

SAFETY OF CHILDREN IN CARE

Quarter Three - January to March 2019



Safety of Children in Care

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

As at the 31st March 2019 there were 6400 children and young people in care and protection custody and 170 young people in youth justice custody of the Chief Executive of Oranga Tamariki.

Last year a Safety of Children in Care Unit was established to ensure a greater understanding of harm and the circumstances in which it happens. This then enables us to understand how to prevent harm to children in care. The Unit provides a dedicated response which is focused on

understanding the elements that provide for the safety of children in care and can promote best practice in this area whilst also providing comprehensive public information.

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

Real time review of findings enables a thorough analysis of casework practice and regular feedback to practitioners to ensure robust management of any continuing safety issues on an individual basis. This work enables the learnings from emerging trends and patterns to inform continuous practice improvement across Oranga Tamariki. This understanding enables us to focus our efforts on improving our practice, supports and services for children and young people in care, their whānau and caregivers.

Quarter three report

This report sets out the findings of harm in the three month period January to March 2019. 103 children in care had findings of harm¹, (this represents 1.48% of all children in care at any time during the quarter). Some of these children had more than one finding of harm (in this quarter there were 154 findings of harm in total). This reflects that some children had findings for more than one type of harm and/or some had findings for more than one incident of harm and/or, some harm was caused by more than one person.

This report provides detailed information relating to:

- the overall number of individual children who have experienced harm
- the number of individual children who have experienced each type of harm
- the number of findings of each type of harm experienced
- where the child was living when the harm occurred
- whether the harm occurred inside or outside the placement and
- who is alleged to have caused the harm

In this report we have presented information in a different format to the previous quarterly reports, released in March 2019. The changes take account of feedback received and are designed to ensure information is centred on the child and is clear and understandable. In the overview section we have provided comparable data in the same format across all the quarters to date.

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

Quarterly reporting reflects the data as known at the time of the review work completed by the Safety of Children in Care Unit. Any additional data or data changes that are entered after this date will be captured in annual reporting.

There are a number of ways the data is collated:

When we report the overall number of individual children with a finding of harm we count children only once even if they have more than one finding of harm

When we report the number of individual children within each type of harm we are counting children once within each type of harm but the sum of all the types will be greater than the overall number of individual children as some children have experienced more than one type of harm.

When the number of findings of harm is reported this number reflects all findings and therefore a child may be counted more than once in the following circumstances:

- if they experience more than one incident of harm, (this describes a distinct and separate harmful activity taking place in a different time period as we recognise that often what is described as a harmful event reflects repeated behaviours and not a one off event)
- and/or the finding relates to more than one person who caused the harm
- and/or an incident relates to more than one abuse type.

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

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



Guide to the report

Terminology

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

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

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

Examining harm in different placement types

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

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

Placement type classifications

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

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

Return/remain home placement describes arrangements where children are in the legal custody of the Chief Executive but return to or remain in the care of their immediate family (usually parents).

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

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

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

Classification of people alleged to have caused the harm:

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

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

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

Staff (Oranga Tamariki & CFSS) describes a person employed directly by Oranga Tamariki or through contractual arrangements with NGO and iwi providers to provide care in a number of settings.

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

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

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

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

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

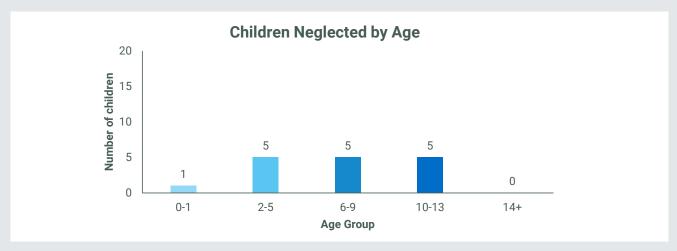


16 children had findings of neglect.²

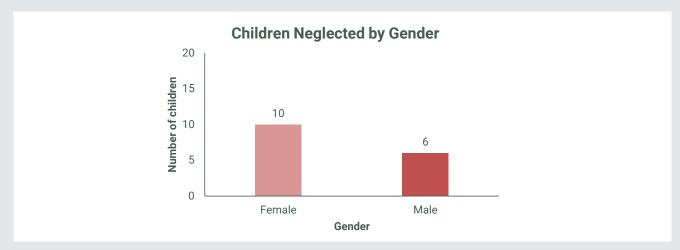
(this represents 0.23% of the total number of children in care at any time during the guarter)

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

What we know about the children

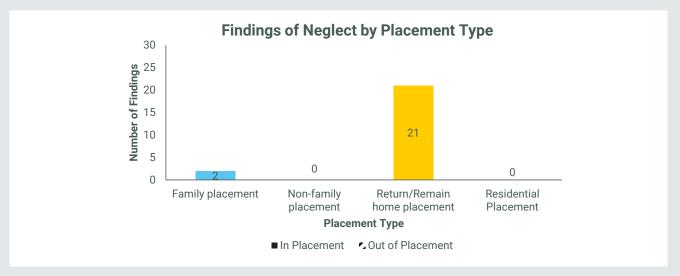


All of the children were aged below 14 years old and the majority were aged less than ten years old.



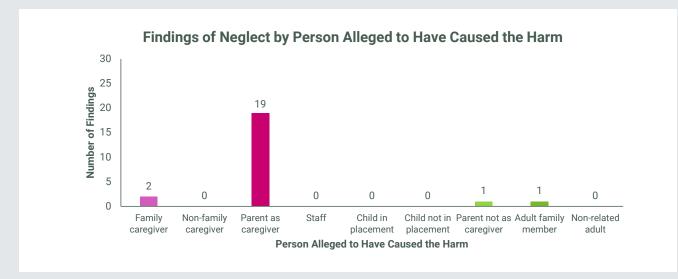
More girls than boys had findings of neglect.

² For these children there were 23 findings of neglect in total due to the fact that the neglect was caused by more than one person.



All of the neglect occurred within the placement³. 14 children in return/remain home placements had 21 findings of neglect.

Two children in family placements had a single finding of neglect each.



The majority of neglect (19/23 findings) was caused by parents as caregivers and these incidents often involved both parents with large sibling groups within a small number of households.

14/19 of the findings for neglect by parents were related to drug use. Neglect by parents mainly involved a lack of basic care and a general lack of capacity by parents to provide for children's core needs.

Some of the neglect involved children of young ages being left unsupervised for significant periods of time on a frequent basis and at times this was during the night.

Some neglect was related to a failure to provide the appropriate care for children with specific health needs.

³ Placement type classifications are explained in the methodology section.

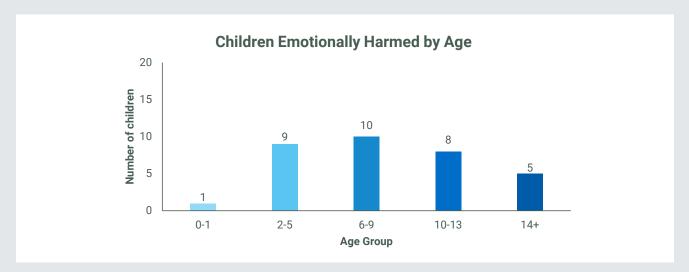
33 children had findings of emotional harm.4

(this represents 0.47% of the total number of children in care at any time during the quarter)

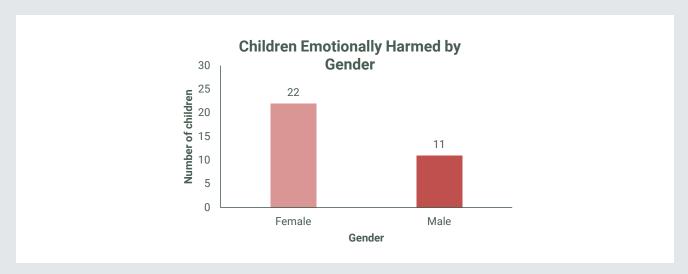
Definition: Emotional abuse is defined as a situation where the psychological, social, intellectual and emotional functioning or development of children has been damaged by their treatment. This often results from repeat exposure to negative experiences, particularly in a context of insecurity.

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

What we know about the children

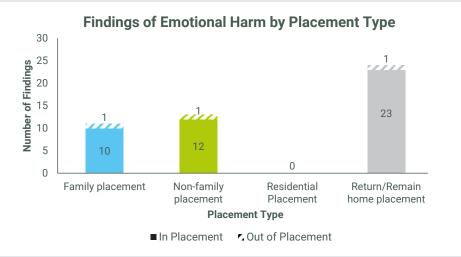


Most of the children were under ten years of age.



Twice as many girls as boys experienced emotional harm.

⁴ For these children there were 48 findings of emotional harm due to the fact that the harm was caused by more than one person.



Most emotional harm was for children living in return/ remain home placements. 16 children in return/ remain home placements had 24 findings of emotional harm.

Nine children in family placements had 11 findings of emotional harm.

Eight children in non-family placements had 13 findings of emotional harm.

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



Parents as caregivers caused the majority of emotional harm, this was in return/remain home placements. For most children within return/remain home placements the harm caused was related to parental drug use, an associated chaotic home environment and consequent mental health needs of the parent. More than half of the findings from return/remain home placements related to incidents that involved both parents of large sibling groups and the children were affected by more than one type of harm. The children were repeatedly exposed to verbal violence in addition to physical harm.

Some emotional harm caused by family caregivers was related to on-going family violence within the household and for others it was as a result of harsh and punitive forms of discipline or behaviour management.

Emotional harm to children in non-family placements including group home settings was mainly caused by caregivers and related to a general lack of insight into the children's needs. The emotional harm was in response to behaviour management and was punitive or degrading in nature with the child's care status being used to humiliate them. Bullying by several household members which was not challenged by adults was also observed within the context of the emotional harm.

Across all placement types, some children had multiple findings of emotional harm due to the fact that the harm was perpetrated by more than one individual. Some caregivers had findings recorded against them for incidents against sibling groups so these same caregivers were responsible for several findings of harm.



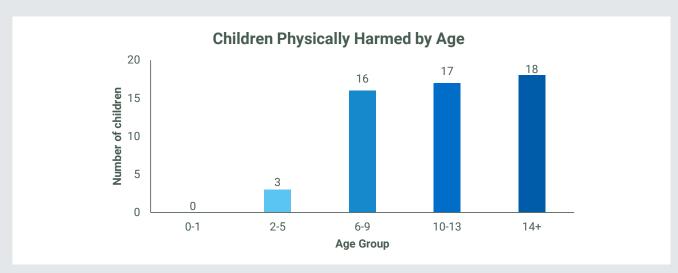
54 children had findings of physical harm.⁵

(this represents 0.77% of the total number of children in care at any time during the quarter)

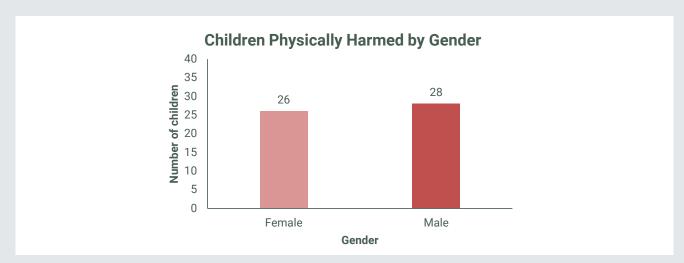
Definition: Physical abuse describes a situation where children have sustained an injury or were at serious risk of sustaining an injury. Injuries may be deliberately inflicted or the unintentional result of behaviour (e.g. shaking an infant).

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

What we know about the children

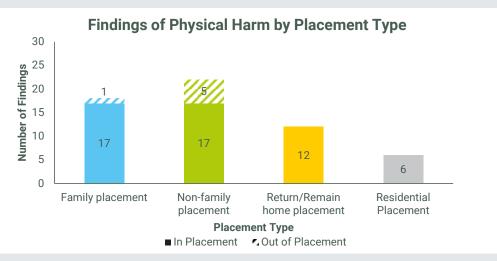


Just under two thirds of the children (35/54) were aged over 10 years old.



Slightly more boys than girls were physically harmed.

⁵ These children had 58 findings of physical harm due to the fact that the harm was caused by more than one person.



Physical harm occurred across all four placement types. The majority of physical harm (52/58 findings) occurred within the placement. There were a small number of physical harm findings within residences.

Family placement:

17 children had 18 findings of physical harm in family placements⁶. The majority of physical harm was caused by family caregivers and occurred within placement. Ten of the eighteen findings of physical harm related to incidents that were assessed as low level harm with no visible injuries.

Non-family placement:

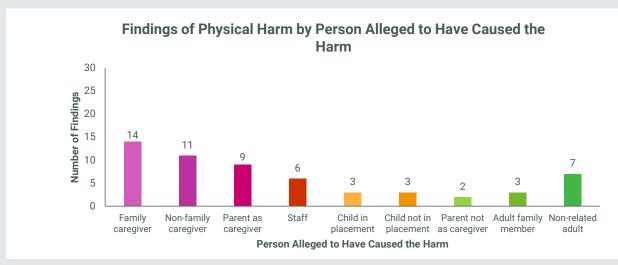
21 children had 22 findings of physical harm in nonfamily placements. Physical harm within placement was mainly caused by non-family caregivers.

Return/remain home placements:

11 children in return/remain home placements had 12 findings of physical harm. The majority of the physical harm (9/12) was caused by parents as caregivers and was of a serious nature. Some incidents were as a result of on-going family violence. A quarter of the incidents related to inappropriate care of teenagers and physical harm formed part of this.

Residential placement:

Five children had six findings of physical harm in residential placements. Harm was caused by staff during restraint procedures and some harm was from other children.



The majority of physical harm (34/58) was caused by caregivers and parents as caregivers. Harm was caused in response to frustration or stress often related to the child's behaviour and was adopted as an inappropriate disciplinary measure.

Some of the physical harm related to intimate partner violence towards young women who were living independently often with their adult partners but remained in the custody of Oranga Tamariki.

The majority of physical harm caused by staff within residences and other group home settings was related to discipline or behaviour management. Harm often occurred during restraint procedures but was not accidental and involved the use of excessive physical force. Some physical harm was caused by other children within placement and resulted in injury.



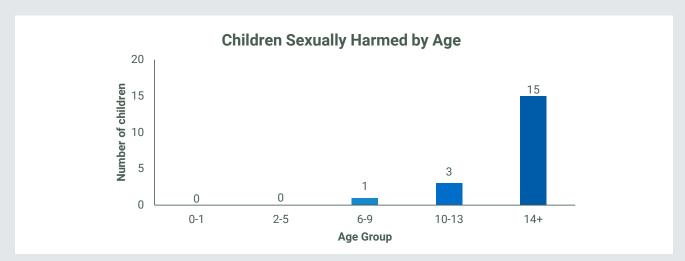
⁶ Some caregivers had findings recorded against them for incidents against sibling groups so the same caregivers were responsible for several findings of harm.

19 children had findings of sexual harm.

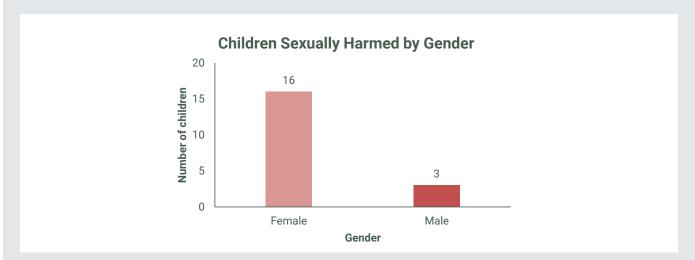
(this represents 0.27% of the total number of children in care at any time during the quarter)

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

What we know about the children

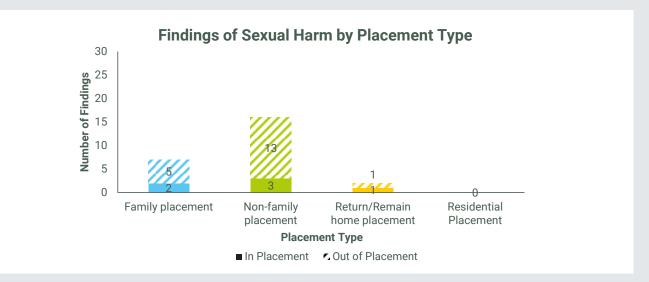


The majority of children who were sexually harmed were aged 14 years and over.



Five times more girls than boys experienced sexual harm.

⁷ These children had 25 sexual harm findings due to the fact that the harm was either caused by more than one person and/or some children experienced more than one distinct sexual harm incident.



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

11 children had 16 findings of sexual harm in non-family placements. The majority of sexual harm incidents for children in non-family placements took place outside of the placement. For some of these young people harm occurred when they had run away from their placements and were in unsafe environments, for others, the harm occurred in situations outside of the placement that would not ordinarily be considered unsafe.

Seven children had seven findings of sexual harm in family placements. The majority of children were harmed outside of the placement.

Two of the children with findings of sexual harm were in return/remain home placements. We are unable to provide further commentary on these small numbers due to the risk of identification or self-identification of individuals.



Children were not sexually harmed by the people providing their care; there were no caregivers or parents as caregivers or staff causing any sexual harm.

Some of the sexual harm took place after the young people had been specifically targeted by the person who is alleged to have caused the harm.

Some children in this quarter had more than one finding for sexual harm due to both the number of incidents that took place and the number of individuals causing the harm.

Some non-related adults who caused the sexual harm had existing connections to the child or young person and some were strangers to them.



Overview of Quarter three

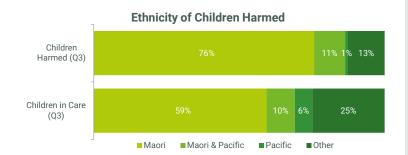
In the period January to March 2019, 103 children had 154 findings of harm recorded for them8.

- 16 children had findings of neglect
- 33 children had findings of emotional harm
- 54 children had findings of physical harm
- 19 children had findings of sexual harm

In this quarter, 81% of findings related to incidents of harm that occurred within the previous 6 months.

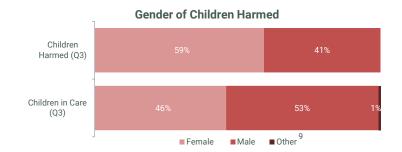


76% of children with findings of harm in this period were tamariki Māori. This is proportionately greater than the number of tamariki Māori in care (59%).



Gender

59% of children with findings of harm in this period were girls. This is proportionately greater than the number of girls in care (46%).



Age

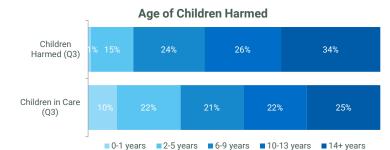
34% of children with findings of harm in this period were aged fourteen years and above. This is proportionately greater than the number of children in this age group in care (28%).

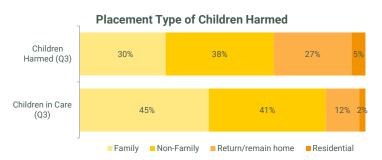


This is a breakdown of the overall proportion of time spent by all children in care ¹⁰ within each placement type, compared to the proportion of children in care with findings of harm in each placement type (n.b. placement type does not always indicate where the harm takes place or the person who caused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

27% of children with findings of harm in this period were in return/remain home placements. This is proportionately greater than the number of children in care in this type of placement (12%).

5% of children with findings of harm were in a residence, compared to 2% of children in care overall.





* Please note percentages do not sum to 100 due to rounding.

¹⁰ The breakdown for all children in care is based on numbers that take account of the time spent in each placement type and counts days spent in the placement type by children and does not count individual children.

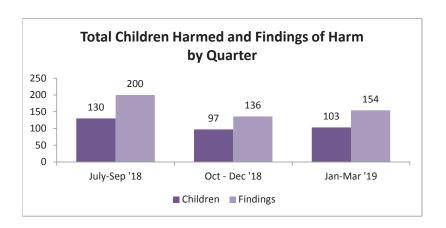


⁸ Some children had findings for more than one type of harm and/or some had findings for more than one incident of harm and/or, some harm was caused by more than one person.

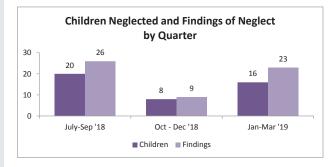
⁹ Other describes gender diverse, unknown and unrecorded gender identification.

Overview of Quarters one, two and three

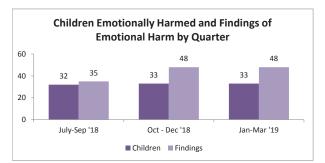
Numbers of children who have experienced harm and numbers of findings of harm



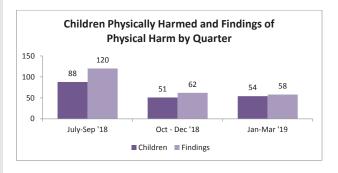
Neglect



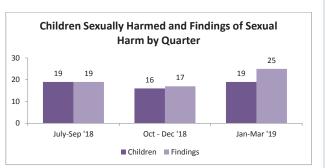
Emotional harm



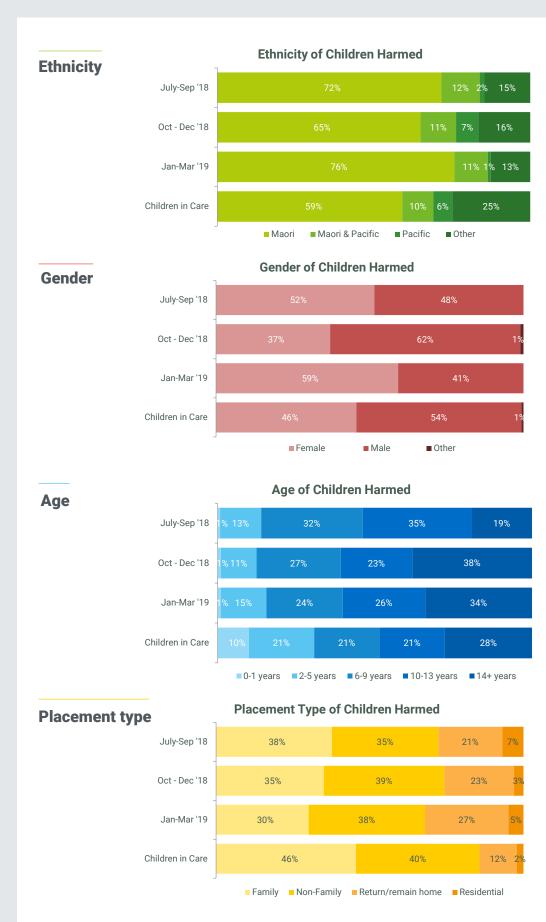
Physical harm



Sexual harm



What we know about the children in Quarters one, two and three



Please note percentages do not sum to 100 due to rounding.

Ensuring Safety and Wellbeing of Children in Care

Actions taken to ensure safety for children harmed

Allegations of harm for children in care can be raised in a number of different ways from a range of people, including the child themselves. In each instance a formal report of concern is completed and this ensures a consistent and structured process is followed in the social work response. On every occasion social workers engage with children and complete an assessment to understand what has happened to them. This assessment will involve those providing care for the children to ensure that the child's immediate needs are met and to manage any on-going risks that might be present. Social workers formulate an assessment plan for investigating the incident and where appropriate this will involve the Police.

Social workers provide support to children to ensure they feel safe and secure and to address any impact of the harm they have experienced. Once the assessment has been completed a social worker will determine whether the harm meets one of the four abuse types and records this in the child's records along with the details of the person who allegedly caused the harm. This information forms the basis of a finding of harm and the Safety of Children in Care Unit reviews all of these findings and examines the underpinning social work practice. In cases where harm results in serious injury or death there are a number of additional practice analyses and review processes that take place across the organisation. In the cases assessed for this report, social work assessments have taken account of the child's needs and, in all cases where the assessment of ongoing risk has determined it necessary, children have been moved to alternative placements. Where placement arrangements have continued an assessment of the support needs for the people providing care was undertaken and in some cases additional supports have been put in place. Some children have received counselling support to address the impact of the harm they have experienced. For other children this will be considered at a later point to reflect their immediate need for care arrangements to be stabilised prior to more focussed support. Some family members have also been provided with additional supports to ensure they can enable their child to address the impact of harm and to address their own support needs.

Outcomes for the person alleged to have caused the harm

There are a range of possible outcomes for the person alleged to have caused the harm. Some have faced criminal charges and have been prosecuted - these decisions are managed by the police. When harm has been caused by caregivers, a reassessment of their circumstances and the appropriateness of care arrangements is completed.

Where needed, re-approval of caregivers is undertaken. These assessments consider whether additional supports can strengthen care arrangements to ensure safe and stable placements continue. Where harm has been caused by staff an assessment of any ongoing risks is made and the appropriate actions taken. It should be noted that the timeframes for reporting this information do not allow for a review of the longer term outcomes.





