

Safety of children in care

Quarter Four - April to June 2019



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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 30 June 2019 there were 6450 children and young people in care and protection custody and 140 young people in youth justice custody of the Chief Executive of Oranga Tamariki.

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

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

Real time review of findings enables a thorough analysis of casework practice and regular feedback to practitioners to ensure robust management of any continuing safety issues on an individual basis. This work enables the 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 four report

This report sets out the findings of harm in the three month period April to June 2019. One hundred and twenty one children in care had findings of harm¹, (this represents 1.73% 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 170 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 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 selfidentification.

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).

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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 homes 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 & Child and Family Support

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

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

Neglect

12 children had findings of neglect.²

(this represents 0.17% of the total number of children in care at any time during the quarter)

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

What we know about the children



The children were aged from 16 years to a few months old. The majority were aged less than 11 years old.



The same number of girls as boys had findings of neglect.

² For these children there were 15 findings of neglect in total due to the fact that the neglect was caused by more than one person.

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The majority of neglect occurred within the placement.

Seven children in return home placements had seven findings of neglect. Three children in non-family

placements had six findings of neglect.

Two children in family placements had two findings of neglect.



More than half of the neglect (7/15 findings) was caused by parents as caregivers.

5/7 of the findings for neglect by parents were related to drug and alcohol use. Neglect by parents mainly involved a lack of care and provision of basic needs such as food.

Some of the neglect involved children being left unsupervised for long periods of time.

Neglect by non-family caregivers (6 findings) related to three children in the same household where the childrens needs were not provided for. 0

³ Placement type classifications are explained in the methodology section.

Emotional harm

47 children had findings of emotional harm.⁴

(this represents 0.67% 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)

Children Emotionally Harmed by Age

What we know about the children



Almost two thirds of the children were aged ten years and under.



Twice as many girls as boys experienced emotional harm.

⁴ For these children there were 67 findings of emotional harm due to the fact that the harm was caused by more than one person or because they experienced more than one incident of emotional harm.



The majority of emotional harm occurred within the placement for all placement types except in residences where one child was emotionally harmed whilst away from placement.

14 children living in return/remain home placements had 23 findings of emotional harm.

19 children in family placements had 26 findings of emotional harm.

13 children living in non-family placements had 17 findings of emotional harm.



Findings of Emotional Harm by Person Alleged to Have Caused the

Emotional harm caused by family caregivers was related to exposure to violence within the home or being threatened with violence. For other children it was as a result of repeated name calling or harsh forms of behaviour management.

Some of the emotional harm within family care settings was caused by parents during contact with their children.

The majority of emotional harm caused by non-family caregivers was related to inappropriate and harsh discipline measures.

Parents as caregivers caused most of the emotional harm in return/remain home placements. For most children within return/remain home placements the harm caused was related to being exposed to family violence within the home and parental drug or alcohol use.

Some children experienced emotional harm by nonrelated adults, this was related to violent incidents by adult men.

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 involving sibling groups so these same caregivers were responsible for several findings of harm.

Physical harm

61 children had findings of physical harm.⁵

(this represents 0.87% 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



30 of the children were aged 10 years of age and under.



More girls than boys were physically harmed.

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⁵ These children had 66 findings of physical harm due to the fact that the harm was caused by more than one person or on more than one occasion.



Physical harm occurred across all four placement types. The majority of physical harm (54/66 findings) occurred within the placement. There were a small number of physical harm findings within residences.

Family placements:

31 children in family placements had 34 findings of physical harm. The majority of the physical harm (30/34) occurred within placement and was caused by the caregiver.

Non-family placement:

Eight children in non-family placements had 9 findings of physical harm. The physical harm that took place within placement was mainly caused by caregivers and related to inappropriate discipline. The harm that occurred outside of placement was largely related to intimate partner violence.

Return/remain home placements:

18 children in return/remain home placements had 19 findings of physical harm. The majority of the physical harm (12/21) was caused by parents as caregivers and was of a serious nature. Almost a third of the harm for children in return/remain home placements was caused by non-related adults, most often partners of the young people or partners of the parent.

Residential placement:

Four children had four findings of physical harm in residential placements, most of which was caused by other young people within placement.



The majority of physical harm (43/66) was caused by caregivers and parents as caregivers.⁶ The majority of incidents were related to inappropriate discipline of children and some were of a serious nature.

Adult drug or alcohol use was a factor in some of the harmful incidents across placement types and involved a range of people alleged to have caused the harm. Incidents of harm were often caused in response to frustration or stress related to child behaviours or wider circumstances played a part in the harmful behaviour.

Some of the physical harm caused by non-related adults related to intimate partner violence towards young women either from current partners or previous partners.

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

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Sexual harm

21 children had findings of sexual harm.⁷

(this represents 0.30% 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.



Over twice as many girls than boys experienced sexual harm.

⁷ These children had 22 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.

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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.

Eight children had 12 findings of sexual harm in non-family placements with most of these incidents occurring 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 with people not known to them.

Three of the children with findings of sexual harm were living independently.

Six children had six findings of sexual harm in family placements the majority of which occurred within the placement but was not caused by family caregivers.

Three of the children with findings of sexual harm were in return/remain home placements.



The majority of sexual harm to children was caused by non-related adults mostly outside of the placement settings.

Most of the non-related adults who caused the sexual harm had existing connections to the child or young person.

Some of the sexual harm was caused by other young people known to the child.

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 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 four

In the period April to June 2019, 121 children had 170 findings of harm recorded for them⁸.

- 12 children had findings of neglect
- 47 children had findings of emotional harm
- 61 children had findings of physical harm
- 21 children had findings of sexual harm

Ethnicity

74% 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%).

Ethnicity of Children Harmed



Gender

62% of children with findings of harm in this period were girls. This is proportionately greater than the number of girls in care (46%).

Gender of Children Harmed



Age

27% of children with findings of harm in this period were aged ten to thirteen years old. This is proportionately greater than the number of children in this age group in care (22%).

Placement type

This is a breakdown of the overall proportion of time spent by all children in care¹⁰ 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 (13%).

26% of children with findings of harm were in a non-family placement, compared to 40% of children in care overall.

Age of Children Harmed





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

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.

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.

Actions taken to ensure safety for children harmed

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

Social workers provide support to children to ensure they feel safe and secure and to address any impact of the harm they have experienced. Once the assessment has been completed a social worker will determine whether the harm meets one of the four abuse types and records this in the child's records along with the details of the person who allegedly caused the harm. This information forms the basis of a finding of harm and the Safety of Children in Care Unit reviews all of these findings and examines the underpinning social work practice.

In cases where harm results in serious injury or death there are a number of additional practice analyses and review processes that take place across the organisation. In the cases assessed for this report, social work assessments have taken account of the child's needs and, in all cases where the assessment of ongoing risk has determined it necessary, children have been moved to alternative placements. Where placement arrangements have continued an assessment of the support needs for the people providing care was undertaken and in some cases additional supports have been put in place.

Some children have received counselling support to address the impact of the harm they have experienced. For other children this will be considered at a later point to reflect their immediate need for care arrangements to be stabilised prior to more focussed support. Some family members have also been provided with additional supports to ensure they can enable their child to address the impact of harm and to address their own support needs.

Outcomes for the person alleged to have caused the harm

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



Ministry for Children

