organisational strategy, demonstrated as a [Strategy on a Page](#)

### Future focus

- Implement organisational reset below the leadership team.
- Confirm regional boundaries and the new operating model.
- Strengthen the feedback and complaints system through immediate improvements and commence implementation of a broader plan to deliver 'fit-for-whānau' complaints experiences.
- Progress Residential Care and Other Matters Bills, as well as integrating Service Delivery initiatives under the Te Oranga o Te Whānau Portfolio, to support the transition plan to close residences.
- Support tamariki and whānau participation in existing practices and processes and Future Direction Plan change initiatives, building towards a future state systematic approach to tamariki and whānau participation and influence on decision-making.

## People and Culture

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Create a culture that drives positive change to ensure the transformation succeeds in the long term.

### What we have done

- We have finalised our Health, Safety and Wellbeing Strategy with a strong focus on Kaimahi Ora<sup>3</sup>.
- [Te Hāpai Ō](#): confirmed a programme of work to build and grow Māori cultural capability of all Oranga Tamariki staff and its organisational culture. Our programme of work comprises 5 foundational workstreams where delivery of 3 workstreams has advanced (i.e. training programme, training resources and survey to inform our Māori cultural capability baseline).
- We have launched our Internal Leadership Mentors hub on our intranet.

### Future focus

- Kamahi Ora strategy, making key supports available for frontline staff for their wellbeing.
- Strengthen, grow and future proof the 5 foundational workstreams of Te Hāpai Ō.
- Develop the Workforce Strategy (both internal and wider sector) and embed positive and safe workplace model standards and culture across the organisation.

## Relationships, Partnering and Decision-making

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Build required levels of trust and capability, alignment, and transparency to achieve authentic and genuine partnership and participation

### What we have done

- [Enabling Communities](#) is the cornerstone for change within Oranga Tamariki and how we work with our partners. It will move decisions and resources to Māori and communities, where there is understanding as to what will work in those communities to improve outcomes for whānau and tamariki.
- Spaces and Places: Engaged with Ngāruawāhia, Pukekohe, Ōtara, Pāpāmoa and Te Awamutu to co-locate and co-invest with communities.

### Future focus

- Ensure the foundations are laid for a community-led, regionally enabled and centrally supported approach.
- We will build on current locally led initiatives already in place.
- Initial focus will be on our communities which are already leading locally developed initiatives where Oranga Tamariki can further support the community, hapū, iwi and site as an enabler.

## Social Work Practice

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Enhance the mana of social workers across the agency and wider care and protection sector

### What we have done

- Introduced a new [Practice Framework](#), drawing from Te Ao Māori principles of Oranga and supporting rights and relationship-based practice
- Completed the development of our Mirimiri ā-kōrero tool to a point it is ready to trial (to replace our existing Child and Family Consult tool).
- Engaged with the New Zealand Qualifications Authority to begin re-establishing Oranga Tamariki as a Government Training Establishment.
- Engaged with the Social Workers Registration Board to align learning outcomes with annual practice certificate competencies for social workers.

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<sup>3</sup> Kaimahi Ora fits within Te Rautaki Hauora, Haumaruru me te Oranga, the Health, Safety and Wellbeing Strategy 2025, approved by the Chief Executive and the Chief Social Worker in February 2022. It aims to improve our kaimahi ora and to enable people to thrive.

#### Future focus

- Continue to fundamentally shift our approach to practice with relationships with tamariki, whānau, communities and partners at the heart of our work.
- Our practice will draw from a Te Ao Māori knowledge base, using methods and principles which are relational, restorative, and inclusive. The practice approach will benefit tamariki and whānau Māori and meet the needs of all tamariki and whānau we work with.

## Data, Insights and Evidence

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Support robust data, research, and information flows so our understanding of the care experience is current, accurate and equitable.

#### What we have done

- The [Whiti](#) team began national rollout engagement.
- Eight care partners have been migrated into the [Data Exchange](#) and the remaining partners will be migrated by June 2023.

#### Future focus

- Develop the tools and infrastructure to support data and evidence-based decision making and support improved performance and outcomes for tamariki and whānau.
- We will ensure communities have the data and tools needed to achieve their aspirations and drive evidence-based change within their communities/regions.

# Our Strategy

We have just completed the development of the Oranga Tamariki Strategy.

The Oranga Tamariki Strategy weaves together the organisation, setting the longer-term picture of where we are going, what we will look like in the future, how we will know we are making progress. It draws together the key common themes from Te Kahu Aroha, the Waitangi Tribunal Report Wai 2915, Pūao-te-āta-tū and our Future Direction Plan.

Please note: when this information was provided, the Oranga Tamariki – Strategy on a page was not to be shared publicly and intended for the Independent Children’s Monitor assessment purposes only

**ORANGA TAMARIKI**  
Ministry for Children

**Our Strategy**

- ▶ Child and Youth Wellbeing Strategy Vision: Making New Zealand the best place in the world for children and young people
- ▶ Oranga Tamariki vision: All children are safe, loved and nurtured by whānau, hapū, and iwi, supported by thriving communities

July 2022

**Our why**

**Our purpose**

- To ensure that all tamariki are in loving whānau and communities where oranga can be realised

**Our dual role**

- An enabler and coordinator for Māori and communities, to empower them to put in place the support, the solutions, and the services they know will work for their people
- A high-performing, highly trusted statutory care and protection and youth justice agency

**Our impact**

- Tamariki and rangatahi Māori are safe and secure under the protection of whānau, hapū and iwi
- Whānau resilience is strengthened to care for tamariki and rangatahi
- Tamariki and rangatahi in care or custody are safe, recovering and flourishing
- Improved equity for Māori, Pacific and Disabled tamariki and rangatahi
- Fewer tamariki, rangatahi and whānau need statutory services
- Tamariki, rangatahi, whānau, and victims of youth offending feel listened to, valued and understood

**What will change**

**Our guides for the shift**  
Te Kahu Aroha | Waitangi Tribunal Report Wai 2915 | Pūao te āta tū

**Mana Orite**  
Entrust to our partners  
We support and enable Māori and communities to lead and deliver services for tamariki, rangatahi and whānau.

**Whakapakari Kaimahi**  
Empower our people  
We support, train and equip kaimahi to enable a skilled, confident and trusted workforce.

**Rato Pūnaha**  
Enhance our system supports  
We effectively support the sector with the right information and performance systems, infrastructure and resources to facilitate innovation and improvement.

**How we will do it**

- ▶ The Future Direction Plan sets our path for the next five years

**Focusing our efforts over the next 24 months**

- ▶ Transferring resources to partners/communities
  - We will be clear about the current services we deliver and what can be delivered by Māori and communities
  - We will work closely with Māori and communities to build capacity and capability so that they can receive and deliver those services
  - We will work with partners and communities to develop new approaches to support tamariki, rangatahi and whānau
  - We will use our Children's Sector levers to build access to the services that Māori and communities need (through the Oranga Tamariki Action Plan, policy and legislation).
- ▶ Building the workforce to meet future need
  - We will support the whole workforce to build the right skills and capability to deliver quality practice
  - We will collaborate with Māori and communities to understand aspirations and needs and develop the workforce to meet them
  - We will actively support the professional role and voice of social workers
  - We will invest in our kaimahi to build a team who are confident and empowered to carry out their mahi with integrity
- ▶ Transforming to a high-performing and trusted organisation and sector
  - We will build the future network of the children's care system
  - We will grow performance management capability and infrastructure
  - We will develop the systems, resources, and spaces to support Māori and communities to deliver for tamariki, rangatahi, and whānau

\* "Whānau, hapū, and iwi" has been shortened to "whānau" on this Strategy

We put tamariki first | We believe aroha is vital | We respect the mana of people | We are tika and pono | We value whakapapa | We recognise that oranga is a journey

The image shown above was provided as a PDF attachment, Oranga Tamariki – Strategy on a page.pdf

The Strategy on a Page sets out our vision, key purpose, dual roles, and impacts, and then articulates the three shifts we need to make as an organisation and children’s sector to deliver on this purpose:

## Mana Ōrite

Entrust to our partners to lead and deliver services for tamariki, rangatahi and whānau as we support and enable Māori and communities

## Whakapakari Kaimahi

Empower our people by supporting, training, and equipping a skilled, confident, and trusted workforce

## Rato Pūnaha

Enhance our system supports with provision of right information and performance systems, infrastructure, and resources to facilitate innovation and improvement

It conveys a strong sense of what is important with a future focused lens whilst acknowledging our whakapapa as our guide for our new direction and the key shifts. It then provides some detail on how we will prioritise effort over the next 24 months to deliver these shifts, anchored to the Future Direction Plan.

## Enabling Communities

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As part of the FDP we have initiated a new programme of work – Enabling Communities, as a critical cornerstone for change within Oranga Tamariki. Enabling Communities is underpinned by actions 3.1-3.6 in the Oranga Tamariki Future Direction Plan and is supported by the other key themes in that plan.

Enabling Communities has some dedicated resourcing and the approach to it is twofold:

- It sets the direction for all sites and regions to move toward sharing decisions with Māori and communities and to enable them to lead where Oranga Tamariki does not need to. Sharing decisions with and enabling Māori and communities to lead is already in place and working well in some sites and regions across the country. The expectation is that all sites and regions will work in this way.
- It provides the opportunity for five communities to create a new future system to prevent harm and respond to tamariki and whānau in need. Enabling Communities is the start of a fundamental shift anticipated through Te Kahu Aroha and other reviews.

## Whānau Care

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Whānau Care is a practical commitment to Te Tiriti o Waitangi | the Treaty of Waitangi and section 7AA of the Oranga Tamariki Act, where the Chief Executive of Oranga Tamariki has custody of tamariki and rangatahi in care and has entrusted the responsibility for day-to-day care and protection to a Whānau Care Partner to facilitate connection of tamariki to their whakapapa.

According to the latest data as of 31 July 2022 there are 3,206 tamariki Māori in the care of the Chief Executive, which equates to nearly 68 percent of all children in care.

Whānau Care is a partnership between Oranga Tamariki and an iwi (or iwi mandated organisation) or Māori organisation (Whānau Care partner) that has the social service credentials and networks to connect tamariki to their whānau, hapū and iwi, fundamental to upholding the mana of tamariki.

Through these partnerships, Oranga Tamariki supports iwi and Māori organisations to receive tamariki from the care and protection system. This includes support to achieve approval under section 396 of the Oranga Tamariki Act, which ensures the partner has the capability to deliver care services in place of Oranga Tamariki, and bolstering the capacity of Whānau Care partners to recruit and support their own caregivers.

Each Whānau Care partner, with Oranga Tamariki alongside, designs their own model of Whānau Care, which sets out the tikanga and practical operational approach that the Whānau Care partner will use.

Each model is culturally constructed, unique to the lens of each Whānau Care partner, and each is inherently embedded with dual expectations being:

- Responsibilities to whānau, hapū and iwi communities to whom they are accountable.
- Responsibilities to the partnership with Oranga Tamariki.

Currently there are seven established partners who have completed phase 1 of implementation of their models of care with specific Oranga Tamariki sites in their rohe. Five partners are carrying out co-design working towards the implementation of their models of care and two new partners were commissioned in early 2022 and working towards planning for co-design.

## Whānau Care Partner Overview

Iwi Partner	Whānau Care Partner	Accreditation	Phase of delivery
<b>Te Rarawa, Te Aupōuri, Ngāi Takoto, Ngāti Kahu, Ngāti Kurī*</b>	Waitomo Papakāinga	s.396 level 1 accredited	Implementation
<b>Ngāpuhi*</b>	Ngāpuhi Iwi Social Services	s.396 level 1 accredited	Implementation
<b>Ngāpuhi*</b>	Te Hau Ora o Ngāpuhi	s.396 level 1 accredited	Readiness
<b>Te Iwi o Ngāti Kahu</b>	Te Iwi o Ngāti Kahu	s.396 level 1 accredited	Implementation
<b>Tamaki Makaurau region</b>	Te Whānau o Waipareira Trust	s.396 level 1 accredited	Co-design
<b>Waikato Tainui</b>	Waikato Tainui	not s.396 accredited as not delivering in the care space	Mokopuna Ora
<b>Ngāti Maniapoto</b>	Taumarunui Community Kōkiri Trust	s.396 level 2 moving to level 1 accreditation	Readiness for implementation
<b>Ngāti Ruanui</b>	Te Rūnanga o Ngāti Ruanui	s.396 level 1 accredited	Implementation
<b>Wellington region</b>	Te Roopu Awhina ki Porirua/Ngāti Toa	s.396 level 1 accredited	Implementation
<b>Ngāi Tahu*</b>	Tiaki Tāoka	s.396 level 1 accredited	Implementation
<b>Ngāti Kahungunu*</b>	Ngāti Kahungunu	Iwi Incorporated*	Co-design
<b>Ngāti Kahungunu*</b>	Ngāti Kahungunu ki Tāmaki Nui-ā-Rua	s.396 level 1 accredited	Readiness for implementation
<b>Te Atihaunui A Paparangi</b>	Tupoho Iwi & Community Social Services Trust	s.396 level 1 accredited	Readiness for implementation
<b>Ngāti Porou</b>	Te Runanganui o Ngāti Porou	s.396 level 1 accredited	Commissioning into planning for co-design
<b>Ngāti Kahungunu*</b>	Ngāti Kahungunu ki Wairarapa	s.396 level 1 accredited	Commissioning into planning for co-design

\* Also have Strategic Partnership agreements with Oranga Tamariki in place.

By 30 June 2022, through this partnerships, over 200 caregivers (approved or in the process of approval) have been recruited and whānau care partnerships are now widespread across the motu.

As we continue to grow our partnerships (expected to be up to 20 by 2025), and work across the motu, the number of caregivers and tamariki coverage will increase, as well as the assurance that all whānau caregivers are supported well.



## Enterprise Data & Analytics Programme (EDAP)

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As part of the Future Direction Plan we are implementing a data warehouse, reporting suite, analytics toolset, and data management capability within the agency. This will over time bring all the key data sets for self-monitoring together and provide a way to deliver both one-off and on-going reporting and analysis.

The Enterprise Data & Analytics Programme (EDAP) delivers the data management and analytic capabilities with the underpinning infrastructure needed to support the future direction of Oranga Tamariki and new ways of working. It will enable the use of data and information to make the right decisions in policy and practice at all levels of the organisation, inform how we support communities to plan and co-invest, and ensure transparency in reporting on progress towards outcomes.

Supporting tamariki and their whānau, and enabling hapū, iwi and other community partners needs to be underpinned by reliable data, good evidence, and the ability to work together.

At present our systems do not allow us to do that; where we do have data it is locked into silos and cannot be brought together, and the tools we provide our staff do not meet their needs or support their work. We are entirely reliant on an end-of-life MSD data warehouse which is expensive to maintain, extremely difficult to change, and does not reflect how we work today.

The programme is building a modern fit for purpose data and analytics platform for Oranga Tamariki; a place to bring our data together and store it, tools for our analysts and front-line staff, and ways to share data with our partners and other agencies.

### Target outcomes

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Increased trust and confidence in data and information, that improves the quality and consistency of decision-making

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Increased effectiveness and ease of use of analytic tools by staff

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Increased ability to support whanau, hapū, iwi, Māori collectives, caregivers, and communities with the insights they need to prevent and reduce harm for tamariki and rangatahi

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Increased ability to understand how tamariki and rangatahi are experiencing care i.e., current, accurate and equitable

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Increased adoption and use of data standards, tools and practices that preserve and enhance the privacy and mana of the people we work with.

### Target capabilities

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Deliver the foundations of the cloud data warehouse that stores and integrates data in one place

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Enable Whiti to use the cloud-based data warehouse

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Establish a data management function to ensure the data lifecycle is managed consistently according to best practice, so that the business can identify and access the best data for their purposes.

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Standardise the provision of analytical tools for users to explore data, create data products, and develop insights with a tamariki centred view.

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Provide access to multiple types of data for users without the complexity of changing the underlying infrastructure.

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Govern data and use standards, policies, processes, and tools that improve the quality and consistency of decision-making.

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Enhance existing data by accessing third-party data and data services securely.

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Securely provide access and/or share governed data and information, with Māori partners and communities.

## Oranga Tamariki Action Plan

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The Oranga Tamariki Action Plan (The Action Plan) was endorsed by Cabinet on 4 April 2022 and published on 8 July 2022.

The Action Plan is a collective commitment to prevent harm, and promote wellbeing, for the tamariki and rangatahi in the populations of interest to Oranga Tamariki. It requires the children's agencies – us, Police, and the Ministries of Justice, Health, Education and Social Development – to work together. There are several other agencies in the mix as well, such as Housing and Corrections.

The Child and Youth Wellbeing Strategy, launched in 2019, provides a unifying framework of outcomes that the government will work towards for all tamariki. The Action Plan sets out how we will work together to achieve the outcomes in the Strategy for the tamariki and rangatahi with the greatest needs. It is deliberately high-level, to enable agencies to further develop actions that are currently at an early stage, and to provide a platform on which future and more detailed actions can be built.

The Action Plan has three components:

- a collective agency commitment to prioritise the needs of tamariki at risk of entering care, in care or leaving care
- specific immediate actions each agency will make to act on this commitment
- shared needs assessment of key areas impacting tamariki and their whānau such as social housing and mental wellbeing in order to drive further action

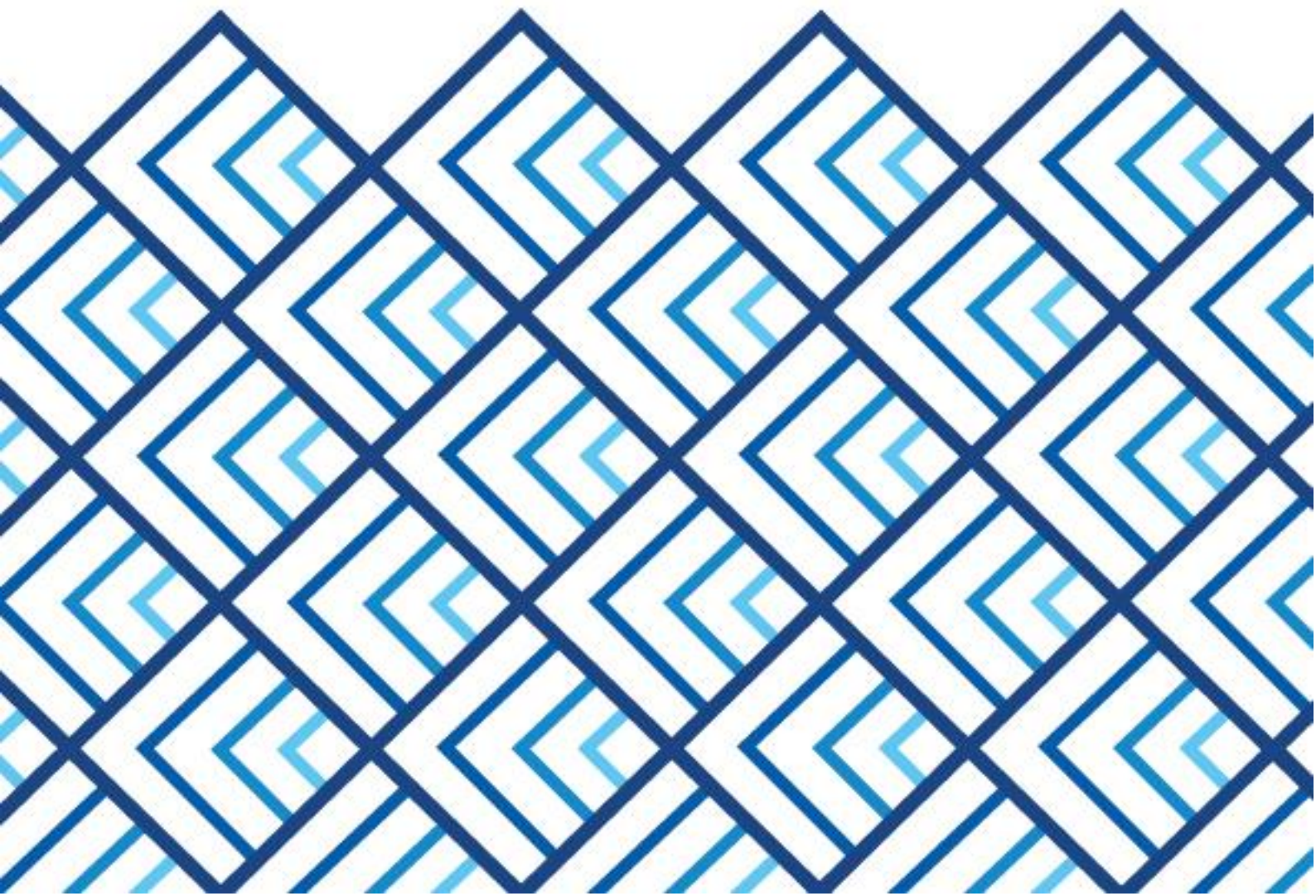
### Where we are heading

The Action Plan will enable stronger working relationships with our agency colleagues to help us achieve the mahi set out in our Future Direction Plan. This will enable all relevant agencies to drive integration across the children's system, moving from transactional and siloed services to a joined up, needs-based, outcomes-focused children's system.

These are significant changes to the way agencies work and will take investment and time to embed

# Oranga Tamariki Self-Monitoring Development

This section provides an overview of the tools that Oranga Tamariki currently leverages for Self-Monitoring purposes.





## Our current approach to self-monitoring

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### How we currently know whether we are meeting the needs of tamariki in care

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Our approach to self-monitoring continues to be developed, with a goal of establishing a robust and comprehensive self-monitoring system, for Oranga Tamariki that allows us to measure, demonstrate and report on our performance in relation to the National Care Standards as a first step, and to expand our self-monitoring capability across all services that we provide to tamariki, whānau and communities and alongside our partners.

#### Shifting confidence

A large part of our self-monitoring approach is to focus on the quality of data being recorded allowing us to have a high level of confidence in our structured data.

Having confidence will ensure that we can use structured data for timely reporting, and we are able to course-correct if expected results are not being seen. This also means that we can utilise approaches like casefile analysis to provide more focus on the quality of practice, rather than evidencing whether or not a particular action or practice has occurred.

We are focusing on a move away from our currently fragmented state, where data, tools and analysis do not always support each other to a robust cohesive state that encourages self-monitoring for continuous improvement utilising knowledge, learnings, and outcomes to validate areas and lift expectations.

#### Technology limitations

At present our ability to complete effective repeatable self-monitoring is limited by several factors:

- the limitations of our current system's ability to capture the appropriate information we need for self-monitoring
- the limitations of the analysis toolset we have access to
- the siloed nature of data within different source systems.

The [Enterprise Data & Analytics Programme \(EDAP\)](#) and [Whiti](#) development will eventually resolve these issues by bringing all our data together in a modern system with modern analysis toolkit.

In the meantime, we remain reliant on case file analysis, single system views and other interim pieces of analysis. There has been significant advances and development in our quality assurance practices. By using evidence-based sample design to provide statistically robust estimates our case file analysis is now generating comprehensive and actionable insights about our practice, including evidencing areas where we are noticing continuous improvement.

These measures provide some assurance and a degree of confidence about the manner and extent to which care standards are being met at a population level. They do not allow for effective repeatable self-monitoring, including assurance at the individual child level, without considerable effort and resource.

#### Consideration for regional models of practice

A move to locally led, regionally supported, and nationally enabled approaches is another key feature of our future direction. Consideration for the shift to regional and community models will need to be factored into our self-monitoring systems into the future. While the model of self-monitoring will be largely based on centralised models of what, where and how information needs to be recorded for us to demonstrate our compliance, as our approach matures it is envisaged regions will be able to focus on their own areas of improvement, targets, and self-monitoring.

This recognises that communities are best placed to understand the needs of the tamariki and whānau within them. Leveraging a common approach across all regions, providing tools to allow them to self-monitor with the flexibility to determine what is best for their community, and how they achieve it, means that compliance to the National Care Standards will be able to be understood from both a local and national perspective

In this section we will provide an overview of our systems, framework, environment, current state, and an indicative view of the journey towards maturing our self-monitoring.

## Self-monitoring systems

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Our view of self-monitoring is the ability for us to proactively review and improve our own performance, rather than rely on and react to the findings of reviews, external monitors, and other key stakeholders. It also forms a crucial element of overall performance management and continuous improvement.

A mature self-monitoring approach will include the ability for kaimahi and their supervisor and managers to identify and take action to address the needs of tamariki and whānau in real time, the ability to understand at a whole of population level at any one time the extent to which we are meeting these needs collectively and to understand how this is impacting the experiences and outcomes of tamariki in care.

While we have the core elements of our self-monitoring approach working within our system, further work is required to confirm our overall self-monitoring framework, approach, and model. Several key actions are already underway to do this. While these remain in development, it will continue to be difficult for us to demonstrate that we are fully compliant with s86(1)(b) of the NCS regulations, however, we are increasingly better placed to communicate the general principles and approach which will underpin our self-monitoring system and describe the planned improvements to get us there.

Our self-monitoring and continuous improvement approach needs to include an ongoing system of measurement, analysis, decision making and change. The challenge for our self-monitoring system is to bring these inputs, communication channels and stakeholders together to develop an integrated view of performance against the care standards and other practice expectations.

Many of the elements referred to in the Future Direction Plan and Oranga Tamariki Action Plan will support us in progressing this, such as the development of a fully integrated set of digital tools, greater access to cross agency information and an underlying culture of continuous improvement.

A progressive approach has been developed for establishing and improving the self-monitoring by Oranga Tamariki of the National Care Standards. We have developed a [framework](#) to articulate and co-ordinate how we will bring together our practices, policies, and indicators to garner insight and strengthen our ability to report compliance against the National Care Standards.

Ongoing regular review of the elements of self-monitoring will enable us to continue to identify opportunities for improvement across our self-monitoring, including both our practice, and the quality of data and information supporting continuous improvement and our performance against the National Care Standards.

## Self-monitoring discovery process

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A self-monitoring discovery process was developed that recognises the importance of the actual practice occurring, the action that kaimahi take to record it in our systems and how that then forms the data and insights to be used for reporting and self-monitoring. This approach strongly supports the Practice Framework and practice approach changes.

Our discovery process contains two distinct parts, the first is to determine **What we know**, the second is to determine **What we need to decide**.

### What we know

Using a workshop approach, with clear expectations of tasks and outcomes, subject matter experts followed a five-step process to allow us to capture and document; what our current practice, policy or guidance is, how we get insights into performance and if the insights tell the whole story, for all of the National Care Standards.

This approach allowed us to validate the processes that kaimahi follow and identify if the current state provides the right connectors from practice to record keeping to structured data used for reporting.

A key outcome of this part of the process is to surface if there are gaps between quality social work practice and the data being used to report on our performance.

We have completed initial workshops using this process on the National Care Standards regulations for Needs Assessment, Caregiver Support and Transitions to Independence to validate that the approach will allow us to refine the process further and have a better understanding of areas for improvement.

The inputs from these workshops informed an assessment of our current state of self-monitoring.



### What we need to decide

A five-step process will now be applied for each National Care Standard regulations. The steps in this part of the discovery process will be used to determine if we can measure our performance, what good looks like, if there are organisational priorities to consider, what impacts, if any, there are and how can we report consistently to self-monitor.

These steps are critical for us to build a clear picture of how we self-monitor against regulations and act upon areas that we have prioritised in order to understand if measures are reflective of quality social work practice or simple population-based figures.

The plan is for these steps to begin once we have finalised information from the **What we know** workshops and have finalised data for the 2021/22 financial year. It is expected this will be completed by late 2022 to inform self-monitoring for the 2022/23 financial year.

The insights from these workshops will be a critical input into the next stage of developing our complete self-monitoring approach and framework.

### Early learnings

The workshops we completed confirmed that many of the National Care Standard regulations cannot be measured, for compliance, based simply on structured data or analysis, therefore we need to be able to demonstrate compliance in other ways.

We have also identified some improvement opportunities in relation to tools that kaimahi use. These improvements would include linking quality social work practice to how and where quality record keeping should occur, with the intent of making it easier for kaimahi and to reflect the good work being done with tamariki and whānau.

## Self-monitoring – Environment

Applying the self-monitoring discovery process highlighted a need for us to be able to demonstrate the wide range of elements that make up our current self-monitoring environment.

The environment view provides us with opportunity to consider if existing elements can be used to provide self-monitoring insights or if there are gaps where new tools need to be made available to understand our compliance or performance.

Within the self-monitoring environment, we have identified five layers of self-monitoring; setting expectations, facilitating practice, data and information, experiences, and voices; and assurance and accountability. Each layer of self-monitoring includes two groups of elements. The layers, groups and elements are set out below.

### Self-Monitoring – Environment

The purpose of this diagram is to demonstrate the existing structures and elements that inform and support our practice, and the ways in which we currently enable, assure, and monitor our adherence to the National Care Standards.

\*Point-in-time – Key Information  
The detail included in this diagram only covers current key self-monitoring options that were either used previously or are becoming available in the next 6 months.

Within the self-monitoring environment, we have identified five layers of self-monitoring; setting expectations, facilitating practice, data and information, experiences, and voices; and outcomes and accountability. Each layer of self-monitoring includes two groups of elements. The layers, groups and elements are set out below.



Please note this is not an exhaustive list of each element for wider self-monitoring and practice at Oranga Tamaiti; it is intended to identify those which currently relate to the National Care Standards; nor does it indicate the quality of the elements listed.

Date Published 27 September 2022  
Not Government Policy – details subject to change

The image shown above was provided as a PDF attachment, [Self-Monitoring – Environment.pdf](#)

Elements from this environment will be used throughout this response to demonstrate and provide indication of where data measures or insights have been sourced from.

It is important to note that this view does not demonstrate our current state for self-monitoring for individual National Care Standard regulations, nor the extent of maturity of each individual element, simply that they do exist and are currently in use to contribute to our understanding of the extent to which the care standards are currently being met.

What we can say with some confidence is that many of the elements set out in the expectations and facilitating practice layers are relatively well developed (although always subject to review and improvement), with the notable exception of case recording which is impacted by the well-known limitations of the CYRAS recording system.

There has been a significant growth in the elements of in-depth evaluation, experiences and voices which are beginning to offer a much richer picture of our work than has existed in the past. Finally, while there is considerable work already underway, there is significantly more development required in the areas of structured data, assurance, and accountability.

# Self-monitoring – Roadmap

To demonstrate further development of our self-monitoring system we have mapped out steps from 2020/21 through to 2024/25 with details of what we plan to focus on, how we plan to evidence change and the tools that we will use to support this.

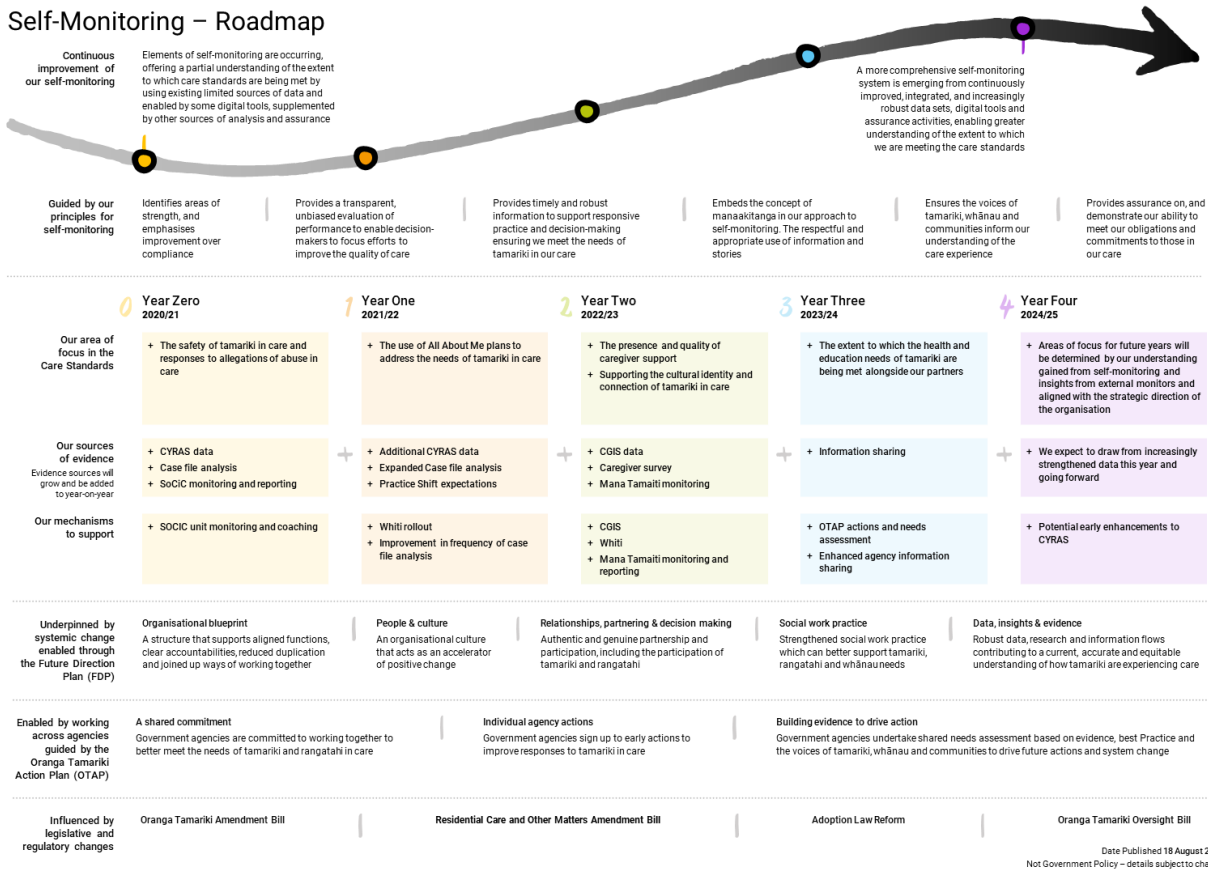
It also provides a view of our principles for self-monitoring and alignment with the Future Direction Plan and Oranga Tamariki Action Plan.

For each year, we have identified our area of focus in the care standards, the sources of evidence we will use and the mechanisms that will be used to support our self-monitoring. The area of focus will be chosen in part in response to priority areas of development identified in the previous year’s performance and in part to maximise opportunities arising from new sources of data becoming available.

This year we have focussed on strengthening practice with regards to reflecting the needs of tamariki in their All About Me Plans. Next year we intend to focus on the provision of caregiver support and supporting the cultural identity of tamariki and in 2023 and 2024, leveraging early opportunities arising from the Oranga Tamariki Action Plan we will focus on the extent to which the health and education needs of tamariki are being met.

We have also sought to identify those elements from the self-monitoring environment we will draw on most strongly to evidence progress and systemic enablers and tools that will support us to make progress.

## Self-Monitoring – Roadmap



Date Published 18 August 2022  
Not Government Policy – details subject to change

The image shown above has also been provided as a PDF attachment, [Self-Monitoring – Roadmap.pdf](#)



## Self-monitoring – Next steps

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To continue the development of our self-monitoring approach we will progress the actions identified below to ensure our self-monitoring is fit-for-purpose and moves from being disconnected to integrated, robust and comprehensive.

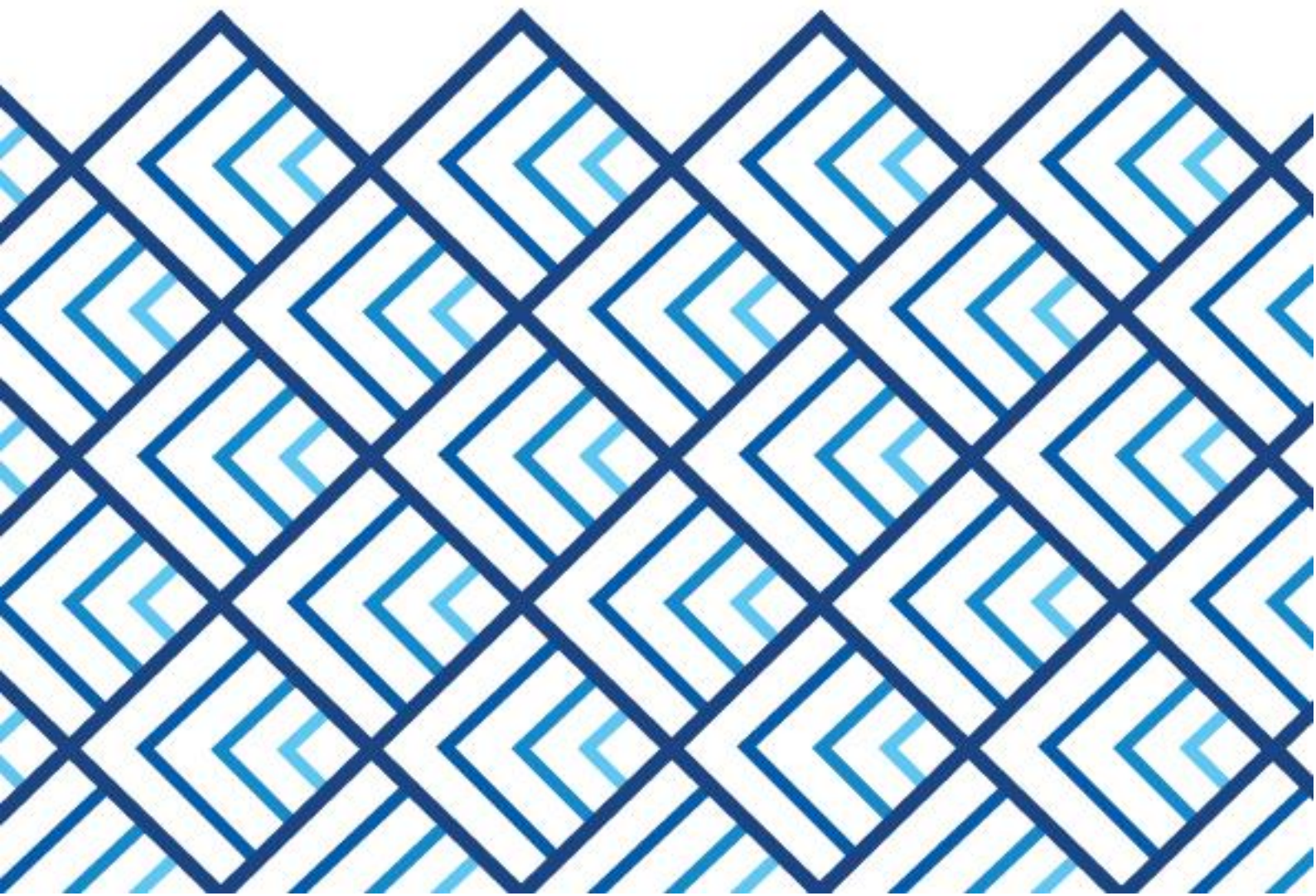
Over time this will also add depth and breadth to the extent to which we are able to understand progress more comprehensively against each care standard at the level of parts and sub parts.

Areas that will be developed include:

- **Current state assessment** – define and apply methodology that we will use to determine our ability to monitor and demonstrate compliance against the care standards
- **Maturity modelling** – how we describe our confidence in the data we use and how it shows compliance
- **Understanding what good looks like** – use evidence to determine what we should expect to see in our numbers and set baselines to target for improvement or maintaining standards
- **Quality of data capture** – ensuring that the connection between practice, reporting and use of data is clear
- **Further understanding of what self-monitoring means** – being able to demonstrate quality social work practice and how kaimahi are working with tamariki, whānau and others to address assessed needs
- **Timely reporting** – having an increased confidence that operational data can be used to understand performance throughout the year and take necessary action when performance is not as expected
- **Integrating data sets** – the ability to build a holistic view drawing insights and evidence from across the layers of the self-monitoring environment in an integrated way
- **Partnered data** – the ability to draw on interagency data sets (for example health and education) to build a more complete picture of how the needs of tamariki in care are being met

# Monitoring and reporting

This section is based on Part Six of NCS regulations (86 and 87) with reference to the reporting period of 1 July 2021 to 30 June 2022







## Compliance and non-compliance with the NCS Regulations

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### 1.1 Overarching statement about compliance and non-compliance with the NCS Regulations

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*Make an overarching statement about compliance and non-compliance with the NCS Regulations within the organisation. This should include a statement on progress by the organisation to self-monitor compliance; and on the system designed to ensure the collection of compliance information. We are requesting this statement to be based on the analysis of the measures parts one to five in section three of this request and take into account the confidence in the data collected for this purpose. Included in this is assurance from Care Partners on their compliance. It should also include how 'compliance' is defined by the organisation.*

*The organisations are not limited to these measures where they are able to supplement with their own understanding of compliance. For example, where data is not available for a measure, it is reasonable to identify a close alternative or an indicative measure that is available. This may identify some system enablers such as the delivery of NCS training to social workers and caregivers to demonstrate building capability to implement the standards.*

### Definition of Compliance

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For the purposes of this report, we consider 'compliance' with National Care Standards would be achieved when we have confidence that we were adhering to the NCS Regulations in all but exceptional cases.

Specifically, this would mean:

- Information provision would need to cover all the key requirements outlined in the regulations at the clause level.
- Information provision may be in the form of quantitative performance measures or may be in a variety of other forms which together paint a statistically significant and holistic picture of performance.
- Performance thresholds are achieved, or there are exceptional and specific reasons for not achieving. Performance thresholds are set at levels that reflect high but realistic expectations. For example, a social worker may not visit a child in care at the frequency described in the plan if the child has an infectious illness which prevents a safe visit. Therefore, limits will be set at a high threshold rather than a 100 percent compliance rate.
- Reasons for deviation are documented, and best efforts made to find ways to improve performance where an aspect of the Standards is not met.

### Statement of Compliance

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In line with the reported information detailed in this response, we consider that Oranga Tamariki remains **partially compliant** with the National Care Standards regulations.

While we consider we remain partially compliant, we have made positive progress in developing an understanding of our performance against the National Care Standards and as identified we have seen improvements in some areas of our performance throughout the last year.

### Progress to Self-Monitor Compliance

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In relation to Part 6 of the National Care Standards and the ability of the organisation to self-monitor, Oranga Tamariki has made progress since the implementation of the National Care Standards regulations.

We have provided details about our approach available at [Our current approach to self-monitoring](#).

## Information regarding Partnered Care 2022

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### Our work with Care Partners – About Shared Care

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A shared care partner is an organisation that provides care for a child who is in state care and in the custody of the Chief Executive of Oranga Tamariki, under the Oranga Tamariki Act 1989. Oranga Tamariki works with over 60 care partners that provide safe homes and places to live for tamariki in care. This includes partners providing care designed through the Whānau Care Initiative.

As at 30 June 2022, 555 tamariki were in the care of shared care partners, which is around 8.8% of tamariki in state care.

In shared care arrangements, Oranga Tamariki and the care partner have respective roles and responsibilities in providing care to ensure that the Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018 are met.

Oranga Tamariki maintains overall responsibility to provide a holistic assessment of a child's needs, strengths and aspirations and ensuring a support plan is in place so the care that is provided meets those needs. The All About Me Plan (support plan) is a central document that social workers and partners use. It sets out how the needs of each child will be met while they are in care. Care partners have overall responsibility to ensure their caregivers are assessed and supported in alignment to the standards set out in the National Care Standards.

### Changes introduced on 1 July 2021

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Oranga Tamariki and care partner organisations worked together (2019-2021) to introduce significant changes in how we work together to deliver quality care. The changes were aligned with the intent and aspirations of the National Care Standards and wider commitments such as the principles of mana tamaiti, whakapapa and whanaungatanga (section 7AA of the Oranga Tamariki Act 1989).

We agreed on a set of principles with care partners, which continue to guide our partnership. These principles include reducing duplication, creating more transparency and consistency across the sector, creating mutually beneficial information, and ensuring that tamariki and whānau are our starting point in everything that we do.

The changes focused on four key areas:

- The introduction of new Shared Care Service Specifications to outline our shared responsibilities in order to meet the National Care Standards.
- A move to an 'all in' approach to funding with revised funding policies and guidance.
- The introduction of the use of Data Exchange - a two-way data sharing tool to securely share information between Oranga Tamariki and care partners in a more timely and accurate way.
- A new approach to quality assurance including a new Quality Assurance Framework for partnered care and new roles and functions within Oranga Tamariki.

These changes were implemented from 1 July 2021. As we continue to work together to fully embed these changes into our practices, we are committed to a collaborative approach focused on meeting our collective obligations, continuous improvement, and achieving better outcomes for tamariki and rangatahi in care.

### Current reporting period 1 July 2021 to 30 June 2022

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This reporting period was the first year of implementation of those designed changes, the following section gives an overview of the first year, some of the challenges Oranga Tamariki and care partners encountered, and the focus for the next reporting period.

#### **Service specifications, Care Model Summaries, and contractual documentation**

In this reporting period, the new Shared Care Service Specifications came into effect and care partners and Oranga Tamariki developed and agreed Care Model Summaries for all models of care being provided by care partners.

Refer to [Service specifications, Care Model Summaries, and contractual documentation](#) for further details.





## Funding Models

We moved to provide 'all-in' funding for care partners in early 2021. This means the rates for care provide enough funding to cover most costs for supporting the needs of tamariki and rangatahi most of the time.

This 'all-in' approach was designed to reduce administrative burden on partners and Oranga Tamariki by removing the need to submit small transactional invoices for ad-hoc top ups to cover basic items. This has provided more autonomy for care partners to quickly meet the needs of tamariki and rangatahi in their care.

Refer to [Funding Models – Specific challenges](#) for further details.

## Data Exchange

The transition to the use of Data Exchange was planned to be implemented in two phases:

- Phase One allows care partners to regularly share a set of information requirements outlined in the Service Specification with Oranga Tamariki.
- Phase Two allows Oranga Tamariki to share information with Care Partners about tamariki placements, such as referral data in order to be better placed with reporting on contracted measures.

An information requirements table, which includes the baseline quantitative data Oranga Tamariki needs to collect to demonstrate that we are meeting our legal obligations, is outlined in the Shared Care Service Specification. That information should be used to inform the touchpoint conversations along with qualitative data collected by the partner.

Refer to [Data Exchange - Specific challenges](#) for further details.

## Quality Assurance of Partnered Care

The newly designed quality assurance approach involves a range of complementary activities and engagements to understand the quality of experiences and outcomes of partner delivered care.

- A new Quality Assurance Framework co-designed with care partners to underpin our interactions and approach
- Partnered Care Quality Assurance function involving regular, regionally led (nationally supported) engagements throughout the year. Insights from the information collected will be shared by various methods and engagements across the Quality Assurance Cycle, including:
  - Regular Partnership Touchpoints to create regular space for care partners and Oranga Tamariki to discuss and reflect on how the partnership is working, discuss experiences related to the Quality Assurance Framework, share successes, and address any concerns. Quantitative information from Data Exchange forms part of the evidence for these engagements.
  - Annual Partnered Care Reflection to take an opportunity once a year for care partners and Oranga Tamariki to celebrate positive outcomes, discuss the quality of practice, identify pockets of excellence and areas of improvement based on the previous year.
  - Data Exchange to support the sharing of information to support Quality Assurance activity.
  - Becoming a Care Partner process undertaken for bringing on and approving new care partners
  - Escalation process to provide an avenue for care partners and Oranga Tamariki to express, raise and escalate concerns and resolve as early as possible.
  - Celebration process to provide an opportunity to share successes and highlight positive experiences and quality practice.
  - Partnered Care Quality Review (two yearly) intended to be a more in-depth, nationally led bi-annual review – yet to be designed and developed.
- Te Kāhui Kāhu assessing the capacity of organisations to provide social services, focusing on areas such as governance, health and safety, staffing, and financial management
- Communities of Practice to generate and share best practice knowledge, insights, learnings, and challenges.

These engagements and planned support of communities of practice provide the opportunity for care partners and Oranga Tamariki to self-monitor their own compliance with the regulations and to have a system of continuous improvement in place.

Oranga Tamariki worked with a Care Partner Quality Assurance working group to design the framework, function and processes in the new approach and identified a need to further develop some mechanisms beyond 1 July 2021.

A Quality Assurance Hub was established to provide support and leadership to Oranga Tamariki kaimahi and care partners. This Quality Assurance Hub sits within Māori, Communities and Partnerships and is made up of a Quality Manager, three National Quality Leads and a Quality Analyst.

Refer to [Quality Assurance of Partnered Care - Specific Challenges](#) for further details.

#### Focus for the next reporting period

Quality Assurance activity in the next reporting period will focus on:

- Continuing to hold and build on Partnership Touchpoints in order to gain a full year of learning and information.
- Conducting Annual Partnership Reviews following a full year of Partnership Touchpoints.
- Developing more comprehensive processes for the collation and sharing of information gathered from all parts of the Quality Assurance approach to support collective learning, continuous improvement, and improved quality of care alongside on-boarding remaining partners to Data Exchange.
- Continuing to build upon and implement the final Quality Assurance approach using the key recommendations from the Partnered Care Quality Review Focus Group which included:
  - A team with Te Ao Māori expertise should lead out on any future work to design the proposed Partnered Care Quality Review.
  - Feedback received from the focus group to date should be considered, prioritised, and used to inform future design, and further consultation with this group should feed into the continuous improvement of the existing components of the Quality Assurance cycle and/or inform the design of the Partnered Care Quality Review.
  - Delay the implementation of the final aspects of the Quality Assurance approach until the initial parts have been operationalised for a period of time (1-2 years).

More information about the Quality Assurance approach it is available via the link below:

[Quality Assurance | Oranga Tamariki – Ministry for Children](#)

The Quality Assurance function within Partnering for Outcomes supports quality practice and learning across Partnered Care. It also has a role in confirming new care partners.

## Action since last ICM Annual Report

### 1.2 Narrative of actions since last ICM Annual Report

Last year Oranga Tamariki provided a statement on actions they had implemented or planned to implement. Please provide a brief narrative of how these actions have helped to improve the quality of care for tamariki and rangatahi:

### How actions have helped to improve the quality of care for tamariki and rangatahi

All actions that we are taking as defined by the [Future Direction Plan](#), [Oranga Tamariki Action Plan](#) and other planned work stemming from them are based on the principle that they will improve the quality of care for tamariki and rangatahi.

#### Agreed actions – by 12 months of the response (January 2022)

The following table details actions we agreed to take based on our response to the 2020/21 ICM Annual Report. Information and insights in relation to work done and improvements are in the following sections.

We had targeted to complete 69 actions by the end 2022, we have currently completed 68% of these actions plus another four additional longer-term actions have also been completed for a **total of 51 actions completed**. This demonstrates our commitment to these actions with another quarter of the year to complete the remaining 22 actions.

Action area	Completed/Total	Met/Completed <sup>†</sup>
<a href="#">Gaps in monitored agency data limits our ability to fully understand how they are meeting their obligations under the NCS Regulations</a>	5/9	56%
<a href="#">Self-monitoring of compliance with NCS Regulations needs to improve, so we can understand the quality of care and how to improve</a>	3/5	60%
<a href="#">Tamariki and rangatahi do not know and understand their rights</a>	8/13	62%
<a href="#">Connections with whānau and culture are important for tamariki Māori in care</a>	3/4	75%
<a href="#">Oranga Tamariki respond well when tamariki enter care; practices weaken during their time in care</a>	6/7	86%
<a href="#">Caregivers need more support</a>	10/12	83%
<a href="#">Agency support of health needs, especially mental health needs, is variable</a>	6/7	86%
<a href="#">Agencies not communicating and working together effectively is a common barrier to achieving outcomes</a>	6/12	50%
<b>Total agreed actions – due to be completed end December 2022</b>	<b>47/69</b>	<b>68%</b>

<sup>†</sup> Met/Completed means that the intent of agreed action has been covered by work done. It will also include some actions that were aimed at enabling next steps/embedding for continued development or improvement.

#### Remaining agreed actions

We are tracking the progress of the agreed actions and seeking updates from accountable business owners regularly, based on deliverables/timeframes that have been advised.

All remaining agreed actions (36) are in progress, these include actions that are long-term solutions or going through complex design processes. The table below shows actions that were estimated to take longer than 12 months.

Action estimated time to meet/complete	Completed/Total	Met/Completed
12–18 Months	2/11	18%
18+ Months	0/1	0%
Require further scoping	2/6	33%



## Improving practice (identified in Experiences of Care in Aotearoa 1 July 2020 to 30 June 2021 report)

As detailed in the Experiences of Care in Aotearoa 1 July 2020 to 30 June 2021 report, we stated that, Oranga Tamariki will be training frontline staff, updating practice guidance, and strengthening its professional supervision of social workers. It will measure improved performance by its delivery of these initiatives, and their results.

### Invest further in training for frontline staff

We said we expect to invest further in training for frontline staff, with a focus on social work practice in support of the rollout of the new Practice Shift and will incorporate what we have learned to date about the most effective methods of building NCS capability.

The following demonstrates the work we have progressed in this area of focus:

#### Te Hāpai Ō

Te Hāpai Ō is a whole of organisation approach to build Māori cultural capability of all Oranga Tamariki staff and develop an organisational culture that enables cultural authenticity.

Te Hāpai Ō prioritises two areas for development:

- **Staff Development:** tools and resources to develop and grow the cultural capability of Oranga Tamariki staff.
- **Organisation Development:** tools and resources to develop and grow an organisational environment to support cultural capability

Within these priority areas are five foundational workstreams:

#### Staff Development

- **Tū Māia training programme:** development and delivery of a cultural capability training programme for all Oranga Tamariki staff.
- **Te Hāpai Ō resources:** development of a suite of online resources to support the cultural capability of all Oranga Tamariki staff.

#### Organisation Development

- **Māori Cultural Capability Baseline:** development of a baseline measurement of the cultural capability of Oranga Tamariki staff and our organisation.
- **Evaluation Framework:** development of an evaluation framework for Te Hāpai Ō to monitor its effectiveness, evidence any shifts and inform the continued investment in Te Hāpai Ō to strengthen our cultural capability.
- **Te Reo Māori strategy:** development a Te Reo Māori strategy to ensure that Te Reo Māori is spoken, understood and valued at Oranga Tamariki.

Tū Māia is a significant training programme investment where we have partnered with New Zealand's leading Māori tertiary providers, Te Wānanga o Raukawa, Te Wānanga o Aotearoa and Te Whare Wānanga o Awanuiārangī. Jointly, they have designed and are delivering a Māori cultural capability programme to our people. Tū Māia is a 21-week learning programme, delivered in 3 modules through blended delivery of noho wānanga, weekly online classes and self-directed learning activities.

Tū Māia also aligns to Whāinga Amorangi, a cultural capability framework developed by Te Arawhiti for the public service. In May 2022, the inaugural intake of our training programme allowed 500 Oranga Tamariki staff participate in Tū Māia where 366 are from our frontline teams (Service Delivery) including 166 staff in direct frontline roles.

Te Hāpai Ō resources are available to Oranga Tamariki staff, including our frontline staff through our online learning management system, myLearn.

The baseline survey was released to all Oranga Tamariki staff with a 54% response rate. Survey results will be analysed to determine our baseline measurement of both staff and organisational cultural capability. An evaluation framework is under development and alongside the baseline survey will allow Oranga Tamariki to evidence any shifts in cultural capability, including how and where to prioritise cultural capability investments over time.

## Development of the Practice Shift programme

We said that we would continue development of the Practice Shift programme.

The Practice Shift programme itself provides an opportunity to reiterate what is expected of practitioners, particularly regarding working in partnership with whānau, hapū and iwi, and supporting cultural connection. The Regional Practice Change Networks will support sites and regions in making this shift through providing forums to discuss progress and identify areas for additional learning activities.

The following demonstrates the work we have progressed in this area of focus:

We are making a fundamental shift in our approach to practice, at the heart of which are the relationships built with tamariki, rangatahi, whānau, communities and our partners. This shift requires us to work alongside others to strengthen the support we provide to strengthen the oranga of the tamariki, rangatahi and whānau we serves At the forefront of this approach are practice partnerships with iwi and Māori.

We are shifting Oranga Tamariki practice from a western/eurocentric position to one that is Māori centred framed by Te Tiriti o Waitangi | the Treaty of Waitangi, supported by a mana enhancing paradigm and draws from Te Ao Māori principles of oranga.

### Practice is framed by Te Tiriti o Waitangi | the Treaty of Waitangi

Te Tiriti frames the practice relationship between the Crown and Māori. Oranga Tamariki practice is underpinned by a mana enhancing paradigm, which has a strong evidence base within social work and other disciplines in Aotearoa. Oranga Tamariki aspires to apply Te Ao Māori principles of oranga in its practice to better meet the needs of tamariki, rangatahi and whānau Māori as well as all tamariki and whānau we work with.

This approach allows kaimahi to understand tamariki and rangatahi within the context of their whakapapa. It is recognised that the oranga of tamariki and rangatahi is realised within the collective oranga of whānau, hapū and iwi. This approach is more aligned with how iwi, Māori and community work with whanau and therefore creates opportunities for us to practice collaboratively.

### Practice underpinned by Te Ao Māori principles

The practice shift encourages us to draw first from Te Ao Māori sources of knowledge, methods, and principles. This allows for more effective partnership with Māori communities by drawing on similar values and principles. Belief that Te Ao Māori principles are relational, restorative, and inclusive means we can consider that practice which draws from these principles, will benefit tamariki, rangatahi and whānau Māori and better meet the needs of all tamariki and whānau we work with.

### Developing a new practice framework

We have introduced a new [practice framework](#) that guides and supports kaimahi when working with tamariki, rangatahi, whānau and partners. The framework embeds in practice an understanding of tamariki within the context of whakapapa and oranga.

It describes rights, values, and obligations to guide the mahi with knowledge, methods, and skills to draw on that help kaimahi to reflect on and strengthen their practice.

### Supporting Māori specialist roles and communities of practice

We support communities of practice across regions, through tangata whenua kaimahi networks and Māori specialist roles. Kaiarataki have been recruited in regions to coach and support leaders in the changing approach to practice.

These specialist roles help facilitate connections with whānau, hapū and iwi and support whakapapa connections and the maintenance of whanaungatanga responsibilities for tamariki.

These roles have been integral in building local communities of practice in order to empower regions to identify and implement the changes they see as most important to improve practice in their area.

## Next steps

We are now entering a six-month trial with four sites (three in Tāmaki Makaurau and one in the South Island) in which the new applied practice resources will be used in practice and assessed across all service lines.

The new resources are designed to support relational, restorative, and inclusive practice that leads to informed tamariki and whānau led decision making, from the point of entry through to exit of an Oranga Tamariki service.

As part of the trial process sites have been completing a 12-week learning cycle aimed at laying the foundations for understanding the practice approach and introducing the practice framework.

Further development of the practice resources and tools which will support application of the practice approach continues as follows:

- Completed development of the Mirimiri ā-kōrero tool and associated guidance for trialling (we expect this will eventually replace the existing Child and Family Consult tool).
- Approach planned for trials to assess and evaluate the framework and tools in practice within a small number of sites.
- Refreshed Te Toka Tūmoana cards and resources and a completed a set of cue cards for Samoan aspect of Va'aifetu Practice Model.
- Oranga framing described for practical application (in progress).
- Āta facilitation guide (in progress).
- Finalise evaluation approach (in progress).

We are providing increased training and support for frontline leaders to appropriately respond to performance data and information as part of the rollout of the Whiti tool. Nationwide roll out April–August 2022 and ongoing as new information is released.

## A refreshed Leaders in Practice Programme and focus on supervision

**We said the Leaders in Practice Programme has been developed and is currently being rolled out to strengthen supervision.**

**The following demonstrates the work we have progressed in this area of focus:**

We have partnered with Te Wānanga o Aotearoa to provide the Kaitiākitanga Postgraduate Diploma in Bicultural Professional Supervision, Level 8. The qualification is managed fully by Te Wānanga o Aotearoa and supported by Oranga Tamariki.

In 2022 we had 22 Oranga Tamariki kaimahi complete the programme, with the potential for further placements in 2023. The stated aims and outcomes are:

- Develop competent, conscious, and confident practitioners of kaitiākitanga (applied in the context of professional supervision)
- Produce effective leaders of kaitiākitanga in the community of bicultural supervision
- Influence the practice of kaitiākitanga/supervision through evidence-based practice informed by Māori and non-Māori worldviews and knowledge
- Address the need for culturally competent kaitiāki/supervision practitioners in a range of different disciplines
- Develop models of kaitiākitanga that contribute to the wider understanding in the community of bicultural supervision
- Advance rangahau contributions of consequence to fill the literary void that currently exists in the field of bicultural supervision
- Develop critical conceptual rangahau scholars in the field kaitiākitanga/supervision

Other work underway includes:

- Development and implementation of a refreshed and accredited Leaders in Practice Programme and Puāwai Induction Programme continues, including ongoing work to align with the Oranga Tamariki practice approach.
- Drafts completed and presented for the (proposed) Professional Development Capability Framework and Recognition Framework.
- Discussions are underway with NZQA to establish relationships and re-establish Oranga Tamariki with a Government Training Establishment status, so we can micro-credential with NZQA.
- Established working relationship with SWRB to align learning outcomes with annual practice certificate competencies for social workers.
- Continuous improvements of existing core learning content to align with new Practice Framework.

#### Focus on supervision

Please also refer to further details about our focus on [supervision](#) in the [Self-monitoring of compliance with NCS Regulations improvements](#) section.

## Delivering a programme to improve tamariki and rangatahi understanding about their rights and entitlements

We said in 2021 and 2022 we will develop and deliver a programme of work that aims to improve tamariki and rangatahi understanding about their rights and entitlements. This could include resources, practice guidance, or training.

The following demonstrates the work we have progressed in this area of focus:

#### My Rights My Voice

We have updated the 'My Rights My Voice' resource to better reflect Te Ao Māori and relational practice. Publication is underway and it will be released in September 2022.

The guidance on Rights of Tamariki in Practice Centre - Whakamana Te Tamaiti through Advocacy has been updated. Internal communications were released alongside the updated resources outlining for kaimahi how these resources will support them to meet the NCS Regulations and help them to communicate key messages to tamariki and rangatahi in a child-friendly way.

#### Care and Protection Residence Welcome booklet

Welcome booklets have been developed and continue to be refreshed for Puketai and Epuni to ensure tamariki and rangatahi understand their rights and entitlements.

In addition, kaimahi revisit with tamariki what they can expect and what their rights are on a three weekly basis using programmes designed for the age and abilities of the tamariki.

#### Youth Justice Residence admission process

Youth Justice kaimahi take rangatahi through an admissions process where they are provided with an orientation around life in the residence. This covers their rights and the systems in place to enhance their oranga.

Their rights and how to make a complaint are revisited with tamariki and rangatahi on a weekly to three weekly basis and displayed visually within each unit. Clinical teams make contact with whānau and provide a similar overview to whānau and caregivers while seeking their voice.

#### VOYCE Whakarongo Mai

Monthly meetings have been established with National Residence Managers and VOYCE – Whakarongo Mai. VOYCE kaiwhakamana visit tamariki and rangatahi in residences on a 1-2 weekly basis nationally.

## Whāia Te Maramatanga

Grievance Panel members regularly visit our Care and Protection and Youth Justice residences to engage with tamariki and rangatahi and ensure they understand how the grievance process (Whāia Te Maramatanga) operates.

Grievance Panels typically visit between 1-3 times a month and more if requested. All Residences have a process in place to schedule Grievance Panel visits. Further work is required to schedule end of quarter meetings between the residences and the Grievance Panel, prior to the Grievance Panel's completing each Quarterly Report.

A visual diagram of Whāia Te Maramatanga, which outlines the steps a grievance goes through to ensure it is thoroughly investigated and how tamariki will have a voice throughout the process, is also displayed in each unit,

## Manaaki Kōrero

Manaaki Kōrero is a project where Oranga Tamariki and VOYCE – Whakarongo Mai are partnering to facilitate co-design with tamariki, rangatahi and whānau to describe a future-state blueprint for fit-for-whānau feedback, complaints, information and advice systems and processes.

There are two streams under this project:

- Immediate improvements to the residential grievance process. (led by Oranga Tamariki)
- Designing with tamariki, rangatahi and whānau the blueprint for a complaints, information, assistance, and advice service that meets their needs. (led by VOYCE – Whakarongo Mai)

While VOYCE – Whakarongo Mai leads the design work with tamariki, rangatahi and whānau on a blueprint for the future complaints, information, assistance, and advice service, we are implementing a set of immediate improvements to the residential grievance process to support tamariki and rangatahi now.

These improvements are based on feedback from tamariki and rangatahi, and those involved internally and externally in the operation and oversight of this process, and includes:

- improving the language and accessibility of tools/resources.
- developing multiple mechanisms to support tamariki and rangatahi to make a complaint (including making a complaint digitally).
- teaching how to make a complaint as a social skill.
- improving investigation standards and training for kaimahi.
- increasing the profile of advocacy in residences.

Insights gained from the Manaaki Kōrero project will help inform wider work under Action Point 1.8 of the Oranga Tamariki Future Direction Action Plan – *“Place the voices of tamariki and whānau at the centre of decision making at all levels and support tamariki and whānau to participate in and be central to decision making.”* These insights will also drive continuous improvement and potentially significant systemic change in the overall management of our response to feedback and complaints across all services to tamariki and whānau so that they are responsive, supportive and ‘fit for whānau’ as envisaged in the Future Direction Plan.

## Te Waharoa

A new induction package aligned to the practice of our Care and Protection residences and community homes, Te Waharoa, is in the design stages of development.





## Agency response (to Experiences of Care in Aotearoa 1 July 2020 to 30 June 2021 report)

In our response to the first full report of the Independent Children's Monitor, we stated that we acknowledge that, while our self-monitoring has improved, the issue of recording continues to impact on our ability to demonstrate compliance with the NCS Regulations. As noted in the report, it is a key area of focus for us, and we have committed to improving data and how we capture and use information. Fully achieving the aspirations of the National Care Standards will take time and continues to form part of our multi-year transformation journey.

Our response to the key findings detailed what we will do to strengthen specific areas of practice.

### Gaps in monitored agency data

**We agreed there is further work to do to expand data and information on whether we are meeting our obligations under the NCS Regulations and are working to address these gaps.**

**In the short-term (i.e. within the next financial year), we said we would:**

- Expand the question set and frequency of case-file analysis, including broadening the scope to include residences.
- Monitor the participation of new, fully approved and provisionally approved caregivers in the 'Prepare to Care' training programme on a monthly basis; the subsequent implementation of the new Caregiver Information System (CGIS), will capture more administrative data on learning and support for caregivers.
- Launch a new whānau survey to collect more information on the experiences of parents and whānau.

**In the medium-term, there are specific actions that will improve our ability to understand and monitor our compliance. We said we would:**

- Explore options for replacing our main case management system (CYRAS).
- Utilise the Social Wellbeing Agency's Data Exchange and other information sharing initiatives to identify any gaps in the support delivered to those who are referred to other services (also through working with other agencies as part of the Oranga Tamariki Action Plan).

**The following demonstrates the work we have progressed in this area of focus:**

#### Expansion of the Case File Analysis questionnaire and frequency

To support the continuous strengthening of our self-monitoring of the National Care Standards, we have undertaken significant work to strengthen and increase investment in our case file analysis approach.

Last year, we undertook a one-off piece of case file analysis to provide a more robust and evidence-informed understanding of the quality of practice against core components of the Care Standards, and to support the provision of information to the Monitor in response to the 2021 annual information request.

The question set and frequency was expanded in October 2021, and we have now embedded this case file analysis mechanism as a core part of our routine practice quality assurance activity. This involves a review team adopting, an evidence-based approach to sample around 200 cases every quarter against National Care Standards requirements. This is in addition to ongoing quarterly oversight and the provision of individualised feedback at a local level by site-based Practice Leaders using the Quality Practice Tool.

We are now moving into a period of further review and refinement of our case file analysis approach before we commence our first practice quality assurance activity for the 2022/2023 financial year.

This will provide us with a valuable opportunity to identify further areas in which we can expand and/or strengthen our case file analysis to better meet the needs of Oranga Tamariki and the information needs of the Monitor.

We will be conducting this work in August/September before commencing our planned quarter one case file analysis in October and would welcome a discussion with the Monitor to support and inform this development activity.

### **Monitoring the participation of caregivers in the Prepare to Care training programme**

We are monitoring the participation of new, fully approved and provisionally approved caregivers in the Prepare to Care training programme on a monthly basis using a new report from the Caregiver Information System (CGIS).

This will give us the numbers of new approved Caregivers and new Caregivers who have completed the Prepare to Care programme.

### **Collecting information on the experiences of parents and whānau through new Whānau Survey**

We have assessed the viability, effectiveness, and value of developing a Whānau Experience Survey to add to the Oranga Tamariki Survey monitoring programme.

A pilot was running in June/July 2022 and will be followed by the release of an internal report in September 2022 which will provide the foundation for future work.

### **Explore the options for replacing the main case management system (CYRAS)**

Our case management system CYRAS does and will continue to limit our ability to measure performance at the granular level due to the system being outdated and designed well before the NCS Regulations took effect.

Part of the Oranga Tamariki Future Direction Plan specifically, Action 5.2 requires that we explore options for replacing the Oranga Tamariki case management system in a cost conscious and timely way. The replacement will capture more detailed information on, for example, the needs of tamariki and whānau, progress in meeting those needs, and the experiences of tamariki and whānau who interact with us and will therefore support a significantly strengthened self-monitoring framework.

Work to address this action is underway, with a programme business case being prepared to determine options for replacing the system. Initial work has been done to estimate costs for digital enablers to enable transformational change. Subject to Treasury and Cabinet consideration of these recommendations, we anticipate early enhancements to be able to begin to be introduced from mid-2024.

A full replacement of the suite of digital enablers to enable transformational change, including case and care management (CYRAS), will take significant effort and time (several years).

We have seen through the successful introduction of the [Caregiver Information System \(CGIS\)](#) that it is possible to build a case recording platform that co-exists with CYRAS but is more user friendly in relation to recording and extracting information. For example, CGIS is more easily searchable than CYRAS, has additional functionality such as the ability to send emails from within the case record and provides a more complete narrative of our involvement over time. These are the types of functions we will be able to embed into the future CYRAS replacement in time. It is also likely that we will be able to build components of the system in stages, meaning that we will be able to make early progress on identified priority areas for improvement. Opportunities for the new case management system to support practice in partnership with others will also be explored.

### **Using the Social Wellbeing Agency's Data Exchange to identify any gaps in the support delivered**

The implementation of the Data Exchange (using the solution sponsored by the Social Wellbeing Agency) will also be an important step forwards in our ability to safely share and receive information with other organisations. Eight care partners have been successfully migrated to the Data Exchange, with a further seven in testing. Progressive rollout to all care partners will continue through 2023.

## Self-monitoring of compliance with NCS Regulations improvements

We agreed that while the systems we have in place to self-monitor compliance have strengthened since 2019, they are not yet comprehensive and there is more to do to develop their maturity.

We advised of are several initiatives underway to enable this:

- Roll out of our new performance reporting suite, Whiti, is expected to be rolled out to all sites by the end of the financial year.

Implementing the new CGIS in early 2022 over a three-month rollout period, with a subsequent period of embedding. From July 2022, it will provide long term benefits including greater visibility of each caregiver's journey with Oranga Tamariki and performance reporting to target areas for enhancement in our day-to-day operations.

We also said we would:

- Invest further in the ability of supervisors to support individual social workers to improve their practice.
- Share more detailed information with sites and regions on areas for improvement that have been identified through ongoing casefile analysis.
- Develop our governance mechanisms to ensure effective feedback loops from self-monitoring activities at the national level.

The following demonstrates the work we have progressed in this area of focus:

### Developing the new performance reporting suite, Whiti

The project started with two early-release regions in a learn and grow phase for the development, training, and use of Whiti. Kaimahi and leaders from the regions and the Regional Manager group were part of the design and approach for national roll out and their feedback has been positive about the contribution that Whiti is making to their mahi.

Whiti works at three levels:

- it is a tool that helps kaimahi have an overview of the tamariki and whānau they are working with and gives them access to information which assists in planning and prioritising their work.
- it provides a more agile and responsive set of reporting tools and functions that can be used to understand and inform practice at a team, site, region, and national level.
- it offers a wider range of sources for data to be used and displayed.

Whiti was released to early release regions in May 2022. It went live for all Services for Children and Families sites and regions in late June 2022. Training for kaimahi in the first tranche of the national on-boarding (Services for Children and Families teams in the East Coast, Canterbury, and Upper South regions) has occurred.

The implementation emphasis was on weaving Whiti into normal business activities, meetings, site operating rhythms and processes – to reduce pressure on frontline, align with other change initiatives and to enable kaimahi to see how Whiti supports their day-to-day mahi.

On-boarding includes a three phased approach:

- familiarisation (toolset),
- training (skill set)
- coaching (mind set)

### National Roll Out to Services for Children and Families

On-boarding for teams is over a four-month period. This commenced nationwide in June and continues through to October 2022. Training is provided for each site to support kaimahi using Whiti as a team and in their own mahi.

When teams start using Whiti they are supported by both project and operational kaimahi, including practice specialists.

We are well over halfway through on-boarding over 2,200 kaimahi. Coaching will continue through the year with across regions and with kaimahi in specific roles to embed Whiti.

## What is next

The Whiti project is continuing over F2023 with the design and development of further pages to assist kaimahi to plan and manage their work. This will include extending out to Youth Justice and caregiver related activities.

The change programme for Whiti includes exploration of on-going training options i.e., incorporating it into Puawai induction modules and inclusion in the Supervisor development programme.

We also need to ensure kaimahi have the right computer and data literacy skills and will seek to address any gaps via coaching and post-training follow up and in the long term this will form part of our enduring suite of professional development training.

## Implementation of the new Caregiver Information System

The Caregiver Information System (CGIS) initial rollout occurred in February and is being rolled out to regions incrementally through to June 2022. Data from 1 July 2022 onwards will be able to be reported on using the new CGIS system.

Please refer to [Caregiver Information System \(CGIS\)](#) for more information about CGIS.

## Invest further in the ability of supervisors to support individual social workers

A key tenet of our practice approach hinges on supervision as a formal, ongoing process that supports kaimahi in their relational practice and is a mechanism for kaimahi change, support, stretch and growth as well as their professional development and oranga (wellbeing).

The roll-out of our new practice approach is premised on the pivotal roles of practice leaders and supervisors in leading and supporting this change. Our Oranga Tamariki professional supervision policy sets out the purpose of supervision within the organisation.

Supervision sessions are to take a reflective approach, and provide a discrete and safe opportunity that assists staff to:

- reflect on how their own perceptions, biases, attitudes, and beliefs impact on practice.
- identify knowledge and skill deficits and seek clarification.
- reflect on any feedback and integrate changes into practice.
- think about what they did and what happened, and to consider what was effective in their practice and what could be strengthened.

## Current supervisor training

Professional Development offers four Delivering Supervision programmes annually – catering for 80–100 new and emerging supervisions. The programme criteria allows for any Oranga Tamariki staff who supervise other staff the opportunity to register and attend.

## Supervision Survey and actions to enhance supervision

A survey of social workers and supervisors to better understand the current capacity and practices of social work supervision within Oranga Tamariki was carried out early 2021. A report of the findings was published internally in October 2021.

A range of recommendations from that report, as well as recommendations from Te Kahu Aroha and actions within the Future Direction Action Plan are being responded to, with work progressing on the development of a Supervision Approach for Oranga Tamariki, as well as development and trialling of a new Tangata Whenua and Bi-cultural Supervision Model. We are also progressing a group supervision approach for supervisors and leaders of practice to provide some immediate opportunities to strengthen the quality of supervision currently being provided.

As noted above, we are also seeking to continue our partnership with the Wananga on bicultural post graduate supervision training.

## Sharing information with sites and regions

We share detailed information with sites and regions on areas for improvement that have been identified through ongoing casefile analysis. We are looking to strengthen the way that these insights are shared in a more co-ordinated way across a range of practice domains in order to make it easier for service delivery managers to identify and take action on areas for improvement.

## Ensuring effective feedback loops from self-monitoring level at the national level through the governance mechanisms

Formal governance mechanisms, starting with Te Riu, are under review.

A new governance structure is expected to be embedded by the end of 2022 with a particular focus on key aspects of the new organisational strategy.

Governance membership will include appropriate Te Riu sponsorship, a mix of tier three leaders across the organisation, representation of Māori, Pacific and Tāngata Whaikaha perspectives and the potential for external membership where this is appropriate.

Governance will continue to benefit from the insights of external advisory groups including the Māori Design Group, Pacific Panel, Youth Advisory Group and a soon to be established Tāngata Whaikaha/Disability advisory group.

## Tamariki and rangatahi do not know and understand their rights

We advised of several initiatives underway to improve this:

- We are strengthening our feedback and complaints system, so that it is fit-for-whānau and ensures tamariki, rangatahi and whānau have their voices heard and have confidence in the process. This is being actioned under Manaaki Kōrero.
- We are updating the 'My Rights My Voice' resource to better reflect Te Ao Māori and relational practice.
- The introduction of a new Practice Framework that has the rights of tamariki and whānau, and our obligations to them, at the centre.

The following demonstrates the work we have progressed in this area of focus:

**Implementing Manaaki Kōrero project in order to design and deliver feedback, complaints, information, advice, and assistance processes that meet the needs of tamariki, rangatahi and whānau**

Please refer to the response under the heading [Delivering a programme to improve tamariki and rangatahi understanding about their rights and entitlements](#)

**Updating the 'My Rights My Voice' resource**

Please refer to the response under the heading [Delivering a programme to improve tamariki and rangatahi understanding about their rights and entitlements](#)

**Development of the new Practice Framework that has the rights of tamariki and whānau, and our obligations to them, at the centre**

We continue to progress the fundamental shift in our practice with the introduction of a new Practice Framework in 2021 and associated practice models and assessment approach. This shift in practice is designed to:

- support relational and rights-based practice;
- strengthen whānau-led decision-making and enable whānau to create their own solutions for their tamariki; and
- consider the oranga of tamariki in the context of their whānau and whakapapa.

### Practice Framework

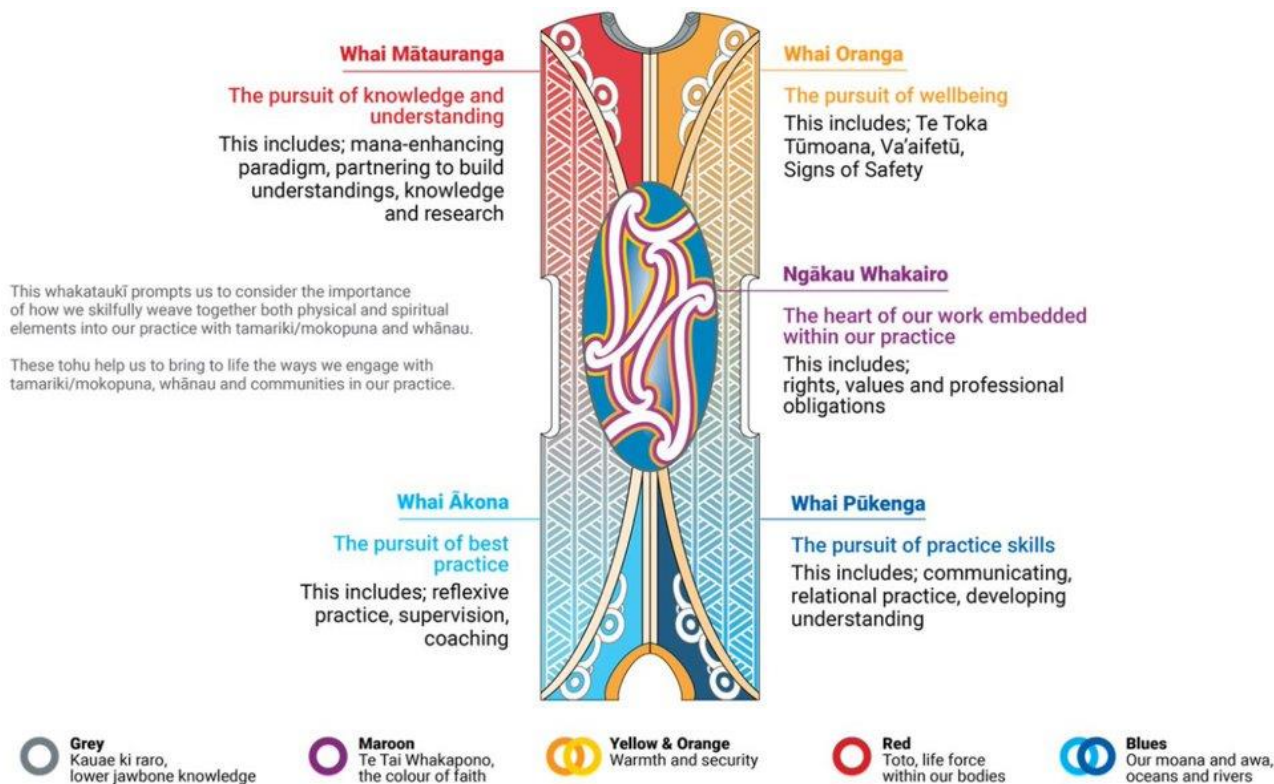
There are five domains in our Practice Framework, with a central domain of Ngākau Whakairo, rights, professional obligations and ethics being the core driver of the other four domains.

This includes embedding rights derived from Te Tiriti o Waitangi | the Treaty of Waitangi and the Oranga Tamariki Act, 1989 as well as from international conventions such as United Nations Convention on the Rights of the Child (UNCROC), United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the United Nations Convention on the Rights of Persons with Disabilities (CRPD).

These rights are complemented by the responsibilities that Oranga Tamariki has to tamariki and whānau as expressed through the Oranga Tamariki Act, organisational expectations such as the practice standards and professional obligations such as the Social Workers Registration Board Competency Standards and Code of Ethics.

The Practice Framework was rolled out to all staff through a series of regional hui across the country in 2021, supplemented by a package of learning which sites and regions are continuing to work through.

Below is the visual representation of our Practice Framework.



## Connections with whānau and culture are important for tamariki Māori in care

We said that we had already taken a number of steps that support strengthening connections between tamariki Māori and their whānau and culture.

This includes:

- Increasing the number of Kairaranga-ā-whānau and Māori specialist roles, who work to identify and engage significant whānau, hapū and iwi members in decision-making for their tamariki as early as possible and facilitate connections based on whakapapa and whanaungatanga.
- Updating our policy on the All About Me Plan for tamariki which includes an emphasis on the requirement to undertake thorough whānau or family searching and engage members of the family, whānau, hapū, iwi or family group who can contribute to the planning process.
- Working with Whānau Care to recruit and support caregivers in partnership with iwi and kaupapa Māori providers to ensure wherever possible tamariki are in safe, stable, and loving care within their whānau, hapū or iwi.

The following demonstrates the work we have progressed in this area of focus:

### Increasing the number of Kairaranga-ā-whānau and Māori specialist roles

In June 2021, we had 124 Māori specialist roles situated around the country with 84 kaimahi in positions. This has increased to 140 Māori specialist roles with 100 kaimahi in positions as of 30 June 2022. The role of Māori specialist roles is to provide a conduit between Oranga Tamariki practitioners and hapū and iwi so that whakapapa connections can be identified, maintained, and strengthened for the tamariki we work with.

The majority of these roles are based in sites and regions, though they also include National Office positions such as Pou Tikanga, Whānau Care Manager and the Director, Treaty Response Unit.

Te Tira Hāpai Māori (our specialist Māori Practice Advice team within the Quality Practice and Experiences group) provide a key role in supporting the communities of practice for Kairaranga ā-whānau and other site/regional Māori specialist roles and in providing advice and support to sites and regions around practice with tamariki and whānau Māori.

In many regional site offices, Oranga Tamariki host specific iwi and Māori engagement roles, which enhances the cultural capability of staff onsite and supports Oranga Tamariki to meet obligations under section 7AA and Te Tiriti o Waitangi | the Treaty of Waitangi.

**Updating our policy on the All About Me Plan with emphasis on the requirement to undertake thorough whānau or family searching, and engage members of the family, whānau, hapū, iwi or family group who can contribute to the planning process**

Oranga Tamariki updated our policy on the All About Me Plan for tamariki to include an emphasis on the requirement to undertake thorough whānau or family searching and engage members of the family, whānau, hapū, iwi or family group who can contribute to the planning process.

The updated policy information can be found here:



[All About Me plan | Practice Centre | Oranga Tamariki](#)

The All About Me plan addresses the needs identified through analysis of the Tuituia assessment. It has important information about each tamaiti or rangatahi in our care. This policy defines when the plan is needed and how we develop, maintain, and use it.

**Working with Whānau Care to recruit and support caregivers in partnership with iwi and kaupapa Māori providers to ensure that wherever possible, tamariki are in safe, stable, and loving care within their whānau, hapū or iwi**

Co-design continues with Ngāti Kahungunu Iwi incorporated and Te Whānau o Waipareira. Ngāti Kahungunu ki Tamaki Nui a Rua achieved Level 1 396 certification. Taumarānui Kokiri Trust completed requirements for Level 1 396 accreditation.

Currently there are 15 Whānau Care partners, and 5 new partners will be commissioned by the end of the 23/24 financial year.

Refer to [Whānau Care](#) section for more detail.

## Oranga Tamariki respond well when tamariki enter care; practices weaken during their time in care

We said that practice policy and guidance requires that social workers continue to build their relationship with te tamaiti and continue to reassess and respond to needs throughout the child's journey in care, and that the All About Me Plan reflects this.

Operational policy has moved away from the requirement for social workers to visit eight-weekly to now requiring social workers to ensure that frequency of visits with te tamaiti are based on the needs of the child, their views and wishes, how events in their lives are impacting them and the level of attachment and connections they have with significant people in their lives.

Family Group Conference and Court Plans are regularly reviewed, and operational policy requires that this information, and that gathered from the visits with te tamaiti, are reflected in the All About Me Plan.

We also said:

- Once our new performance reporting suite, Whiti, has been rolled out, it will provide our kaimahi with enhanced visibility on when a child is next due a visit from their social worker.

The following demonstrates the work we have progressed in this area of focus:

### Ensuring that frequency of visits with te tamaiti are based on their needs

Policy is in place requiring social workers to ensure that frequency of visits with the child are based on the needs of the child.

While information captured in case notes and needs assessments is of generally high quality in relation to individual needs, at an organisational level we lack structured information on tamariki needs in general. This prevents us from comparing the prevalence of needs with the availability of services in any particular area or for any particular group of tamariki.

Please refer to the response under the heading [Developing the new performance reporting suite, Whiti](#) for details in regard to the Whiti roll out.

## Caregiver support

We said that since 30 June 2021, Oranga Tamariki has developed a suite of new resources for caregivers. The new resources include brochures for people who are considering becoming an Oranga Tamariki caregiver, and a Caregiver Kete and NCS Regulations booklet for caregivers who are provisionally or fully approved. This is to ensure that caregivers have access to the right information at the right time, are aware of the supports they can access, and to help them feel prepared to support the tamariki and rangatahi in their care.

We also said:

- The new Caregiver Information System (CGIS) will be implemented in early 2022 over a three-month rollout period, with a subsequent period of embedding. This will provide long term benefits through greater visibility of a caregiver's journey with Oranga Tamariki but will result in a period of adjustment for our kaimahi as this technology is implemented and embedded.
- In 2022, we will be monitoring the participation of caregivers in the 'Prepare to Care' programme on a monthly basis so we can take remedial action to ensure all caregivers have the opportunity to engage with this information.

The following demonstrates the work we have progressed in this area of focus:

### Implementation of the new Caregiver Information System (CGIS)

Please refer to the response under the heading [Implementation of the new Caregiver Information System](#)

### Monitoring the participation of caregivers in the 'Prepare to Care' programme

Please refer to the response under the heading [Monitoring the participation of caregivers in the "Prepare to Care" training programme](#)





### **Coaching caregivers' social workers in order to improve recording of agreements with caregivers to meet their needs and associated support**

Practice Advisors are delivering learning and expectations to the Caregiver Recruitment and Support (CGRS) Supervisor group (monthly) and developing exemplar Caregiver Support Plans to support learning and practice change. Learning will cascade from Supervisors to Caregiver Social Workers.

We are monitoring the delivery against improvements through the use of the Quality Practice Tool (QPT) by Practice Advisors to confirm uptake and embedding.

We continue to conduct reviews of case files and from this learn how we need to improve the support we are offering caregivers. The findings from Quality Systems and Analysis with are shared quarterly with CGRS.

Feedback from caregivers and kaimahi about the user experience of the Caregiver Support Plan document has been responded to by improving the layout and functionality of the document.

### **Reforming the system of financial assistance and support for caregivers**

The proposal for reforming the system of financial assistance and support for caregivers is being reviewed to ensure consistency with the refreshed Oranga Tamariki strategy.

## **Agency support of health needs, especially mental health needs, is variable**

We said that following the care standards case file analysis completed in 2020/21, we have improved the data capture for case-file analysis for the 2021/22 year. This includes improved information around tamariki and rangatahi with disabilities – this time looking at disability needs beyond those which meet the criteria for Disability Support Services (DSS). This is in line with a psycho-social definition of disability which includes diagnoses such as Fetal Alcohol Spectrum Disorder, Global Developmental Delay, ADHD, and Mental Health diagnoses. Future case file analysis will capture the diagnosis type (rather than just yes/no to disability) which will provide more insight into the nature and complexity of disability needs for those in our care. This is in addition to the existing data capture around assessment of mental health needs in their own right.

We also said:

- to strengthen the relationships between our Care and Protection residences and health and education services, the national Manager Clinical Services is currently establishing interagency governance groups across the residences.

The following demonstrates the work we have progressed in this area of focus:

### **Record the diagnosis/type of disability in order to provide more insight into the nature and complexity of disability needs**

The current disability indicator available in CYRAS significantly undercounts the prevalence of disability among tamariki in care. The process used to determine the indicator has not been changed since 2011 and excludes domains of impairment within disability.

We plan to improve the disability indicator over the next six months by using more internal data sources (e.g. Gateway assessments) and understanding the limitations of the data. Limitations include recency of data and whether the disability measure can cover all impairment domains of interest (e.g. intellectual, learning, mood disorders, neurodiversity, hearing, seeing). A sample of case files estimated 75% of those identified as having a disability by the case file analysis had a CYRAS alert or Gateway code indicating disability.

By improving the disability indicator, we will also gain an understanding of the true nature and complexity of disability needs and be able to recommend further work needed to improve disability data in the long-term.

It is important to note that internal (operational) disability data is based on a medical model of disability and relies on engagement with the health system and government services. Service use and receiving funds does not give an accurate prevalence rate for disability as there is a severe lack of disability diagnosis and service coverage in New Zealand. Any indicator using current data will be most closely aligned with a medical model understanding of disability. This is common with any use of operational data to measure disability in New Zealand.

Other work underway around disability measurement and understanding disability includes:

- Donald Beasley Institute evidence brief to explore disability models (social, right-based models, whānau hauā) and how we can better understand and implement them from a data perspective
- The development of a disabled tamariki and whānau evidence plan. The evidence plan incorporates monitoring, evaluation, research, and learning (MERL) activities. It outlines at a high-level the evidence pathway that supports the Ministry's disability strategy and prospective work programme

#### **Disability specific guidance**

We have been actively working to improve our suite of disability specific guidance. We have two pieces of guidance well progressed. These have been written against the Practice Framework domains of Ngākau Whakairo (Rights and professional obligations), and Whai Mātauranga (our pursuit of knowledge) and are intended to provide and support understanding of foundational ideas of rights, knowledge, models, or practice.

Further guidance will go into more detail about how these are applicable to specific areas of practice. These two pieces of guidance are expected to be published on the Practice Centre by September 2022.

We will then prioritise further guidance development in stages, with the next pieces being:

- supporting parents with mental health and addiction needs – commence October 2022 and complete March 2023
- supporting parents with learning and intellectual disability – to be confirmed

Also refer to [Disability Strategy and Vision and Disability Advisory Group](#)

#### **Establishing interagency (Care and Protection Residences, and health and education services) governance groups across the residences**

Work is underway at a national level to develop joint work programmes between Oranga Tamariki and the Ministries of Education and Health to improve outcomes for tamariki in residences. At a regional level, work is continuing with the interagency management group at Puketai and Eponi.

There is new forum established with senior managers and clinicians at the Capital and Coast DHB youth mental health inpatient unit, the Rangatahi Unit, with senior managers at Oranga Tamariki. This is a six-weekly meeting to liaise on rangatahi who are in the unit and are in the care of Oranga Tamariki, to support transition planning and ensure support needs are built into the transition plan.

Initial plans for engagement with Canterbury DHB were put on hold. We continue to continue to consult with the CDHB and the health and education providers, to update them on progress of Te Oranga. A planning engagement phase is underway with the Auckland region for Kaahui Whetuu.

Current work in this area includes scheduled quarterly meetings with the senior managers at the Child and Family mental health Inpatient Unit (CFU) at Starship hospital to support planning and processes for tamariki admitted to the unit and who are in the care of Oranga Tamariki.

## Agencies not communicating and working together effectively is a common barrier to achieving outcomes

We said that the Children's Act 2014 requires chief executives of children's agencies to have an Oranga Tamariki Action Plan (Action Plan) that sets out how they will work together to improve the wellbeing of the core population of interest to Oranga Tamariki. The Action Plan sits under the Child and Youth Wellbeing Strategy (published in 2019) and must give effect to its outcomes. Children's agencies are planning to publish an Action Plan in early 2022.

We also said that other work underway included:

- Ngā Tini Whetū, a collaboration between Oranga Tamariki, Te Puni Kōkiri, ACC, and the Whānau Ora Commissioning Agency, to develop and implement a new, whānau-centred early intervention prototype.
- Developing a new high-level principle-based schedule in the existing Memorandum of Understanding between Oranga Tamariki, Police, Ministry of Health and each DHB.

The following demonstrates the work we have progressed in this area of focus:

### Children's agencies publication of the Action Plan

The Oranga Tamariki Action Plan and Implementation Plan were published on 8 July 2022.

#### **Ngā Tini Whetū - new whānau-centred early intervention prototype (collaboration between Oranga Tamariki, Te Puni Kōkiri, ACC, and the Whānau Ora Commissioning Agency)**

Ngā Tini Whetū is being implemented across Te Ika a Maui by Te Puni Kōkiri, Oranga Tamariki and ACC, in partnership with Te Pou Matakana, the Whānau Ora Commissioning Agency (WOCA).

Ngā Tini Whetū enables more whānau to access early support tailored to their needs. This innovative prototype shows how government agencies and Crown entities can collaborate with kaupapa Māori organisations to support whānau.

The Lessons Learned Report from August 2021 highlights several positive findings, including:

- the public service is maturing in how it supports and embeds Whānau Ora
- that Ministerial leadership was instrumental for getting the prototype underway
- Crown and Māori sharing common goals and aspirations for tamariki and whānau
- the Whānau Ora Commissioning Agency successfully challenged agencies to better understand how to partner with a Māori commissioning agency
- senior leaders are championing collaboration between agencies.

#### **Developing a new high-level, principle-based schedule in the existing Memorandum of Understanding between Oranga Tamariki, Police, Ministry of Health and Health New Zealand (formerly DHBs)**

Schedule 5 was added to the existing Memorandum of Understanding between Oranga Tamariki, Police, Ministry of Health and [Health New Zealand](#) (formerly DHBs). This was signed in November 2021. It provides a framework whereby Oranga Tamariki, Police and Health will work collaboratively with mana whenua to ensure appropriate processes are in place when working with whānau where concerns exist about yet to be born or recently born pēpi.

## Areas that require practice improvements

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### 1.3. Please identify areas that require practice improvements with specific reference to:

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#### Tamariki Māori

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Please refer to [Improving practice \(identified in Experiences of Care in Aotearoa 1 July 2020–30 June 2021 report\)](#) section for details of identified areas of improvement.

#### Tamariki with disabilities

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Please refer to [Record the diagnosis/type of disability in order to provide more insight into the nature and complexity of disability needs](#) section for details of identified areas of improvement.

### 1.4. What actions were implemented or will be implemented that will address:

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#### All areas of improvements

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The [Future Direction Plan](#) and [Oranga Tamariki Action Plan](#) have created a clear direction for the organisation as to the areas that we need to improve and the actions we need to take to achieve them.

The last 12 months have seen us establish the foundations we need to build on to achieve improved outcomes for tamariki and rangatahi Māori, and for tamariki and rangatahi with disabilities, year on year.

Further to the details provided in previous sections, the following is further insight into areas of improvement that will build on the foundations in place.

#### Areas of improvements with specific reference to tamariki Māori

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We are seeing improvements, such as:

- a decreasing number of tamariki Māori entering care
- a drop in section 78 orders for emergency removal of tamariki Māori
- more tamariki and rangatahi staying in the care of their whānau, hapū or iwi
- more tamariki and rangatahi connecting to their whakapapa and embracing Te Ao Māori
- more partnerships with iwi and Māori.

Although we are on the right track there is a lot more work to be done.

To better enable us to meet our practical commitment to Te Tiriti, over the next year under the Future Direction Plan we will have a particular focus on strengthening partnerships, transferring resources, and enabling iwi and community decision-making and responsibility.

We will increase the cultural competency of our kaimahi, including establishing a Te Ao Māori practice foundation. Oranga Tamariki is committed to partnering with iwi, hapū and Māori organisations to find the most appropriate care for our tamariki and rangatahi who need it. We want to ensure New Zealand is the best place in the world to be a tamaiti.

Refer to [Te Hāpai Ō](#) for detailing as to how Oranga Tamariki is committed to a comprehensive approach to build cultural capability where tamariki and their whānau will have positive experiences in their engagements with Oranga Tamariki because we have strengthened how we work and engage with each other in a culturally appropriate way.

Working with our strategic partners we are starting to see a reduction in the number of reports of concern and a reduction in tamariki and rangatahi Māori entering care with more support being provided by iwi and Māori partners.

Though it is early days we are hopeful that this highlights the potential of these partnerships and will significantly contribute to realising our goal of improving outcomes for tamariki and rangatahi Māori. Identifying and measuring

disparities and disproportionality across the care and protection system will help determine the impact we are making for tamariki, rangatahi and whānau Māori.

The Children's Wellbeing Model shows early adulthood outcomes, comparing outcomes for those who have had a care placement with those who have not. This data shows that Māori tend to have worse wellbeing outcomes than non-Māori regardless of care placement, but the disparity in wellbeing outcomes is less for those with care experience than the rest of the population.

While data shows that though tamariki and rangatahi Māori still account for more than half the tamariki in each step of the system, we can see a steady decrease, with the year to June 2021 showing the lowest entries to care of the previous five years.

## Areas of improvements with specific reference to tamariki with disabilities

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### Disability Strategy and Vision and Disability Advisory Group

Oranga Tamariki is aware that disabled tamariki and rangatahi are over-represented in the care and protection and youth justice systems. Many disabled tamariki have a combination of health, education, and social needs.

We know disabled tamariki have a heightened vulnerability to abuse, neglect, and exposure to family violence. We also know that this vulnerability continues for disabled tamariki and that particular attention needs to be paid to their safety.

We are also exploring programmes that will support rangatahi in the youth justice setting with disabilities.

In July 2021, the Oranga Tamariki leadership team agreed to establish a work programme to implement a social and rights-based model of disability grounded in Te Tiriti o Waitangi | the Treaty of Waitangi. A new position of Chief Advisor, Disability was established with an appointment made in October 2021.

Oranga Tamariki is developing a Disability Strategy and Vision which aligns with the Future Direction Plan, Te Tiriti o Waitangi | the Treaty of Waitangi, the United Nations Convention on the Rights of the Child, and the United Nations Convention on the Rights of Persons with Disability.

While Oranga Tamariki is in the early stages of developing relationships, it is adopting a co-design approach to develop the Disability Strategy and vision. Engagement with disabled people and their whānau, disabled people's organisations, including tāngata whaikaha, is essential to determine how to implement a social, rights-based and Te Ao Māori model of disability.

To support Oranga Tamariki to meet our aspirations for building relationships with the disability community, Oranga Tamariki is currently establishing the Disability Advisory Group of tāngata whaikaha Māori, disabled people (including rangatahi), whānau and caregivers of disabled people, to support sustainable input and leadership from outside of government.

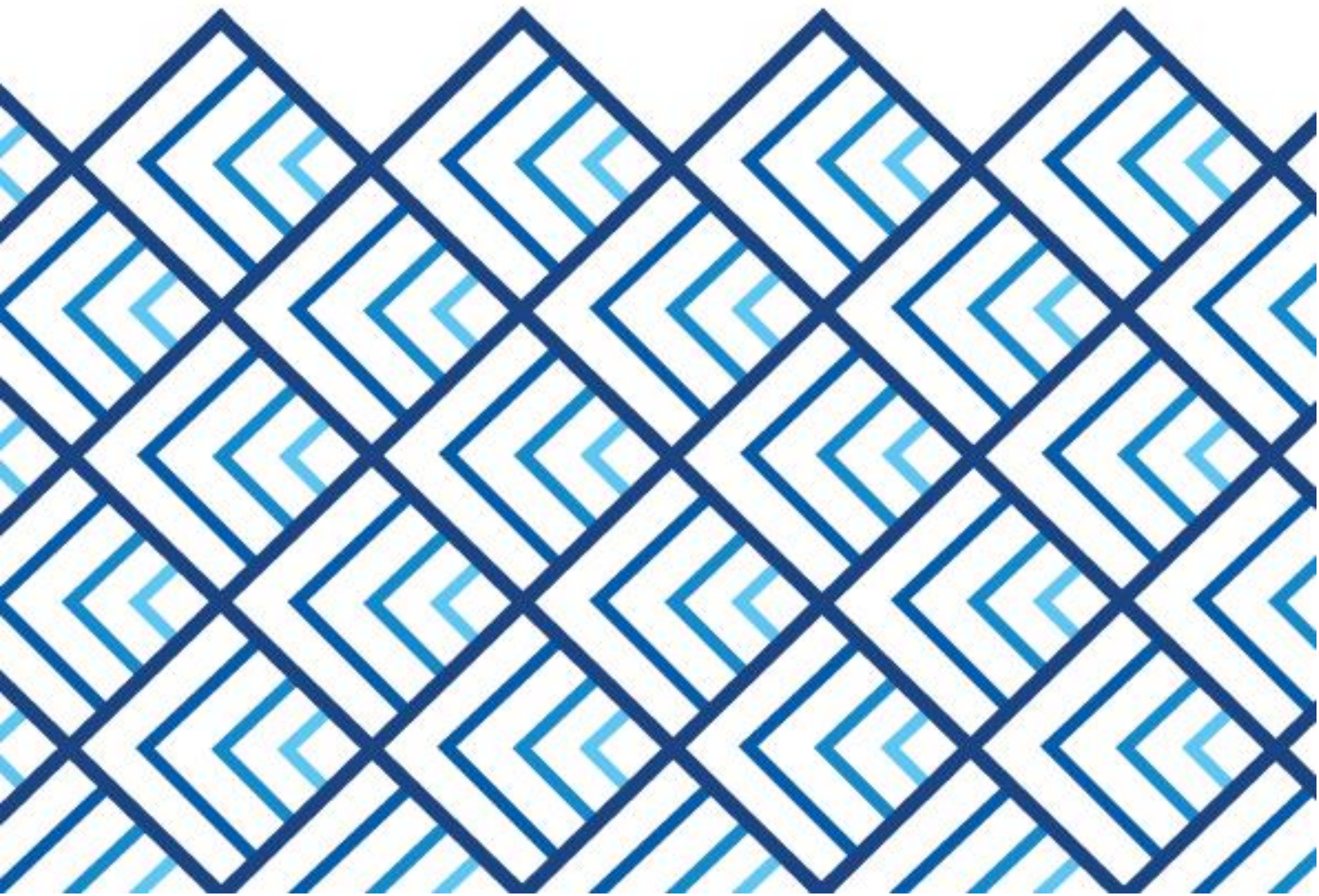
The Disability Strategy and Disability Advisory Group will support and help give effect to the practice shift already underway. They will do this by:

- challenging us to deepen our thinking on what a social and rights-based model of disability means within the context of Te Tiriti o Waitangi | the Treaty of Waitangi and with an oranga framing
- providing a platform and building relationships with disabled people, tangata whaihaka Māori, and the disability community
- helping to maintain the momentum to embed inclusive and rights-based practice across the organisation
- Provide a source of feedback as to whether the experiences of disabled peoples engagement with Oranga Tamariki are improving





# Demographics of those in care







## Important

Please refer to the [Document formatting](#) and [Displaying data](#) sections for guidance as to how data, insights and indicator visuals have been applied in this section.

## Data Requested

The name of the supplied file has been removed in this section.

As part of our response, we have provided a data file containing the demographic data requested. The information provided includes a line for each tamariki in care during the period 1 July 2021 to 30 June 2022 as requested.



The tables below describe the column/location that the appropriate data appears in the supplied data file.

### As recorded at any time in the reporting period

The following information provides insights into events as they occurred during the reporting period and only relate to the most recent activity that has been recorded at time of reporting.

Demographic	Location in provided data
<b>Ethnicity</b>	Columns BC-CM
<b>Gender</b>	gender
<b>Age</b>	Age_years
<b>Iwi that tamariki Māori whakapapa to</b>	Columns CN-HB
<b>Disability</b>	Has_disability_yn
<b>Site / sub-site and Region</b>	ot_region_name/ot_Site_name/ot_Subsite_name
<b>Legal status: CP, Dual, YJ</b>	Latest_legal_status
<b>Current placement type</b>	current_placement_type
<b>Current duration in care</b>	legal_status_duration
<b>Start date of current care entry</b>	legal_status_start
<b>End date of most recent period in care</b>	legal_status_end
<b>Current placement: OT caregivers, Care Partners</b>	care_partner_yn/ current_placement_type /current_care_partner_resource

### All time count details (of those in care)

The following information provides insights into all events that relate to an individual, who was in care at any stage during the period, over all time periods that they were in care not just limited to events during the reporting period.

Demographic	Location in provided data
<b>Total duration in care</b>	total_cp_duration/total_yj_duration
<b>Number of care entries</b>	no_of_cp_entries/no_of_yj_entries
<b>Number of site transfers</b>	transfer_count
<b>Count of placements episodes</b>	NoOf_Pcmt_Episodes
<b>Count of caregivers</b>	total_caregiver_count
<b>Count of allocated key social workers</b>	total_key_sw_count

## Key demographic information comparison

The following information provides insights into key demographics with a comparison between data supplied for both the 1 July 2020 to 30 June 2021 (2021) and 1 July 2021 to 30 June 2022 (2022) periods.



Please note that descriptions of demographics are displayed as recorded in CYRAS, therefore some values may be truncated or not contain macrons as would normally be used. This allows for easier identification of fields/values that appear in the data supplied.

### Published demographics

Quarterly reporting of Care and protection, Youth Justice and Transitions statistics are published on our website.

There may be some variance between the numbers published and operational data provided with this response, due to periods covered and statistic rounding in published numbers.

[Quarterly Report \(as at March 2022\) | Oranga Tamariki – Ministry for Children](#)

Statistics that are published in a quarterly report. Current version covers Tamariki or children and rangatahi or young people we have worked with during the 12 months to 31 March 2022.

### Total Individuals

The following count of individuals forms the basis of all insights where information from the supplied data file is referenced and therefore these totals are not included on all tables.

If a table contains a total row, it is to demonstrate instances where an individual either has multiple counts, such as Ethnicity, or not all individuals are included in the data.

Count of individuals during period unique\_identifier



### Gender

Count of gender during period gender

	2021	2022
Male	3,898	3,513
Female	3,114	2,763
Unknown	24	17
Gender Diverse	20	24

### Ethnicity

Count of ethnicities identifying as during period Columns BC-CM

An individual can identify as having one or more ethnicities, the following table summarises all ethnicities currently captured with totals for year-to-year comparison.

Please note: some ethnicities are listed with nfd next to them, this stands for No Further Description.

	2021	2022
Māori	4,828	4,327
New Zealand European	3,015	2,734
Samoan	461	445

Cook Islands Māori	392	358
Tongan	185	145
Indian	109	100
Niuean	100	84
European nfd	75	74
Australian	66	71
Fijian	68	65
Pacific Peoples nfd	57	57
Other European	57	56
African	67	55
British and Irish	50	51
Tokelauan	43	36
Other ethnicity	54	35
Middle Eastern	36	33
Chinese	39	31
Other Asian	20	16
German	17	15
Dutch	11	14
Latin American	13	14
Filipino	19	13
Cambodian	8	10
Asian nfd	3	9
Other Pacific Peoples	18	9
Do not know	8	9
Other Southeast Asian	14	8
Korean	8	6
Japanese	4	6
Vietnamese	5	5
Italian	6	2
Greek	3	2
South Slav	2	2
Southeast Asian nfd	-	1
Polish	6	1
Sri Lankan	2	1
Māori nfd	3	-
<b>Total</b>	<b>9,872</b>	<b>8,900</b>

## Age

Count of age during period age\_years

	2021	2022
-1	-	1
0	109	101
1	203	129
2	291	202
3	392	254
4	369	313
5	334	309
6	326	305
7	366	296
8	349	328
9	377	320
10	377	355
11	387	349
12	393	365
13	421	399
14	475	465
15	501	497
16	530	455
17	527	525
18	305	333
19	9	7
20	15	9

## Iwi that tamariki Māori whakapapa to



Over the last year we have strengthened our practice for identifying iwi affiliation in three ways:

- Learning cycle 1 of the practice shift has emphasised with staff the importance of accurately identifying iwi affiliation for tamariki Māori.
- We now have a Kairāanga ā-whānau in most of our sites whose role is to support understanding about iwi affiliation for tamariki Māori.
- We have guidance supporting rigour around validating iwi affiliation.

Count of Iwi identified as during period Columns CN-HB

An individual can whakapapa to one or more iwi, the following table summarises all iwi currently captured with totals for year-to-year comparison.

	2021	2022
Kati Mamoe	10	9
Mana Ahuriri	1	-
Moriori	3	4
Muaupoko	21	25
Nga Rauru	35	26

Nga Ruahine	36	33
Ngai Tahu / Kai Tahu	364	339
Ngai Tai (Tauranga Moana/Mataatu	9	9
Ngai Tai ki Tamaki	2	1
Ngai Tai, region not known	1	2
Ngai Takoto	8	7
Ngai Tamanuhiri	6	7
Ngai Te Rangi	108	95
Ngapuhi	1,369	1,243
Ngapuhi ki Whaingaroa-Ngati Kahu	19	15
Ngati Apa (Rangitikei)	23	19
Ngati Apa ki Te Ra To	1	2
Ngati Apa, region not known	2	3
Ngati Awa	142	127
Ngati Hako	8	13
Ngati Haua (Taumarunui)	17	12
Ngati Haua (Waikato)	52	56
Ngati Haua, region not known	5	3
Ngati Hauiti (Rangitikei)	10	7
Ngati Hei	2	1
Ngati Hikairo	1	1
Ngati Hine (Te Tai Tokerau)	30	33
Ngati Kahu	89	91
Ngati Kahungunu ki Heretaunga	217	214
Ngati Kahungunu ki Tamakinui a R	4	4
Ngati Kahungunu ki Tamatea	2	-
Ngati Kahungunu ki Te Wairoa	142	159
Ngati Kahungunu ki Te Whanganui-	4	4
Ngati Kahungunu ki Wairarapa	63	70
Ngati Kahungunu, region not know	259	224
Ngati Kauwhata	2	10
Ngati Kearoa / Ngati Tuara	1	-
Ngati Koata	1	3
Ngati Kuia	25	20
Ngati Kuri	34	35
Ngati Makino	1	1
Ngati Manawa	10	8
Ngati Maniapoto	264	251
Ngati Maru (Hauraki)	14	18
Ngati Maru (Taranaki)	6	6
Ngati Maru, region not known	10	2
Ngati Mutunga (Taranaki)	9	12

Ngati Mutunga (Wharekauri/Chatha	5	9
Ngati Mutunga, region not known	4	3
Ngati Pahauwera	18	16
Ngati Paoa	30	25
Ngati Pikiāo (Te Arawa)	42	41
Ngati Porou	664	636
Ngati Porou ki Harataunga ki Mat	15	9
Ngati Pukenga	15	13
Ngati Pukenga ki Waiau	1	-
Ngati Rahiri Tumutumu	1	1
Ngati Rakaipaaka	6	6
Ngati Rangi (Ruapehu, Whanganui)	11	11
Ngati Ranginui	84	78
Ngati Rangitihī (Te Arawa)	4	4
Ngati Rangiwewehi (Te Arawa)	7	2
Ngati Rarua	12	12
Ngati Raukawa (Horowhenua/Manawa	89	79
Ngati Raukawa, region not known	41	37
Ngati Rongomai (Te Arawa)	-	1
Ngati Ruanui	51	53
Ngati Ruapani ki Waikaremoana	-	1
Ngati Tahu-Ngati Whaoa (Te Arawa	5	7
Ngati Tama (Taranaki)	9	7
Ngati Tama (Te Waipounamu/South	1	1
Ngati Tama, region not known	2	2
Ngati Tamaoho	6	2
Ngati Tamatera	24	20
Ngati Tara Tokanui	6	4
Ngati Tiipa	2	2
Ngati Toa, region not known	9	10
Ngati Toarangatira (Te Waipounam	3	2
Ngati Toarangatira (Te Whanganui	21	20
Ngati Tukorehe	1	2
Ngati Tuwharetoa (ki Taupo)	254	232
Ngati Tuwharetoa ki Kawerau	2	4
Ngati Tuwharetoa, region not kno	44	48
Ngati Wai	45	33
Ngati Whakaue (Te Arawa)	27	17
Ngati Whanaunga	3	3
Ngati Whare	-	1
Ngati Whatua (not orakei or Kaip	86	75
Ngati Whatua o Kaipara	26	29



Ngati Whatua o orakei	11	14
Rangitane (Manawatu)	20	24
Rangitane (Te Matau-a-Maui/Hawke	19	19
Rangitane (Te Waipounamu/South I	14	10
Rangitane o Tamaki nui a Rua	1	3
Rangitane, region not known	1	3
Raukawa (Waikato)	34	32
Rongomaiwahine (Te Mahia)	18	21
Rongowhakaata	12	12
Tangahoe	1	1
Tapuika (Te Arawa)	10	10
Taranaki	36	34
Tauranga Moana, iwi not named	1	-
Te Aitanga a Hauiti	4	5
Te Aitanga-a-Mahaki	12	17
Te Ati Haunui-a-Paparangi	107	94
Te Atiawa (Taranaki)	54	53
Te Atiawa (Te Waipounamu/South I	15	14
Te Atiawa (Te Whanganui-a-Tara/W	15	14
Te Atiawa ki Whakarongotai	3	3
Te Atiawa, region not known	16	20
Te Aupouri	27	21
Te Kawerau a Maki	-	1
Te Rarawa	107	111
Te Roroa	2	3
Te Whanau-a-Apanui	62	56
Tuhoe	381	351
Tuhourangi (Te Arawa)	7	3
Uenuku (Ruapehu, Waimarino)	2	1
Uenuku-Kopako (Te Arawa)	5	5
Waikato Tainui	355	314
Waitaha (Te Arawa)	42	47
Waitaha (Te Waipounamu/South Isl	5	6
Whakatohea	65	50
Not Recorded	1,159	975

## Disability

The following disability measure significantly undercounts the prevalence of disability among tamariki in care.

It is based on a medical diagnosis and aligned to narrow criteria which then use specific and limited critical information flags in CYRAS.

The flags and the procedures around using those flags has not changed since 2011. We plan to improve this in the next three to six months. We will also be developing a specific project plan for improving disability data measurement in the long term.

Count of recorded disability during period `has_disability_yn`

	2021	2022
Yes	847	882
No	6,124	5,340
Unknown or not recorded	85	95

## Legal status (Current)

Count of current legal status as recorded at 30 June 2022 `custody_type + latest_legal_status`

	2021	2022
<b>Care and Protection</b>	<b>6,582</b>	<b>5,828</b>
s101 Custody order	5586	4,906
s102 Interim custody order	61	50
s110(2a) Sole guardianship	122	125
s110AA Interim Sole guardianship	7	13
s139 Temp. care agreement	187	167
s140 Extended care agreement	202	176
s78 Custody pending determin.	127	52
s78 On Notice Custody pending determin.	103	87
s78 Without Notice Custody pending determin.	105	117
s78(1A) Interim custody order where there is no other procee	4	-
s78(1A) On Notice custody order with no other proceeding	29	59
s78(1A) Without Notice custody order with no other proceedin	49	76
<b>Youth Justice</b>	<b>474</b>	<b>489</b>
s173 Criminal Procedure Act - Remand in Oranga Tamariki Cust	2	3
s175(1A) Criminal Procedure Act - Remand in Oranga Tamariki	25	25
s175(2) Criminal Procedure Act - 18-19 y/o remand in Oranga	9	7
s235 Arrested/custody CE	67	83
s238(1)(d) Custody pending hearing to the CEO	323	339
s307(4) Custody to enable program or activity to be provided	4	-
S311 & S283(n) Supervision with residence order	44	32



Data provided to show entry into care is based on the legal status values captured in the latest\_legal\_status values supplied. It is a count of distinct individuals and not comparable with the published entry numbers referenced [above](#).

### Count of new entries into care during reporting period

It is possible for a child or young person to have entries into both Care and Protection and Youth Justice during the reporting period. Details below show the breakdown of the three scenarios of care entry.

#### Care and Protection entries CP\_Legal\_Epi\_Entry\_F22



#### Youth Justice entries YJ\_Legal\_Epi\_Entry\_F22



#### Care and Protection and Youth Justice entries CP\_Legal\_Epi\_Entry\_F22 + YJ\_Legal\_Epi\_Entry\_F22



## Current placement type

### Count of current placement type during period care\_partner\_yn + current\_placement\_type

	2021	2022
<b>OT Caregivers</b>	<b>6,529</b>	<b>5,762</b>
Family/Whanau Placement	2,316	2,012
Not recorded	1,978	1,757
Foster Carer Placement	920	766
Return Home	444	403
Other Placement Types	298	271
Remain Home	246	230
Independent Living	133	123
Residential Placement - Placed on YJ orders	63	78
Family Home Placement	110	67
Whanau Care Partner	-	35
Residential Placement - Placed on C&P orders	18	15
Remand Home	3	5
<b>Care Partners</b>	<b>527</b>	<b>555</b>
Child and Family Support Services - Bednights	527	555

## Current duration in care

The data for current duration in care have been grouped into specific periods to give indication of duration, individual care duration counts are included in the data supplied.

Count of current duration in care legal\_status\_duration

	2021	2022
0-6 Months (0-181)	1,166	1,098
6 Months -1 Year (182-365)	610	474
1-2 Years (366-730)	1,016	709
2-5 Years (731-1,826)	2,668	2,341
5-10 Years (1,827-3,652)	1,310	1,375
10 Years (3,653+)	286	320

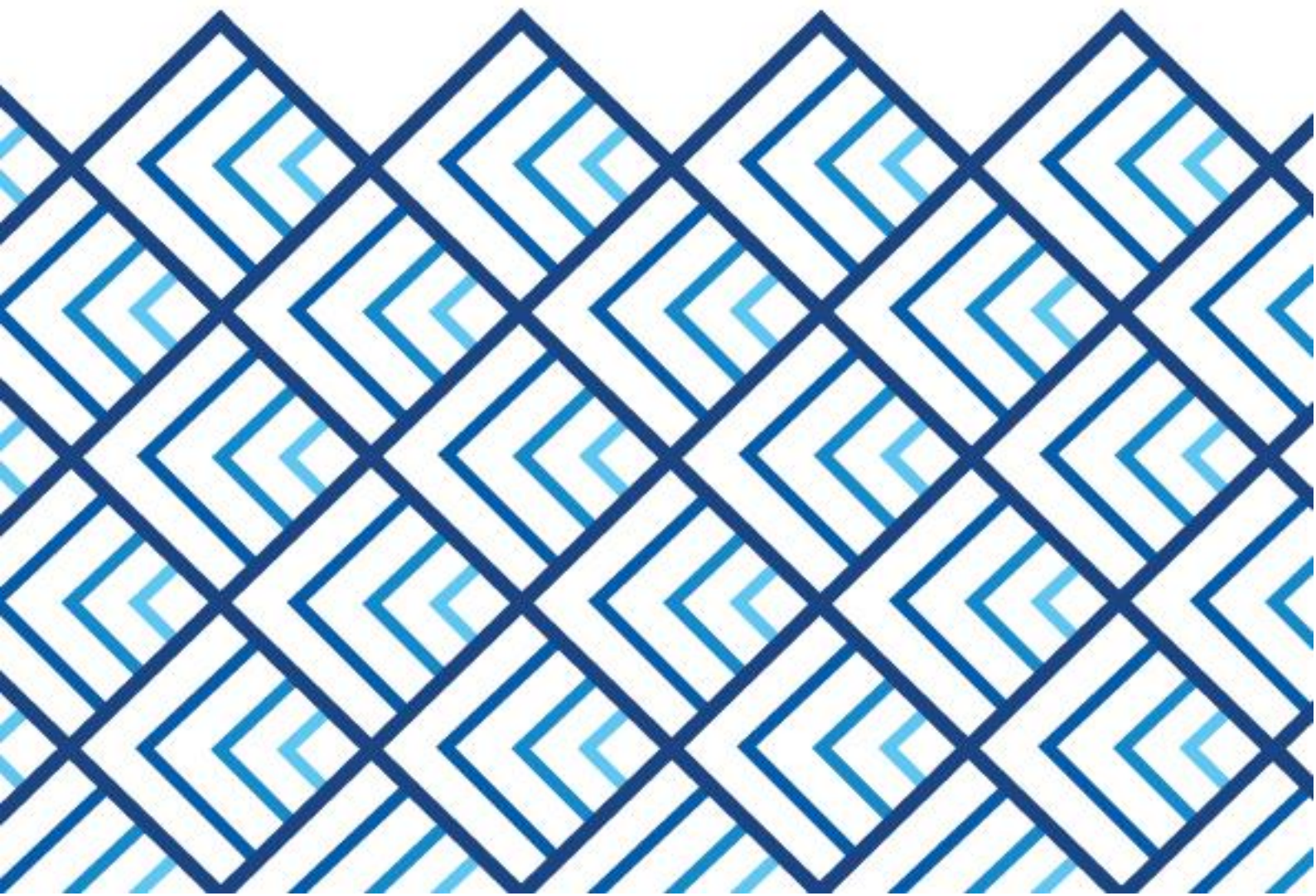
## Region

Count of regions during period ot\_region\_name

	2021	2022
<b>SCaF Regions</b>	<b>6,505</b>	<b>5,736</b>
Te Tai Tokerau	480	440
North and West Auckland	489	430
Central Auckland	609	529
South Auckland	698	591
Waikato	596	527
Bay of Plenty	544	481
East Coast	756	655
Taranaki-Manawatu	537	517
Wellington	533	478
Upper South Region	199	176
Canterbury Region	652	572
Lower South Region	412	340
<b>YJ Regions</b>	<b>440</b>	<b>459</b>
Te Tai Tokerau/Auckland	151	154
Waikato/Bay of Plenty/Taranaki/East Coast/Manawatu	179	209
South Island/Greater Wellington Region	110	96
<b>Other</b>	<b>111</b>	<b>122</b>
Adoption Services	6	7
Contact Centre	105	11
National Office	0	103
S132 Report Writers North	0	1

# System-level inquiry

This section focuses on the areas requiring follow up from previous published Monitoring reports by the Monitor and covers the reporting period from 1 July 2021 to 30 June 2022.





## Important

Please refer to the [Document formatting](#) and [Displaying data](#) sections for guidance as to how data, insights and indicator visuals have been applied in this section.

## Regulation 69



Oranga Tamariki has set 12 practice requirements that, if followed, would assure it is compliant with Regulation 69. Analysis in this section is completed by the Safety of Children in Care Unit.

### 12 practice measures

The 12 practice measures that provide us the assurance to demonstrate the intent of regulation 69 and that it is being achieved are:

Numbers who completed Safety Screen on time with narrative summary

Numbers who completed C&FA or CPP Investigation on time with narrative summary

Numbers with appropriate placement changes with narrative summary that incorporates any safety planning limitations

Numbers of children with care plan reviewed

Numbers of children with supports in place to address impact of harm

Numbers of children where their views were accounted for in decision making

Numbers of caregivers with support plans reviewed (where appropriate- i.e. not for children in return/remain home or residential placements or some non-family care provision-FGH /SGH)

Numbers of children informed of outcome

Numbers of Parents/Guardians informed of outcome

Numbers of Caregivers informed of outcome (caregiver providing care at time of assessment and not necessarily time of incident)

Numbers of alleged abusers informed of outcome (including caregivers where appropriate)

Number of notifiers informed of outcome.

### 2.1. Practice standard requirements to support achieving regulation 69 update

During the 1 July 2021 to 30 June 2022 period, performance against the 12 practice measures, to support achieving Regulation 69, **has not been achieved** for the majority of tamariki who have had outcomes for allegations of abuse or neglect.

#### Demonstrated full compliance for the 12 practice measures



While we have seen a **small increase on the previous year's reporting**, in the majority of cases we are not meeting all 12 of these requirements. We acknowledge there is a need to significantly improve our practice in this area and we will continue to monitor this.

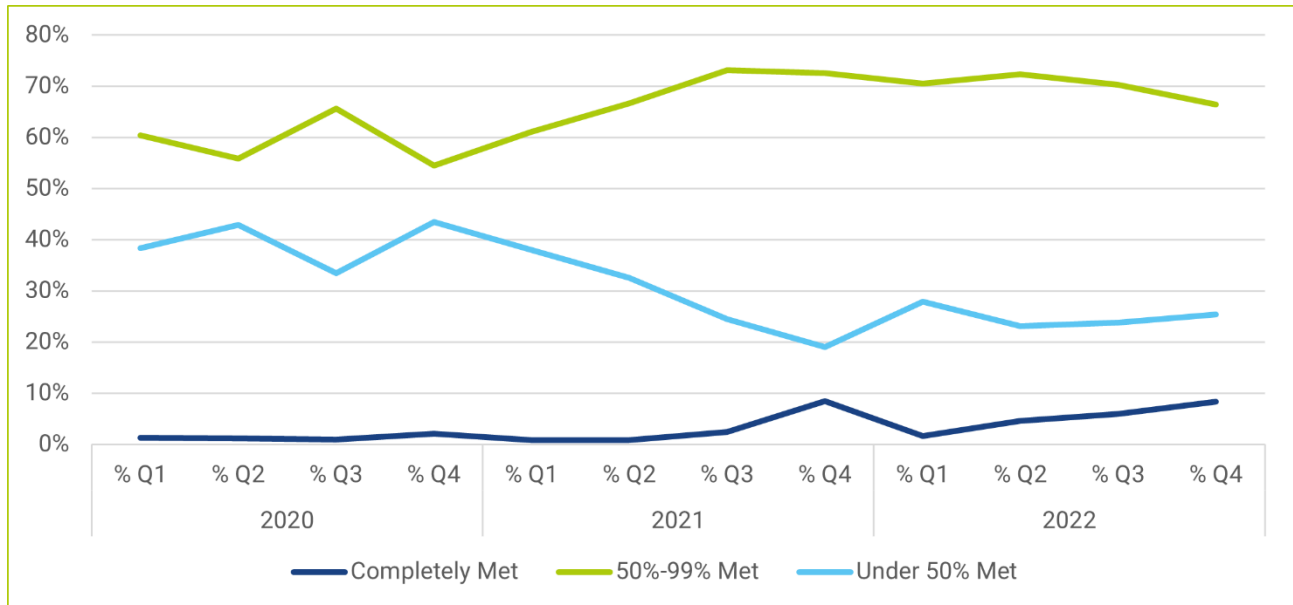


## Percentage of Regulation 69 Met

While not all 12 practice requirements are being met, we have identified that there are improvements, including where we have recorded that we are meeting six or more of the 12 practice requirements. This means more of the practice requirements are being met than in the previous reporting period.

### Percentage of Regulation 69 Met detailed

The following graph shows our performance against the 12 practice requirements.



Consistent with the information provided to the Monitor last year, we have identified three areas of practice we consider most directly relate to tamariki wellbeing, these are:

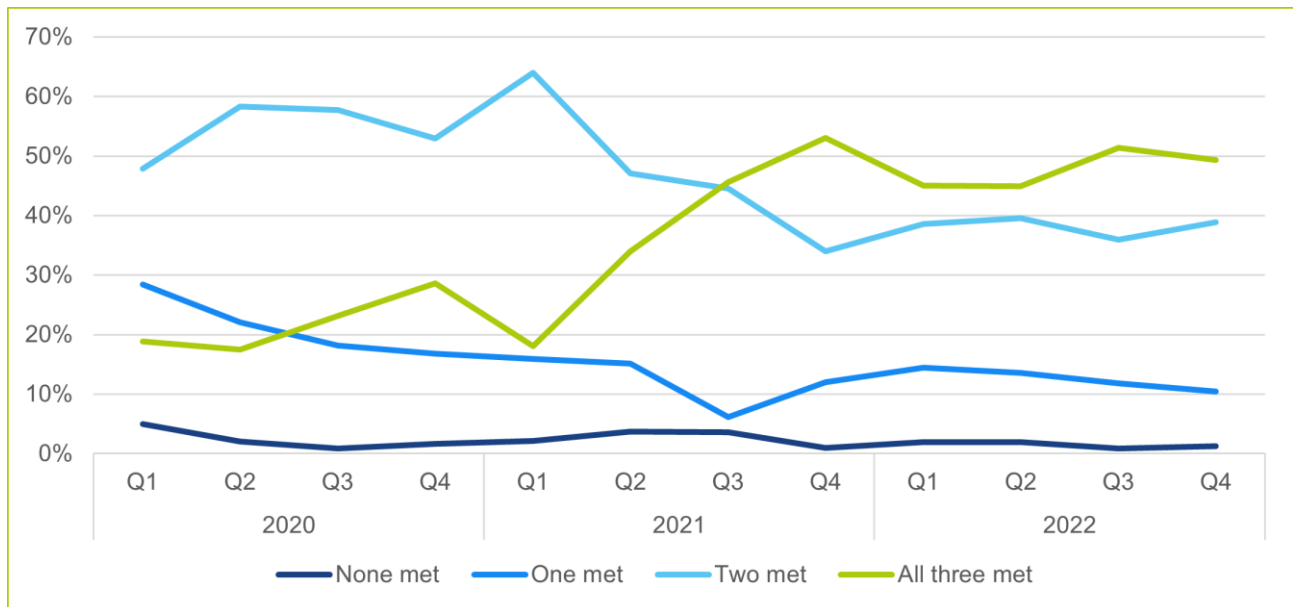
- Reviewing the tamariki plan
- Support mechanisms are in place to address the impacts of harm, and
- Communication of outcomes to tamariki.

## Percentage of Reg 69 requirements met related to child specific measures

For quarter 1 to quarter 4 these practice areas have remained consistent in meeting approximately 50% of these requirements for tamariki when compared to the previous year's reporting.

### Percentage of Reg 69 requirements met related to child specific measures detailed

The following graph shows our performance in meeting the three areas of practice that we consider relate to tamariki wellbeing.



## 2.2. In relation to allegations of abuse against tamariki in care, please provide:

### The quality controls that are in place for reaching the No Further Action decision

The same process described last year has continued, sites are encouraged to seek support/guidance from their Regional Senior Advisors when considering No Further Action (NFA) decisions. They also have an opportunity to discuss any NFA decisions with the National Business Operations senior advisors who collate Children in Care Reports of Concern information.

NFA decisions are reviewed in real time during weekly reporting and specific NFA cases are followed up with the Regional Senior Advisors and decisions are regularly tested with the Safety of Children in Care Unit.

### Number of cases sampled in the internal review process regarding whether the correct decision was made

#### Number of Reports of Concern reviewed during the internal review process



### Data on the number of cases which were deemed to have No Further Action required

#### Allegations of abuse against tamariki in care which resulted in No Further Action (NFA) – 1 July 2021 to 30 June 2022

Allegations that were entered as a report of concern but not rolled through to an assessment or investigation (NFA) (separate to their ongoing intervention)



## How many of those reviewed had “inaccurate decisions” made and how many cases, where the No Further Action decision to investigate, were incorrect

### Number of reports where No Further Action decision to investigate, were incorrect

Of the total reports of concern reviewed, 62 of these allegations of abuse against tamariki in care were found to have an incorrect decision to NFA.



### Number of cases which were deemed to have No Further Action required

#### Broken down by site and National Contact Centre

The following information relates to NFA reports of concern, not individual tamariki that the report of concern relates to.

Please note that sites with zero NFAs are not recorded

Region	Site	Number of NFAs
Te Tai Tokerau	Kaikohe	3
	Kaitaia	6
	Te Kaipara	11
	Teaotahi-Whangarei South	1
North & West Auckland	Orewa	3
	Waitakere	4
	Westgate	1
Central Auckland	Grey Lynn	1
	TM Specialists	2
	Onehunga	1
	Otahuhu	1
	Panmure	1
South Auckland	Homai	2
	Manurewa	5
	Papakura	5
Waikato	Hamilton North	1
	Hamilton South	6
	Hauraki	1
	Waikato Rural North	1
	Waikato Rural South	8
Bay of Plenty	Rotorua	14
	Taupō	1
	Ngā Parirau-Tauranga East	1
	Te Āhuru Mōwai-Tauranga West	6
East Coast	Whakatane	1
	Napier	5
	Wairarapa	1

Region	Site	Number of NFAs
<b>Taranaki-Manawatū</b>	Horowhenua	2
	Manawatū	7
	Whanganui	1
<b>Wellington</b>	Lower Hutt	3
	Porirua	4
	Kāpiti	3
	Upper Hutt	2
	Wellington	4
<b>Upper South</b>	Blenheim	2
	Nelson	1
<b>Canterbury</b>	Christchurch East	4
	Christchurch West	3
	Papanui	1
	Ashburton	1
	Sydenham	2
<b>Lower South</b>	Otago Urban	3
	Balclutha/Gore	1

## Complaints and Compliments

### 2.3. Complaints and Compliments received between 1 July 2021 to 30 June 2022



Data and analysis in this section are provided by the Feedback and Complaints team.

#### Number of complaints and compliments received by Oranga Tamariki directly

##### Total of all complaints, compliments, and suggestions



##### Total complaints



Please find attached a data file containing the detailed information on complaints and compliments.

#### Who made the complaint or compliment

Of the complaints and compliments received during the 2021/22 financial year, close to half of these are from parents (48%) and approx. 77 percent were received from a member of the child's whanau (including parents).

#### Who provided feedback

	Complaint	Compliment	Suggestion	Total %
Tamariki	2%	4%	14%	2%
Parent	50%	15%	72%	48%
Whanau	28%	33%	14%	28%
Non-Whanau Caregiver	8%	13%	0%	8%
Other Professional	7%	20%	0%	8%
Other	5%	15%	0%	6%

#### Children in care

Feedback and Complaints have received 16 complaints, 1 compliment and 1 suggestion from tamariki in care during the past financial year.

#### Nature of the complaint or compliment by theme and description

For each complaint or compliment received the nature of the complaint or compliment is detailed into a range of categories; each compliment or complaint may reflect one category or several categories.

For the financial year 2021/22 Communication (33%) and Fair Treatment (32%) were the two categories which featured most often in complaints received.

Other areas which also featured often were:

- Care: the quality of care provided or where the child is placed (9%),
- Access (7%),
- FGC's (4%)

The detail of each complaint or compliment received during the 2021/22 financial year and the nature of these is provided in the data file attached to this request.

## What actions were taken in response to complaints

Our response to the person who has made the complaint, as well the tamariki they are advocating for, are largely focused on corrective action with a restorative focus. This includes, but is not limited to:

- discussing the complaint outcome in person or over the phone,
- providing an apology,
- sending a formal outcome letter,
- updating casework and notes,
- amending the direction of casework,
- including a statement of correction on file or
- undertaking another action which resolves the complainant's concerns.

Information relating to the specifics of what actions were taken in each case is largely detailed and specific to the circumstances of the complaint.

Each month a random sample of closed complaints are reviewed by Feedback and Complaints, comparing them against a number of areas such as:

- have we engaged with the complainant, and if so, how did we engage?
- is there evidence recorded to support the outcome rationale?
- was our response to the complaint consistent with the issues raised, and in cases that we found gaps, did we articulate actions we will take to close them?
- can we see evidence?;
- that we understood the complainant's world view,
- that we followed up with staff, and
- that we provided the complainants with next steps should they be unhappy with the outcome of the complaints.

The review findings are shared with each of the regional teams, and learnings discussed.

All Oranga Tamariki operational policy improvement and development work now includes input on trends and relevant findings from Feedback and Complaints.

## Care and Protection and Youth Justice residences Grievance Panels



Data and analysis in this section are provided by the team that monitor the complaints received and monitored by Grievance Panels.

### 2.4. Care and Protection and Youth Justice residences, complaints received and monitored by Grievance Panels

#### Number of complaints made by tamariki and rangatahi in residences

The information provided includes the Whakatakāpokai Youth Justice residence, which commenced operations on 12 June 2021.

Please note that final numbers for the 1 July 2020 to 30 June 2021 have been included as a comparison. These numbers will be different from those supplied in our response last year, as they only contained data from the first three quarters of reporting.

#### Total complaints made by tamariki and rangatahi



#### Youth Justice Residences complaints made by tamariki and rangatahi



#### Care and Protection Residences complaints made by tamariki and rangatahi



#### Complaints justified across all Youth Justice and Care and Protection Residences



As of 29 July 2022, data for Korowai Manaaki quarter one and two, and Epuni quarter two remains under review of the independent Grievance Panellists, however once the Oranga Tamariki is provided with a copy of the Quarterly Reports, the data will be updated.

This is operational data as at 29 July 2022 that is subject to change if new information becomes available. The data has been drawn from the Grievance Panellists Quarterly Reports, however is yet to be fully reviewed and moderated.

To achieve our aim of ensuring tamariki experience a robust grievance process, the grievance process has multiple points of review and opportunities for stakeholder to provide feedback.

A detailed breakdown by residence and category of all complaints can be found here [Complaints received by Grievance Panels](#).

Other information you may find useful relating to complaints to Grievance Panels is further detailed in the below links:



[Oranga Tamariki \(Residential Care\) Regulations 1996 s15](#)

The right to a complaints system



[Grievance Schedule](#)

Grievance procedures



[Oranga Tamariki \(Residential Care\) Regulations 1996 s16](#)

The right to be offered advocacy





### [Working with Tamariki and Rangatahi in Residence Policy](#)

This policy outlines what we must do while working with tamariki and rangatahi in residences.



### [Journey through residence for tamariki and rangatahi guidance](#)

We want tamariki and rangatahi to reach their full potential. Residential care provides a safe and stable placement for tamariki and rangatahi when they aren't able to be placed in the community.

## Action taken in response to complaint investigations

The priority during and following an investigation is to meet the needs of the young person through one-to-one discussions with the investigator, and to acknowledge the courage it took to make a grievance. The young person is then supported to understand what will occur and, if required, what will be put in place to maintain their safety.

Following the completion of the investigation, the investigator will meet with the young person to discuss what was considered, the outcome of the investigation and any recommendations.

The young person is given the opportunity to seek a review by the Independent Grievance Panel if they are not satisfied.

Staff actions following a justified response can include professional development through to further training, individual mentoring or supervision, and, when appropriate, a restorative justice approach to restore the mana of both parties. In a small number of cases, the investigation is suspended while a formal human resources process is completed. From this a wider range of outcomes can occur including dismissal and/or a joint police investigation.

Information relating to the specifics of what actions were taken in each case is not available due to the way the information is captured.

## Complaints received by Grievance Panels

Complaint categories and a short description of what they relate to are detailed below:

Category	Relates to
Staff Physical	physical actions by staff
Staff Verbal	what was said or inferred by staff
Staff Other	decisions or actions made by staff otherwise not covered above
Resident Physical	physical action by co-resident
Resident Verbal	what was said or infer by co-resident
Resident Verbal	what was said or infer by co-resident
Resident Other	decisions or actions made by co-residents
General Property	young people's property
General Food	anything food related
General Other	any area that is not specifically covered in the alternative categories
General Behaviour	the Behaviour Management System
General School	matters that occur at school

## Youth Justice Residences

### 2021/22 Financial Year

Category	Korowai Manaaki		Whakatakapokai		Te Maioha o Parekarangi		Te Au rere a te Tonga		Te Puna Wai o Tuhinapo	
	Justified	Unjustified	Justified	Unjustified	Justified	Unjustified	Justified	Unjustified	Justified	Unjustified
Staff Physical	-	2	1	11	-	3	-	0	3	1
Staff Verbal	-	1	1		-	1	1	3	2	6
Staff Other	1	8	1	9	5	41	10	9	7	26
Resident Physical	-	-	-	-	-	-	-	-	1	1
Resident Verbal	-	-	-	-	-	-	2	1	2	1
Resident Other	-	2	3	2	-	2	-	1	4	3
General Property	5	1	-	-	11	7	2	1	3	3
General Food	2	-	-	-	4	19	2	-	4	1
General Other	3	2	1	5	7	23	7	4	11	17
General Behaviour	6	3	-	2	3	6	-	4	5	4
General School	-	-	-	-	-	-	1	1	-	-

### 2020/21 Financial Year

Category	Korowai Manaaki		Te Maioha o Parekarangi		Te Au rere a te Tonga		Te Puna Wai o Tuhinapo	
	Justified	Unjustified	Justified	Unjustified	Justified	Unjustified	Justified	Unjustified
Staff Physical	1	2	2	2	-	-	1	5
Staff Verbal	1	1	3	2	-	-	1	3
Staff Other	17	14	3	44	4	4	11	8
Resident Physical	1	-	-	-	-	-	-	-
Resident Verbal	-	-	-	-	-	-	-	-
Resident Other	1	1	1	5	-	-	2	3
General Property	3	-	2	2	1	-	-	3
General Food	1	-	1	16	-	4	-	1
General Other	5	5	4	16	1		3	6
General Behaviour	-	1	1	1	-	4	1	1
General School	-	2	-	3	-	-	-	2

## Care and Protection Residences

### 2021/22 Financial Year

Category	Kaahui Whetuu		Epuni		Te Oranga		Puketai		Te Poutama Ārahi Rangatahi	
	Justified	Unjustified	Justified	Unjustified	Justified	Unjustified	Justified	Unjustified	Justified	Unjustified
Staff Physical	2	-	1	1	1	2	4	6	-	-
Staff Verbal	1	-	2	-	2	1	3	7	-	1
Staff Other	-	-	2	2	2	-	3	5	1	1
Resident Physical	-	-	4	1	2	-	-	-	-	-
Resident Verbal	-	-	1	1	-	-	-	-	-	-
Resident Other	-	-	6	1	-	1	1	-	2	1
General Property	-	-	1	-	3	1	-	1	-	1
General Food	-	-	-	-	1	-	1	-	1	-
General Other	-	-	2	-	1	1	4	3	6	6
General Behaviour	-	-	-	-	1	-	1	1	-	-
General School	-	-	-	-	-	-	1	-	-	-

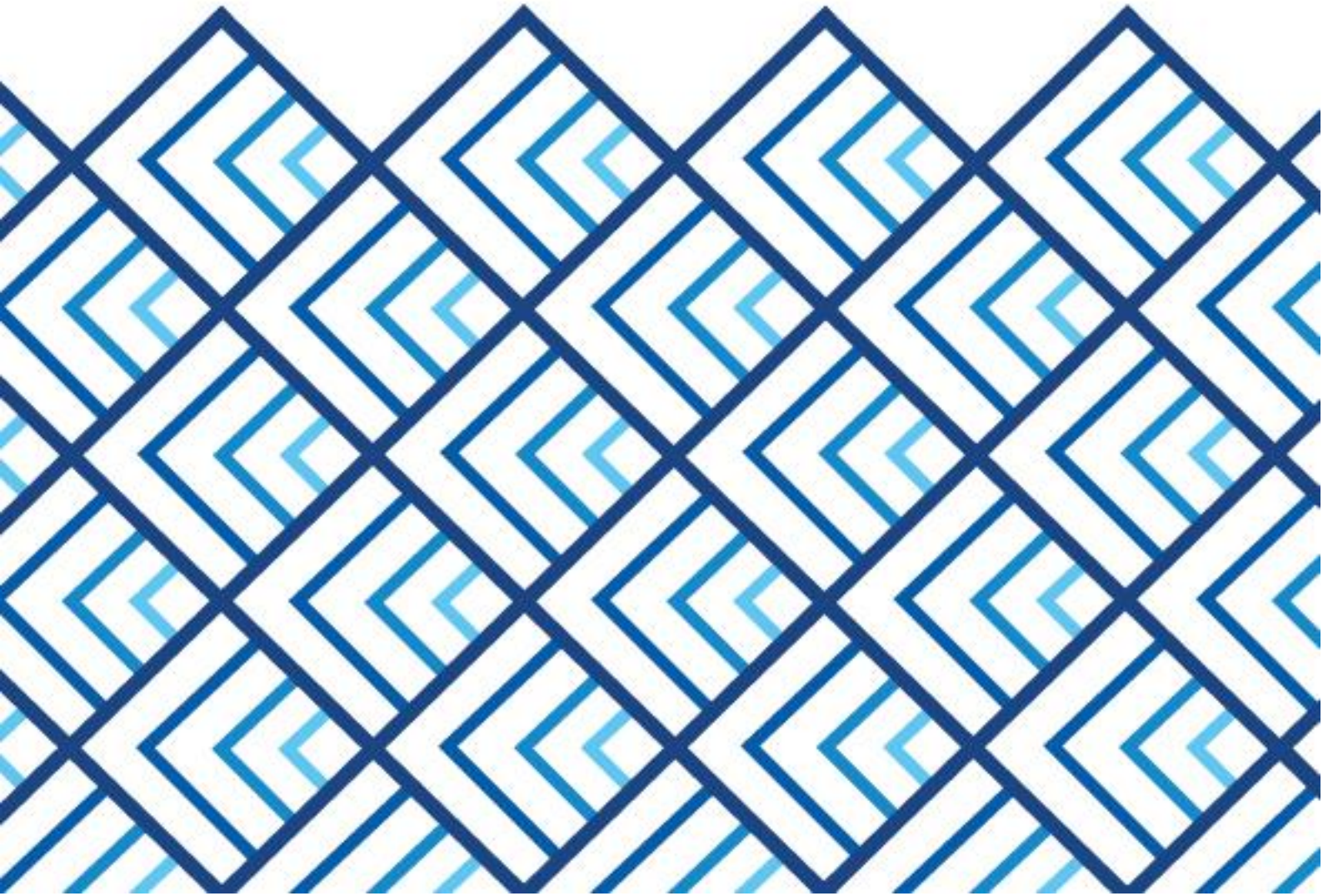
### 2020/21 Financial Year

Category	Kaahui Whetuu		Epuni		Te Oranga		Puketai		Te Poutama Ārahi Rangatahi	
	Justified	Unjustified	Justified	Unjustified	Justified	Unjustified	Justified	Unjustified	Justified	Unjustified
Staff Physical	5	-	2	-	-	-	1	-	-	-
Staff Verbal	-	-	3	1	6	4	1	1	-	-
Staff Other	-	-	1	4	21	26	-	5	2	4
Resident Physical	-	-	6	1	1	-	-	-	-	-
Resident Verbal	-	-	3	2	-	1	1	-	-	-
Resident Other	-	-	1	-	9	6	1	2	-	-
General Property	-	1	1	1	-	-	1	-	-	-
General Food	-	-	-	-	1	1	-	-	-	-
General Other	-	-	-	1	2	5	-	2	2	-
General Behaviour	-	-	-	1	-	1	-	4	1	-
General School	-	-	-	1	-	1	2	3	1	-



# National Care Regulations

This section provides insights into the performance of Oranga Tamariki based on its application of the National Care Standards.





## Important

Please refer to the [Document formatting](#) and [Displaying data](#) sections for guidance as to how data, insights and indicator visuals have been applied in this section.

## Overview

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Our Practice Centre includes a page that details information about the National Care Standards and provides links to the range of resources that can be used when we're working with tamariki and rangatahi in care, and guidance to help kaimahi know when and how to use them.

Each section of the National Care Standards is covered with links to policy, guidance, and tools available specific to that section.

The following links can be used to access key resources:



### [Care standards | Practice Centre | Oranga Tamariki](#)

The National Care Standards set out the standard of care that tamariki and rangatahi need to be well and do well while they're in care, and the support that caregivers can expect to receive.



### [Practice approach | Practice Centre | Oranga Tamariki](#)

Our practice is framed in Te Tiriti o Waitangi | the Treaty of Waitangi and draws on Te Ao Māori principles of oranga.



### [Practice standards | Practice Centre | Oranga Tamariki](#)

Our practice standards are the benchmark for your practice as you work with tamariki and their whānau, caregiving families and others involved in their lives.



### [Practice tools | Practice Centre | Oranga Tamariki](#)

Tools to help us in our practice – including Tuituia, the safety and risk screen, the Three Houses and practice triggers.

## myLearn

Where applicable, there are links to myLearn training modules for staff to be able to access and complete.



## Understanding the quality of social work engagement with whānau, hapū and iwi in assessment and planning practice for individual tamariki

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### There is evidence of strengthening engagement with whānau

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Following the implementation of the practice shift, recent practice quality assurance reviews have evidenced some positive improvements in social work engagement with whānau at key points in the decision-making process. For example, in our latest (April 2022) review of practice for unborn and newborn pēpi who enter care under a section 78 order,<sup>4</sup> we found:

- engagement with whānau through the use of hui ā-whānau and family meetings prior to a section 78 application continues to strengthen.
- high use of whānau searching, to provide every opportunity for pēpi to be cared for within their whānau, hapū and iwi.
- an increase in the number of pēpi who remained with parent(s) and/or whānau during the review period.

Our 2021/22 case file analysis has also evidenced some strengthening in whānau engagement when compared to last year. For example:

- connections for tamariki with members of their immediate family/whānau/family group were found to have been identified in 96% of cases reviewed, and 91% of completed plans contained actions for the tamaiti to address their need to establish/maintain/strengthen those connections.
- 80% of current Tuituia assessments reviewed considered the need for the child to establish/maintain/strengthen connections with their family/family group/whānau – an improvement on 72% in 2020/21.
- of those cases with a current Tuituia assessment, the views of the family/whānau/family group were taken into account in 66% of applicable cases – an improvement on 55% of cases in 2020/21.
- in 95% of cases with a plan for the child (All About Me Plan and/or other plan), that plan included details on contact arrangements with members of their immediate family/whānau/family group – such contact details were identified in 82% of All About Me Plans reviewed, an improvement on 57% in 2020/21.

We are also seeking opportunities to continue to strengthen our practice quality assurance approach to enable us to better understand the quality of social work engagement with whānau, and with hapū and iwi.

While the number of entered Tuituia and AAMP remain high, this number drops significantly in relation to Tuituia and AAMP being kept current (regularly reviewed, updated, and approved). This suggests there is further work required to support kaimahi to see assessment and planning as a continuous practice activity and to reflect this in their recording accordingly.

### We are continuing to develop our approach to understanding the quality of engagement with hapū and iwi with respect to the Care Standards requirements

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In our case file analysis, we have also made attempts to quantify the extent to which engagement is occurring with members of the wider hapū and iwi of the child, outside of their whānau connections, while noting that many members of the child's whānau will also be members of their hapū and iwi.

We are early in our work to understand this and have identified that our methodology is not necessarily providing a complete view of the nature and extent of local engagement with hapū and iwi. For example, our case file analysis approach focuses on seeking evidence at the individual case level, when in fact some of this engagement likely occurs at the strategic level between the site and local hapū/iwi and this may not necessarily be reflected in case records for individual children.

Information has been gathered and provided as part of the 2021/22 case file analysis process, and addresses in part some of the Monitor's questions. It is important to note however that this is unlikely to provide an accurate or complete view, and we are doing further work to consider the best approach to understanding the quality of practice in this area for the coming financial year. This will likely result in further changes to our case file analysis process to ensure we are providing a fair reflection of the work of kaimahi and sites in supporting connections for children with their hapū and iwi.

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<sup>4</sup> [Second report on section 78 - March 2022](#)

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# Part One

## Assessment, plan, and visits

### Important

Please refer to the [Document formatting](#) and [Displaying data](#) sections for guidance as to how data, insights and indicator visuals have been applied in this section.

### Assessments

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#### Key policy, guidance, and tools

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##### Practice Standard



[Create, implement and review a written assessment and plan | Practice Centre | Oranga Tamariki](#)

Defines the standard expected, what quality practice is and why we have a standard.

##### Policy



[Assessment | Practice Centre | Oranga Tamariki](#)

Defines what an assessment is, who it is for and outlines that quality assessments give effect to the Oranga Tamariki practice standards and the National Care Standards.

##### Guidance



[Assessing safety needs for tamariki and rangatahi in care | Practice Centre | Oranga Tamariki](#)

Assessing the safety needs for tamariki and rangatahi in care means considering their physical, emotional, spiritual, and cultural safety, and understanding risk and harm, and the resiliency and protective factors that exist for te tamaiti or rangatahi.



[Assessing the needs of tamariki in care | Practice Centre | Oranga Tamariki](#)

Tamariki in care often have complex needs. We use the Tuituia Assessment Framework to understand the challenges faced by te tamaiti along with their strengths.

##### Practice tool



[Completing the Tuituia report | Practice Centre | Oranga Tamariki](#)

When to do Tuituia (not explicit about after entering care, but is part of reassessing needs). Tuituia would be informing the application and plan agreed with court.



### [The Tuituia framework and domains | Practice Centre | Oranga Tamariki](#)

Info about info expected in a Tuituia but is usually in written text rather than structured data. Might have structured scores in a full version.

## Tuituia Assessments

### Monitor’s guidance on supplying information

Oranga Tamariki uses its Tuituia assessment process to fulfil the requirements for needs assessment under the NCS regulations. Oranga Tamariki indicated that in some cases, alternative holistic assessments, such as Gateway, full psychological assessments, section 135, or section 186 social work reports may be used in addition or instead of Tuituia assessments.

Where questions 6–13 below refer to Tuituia assessment, these alternative data sources may be substituted as required to provide a complete view of needs assessment for children in care. However, questions 3–5 refer *specifically* to the Tuituia assessment process.



Using structured data (CYRAS) alone does not ensure the quality of an assessment required by the National Care Standards, therefore we use Case File Analysis to support structured data.

All structured data totals and percentages are derived from [Data and documents provided to support this report](#)



The 2021/22 Care Standards Case File Analysis seeks to understand:

- whether there is a Tuituia assessment<sup>5</sup> for the child that has been created or updated within the period of our review (i.e., the preceding 12 months)
- whether there is another holistic assessment for the child that has been created or updated within the period of our review (i.e., a s135 review of plan or s186 social work report for the Family Court, a Gateway assessment or full psychological assessment).

Throughout the rest of this part, we refer to a Tuituia assessment or other assessment created or updated within the review period as “current”.

### Total cases reviewed in 2021/22 Care Standards case file analysis



### 3. Does the child have a Tuituia assessment?

#### Has record of Tuituia assessment `has_tuituia`

This means that there may be a Tuituia in the system but may not current, by definition of the assessment being created or updated within the review period to be considered current



<sup>5</sup> A created or updated Tuituia recording tool in CYRAS and/or Tuituia report (written record of assessment at a single point in time).

### Has approved Tuituia Report in the last 12 Months has\_tuituia + latest\_tuituia\_approved\_date

With structured data, we can apply the latest date that the Tuituia was approved within the review period to consider it current.



### Has Tuituia assessment and/or other holistic assessment that was created or updated within the review period

Total measure of a child having an assessment that was created or updated within the review period



The measures below show where a specific assessment was identified for a child that was created or updated within the review period. A child may have both types of assessment and therefore would appear in both measures.

### Has Tuituia assessment that was created or updated within the review period

Total measure of a child having a Tuituia assessment that was created or updated within the review period



### Evidence of another holistic assessment created or updated within the review period

Total measure of a child having another holistic assessment that was created or updated within the review period



## 4. Was the Tuituia assessment completed or updated in the 6-months to 30 June 2022?

### Has approved Tuituia in the last 6 Months has\_tuituia + latest\_tuituia\_approved\_date

With structured data, we can apply the latest date that the Tuituia was approved within the last 6-months to demonstrate this time period.



## 5. When was the Tuituia assessment last updated?

Updates to a Tuituia assessment can be a correction, minor or significant and therefore monitoring the date it was updated does not provide insight into, what the update was or the quality of the update.



Please refer to the [Key policy, guidance, and tools](#) section for more information.  
Information requested is not part of our self-monitoring, reporting or case file analysis.  
Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## 6. Does the most recent Tuituia (and/or other assessment) identify how often the child should be visited?



While Regulation 10 requires that visit frequency be identified in the needs assessment for the child, we have observed through our self-monitoring that the assessed visit frequency is more likely to be documented in the All About Me plan, rather than the Tuituia, the All About Me plan has been developed specifically to support meeting the Care Standards obligations and contains a specific section to record visit frequency.

This is reflected in the results of this review which found that, in 28 percent of all cases reviewed (185 of 670 cases), how often the child should be visited was identified in a current Tuituia assessment and/or other holistic assessment.

How often a child should be visited was identified in the All About Me Plan in 76 percent of cases (refer to [19. Does the most recent All About Me Plan identify how often the child should be visited?](#)).

### How often child should be visited identified in a current Tuituia assessment and/or other holistic assessment



### How often child should be visited identified in a current Tuituia assessment



### How often child should be visited was identified in their assessment and/or plan



## 7. How well does the most recent Tuituia (and/or other assessment) identify the following needs of the child?



The 2021/22 Care Standards case file analysis seeks to understand whether there is evidence of the needs described below being sufficiently assessed, for those children with a current Tuituia and/or other assessment.

Answers for this question (and throughout, unless otherwise specified) are *Sufficiently*, *Insufficiently* and *Not at all*. Only *Sufficiently* responses are included in these results.

### Their identity and cultural needs

#### Evidence found to have been sufficiently assessed in a current Tuituia assessment and/or other holistic assessment



#### Evidence found to have been sufficiently assessed in a current Tuituia assessment



## Their need to maintain connections with their family/whānau



The 2021/22 Care Standards case file analysis seeks to understand whether there is evidence that the child's need to establish/maintain/strengthen connections with their family/family group/whānau has been sufficiently assessed in the current Tuituia assessment and/or other holistic assessment.

### Evidence found to have been sufficiently assessed in a current Tuituia assessment and/or other holistic assessment



### Evidence found to have been sufficiently assessed in a current Tuituia assessment



## Their need to maintain connections with hapū, iwi and family group



The 2021/22 Care Standards case file analysis seeks to understand whether there is evidence that the child's need to establish/maintain/strengthen connections with their hapū and/or iwi has been sufficiently assessed in the current Tuituia assessment and/or other holistic assessment.

The question is applicable to tamariki Māori only.

Please refer to [Understanding the quality of social work engagement with whānau, hapū and iwi in assessment and planning practice for individual tamariki](#).

### Evidence found to have been sufficiently assessed in a current Tuituia assessment and/or other holistic assessment



### Evidence found to have been sufficiently assessed in a current Tuituia assessment



## Their need to maintain connections with other important people



The 2021/22 Care Standards case file analysis also seeks to understand whether there is evidence that the child's need to establish/maintain/strengthen connections with other important people has been sufficiently assessed in the current Tuituia assessment and/or other holistic assessment. This question is not applicable if there is no evidence of other important people having been identified (for example, in the All About Me Plan for the child).

While the Monitor does not ask about other important people in this part, it is asked in relation to the [All About Me Plans](#), so we are including the results here for completeness.

### Evidence found to have been sufficiently assessed in a current Tuituia assessment and/or other holistic assessment



### Evidence found to have been sufficiently assessed in a current Tuituia assessment only



## Their safety needs



The 2021/22 Care Standards case file analysis does not ask about safety needs as a whole – instead, it seeks to understand whether there is evidence that each of the elements of clause (b) of Regulation 14 Process for assessing safety needs has been sufficiently assessed in the current Tuituia assessment and/or other holistic assessment.

Please see response under **Question 12 How well does the most recent Tuituia assessment consider the following when identifying the safety needs of the child?**

## Their behavioural and developmental needs



The 2020/21 template asked whether there was evidence that the child's behavioural and developmental needs had been assessed in the current Tuituia. The 2021/22 template asks about behavioural needs only.

### Evidence found to have been assessed in a current Tuituia assessment and/or other holistic assessment



### Evidence found to have been assessed in a current Tuituia assessment



## Their play, recreation, and community needs

### Evidence found to have been assessed in a current Tuituia assessment and/or other holistic assessment



### Evidence found to have been assessed in a current Tuituia assessment



## Their emotional needs

Evidence found to have been assessed in a current Tuituia assessment and/or other holistic assessment



Evidence found to have been assessed in a current Tuituia assessment



## Their educational or training needs

Evidence found to have been assessed in a current Tuituia assessment and/or other holistic assessment



Evidence found to have been assessed in a current Tuituia assessment



## Their health needs

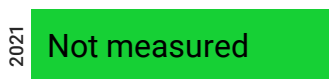


The 2021/22 Care Standards case file analysis seeks to understand whether there is evidence that the child's physical health needs, and their mental health needs and substance abuse-related needs (where applicable), have been sufficiently assessed in the current Tuituia assessment and/or other holistic assessment.

The 2020/21 template asked whether health needs had been assessed in the Tuituia assessment.

Evidence found to have been sufficiently assessed in a current Tuituia assessment and/or other holistic assessment:

Health needs



Physical health needs



Mental health needs<sup>6</sup>



Substance abuse-related needs<sup>7</sup>



<sup>6</sup> This question is not applicable if reviewers find no evidence of mental health needs in CYRAS recording.

<sup>7</sup> This question is not applicable if reviewers find no evidence of substance abuse-related needs in CYRAS recording.

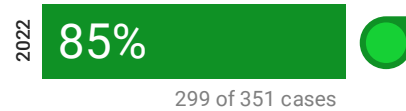


Evidence found to have been sufficiently assessed in a current Tuituia assessment:

Health needs



Physical health needs



Mental health needs

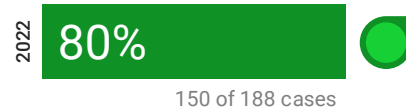
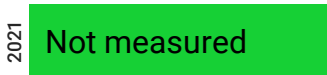


Substance abuse-related needs



Their needs relating to any disability

Evidence found to have been sufficiently assessed in a current Tuituia assessment and/or other holistic assessment



Evidence found to have been sufficiently assessed in a current Tuituia assessment



8. How well does the most recent Tuituia (and/or other assessment) identify the following for the child?

Their wishes and aspirations

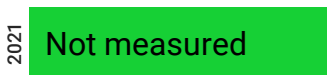


The 2021/22 Care Standards case file analysis seeks to understand whether the child's wishes and aspirations have been sufficiently identified in the current Tuituia assessment and/or other holistic assessment.

This question is not applicable if the child is under 5 years of age.

We note that the 2020/21 template asked whether the child's wishes and/or aspirations had been assessed in the Tuituia assessment. The current template asks whether wishes and aspirations have been *identified* – a higher bar, which may explain the decrease in assessments meeting this measure.

Evidence found to have been sufficiently identified in a current Tuituia assessment and/or other holistic assessment



Evidence found to have been sufficiently identified in a current Tuituia assessment



## Their strengths



The 2021/22 Care Standards case file analysis answer options are Yes and No for this question.

Evidence found to have been sufficiently identified in a current Tuituia assessment and/or other holistic assessment



Evidence found to have been sufficiently identified in a current Tuituia assessment



## Their immediate needs



The 2020/21 template asked whether the Tuituia described areas that require immediate support (the immediate needs of the child). The current 2021/22 template asks whether the child's immediate needs have been identified in the Tuituia and/or other assessment.

The 2021/22 Care Standards case file analysis answer options are Yes and No for this question.

Evidence found to have been assessed in a current Tuituia assessment and/or other holistic assessment



Evidence found to have been assessed in a current Tuituia assessment



## Their long-term needs



The 2020/21 template asked whether the Tuituia described areas that require non-immediate support (the long-term needs of the child). The current 2021/22 template asks whether the child's long-term needs have been identified in the Tuituia and/or other assessment.

The 2021/22 Care Standards case file analysis answer options are Yes and No for this question.

Evidence found to have been assessed in a current Tuituia assessment and/or other holistic assessment



Evidence found to have been assessed in a current Tuituia assessment



## 9. How well does the most recent Tuituia (and/or other assessment) identify the following people?

### Members of the child's family/family group/whānau



The 2021/22 Care Standards case file analysis asks whether we have identified connections for the child with members of their immediate family/whānau/family group.

Reviewers look for evidence to answer this question across all case recording, including the current Tuituia assessment, the All About Me Plan, genogram, participants in family group conferences, hui ā-whānau or family meetings, and case notes of discussions with whānau or family.

Answer options for this are Yes and No.

#### Evidence found to have been identified based on all case recording



### Significant members of the child's hapū or iwi



The 2021/22 Care Standards case file analysis asks whether we have identified connections for the child with key people from their marae/hapū/iwi. As above, reviewers look for evidence to answer this question across all case recording.

Beyond members of their whānau, additional connections for the child with key people from their marae/hapū/iwi were found to have been identified in 13% of cases for tamariki Māori (64 of 492 cases).

The low result in this question may in part be explained by the way the question is framed in the template – reviewers answer Yes to this question if there is evidence on CYRAS that the individuals are representing the marae, hapū or iwi (rather than being involved because of their whānau connection to the child – these would have been captured in the response to the questions relating to connections with family/whānau/family group).

Please refer to [Understanding the quality of social work engagement with whānau, hapū and iwi in assessment and planning practice for individual tamariki](#).

#### Evidence found of connections for tamaiti with key people from their marae/hapū/iwi across all case recording



## 10. How well does the most recent Tuituia assessment take into account the views of the following?

### The child



The 2021/22 Care Standards case file analysis seeks to understand whether the child's views have been sufficiently taken into account in a current Tuituia assessment and/or other holistic assessment.

In 2020/21 the measure was whether the child's views were described in the Tuituia.

#### Evidence found to have been taken into account in a current Tuituia assessment and/or other holistic assessment



### Evidence found to have been taken into account in a current Tuituia assessment



### Their family/whānau

The 2021/22 Care Standards case file analysis seeks to understand whether the views of the family/whānau have been sufficiently taken into account in a current Tuituia assessment and/or other holistic assessment. In 2020/21 the measure was whether the views of the family/whānau/family group were described in the Tuituia.

### Evidence found to have been taken into account in a current Tuituia assessment and/or other holistic assessment



### Evidence found to have been taken into account in a current Tuituia assessment



### Their hapū/iwi

The 2021/22 Care Standards case file analysis seeks to understand whether the views of the hapū/iwi have been sufficiently taken into account in a current Tuituia assessment and/or other holistic assessment. The question is applicable to tamariki Māori only.<sup>8</sup> The low result in this question may in part be explained by the way the question is framed in the template – reviewers answer Yes to this question if there is evidence on CYRAS that the individuals are representing the marae, hapū or iwi (rather than having their views sought because of their whānau connection to the child – these individuals would have been captured in the response to questions relating to family/whānau/family group). Please refer to [Understanding the quality of social work engagement with whānau, hapū and iwi in assessment and planning practice for individual tamariki](#).

### Evidence found to have been taken into account in a current Tuituia assessment and/or other holistic assessment



### Evidence found to have been taken into account in a current Tuituia assessment



<sup>8</sup> There are two Not Applicable responses to this question – NA – not Māori and NA – not required (only used if it is clear from recording that the child and/or their whānau have said that they don't want the marae/hapū/iwi to be involved).

## Their caregivers



The 2021/22 Care Standards case file analysis seeks to understand we have sufficiently consulted with the caregiver<sup>9</sup> in a current Tuituia assessment and/or other holistic assessment.

This question is not applicable if the child does not have a caregiver.

In 2020/21, the measure was whether the caregiver's views were described in the Tuituia.

### Evidence found to have been consulted with in a current Tuituia assessment and/or other holistic assessment



### Evidence found to have been consulted with in a current Tuituia assessment



## Relevant professionals (for example health and education professionals, cultural experts)



The 2021/22 Care Standards case file analysis seeks to understand whether the views of the family/whānau have been sufficiently consulted with other professionals in a current Tuituia assessment and/or other holistic assessment.

In 2020/21, the measure was whether the views of other professionals were described in the Tuituia.

### Evidence found to have been consulted with in a current Tuituia assessment and/or other holistic assessment



### Evidence found to have been consulted with in a current Tuituia assessment



## 11. How well does the most recent Tuituia assessment describe whether reasonable efforts were made to access health practitioners who have:

### Knowledge and experience of the cultural values and practices of the child, knowledge, and experience of Māori models of health

This is an area where we need to understand more about our role in engaging with health resources and working with other agencies to ensure this need is being met appropriately.



Please refer to the [Future Direction Plan](#) and [Oranga Tamariki Action Plan](#) section for more information. Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

<sup>9</sup> As required by Regulation 10(2)(b).

## 12. How well does the most recent Tuituia assessment consider the following when identifying the safety needs of the child?



The 2021/22 Care Standards case file analysis seeks to understand whether, in the current Tuituia assessment and/or other assessment, safety needs sufficiently assesses:

- the nature of harm that the child has experienced, and the effect this may have on their ongoing safety and wellbeing
- the risk of harm to the child by other people they come into contact, or may come into contact, with
- the resilience and protective factors present for the child in their environment
- aspects of the behaviour of the child that may present a risk to their safety or the safety of others.

There are no comparable figures from 2020/21 as the 2020/21 template asked whether safety needs were addressed in the plan, but not whether they were assessed in the assessment.

### Nature of harm, loss, or injury that children may have experienced, and the effect this may have on their ongoing safety or wellbeing

Evidence found to have been assessed in a current Tuituia assessment and/or other holistic assessment



Evidence found to have been assessed in a current Tuituia assessment



### Risk of harm posed by other persons who come into, or may come into, contact with the child

Evidence found to have been assessed in a current Tuituia assessment and/or other holistic assessment



Evidence found to have been assessed in a current Tuituia assessment



### Nature and level of resilience and protective factors present for child

Evidence found to have been assessed in a current Tuituia assessment and/or other holistic assessment



Evidence found to have been assessed in a current Tuituia assessment



### Aspects of the child's behaviour that may present a risk of harm and the impact this may have on their own safety or the safety of others



This question is not applicable in the case file analysis if reviewers find no evidence in case recording on CYRAS of behavioural concerns for the child that might present a risk to their safety or the safety of others.

#### Evidence found to have been assessed in a current Tuituia assessment and/or other holistic assessment

2021

Not measured

2022

75%



174 of 231 cases

#### Evidence found to have been assessed in a current Tuituia assessment

2021

Not measured

2022

74%



92 of 124 cases

### 13. Overall, in the most recent Tuituia assessment, how well are the needs of the child identified?



Please refer to the [Key policy, guidance, and tools](#) section for more information on the standard of quality expected for completing assessments.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## Gateway assessments

Please note that this section has been included within the Assessment section, rather than after Plans. Question numbering has been retained to align with the Monitor's questions.

The Gateway service is an important cross-sector approach to enable Oranga Tamariki to understand the needs of vulnerable children and young people, and to establish a plan to address those needs. A Gateway assessment addresses the health and education needs of children and young people at risk of entering care or already in care.

As at 31 March 2022, of the 4,760 children and young people in care (excluding about 50 children on temporary care agreements), 3,830 (80%) had received a comprehensive health and education assessment through the Gateway service.

### Key policy, guidance, and tools

#### Practice tool



[Gateway assessments | Practice Centre | Oranga Tamariki](#)

Once a child enters care, we should refer for a Gateway assessment within 10 days of entering care (unless referred beforehand) (unless a child or their parent refuses consent, or already has a comprehensive plan)

### 27. Does the child have a Gateway assessment?

Separate indicators in CYRAS provide insight into whether an individual has a Gateway referral or Gateway assessment. These indicators only detail that an individual has either been referred for or had an assessment at some stage during their time in care - this may not relate to their current entry into care.

The following numbers relate total indicators recorded for individuals captured in the reporting period data.

#### Has record of Gateway referral `has_gateway_referral`



#### Has record of completed Gateway assessment `has_completed_gateway`



### 28. How many Gateway assessments does the child have?

As the Gateway service is a cross-sector assessment, a child may have an assessment that isn't recorded in our system and we only capture the most recent date for both referrals and assessments.



Please refer to the [Key policy, guidance, and tools](#) section for more information

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 29. What is the date of the most recent referral for a Gateway assessment?

The most recent referral date for all children has been provided.

The data file reference has been removed.



### 30. What is the date of the most recent Gateway assessment?

The most recent assessment date for all children has been provided.

The data file reference has been removed.

### 31. Was a Gateway assessment referral made within 10 days of the child entering care?

The Practice Centre provides information in relation to requirements around when to make a referral for a Gateway assessment, including the requirement to make it within 10 working days of entering our care.



#### [Gateway assessments | Practice Centre | Oranga Tamariki](#)

Once a child enters care, we should refer for a Gateway assessment within 10 days of entering care (unless referred beforehand) (unless a child or their parent refuses consent, or already has a comprehensive plan)

Our self-monitoring focus has been to ensure that practice is understood and adds value rather than creating structured data to report against. Part of the reason for this decision is that the referral step measure only means that the referral has been made, not that an assessment of need has been completed.

The length of time that it takes for the Gateway Assessment has more impact on addressing the needs of the child and requires other parties to complete the assessment.

When we look at time elapsed from referral to assessment, we can see an indication that assessments can take up to over two years to be completed.

Days to Assessment date	2021	2022
0-30 Days	669	595
31-60 Days	1,393	1,187
61-90 Days	1,114	978
91-180 Days	1,635	1,456
181-365 days	632	615
1-2 Years	108	113
2+ Years	7	11

The data file reference has been removed.

## Plans

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### Monitor's guidance on supplying information

The Oranga Tamariki All About Me Plan is used to fulfil the requirements for plans under the NCS regulations. Oranga Tamariki indicated that in some cases, other plans tamariki may have - such as Family Group Conference or Court Plans, may be used in addition or instead of All About Me plans.

Where questions 19–26 below refer to All About Me plans, these alternative data sources may be substituted as required to provide as complete a view as possible of plans for children in care. However, questions 14–18 refer *specifically* to All About Me plans.

### Key policy, guidance, and tools

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#### Practice Standard



[Create, implement and review a written assessment and plan | Practice Centre | Oranga Tamariki](#)

Defines the standard expected, what quality practice is and why we have a standard.

#### Policy



[All About Me plan | Practice Centre | Oranga Tamariki](#)

The All About Me plan addresses the needs identified through analysis of the Tuituia assessment. It has important information about each tamaiti or rangatahi in our care. This policy defines when the plan is needed and how we develop, maintain, and use it.



[Participation of tamariki – providing information, ensuring understanding and incorporating their views | Practice Centre | Oranga Tamariki](#)

We must ensure tamariki have the information and support they need to freely express their views and actively participate in the work we do together.

#### Guidance



[All About Me plan to meet the needs of tamariki and rangatahi | Practice Centre | Oranga Tamariki](#)

The All About Me plan is designed to enable us to support and respond to the needs of tamariki and rangatahi in the custody or care of the chief executive in line with the National Care Standards.



[Tamariki All About Me plan – child-friendly version | Practice Centre | Oranga Tamariki](#)

The Tamariki All About Me Plan describes how the needs of tamariki and rangatahi in care will be supported, as set out in the All About Me Plan, in a form appropriate to te tamaiti or rangatahi.

## 14. Does the child have an All About Me Plan?



The following figure only indicates that an All About Me Plan record has been opened, it does not provide insight into the quality of the plan in relation to the NCS regulations for plans.

All structured data totals and percentages are derived from [Data and documents provided to support this report](#)

Has record of All About Me Plan `has_all_about_me_plan_yn`



## 15. Was the All About Me Plan completed or updated in the 6-months to 30 June 2022?



This following figure is only indicative that a change was made in an AAMP template, it does not indicate the intent of the changes being made.

Has record of All About Me Plan case note update `latest_aamp_casenote_date`



The 2021/22 Care Standards case file analysis seeks to understand:

- whether there is an All About Me Plan (AAMP) for the child that has been created or updated within the period of our review (i.e. the preceding 12 months)
- whether there is another working plan for the child that has been created or updated within the period of our review (i.e. an FGC plan or s128 plan for the Family Court).

For 'other plans', the 2020/21 template asked whether there was an FGC plan and a s128 plan within the review period – 20% of cases had an FGC plan and 78% a s128 plan.

For a Court plan to be applicable for review, it must have been created within 12 months of the review date and been approved as adequate by the Family Court.

Throughout the rest of this part, we refer to an AAMP or other plan created or updated within the review period as "current".

Evidence found of an AAMP and/or other working plan that had been created or updated



Evidence found of an AAMP that had been created or updated



Evidence found of another working plan that had been created or updated, most often a s128 plan



## 16. When was the All About Me Plan last updated?

Updates to an All About Me Plan can be a correction, minor or significant and therefore monitoring the date it was updated does not provide insight into what the update was or the quality of the update.

We have provided the most recent case note update date to provide insight into updates being made.

The data file reference has been removed.

## 17. In the reporting period, how many times was the All About Me plan reviewed?

Our case management system doesn't record distinct reviews of an All About Me Plan, it only captures when it was updated. See details in **Question 16. When was the All About Me Plan last updated?** about updates.



Please refer to the [Key policy, guidance, and tools](#) section for more information.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## 18. When the All About Me Plan was last updated, was the child's Tuituia assessment also reassessed?

Our case management system only captures dates that both the Tuituia and All About Me Plan are updated - comparing these dates would not provide an accurate indication of the practice expectations to reassess as appropriate.



Please refer to the [Key policy, guidance, and tools](#) section for more information.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## 19. Does the most recent All About Me Plan identify how often the child should be visited?

Evidence found to have been identified in current AAMP and/or other current plan



Evidence found to have been identified in current AAMP



## 20. How well does the most recent All About Me Plan take into account the following needs of the child (as identified in the Tuituia assessment)?



The 2021/22 Care Standards case file analysis seeks to understand whether the current AAMP and/or other current plan contains actions to sufficiently address the needs below.

Responses are *Sufficiently*, *Insufficiently* and *Not at all*. Only *Sufficiently* responses are included in these results.

### Their identity and cultural needs



This question is not applicable in case file analysis if it is clear from recording that the child does not have any identity and cultural needs.

#### Evidence found to have actions to sufficiently address in current AAMP and/or other plan



#### Evidence found to have actions to address in current AAMP



### Their need to maintain connections with their family/whānau



The 2021/22 Care Standards case file analysis seeks to understand whether the current AAMP and/or other current plan contains actions to sufficiently address the child's need of to establish/maintain/strengthen connections with family/family group/whānau.

#### Evidence found to have actions to sufficiently address in current AAMP and/or other plan

We do not have comparable results from 2020/21 – these were rolled up across connections with whānau, hapū/iwi and other people.



#### Evidence found to have actions to address in current AAMP



## Their need to maintain connections with hapū, iwi and family group



The 2021/22 Care Standards case file analysis seeks to understand whether the current AAMP and/or other current plan contains actions to sufficiently address the child's need to establish/maintain/strengthen connections with their marae, hapū or iwi.

The question is applicable to tamariki Māori only.

Please refer to [Understanding the quality of social work engagement with whānau, hapū and iwi in assessment and planning practice for individual tamariki](#).

### Evidence found to have actions to sufficiently address in current AAMP and/or other plan

We do not have comparable results from 2020/21 – these were rolled up across connections with whānau, hapū/iwi and other people.



### Evidence found to have actions to address in current AAMP

The 2020/21 template asked whether the AAMP addresses the need to establish, maintain or strengthen connections with their hapū and/or iwi.



## Their safety needs



This question is not applicable in case file analysis if it is clear from recording that the child does not have any safety needs.

### Evidence found to have actions to address in current AAMP and/or other plan



### Evidence found to have actions to address in current AAMP



## Their behavioural needs



This question is not applicable in case file analysis if it is clear from recording that the child does not have any behavioural needs.

### Evidence found to have actions to address in current AAMP and/or other plan



### Evidence found to have actions to address in current AAMP



## Their play, recreation, and community needs



This question is not applicable in case file analysis if it is clear from recording that the child does not have any play, recreation, and community needs.

### Evidence found to have actions to address in current AAMP and/or other plan



### Evidence found to have actions to address in current AAMP



## Their emotional needs

### Evidence found to have actions to address in current AAMP and/or other plan



### Evidence found to have actions to address in current AAMP



## Their educational or training needs



This question is not applicable if it is clear from recording that the child does not have any needs in this area, or is under 18 months and not at ECE, or is 16 or over and in full-time paid employment.

### Evidence found to have actions to address in current AAMP and/or other plan



### Evidence found to have actions to address in current AAMP



## Their Health needs | Mental health and trauma recovery needs | Alcohol or drug misuse



The 2021/22 Care Standards case file analysis seeks to understand whether the current AAMP and/or other plan contains actions to sufficiently address the child's physical health needs, and their mental health needs and substance abuse-related needs (where applicable).

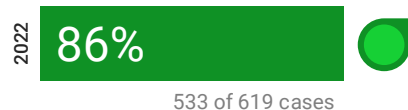
The 2020/21 template asked whether the current AAMP and/or other plan addressed health needs.

### Evidence found to have actions to sufficiently address in current AAMP and/or other plan:

#### Health needs



#### Physical health needs



#### Mental health needs<sup>10</sup>



#### Substance abuse-related needs<sup>11 12</sup>



### Evidence found to have actions to address in current AAMP:

#### Health needs



#### Physical health needs



#### Mental health needs



#### Substance abuse-related needs



<sup>10</sup> This question is not applicable if reviewers find no evidence of mental health needs in CYRAS recording.

<sup>11</sup> This question is not applicable if reviewers find no evidence of substance abuse-related needs in CYRAS recording.

<sup>12</sup> In further cases, actions may have already been underway and therefore were not specified in the current plan – therefore, the results are not a complete representation of the quality of practice in addressing substance abuse-related needs of tamariki. We will review our methodology ahead of the 2022/23 case file analysis with a view to further strengthening our understanding of practice in this space.



## Their needs relating to any disability



This question is not applicable if it is clear from recording that the child does not have any needs in this area, or there is no disability.

### Evidence found to have actions to address in current AAMP and/or other plan



### Evidence found to have actions to address in current AAMP



## Their needs to maintain connections with other important people



The 2021/22 Care Standards case file analysis seeks to understand whether the current AAMP and/or other current plan contains actions to sufficiently address the need of the child to establish/maintain/strengthen connections with other important people.

This question is not applicable if there is no evidence of other important people having been identified (for example, in the AAMP for the child).

### Evidence found to have actions to sufficiently address in current AAMP and/or other plan

We do not have comparable results from 2020/21 – these were rolled up across connections with whānau, hapū/iwi and other people.



### Evidence found to have actions to sufficiently address in current AAMP



## 21. How well does the most recent All About Me Plan take into account the following for the child?

### Their wishes and aspirations



The 2021/22 Care Standards case file analysis seeks to understand whether the current AAMP and/or other plan contains sufficient information about the child's wishes and aspirations.

This question is not applicable if the child is under five years of age.

In the 2020/21 template, we asked whether the child's wishes and/or aspirations had been reflected in the current Tuituia, please refer to Question 8 in the [Tuituia Assessments](#) section.

#### Evidence found to contain sufficient information about the wishes and aspirations in current AAMP and/or other plan

2021

Not measured

2022

64%



355 of 553 cases

#### Evidence found to contain sufficient information about the wishes and aspirations in current AAMP

2021

Not measured

2022

71%



227 of 319 cases

### Their strengths



The 2021/22 (and 2020/21) case file analysis does not ask whether the child's strengths are taken into account in their plan.

Please refer to Question 8 in the [Tuituia Assessments](#) section for the results of strengths being taken into account in the Tuituia and/or other assessment.

## 22. How well does the most recent All About Me Plan identify contact arrangements for the following people?

### Members of their family/family group/whānau



The 2021/22 Care Standards case file analysis asks whether the current AAMP and/or other plan includes details on contact arrangements with members of the child's immediate family/whānau/family group.

Responses are Yes or No only. Reviewers are asked to select Yes if the plan contains contact arrangements with any members of the immediate family/whānau/family group.

#### Evidence found of details on contact arrangements in current AAMP and/or other plan

2021

Not measured

2022

95%



659 of 697 cases

#### Evidence found of details on contact arrangements in current AAMP

2021

57%

2022

82%



329 of 399 cases

## Members of their hapū, iwi and marae



The 2021/22 Care Standards case file analysis asks whether the current AAMP and/or other plan includes details on contact arrangements with key people from the child's marae/hapū/iwi.

The question is applicable to tamariki Māori only.<sup>13</sup>

The low result in this question may in part be explained by the way the question is framed in the template – reviewers answer Yes to this question if there is evidence on CYRAS that the individuals are representing the marae, hapū or iwi (rather than having their views sought because of their whānau connection to the child – these individuals would have been captured in the response to questions relating to family/whānau/family group).

Please refer to [Understanding the quality of social work engagement with whānau, hapū and iwi in assessment and planning practice for individual tamariki](#).

### Evidence found included details in current AAMP and/or other plan

The 2020/21 template did not ask this question.



### Evidence found included details in current AAMP



## 23. How well does the most recent All About Me Plan take into account the views of the following?

### The child



The 2021/22 Care Standards case file analysis seeks to understand whether the current AAMP and/or other plan contains sufficient information about the child's views.

### Evidence found to contain sufficient information in current AAMP and/or other plan



### Evidence found to contain sufficient information in current AAMP



<sup>13</sup> There are two Not Applicable responses to this question – NA – *not Māori* and NA – *not required* (only used if it is clear from recording that the child and/or their whānau have said that they don't want the marae/hapū/iwi to be involved).

## Their family/whānau



The 2021/22 Care Standards case file analysis seeks to understand whether the current AAMP and/or other plan contains sufficient information about the views of the family/whānau/family group.

### Evidence found to contain sufficient information in current AAMP and/or other plan



### Evidence found to contain sufficient information in current AAMP



## Their hapū/iwi



The 2021/22 Care Standards case file analysis seeks to understand whether the current AAMP and/or other plan contains sufficient information about the views of the child's hapū/iwi.

The question is applicable to tamariki Māori only.<sup>14</sup>

The low result in this question may in part be explained by the way the question is framed in the template – reviewers are instructed to only answer Yes to this question if there is evidence on CYRAS that the individuals are representing the marae, hapū or iwi (rather than having their views sought because of their whānau connection to the child – these individuals would have been captured in the response to questions relating to family/whānau/family group).

The 2020/21 template asked whether the AAMP and/or other plan reflected the views of the hapū/iwi – responses were *Sufficiently*, *Insufficiently* and *Not at all*. The views of the hapū/iwi were reflected in 1% of cases with a current AAMP and 3% of cases with a current other plan.

Please refer to [Understanding the quality of social work engagement with whānau, hapū and iwi in assessment and planning practice for individual tamariki](#).

### Evidence found to contain sufficient information in current AAMP and/or other plan



### Evidence found to contain sufficient information in current AAMP



<sup>14</sup> There are two Not Applicable responses to this question – NA – *not Māori* and NA – *not required* (only used if it is clear from recording that tamariki and/or their whānau have said that they don't want the marae/hapū/iwi to be involved).

## Their caregivers



The 2021/22 Care Standards case file analysis seeks to understand whether the current AAMP and/or other plan contains sufficient information about the views of the child's caregiver.

This question is not applicable if the child does not have a caregiver.

In 2020/21, the measure was whether the caregiver's views were reflected in cases with a current AAMP.

### Evidence found to contain sufficient information in current AAMP and/or other plan



### Evidence found to contain sufficient information in current AAMP



## Relevant professionals (for example, health and education professionals, cultural experts)



The 2021/22 Care Standards case file analysis seeks to understand whether the current AAMP and/or other plan contains sufficient information about the views of other professionals.

In 2020/21, the measure was whether the views of other professionals were reflected in cases with a current AAMP.

### Evidence found to contain sufficient information in current AAMP and/or other plan



### Evidence found to contain sufficient information in current AAMP



**24. How well does the most recent All About Me Plan record the actions others agreed to undertake to help meet the needs of the child, including caregivers, whānau, relevant professionals (for example health and education professionals, cultural experts)?**

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Please refer to the [Key policy, guidance, and tools](#) section for practice standards and expectations of quality.  
Information requested is not part of our self-monitoring, reporting or case file analysis.  
Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

**25. Has the most recent All About Me Plan been given to the child and explained in a way that they understand according to their age, development, and any disability they may have?**

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Please refer to the [Key policy, guidance, and tools](#) section for practice standards and expectations of quality.  
Information requested is not part of our self-monitoring, reporting or case file analysis.  
Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

**26. Overall, in the most recent All About Me Plan, how well have the assessed needs of the child been taken into account?**

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Please refer to the [Key policy, guidance, and tools](#) section for practice standards and expectations of quality.  
Information requested is not part of our self-monitoring, reporting or case file analysis.  
Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## Visits

### Key policy, guidance, and tools

#### Policy



[Visiting and engaging with tamariki in care | Practice Centre | Oranga Tamariki](#)

This policy sets out the purpose and requirements of visiting tamariki in care.

#### Guidance



[Visits with tamariki and rangatahi in care or custody | Practice Centre | Oranga Tamariki](#)

We need to visit tamariki and rangatahi as often as they need us to so they can participate and influence decisions about their safety, care, and wellbeing needs.



[Assessing the frequency of visits to tamariki in care | Practice Centre | Oranga Tamariki](#)

The needs of te tamaiti will determine how frequently they are visited by their social worker while in care.

### Social worker visit



Oranga Tamariki policy states that the frequency of visits to a child is based on their individually assessed need. In assessing the frequency of visits, regard should be had to the child's views and wishes, how events in their lives are impacting on them, and the level of attachment and connections they have with other significant people in their lives.



The 2021/22 Care Standards case file analysis seeks to understand whether the child has been visited as per the frequency of visits set out in the assessment or plan. If there is no frequency set out in the assessment or plan, or the child is not being visited at that frequency, the case file analysis seeks to understand whether the child is visited by their social worker at least once every eight weeks. Neither question refers to 'on average'.

If possible, the child should be visited by their key Services for Children and Families and/or Youth Justice social worker – if for any reason the key social worker can't carry out the visit, the social worker's supervisor must arrange for someone suitable to carry out the visit on their behalf.

If a visit was required to occur during COVID-19 Alert Levels 3 or 4, reviewers also allowed for remote engagement with the child (in line with practice guidance developed for kaimahi to support the organisation's COVID-19 response).

If a child is in residence in another part of the country and their key social worker can't visit them in person, a video call can be used to complete the visit.

#### Social worker visit

This following figure is only indicative that a change was made in a case note (latest\_visit\_casenote\_date), it does not indicate the intent of the changes being made, which could be to record that a visit wasn't able to be made.

Has record of a visit in the last 8 weeks had\_visit\_in\_last\_8\_weeks



4,135

### 32. During the reporting period, was the child visited by their social worker on average at the frequency set out in their Tuituia assessment or All About Me Plan?



This question is not applicable if there is no frequency set out in the assessment or plan, or if there is no assessment or plan.

There is no comparable 2020/21 figure – in 2020/21, there was evidence in 38% of *all* cases reviewed that the child had been visited as per the frequency set out in their assessment or plan. The 2021/22 figure only includes those cases with frequency of visits set out in an assessment or plan.

Evidence found to have been visited as per the frequency of visits set out in their assessment or plan



### 33. During the reporting period, was the child visited by their social worker on average at least every eight weeks?

Evidence found had been visited either at the frequency set out in their assessment or plan or at least once every eight weeks



### 34. During the reporting period, how many times *in total* was the child visited by their social worker?



Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 35. During the reporting period, how many different social workers visited the child?



Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 36. Where appropriate, was the child met on their own by a social worker so they can express their views freely?



This question is not covered specifically by case file analysis.

However, in making a judgement about whether there is evidence in CYRAS case notes of quality engagement with the child (see Question 37 below), reviewers consider whether the social worker has, where appropriate and practical, engaged with the child in private to enable them to express their views freely.



**37. Overall, during the reporting period, how well were the visits used to: inquire about the things that are going well for the child, inquire about any concerns the child may have, discuss what is important to them, identify their circumstances or needs have changed and monitor the ongoing safety, best interests, and wellbeing of the child**



The 2021/22 Care Standards case file analysis seeks to understand whether, regardless of frequency of visits, there is sufficient evidence in the case notes of quality engagement with the child.

In making a judgement about quality engagement, reviewers are asked to consider the following criteria:

- whether the social worker has, where appropriate and practical, engaged with the child in private to enable them to express their views freely
- whether the social worker has talked with the child about what's happening for them, what's going well and what's not.

The criteria should be considered having regard to the regularity of engagement with the child, their age, and the particular circumstances of their case.

**Evidence found in case notes of quality engagement with the child**



**38. During the reporting period, were visits (or other sources of information) used to ensure that the child had the following: their own personal belongings with them in care including taonga, clothing, a suitable bag, and bedding, somewhere to store their belongings**



Please refer to the [Key policy, guidance, and tools](#) section for more information.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

**39. Based on information gathered from visits during the reporting period, how well is the All About Me Plan of the child being implemented?**



This question is not covered specifically by case file analysis.

However, a related question seeks to understand whether there is sufficient evidence in the casework that the social worker is carrying out the actions as set out in the plan (i.e. the current AAMP or other plan).

This question is not applicable if there is no current AAMP or other plan for the child.

**Evidence found in the casework that the social worker was carrying out the actions as set out in the plan**



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# Part Two

## Support to meet needs

### Important

Please refer to the [Document formatting](#) and [Displaying data](#) sections for guidance as to how data, insights and indicator visuals have been applied in this section.

### Whānau connections

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#### Key policy, guidance, and tools

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#### Guidance



[Supporting whānau connections | Practice Centre | Oranga Tamariki](#)

We need to support tamariki to establish, maintain and strengthen safe connections with their whānau or family (including siblings), hapū, iwi, marae and family group, and anyone else they or their whānau or family identify as important.

#### 40. During the reporting period, was support provided to the child, their caregivers and/or their whānau to enable the child to do the following:

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##### Establish, maintain, or strengthen their connections with their family/whānau



The 2021/22 Care Standards case file analysis seeks to understand whether there is sufficient evidence in the casework that the child is being supported to have contact with their family/whānau/family group.

It is important to note that, due to slight methodological differences, the results are not directly comparable with 2020/21. In 2020/21, the template asked whether there was evidence of our providing support to the child to establish, maintain or strengthen their connections with their family/family group/whānau.

Reviewers found such evidence in 93% of applicable cases (the question was not applicable if the plan(s) for the child did not address this need).

#### Evidence in the casework that the child was being supported to have contact with their family/whānau/family group

2021

Not measured

2022

87%



654 of 756 cases

## Establish, maintain, or strengthen their connections with their hapū/iwi



The 2021/22 Care Standards case file analysis seeks to understand whether there is sufficient evidence in the casework that tamaiti is being supported to have contact with their marae/hapū/iwi.

The question is applicable to tamariki Māori only.

In 2020/21, the template asked whether there was evidence of our providing support to tamaiti to establish, maintain or strengthen their connections with their hapū and/or iwi. Reviewers found such evidence in 38% of applicable cases (the question was not applicable if the plan(s) for tamaiti did not address this need).

Please refer to [Understanding the quality of social work engagement with whānau, hapū and iwi in assessment and planning practice for individual tamariki](#).

### Evidence in the casework that tamaiti was being supported to have contact with their marae/hapū/iwi<sup>15</sup>

2021

Not measured

2022

29%



145 of 493 cases

## Establish, maintain, or strengthen their connections with other important people



The 2021/22 Care Standards case file analysis seeks to understand whether there is sufficient evidence in the casework that the child is being supported to have contact with other people who are important to them.

This question is not applicable if there is no evidence of other important people having been identified (for example, in the AAMP for the child).

The 2020/21 template asked whether there was evidence of our providing support to the child to establish, maintain or strengthen their connections with other important people. Reviewers found such evidence in 71% of applicable cases (the question was not applicable if no other important people had been identified or if the plan(s) for the child did not address this need).

### Evidence in the casework that the child was being supported to have contact with other important people

2021

Not measured

2022

67%



137 of 205 cases

<sup>15</sup> There are two Not applicable responses to this question – NA – not Māori and NA – not required (only used if it is clear from casework recording that the child and/or their whānau have said that they don't want the marae/hapū/iwi to be involved). Reviewers may also select Strong connections already in place if it is clear from recording that the child is in a whānau placement where a sufficient level of connection is already maintained and supported.

## 41. During the reporting period was an important health, education or placement-related decision made about the child?

If so, were the following people given an opportunity to participate in the decision-making process, the child's parents, the child's whānau, any other legal guardians, the child's hapū/iwi



The 2021/22 Care Standards case file analysis asks whether:

- decisions about health matters were needed in the review period and, if yes, whether there is evidence that a parent or legal guardian was consulted as part of the decision-making
- decisions about education matters were needed in the review period and, if yes, whether there is evidence that a parent or legal guardian was consulted as part of the decision-making.

This question was not applicable if the child's parents were deceased or unable to be located, and there were no other legal guardians.

The 2021/22 Care Standards case file analysis does not ask whether parents/legal guardians were consulted as part of the decision-making in relation to placement-related decisions in general, however it does ask whether family/whānau/family group and hapū/iwi were consulted in relation to a planned transition to a new care arrangement during the review period – please see results under Question 134 below.

The 2020/21 template asked whether a health, education or placement-related decision was made during the review period and, if Yes, whether there was evidence that parents were consulted before the decision was made. There was evidence of consultation in 68% of cases in which a health, education or placement-related decision was made.

### Decisions about health matters (where needed)

#### Evidence that a parent or legal guardian was consulted as part of the decision-making

Reviewers identified that decisions about health matters were needed in 27% of cases reviewed (204 of 756 cases)



### Decisions about education (where needed)

#### Evidence that a parent or legal guardian was consulted as part of the decision-making

Reviewers identified that decisions about education matters were needed in 24% of cases reviewed (183 of 756 cases)



## 42. During the reporting period, how well were the following people kept informed of the progress and development of their child on a regular basis:

Their whānau? Their hapū/iwi?



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 43 Overall, thinking of the support provided during the reporting period to maintain connection with family/whānau/hapū/iwi:

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How appropriate is the amount and type of support provided? How prompt is the support provided? How well is cultural safety of the child considered in the way support was provided?



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## Play, recreation, and community

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### Key policy, guidance, and tools

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#### Guidance



[Support for play, recreation and community activities | Practice Centre | Oranga Tamariki](#)

We must ensure that support is provided to tamariki and rangatahi in care to meet their needs for play, recreation, and participation in community activities, including supporting, and assisting caregivers to promote these activities.

### 44. During the reporting period, has the child been engaging in the following play, recreation, and community activities?

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Access developmentally appropriate books/toys, maintain peer and community relationships, participate in sporting activities, participate in cultural activities, participate in community and volunteering activities



Please refer to information provided in 46 Overall, to what degree does the child have opportunities for play and experiences?

### 45. During the reporting period, was appropriate support (including financial support) provided for the child to:

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Access developmentally appropriate books/toys, maintain peer and community relationships, participate in sporting activities, participate in cultural activities, participate in community and volunteering activities



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## 46. Overall, to what degree does the child have opportunities for play and experiences?



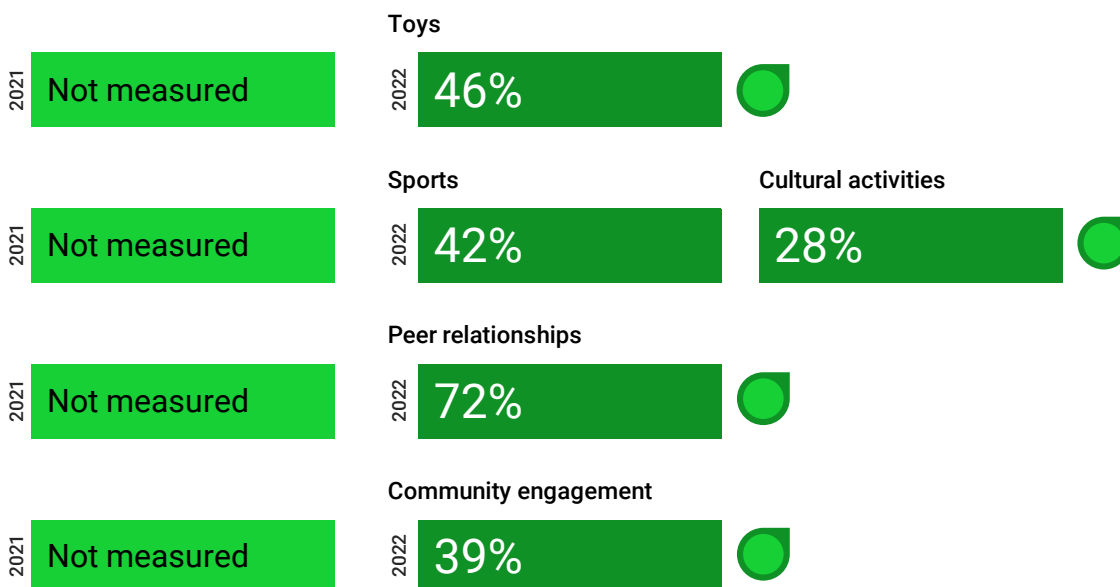
The 2021/22 Care Standards case file analysis seeks to understand whether there is sufficient evidence in the casework that the child has opportunities for play and experiences that are appropriate to their interests and development. Reviewers are asked to identify which activities there is evidence of from the following list: toys; sports; cultural activities; peer relationships; community engagement; and other.

The 2020/21 template asked separately about books/toys, peer and community relationships, sporting activities, cultural activities, and community volunteering activities, and whether there was evidence that the social worker was exploring the need for support/providing support in those areas. Reviewers were asked to take into account their answers to those questions in answering the overall question about opportunities for play and experiences.

Evidence in the casework that the child had opportunities for play and experiences that were appropriate to their interests and development



Evidence in the casework that the child had opportunities to access:



The results will not total to 100% as reviewers could select multiple options.

## 47. Does the child get pocket money?



Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

#### 48. Overall, thinking of the support provided during the reporting period to meet the child's play, recreation, and community needs:

How appropriate is the amount and type of support provided? How prompt is the support provided? How well is cultural safety of the child considered in the way support was provided?



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

#### Culture, belonging, and identity



Please refer to [Understanding the quality of social work engagement with whānau, hapū and iwi in assessment and planning practice for individual tamariki](#).

#### Key policy, guidance, and tools

##### Guidance



[Culture, belonging and identity | Practice Centre | Oranga Tamariki](#)

The oranga of tamariki is supported when they have a strong sense of culture, including ethnicity, sexuality, gender (including gender diversity), age, disability and faith, identity and belonging.

#### 49. During the reporting period, has the child had opportunities to do the following?

Connect with whānau, hapū, iwi to attend special whānau events, gain knowledge of their culture and identity, participate in activities and experiences relevant to their culture, connect with places of cultural relevance, maintain or improve proficiency in the language of their culture or identity (for example, Te Reo Māori, sign language), connect with other children and young people in care



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

#### 50. During the reporting period, was the child provided with appropriate support (including financial support) to do the following:

Connect with whānau, hapū, iwi to attend special whānau events, gain knowledge of their culture and identity, participate in activities and experiences relevant to their culture, maintain or improve proficiency in the language of their culture or identity (for example, Te Reo Māori, sign language), connect with other children and young people in care



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## 51. Overall, thinking of the support provided to meet the child's culture, belonging and identity needs during the reporting period:

How appropriate is the amount and type of support provided? How prompt is the support provided? How well is cultural safety of the child considered in the way support was provided?



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## Education

### Key policy, guidance, and tools

#### Guidance



[Supporting tamariki with their education and training needs | Practice Centre | Oranga Tamariki](#)

We support tamariki to access education services both to maintain their learning and to meet their specific educational needs. Good education outcomes are essential to good life outcomes.

## 52. If aged between 1-4 years, is the child currently enrolled in a licensed early childhood service or certified playgroup?

Has record of an education provider – Age 0-4 school\_work\_type + age\_years (0-4)



The description of the education provider has been provided for reference.

The data file reference has been removed.

## 53. If aged 5 years, is the child currently enrolled in a registered school (or a licensed early childhood service or certified playgroup)?

Has record of an education provider – Age 5 school\_work\_type + age\_years (5)



The description of the education provider has been provided for reference.

The data file reference has been removed.



## 54. If aged, 6-15 years, is the child currently enrolled at a registered school?

School details for those aged 6-15 years was supplied in a format for 2021 that meant it is not comparable in this response. This information was added to this response on 8 September 2022.

**Has record of an education provider – Age 6-15** school\_work\_type + age\_years (6-15)



The description of the education provider has been provided for reference.

The data file reference has been removed.

## 55. If enrolled at a registered school, was information provided to the school about the child's circumstances?



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## 56. If aged over 16 years, has the young person been assisted to do either of the following?

### Enrol at a registered school or tertiary education organisation, Obtain employment

School details for those aged 16 years or over was supplied in a format for 2021 that meant it is not comparable in this response. This information was added to this response on 8 September 2022.

This following figure is indicative of a young person being enrolled at a registered school or tertiary education organisation or having obtained employment; it does not detail if they were assisted to do so.

**Has record of an education provider – Age 16 and over** school\_work\_type + age\_years (16-20)



The description of the education provider has been provided for reference.

The data file reference has been removed.

## 57. During the reporting period, was the child provided support (including financial support) to address their education and training needs, including?

### Equipment and materials for education that are not funded (for example, school bag, uniform, and stationery), Education-related costs such as donations or fees, Additional support for the child to succeed in education



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## 58. If the child is enrolled at a registered school, have the following things been done to support attendance?

Provision of information to caregivers about the importance of attendance (including their role in supporting the child's attendance), An update obtained at least once a term from the school or caregivers on the regularity of the child's attendance, Arrangements to address any concerns about attendance



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## 59. During the reporting period, were the following things done at least once a term?

The education provider was engaged with to discuss the child's progress, A written update from the education provider was obtained on the child's educational progress (for example a school report to the parents)



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## 60. During the reporting period, were any concerns about the child's educational progress raised?

If yes, were actions taken to address those concerns?



The 2021/22 Care Standards case file analysis asks whether the child had education issues during the review period and, if yes, whether the social worker took steps, including consultation with others, to address those issues.

Evidence that the child had education issues during the review period



Evidence the social worker took steps to address those issues



## 61. Was the need for specialist support (other than specialist support for a disability) identified for the child?



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

**62. If the child was excluded from the school during the reporting period, which of the following were done?**

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Alternative educational arrangements were facilitated, Representation was provided at hearings to consider the suspension or exclusion from the school



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

**63. During their time in care, how many changes in school enrolment has the child experienced (excluding expected transitions, such as transition from Year 8 to Year 9)**

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Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

**64. Overall, thinking of the support provided to meet the child's education and training needs during the reporting period:**

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How appropriate was the amount and type of support provided? How prompt was the support provided? How well was cultural safety of the child considered in the way support was provided?



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## Health

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### Key policy, guidance, and tools

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#### Guidance



[Supporting tamariki with their health needs | Practice Centre | Oranga Tamariki](#)

Good health is essential to wellbeing and positive life outcomes. We need to support tamariki to access health services, both to maintain their good health and meet any health and disability needs.

**65. Does the child have a need for disability support identified in their current Tuituia assessment or All About Me Plan?**

---



Please refer to 70. Overall, during the reporting period, how well was the child supported to meet their assessed needs relating to a disability?

**66. If the disability was diagnosed within the past 12 months, was a Needs Assessment and Service Coordination (NASC) referral made?**



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

**67. If the disability was diagnosed within the past 12 months, was another allied health assessment completed (for example occupational therapy)?**



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

**68. If the disability was diagnosed within the past 12 months, was a specialist assessment completed?**



Please refer to the [Key policy, guidance, and tools](#) section for more information on practice.

Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

**69. During the reporting period, was support (including financial support) provided to meet the child's assessed need for disability support?**



Please refer to 70. Overall, during the reporting period, how well was the child supported to meet their assessed needs relating to a disability?

## 70. Overall, during the reporting period, how well was the child supported to meet their assessed needs relating to a disability?



The 2021/22 Care Standards case file analysis seeks to understand, if there have been disabilities identified for the child, whether:

- there are sufficient appropriate services and supports in place for the child
- there are sufficient appropriate services and supports in place for the caregiver.

These or similar questions were not asked in 2020/21.

### Evidence of appropriate services and supports in place for the child



### Evidence of appropriate services and supports in place for the caregiver

The total number of cases for this result is less than the total number of cases for the preceding result as this question was only applicable if there were disabilities identified for the child and the child had a caregiver.



## 71. Is the child currently enrolled with a primary health organisation?

If no, was the child enrolled with a primary health organisation at any point during the reporting period?



This following figure is only indicative that a specific doctor or medical centre has been advised and recorded. The values entered in this data source are 'free text' so are not consistent records that provide an indication of unknown, unregistered, to be confirmed or other non-enrolment have been grouped as not being enrolled. Records marked as Confidential are also not included in the supplied figure.

### Has record of a specified doctor or medical provider doctor\_name



The most recent information for all children has been provided for reference.

The data file reference has been removed.

## 72. Does the child have access to a health practitioner with the following?

Knowledge and experience of the cultural values and practices of the child, Knowledge and experience of Māori models of health



Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 73. Has the child received an annual health check within the reporting period?

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Information requested is not part of our self-monitoring, reporting or case file analysis.  
Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 74. If over the age of two, has the child received an annual dental check during the reporting period?

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Information requested is not part of our self-monitoring, reporting or case file analysis.  
Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 75. During the reporting period, was support (including financial support) provided to meet the child's assessed health needs?

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Information requested is not part of our self-monitoring, reporting or case file analysis.  
Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 76. During the reporting period, was the child supported to access private health services to address their assessed health needs?

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Information requested is not part of our self-monitoring, reporting or case file analysis.  
Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 77. During the reporting period, how well was the child supported to access publicly funded health services to address their assessed health needs?

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Information requested is not part of our self-monitoring, reporting or case file analysis.  
Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 78. During the reporting period, how well was the child provided with information on relevant health matters?

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Information requested is not part of our self-monitoring, reporting or case file analysis.  
Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## 79. Overall, thinking of the support provided to meet the child's health needs during the reporting period:

How appropriate was the amount and type of support provided? How prompt was the support provided? How well was cultural safety of the child considered in the way support was provided?



Information requested is not part of our self-monitoring, reporting or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## 80. During the reporting period, were concerns raised about substance abuse behaviour of the child?

If yes, was the child supported to engage with mental health services? If yes, was a Substances and Choices Scale (SACS) assessment completed for the child?



The 2021/22 Care Standards case file analysis asks about substance-abuse related needs under health needs in the current Tuituia or other assessment (see results under question 7).

If the reviewer has identified substance abuse-related needs as applicable to the child, the template asks whether:

- a SACS has been completed within the review period
- the child is engaged with, or has been referred to, a community mental health or AOD provider.

2020/21 figures are not comparable as the questions asked in 2020/21 differed significantly from those in the current template.

### Substances and Choices Scale (SACS) assessment completed for the child

We are unable to determine from the data how many children identified as having substance abuse-related needs would have required a SACS during the review period. However, we can see that for **seven children a SACS was completed**.

Evidence the child was found to be engaged with, or found to have been referred to, a community mental health or AOD provider



## 81. During the reporting period, were concerns raised about self-harming or high-risk behaviour of the child?

If yes, was the child supported to engage with mental health services? If yes, was a Kessler Screen completed for the child?



Please refer to 83. Based on the Kessler and Suicide Screen outcomes, was a Suicide Risk assessment made, where appropriate?

## 82. During the reporting period, were concerns raised about the suicidal ideation of the child?

If yes, was the child supported to engage with mental health services? If yes, was the child referred to Towards Wellbeing? If yes, was a Suicide Screen completed for the child?



Please refer to 83. Based on the Kessler and Suicide Screen outcomes, was a Suicide Risk assessment made, where appropriate?

### 83. Based on the Kessler and Suicide Screen outcomes, was a Suicide Risk assessment made, where appropriate?



The 2021/22 Care Standards case file analysis asks about mental health needs under health needs in the current Tuituia or other assessment (see Question 7 above) – this would include self-harming and suicidal ideation. If the reviewer has identified mental health related needs as applicable to the child, the template asks whether:

- a SACS, Kessler, and Suicide screen (SKS) has been completed in the review period
- a suicide risk screen has been completed (where applicable)
- there is evidence that there has been consultation with Towards Wellbeing
- the child is engaged with, or has been referred to, a community mental health provider.

2020/21 figures are not comparable as the questions asked in 2020/21 differed significantly from those in the current template.

#### Kessler screen completed for the child

We are unable to determine from the data how many children identified as having mental health-related needs would have required a SKS during the review period.

However, we can see that for **21 children a SKS was completed.**

#### Suicide Screen completed for the child

We are unable to determine from the data how many children identified as having mental health-related needs would have required a suicide risk screen during the review period.

However, we can see that for **18 children a suicide risk screen was completed.**

#### Child referred to Towards Wellbeing

We are unable to determine from the data how many children identified as having mental-health related needs would have required consultation with Towards Wellbeing.

However, we can see that for **25 children there was evidence of consultation.**

#### Evidence the child was found to have been engaged with, or found to have been referred to, a community mental health provider







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# Part Three

## Caregiver recruitment and support

### Caregiver Information System (CGIS)

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Rollout of CGIS has been completed and from 1 July 2022 will be used to for all Caregiver related information and will include a full reporting suite over time to report on key measures.

For this response we are providing data and insights based on existing CYRAS solutions, along with QPT and CFA results where applicable. Migration of existing caregiver data captured in CYRAS into CGIS has been undertaken. Given the historic nature of the data and the structure of the new platform this required more effort than expected.

The CGIS platform has been developed to provide high levels of confidence in structured data and reporting from the system, as well as ensuring our applicants are supported and guided through their enquiry, application, and assessment stages and that, once approved, ongoing support is available and delivered.

CGIS ensures best practice principles are maintained and adherence to the national care standards are followed and completed during application and assessment of caregiver applicants.

CGIS stores all caregiver related documentation including emails and records the end-to-end journey of our caregivers through enquiry, application, assessment, review, learning and support.

Caregiver learning and support is captured through a number of functions in CGIS - Prepare to Care, Caregiver Kete, Knowledge Tab, Support Plan and Support Payments giving a more holistic view of information, learning, knowledge, and support (resourcing, financial, respite, one to one) providing greater insights into the types of services offered to our caregiving whanau.

Kaimahi have individualised dashboard's to support their mahi with caregiving whanau. The dashboard provides visibility of where a caregiver applicant or approved caregiver is on their journey to assist kaimahi on the next steps of their mahi and provides appropriate and timely services to applicants and caregivers.

CGIS has more reporting capability with the introduction of new recording fields that captures dates, durations, timeframes, and evidence (for example Suitability Checks where evidence is uploaded and a finding recorded to enable progression to approval. Dates are included to monitor timeframes for example timeframe of police vetting).

### Important

Please refer to the [Document formatting](#) and [Displaying data](#) sections for guidance as to how data, insights and indicator visuals have been applied in this section.

## Assessment of Prospective Caregivers



The questions in this section are not covered by case file analysis or the Caregiver Assessment and Review Quality Practice Tool.

### Key resources

The following are the resources that are available for all prospective caregivers to start their journey from:

#### [Caregiving | Oranga Tamariki – Ministry for Children](#)

All prospective caregivers are directed to information on our website which provides information on what it means to be a caregiver, how to become a caregiver, financial help and the support and learning available to caregivers.

#### [Oranga Tamariki Caregiver Kete 2021](#)

All prospective caregivers can access the Caregiver kete at the following link which provides information and guidance for caregiving whānau.

### **84. For the caregivers of tamariki who were in care at any time during the reporting period, before tamariki were placed with them, were the caregivers provided with the following information about being a caregiver?**

Information about the assessment and approval process, information on the level of care expected and what will happen if it is not provided, information about the impact that caregiving may have on their household and their lives, information about the availability of support, training and resources, information about the importance of informing the monitored agency when there is a significant change in circumstances or membership of their household, information about the effects of trauma on child's behaviour and development, including services available to support recovery, information on appropriate behaviour management to be provided by the caregiver?, information on the primacy of the child's best interests in decisions, and the importance of child's views and participation in those decisions?, information about decisions caregivers can and cannot make about day-to-day care arrangements, information about decisions tamariki can and cannot make about day-to-day care arrangements, information on the rights of tamariki to keep a reasonable number and type of personal belongings, information on need for connection between tamariki and their family, whānau, hapū, iwi and wider family group, information about the support the caregivers will receive to facilitate this connection to whānau, information on the rights of legal guardians and how these are to be preserved, information about how caregivers can make a complaint, information about how tamariki can make a complaint



Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of CGIS development and our self-monitoring and continuous improvement approach.

## 85. Did caregivers of tamariki who were in care during the reporting period attend the following training?

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Prepare to Care training (delivered to prospective caregivers before tamariki are placed with them),  
Understanding NCS training (delivered to approved caregivers)



Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of CGIS development and our self-monitoring and continuous improvement approach.

## Assessment and approval process

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### Key policy, guidance, and tools

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#### Policy



[Caregiver and adoptive applicant assessment and approval | Practice Centre | Oranga Tamariki](#)

We have a specific policy on Caregiver and adoptive applicant assessment and approval, this identifies the requirements for the assessment and approval of prospective caregivers (family/whānau and non-whānau) and adoptive applicants (domestic and inter-country adoption).

#### Guidance



[Giving provisional approval | Practice Centre | Oranga Tamariki](#)

Provisional approval of caregivers requires careful consideration and should only be used in urgent circumstances.

The following questions relate to assessment of the caregivers in the child's current placement (or most recent placement during the reporting period)

Information to answer the questions in this section has been collated from the results of four rounds of the Caregiver Assessment and Review Quality Practice Tool (QPT), completed between July 2021 and June 2022.

Methodology used is provided as [Appendix QPT Methodology](#).

The Caregiver Assessment and Review QPT is completed by Caregiver Recruitment and Support (CGRS) supervisors on a quarterly basis, using information recorded on CYRAS and the Caregiver Information System (CGIS). Supervisors choose their own cases to complete.

They are asked to complete a minimum of one case for each social worker in their team each quarter and to ensure that the cases they choose are ones in which the caregiver:

- was fully approved after 1 July 2019 when the National Care Standards came into effect, and
- has one or more children currently in their care.

The main purpose of the QPT is to support CGRS supervisors to monitor the quality of practice in their teams, and to support continuous improvement through individualised feedback to practitioners and action to address recurring themes at a team level.

While the QPT forms an essential part of our overarching internal practice quality assurance and improvement system, it was not designed to provide highly rigorous data.

As there is no formal moderation of QPT results, it is likely that the level of consistency in supervisors' assessments and judgements may vary across CGRS teams. In addition, the small number of cases reviewed by each CGRS team means significant caution needs to be exercised with these results.

We note that the questions in the Caregiver Assessment and Review are not tied to a particular placement for a child in care, instead they ask whether the National Care Standards requirements regarding assessment and review of caregivers are being met.

Total cases reviewed over the four rounds

172



**86. Before the child was placed in their care, was an assessment made of their suitability to provide care to the child?**

The elements detailed in this question are carried out as part of the suitability check which requires CGRS to gather and consider specific information about individuals to inform the overall assessment of their suitability and risk.

Suitability checks must be carried out for the caregiver and all members of their household aged 18 years or older.

## 87. Did the assessment include the following for each relevant individual (caregiver and members of their household over 18 years old)?



The elements detailed in this question are carried out as part of the suitability check which requires CGRS to gather and consider specific information about individuals to inform the overall assessment of their suitability and risk.

Suitability checks must be carried out for the caregiver and all members of their household aged 18 years or older.

Oranga Tamariki has discretion about whether to carry out suitability checks for other relevant individuals – those people aged 18 years or older who have connections to the caregiver or their household and are likely to have regular unsupervised or overnight contact with a child in custody or care.

### Caregiver

#### Suitability check

Supervisors found evidence that we had carried out a suitability check for the caregiver

100%



#### Elements of suitability checks

##### Confirmation of identity

Supervisors found evidence that we confirmed the identity of the caregiver

98%



##### Police vet

Supervisors found evidence that we obtained a Police vet for the caregiver

99%



##### Consideration of other relevant information

Supervisors found evidence that we considered the following relevant information for the caregiver:

A list of residential addresses

74%



Referee checks

95%



Immigration status

This question is not applicable if the caregiver is a New Zealand citizen (confirmation of identity provides evidence of citizenship).

87%



#### A medical report

92%



#### Search of CYRAS and TRIM records

98%



#### Risk assessment

Supervisors found evidence of a risk assessment of the Police vet information for the caregiver

96%



#### All members of the caregiver's household aged 18 years or over

---

Of applicable cases reviewed, Supervisors found evidence that we had carried out a suitability check for all members of the caregiver's household aged 18 years or over

This question is not applicable if there are no members of the caregiver's household aged 18 years or over.

98%



#### Elements of suitability checks

---

##### Confirmation of identity

Supervisors found evidence that we confirmed the identity of all members of the caregiver's household aged 18 years or over

95%



##### Police vet

Supervisors found evidence that we obtained a Police vet for all members of the caregiver's household aged 18 years or over

98%



##### Consideration of other relevant information

Supervisors found evidence that we considered the following relevant information for all members of the caregiver's household aged 18 years or over:

###### A list of residential addresses

56%



###### Referee checks

67%



#### Search of CYRAS and TRIM records



#### Risk assessment

Supervisors found evidence of a risk assessment of the Police vet information for all members of the caregiver's household aged 18 years or over



#### All other relevant individuals

---

Of applicable cases reviewed, supervisors found evidence that we had carried out a suitability check for all other relevant individuals

This question is not applicable if there are no other relevant individuals.



#### Confirmation of identity

Supervisors found evidence that we had confirmed the identity of all other relevant individuals



#### Police vet

Supervisors found evidence that we had obtained a Police vet for all other relevant individuals



#### Consideration of other relevant information

Supervisors found evidence that we considered the following relevant information for all other relevant individuals:

A list of residential addresses



Referee checks



Search of CYRAS and TRIM records



#### Risk assessment

Supervisors found evidence of a risk assessment of the Police vet information for all other relevant individuals





## 88. How well did the assessment cover the following?



The Caregiver Assessment and Review QPT seeks to understand, in our assessment of the caregiver and their household, the extent to which we considered the caregiver's experience, skills (including their understanding of trauma) and attitudes relevant to their ability to provide safe, stable, and loving care.

CGRS supervisors answer this question using a scale (*not at all, only a little, to some extent, to a large extent and fully*).

### Prospective caregiver's experience, skills, and attitudes relevant to providing care

Some extent or more



In all of the cases reviewed, supervisors found that the caregiver's experience, skills (including their understanding of trauma) and attitudes relevant to their ability to provide safe, stable, and loving care were considered *to some extent or more* (i.e., *to some extent, to a large extent or fully*).

### Safety, adequacy, and appropriateness of the physical care environment

Some extent or more



In all of the cases reviewed, supervisors found that the safety, adequacy, and appropriateness of the environment was considered *to some extent or more*.

### Caregiver's needs for support and capability development



The Caregiver Assessment and Review QPT seeks to understand, in our assessment of the caregiver and their household, the extent to which we considered the support and capability building the caregiver and their household might need to help them provide care.

Some extent or more



In 96% of cases reviewed, supervisors found that the support and capability building the caregiver and their household might need to help them provide care was considered *to some extent or more*.

### Identity of members of the caregiver's household or others likely to have regular unsupervised or overnight contact with the child



As set out under question 87 above, in 62% of applicable cases reviewed, supervisors found evidence that we had carried out a suitability check for all other relevant individuals – this includes individuals aged 18 years or older who have connections to the caregiver or their household and are likely to have regular unsupervised or overnight contact with the child.

## 89. How well did the assessment assess the likely effects of the placement on the following people: the child, the household?



The Caregiver Assessment and Review QPT seeks to understand, in our assessment of the caregiver and their household, the extent to which we considered the likely effects on the child and the household if the child were placed with the household, including on other children in the home. CGRS supervisors answer this question using the *not at all* to *fully* scale explained above.

Some extent or more



In 90% of cases reviewed, supervisors found that the likely effects on the child and the household if the child were placed with the household, including on other children in the home, were considered *to some extent* or more.

## 90. Overall, how well did the assessment assess the suitability of the caregiver to provide care to the child?



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of CGIS development and our self-monitoring and continuous improvement approach.

## 91. Were the caregivers for the child's current placement (most recent placement during the reporting period) fully approved when the child was placed with them?



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## 92. Was the approval of the caregivers for the child's current placement (or most recent placement during the reporting period) granted or reviewed within the past 2 years?



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of CGIS development and our self-monitoring and continuous improvement approach.

## 93. Did the assessment determine the extent to which the prospective caregiver can provide a safe, stable, and loving home for the child?



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of CGIS development and our self-monitoring and continuous improvement approach.

**94. Did the assessment determine the extent to which the prospective caregiver was likely able to (i) promote mana tamaiti (ii) acknowledge the whakapapa, and (iii) support the practice of whanaungatanga in relation to the child?**



The Caregiver Assessment and Review QPT seeks to understand, in our assessment of the caregiver and their household, the extent to which we considered the caregiver's cultural competency, including their ability and willingness to promote and support cultural identity and connections for the child, and their ability to foster and support whanaungatanga. CGRS supervisors answer this question using the *not at all to fully* scale explained above.

Some extent or more



In 98% of cases reviewed, supervisors found that the caregiver's cultural competency was considered *to some extent or more*.

**95. Was the child placed with caregivers prior to completing the assessment of a prospective caregiver and their household?**



Regulation 47 requires that the assessment be carried out before a child is placed with a caregiver unless the placement is an urgent one. The Caregiver Assessment and Review QPT asks whether we completed our assessment of the caregiver and their household before the child was placed with the caregiver.

Some extent or more



In 53% of cases reviewed, supervisors found that a full assessment was completed before the child was placed with the caregiver. In the remaining 47% of cases in which a full assessment was not completed, we carried out a provisional assessment of the caregiver's suitability to provide care in 31%.

**96. For the caregivers of tamariki who were in care at any time during the reporting period, before the child was placed with them, were the caregivers provided with the following information about the child?**

A copy of the child's current All About Me Plan, information on their roles and responsibilities to meet the needs of the child, information about why the child came into care, information about the child's needs (in particular, any critical information relevant to their immediate needs), information about access to assistance, information about the child's wishes, strengths, preferences, and behaviour, information about the child's family, whānau, hapū, iwi, family group and cultural background, information about how often the child will be visited by a social worker, information about ongoing planned contact with their family, whānau, hapū, iwi and family group or other people important to the child, any other information needed to keep the caregiver and the child safe, information about support available for caring for the specific child (for example support for caring for a child with a disability)



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of CGIS development and our self-monitoring and continuous improvement approach.

# Requirements of assessment

## Key policy, guidance, and tools

### Guidance



[Caregiver and adoptive applicant assessment and approval | Practice Centre | Oranga Tamariki](#)

We have a specific policy on Caregiver and adoptive applicant assessment and approval, this identifies the requirements for the assessment and approval of prospective caregivers (family/whānau and non-whānau) and adoptive applicants (domestic and inter-country adoption).



[Assessing and approving caregivers and adoptive parents | Practice Centre | Oranga Tamariki](#)

The guidance specific to making sure support is provided for assessing and approving caregivers and adoptive parents identifies the need to build engagement and trust with people wanting to care for tamariki and support them through assessment and approval.



The following questions were answered using the case file analysis process. We note that case file analysis reviewers were only looking at recording on CYRAS and not CGIS (rolled out to CGRS teams from early 2022), which means that, in relation to questions 100 to 111 below, any recording which was only on CGIS will not have been considered.

Reviewers will have access to CGIS for future case file analysis rounds.

## 97. Were caregivers reviewed within 2 years from approval? (where applicable to caregivers in the reporting period)



The 2021/22 Care Standards case file analysis asks, for those cases where the child is currently placed with an Oranga Tamariki caregiver, whether a review of the caregiver's approval was completed in the review period.

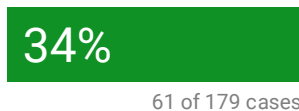
### Review of the caregiver's approval was due within the review period



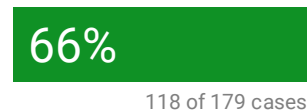
### Evidence found review was completed



### Evidence found review was completed on time



### Evidence found review was overdue when completed



## 98. Was a provisional approval made where placement was urgent?



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of CGIS development and our self-monitoring and continuous improvement approach.

## 99. Where provisionally approved, how soon after placement was a full caregiver assessment carried out?



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of CGIS development and our self-monitoring and continuous improvement approach.

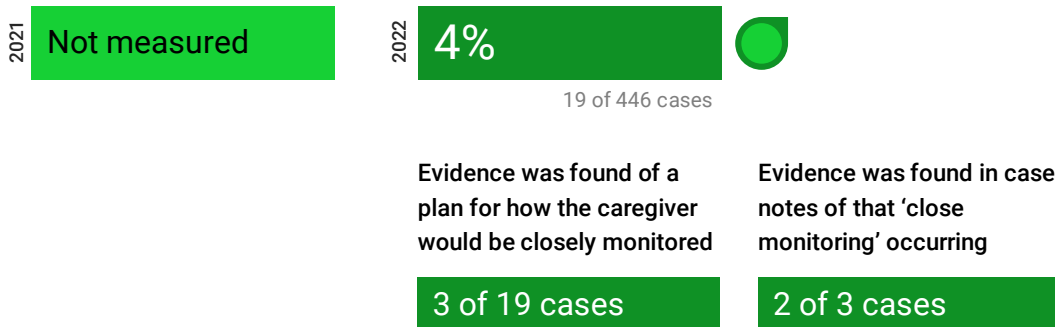
## 100. Are provisionally approved caregivers closely monitored where tamariki are in their care?



The 2021/22 Care Standards case file analysis asks, for those cases where a child is currently placed with an Oranga Tamariki caregiver, whether the current caregiver is fully approved and, if not:

- whether there is evidence of a plan for how the caregiver will be 'closely monitored' until the caregiver approval is completed, and
- whether there is evidence that the 'close monitoring' is occurring as agreed in the plan.

### Current caregiver was not yet fully approved



## Caregiver support plans

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### Key policy, guidance, and tools

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#### Policy



[Caregiver support | Practice Centre | Oranga Tamariki](#)

The requirements for providing support to Oranga Tamariki approved caregivers (family/whānau and non-whānau).

#### Guidance



[Caregiver support plan | Practice Centre | Oranga Tamariki](#)

We help caregivers to identify any support or training they need so they can meet the needs of tamariki and rangatahi. We create a support plan to document this additional support.



[How to access caregiver support and development | Practice Centre | Oranga Tamariki](#)

Caregivers can access support and development so they're better able to provide safe and loving homes. We help to identify the caregiver support available so caregivers can better meet the needs of tamariki.

The following questions relate to the support plans for caregivers in the child's current placement (or most recent placement during the reporting period)

### 101. Do caregivers have a caregiver support plan?

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This following data is based on caregiver reporting currently used from CYRAS, which will be replaced by information captured in the CGIS system.

It is important to note that these figures are to provide an indication of current structured data sources, and may not include full year details as some record keeping has been moved to CGIS.

Has record of caregiver plan CGVR\_plan

2021

Not supplied

2022

94.1%

2,693 of 2,863



## 102. Was the caregiver support plan created or reviewed within the reporting period?



This following data is based on caregiver reporting currently used from CYRAS, which will be replaced by information captured in the CGIS system.

It is important to note that these figures are to provide an indication of current structured data sources, and may not include full year details as some record keeping has been moved to CGIS.

Has record of first caregiver plan being created in CYRAS Fst\_cgvr\_plan



Has record of caregiver plan being reviewed in CYRAS review\_flag + rc\_cgvr\_plan



The 2021/22 Care Standards case file analysis asks, for those cases where a child is currently placed with an Oranga Tamariki caregiver:

- whether a caregiver support plan was created within the review period, and
- whether that plan was reviewed within the review period (where applicable).

Not all caregivers sampled would have required a new caregiver support plan to be created during the review period (for example, in a number of cases, a support plan was already in place).

New support plan created within the period



New support plan was created, and support plan was also reviewed within the reporting period

This question is not applicable if the child has been placed with the caregiver for less than 12 months AND is the only child placed with the caregiver AND there is no other obvious evidence that a review of the caregiver support plan is required (eg a change in the caregiver's needs, a review of their approval status etc).



## 103. How many times was the caregiver support plan reviewed within the reporting period?



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of CGIS development and our self-monitoring and continuous improvement approach.

## 104. When was the caregiver support plan last reviewed?

The most recent information for all caregivers has been provided for reference.

The data file reference has been removed.

## 105. Does the most recent caregiver support plan identify the caregiver's needs for the following?



The 2021/22 Care Standards case file analysis asks, for those cases with a caregiver support plan created within the review period, whether that plan identifies:

- training/learning needs<sup>16</sup>
- financial assistance needs
- a need for respite care
- a need for advice and assistance
- support people for the caregiver.

### Access to training

Caregiver support plan was found to have identified the caregiver's:

Access training needs



Training/learning needs



163 of 221 cases

### Financial assistance

Caregiver support plan was found to have identified the caregiver's financial assistance needs



168 of 225 cases

### Access to respite care

Caregiver support plan was found to have identified caregiver's:

Access to respite care needs



A need for respite care



136 of 188 cases

### Access to advice and assistance

Caregiver support plan was found to have identified the caregiver's need for advice and assistance



142 of 202 cases

<sup>16</sup> Answer options for questions on caregiver support plan content are *Yes*, *No* and *Not Applicable* (used if it is clear from recording that there are no support needs in the particular area).



## Access to a support person



The decrease in this question this year may be explained by the 2021/22 template requiring that the caregiver support plan identify support people specific to the individual caregiver, in addition to the general caregiver support services referred to in the caregiver support plan template.

Caregiver support plan was found to have identified caregiver's:

Access to support person needs



Support people for the caregiver



182 of 227 cases

## 106. How well does the most recent caregiver support plan take into account the following needs of the caregiver?

### Access to training, financial assistance, respite care, advice and assistance, a support person



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of CGIS development and our self-monitoring and continuous improvement approach.

## 107. Overall, how well does the most recent caregiver support plan identify the needs of tamariki in their care?



The 2021/22 Care Standards case file analysis seeks to understand, for those cases with a caregiver support plan created within the review period, whether the child's needs are set out sufficiently in that plan.

Answer options are Yes and No.

Caregiver support plan was found to the needs of the child are:

Reflected in the plan



Set out sufficiently in the plan



178 of 246 cases

### 108. Overall, how well does the most recent caregiver support plan describe the support the caregiver is provided to meet the needs of tamariki in their care?



The 2021/22 Care Standards case file analysis seeks to understand, for those cases with a caregiver support plan created within the review period, whether actions that the caregiver social worker will carry out to support the caregiver to meet the child's needs are set out sufficiently in the plan.

Caregiver support plan was found to:

Describe how the caregiver would be supported to meet the child's needs



Set out sufficiently the actions that the caregiver social worker will carry out to support the caregiver to meet the child's needs



112 of 246 cases

### 109. During the reporting period, did caregivers receive the support described in their most recent caregiver support plan to support the needs of tamariki in their care?



The 2021/22 case file analysis seeks to understand, for those cases with a caregiver support plan created within the review period, whether there is evidence that the caregiver social worker is carrying out the actions agreed to in that plan to a sufficient extent. These actions include both actions to support the caregiver to support the child's needs and actions to support the caregiver's own needs.

The 2020/21 template asked whether there was evidence that the caregiver received the support described in the caregiver support plan.

Evidence found that the caregiver social worker was carrying out the actions agreed to in the caregiver support plan



118 of 246 cases

### 110. During the reporting period, did caregivers receive support for any of the following?

Promote the child's knowledge of whakapapa and the practice of whanaungatanga, understand the importance for tamariki Māori of establishing, maintaining, or strengthening relationships with their whānau, hapū and iwi, facilitate the child's participation in contact arrangements with whānau, facilitate the child's participation in contact arrangements with hapū and iwi, promote the identity and culture of tamariki in their care, understand and respect the personal choices of tamariki regarding their identity and culture, enable tamariki to attend or participate in cultural events relevant to their culture and identity



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of CGIS development and our self-monitoring and continuous improvement approach.

## 111. On average during the reporting period, were the caregivers visited by their caregiver social worker to the frequency identified in their support plans?

If no, during the reporting period on average, were the caregivers visited by their caregiver social worker at least every eight weeks?



The 2021/22 case file analysis asks, for those cases with a caregiver support plan, whether:

- the caregiver support plan sets out the frequency of visits to the caregiver by the caregiver social worker
- if yes, whether there is evidence that the caregiver social worker has visited at the frequency agreed to in the caregiver support plan.

Caregiver support plan was found to set out the frequency of visits to the caregiver by the caregiver social worker



Evidence found that the caregiver social worker had visited at frequency set in plan



For those cases without a caregiver support plan, or where the plan does not set out frequency of visits, or where the caregiver has not been visited at the frequency of visits set out in the plan, the 2021/22 case file analysis asks reviewers to identify how often the caregiver social worker has visited the caregiver.

Evidence of visits by the caregiver social worker was found as least:



The 2020/21 template asked, if the caregiver social worker had not visited at the frequency set out in the caregiver support plan, had they visited at least eight-weekly on average – there was evidence of this in 6% of applicable cases.

No evidence of visits was found during the review period



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# Part Four

## Voice of the child

### Important

Please refer to the [Document formatting](#) and [Displaying data](#) sections for guidance as to how data, insights and indicator visuals have been applied in this section.

### Quality seen in voice of child

The responses in this section (Question 113-121) are primarily based on links to guidance and tools that social workers have available to use for engagement with tamariki and rangatahi.

Given the importance of ensuring that every tamariki and rangatahi is entitled to receive information about what they can expect when they are in care, and be supported to raise any concerns they have, we have a high expectation set of the quality of work done by social workers and do not measure compliance with structured data or analysis.

### Explaining rights and entitlements to tamariki and rangatahi

The Practice Centre defines what quality will look like:



When we provide the quality of care that the Care Standards call for, tamariki and rangatahi will be able to say:

**“I know what I can expect when I am in care and what my rights are”**

**“I’m listened to and I know what to do if things aren’t going well”**

Ensuring tamariki and rangatahi know and understand their rights and entitlements is a critical part of our role. Under the National Care Standards, the specific information that needs to be covered during our conversations with tamariki and rangatahi includes:

- why they are in care
- what they can expect when they’re in care, including:
  - the timing of their needs assessment
  - their rights (as specified in the Statement of Rights)
  - how often they will be visited by their social worker
  - who they can contact if they have concerns
- how their family, whānau, hapū, iwi and family group will be involved in decision-making, and why they’ll have that level of involvement
- how te tamaiti or rangatahi can be involved in decision-making, and how their views will be used to help make decisions about them
- the independent services that are available – including advocacy and Māori services
- their right to confidentiality and privacy
- how things about them are recorded, and how they can access that record
- how they can provide feedback or make a complaint, including:
  - what constitutes feedback, and what constitutes a complaint
  - who they can contact if they want to provide feedback or make a complaint

- what they can expect if they provide feedback or make a complaint, including timeframes, what will be recorded, and how they will be kept informed
- where they can go to make a complaint
- what processes or mechanisms are available if they are not satisfied with the response to their complaint
- the support available to them if they need help to express their views
- the support available to them if they need to express their views.

## Key policy, guidance, and tools

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Full details of this guidance can be found via the link below:



[Explaining rights and entitlements to tamariki and rangatahi | Practice Centre | Oranga Tamariki](#)

Under the National Care Standards, every tamaiti and rangatahi is entitled to receive information about what they can expect when they are in care, and be supported to raise any concerns they have.

The same link also provides links to the three regulations covered from in this Part of the Care Standards:



[Oranga Tamariki \(National Care Standards and Related Matters\) Regulations 2018 \(LI 2018/111\) \(as at 13 August 2020\) – New Zealand Legislation](#)

Regulation 66 - Matters to be explained to children and young persons.



[Oranga Tamariki \(National Care Standards and Related Matters\) Regulations 2018 \(LI 2018/111\) \(as at 13 August 2020\) – New Zealand Legislation](#)

Regulation 68 - Method of providing information and explanation.



[Oranga Tamariki \(National Care Standards and Related Matters\) Regulations 2018 \(LI 2018/111\) \(as at 13 August 2020\) – New Zealand Legislation](#)

Regulation 43 - Support for making a complaint, providing feedback, or raising issues of concern.

## Caring for tamariki in care

The following link provides social workers with links to key Practice Centre guidance and tools that relate to caring for tamariki in our care:



[Caring for tamariki in care | Practice Centre | Oranga Tamariki](#)

Information on caring for tamariki in our care – including pathways into care, maintaining relationships, travel, transport and transitioning between placements.

## Resources available

The following are resources that social workers can use as part of their engagement with tamariki and rangatahi so that they understand their rights and development of an All About Me Plan:



### [Using the My Rights My Voice cards and booklet | Practice Centre | Oranga Tamariki](#)

The engagement cards are the key tool that social workers use when explaining rights to tamariki and rangatahi. My Rights My Voice is a booklet version of the cards tamariki and rangatahi can keep.



### [Tamariki All About Me plan – child-friendly version | Practice Centre | Oranga Tamariki](#)

The Tamariki All About Me Plan describes how the needs of tamariki and rangatahi in care will be supported, as set out in the All About Me Plan, in a form appropriate to te tamaiti or rangatahi.

## Purchases of resources for tamariki in care



### [Purchase resources for tamariki in care | Practice Centre | Oranga Tamariki](#)

Practitioners can purchase resources from Bluestar (the purchasing portal for Oranga Tamariki staff to access and purchase resources for tamariki in care). If te tamaiti does not want to use these resources, then the practitioner with te tamaiti and/or their carer can purchase other items from other retail stores.

The following table shows numbers of resources purchased via the Bluestar portal during 1 July 2021 to 30 June 2022. These numbers appear low, however many of these resources were previously supplied to sites so they are likely reflective of practitioners re-ordering stock or resources being ordered for new tamariki coming into care for the first time who choose to have the Oranga Tamariki resources.

The resources available include items such as:

- My Rights My Voice booklet and cards (being updated currently)
- Bags and information pouches
- Life events book and kit

Memory box

## Resources ordered for tamariki in care (from Bluestar) – 1 Jul 2021 to 30 Jun 2022

Description of resource ordered	Ordered
OT - Journal	84
Storage box	77
Awesome Me Gratitude Journal	70
Life Events Book	70
Life Events Pencil Case	60
Information Pouch	47
My Rights My Voice Booklet	18
KUZA Backpacks	12
Reflex Bag	8
Fugitive Backpack	7
Coloured Paper Packs	6
Rosie's Studio Chasing Butter	4
Recon Bag	4
Recon Emergency Bag	4
<b>Total items ordered</b>	<b>471</b>

### Making a complaint, providing feedback, or raising issues of concern

The following link provides social workers with information about when tamariki or rangatahi raises feedback or has a complaint:



#### [Feedback and complaints | Practice Centre | Oranga Tamariki](#)

This section deals with the scenario where te tamaiti or rangatahi raises feedback or has a complaint. There is separate guidance for allegations of abuse.

### Te Tohu o te Ora

Te Tohu o te Ora is an annual survey conducted by Oranga Tamariki that seeks to better understand the experiences of tamariki and rangatahi in care. It was delivered for the first time in 2019/2020.

The survey was designed with input from tamariki and rangatahi to ensure it is engaging, accessible and focuses on aspects of care experiences that are important to them. Expert advice was also sought to guide our use of appropriate ethical and privacy measures in the design and delivery of the survey.

Te Tohu o te Ora helps Oranga Tamariki fulfil its legislative responsibilities to assist tamariki and rangatahi to express their views on matters that affect them. The survey findings will be used by Oranga Tamariki to drive high quality, culturally responsive improvements to policies, practices, and services.

More information about the survey can be found via the link below:



#### [Te Mātātaki 2021 | Oranga Tamariki – Ministry for Children](#)

This report presents findings from Te Tohu o te Ora, the first national survey of tamariki and rangatahi in care.

## 112. Did the child enter care during the reporting period?

### [Quarterly Report \(as at March 2022\) | Oranga Tamariki – Ministry for Children](#)

Statistics that are published in a quarterly report. Current version covers Tamariki or children and rangatahi or young people we have worked with during the 12 months to 31 March 2022.



Data provided to show entry into care is based on the legal status values captured in the latest\_legal\_status values supplied. It is a count of distinct individuals and not comparable with the published entry numbers referenced [above](#).

### Count of new entries into care during reporting period

It is possible for a child or young person to have entries into both Care and Protection and Youth Justice during the reporting period. Details below show the breakdown of the three scenarios of care entry.

#### Care and Protection entries CP\_Legal\_Epi\_Entry\_F22



#### Youth Justice entries YJ\_Legal\_Epi\_Entry\_F22



#### Care and Protection and Youth Justice entries CP\_Legal\_Epi\_Entry\_F22 + YJ\_Legal\_Epi\_Entry\_F22



### 113. If the child entered care during the reporting period, were they provided the following information?

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The reason they were brought into care, their All About Me Plan, how often they will be visited, who they can contact if they have concerns, how their family, whānau, hapū, iwi and family group will be involved in decisions made about them, how they can participate in decisions about their care, and how their views will inform decisions about them, the advocacy services available to support them, iwi or kaupapa Māori services available to them, their right to confidentiality and privacy, and how information will be collected, recorded, used, and disclosed, that records are being maintained and how to access these records, the timing of the assessment of their needs and making a plan to meet their needs, obligation of a social worker to meet with tamariki on their own



Please refer to [Quality seen in voice of child](#) section above.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 114. If the child entered care during the reporting period, were they provided the following information about their rights?

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Their right to be supported with a disability, their right to stay close and connected to important members of their family and whānau, their right to give feedback, their right to make a complaint, what to expect once they give feedback or make a complaint (for example support available and how they will be kept informed about the outcome), what they can do if they are not satisfied with the Ministry's response to their complaint, their right to participate in their culture, language, and religion, their right to try new and fun things



Please refer to [Quality seen in voice of child](#) section above.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 115. Where requested, can a complaint be made in the child's first language or with an interpreter?

---

A complaint can be made in the child's first language. To enable this, we make use of interpreting services as appropriate. Recording of complaints would be required to be in English as well as first language for our records systems.

We utilise existing interpreter services our sites may use – most complaints are managed at site, so this makes most sense. Where we don't have an existing service set up, we would mobilise local communities/dedicated services to enable this.

On occasion we also enabled the communication of complaint outcomes to be translated to encourage greater understanding of resolution – these are areas of practice that our team alongside development work such as Manaaki korero are prioritising a focus on to enable greater ease of access, communication and understanding.



## Steps that must be taken when child or young person enters care

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### 116. Did the child receive information about their prospective caregivers and placement before being placed with them?

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Please refer to [Quality seen in voice of child](#) section above.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 117. Was there an offer for the child to meet their prospective caregiver before being placed with them?

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Please refer to [Quality seen in voice of child](#) section above.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 118. Has information been provided and explained to the child about their right to have their personal belongings with them?

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Please refer to [Quality seen in voice of child](#) section above.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 119. If placed under urgency, was information provided to the child about the caregivers and household as soon as is practicable?

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Please refer to [Quality seen in voice of child](#) section above.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## Method of providing information and explanation

### 120. Has information been provided and explained to the child when their plan is reviewed?



Please refer to [Quality seen in voice of child](#) section above.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 121. Is their statement of rights explained to the child in a way that is appropriate for their age, development, sexual orientation, language, or disability?



Please refer to [Quality seen in voice of child](#) section above.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## Duties in relation to allegations of abuse or neglect

### 122. During the reporting period, were any reports of concern (RoC) of abuse or neglect made for the child?

For children in care for the period 1 July 2021 to 30 June 2022

Total RoC raised

2,024

Distinct children concerned

1,369

### 123. Did any reports of concern require a statutory response?



The term Further action required (FAR) is used to determine the reports of concern that require a statutory response, below are the details for children in care for the period 1 July 2021 to 30 June 2022.

Further action required

1,554

Distinct children concerned

1,147

The following questions relate to any reports of concern for the child which occurred during the reporting period and were determined to require a statutory response

## 124. How many reports of concern were completed within the required timeframe (for example 24 hours for critical, 48 hours for very urgent and 10 working days for urgent)?



The following details provide insight into the required timeframes for completion based on Further action required, it does not confirm if action was completed within the required timeframe.

Please refer to Question 126. **Most recent report of concern for the child in the reporting period** for details in relation to timeliness and quality of responses.

### Count of timeframe for completion

Critical (24 hour)

237

Very Urgent (48 hour)

98

Urgent (10 working days)

1,219

## 125. Have all reports of concern of abuse or neglect while in care been responded to in the reporting period?



Please refer to Question 126. **Most recent report of concern for the child in the reporting period** for details in relation to timeliness and quality of responses.

## 126. Most recent report of concern for the child in the reporting period



Report of concern assessment and investigation outcomes have been reviewed by the Safety of Children in Care Unit, for the period 1 July 2021 to 30 June 2022.

## How prompt was the response to the report of concern? Regulation 69(2)(a)

### Assessment and investigation outcomes reviewed by the Safety of Children in Care Unit

1,155



### Cases reviewed considered to have an *initial* response

Cases reviewed where it was considered there was an initial response that was prompt and complied with the expected timeframe for the initial safety screen to be completed.

84%



968

For all other cases, these were often responded to immediately but the administration of completing the safety risk screen was done outside of the timeframe.

### Cases met the expected 20 working day timeframe

Following on from the initial safety screen, it is expected that an assessment and/or investigation is completed within 20-working days; this expectation has been in place since 1 September 2020.

Percentages are based on **Assessment and investigation outcomes reviewed by the Safety of Children in Care Unit** numbers for the reporting period.

22%



251

We acknowledge that on occasion the 20-working day timeframe is not sufficient. Some of the complexities involved mean that social workers require a longer period of time to gather all relevant information needed for an assessment. For example, the need to capture the view of the young person the concerns relate to who may have been missing from their

care arrangement for an extended period of time; or whilst awaiting the outcome from Police of a child's evidential interview.

The new policy, Allegations of harm (ill-treatment, abuse, neglect, or deprivation) of tamariki in care or custody came into effect in December 2021. This includes an increase in the timeframe for the completion of an assessment or investigation when a matter is complex or when further time is needed to engage with caregivers.

### How well was the information about the report of concern recorded? *Regulation 69(2)(b)*

Regulation 69(2)(b) requires Oranga Tamariki to ensure that information is recorded and reported in a consistent manner. The Safety of Children in Care Unit reviews are focused on the number of findings that were reviewed as 'inaccurate'.<sup>17</sup>

#### Cases reviewed that were found to have findings entered correctly

This reflects a 3% increase on the previous year.

Percentages are based on Assessment and investigation outcomes reviewed by the Safety of Children in Care Unit numbers for the reporting period.



### How well were appropriate steps taken in response to the report of concern? *Regulation 69(2)(b)*

The Safety of Children in Care Unit reviews are focused on the number of findings recorded as 'information missing'.<sup>18</sup>

#### Cases reviewed that were found to have information missing

This is a slight decrease on the 55% of cases last year which were identified as having information missing.

Percentages are based on Assessment and investigation outcomes reviewed by the Safety of Children in Care Unit numbers for the reporting period.



### Where appropriate, was the child informed of the outcome of the abuse allegation/s? *Regulation 69(2)(c)*

Reporting back to tamariki, rangatahi and their whānau is an important part of the allegation of abuse or neglect processes. Regulation 69 requires that the tamariki and rangatahi at the centre of an allegation are informed of the outcome of the investigation.

The Safety of Children in Care Unit review assessed whether tamariki had been informed of the outcome following a report of concern of abuse or neglect.

#### Cases reviewed that tamariki were informed of the outcome of assessments and/or investigations

This is a 9% increase over the result reported for the previous year's reporting.

Percentages are based on Assessment and investigation outcomes reviewed by the Safety of Children in Care Unit numbers for the reporting period.



This is an important area of practice that we want to get right for tamariki. It is pleasing to see a continued improvement in informing tamariki of outcomes.

<sup>17</sup> defined as either abuse not recognised or a non-abuse event wrongly assessed as abuse, or wrong abuse type defined

<sup>18</sup> Includes missing dates, and alleged abuser information and placement type wrongly captured or absent

## 127. Were required steps taken in response of the allegation/s

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### Was the child's plan reviewed? *Regulation 69(2)(d)*

Reviewing the care plan of tamariki following an investigation continues to be an area of improved performance.

#### Cases reviewed that were plans were reviewed following an investigation

This is a slight increase of 2% when compared to the previous year's reporting.

Percentages are based on Assessment and investigation outcomes reviewed by the Safety of Children in Care Unit numbers for the reporting period.

88%



### Were supports in place to address the impact of harm? *Regulation 69(2)(d)*

#### Cases reviewed that found tamariki have supports in place to address the impact of harm

Percentages are based on Assessment and investigation outcomes reviewed by the Safety of Children in Care Unit numbers for the reporting period.

78%



In some situations, provision of supports is being impacted by [COVID-19](#) and the capacity of services to provide support when social workers have identified needs for tamariki in response to harm experienced.

### Were caregiver plans reviewed? *Regulation 69(2)(d)*

#### Cases reviewed where caregivers, providing care for children who had allegations of abuse or neglect raised, had their support plan reviewed

This is a decrease when compared to 62% of cases for last year's reporting.

Percentages are based on Assessment and investigation outcomes reviewed by the Safety of Children in Care Unit numbers for the reporting period.

43%



## Record of important life events

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### Key policy, guidance, and tools

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#### Guidance



#### [Maintaining a record of important life events | Practice Centre | Oranga Tamariki](#)

We have a significant role in supporting all tamariki across care or protection and youth justice so that important events in their life are collected, recorded, maintained, and made available.

## 128. Are records maintained about the important life events for the child?

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Please refer to [Quality seen in voice of child](#) section above.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of CGIS development our self-monitoring and continuous improvement approach.

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# Part Five

## Care transitions

### Important

Please refer to the [Document formatting](#) and [Displaying data](#) sections for guidance as to how data, insights and indicator visuals have been applied in this section.

### Key policy, guidance, and tools

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#### Guidance



[Transitioning between placements | Practice Centre | Oranga Tamariki](#)

We support tamariki and rangatahi effectively as they enter care, move to live with a new caregiver, move into or out of a residence, return home or live permanently with a new whānau or family.

### 129. Did the child experience a care transition during the reporting period (other than a Transition to Independence)?

---



The 2021/22 Care Standards case file analysis asks whether the child moved to a new care arrangement during the review period.

#### Child found to have moved to a new care arrangement during the review period



The following questions relate to the care transition, or the most recent care transition if multiple transitions happened in the reporting period

### 130. Was the transition planned or unplanned?

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We note that, in the case file analysis template, 'planned transition' is used to denote a transition in which a decision was made for the child to move to a new care placement at some time in the future, and there was time for that transition to be planned (whether or not that planning actually took place), whereas an 'unplanned transition' is used to denote a more urgent transition for which there wasn't time to plan before the transition took place.

#### Evidence was found of a planned transition

All other transitions for these results were unplanned transitions, totaling 100% for each period.



### 131. Was the care transition a Return Home, or a transition to another caregiver or residence?



The 2021/22 Care Standards case file analysis does not ask this question specifically; however we can determine the number of Return Home cases from the total number of applicable cases in the results under Question 140 below – the child transitioned to a Return Home placement in 42 planned cases and 31 unplanned cases.

### 132. Before the care transition took place, was an assessment made of transition-related support needs?



The 2021/22 Care Standards case file analysis asks whether, for planned transitions only, a meeting took place to create a plan to make the transition successful.

The 2020/21 template asked whether a Return Home/transition planning meeting took place

For planned transitions:

Return Home/transition planning meeting took place

2021 60%

Meeting took place to create a plan to make the transition successful

2022 89%

103 of 116 cases

### 133. How well did the assessment determine the necessary steps for the child to experience a positive care transition?



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 134. When planning for the care transition, were the following people consulted?

The child, their whānau, their current caregiver, their prospective caregiver



The 2021/22 Care Standards case file analysis asks, for planned transitions only, whether:

- the child was consulted or participated in the transition planning meeting
- the family/whānau/family group was consulted
- hapū and/or iwi were consulted.

It does not ask whether the child's current or prospective caregiver was consulted.

Evidence child was consulted or participated in the transition planning meeting

The 2020/21 template asked whether the child participated in the transition plan.

2021 45%

2022 78%

90 of 116 cases

Evidence family/whānau/family group was found to have been consulted

2021 79%

2022 94%

109 of 116 cases

## Their hapū/iwi



The decrease this year in cases evidencing consultation with hapū and/or iwi may be explained by the instruction to reviewers in this year's template to only consider consultation with individuals who are representing the hapū or iwi (rather than being involved because of their whānau connection to the child).

The question is applicable to tamariki Māori only.<sup>19</sup>

Please refer to [Understanding the quality of social work engagement with whānau, hapū and iwi in assessment and planning practice for individual tamariki](#).

### Evidence hapū and/or iwi consulted or participated in the transition planning meeting



## 135. Was the child's All About Me Plan updated to reflect support to meet the child's assessed transition-related support needs?



The 2021/22 Care Standards case file analysis asks whether:

- for planned transitions, the AAMP was updated to detail the steps required for a successful transition
- for unplanned transitions, the AAMP was updated following the transition.

### Evidence AAMP updated to detail steps required for a successful transition (planned)

The 2020/21 template asked whether there was a new AAMP that identifies the transition-related support needs (i.e., arising out of an assessment of necessary steps to support a positive care transition).



### Evidence AAMP updated following the transition (unplanned)



## 136. How well did the updated plan address the following needs or considerations?

### Transition-related support needs, disability-related needs, support to maintain the relationship with the current caregiver (where that is considered to be in the child's best interests)



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

<sup>19</sup> There are two Not applicable responses to this question – NA – not Māori and NA – not required (only used if it is clear from casework recording that the child and/or their whānau have said that they don't want the marae/hapū/iwi to be involved).



### 137. Before the care transition took place, was the transition plan or updated All About Me Plan shared with the following people?

---

#### Current caregiver, future caregiver



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 138. Before the care transition took place, was the child provided with the following?

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#### An explanation about why the care transition is happening, information about the new environment, caregiving household or residence, the opportunity to visit the new care environment



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 139. If the child has a disability, did they continue to receive disability-related support throughout the care transition?

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Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 140. If the transition was a Return Home, was the child visited weekly until the All About Me Plan was reviewed?

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The 2021/22 Care Standards case file analysis asks whether, if the planned change was a Return Home, there were weekly visits for at least one month.

Weekly visits for at least one month were found in **19% of planned Return Home cases** (8 of 42 cases) and in **16% of unplanned Return Home cases** (5 of 31 cases).

## 141. If the transition was to another caregiver or residence, when was the child first visited after the transition?



The 2021/22 Care Standards case file analysis asks, after the transition to the new care arrangement, what was the time period that the first visit by the social worker occurred within. It is not limited to care transitions to another caregiver or residence.

If the transition is to a residence in another area, a phone call is accepted as a “visit”.

The question in the 2020/21 template was limited to care transitions to another caregiver or residence only, therefore the results are not comparable.

Evidence, in those cases with a planned transition, that the first visit by the social worker occurred



Planned transition occurred within the last month and no evidence of a visit at the time the case was reviewed



Evidence, in those cases with an unplanned transition, that the first visit by the social worker occurred



Unplanned transition occurred within the last month and no evidence of a visit at the time the case was reviewed



## 142. Based on information from visits (or other sources), was the child able to take personal belongings of importance with them to the new care environment?



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### 143. Overall, thinking of the support provided during the care transition:

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How appropriate was the amount and type of support provided? How well was cultural safety of the child considered in the way support was provided?



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

# Transition to Independence

## Key policy, guidance, and tools

### Guidance



#### [Transition to adulthood | Practice Centre | Oranga Tamariki](#)

We have a responsibility to assist rangatahi who are in, or have left, our long-term care or youth justice residential placements from the age of 15, to acquire the knowledge, skills, resources and supports they need to thrive.



The preferred term within Oranga Tamariki is Transition to Adulthood – it recognises that some high-needs rangatahi will never be fully independent.

To be eligible for transition support services, rangatahi need to be in one or more of the following services for a continuous period of at least three months after the age of 14 years and nine months:

- a care and protection placement
- a residential Youth Justice placement (including detention) or Police custody
- under remand or a prison sentence in the adult justice system before turning 18.

The results of the 2021 Transition to Adulthood QPT have been used to inform our response to the questions in this section.

In November/December 2021, Services for Children and Families and Youth Justice Practice Leaders used the Transition to Adulthood QPT to review a total of 209 cases of rangatahi aged 16–18 years old and eligible for transition services.

The main purpose of the QPT is to support Practice Leaders to monitor the quality of practice in their teams, and to support continuous improvement through individualised feedback to practitioners and action to address recurring themes at a team level.

While the QPT forms an essential part of our overarching internal practice quality assurance and improvement system, it was not designed to provide highly rigorous data. As there is no formal moderation of QPT results, it is likely that the level of consistency in Practice Leaders' assessments and judgements may vary. In addition, the small number of cases reviewed means significant caution needs to be exercised with these results.

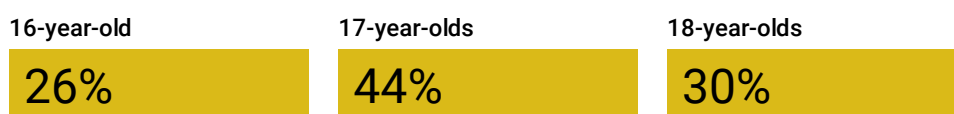
It is important to note that, the older the rangatahi, the more requirements of the Care Standards and Oranga Tamariki policy we would expect to see completed.

For the 16-year-olds in the sample, it is reasonable to expect that Practice Leaders would find evidence that work to support their transition to adulthood had *commenced*, but they would not necessarily find evidence that every requirement of the Care Standards and Oranga Tamariki policy had been *completed* (as rangatahi may spend a further year or more in care).

### Total cases of rangatahi aged 16–18 years old and eligible for transition services



### Percent of the rangatahi in the reviewed cases



## Just Sayin' 2 survey

The Transitions Support Service (TSS) for rangatahi moving away from care into independent adulthood commenced in July 2019.

A key element of the evaluation of the TSS is the Just Sayin' survey which gathers the voices of rangatahi to understand how they are being supported, what difference the support has made for them, and their living situations. The survey is run annually to monitor progress towards the key outcomes the Transition Service aims to achieve. The survey is one element of the overall evaluation programme.

The Just Sayin' 2021 survey reached out to a total 514 eligible young people for whom Oranga Tamariki had valid contact details. Of these young people, 355 (69%) responded to the survey. While the survey response rate was higher than in the first Just Sayin' survey (141 rangatahi responded), we are cautious that the findings are based on the self-reports of those who could be reached. Those young people whose contact details were not available may have differing experiences and views not represented in the findings.

More information about the survey can be found via the link below:



[Transitions Support Service evaluation | Oranga Tamariki – Ministry for Children](#)

The Transitions Support Service is for young people moving away from care into independent adulthood. The following reports present findings from the evaluation of the Transitions Support Service.

## 144. Did the rangatahi transition to independence during the reporting period?



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## 145. Before the rangatahi transitioned to independence was an assessment made of their life skills?



Oranga Tamariki policy requires that we assess the life skills of rangatahi aged 15 years and over, to identify their needs and ongoing support requirements as they leave Oranga Tamariki custody and transition to adulthood. A summary of the life skills assessment information and life skills needs of the rangatahi should be recorded in their Tuituia.

Practice Leaders were asked to identify the extent to which the life skills of the rangatahi were assessed, using a scale (*not at all, only a little, to some extent, to a large extent and fully*).



[Assessing life skills to help rangatahi transition to adulthood | Practice Centre | Oranga Tamariki](#)

We assess the life skills of rangatahi to identify their needs and ongoing support requirements as they leave our custody and transition to adulthood.

### Some extent or more



In 43% of cases reviewed, Practice Leaders identified that life skills were assessed **to some extent or more** (i.e. *to some extent, to a large extent or fully*).

For those cases with evidence of a life skills assessment, Practice Leaders found that a summary of the assessment was recorded in the Tuituia in 54% of cases. These include those cases in which life skills were found to be assessed *only a little*.

## 146. Has a transition plan been developed for those transitioning to adulthood?



Oranga Tamariki policy requires that a transition plan be developed once a rangatahi turns 15 years old or as soon as possible afterwards. If the rangatahi is living in a youth justice residential placement, the plan must be developed as soon as practicable, once it's known they will be eligible to enter the Transition to Adulthood Service.

Usually, the plan will be developed at a family group conference; if a family group conference isn't appropriate (for example, if the rangatahi does not want to involve whānau or family members in a family group conference due to previous trauma or abuse), a hui ā-whānau or family meeting may be held to develop the plan for the rangatahi.

To develop the transition plan, the social worker must work in partnership with the rangatahi, their whānau or family and, where relevant, caregivers and other people who are important to the rangatahi.



[Holding a family group conference to plan for the transition of rangatahi from care to independence | Practice Centre | Oranga Tamariki](#)

Family group conferences are the primary mechanism by which we plan for the transition of rangatahi from care or custody to independence.



[Hui ā-whānau | Practice Centre | Oranga Tamariki](#)

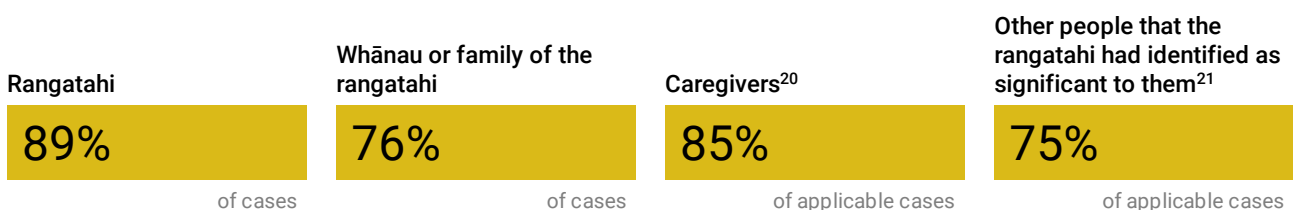
Hui ā-whānau are a whānau gathering facilitated using Māori methods of engagement and protocols (te reo me ōna tikanga). They are initiated and facilitated by either whānau themselves or Oranga Tamariki staff to engage whānau as early as possible.

In 80% of cases, Practice Leaders found evidence of some form of transition planning activity occurring; of these, Practice Leaders found that there was a transition plan for the rangatahi in 54% of the cases reviewed, and in a further 26% of cases there was no formal transition plan but Practice Leaders found other evidence of transition planning activity (for example, a case note of a discussion with the rangatahi or with other practitioners about the transition needs of the rangatahi and actions to address those needs).

In 92% of cases with a formal transition plan, the transition plan was developed through a family group conference. In a further 6% of cases, the transition plan was developed through a hui ā-whānau or family meeting.

Practice Leaders were asked to identify the level of engagement with the rangatahi, their whānau or family and others during the planning process, using the Not at all to Fully scale.

In those cases with a formal transition plan or other evidence of planning activity, Practice Leaders found evidence that we had engaged to *some extent* or more with the:




<sup>20</sup> This question was not applicable if the rangatahi did not have a caregiver.

<sup>21</sup> This question was not applicable if there were no significant people identified.

## 147. How well did the life-skills assessment address the young person's knowledge of the following?


Personal and healthcare, managing money, shopping, cooking, driving, sexual and reproductive health, sexual or gender identity, safe and positive relationships, culture, and identity

 The QPT did not ask Practice Leaders to assess the life skills assessment against each element of regulation 75(3); instead, they were asked to identify the extent to which the life skills assessment was completed, using the Not at all to Fully scale.

The elements of regulation 75(3) were set out in the note to the life skills assessment question in the QPT template.

Please see response under Question 145. **Before the rangatahi transitioned to independence was an assessment made of their life skills?**

## 148. How well did the assessment address development or disability needs of the rangatahi?

 Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.


Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

## 149. Overall, how well did the assessment address the young person's life skills?

 Please see response under Question 145. **Before the rangatahi transitioned to independence was an assessment made of their life skills?**

## 150. Before the rangatahi transitioned to independence, were they provided with assistance to obtain the following?

Photo identification, birth certificate, IRD number, bank account, verified online identity

 In line with Regulation 76(c), Oranga Tamariki policy requires that, before rangatahi leave care or custody, we assist them to obtain any official documentation they need, including those set out above.

In the QPT, Practice Leaders were asked a single question - to what extent (using the Not at all to Fully scale) was there evidence that we provided/are providing the rangatahi with assistance to obtain official documentation before they turn(ed) 18?

The specific requirements of regulation 76(c) were set out in the Note to the question.

Some extent or more 

In 61% of cases, Practice Leaders found evidence that we provided/were providing such assistance *to some extent or more*.

## 151. Before the rangatahi transitioned to independence, were they provided with the following?

### A copy of their record of important life events and achievements



Please refer to the [Key policy, guidance, and tools](#) section for practice policy and guidance.

Information requested is not part of our self-monitoring, reporting, Caregiver Assessment and Review Quality Practice Tool (QPT) or case file analysis.

Any future collection of this information will be considered as part of our self-monitoring and continuous improvement approach.

### Assistance to develop any life skills needed for their independence?



Oranga Tamariki policy requires that the transition plan for the rangatahi be informed by their most recent life skills assessment and incorporate the steps that are needed to strengthen the life skills of the rangatahi in preparation for independence and how Oranga Tamariki will support them to do this.

In 65% of applicable cases,<sup>22</sup> Practice Leaders found evidence that the transition plan for the rangatahi had been informed by their life skills assessment.

In 69% of the applicable cases,<sup>23</sup> Practice Leaders found evidence that the activities and supports identified in the transition plan for the rangatahi were being implemented to some extent or more.

Transition workers often assist rangatahi to develop their life skills. If eligible rangatahi wish to take up their entitlement to be referred to a Transition to Adulthood Service for a transition worker, this must be done after they turn 16 years of age, or at least six months before they will leave care (whichever comes first).

Practice Leaders found evidence that we had referred the rangatahi to a Transition to Adulthood Service for a transition worker in 72% of cases and no evidence of a referral in 21% of cases.<sup>24</sup> In 7% of cases, a referral was not made as the rangatahi did not consent. In the 2021

Just Sayin' survey, 85% of eligible rangatahi surveyed indicated that they had been asked if they wanted to see a transition worker.

### Information about the legal requirements to enrol in the electoral roll once they reach the age of 18 years



In line with Regulation 76(d), Oranga Tamariki policy requires that, before rangatahi leave care or custody, we ensure they understand their legal obligation to enrol on the General or Māori electoral roll once they turn 18.



[Transition to adulthood – Preparation, assessment and planning | Practice Centre | Oranga Tamariki](#)

#### Assisting rangatahi to obtain official documentation

Before rangatahi leave care or custody we must assist them to obtain any official documentation they need.

Practice Leaders found evidence that we were providing advice and assistance to the rangatahi to ensure that they are aware of their legal obligation to enrol on the electoral roll once they turn 18 in 11% of cases.

We note that it can be particularly challenging to find evidence of this activity recorded in CYRAS, as there is no specific record in which it should be captured – therefore it is likely that this result does not fully reflect the practice that has occurred.

<sup>22</sup> Applicable cases are those cases with a life skills assessment and a transition plan.

<sup>23</sup> In 51 cases, Practice Leaders found that this question was not applicable as the rangatahi did not have a transition plan. In a further five cases, the Practice Leader did not provide a response to this question.

<sup>24</sup> The Transition Support Service has advised that the referral rate for all eligible rangatahi as at January 2022 was 59% (this included 15-year-olds who had left care).



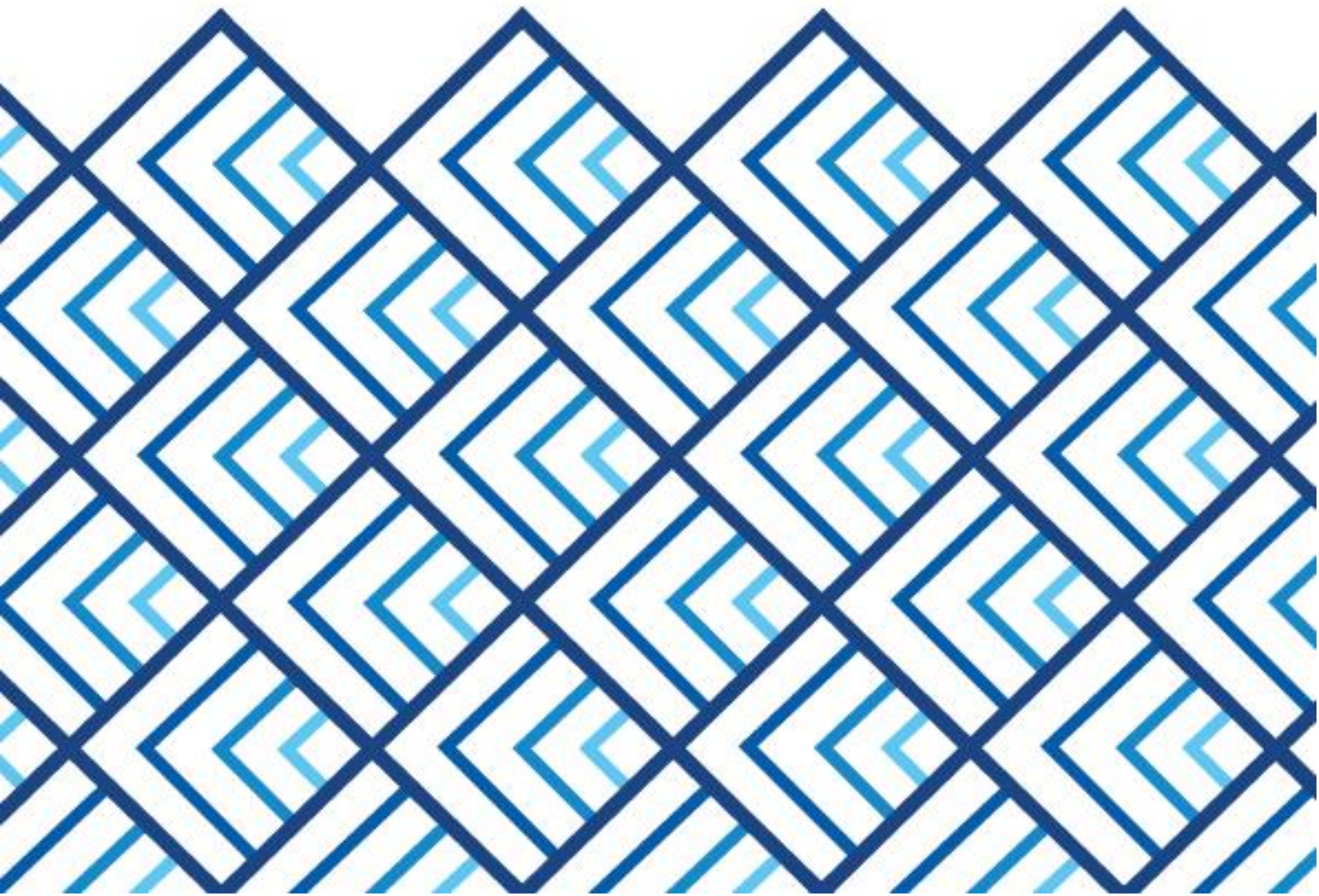
## Information about accessing health services, education services, housing services, employment services once they leave care, financial services, legal services once they leave care



In the QPT, Practice Leaders were asked a single question about whether there was evidence that we provided/are providing the rangatahi with information and assistance before they turn(ed) 18 to understand how to access health, education, housing, employment, financial and legal services independently after they leave care or custody.

In 49% of cases, Practice Leaders found evidence that we were providing rangatahi with information and assistance to understand how to access those services.

# Appendices





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# Appendix – Case File Analysis

## Purpose

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Case file analysis is a mechanism within our practice quality assurance system to collect a richer level of information about practice quality and case rationale that would be otherwise difficult to ascertain through more traditional operational and administrative data sources or reporting processes.

The case file analysis process undertaken by the Quality Systems team within the Quality Practice and Experiences group fills a specific assurance requirement by providing a mechanism to gauge, monitor and report practice quality across key areas of practice or cohorts of interest.

The data collected by this mechanism is used to support continuous improvement in practice, strategic and operational decision making, and to inform reporting both internally and externally on Oranga Tamariki practice. As such, this process is designed to ensure that the information captured via this mechanism is reliable and captured with a high degree of integrity.

## Methodology

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This mechanism relies on manual data capture and assessment by a reviewer, looking at the evidence available in the case records of tamariki and caregivers to gain a view of practice quality in relation to specific questions developed in line with the National Care Standards and their implementation in practice.

Reviewers will exercise professional judgement as to the standard of practice within a set template of potential answers for each standard, using guidance and tools to support consistency across the review team. This enables assessment of practice quality and compliance across the cohort of sampled cases.

At the aggregate level, the results may lack some of the nuance of findings at a case-by-case level – this means it is also important to ensure more qualitative themes and insights are captured to complement the quantitative results.

Currently, the Quality Systems case file analysis is based on information recorded in our case management system, CYRAS.<sup>25</sup>

The following steps have been taken to ensure the robustness of these findings:

- Defining information needs and scope
- Ensuring validity and reliability<sup>26</sup> in the data through:
  - a thorough questionnaire design and testing process. The questionnaire was tested with a number of social workers and practice experts to ensure it accurately reflected current practice expectations
  - establishing a small team of reviewers
  - employing a best practice approach to ensuring inter-rater reliability<sup>27</sup> that included rating consistency checks (across the same case) and ongoing moderation (whereby reviewers were able to draw on a highly experienced practitioner to moderate and inform their assessments in specific cases)

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<sup>25</sup> We note that, for the 2022/23 financial year, reviewers will also be considering information captured in the Caregiver Information System, rolled out to Caregiver Recruitment and Support teams from early 2022.

<sup>26</sup> Validity in this context is the extent to which the data accurately reflects what is meant to be measured. Reliability is a measure of consistency – if this were repeated, would we get similar results?

<sup>27</sup> Consistency in how the evaluation team 'rates' case work.

- ensuring evaluators are fully prepared for the analysis through explaining the information needs and scope, going through all the questions and scales, and preparing and communicating guidance
- Defining population of interest and sampling method to ensure a statistically significant cohort is drawn
- Minimising sampling bias.<sup>28</sup> This is done by:
  - randomised sampling
  - sampling a sufficient volume of cases to ensure a high degree of statistical confidence
- Data cleansing and analysis of the results.

## Target and Survey Population

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The target population is the group of primary interest or the population we seek to better understand or produce insights for in undertaking the case file analysis activity. The target population is the population of tamariki and rangatahi (tamariki) in care that entered care under a 'care and protection' custody order and who have been in care for a minimum period of three months at some point within the 12 months preceding September (quarter one), December (quarter two), March (quarter three), and June (quarter four) of each financial year (e.g. the end of each financial quarter).

The survey population extends to all tamariki that entered care under a 'care and protection' custody order and were in care for at least three consecutive months. The 90 days in care requirement provides an opportunity for a case management history to be established (for example, the ability to assess visitation, planning and modifications to plans, and implementation of activities to address needs identified through assessment and planning).

By nature of this requirement, the survey population tends toward those tamariki that enter care through 'care and protection' care channels, as opposed to those that enter care through 'youth justice' channels.<sup>29</sup>

For some cases (i.e., assumed dual status cases), the region or site variable indicates allocation to a Youth Justice region or team. Where possible, youth justice teams are 'recoded' to the associated SCAF region to retain inclusion in the survey population. Where this is not possible (i.e., the case is not allocated to a SCAF region), the case is removed from the sample.

### Sampling

In 2021/22, the sampling approach employed a stratified simple random sample without replacement method, selecting 200 cases each quarter, which increased the combined total number of cases reviewed to 800 from a survey population of approximately 6,500 tamariki in care.

Stratified sampling is a method whereby the population of interest is separated into mutually exclusive subgroups based on one or more specific characteristics inherent to each person in the survey population. People are then selected so that each subgroup is represented in the selected sample. 'Allocation proportional to size' is one method of drawing a stratified sample. This method ensures that characteristics of the sample are proportional to that of the population from which the sample is drawn (i.e., representative across the characteristics on which the sample is stratified).

The total yearly sample, which consists of all 800 cases combined, provides a sufficient level of sample to produce estimates at the 95% confidence level with a margin of error of  $\pm 3.24\%$ . Once the year's reviews were completed, there were 756 eligible cases<sup>30</sup> for analysis – this is a  $\pm 3.35\%$  margin of error at a 95% confidence level.

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<sup>28</sup> Sampling bias is a term that describes inaccuracy in data that may occur due to only looking at a small proportion of the entire population. Good sampling methodology aims to reduce the probability that these inaccuracies will occur.

<sup>29</sup> While this cohort is not explicitly excluded, it is possible that the consecutive period in care may inadvertently reduce the opportunity for tamariki that enter care to be represented. It was not within the scope of this work to revisit the sample scope. It has, however, been identified as an area for thought and consideration when sampling methodologies are revisited.

<sup>30</sup> Although the total number of reviewed cases over FY 2021-22 is 800, we have identified and removed 43 duplicates (cases that were reviewed in more than one quarter). The most recent reviews were kept in the final dataset.

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# Appendix – QPT Methodology

## Quality Practice Tool

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The Quality Practice Tool (QPT) is a structured set of questions designed by the Quality Systems team, focused on the quality of practice for tamariki and their whānau. The main purpose of the QPT is to support Practice Leaders and supervisors to monitor the quality of practice in their teams, and to support continuous improvement through individualised feedback to practitioners and action to address recurring themes at a team level.

There are various QPT templates – the results included in the response to the Independent Children's Monitor are drawn from the Caregiver Assessment and Review QPT, carried out by Caregiver Recruitment and Support (CGRS) supervisors on a quarterly basis (see details below), and the thematic Transition to Adulthood QPT, carried out by Services for Children and Families and Youth Justice Practice Leaders in November/December 2021.

## Question methodology

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QPT questions are designed to focus on core aspects and the quality of social work practice in a particular area. Most questions are evaluated using the rating scale below, which aims to ascertain the extent to which an aspect of the practice quality has been met:

- Fully
- To a large extent
- To some extent
- Only a little
- Not at all
- Not applicable

## Caveats

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While the QPT forms an essential part of our overarching internal practice quality assurance and improvement system, it was not designed to provide highly rigorous data. It is, therefore, important to note the following limitations when referencing and analysing data collected using the QPT:

- The QPT is in essence an exercise in case file analysis and, therefore, relies on the practice leader's professional judgement. Because the tool was designed primarily to support local-level continuous improvement, there is no formal moderation of responses received and it is reasonable to expect a degree of variation in the consistency of assessment and judgements made.
- For those QPTs where a sample is allocated, all practice leaders are allocated the same number of cases to complete. As a consequence, sites with lower case volumes are overrepresented, while sites with higher case volumes are underrepresented.
- Response rates vary notably from month to month and this affects the completeness of the data at a national level.
- To answer the questions, practice leaders/supervisors must review the information recorded in CYRAS (and, for CGRS supervisors, the Caregiver Information System (CGIS))<sup>31</sup>. It is possible that, in the cases where evidence was not found, recording in CYRAS and CGIS did not accurately reflect the work that had occurred.

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<sup>31</sup> Rolled out to CGRS teams from early 2022.

## Transition to Adulthood QPT

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In November/December 2021, a thematic Transition to Adulthood QPT was undertaken by SCAF and YJ practice leaders, focusing on three key areas of practice for rangatahi eligible for Transition Support services: (1) Planning for transition to adulthood, (2) the Life Skills Assessment, and (3) Preparation for transition to adulthood.

To be eligible for Transition Support services, rangatahi need to be in one or more of the following services for a continuous period of at least three months after the age of 14 years and nine months:

- a care and protection placement
- a residential Youth Justice placement (including detention) or Police custody
- under remand or a prison sentence in the adult Justice system before turning 18.

We identified from operational data 1,460 cases of eligible rangatahi between the ages of 16 and 18, who were either in care or had left care in the preceding three months. Out of these cases, we selected a sample of 485 cases and then allocated:

- a sample of a maximum of six cases of eligible rangatahi from their site to SCAF practice leaders
- a sample of seven cases of eligible rangatahi from sites in their region to YJ practice leaders.

In total, we received 209 completed cases – 191 from SCAF practice leaders and 18 from YJ practice leaders.

The QPT information presents a static view (e.g. a ‘snap shot’) of the eligible sample as at November/December 2021. Twenty six percent of the rangatahi in the reviewed cases were 16-year-olds, 44% were 17-year-olds and 30% were 18-year-olds. It is important to note that, the older the rangatahi, the more requirements of the Care Standards and Oranga Tamariki policy we would expect to see completed.

For the 16-year-olds in the sample, it is reasonable to expect that Practice Leaders would find evidence that work to support their transition to adulthood had *commenced*, but they would not necessarily find evidence that every requirement of the Care Standards and Oranga Tamariki policy had been *completed* (as rangatahi may spend a further year or more in care).

## Caregiver Assessment and Review QPT

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The Caregiver Assessment and Review QPT is completed by Caregiver Recruitment and Support (CGRS) supervisors on a quarterly basis, using information recorded on CYRAS and CGIS. Supervisors choose their own cases to complete.

They are asked to complete a minimum of one case for each social worker in their team each quarter and to ensure that the cases they choose are ones in which the caregiver:

- was fully approved after 1 July 2019 when the National Care Standards came into effect, and
- has one or more tamariki currently in their care.

Data included in this report was collated from the results of four rounds of the Caregiver Assessment and Review QPT, completed between July 2021 and June 2022. A total of 172 cases were reviewed over the four rounds.



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# Appendix – Partnered Care

Supporting information for [Information regarding Partnered Care 2022](#) section.

## Contractual documentation - Service specifications and Care Model Summaries

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Shared Care Service Specifications have provided greater clarity and understanding around our respective roles and responsibilities for Oranga Tamariki and care partners, supporting us to work together as genuine partners, pooling our knowledge and expertise to best meet the standards and achieve better outcomes for tamariki and rangatahi in care. The specifications allow flexibility in how the needs of individual tamariki and their caregivers are met according to their needs.

Care Model Summaries outline important aspects of the agreed models of care including brief descriptions of the defining features of the model, who the model is for, the level of tamariki need the model is designed to meet and where it is delivered. These summaries help clarify the outcomes we are seeking to achieve and provide clarity on the unique offering each model of care provides.

These documents fit together with an Outcome Agreement to underpin the partnership with clear expectations to ensure that tamariki, whānau and caregivers are getting the care and support they are entitled to under the National Care Standards.

They also provide a useful reference point for review and quality assurance conversations around expectations and delivery to improve the quality of care. They will remain living documents which will be updated over time as we learn and grow our shared understanding of working together to provide quality care.

The Shared Care Service Specifications and the Care Model Summary template can be found at the link below:

[Service Specifications and Care Model Summary | Oranga Tamariki – Ministry for Children](#)

Our ways of working together with care partners focus on improved practice, partnerships, and outcomes. The service specifications and Care Model Summary documents are child-centric and aligned to this vision.

## Funding Models - Specific challenges

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While the majority of partnered care responses have had an increase in funding in response to the introduction of the National Care Standards and the move to 'all in' funding, there remain a small number of fixed staffing-based care options which have not had a full costing review for some years and were not progressed in this reporting period due to organisational fiscal constraints.

Concerns around the level of funding being insufficient to cover the increased cost of compliance, particularly around reporting, monitoring and other quality assurance activity continue to be raised in conversations with care partners. As the quality assurance activity for partners becomes more embedded, Oranga Tamariki will work with partners to better quantify the fiscal impact of any increased compliance requirements and any gap in funding.

Social worker pay equity settlements in the 2022/23 financial year may begin to help ease some of the workforce pressures partners are reporting to us, however this is unlikely to solve all challenges relating to workforce in the care sector.



More information about the Funding Models and associated Policy and Guidance can be found at the link below:

[Funding | Oranga Tamariki – Ministry for Children](#)

There are three funding models for partnered care: dynamic, fixed, and individualised. All models provide 'all-in' funding to enable partners the flexibility to respond to the individual needs of the children in their care.

## Data Exchange - Specific challenges

Phase One was due to be completed by 30 June 2022. Due to delays in setting up the data repository, individual engagements with care partners being more time intensive than anticipated and the ongoing challenges of COVID resulted in a delayed implementation. On-boarding of the first care partners to Data Exchange began in late September 2021.

To date, eight partners have been onboarded and are sharing live data with Oranga Tamariki, nine partners are in the testing stage, 30 partners are in different stages of the implementation process and the remaining partners are yet to begin implementation. Of those remaining, five are Whānau Care Partners and the project team has been working alongside the Whānau Care team on a suitable implementation approach.

Oranga Tamariki will continue to work with the remaining Care Partners to on-board them through the next financial year. Phase Two was originally planned to commence from July 2022 but due to current organisational transformation, together with the Future Direction Plan and the FY2022/23 funding realignment, Phase Two has been deferred to the next financial year.

More information about Data Exchange and the New Zealand company who runs it is available via the link below:

[Data Exchange | Oranga Tamariki – Ministry for Children](#)

We are changing the way we share data with our partners to improve the security, accuracy, and quality of the data that we hold.

## Quality Assurance of Partnered Care

### Specific Challenges

We faced several specific challenges this reporting period which impacted on our ability to implement or progress certain aspects of the Partnered Care Quality Assurance approach. These challenges have had impacts for both care partners and Oranga Tamariki, resulting in less capacity for partners and Oranga Tamariki to fully engage in the design, development, and implementation of Quality Assurance activity. These challenges included:

- COVID-19 and higher incidence of illnesses impacting on our tamariki, whānau, carers and staff affecting all party's ability to direct resource towards this planned activity.
- Financial constraints faced by some partners resulting in difficulty finding suitably qualified and experienced staff and carers, and financial constraints within Oranga Tamariki restricting the ability for members of the Quality Hub to travel to regions to engage with partners and sites.
- Resourcing which affected our ability to fully resource the designed approach. The design included five internal Regional Quality Lead roles to provide leadership and support to regional teams and to care partners to support the quality assurance activity - only one of the five regional roles has been appointed, which has impacted on the roll-out of the new approach.
- Care partners and Oranga Tamariki are currently preparing for and responding to a high volume of changes resulting in limited ability to implement new things and embed the changes.

## A learn as we go approach focused on continuous improvement

As the new approach has been implemented, we have applied a 'learn as we go' approach focused on continuous improvement, this reporting period has seen:

- Regular Partnership Touchpoints have occurred for more than half the care partners and have provided the opportunity to reflect on how the partnership is going and discuss different aspects of care practice in relation to the Quality Assurance Framework. Standard monitoring has been occurring during this period.
- Annual Partnered Care Reflection activities have not occurred to date given the priority in building a relational approach and undertaking partnership touchpoint conversations. This will be reviewed in the coming year as we seek to better understand the quality of practice centred around the framework and the wider operating environment.
- Information from Data Exchange (outlined in the previous section) will provide the quantitative basis for conversations at each partnership touchpoint. Due to the delay in this data, the focus at touchpoints has been on the information that partners share with Oranga Tamariki at these meetings. The internal quality assurance system and ability to capture outcome data of each organisation varies, with a focus is on continuous improvement and development.
- Becoming a Care Partner has been a particular priority of the Quality Assurance Hub this year as four new care partners have been approved and supported through this new process, most new care partners are working with the Whānau Care team. Oranga Tamariki takes a strategic approach within regions to determine whether there is a need within that region for a new care partner prior to any approval.
- Partnered Care Quality Review (two yearly) - design has been put on hold following recommendations from a 'focus group' (which included some members of the Care Partner Working Group and internal teams) during the first phase of this reporting period to delay the design until at least 1 July 2022 after one year of implementing the new function to fully understand the depth of insights and information other parts of the Quality Assurance approach would yield. Then we could understand where the gaps in information were, assess what the partnered care quality review (two yearly) needed to achieve, and how robust and comprehensive it needed to be.
- Seed funding was made available in three locations (Whanganui a Tara, Tamaki Makaurau and Tauranga) that had self-identified a desire to establish and develop Communities of Practice. There are also care partner collectives in a number of areas, effectively working together on issues specific to their region, sharing policies and resources or creating solutions for shared challenges such as emergency care options.
- Te Kāhui Kāhu accreditation processes continue to be important as they provide Oranga Tamariki assurances about a care partner's systems and processes, particularly in relation to some of the matters identified in Part Three of the National Care Standards.

## What we learned from Partnership Touchpoints

Analysis of data from Touchpoints completed in the first year identified several themes, many of which are consistent with other reports available in the sector. Key themes identified include:

- Relationships between care partners and Oranga Tamariki varied, however there were some positive examples of improved relationships and feedback about the usefulness of the touchpoint process to address issues and find solutions.
- Reports on the quality of information provided by Oranga Tamariki was mixed; some noting an improvement in quality of the All About Me plans received, others reporting no or insufficient information to meet tamariki needs was provided.
- Staff capacity and capability was a common challenge, particularly the ability to recruit suitably qualified and experienced carers and staff and receiving sufficient funding to compensate staff. A lack of specialist expertise to provide appropriate support for tamariki who present with high needs remains an ongoing challenge in the sector.
- The ability to achieve mana tamaiti, whakapapa and whanaungatanga for tamariki varied from partner to partner. Examples of supporting Te Ao Māori included regular karakia and waiata and the use of Māori tikanga, providing Te Reo lessons for tamariki in care and those caring for them, connecting with mana whenua and kaumatua from local iwi, and following plans led by Oranga Tamariki for cultural and whānau (re)connection. Iwi partners suggested that being a Māori provider was an embodied example of living section 7AA.
- Partners described ways in which they "heard" the voice of tamariki and rangatahi and provided examples of where they had changed their practice in response.

- Care partners spoke about several tools they used to capture the voice of tamariki and carers and demonstrate positive outcomes including bespoke surveys, phone-based apps, photos, and videos of rangatahi experiences alongside information from professional meetings and engagements with VOYCE – Whakarongo Mai.
- Several examples of shared learning practices were given by partners, such as being part of a care partner collective or local community of practice, others were looking to develop further connections to support better outcomes.
- Participants were positive about Partnership Touchpoints – noting the value-add in enabling open holistic conversations focused on the experiences of tamariki and carers and how well relationships were working to support better outcomes.
- Touchpoints also provide opportunities to identify areas for improvement or gaps in provision or quality and discuss ways to address these. Several partners were keen to broaden the scope of touchpoints to consider the wider care system and include the work undertaken to prevent entry into care and support tamariki to successfully return home.

On-going analysis will continue as we receive more touchpoint records. As the new approach is fully embedded the Quality Assurance Hub will report back to partners and within Oranga Tamariki regionally and nationally to highlight key themes, opportunities and areas for improvement and best practice learnings. This will help to identify specific areas of focus, shared learning opportunities and influence policy and practice changes to improve the quality of care for tamariki, caregivers and their whānau.