ORANGA TAMARIKI
Ministry for Children

STRATEGY, INSIGHTS AND PERFORMANCE

New Zealand Government

Annual Caregiver Satisfaction Survey

Full Report – Strengthening the caregiver experience

Findings from the 2025 survey wave

The Oranga Tamariki Survey and Advanced Analytics team works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

Authors: Dr Lina Maria A. Valdivia, Josephine Ryan, Dr Jiabin Lin

Research partners: Kiri Alexander, Steve Peter, Robin Xie

Editor and practical support: Deb O'Kane

Email: research@ot.govt.nz

Published: June 2026

ISBN: 978-1-0671304-5-9

Citation guidance:

This report can be referenced as Valdivia, L. A., Ryan, J., & Lin, J. (2026). *Annual Caregiver Satisfaction Survey: Full report – Strengthening the caregiver experience*. Wellington, New Zealand: Oranga Tamariki—Ministry for Children.

Acknowledgements

We extend our sincere gratitude to all caregivers and supportive members of tamariki in care who generously shared their experiences through the 2025 Caregiver Survey.

Contents

1. Executive summary

Many caregivers find the role meaningful and report positive relationships with social workers, particularly caregiver social workers, where communication and respect are often strong. These relational strengths provide an important foundation for the caregiving experience.

At the same time, caregiver experience with Oranga Tamariki remains mixed. Support is not consistently experienced, with some caregivers reporting moderate satisfaction, not always feeling valued, and encountering gaps in continuity, especially in their interactions with children's social workers.

Most caregivers are not actively planning to leave; however, a meaningful minority are considering doing so, primarily due to dissatisfaction with Oranga Tamariki, strain, and lack of support. This indicates emerging caregiver retention risks if current pressures are not addressed.

Support for caregivers is not consistently delivered in ways that are timely, accessible, or practical. Whānau caregivers are more likely to enter the role without prior experience or structured preparation, and access to key information and plans is inconsistent.

Children's needs are concentrated in a small number of complex and interconnected areas, particularly mental health, education, and behaviour. Identifying these needs does not always translate into timely or coordinated support, highlighting the importance of effective cross-agency and service provider responses.

Financial assistance, respite care, and training are available but not consistently accessible or sufficient, with barriers related to clarity, availability, and suitability. At the same time, many children present with overlapping and often undiagnosed needs, requiring coordinated responses that are not yet reliably in place.

Child transitions from care represent a critical pressure point: they are relatively common, complex, and poorly supported compared with other areas. Satisfaction with the overall experience of transition support is the lowest across the survey and remains a persistent weakness.

The caregiver survey also provides relevant evidence for Hine Wawata[1], particularly He Ringaringa Mōu, by showing how well support is working in practice for caregivers and children. The findings on preparation, access, relationships, and support for children's needs indicate whether services are timely, coordinated, accessible, and useful, and where performance remains uneven.

[1] Oranga Tamariki Strategic Intentions 2024/25 - 2029/30

In response to this and previous survey findings, practical suggestions and actions for improving caregiver experiences have been compiled. Many of these fit within current work programmes and systems, while others may require specific resourcing or coordinated action across Oranga Tamariki, partner agencies, and service providers.

2. Background and notable trends

Oranga Tamariki undertakes an annual Caregiver Satisfaction Survey to understand caregivers' experiences and identify where support for caregivers and the children in their care is working well, and where improvement is needed.

The survey gathers feedback from Oranga Tamariki approved whānau and non-whānau caregivers who have cared for a child within the past 12 months, focusing on the support received across critical aspects of the caregiving experience.

The 2025 survey was conducted from 12 November to 12 December 2025. A total of 683 active caregivers participated in the 2025 survey, representing an estimated total participation rate of 38% of the active Oranga Tamariki caregiver population.

Earlier reporting from the 2024 survey wave included a topline report[2] on overall caregiver satisfaction, willingness to recommend caregiving, and intentions to stop, followed by a deep dive report[3] on preparedness, children's needs, information-sharing, financial support, respite, training, social worker practice, and child transitions.

In 2025, the survey introduced more specific questions on disability-related support needs, the adequacy of those supports, and support for takatāpui and rainbow rangatahi. This report brings those findings together to provide an integrated view of caregiver experience and the factors shaping caregiver confidence and sustainability.

2.1 Trends since previous wave

The survey suggests limited improvement overall. Some measures appear to have improved modestly, particularly first-time caregiver preparedness, support/review plan coverage, and caregiver social worker continuity. However, most core measures remain broadly similar, including overall satisfaction, recommendation of caregiving, and the main factors associated with caregivers considering leaving the role. Several persistent weak points remain evident across both waves, especially information about entitlements, respite availability and access, training reach, child social worker continuity, and transition support. This comparison is trend-based only and does not test for statistical significance.

2.1.1 What appears to have improved slightly

Preparedness among first-time caregivers looks stronger than in the previous deep dive, and a larger share of caregivers also report having formal plans in place or

[2] Annual-Caregiver-Satisfaction-Survey-2024.pdf
[3] Annual-Caregiver-Satisfaction-Survey-2024-Deep-Dive-Report.pdf

discussed with them, although this remains uneven rather than universal. Caregiver social worker continuity also appears better than in the previous wave, where change affected a majority of caregivers. These shifts suggest some improvement in the front-end and relationship-based parts of the system, even if not yet consistently experienced by all caregivers.

2.1.2 What remains the same or persists as an area for attention

Overall caregiver experience remains mixed rather than clearly improved. Financially, reimbursement timing continues to rate better than ease of claiming or clarity of entitlements, while allowance adequacy remains only moderately positive. Respite continues to be constrained by availability and suitability, and training remains affected by limited opportunities, time pressures, and access barriers. Satisfaction with child social worker support remains weaker than caregiver social worker support, and kaimahi turnover continues to persist. Most notably, transition support remains the weakest-rated area and continues to stand out as a persistent source of dissatisfaction.

3. Overall caregiver experience

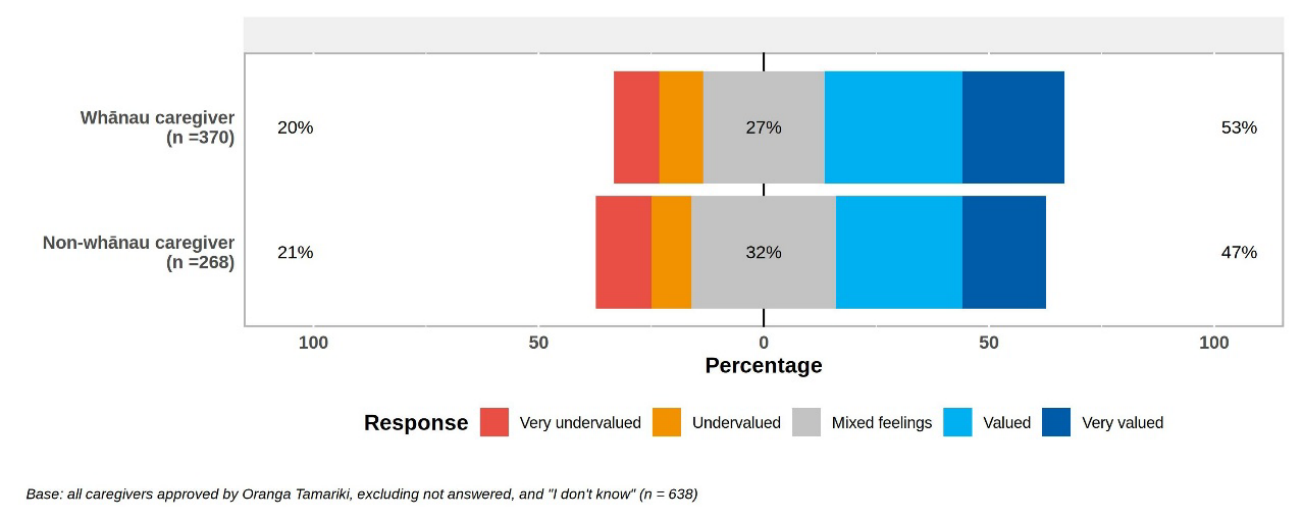
This section presents the top-line findings on how caregivers experience their role and relationship with Oranga Tamariki. It covers how valued caregivers feel, their overall satisfaction, willingness to recommend caregiving, and whether they are considering stopping. Together, these results provide a high-level picture of caregiver experience, commitment, and confidence in the support they receive.

3.1 Around half of caregivers feel valued or very valued by Oranga Tamariki

Feeling valued by Oranga Tamariki is an important indicator of caregiver experience. It reflects whether caregivers see themselves as recognised, respected, and treated as an essential part of the care system.

Figure 1 shows that around half of caregivers feel valued or very valued by Oranga Tamariki. This is somewhat stronger among whānau caregivers (**53%**) than non-whānau caregivers (**47%**).

Figure 1. As a caregiver, how valued do you feel by Oranga Tamariki?



Key takeaway

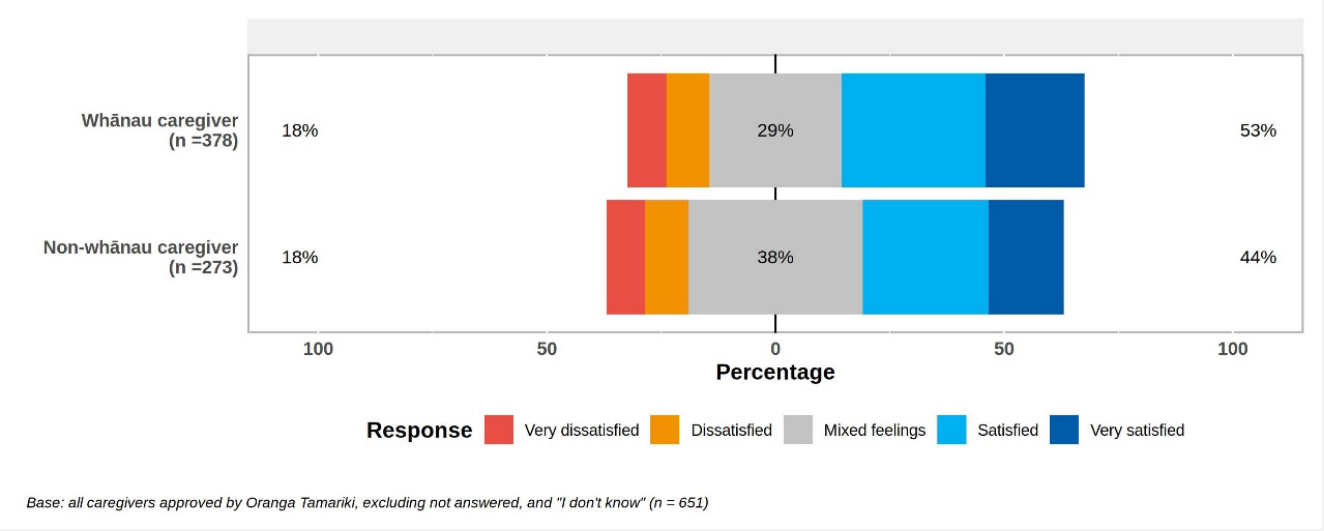
The large proportion of caregivers selecting the middle category suggests that feeling valued is not yet a settled strength of the system.

3.2 Mixed feelings remain common in overall satisfaction with support

Overall satisfaction with support was mixed. Whānau caregivers were slightly more positive than non-whānau caregivers, but the overall pattern was broadly similar across both groups.

Figure 2 shows that just under half of non-whānau caregivers are satisfied or very satisfied with the support Oranga Tamariki provides overall (**44%**). Whānau caregivers are slightly more positive (**53%**), but the overall pattern is one of mixed experience rather than strong confidence.

Figure 2. As a caregiver, how satisfied are you with the support Oranga Tamariki provides you overall?



Base: all caregivers approved by Oranga Tamariki, excluding not answered, and "I don't know" (n = 651)

Key takeaway

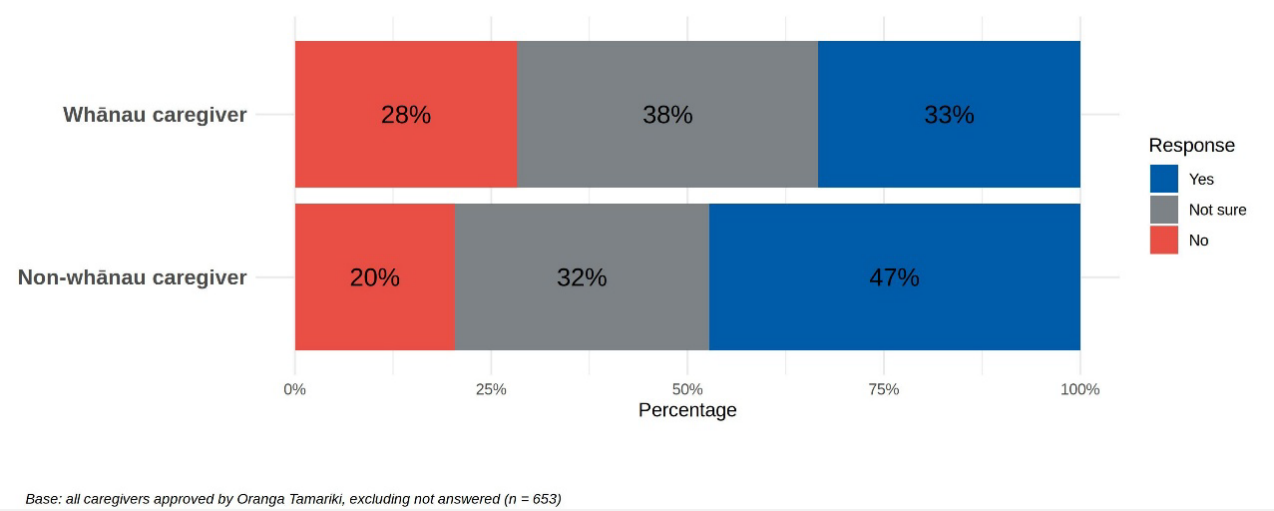
Caregiver experience is not uniformly poor, but uneven. While many caregivers report support that works for them, a substantial proportion experience gaps, inconsistency, or support that only partially meets their needs.

3.3 Non-whānau caregivers are more likely to recommend caregiving than whānau caregivers

Non-whānau caregivers were notably more likely than whānau caregivers to say they would recommend becoming a caregiver for Oranga Tamariki.

Figure 3 shows that fewer than half of non-whānau caregivers (**47%**) and only a third of whānau caregivers (**33%**) would recommend becoming a caregiver for Oranga Tamariki.

Figure 3. Would you recommend becoming a caregiver for Oranga Tamariki?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 653)

Key takeaway

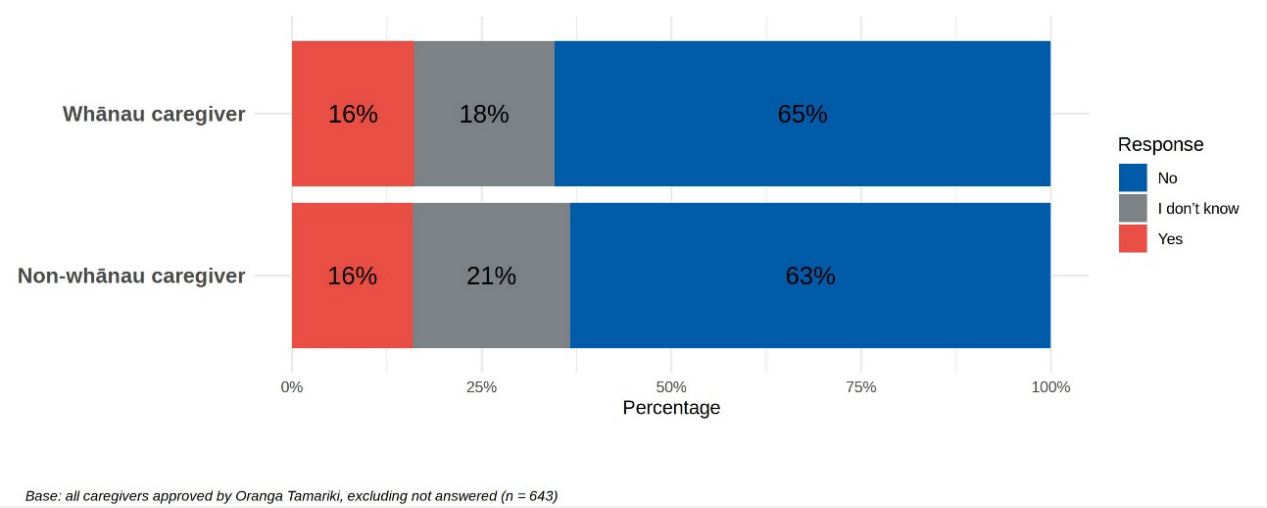
This suggests that while many caregivers find the role worthwhile, willingness to recommend caregiving is shaped by both experience and motivation for entering the role. For whānau caregivers, caregiving may be motivated by family responsibility and circumstances of a child in their whānau entering care, making endorsement of the role more complex.

3.4 Most caregivers are not actively planning to stop, but uncertainty remains

Most caregivers reported that they were not currently thinking about stopping. Patterns were very similar for whānau and non-whānau caregivers, suggesting a broadly shared commitment to continuing in the role.

Figure 4 shows that around two-thirds of caregivers are not currently thinking about stopping (**63%** for non-whānau and **65%** for whānau caregivers), while about one in six are considering leaving the role (**16%** in both groups).

Figure 4. Are you thinking about stopping being a caregiver?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 643)

Key takeaway

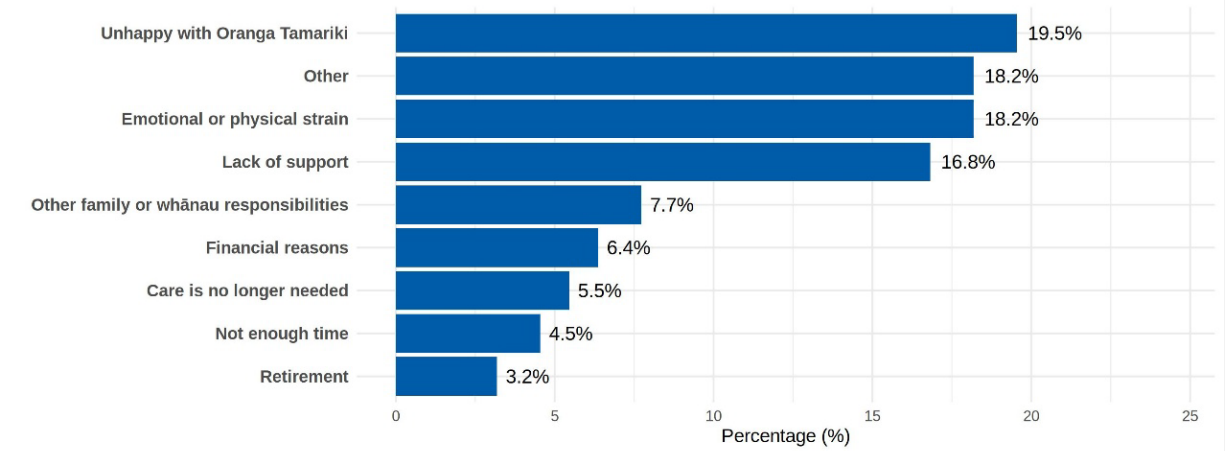
While the caregiving base appears relatively stable overall, a meaningful proportion of caregivers may be at risk of leaving if pressures are not addressed.

3.5 Unhappiness with Oranga Tamariki, strain, and lack of support drive intentions to stop

Among caregivers who participated in the survey who were considering stopping (**n=101**), the leading reasons related to dissatisfaction with Oranga Tamariki, emotional or physical strain, and lack of support.

Figure 5 shows the top three selected reasons caregivers consider stopping are related to unhappiness with Oranga Tamariki (**19.5%**), emotional or physical strain (**18.2%**), and lack of support (**16.8%**).

Figure 5. Are you thinking about stopping being a caregiver?



Base: all caregivers approved by Oranga Tamariki, excluding not answered and "I don't know" (n = 101)

The following section summarises responses from caregivers who selected **'Other' (18.2%)** when asked if they were considering stopping being a caregiver.

Some 'other' responses pointed to dissatisfaction with Oranga Tamariki

The most common reason caregivers gave for potentially stopping was unhappiness with Oranga Tamariki. Concerns centred on the professionalism of kaimahi decision-making and whether decisions consistently reflected the best interests of the child.

"Lack of professionalism, poor decision making for our little one in care and still it is happening."

Some caregivers expressed deep suspicion about the intentions of Oranga Tamariki, as reflected in the following comments:

"OT do not care about children in their care. They have their own ideas about how family should work. They have their own agenda going on regarding children in their care."

"It seems decisions around what is best for the child is secondary to policy."

"Oranga Tamariki care more about ticking boxes, and meeting the needs of the childs whanāu than they do about the child."

A lack of support and communication from Oranga Tamariki was a key source of frustration for caregivers. Some felt the organisation took them for granted and, at times, exploited their commitment to achieving the best outcomes for the children in their care.

"Caregivers are taken for granted exploited as we want the best outcome for the children."

"They don't care about us caregivers."

"My concerns for [the] child [are] not listened to."

"Social workers don't reply to emails."

”Too much cost cutting and social workers don’t reply to emails.”

“Not happy with treatment of caregivers.”

“It's not the social workers, as they wish they can help more but when they go back to the office the managers say no, or change the agreement without feeding that back to the carer.”

Another common reason for stopping was that the child no longer required care, often due to transitions such as reaching adulthood, returning to whānau, or moving into a permanent placement.

“Children are almost adults and I only became a caregiver for those two.”

“Child decided to spend more time with mother and siblings, he needed this time to sort out who he is and where he wants to go from here.”

“We are going through permanency currently, and the child will be discharged from OT.”

Some caregivers stopped due to the challenges of caring for children with behavioural issues and high or complex needs. For these caregivers, the demands were often physically and emotionally exhausting, making it difficult to continue in the role.

“My boy takes up my time, going to assessments, eye clinics, he gets really emotional and angry, even though I’m still taking him to school.”

“Tired, and the child's behaviour at time leaves me drained. Drawing on the walls today, was not good […] thinking about having a simpler life.”

“Its very emotional and mentally draining caring for high needs children as a single caregiver.”

Some caregivers stopped due to retirement and health related reasons

Declining health and wellbeing, as well as age, were commonly cited factors influencing the decision to stop caregiving. For some, the cumulative impact of caregiving over many years also contributed to feelings of burnout.

“Health and well-being of us as caregivers.”

“At this present time [I’m] getting too old to take on responsibilities such as this.”

“After 14yrs and one or both of us in burn out, it's time to stop.”

Difficulties with the child’s main caregivers were also mentioned.

“Please note that the strain mentioned above is not towards Oranga Tamariki. Its more to do with the child’s main caregivers.”

Key takeaway

This suggests that pressures on retention are closely tied to how caregivers experience the organisation and the practical burden of the role.

Section summary: Uneven support and retention risks

Overall, caregiver experience is shaped more by inconsistency across the system and less by uniformly poor support. While many caregivers find the role meaningful and receive support that works for them, a substantial proportion experience gaps, uneven delivery, and do not consistently feel valued.

Although the caregiving base appears relatively stable, a meaningful group may be at risk of leaving if these pressures are not addressed. Taken together, the findings suggest that intentions to leave are driven less by caregiving itself than by the strain of sustaining the role when support is insufficient, inconsistent, or draining.

4. Entering caregiving: Preparedness, plans and information

This section examines the early caregiving experience, including how well-prepared first-time caregivers feel, their awareness of support and review plans, access to the child's All About Me Plan[4], and the quality of information they receive.

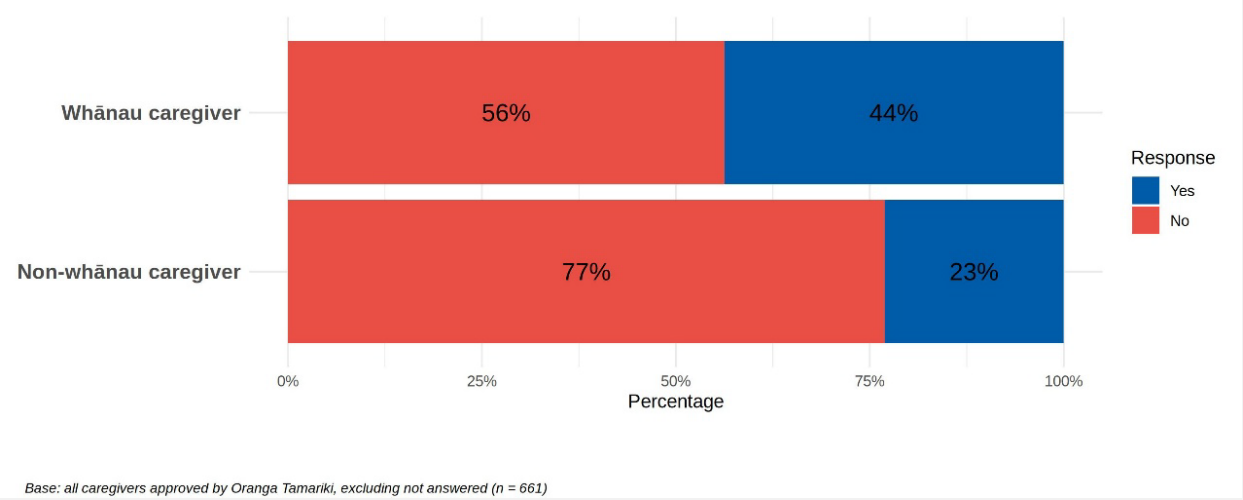
Together, these factors shape how supported caregivers feel from the outset and how effectively they can respond to children's needs.

4.1 First-time caregiver preparedness

4.1.1 Whānau caregivers are more likely than non-whānau caregivers to be new to the role

Figure 6 shows that whānau caregivers are much more likely than non-whānau caregivers to be first-time caregivers in the last 12 months (**44%** versus **23%**).

Figure 6. Have you become a first-time caregiver for Oranga Tamariki in the last 12 months?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 661)

[4] The All About Me Plan has now been renamed Te Aronga, an online information and planning tool for tamariki and rangatahi in Oranga Tamariki care or custody.

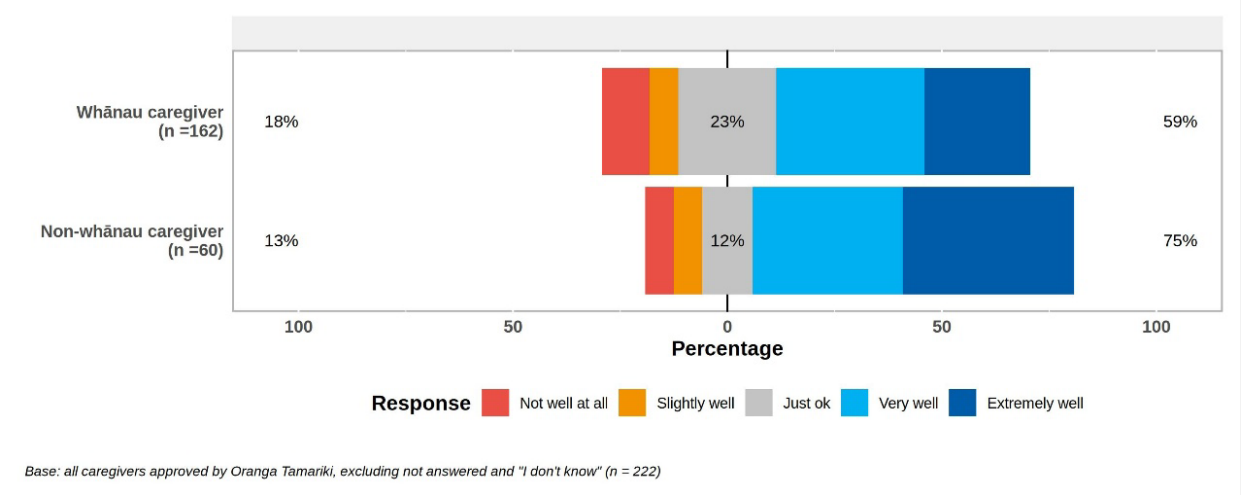
Key takeaway

Whānau caregivers were substantially more likely than non-whānau caregivers to be first-time caregivers in the past 12 months. This likely reflects, in part, the different pathways through which whānau caregivers enter the role, including short-notice or provisional caregiving in response to urgent needs within their whānau. These findings highlight the importance of tailored preparation, accessible information, and strong early support for caregivers who may not have the opportunity to prepare in advance.

4.1.2 Most first-time caregivers feel reasonably prepared, but preparedness is weaker for whānau caregivers

Figure 7 shows that most first-time caregivers report feeling very or extremely well prepared, but this is much stronger among non-whānau caregivers (**75%**) than whānau caregivers (**59%**).

Figure 7. Overall, how well did Oranga Tamariki prepare you to become a caregiver?



Base: all caregivers approved by Oranga Tamariki, excluding not answered and "I don't know" (n = 222)

Key takeaway

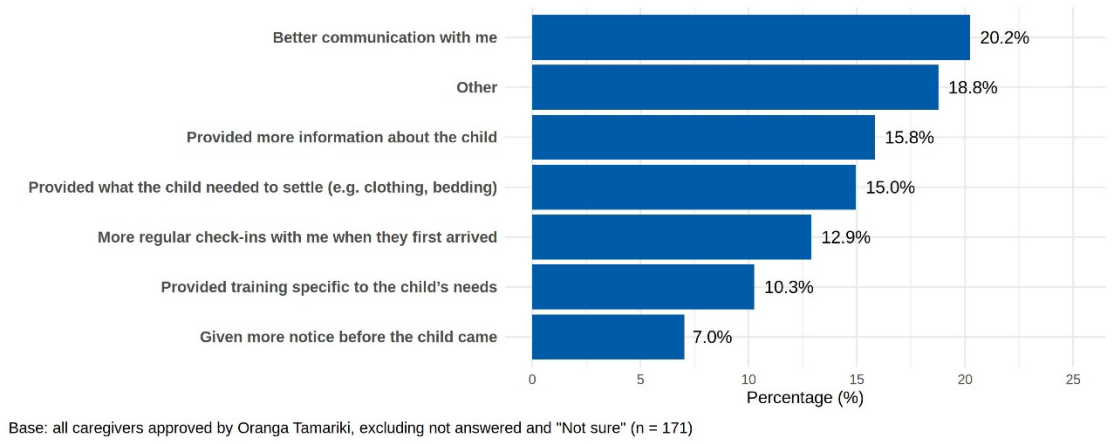
This suggests whānau caregivers are more likely to enter caregiving with less formal preparation or fewer structured supports. Gaps remain even where overall preparedness is reported positive. However, this represents a modest positive shift over last year's result for this measure.

4.1.3 Better communication, more information, and practical support for the child to settle are the main preparation gaps

Caregivers most often identified better communication, more information about the child, and practical support to help the child settle as the main areas where preparation could be improved.

Figure 8 shows that caregivers most often say they could have been better prepared through stronger communication (**20.2%**), more information about the child (**15.8%**), and practical support to help the child settle (**15.0%**).

Figure 8. How could they have prepared you better to become a caregiver?



The following summarises the **'Other' (18.8%)** responses provided by caregivers regarding how prepared they felt when becoming caregivers.

Many caregivers were well prepared to care for children:

Many caregivers reported they felt well prepared to care for children entering their homes. This included whānau caregivers who were often very familiar with the children due to existing relationships.

"Our social worker (name) was excellent at doing his job preparing us into caring for children and checking often."

"No problems, excellent manaakitanga from Oranga Tamariki."

"I was well involved in the child coming into my care and was well supported during this time. It was stressful for the whānau but communication and needs were met well."

"I already knew the child for years so there wasn't much preparation involved."

Some caregivers needed more time to prepare

Some caregivers felt they did not have enough time to prepare for children entering their care. Several suggested that Oranga Tamariki could provide more practical support, such as ensuring bedding and clothing are readily available, particularly for urgent placements. Others noted that it would have been helpful to receive clearer information about their entitlements.

“My mokos were in another town we had an hour’s notice and 4hr drive in torrential weather, everything was rushed.”

“Everything happened very fast.”

“The children came with personal belongings but not many and I had four days to obtain beds and bedding.”

“Allowances were not explained or suggested, [for example] extra kilometers for distance.”

Communications with social workers could be improved

Some caregivers felt that communication and contact with their social worker was infrequent, with some reporting delays in care plans being completed. Others noted that communication between Oranga Tamariki sites, particularly where siblings were placed in different locations, could be improved.

“We didn't see or hear from a social worker for a month after we took him.”

“Still waiting after almost a year for the ‘The All About Me’ paperwork.”

“We have received no check-ins in [the] first 5 months.”

“Communication between different sites that have siblings placed between different caregivers in different locations in New Zealand needs to be better.”

Some caregivers experienced delays with getting support

Some caregivers experienced delays in accessing support for children in their care. While vouchers are available for essential items such as food, clothing, and bedding, there were instances where approval processes took longer than expected. These delays were particularly challenging in situations involving urgent placements. Some caregivers also noted that they initially had to meet children’s needs themselves before receiving support.

“More help to get the children the help they need.”

“In regard to processing times, ensuring children's essential needs were here in a timely manner, it could have been better.”

“We are looking at all his disability issues that have not been addressed now as well but yes wasn’t a good start to begin with.”

“Provided immediate financial assistance via vouchers for the child who I was given care with five hours’ notice. Instead, I had to wait a few weeks for approval for these vouchers.”

“I provided everything initially and received some help but weeks later.”

Caregivers want more information about the child’s background and needs

Caregivers expressed a desire for more information about the child’s background and needs before the child entered their care. They also indicated that it was important to be fully informed about placement processes, including clear communication about the timing and logistics of when the child would arrive.

“A full psychiatric work-up on a child that was very disturbed, a fact not communicated to me prior to placement.”

“I had to ask when they'd be dropped off and was told a time without my input (this was not an emergency placement).”

“More information about the child, a lot was already known but not shared prior.”

Key takeaway

This highlights the importance of preparation that is not only procedural, but also relational and practical, including timely communication, meaningful information, and the resources needed to begin well.

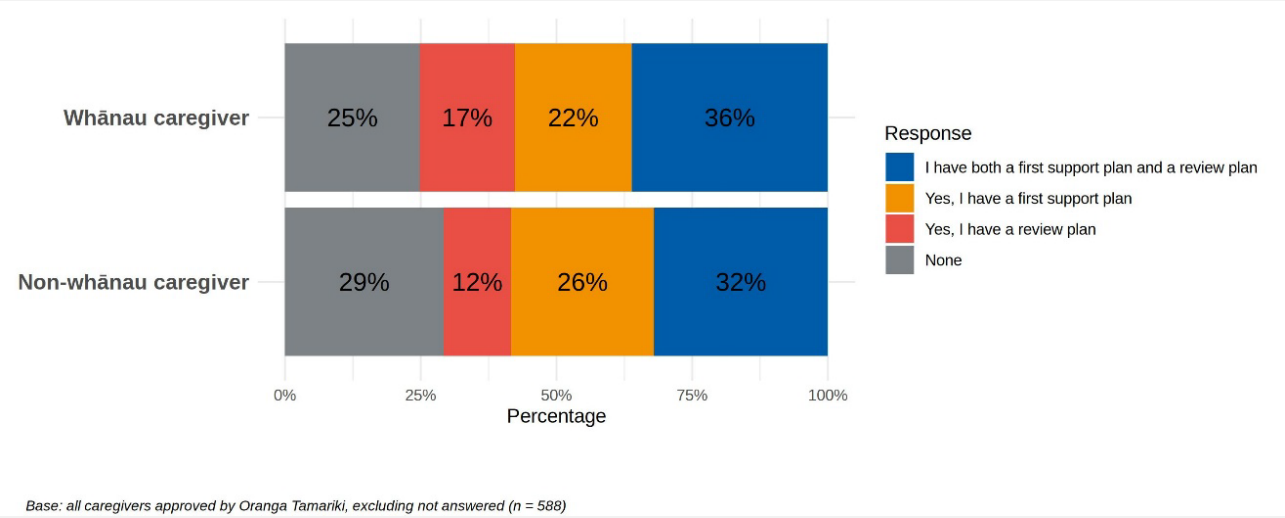
4.2 Caregiver support plans and the All About Me Plan

4.2.1 Most caregivers report having a caregiver support or review plan, but full plan coverage is not universal

Caregiver support and review plans are intended to provide structure, clarity, and a basis for shared expectations[5]. Their effectiveness depends not just on their existence, but on whether caregivers are aware of them and able to use them. Most caregivers reported having a first support plan, a review plan, or both. However, having both was not universal, and a notable minority reported having neither.

Figure 9 shows that while many caregivers report having some form of support or review plan, full coverage is not universal. About a third of caregivers have both a first support plan and a review plan (**36%** of whānau caregivers and **32%** of non-whānau caregivers), while a notable minority report having no plan at all.

Figure 9. Do you have a caregiver support plan or review plan or both?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 588)

Key takeaway

While support planning is reaching many caregivers, it is not yet consistently experienced as standard practice. The findings also suggest variability in how plans are discussed and understood, not just whether they have been formally completed.

4.2.2 Access to the All About Me Plan is uneven, especially for whānau caregivers

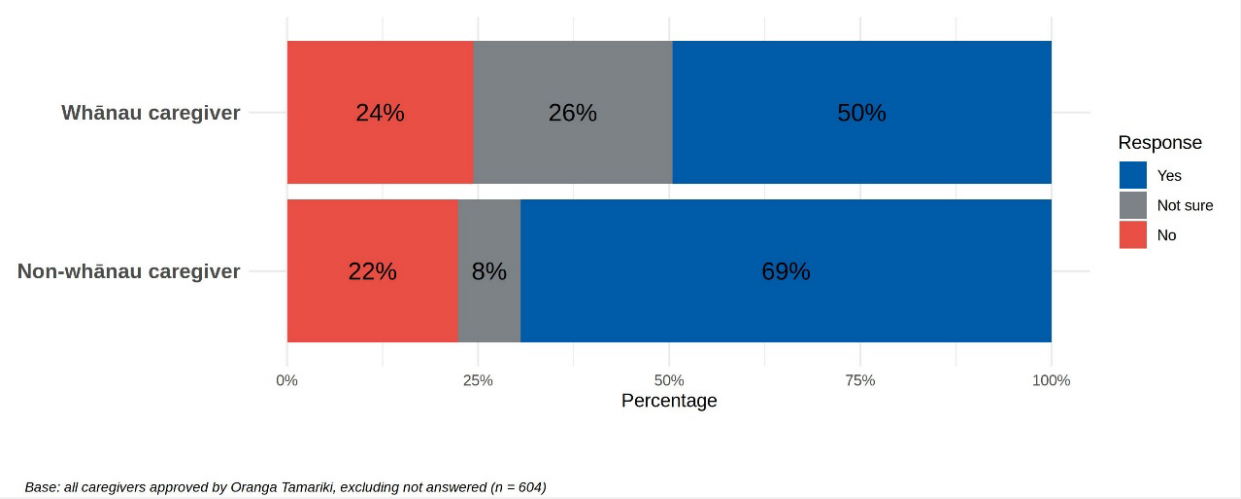
The All About Me Plan has since been renamed Te Aronga, an online information and planning tool for tamariki and rangatahi in Oranga Tamariki care or custody[6]. The All About Me Plan is a way of capturing information about the child's needs, background,

[5] Caregiver support plan | Practice Centre | Oranga Tamariki
[6] Te Aronga | Practice Centre | Oranga Tamariki

and day-to-day support requirements and can support caregivers to understand the children they are caring for.

Figure 10 shows that access to the child's All About Me Plan is much higher among non-whānau caregivers (**69%**) than whānau caregivers (**50%**). Around a quarter of whānau caregivers (**26%**) are unsure whether they have seen it.

Figure 10. Have you seen or received a copy of the child's All About Me Plan?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 604)

Key takeaway

Most non-whānau caregivers reported having seen or received the child's All About Me Plan, but access was considerably lower among whānau caregivers. A large proportion of whānau caregivers had not seen the plan or were unsure whether they had. This suggests that access to core information about the child remains uneven, and that plans are not always introduced or explained in clear and meaningful ways – particularly for whānau caregivers.

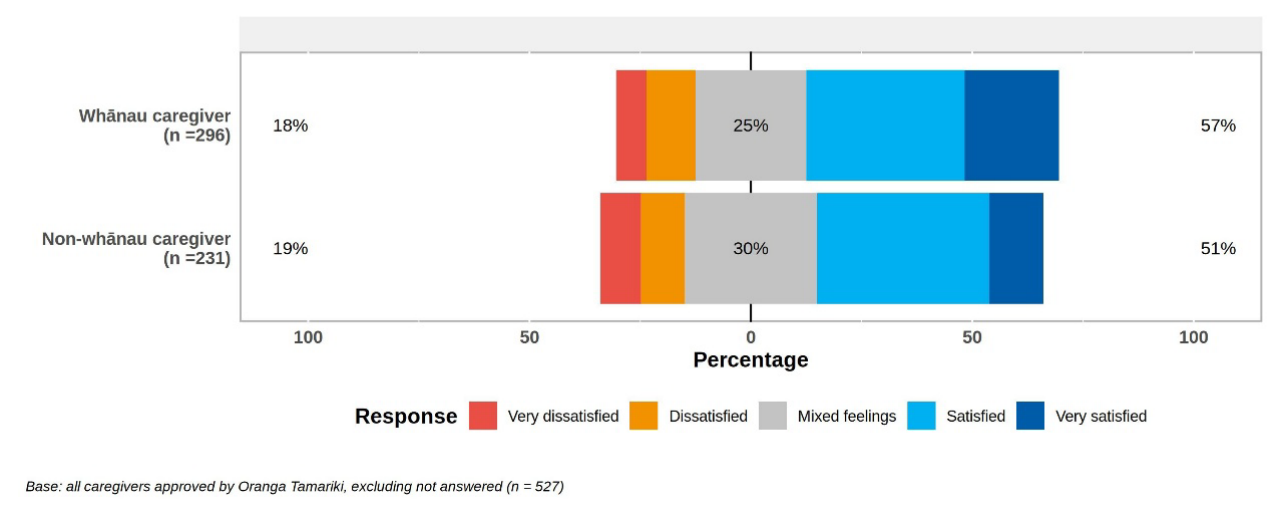
4.3 Satisfaction with information provided

4.3.1 Satisfaction with learning and development information is moderate, with whānau caregivers somewhat more positive overall

Information about a child's learning and development is central to daily caregiving and to supporting children at home and in education settings. Satisfaction with information about children's learning and development needs was moderate.

Figure 11 shows that just over half of caregivers are satisfied or very satisfied with the information provided about children's learning and development needs (**51%** of non-whānau caregivers and **57%** of whānau caregivers).

Figure 11. As a caregiver, how satisfied are you with the information provided from Oranga Tamariki about your child's learning and development needs?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 527)

Key takeaway

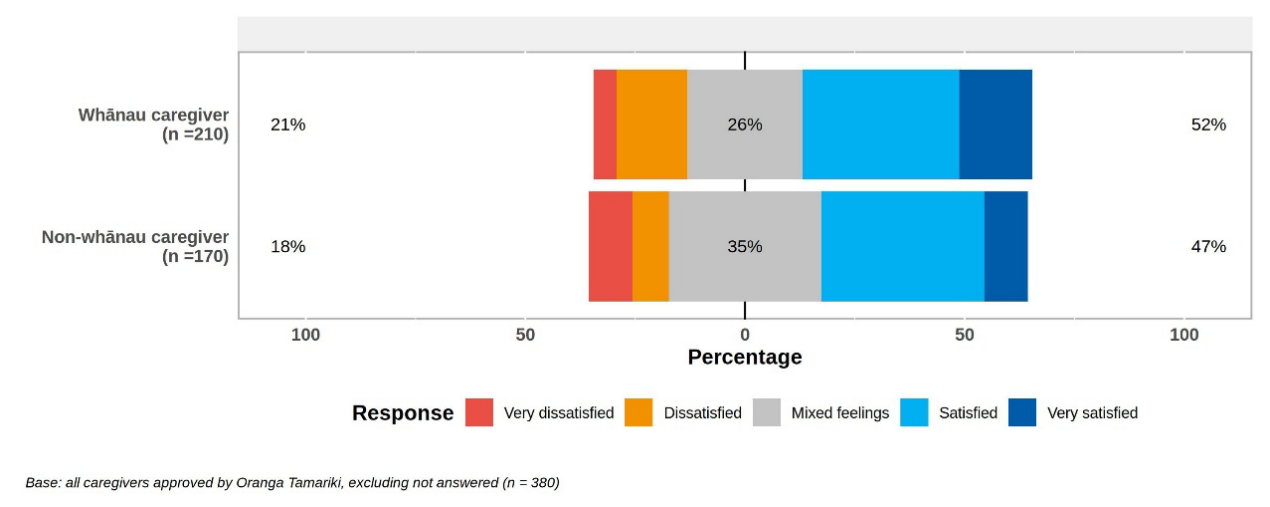
Sizeable proportions reporting mixed feelings or dissatisfaction indicate that information about this area is not yet consistently clear, complete, or timely. This should be interpreted considering where tamariki are in their care journey: Learning and development needs may not be fully known when tamariki first enter care, but should become clearer over time and be shared with caregivers as understanding develops. This highlights the importance of timely updates, not just initial information-sharing, so caregivers have the information they need to provide appropriate support.

4.3.2 Disability information remains mixed, with a substantial minority dissatisfied

Where children have disability-related needs, the quality of information given to caregivers affects their ability to advocate, coordinate support, and respond appropriately.

Figure 12 shows that around half of caregivers who answered this question are satisfied or very satisfied with information about children's disability needs (**47%** of non-whānau caregivers and **52%** of whānau caregivers).

Figure 12. How satisfied are you with the information provided from Oranga Tamariki about your child's disability needs?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 380)

Key takeaway

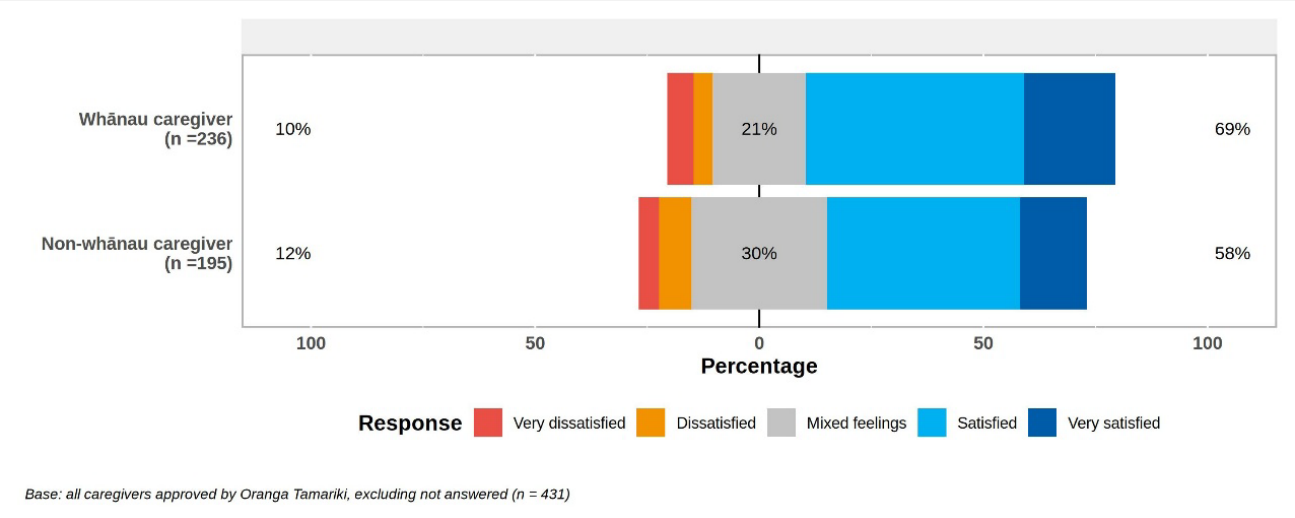
Around half of caregivers were satisfied with information about disability needs, but dissatisfaction remained notable, particularly among non-whānau caregivers, indicating this is not yet a consistent strength.

4.3.3 Information about cultural identity is a relative strength, though not universal

Information about a child's cultural identity helps caregivers support belonging, connection, and continuity of identity.

Figure 13 shows that information about children's cultural identity performs more positively than other information domains, especially for whānau caregivers. Nearly two-thirds of non-whānau caregivers and over two-thirds of whānau caregivers are satisfied or very satisfied (**58%** and **69%**, respectively).

Figure 13. How satisfied are you with the information provided from Oranga Tamariki about your child's cultural identity?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 431)

Key takeaway

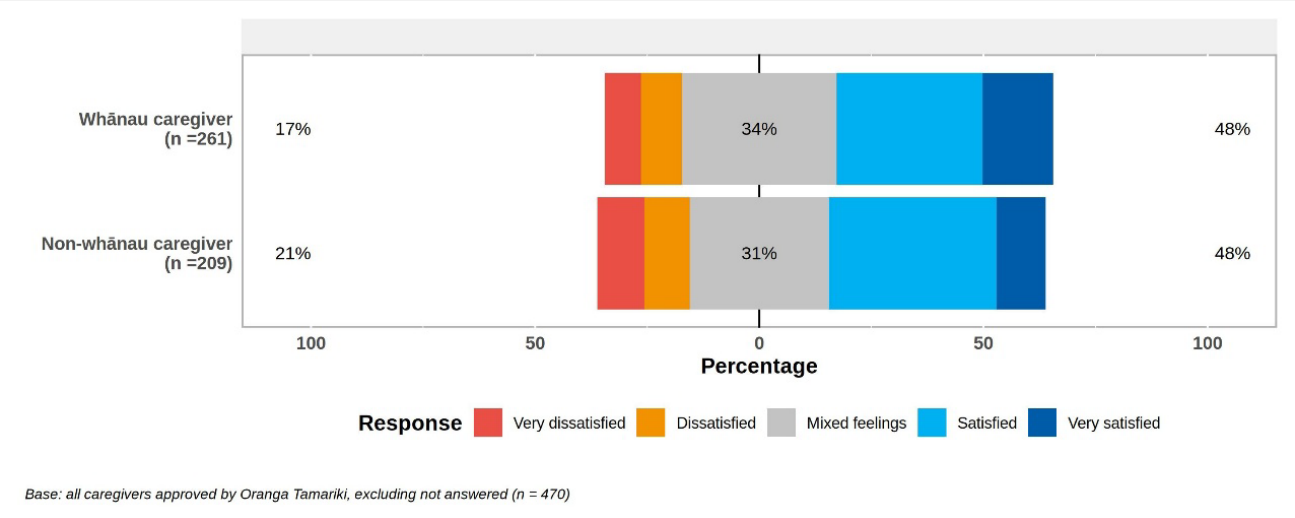
Satisfaction was stronger but not universal, indicating that cultural information-sharing can be strengthened particularly for non-whānau caregivers supporting cultural connection.

4.3.4 Behavioural needs information remains a weak point

Behavioural information is especially important where children have experienced trauma, instability, or dysregulation, and where caregivers need practical understanding of triggers, patterns, and effective responses.

Figure 14 shows that information about children's behavioural needs is one of the weaker domains. Satisfaction is modest (**48%** of both non-whānau and whānau caregivers were satisfied or very satisfied), while mixed feelings are common and dissatisfaction remains visible in both caregiver groups.

Figure 14. How satisfied are you with the information provided from Oranga Tamariki about your child's behavioural needs?



Key takeaway

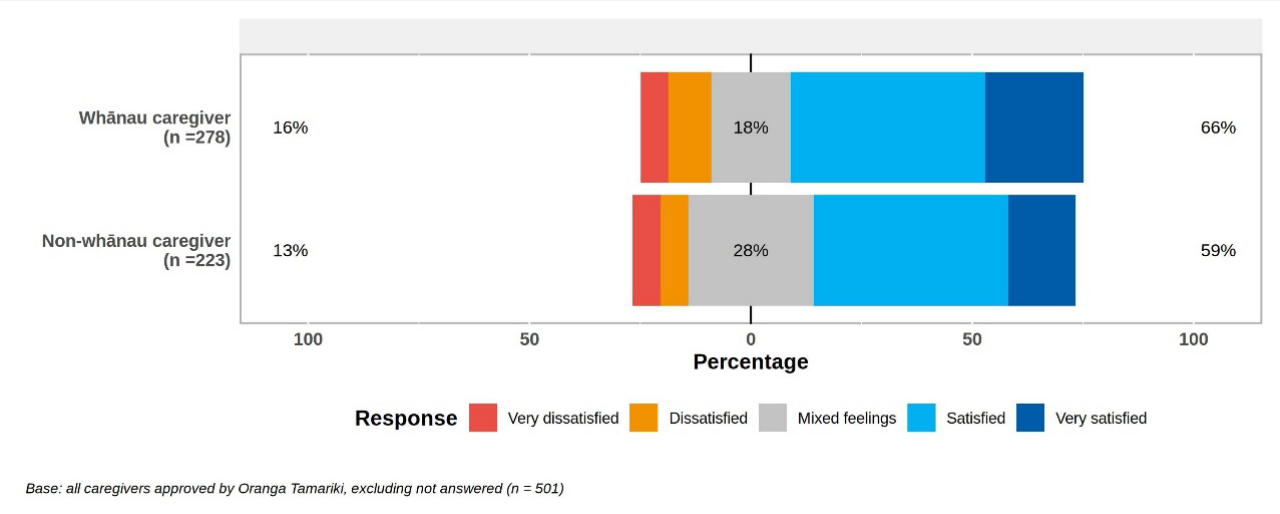
Behavioural information is not reaching caregivers in a sufficiently clear, timely, or useful way. Given how central behavioural support is to placement stability and day-to-day caregiving, this remains an important gap.

4.3.5 Health and wellbeing information is moderate, with similar patterns across caregiver groups

Accurate information about health and wellbeing is necessary for everyday care, appointments, medication, and wider decision-making.

Figure 15 shows that many caregivers are satisfied or very satisfied with information about children's health and wellbeing (**59%** of non-whānau caregivers and **66%** of whānau caregivers).

Figure 15. How satisfied are you with the information provided from Oranga Tamariki about your child's health and wellbeing?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 501)

Key takeaway

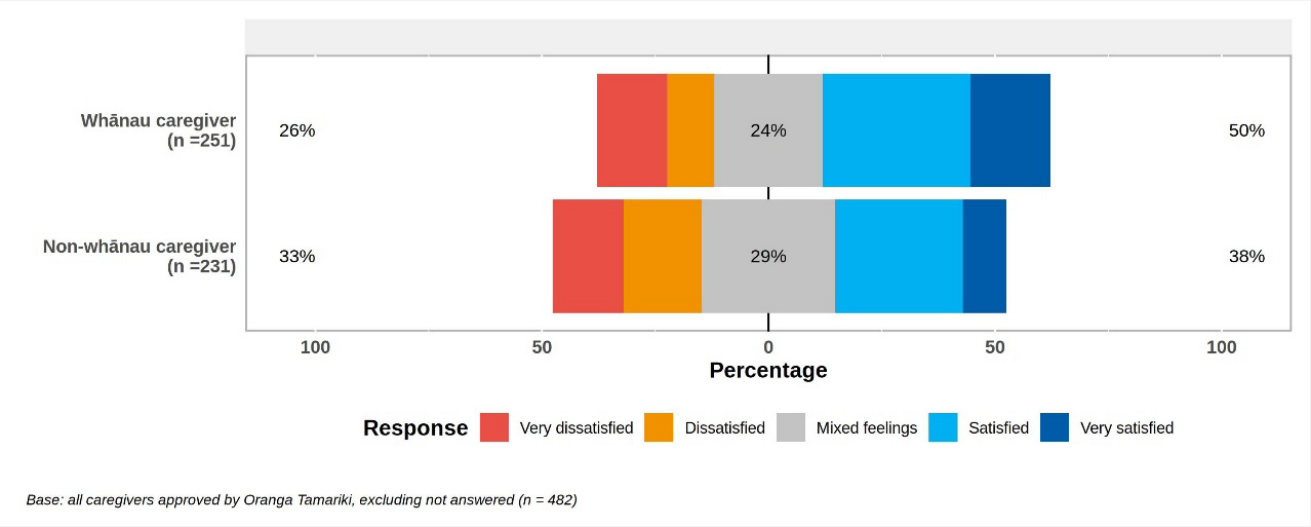
This suggests health-related information is being shared somewhat more consistently than some other domains, but still not strongly enough to be seen as a settled strength.

4.3.6 Information on past neglect, abuse, or trauma remains a persistent gap

Trauma history is one of the most important forms of information caregivers need to understand behaviour, build safety, and respond appropriately.

Figure 16 shows that information about past neglect, abuse, or trauma remains a persistent gap. Satisfaction is low (**38%** of non-whānau caregivers and **50%** of whānau caregivers satisfied or very satisfied), while mixed feelings and dissatisfaction are common across both groups.

Figure 16. How satisfied are you with the information provided from Oranga Tamariki about information on past neglect, abuse or trauma?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 482)

Key takeaway

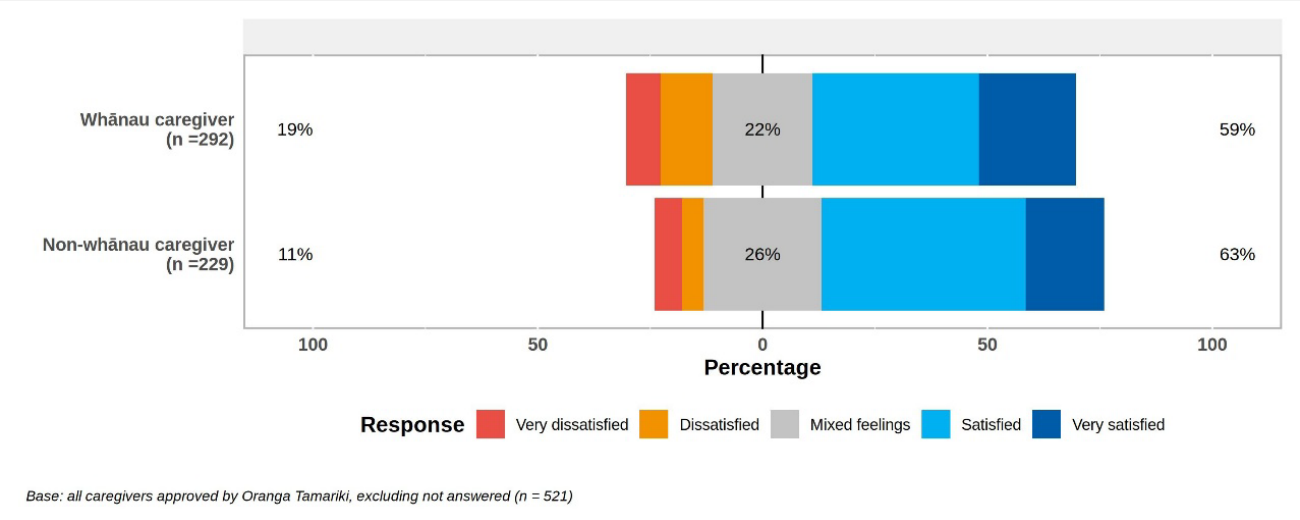
Information about past neglect, abuse, or trauma remains a clear area of weakness. Satisfaction is low relative to other domains, with mixed and negative responses common. While patterns are similar across caregiver groups, non-whānau caregivers are more likely to be dissatisfied, indicating a system-wide issue. Trauma-related information is not consistently shared or provided in ways that support caregivers to understand and respond to children's needs.

4.3.7 Information on accessing caregiver support is adequate for some, but inconsistent overall

Caregivers need to know not only what support exists, but how to access it and what they are entitled to ask for.

Figure 17 shows that satisfaction with information on accessing caregiver support is moderate and uneven. Non-whānau caregivers are somewhat more positive than whānau caregivers (**63%** versus **59%** satisfied or very satisfied), but for both groups the results point to inconsistency rather than confidence.

Figure 17. How satisfied are you with the information provided from Oranga Tamariki about information on accessing caregiver support?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 521)

Key takeaway

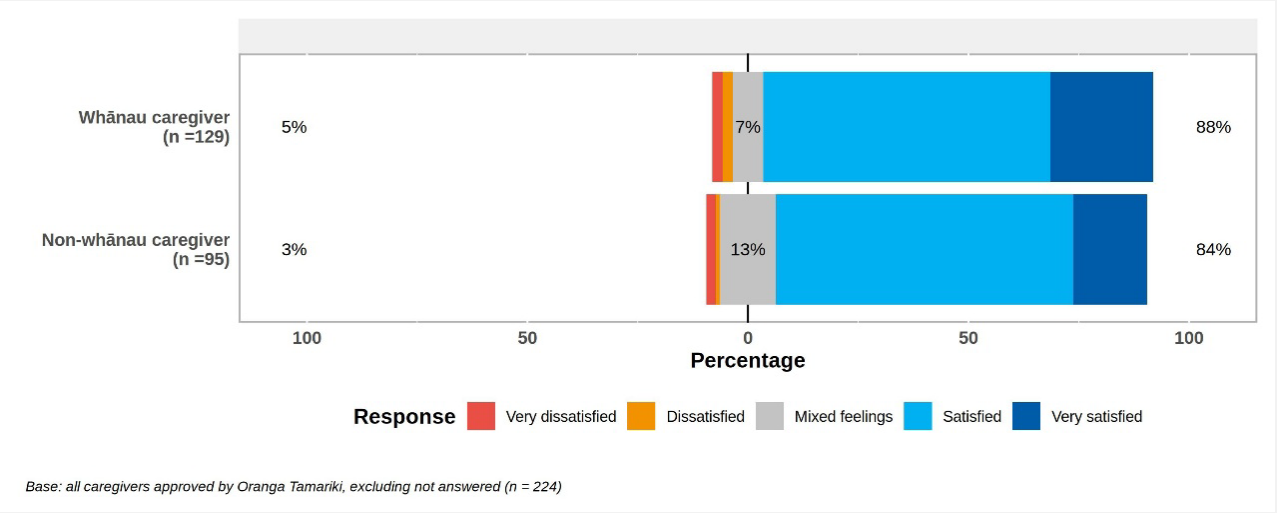
While many caregivers reported being satisfied, this is not yet a consistent strength, with support information remaining uneven or difficult to navigate for some.

4.3.8 Information on gender identity and sexuality appears more positive, but response volume is lower

Among those responding to this item, satisfaction with information about a child's gender identity or sexual orientation was relatively high.

Figure 18 shows high satisfaction with information about a child's gender identity or sexual orientation among those who responded to this item (**84%** of non-whānau caregivers and **88%** of whānau caregivers satisfied or very satisfied).

Figure 18. How satisfied are you with the information provided from Oranga Tamariki about your child's gender identity or sexual orientation?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 224)

Key takeaway

The number of responses is lower than for other information domains, suggesting this applies to a smaller group of caregivers. This result should therefore be interpreted cautiously.

Section summary: Preparation and information not yet delivered consistently

Overall, the findings point to a system where preparation and information-sharing are not yet delivered consistently. Whānau caregivers were more likely to enter the role without prior caregiving experience or structured preparation, which may reflect their distinct pathways into care, including short-notice or provisional caregiving in response to urgent whānau need. While many caregivers feel prepared and receive useful information, access to key plans and core child information remains uneven, and how information is shared is often as important as whether it is provided.

Patterns across domains show that information is reaching caregivers in some areas, but not in ways that are consistently clear, timely, or useful, particularly for behavioural, trauma-related, and disability needs. Taken together, this suggests that current approaches to preparation and communication need to better account for caregivers' different entry points into the role, and more reliably equip caregivers to understand and respond to children's needs from the outset.

5. Children's needs overall

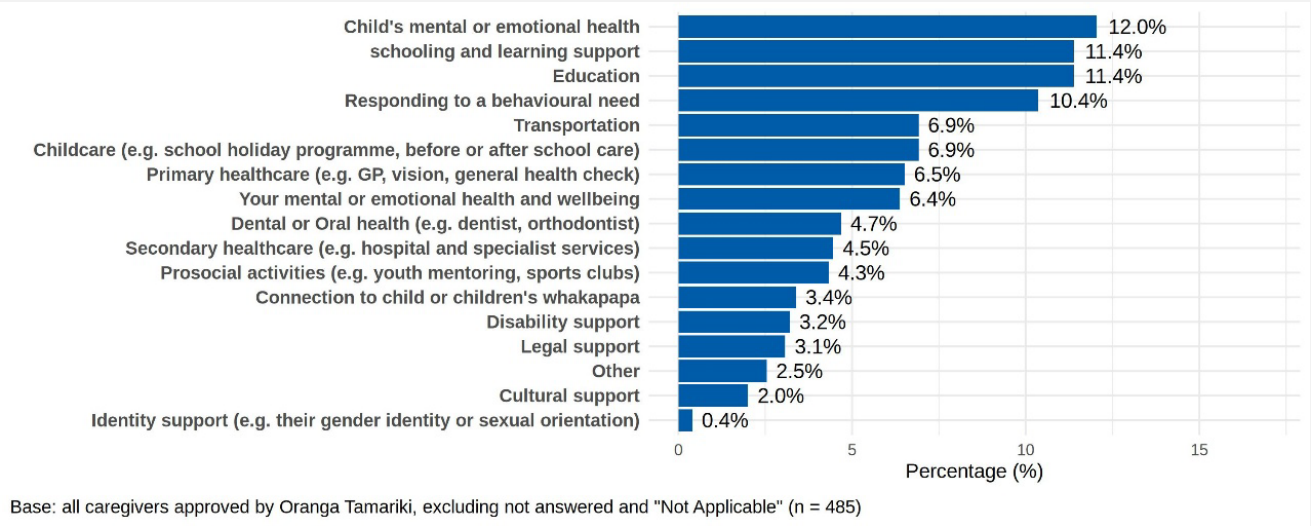
This section examines the main concerns and support needs caregivers identify for children in their care, who they discussed these concerns with, whether support was received from Oranga Tamariki, and their satisfaction with services. It highlights their views on where children's needs are being met or unmet, and where pressure is concentrating across the care system.

5.1 Mental health, education, and behavioural needs are the leading concerns

Caregivers most commonly reported concerns relating to children's mental or emotional health, education and schooling, and behavioural needs.

Figure 19 shows that caregivers most commonly report concern or need for support in relation to children's mental or emotional health (**12.0%** of responses), education and schooling (**11.4%**), and behavioural needs (**10.4%**).

Figure 19. In the last 12 months, have you felt concerned or needed support with any of the following for a child in your care?



Base: all caregivers approved by Oranga Tamariki, excluding not answered and "Not Applicable" (n = 485)

Key takeaway

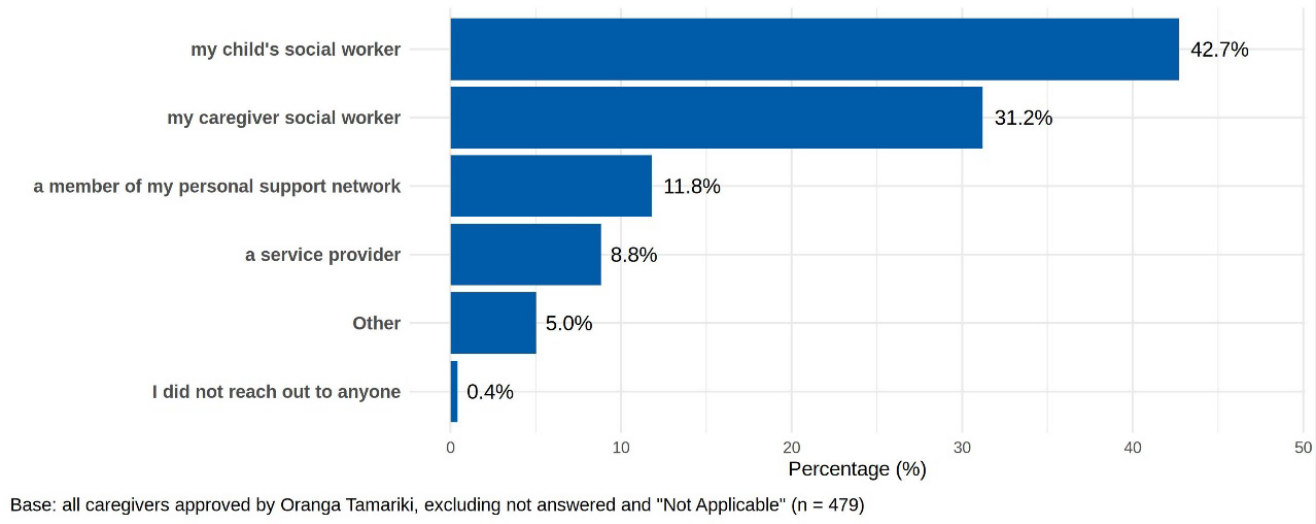
Concerns are concentrated in a small number of areas, particularly children's mental and emotional health, schooling and learning support, and education. The close clustering of these top categories suggests that support needs are often interconnected, rather than isolated.

5.2 Social workers are the main people caregivers turn to for children's needs

Who caregivers approach about children's needs matters because it shows where responsibility for coordination and response is actually sitting in practice.

Figure 20 shows that caregivers most often discuss children's needs with the child's social worker (**42.7%** of responses), followed by their caregiver social worker (**31.2%**). A much smaller share rely on service providers (**8.8%**) or personal support networks alone (**11.8%**), reinforcing the central coordinating role social workers play when needs arise.

Figure 20. Previously, you said a child in your care needed support, who did you discuss these concerns with?



Base: all caregivers approved by Oranga Tamariki, excluding not answered and "Not Applicable" (n = 479)

Key takeaway

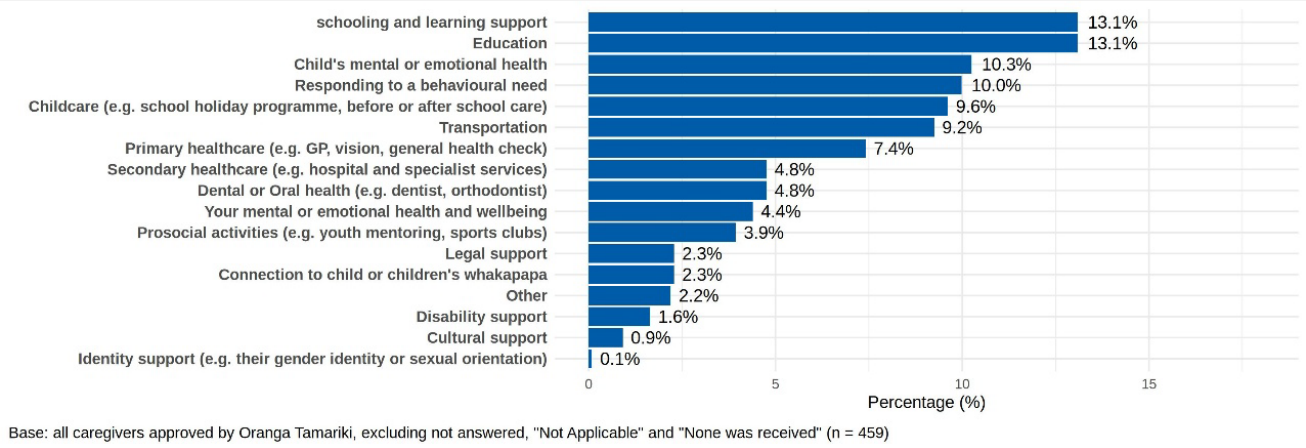
This highlights the central role social workers, in particular the child's social worker, continue to play in how caregivers navigate support needs for children, and reinforces the importance of their responsiveness, continuity, and ability to connect caregivers to services.

5.3 Support is received for some identified needs, but not consistently across the full range of concerns

This item helps distinguish between needs being identified and support being provided.

Figure 21 shows that support is most commonly received for education (**13.1%**), child mental health (**10.3%**), and primary healthcare (**7.4%**). However, the proportions remain modest relative to the breadth of needs reported earlier (Figure 19).

Figure 21. In the last 12 months, did you receive any support from Oranga Tamariki for any of the previously mentioned needs concerns for a child in your care?



Base: all caregivers approved by Oranga Tamariki, excluding not answered, "Not Applicable" and "None was received" (n = 459)

Key takeaway

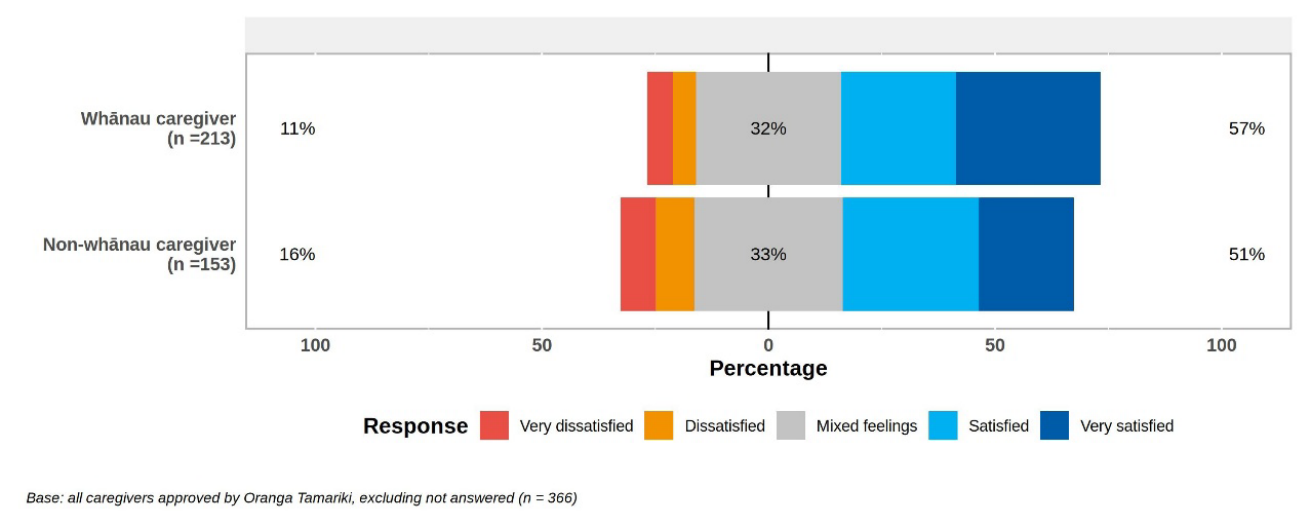
Identifying a need does not always translate into receiving support. While support is most commonly reported for education, child mental health, and primary healthcare – aligning with leading concerns – the distribution indicates variability in how consistently different needs are responded to.

5.4 Satisfaction with services is moderate when support is provided

Where services are delivered, caregiver satisfaction offers one indication of whether those services are experienced as effective and responsive.

Figure 22 shows that satisfaction with services meeting children's needs is moderate and similar across whānau and non-whānau caregivers, with just over half reporting being satisfied or very satisfied (**51%** for non-whānau caregivers and **57%** for whānau caregivers). However, mixed feelings are also common, indicating variation in how well services are meeting children's needs.

Figure 22. How satisfied were you with the services provided meeting the child's needs?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 366)

Key takeaway

The large proportion of mixed responses indicates that even where support is provided, it is often experienced as partial, uneven, or not fully meeting children's needs. This reflects the importance of coordinated responses across Oranga Tamariki, partner agencies, and service providers, particularly where children's needs sit across the wider children's system.

Section summary: Support is reaching caregivers, but not consistently meeting children's needs

Overall, caregiver concerns are concentrated in a small number of core service areas, specifically mental health, education, and behavioural needs. Social workers, particularly the child's social worker, remain central to how caregivers' access and navigate support for the child. While identifying a need does not always translate into receiving timely or coordinated support, some needs appear to be better supported than others.

Satisfaction with services is moderate, with many caregivers reporting mixed experiences. Taken together, the findings suggest that while support is reaching many caregivers, it is not consistently timely, coordinated, or sufficient to fully meet children's needs. This is particularly important given that many of the supports children require sit across the wider children's system and depend on effective responses across Oranga Tamariki, partner agencies, and service providers.

6. Neurodevelopmental needs, disability, education and other domains

This section examines caregivers' perspectives on the needs of children with disabilities, neurodiverse conditions, and those who are takatāpui or rainbow, with a focus on where support needs are most acute. Areas covered include functional needs, known diagnoses, caregiver confidence in supporting diverse identities, and training needs, with education providing a clear example of how broader needs can create practical barriers for children (e.g. access to support, inclusion, behaviour support, and learning adjustments).

Overall, it explores how caregivers perceive Oranga Tamariki response to a diverse range of needs in a coordinated and practical way.

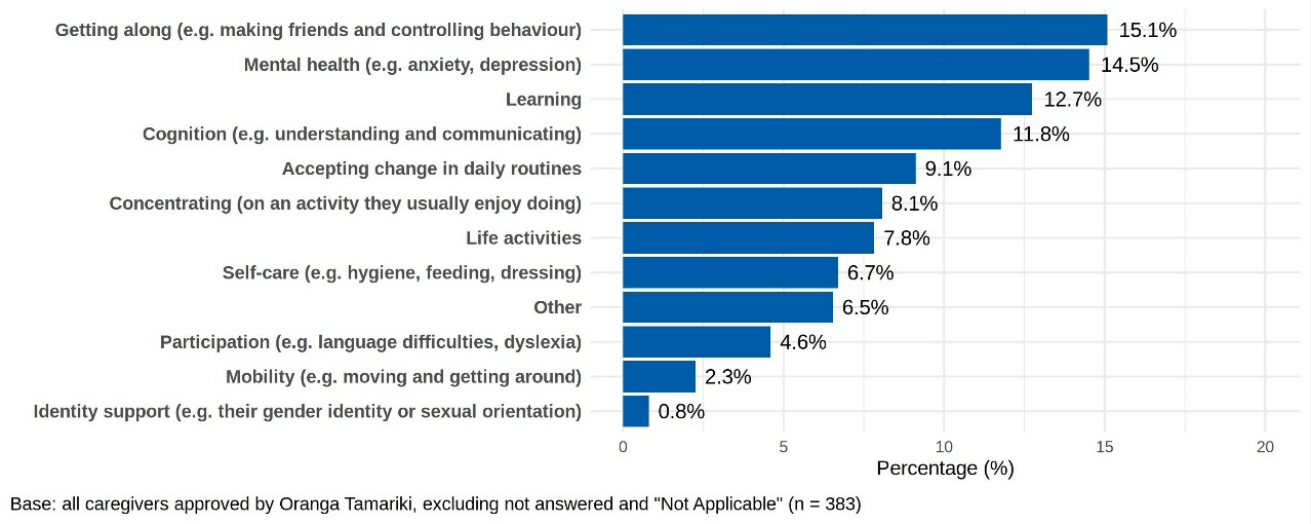
6.1 Support needs commonly span social, cognitive, emotional, and daily functioning domains

This question highlights the range of functional areas in which caregivers observe support needs across the neurodevelopmental spectrum[7].

Figure 23 shows that children's support needs span a wide range of domains, with getting along (**15.1%**), mental health (**14.5%**), and learning (**12.7%**) among the most commonly reported.

[7] Where do neurodevelopmental conditions fit in transdiagnostic psychiatric frameworks? Incorporating a new neurodevelopmental spectrum - PubMed

Figure 23. You said a child in your care needed support. What was that related to?



Base: all caregivers approved by Oranga Tamariki, excluding not answered and "Not Applicable" (n = 383)

Key takeaway

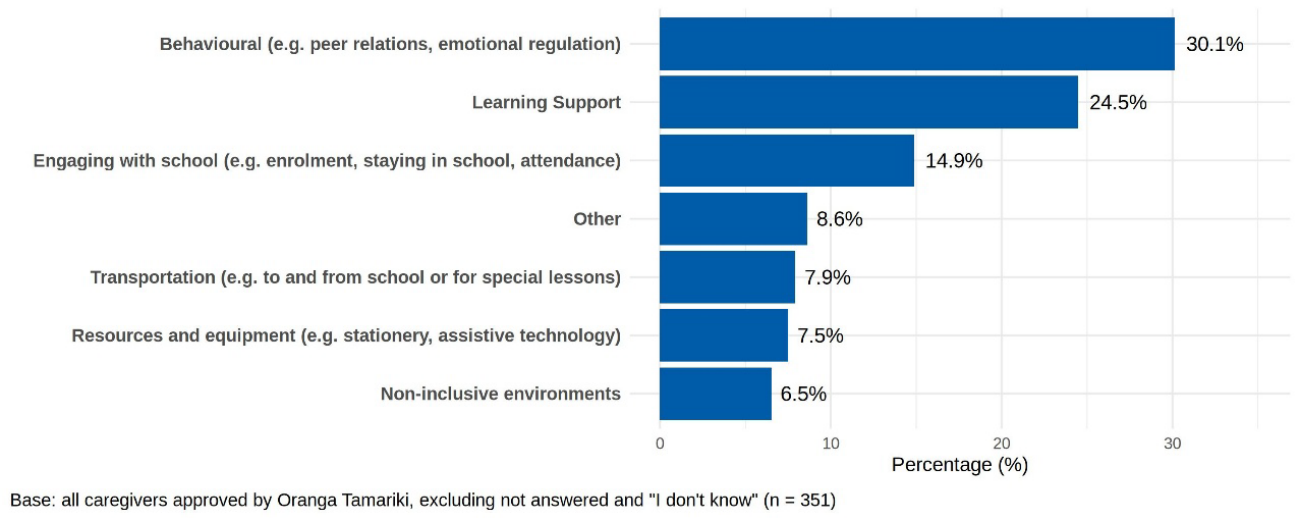
The similar levels across categories suggest that many children have needs spanning the neurodevelopmental spectrum, cutting across behaviour, emotional wellbeing, learning, and daily functioning.

6.2 Behavioural challenges and learning support dominate education-related needs

Education support needs are important because they often sit at the intersection of learning, regulation, school participation, and wider wellbeing.

Figure 24 shows behavioural challenges (**30.1%**) were the most commonly reported reason children needed educational support, followed closely by learning support (**24.5%**). Difficulties engaging with school, including enrolment and attendance, were also prominent.

Figure 24. In the last 12 months, a child in your care needed support with their education and schooling. Which of the following was that related to?



The following is a summary of **Other (8.6%)** education and schooling support needs identified by caregivers.

Behavioural and emotional support

Some caregivers indicated they would benefit from additional support to manage children's behavioural and emotional needs. Past exposure to violence and conflict was noted to influence how children express themselves, including anger, verbal aggression, and physical responses.

Some described children in their care as experiencing strong emotions, including anger and distress, which could be difficult to manage both at home and in school settings.

"We have had lots of discussions [regarding] her behaviour. It hasn't been that bad but she had witnessed much violence and arguments with her family and had a tendency to be vengeful, mean vocally and use her fists inappropriately."

"My boy had inappropriate behaviour, angry and very emotional, it was hard on me and his teacher aides."

Support for neurodiversity

Some caregivers identified the need for additional support to address children's neurodiversity, including conditions such as ADHD, dyslexia, and autism.

"One was autistic and can be very withdrawn from society knowing when to make her join in and knowing when it will be too much."

"When this young man came to us he wasn't in school. And he has had learning impairments reading."

Barriers to school attendance

A small number of caregivers reported restrictions on school attendance, limiting children's ability to participate fully in education. In some cases attendance was not permitted, while in others it was limited to part-time.

"Being allowed to even attend. That was the only barrier."

"Only allowed at school for part of a day."

Other educational support

Caregivers also identified a range of additional educational supports, including play and speech therapy, music, alternative education, and assistance with accessing college courses. Some caregivers also sought financial support for extra-curricular activities.

Key takeaway

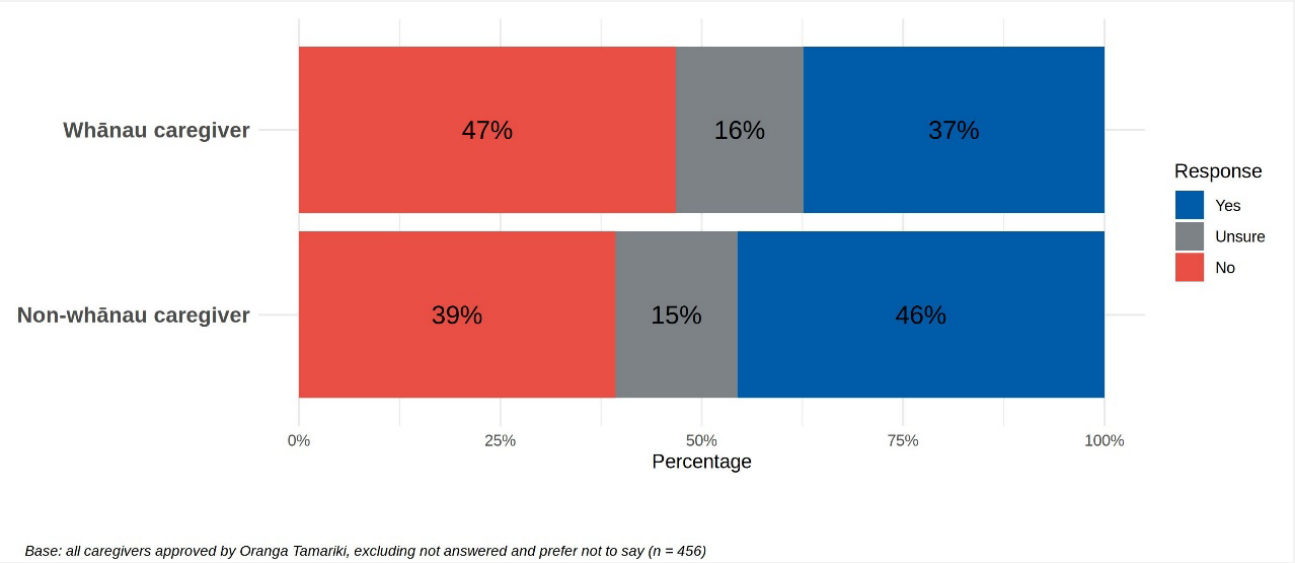
These findings suggest that education-related need is not primarily about academic attainment alone. Rather, it reflects a combination of behavioural, emotional, and developmental barriers that affect children's ability to participate, remain engaged, and benefit from schooling.

6.3 A substantial proportion of caregivers are supporting a child with disability or neurodiverse needs

This item is important because it provides an indication of how common disability and neurodiversity are among children in care.

Figure 25 shows that a substantial proportion of caregivers are supporting a child with disability, neurodiverse needs, or other difficulties affecting participation in daily life. This is somewhat more common among non-whānau caregivers (**46%**) than whānau caregivers (**37%**).

Figure 25. Are you caring for a child or young person who has a disability, including any neurodiverse condition, or other needs that affect how they take part in daily life or community activities?



Base: all caregivers approved by Oranga Tamariki, excluding not answered and prefer not to say (n = 456)

Key takeaway

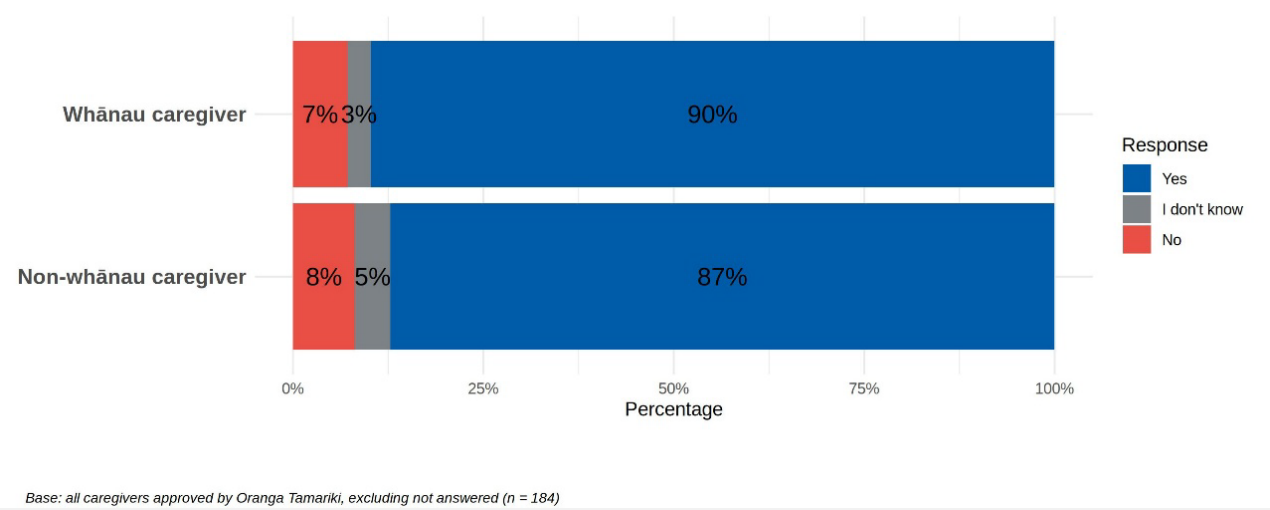
Disability-related needs appear to be a large part of the caregiving experience rather than a marginal one, with clear implications for the accessibility and adequacy of support available to caregivers.

6.4 Most disability-related needs are linked to a known diagnosis, though this should be interpreted carefully

This question helps distinguish between children whose needs are recognised diagnostically and those whose needs may still be less clearly defined.

Figure 26 shows that among caregivers who reported supporting a child with disability-related needs, most say those needs are linked to a known diagnosis or long-term health condition (**87%** of non-whānau caregivers and **90%** of whānau caregivers).

Figure 26. Given your previous answer, is this because of a known diagnosis of a disability or long-term health condition that a child in your care has?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 184)

Key takeaway

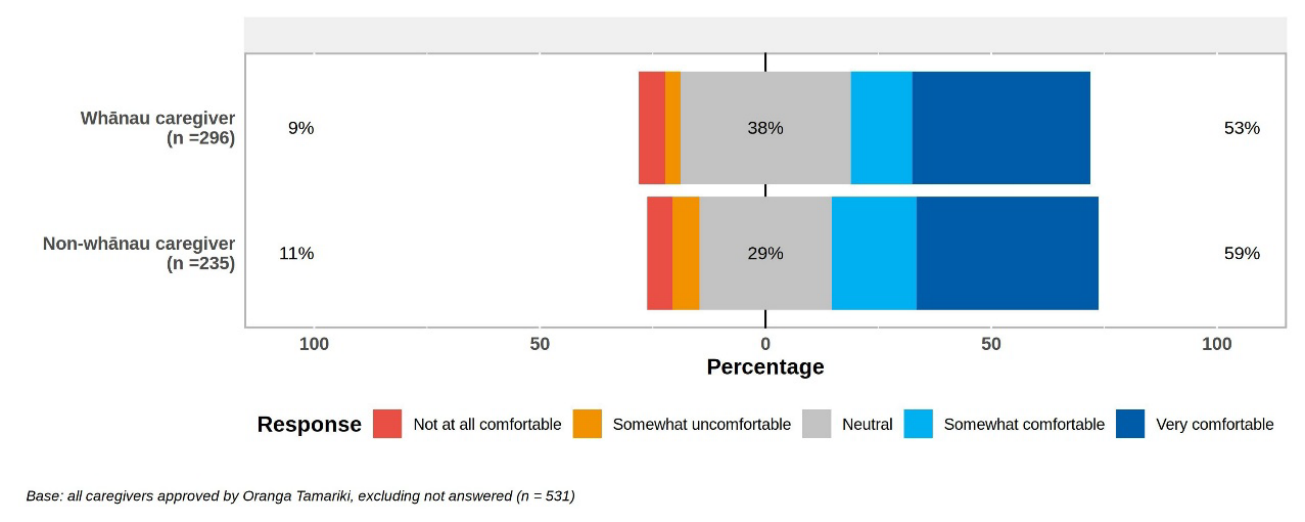
Among caregivers supporting a child with disability-related needs, most reported that these were linked to a known diagnosis or long-term health condition. This indicates that many needs are already formally recognised, but this does not necessarily mean support is timely, coordinated, or adequate.

6.5 Just over half of caregivers feel comfortable supporting takatāpui and rainbow children, but confidence is not universal

Comfort in supporting children exploring gender or sexuality is an important indicator of inclusive caregiving capability.

Figure 27 shows that more than half of caregivers report feeling somewhat or very comfortable supporting a child who is takatāpui, rainbow, or exploring their gender or sexuality (**59%** of non-whānau caregivers and **53%** of whānau caregivers).

Figure 27. How comfortable do you feel supporting a child who is takatāpui, rainbow, or exploring their gender or sexuality?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 531)

Key takeaway

Caregiver confidence in supporting takatāpui, rainbow, or gender-diverse children is generally positive, but not universal. This highlights the ongoing need for guidance and training to ensure caregivers feel fully equipped to provide support.

Section summary: Diverse needs require more integrated support and targeted training

Overall, the findings indicate that many children in care have needs that span the neurodevelopmental spectrum, cutting across emotional wellbeing, relationships, daily functioning, and participation in education. These needs are often interconnected, rather than confined to a single domain, and frequently combine behavioural, developmental, and learning-related challenges that affect children's ability to engage and benefit from schooling.

While many of these needs are formally recognised, including through diagnosis, this does not necessarily translate into support that is timely, coordinated, or sufficient. Caregiver confidence in supporting takatāpui and rainbow children is generally positive, but not universal, with a clear need for practical, relational guidance. Taken together, the findings suggest that caregivers require more integrated support and targeted training to respond with confidence across a diverse range of needs.

7. Satisfaction with supports provided to caregivers

This section examines the practical supports available to caregivers, including financial entitlements, respite care, and training opportunities. These supports are central to caregiver sustainability and retention, and dissatisfaction in these areas can contribute to stress and decisions to stop caregiving.

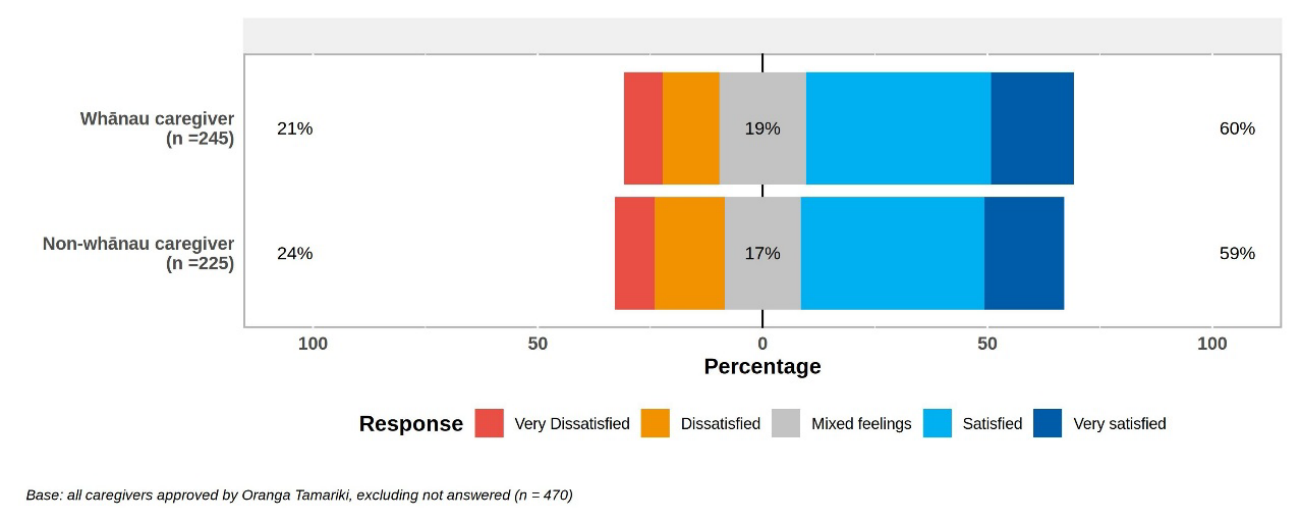
7.1 Financial supports and entitlements

7.1.1 Satisfaction with reimbursement timing is moderate and broadly similar across caregiver types

The timeliness of reimbursement matters because caregivers often need to meet children's needs immediately and may need to absorb costs upfront.

Figure 28 shows that around six in ten caregivers are satisfied or very satisfied with the time it takes to receive reimbursements and extra payments (**59%** of non-whānau caregivers and **60%** of whānau caregivers).

Figure 28. Thinking about the allowances, reimbursements and extra payments from Oranga Tamariki, how satisfied are you with the length of time to receive reimbursements and extra payments?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 470)

Key takeaway

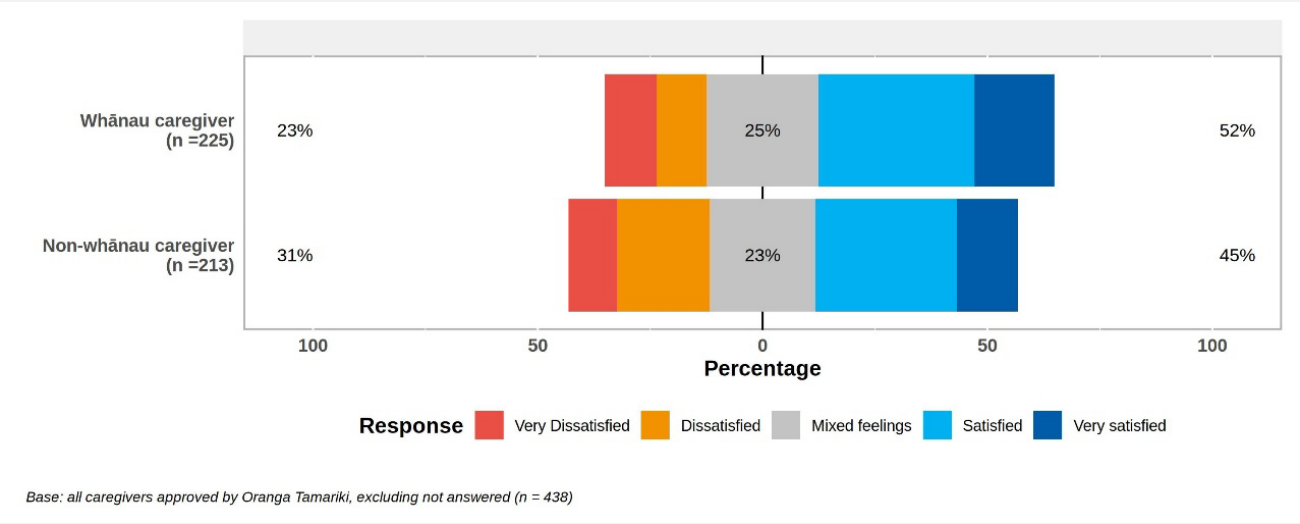
Reimbursement speed appears to be a relative strength, with most caregivers reporting satisfaction. However, a notable minority remain dissatisfied, indicating that delays still affect some caregivers and should not be overlooked.

7.1.2 Ease of accessing reimbursements remains a more mixed experience

Accessing support is a different issue from receiving it quickly once approved. This measure speaks to process burden, clarity, and navigability.

Figure 29 shows that views on the ease of accessing reimbursements and extra payments are mixed and less positive than reimbursement timing. About half or just over half of caregivers are satisfied (**45%** of non-whānau caregivers and **52%** of whānau), dissatisfaction remains visible, especially among non-whānau caregivers.

Figure 29 How satisfied are you with the ease of access to reimbursements and extra payments?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 438)

Key takeaway

Accessing reimbursements remains a friction point, even where reimbursement timing is more positively rated. While support may be available, the process of getting it is not consistently easy or straightforward for many caregivers.

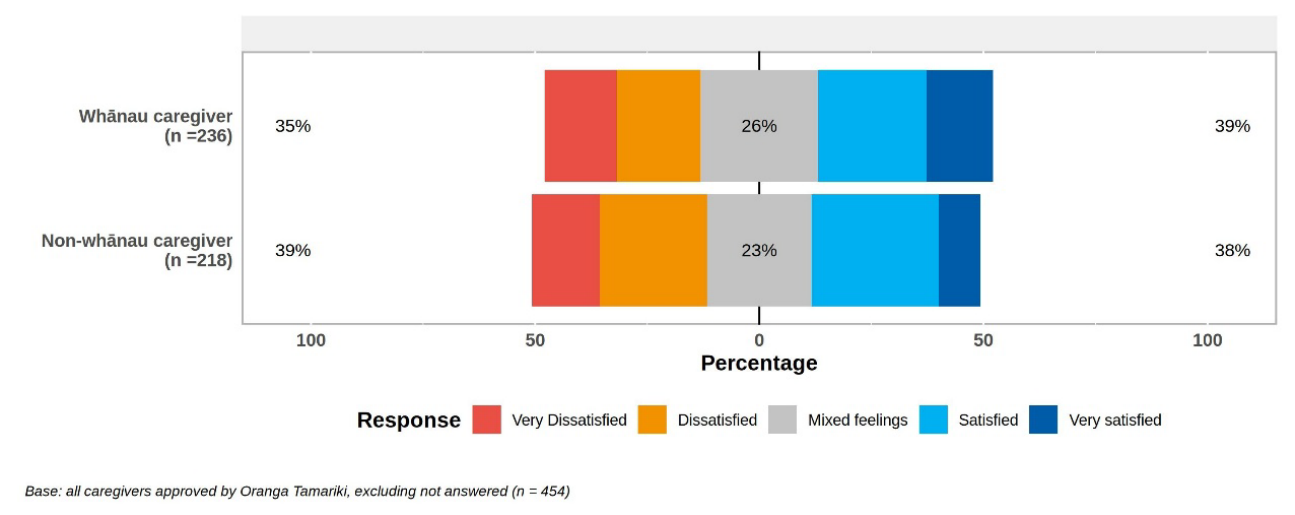
7.1.3 Information about entitlements is a persistent financial support gap

Knowing what caregivers are entitled to is essential if they are to access or request support confidently and consistently.

Information about financial entitlements emerged as a weaker area than reimbursement timing. Figure 30 shows that fewer than four in ten caregivers are satisfied or very

satisfied (**38%** of non-whānau caregivers and **39%** of whānau caregivers), with mixed and negative perceptions common.

Figure 30. How satisfied are you with the availability of information about entitlements?



Key takeaway

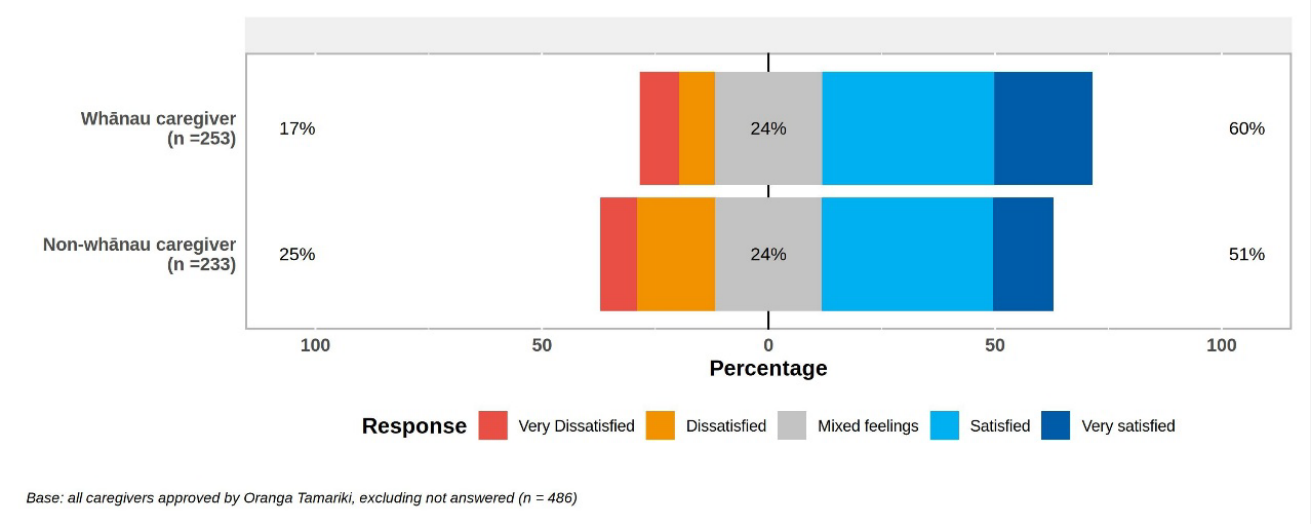
Patterns were similar across groups, indicating this is a widespread issue rather than a subgroup-specific one. Financial supports may be undermined by a lack of clear information about entitlements and how to access or request them, indicating a critical gap in the support system.

7.1.4 Allowances are seen as partially, but not fully, meeting children's needs

This item provides a broad measure of whether the financial base of caregiving feels adequate.

Figure 31 shows that satisfaction with allowances is moderate rather than strong, with **51%** of non-whānau and **60%** of whānau caregivers reporting being satisfied or very satisfied that allowances meet children's needs. Whānau caregivers were somewhat more likely to report higher satisfaction on this aspect.

Figure 31. How satisfied are you with the allowances you receive for care are enough to meet the needs of the child?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 486)

Key takeaway

Allowances are helping many caregivers, but not to a level that fully alleviates financial pressure. While satisfaction is somewhat higher among whānau caregivers, overall results indicate that allowances are not consistently experienced as sufficient to meet children's needs.

This suggests that caregivers are needing to absorb part of the financial cost of care, despite playing an essential role in providing stable and supportive homes for children in contact with Oranga Tamariki.

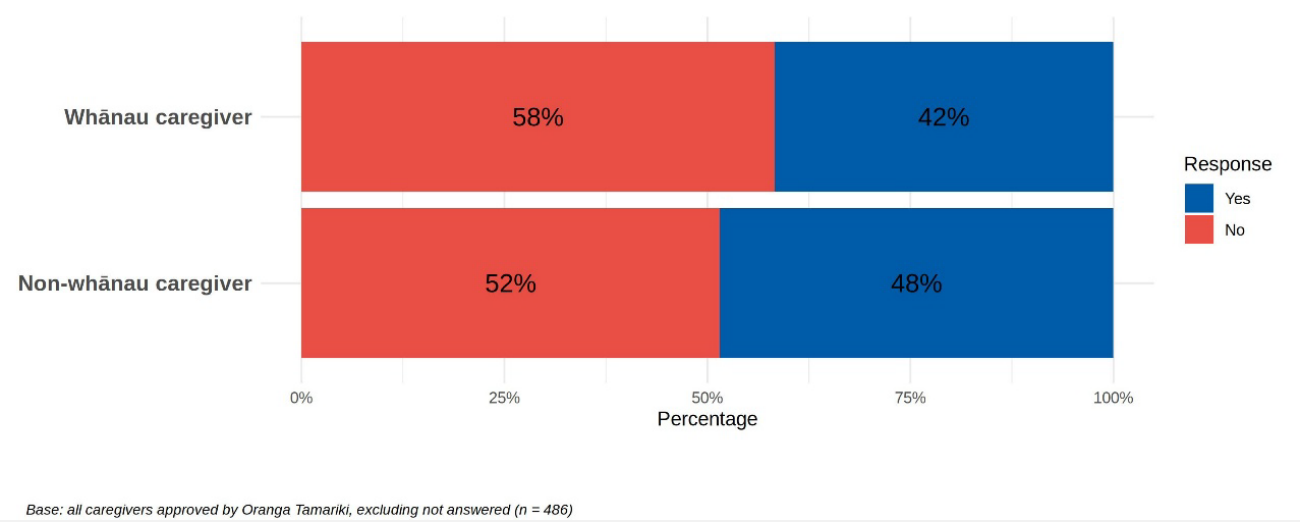
7.2 Respite care

7.2.1 Non-whānau caregivers are somewhat more likely than whānau caregivers to use respite care

Respite is an important support for caregiver sustainability and can help reduce stress and placement strain when it is available and suitable.

Figure 32 shows that fewer than half of caregivers used respite care in the last 12 months, with non-whānau caregivers somewhat more likely to do so than whānau caregivers (**48%** versus **42%**).

Figure 32. In the last 12 months, have you used respite care?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 486)

Key takeaway

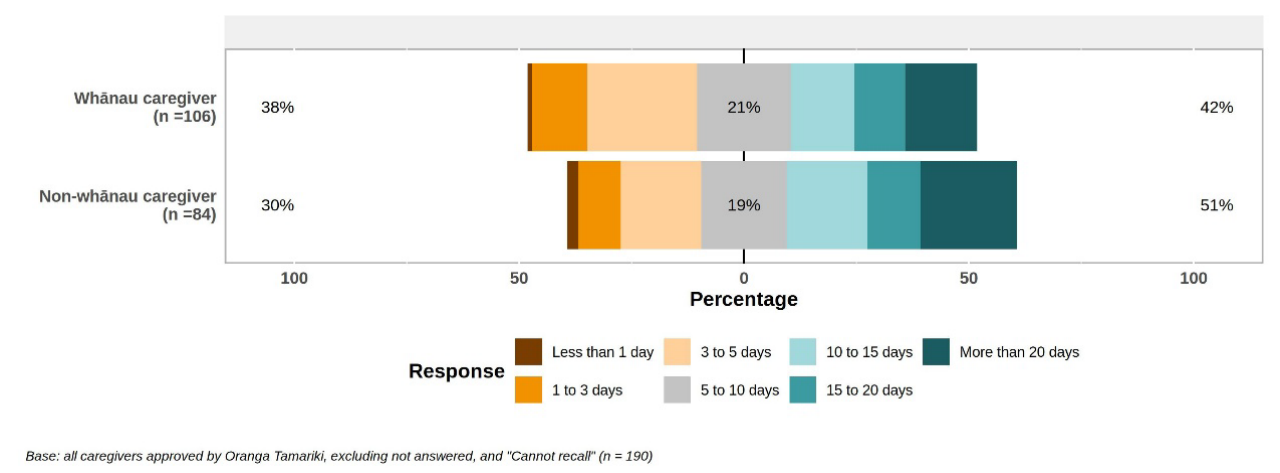
Non-whānau caregivers were somewhat more likely than whānau caregivers to report using respite care in the last 12 months. However, uptake was limited in both groups, suggesting that respite is not routinely used or may not be consistently accessed as part of caregiver support.

7.2.2 Many caregivers take only limited respite, while some take none

How much respite caregivers take provides a fuller picture than simple uptake alone.

Figure 33 shows that respite use varies, with many caregivers taking smaller amounts and a smaller group taking longer periods. Whānau caregivers were more likely to report shorter use, while non-whānau caregivers were somewhat more likely to report extended periods. For example, **38%** of whānau caregivers took up to 5 days, compared with **30%** of non-whānau caregivers.

Figure 33. In the last 12 months, how much respite have you taken?



Base: all caregivers approved by Oranga Tamariki, excluding not answered, and "Cannot recall" (n = 190)

Key takeaway

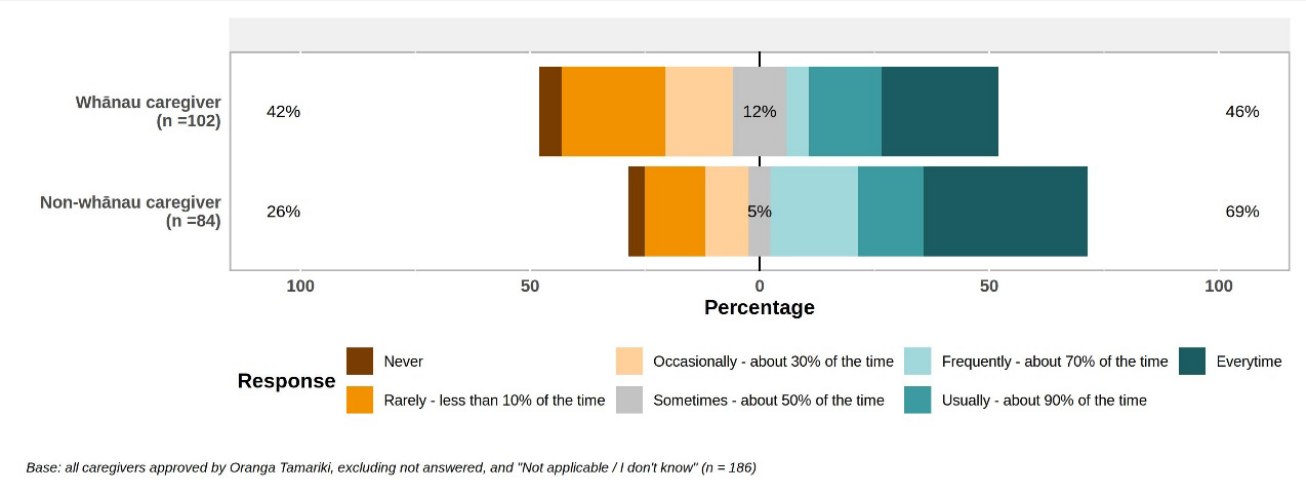
Respite use varies widely, with caregivers reporting use across short and more extended periods. This variation is not necessarily negative, as respite should be responsive to the needs of tamariki, caregivers, and whānau. The findings suggest that respite may be used and understood differently across the caregiver population, including where whānau caregivers rely on informal whānau networks rather than identifying this support as ‘respite’.

7.2.3 Respite is not reliably available when needed, especially for whānau caregivers

Availability is a core question because respite has limited value as a support if it cannot be relied upon when families need it.

Figure 34 shows that respite is often not available when caregivers need it, especially for whānau caregivers. Non-whānau caregivers are more likely to report that respite was usually or always available (**69%**) than whānau caregivers (**46%**).

Figure 34. How often was respite available when you needed to take it?



Key takeaway

Respite is not reliably available when needed, particularly for whānau caregivers, indicating that availability – not just willingness to use it – is a key constraint on access.

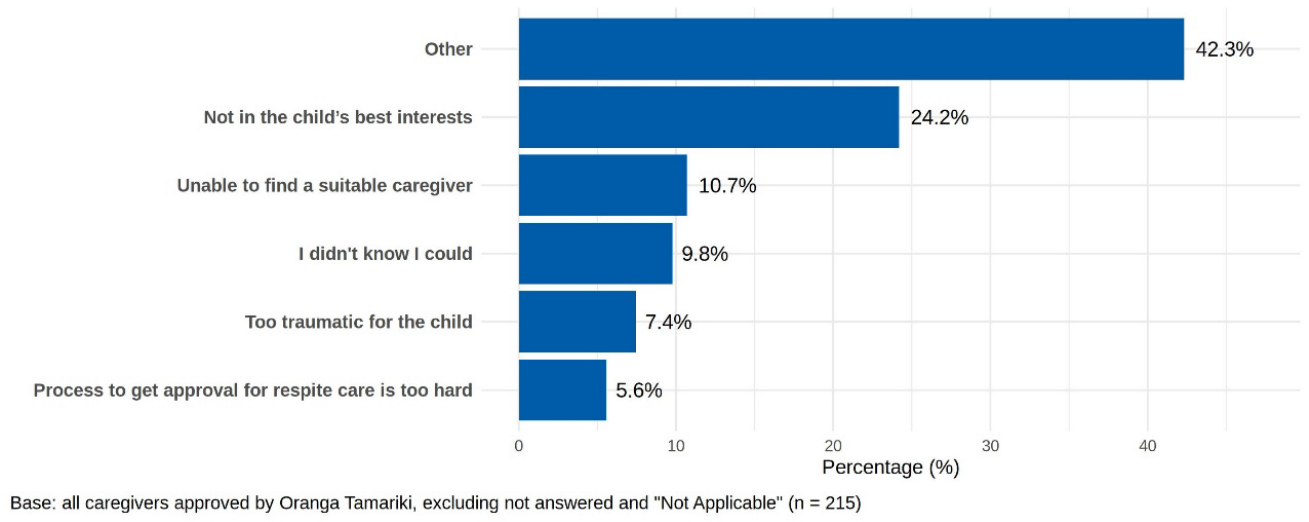
7.2.4 Barriers to respite are varied, with suitability and child-centred concerns prominent

Understanding why caregivers do not use respite is important for assessing whether low uptake reflects choice, system barriers, or both.

Figure 35 shows that caregivers face a wide range of barriers to using respite care. “Other” was the most selected response (**42.3%**), followed by concerns that respite was

not in the child's best interests (**24.2%**) and difficulty finding a suitable caregiver (**10.7%**).

Figure 35. What are the reasons you could not take respite care?



The following section is a summary of the responses provided by caregivers (**n=215**) who answered this question and that selected '**Other' (42.3%)** reasons for not taking respite care.

Many respondents didn't require or want formal respite care

Many caregivers reported not needing or wanting formal respite care or already having suitable arrangements in place. In most cases, alternative care was provided by trusted family and friends, and was often preferred as it allowed children to remain in familiar environments.

Some caregivers expressed a philosophical reluctance to using respite care, viewing it as unnecessary or inconsistent with how they would treat their own children. A small number used private respite or considered alternatives such as daycare to be sufficient.

"I have used my whānau so my child in care doesn't have to go to strangers."

"Children have six weeks of family visits during the year."

"I have respite but not through OT. I have my own respite caregivers who are OT approved and police vetted and I pay them with life links."

"I don't send my other kids away for a weekend of peace so don't feel the need to send my little foster darlings away for the weekend."

Some caregivers were reluctant to use respite carers due to concerns about safety and trust

Some caregivers expressed concerns about using respite carers, including how children might respond, discomfort with unfamiliar caregivers, and potential risks to their safety. For some, these concerns were informed by previous negative experiences with respite.

"I don't trust anyone who is not whānau."

"We tried once and the kids won't go back. I would really like someone who came into our home to care for the kids."

"After the traumatic experience we all had to go [through] as a whānau we don't trust anyone to love and care for our son like we do so we turn down respite offers no matter how stressful it can be."

"My boy comes home with an argumentative attitude, painted nails, he has watched an R18 movie, comes home hurt."

Some caregivers experience difficulties accessing respite care

Some caregivers described barriers to accessing respite care, including delays in confirmation, limited availability of approved caregivers, and funding constraints. These barriers could make it difficult to secure respite when it was needed.

"Have mentioned it a few times still waiting for confirmation."

"Sometimes my approved caregiver can't do the weekends I need."

"OT said they now have no respite carers available. We accessed an approved respite carer organisation, OT wouldn't fund them."

For one caregiver the process of applying for respite care was too complicated

Some caregivers also described the respite application process as burdensome, adding to the practical barriers to accessing support.

"The process has been explained with so many restrictions. I need a break not a migraine over what I can and can't have covered."

Not all caregivers were aware of respite care or its availability

Some caregivers were unaware of what respite care involved or that it may be available to them. In some cases, caregivers reported that respite had not been discussed with their social worker, including how to access it.

"The social worker never mentions respite."

"I don't know what respite is and/or how it works."

Key takeaway

Caregivers reported a wide range of reasons for not using respite, with concerns about the child's best interests and difficulty finding suitable respite caregivers among the most common. This indicates that barriers are varied and reflect a mix of practical, relational, and child-centred factors.

Alongside access to practical supports such as respite, caregivers' ability to respond to children's needs is also shaped by the training and guidance they receive.

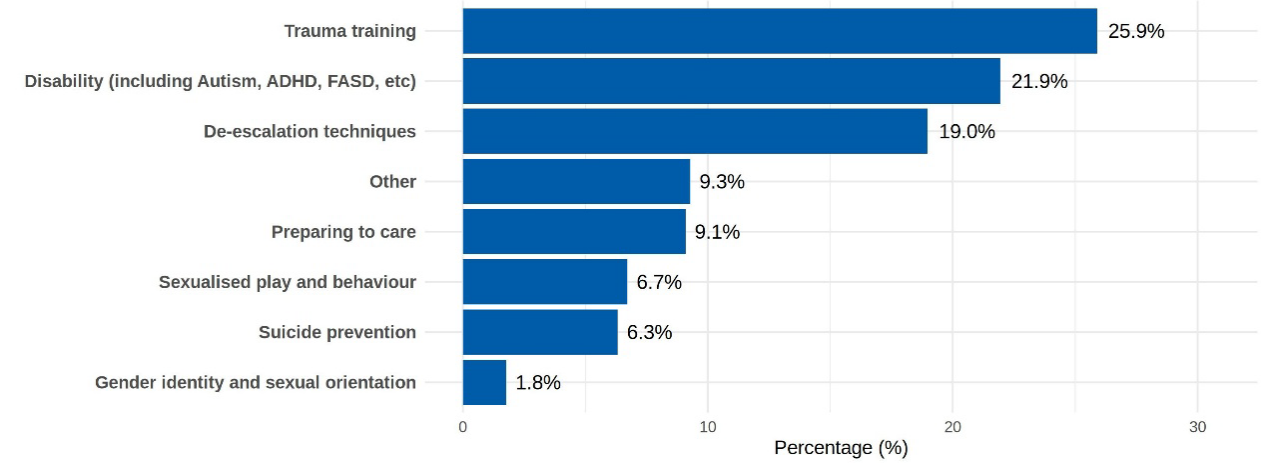
7.3 Learning and training

7.3.1 Trauma and disability are the strongest training priorities

Training need is an important indicator of where caregivers feel least well equipped or most in need of additional support.

Figure 36 shows that trauma (**25.9%**) and disability (**21.9%**) are the strongest areas where caregivers want more learning.

Figure 36. In the last 12 months, have you felt the need for more training, or learning about any of the following topics to help care for a child?



Base: all caregivers approved by Oranga Tamariki, excluding not answered and "None applicable" (n = 243)

The following is a summary of the **Other (9.3%)** of training needs identified.

Managing challenging behaviour

Some caregivers expressed a need for further training and support in managing a range of challenging behaviours. These included concerns around food-related behaviours, managing emotional difficulties, and responding to actions such as violence, stealing, lying, and deceit.

"How to deal with him hiding knives."

"Behavioural strategies in lying and deceit."

Specific training programmes requested or recommended

Some caregivers requested access to parenting programmes such as Positive Parenting[8], Circle of Security[9], and Trust-Based Relational Intervention (TBRI)[10]. Additional training needs included support for younger children, safety planning, speech therapy, sign language, cultural awareness, psychological tools, attachment theory, PACE[11], and transitions out of care. Some caregivers also highlighted programmes they had previously found useful, such as Caring Families workshops.

[8] Positive parenting | Defence Health Hub
[9] Circle of Security Parenting Referral Form » Whānau Āwhina Plunket
[10] Caregiver Training & Support — Immerse
[11] What is PACE? - Caring Families

"Positive parenting courses, that get straight to the techniques of solving problems."

"Caring Families workshops are great."

"Understanding attachment theory and becoming a better practitioner of PACE."

Current training and qualifications are sufficient

Some caregivers reported that they were adequately equipped to support the children in their care and did not currently require additional training. This reflected existing qualifications, previous training, and support received through Oranga Tamariki social workers and caregiver programmes, including Kia Puāwai[12].

"I have a bachelor's degree in teaching, Diploma in Social Work, and have completed training while our mokopuna was in our care."

"I have been getting good advice from my caregiver and Oranga Tamariki social worker."

"I have done lots of training through Kia Puawai and Caring Families."

Preference for in-person training

Some caregivers noted that training is often delivered online and expressed a preference for more face-to-face learning opportunities.

"All training is online at present. I prefer face to face training."

Key takeaway

The findings indicate variation in caregiver capability, with a sizeable proportion reporting that none of the listed training areas were applicable to them, while others identify gaps in areas such as behaviour management and disability. These priorities align with the broader distribution of children's needs, suggesting training demand is driven by the complexity of care.

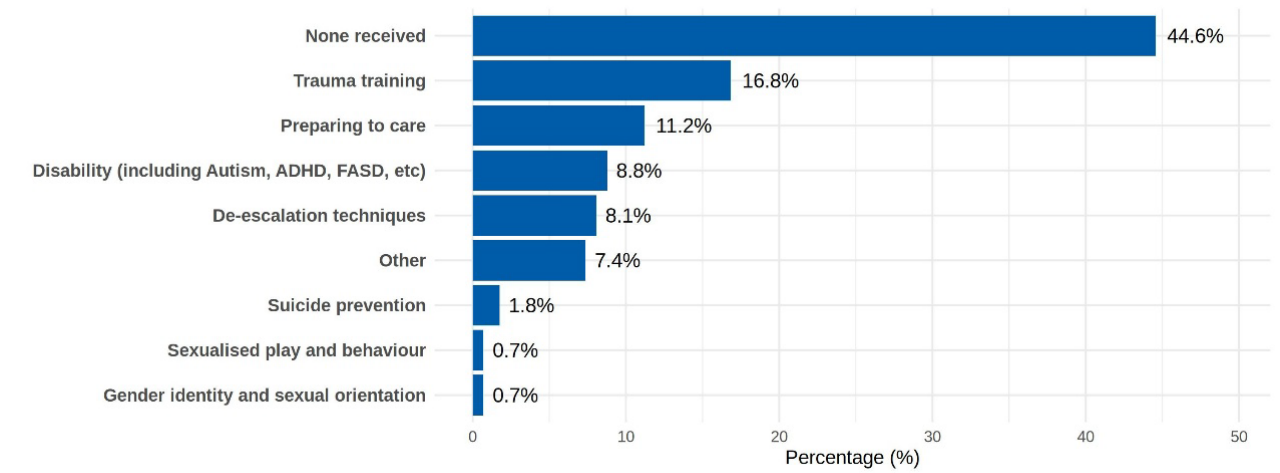
[12] Kia Puāwai

7.3.2 Many caregivers did not receive training in the areas they identified as needed

Training demand and training receipt should be read together to understand whether support is reaching caregivers where it is most needed.

Figure 37 shows that **44.6%** of caregivers did not receive any training in the last 12 months on relevant topics. Among those who did, trauma-related learning was the most common (**16.8%**), suggesting a misalignment between training needs and provision.

Figure 37. In the last 12 months, did you receive any training or learning on the topics you selected?



Base: all caregivers approved by Oranga Tamariki, excluding not answered and "None applicable" (n = 242)

Other training and support experiences

A small proportion of caregivers (**7.4%**) participated in other training over the past 12 months, including preparing to care, parenting, trauma, NZQA qualifications, and Kia Puāwai. Some also sought support from professionals such as physiologists.

Feedback on training was generally positive, although some caregivers wanted more specialised options, including training to support relationships between caregivers and tamariki from different cultural backgrounds. Others had declined available training due to time constraints or felt that additional training was not needed for their current circumstances.

"I did the Puawai training, it was great, although I would love training aimed specifically at mixed culture relationships between caregivers and tamariki which was not available."

"Some offered but we declined mainly due to being too busy."

“Spoke to physiologist”

Key takeaway

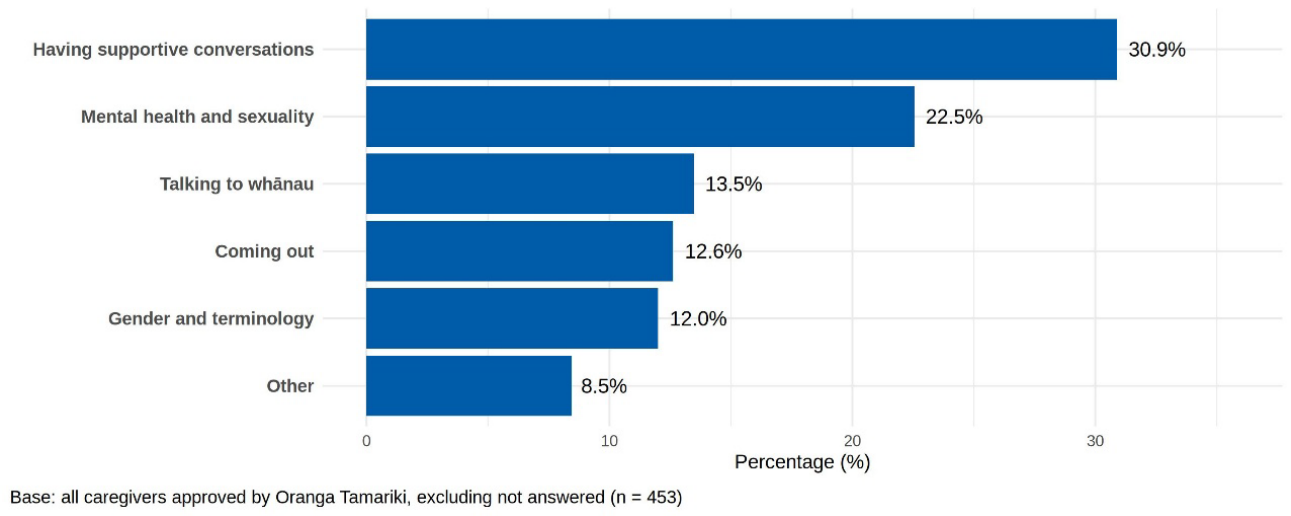
A substantial proportion of caregivers did not receive training on relevant topics, indicating a misalignment between training needs and provision that may limit their ability to respond confidently to diverse and complex needs.

7.3.2 Caregivers most want practical training on how to have supportive conversations for takatāpui and rainbow rangatahi

Training interest provides a useful indication of where caregivers feel least confident or most in need of practical guidance regarding supporting takatāpui and rainbow rangatahi.

Figure 38 shows that caregivers most often want training on how to have supportive conversations with takatāpui and rainbow rangatahi (**30.9%** of responses), followed by mental health and sexuality (**22.5%**).

Figure 38. If training were offered on how to best support takatāpui and rainbow rangatahi, what topics would you most like to learn about?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 453)

The following section summarises ‘**Other’ (8.5%**) responses to the question about what caregiver training is needed to best support takatāpui and rainbow rangatahi.

Many caregivers felt that takatāpui and rainbow training was not currently relevant, particularly when caring for infants or very young children. Some noted it may become relevant in the future, but was not an immediate need given children’s current ages.

“Not applicable as I only care for babies.”

“We have an infant so it's not applicable now.”

Other caregivers saw the training as relevant because they had experience caring for rainbow young people, had rainbow children in their whānau, or were themselves part of the rainbow community. Some felt comfortable and knowledgeable in this area but remained open to learning more about how to better support rainbow young people.

Some caregivers expressed interest in all suggested rainbow training topics, noting that broad training would strengthen their understanding and support across a range of areas. Additional suggested topics included the impacts of drugs and hormone changes, safe sexual practices, overall wellbeing, and mental health support for young people.

“We are a rainbow household, so we feel very comfortable in this space. But always want to know more about supporting in all areas. Even if we are comfortable, there's always more to learn.”

“All of above would be amazing to learn about everything.”

“Overall wellbeing of each individual child.”

Some responses indicated discomfort with, or limited understanding of, rainbow-related terminology and identities. This suggests introductory training could help build caregiver awareness, confidence, and respectful understanding when supporting takatāpui and rainbow tamariki and rangatahi.

“I don't agree with the terminology.”

Key takeaway

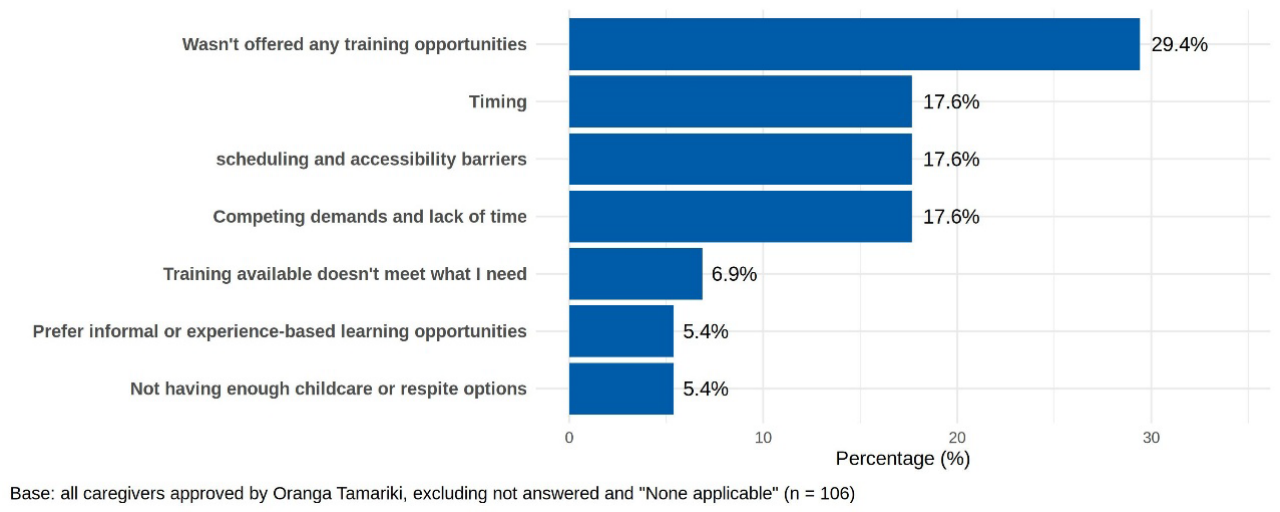
The focus on areas such as supportive conversations and mental health indicates that caregivers are seeking practical, relational skills, rather than broad awareness alone in supporting rainbow children.

7.3.3 Lack of opportunity, time, and accessibility barriers all limit training uptake

Understanding why training is not received helps identify whether the issue lies in availability, delivery format, or competing demands.

Figure 39 shows that the most common reason from caregivers who did not receive training (**n=106**) was a lack of available opportunities (**29.4%**), with time pressures, scheduling, and accessibility barriers also prominent (**17.6%** each).

Figure 39. What were the reasons why you did not receive training?



Key takeaway

Training uptake is constrained by both limited availability of opportunities and practical barriers such as time, scheduling, and accessibility.

Section summary: Practical barriers limit access to financial, respite, and training support

Overall, support for caregivers varies across financial assistance, respite, and training. While some aspects, such as reimbursement timing, are working relatively well, others, including access to entitlements, ease of claiming, and the adequacy of allowances, are less consistent and not always sufficient.

Uptake of respite and training is uneven. Where used, patterns differ, and caregivers face barriers related to availability, accessibility, time pressures, and suitability for children's needs. However, variation in respite use should not necessarily be interpreted negatively, as respite may be understood and used differently across caregiver groups, including where whānau caregivers draw on informal whānau networks rather than formal respite. Future surveys could explore these differences further, including how whānau caregivers understand respite and what forms of support are included.

Training demand reflects the complexity of care, particularly around trauma and disability, yet many caregivers report not receiving learning in relevant areas. Taken together, these findings indicate that support gaps are driven by practical factors such as availability, accessibility, and how well services respond to children's and caregivers' needs.

8. Social work practice and child transitions

This section covers two critical practice areas: Quality of social worker relationships and the experience of children transitioning out of care. Both are highly relevant to caregiver confidence, continuity, and child wellbeing.

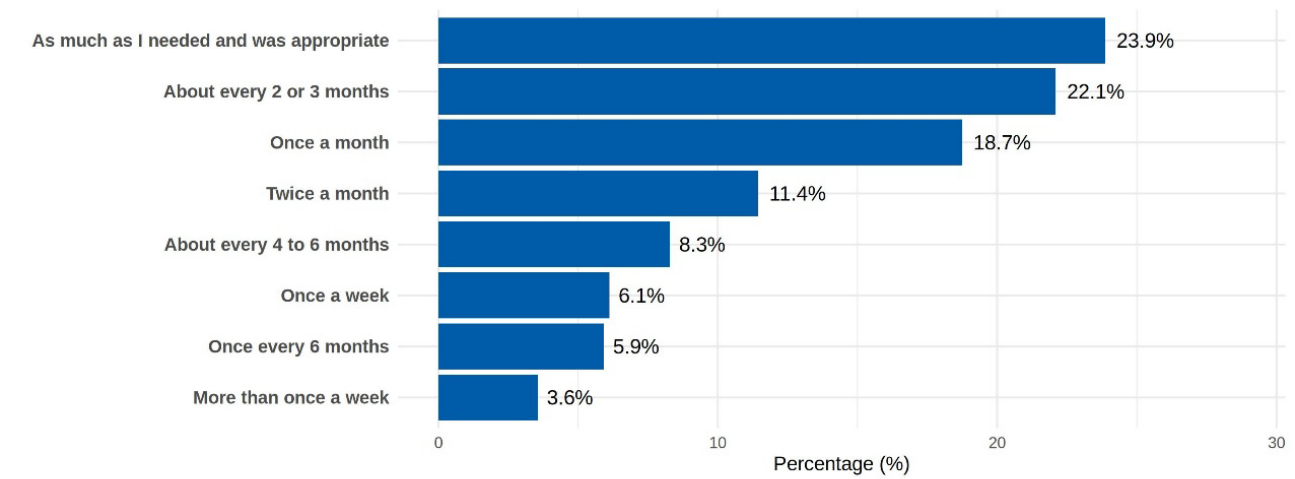
8.1 Caregiver social worker

8.1.1 Contact frequency varies, and ‘as needed’ contact is the most common experience

Frequency of contact matters because regular and responsive communication can strengthen trust and help caregivers navigate issues before they escalate.

Figure 40 shows that caregiver contact with caregiver social workers varies considerably, with the most common response being that contact occurred as much as needed and was appropriate (**23.9%**).

Figure 40. In the last 12 months how often have you had contact with your caregiver social worker from Oranga Tamariki?



Base: all caregivers approved by Oranga Tamariki, excluding not answered and "I don't know" (n = 507)

Key takeaway

Contact frequency varies across caregivers, with ‘as much as needed’ being the most commonly reported experience. This suggests that responsiveness to need may be more important than a fixed contact frequency.

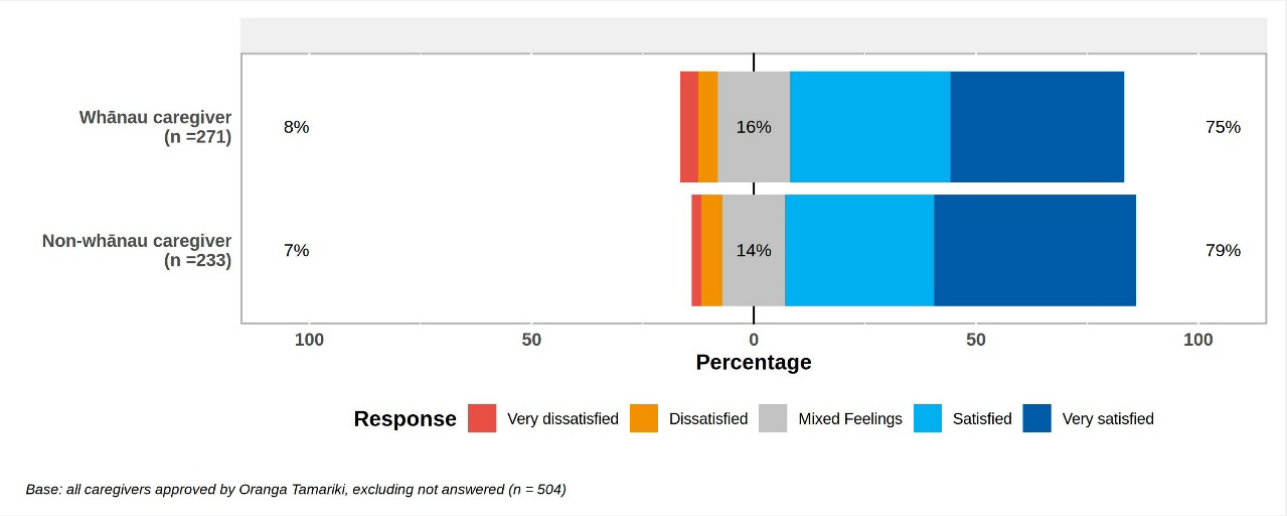
8.1.2 Satisfaction with contact frequency is high overall

This measure shows not how often contact occurs, but whether caregivers feel that frequency is meeting their needs.

Most caregivers were satisfied or very satisfied with the frequency of contact from their caregiver social worker. Non-whānau caregivers were somewhat more likely than whānau caregivers to report being very satisfied, but overall satisfaction was strong in both groups.

Figure 41 shows high satisfaction with the frequency of contact from caregiver social workers, although whānau caregivers are somewhat less likely than non-whānau caregivers to report being very satisfied (**75%** versus **79%**).

Figure 41. How would you rate your satisfaction with your current caregiver social worker on the frequency of contact?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 504)

Key takeaway

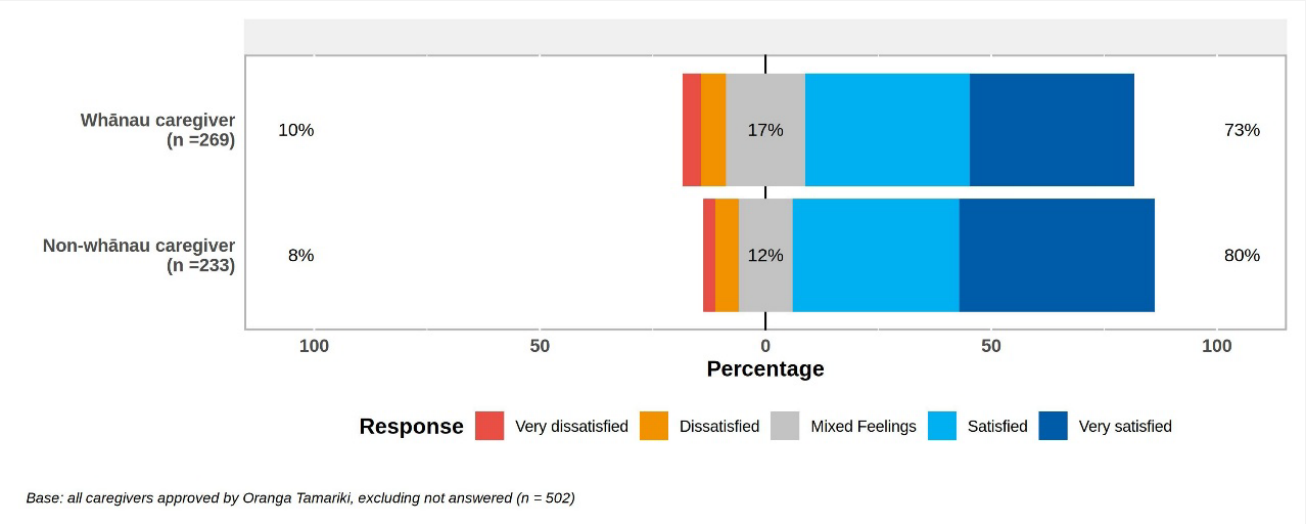
Despite variation in contact frequency, most caregivers report being satisfied, indicating that contact is generally meeting their needs.

8.1.3 Communication is a relative strength in caregiver social worker practice

Communication quality is central to whether caregivers feel informed, respected, and supported.

Figure 42 shows that communication with caregiver social workers is rated positively by most caregivers, but more so by non-whānau caregivers than whānau caregivers (**80%** versus **73%** satisfied or very satisfied).

Figure 42. How would you rate your satisfaction with your current caregiver social worker on communicating with you?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 502)

Key takeaway

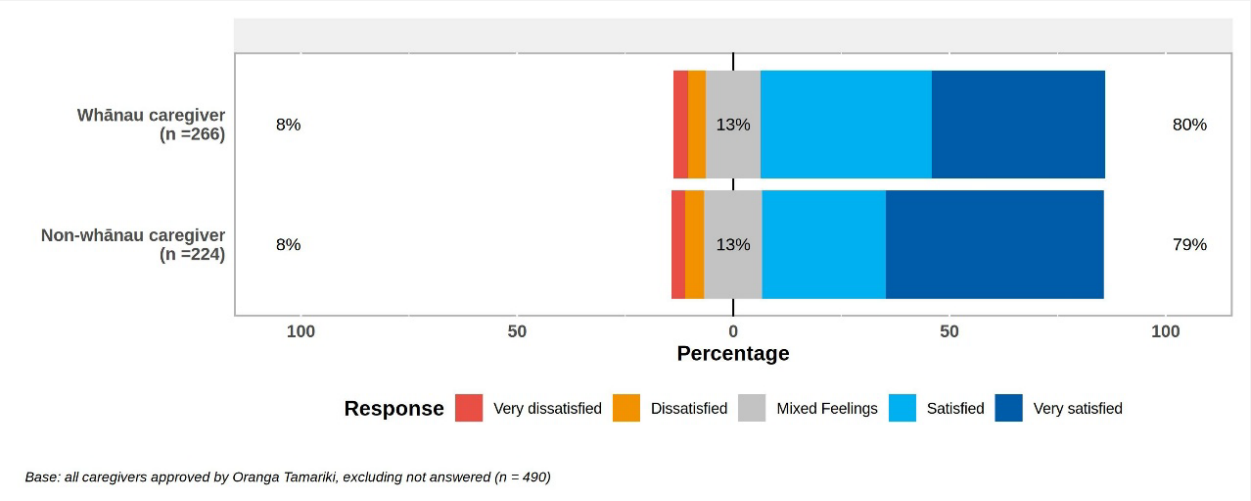
Communication is a relative strength overall, though lower satisfaction among whānau caregivers indicates variation in experience and a need for greater consistency.

8.1.4 Respect for caregiver knowledge is one of the strongest areas of caregiver social worker practice

Respecting caregiver knowledge of the child is a key element of partnership-based practice.

Figure 43 shows that most caregivers feel their caregiver social worker respects and listens to their knowledge of the child's needs. Around four out of five non-whānau caregivers and whānau caregivers report being very satisfied (**79%** and **80%**).

Figure 43. How would you rate your satisfaction with your current caregiver social worker on respecting and listening to your knowledge of the child's individual needs?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 490)

Key takeaway

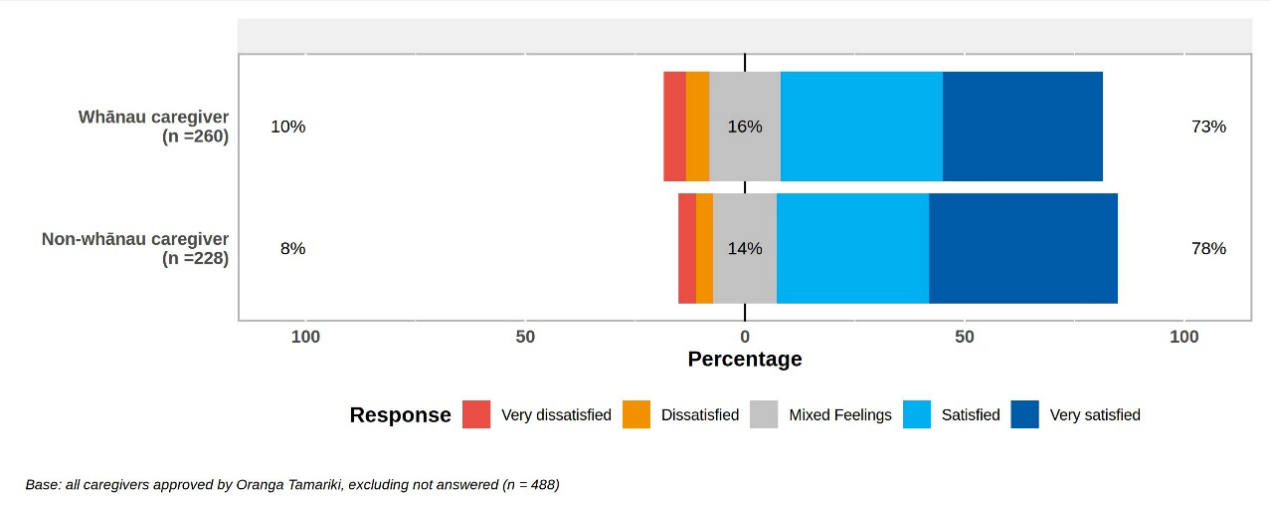
Respect for caregiver knowledge is a clear strength in caregiver social worker practice, with most caregivers reporting positive experiences.

8.1.5 Follow-through is rated positively by many, but less strongly rated than communication and respect

Doing what was promised is a practical test of reliability and a key contributor to caregiver trust.

Figure 44 shows that most caregivers are satisfied with whether their caregiver social worker follows through on what they say they will do (**78%** of non-whānau caregivers and **73%** of whānau caregivers satisfied or very satisfied).

Figure 44. How would you rate your satisfaction with your current caregiver social worker on doing what they said they would do?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 488)

Key takeaway

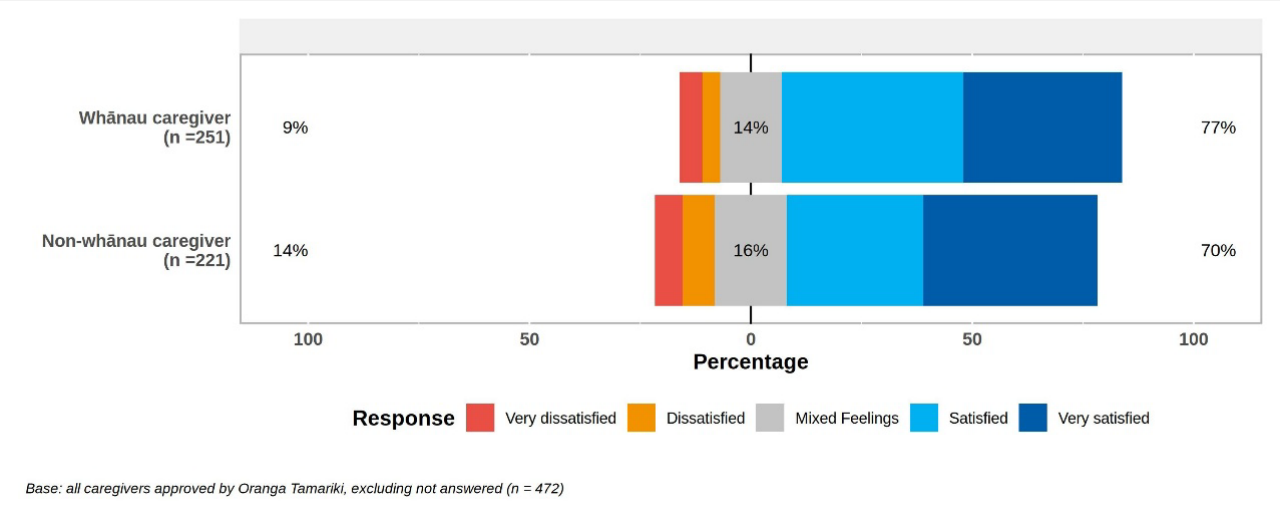
Follow-through is rated positively by most caregivers, but less strongly than communication and respect, indicating greater variability in this aspect of practice.

8.1.6 Involvement in decision-making is weaker than other areas of caregiver social worker practice

Involving caregivers in decision-making is important because it reflects whether they are treated as informed partners in the child's care.

Figure 45 shows that involvement in decision-making is rated positively by many caregivers (**70%** of non-whānau and **77%** of whānau caregivers satisfied or very satisfied), but is less strongly rated than other aspects of caregiver social worker practice. Non-whānau caregivers were somewhat less positive than whānau caregivers overall.

Figure 45. How would you rate your satisfaction with your current caregiver social worker involving you in decision-making?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 472)

Key takeaway

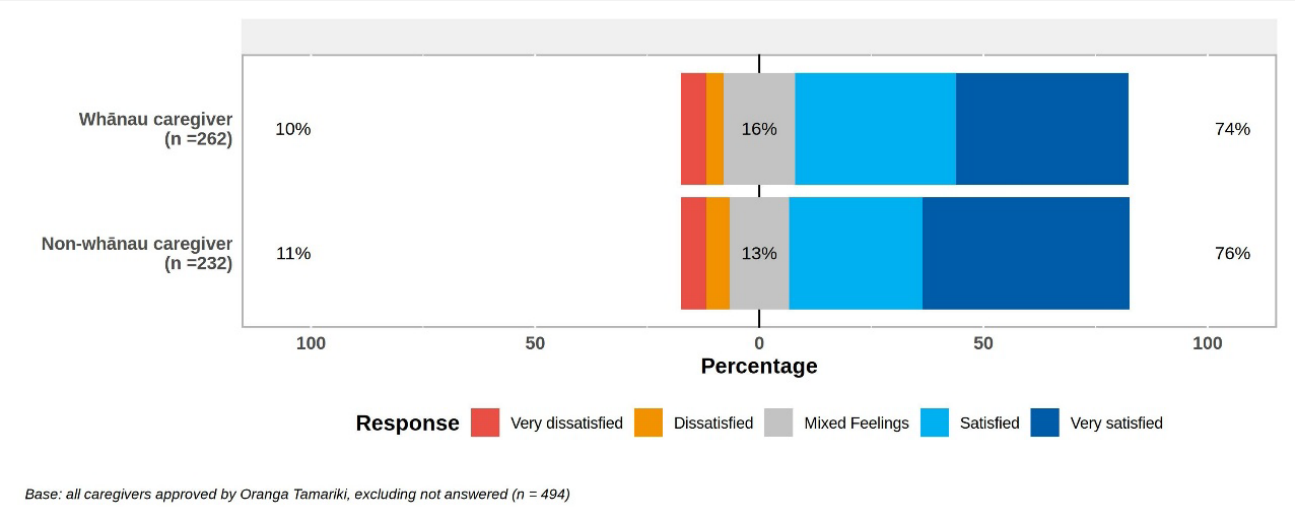
Although many caregivers report being included in decision-making, lower relative satisfaction indicates that partnership is not yet consistently embedded in practice.

8.1.7 Overall support from caregiver social workers is positive, but not without variation

This measure provides a broad summary of how caregivers rate support from their caregiver social worker.

Figure 46 shows that overall support from caregiver social workers is positive for most caregivers (**76%** of non-whānau caregivers and **74%** of whānau caregivers satisfied or very satisfied). Even so, around a quarter of caregivers remain less than satisfied, suggesting this support is not consistently strong for everyone.

Figure 46. How would you rate your satisfaction with your current caregiver social worker on supporting you in your role as a caregiver overall?



Key takeaway

Non-whānau caregivers were somewhat more likely to report being very satisfied, but the overall finding is that caregiver social workers are a relative strength in the support system. At the same time, the presence of mixed and dissatisfied responses indicates that positive practice is not experienced uniformly.

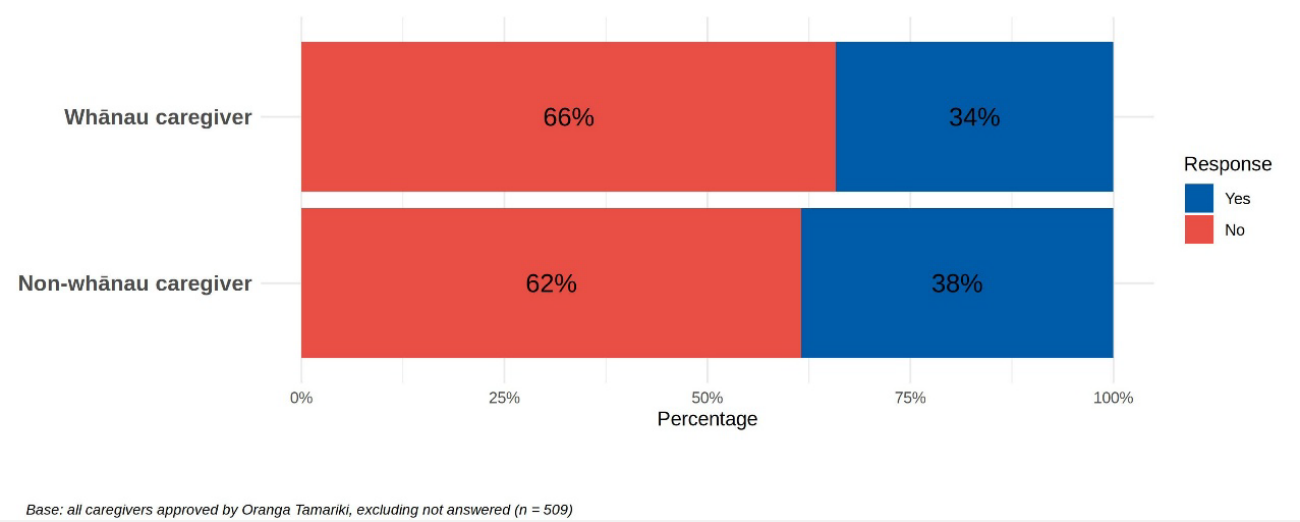
8.1.8 Most caregivers retained the same caregiver social worker over the year

Continuity matters because stable relationships help reduce repetition, improve trust, and strengthen follow-through.

Most caregivers reported that their caregiver social worker had not changed in the last 12 months. Patterns were similar across whānau and non-whānau caregivers.

Figure 47 shows that most caregivers retained the same caregiver social worker over the last 12 months (**62%** of non-whānau caregivers and **66%** of whānau caregivers).

Figure 47. In the last 12 months, has your caregiver social worker changed?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 509)

Key takeaway

Caregiver social worker relationships show reasonable continuity overall, though a substantial minority experienced change, which may create challenges for those caregivers.

Alongside caregiver social workers, children's social workers play a critical role in coordinating care and supporting caregivers.

8.2 Child's social worker

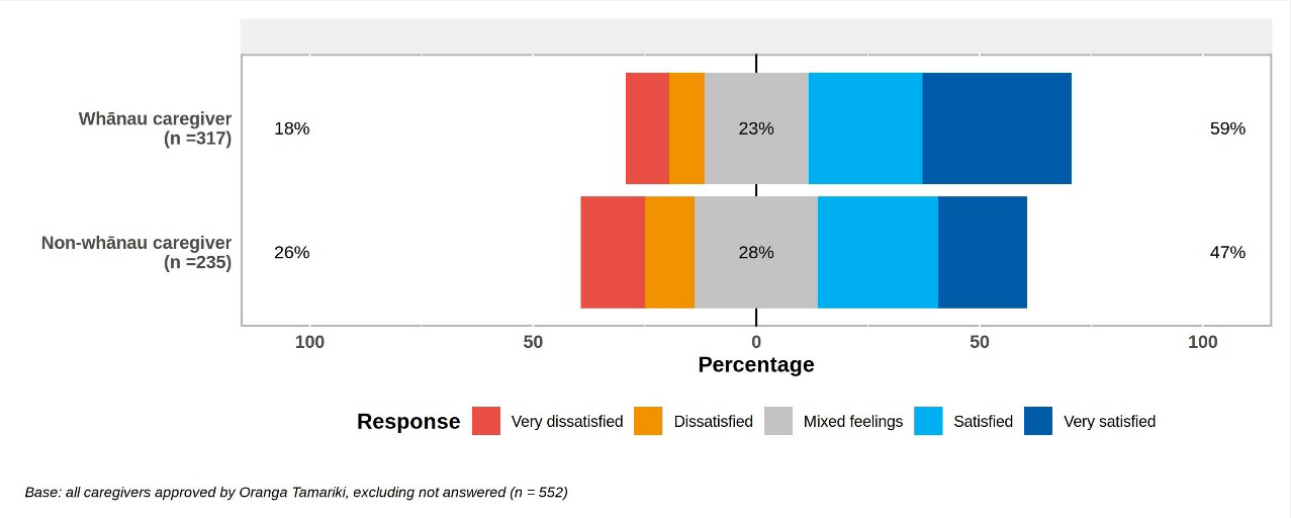
8.2.1 Satisfaction with the child's social worker is moderate rather than strong

This measure is especially important because the child's social worker is central to case coordination, access to services, and major decisions affecting the child.

Satisfaction with support from the child's social worker was moderate overall and less positive than for caregiver social workers. Whānau caregivers were more positive than non-whānau caregivers, particularly in the "very satisfied" category.

Figure 48 shows that **59%** of whānau caregivers and **47%** of non-whānau caregivers were satisfied or very satisfied with support from the child's social worker.

Figure 48. In last 12 months, how satisfied were you with the support from Oranga Tamariki social workers for the child or children in your care overall?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 552)

Key takeaway

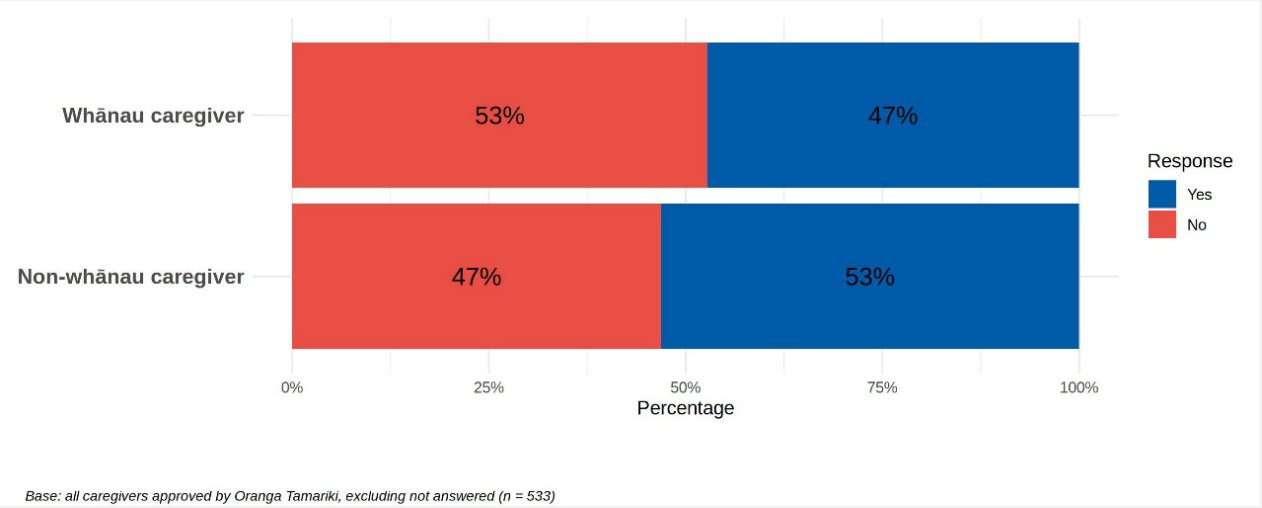
Support from the child's social worker is an important part of the caregiver experience, but satisfaction is moderate and less consistent than for caregiver social workers.

8.2.2 Around half of caregivers report a change in the child's social worker

Turnover in the child's social worker is important because it can disrupt continuity, information-sharing, and relationship building.

Figure 49 shows that around half of caregivers reported a change in the child's social worker over the last 12 months (**53%** of non-whānau caregivers and **47%** of whānau caregivers), with similar patterns across groups.

Figure 49. In the last 12 months, has the social worker for a child you are caring for changed?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 533)

Key takeaway

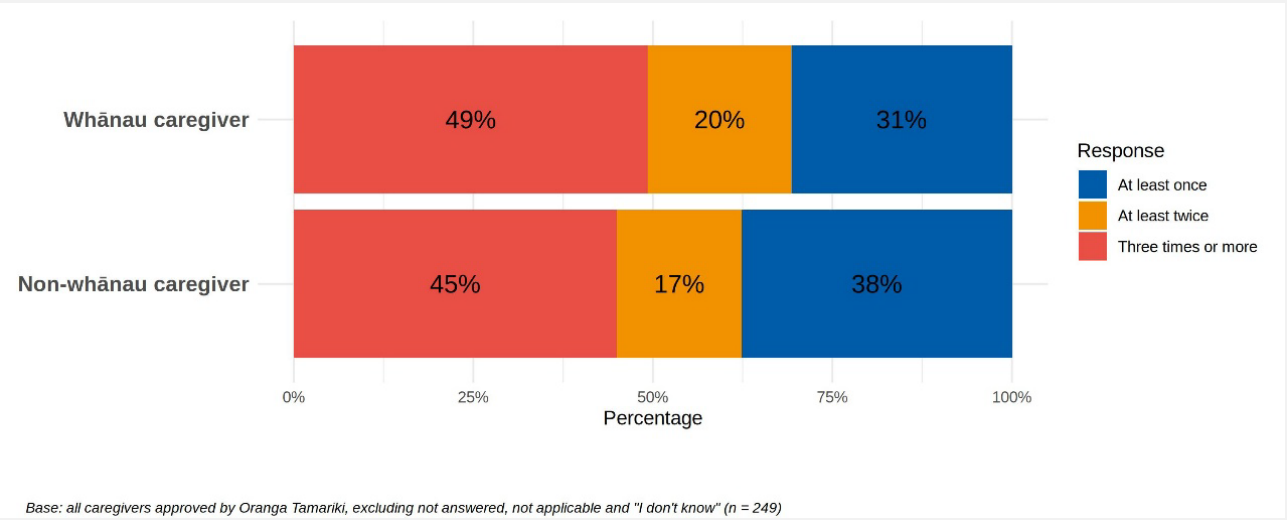
Around half of caregivers experienced a change in the child's social worker, indicating that turnover is a common feature of the caregiving experience.

8.2.3 Repeated change in the child's social worker is common for many caregivers

Frequency matters because one-off change is different from repeated turnover. Among caregivers who had experienced change, repeated turnover was common.

Figure 50 shows that many caregivers reported multiple changes, with a substantial proportion experiencing three or more changes (**49%** of whānau caregivers and **45%** of non-whānau caregivers).

Figure 50. During your care experience, how often has a child's social worker changed?



Base: all caregivers approved by Oranga Tamariki, excluding not answered, not applicable and "I don't know" (n = 249)

Key takeaway

Repeated changes in the child's social worker are common, indicating that instability in this role is often ongoing rather than occasional.

In addition to changes in social workers, children's transitions out of care are a key point where continuity and stability can be disrupted.

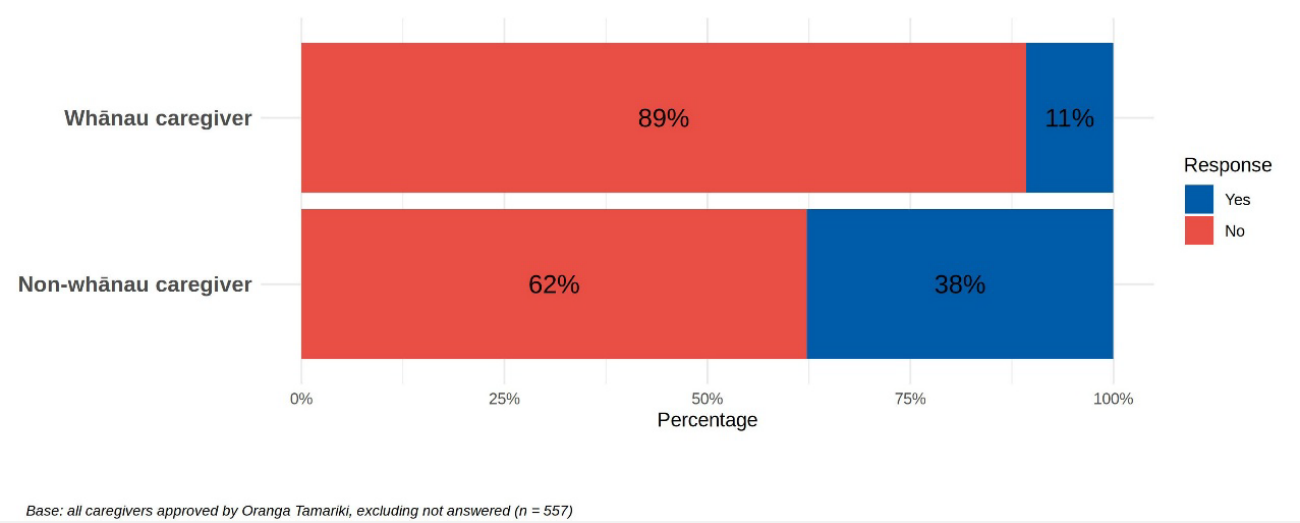
8.3 Child transitions

8.3.1 Child transitions are much more common for non-whānau caregivers than for whānau caregivers

Transitions out of care are important to monitor because they can reflect reunification, placement change, planned exit, or placement breakdown.

Figure 51 shows that non-whānau caregivers are much more likely than whānau caregivers to have had a child leave their care in the last 12 months (**38%** versus **11%**).

Figure 51. In the last 12 months has a child left your care?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 557)

Key takeaway

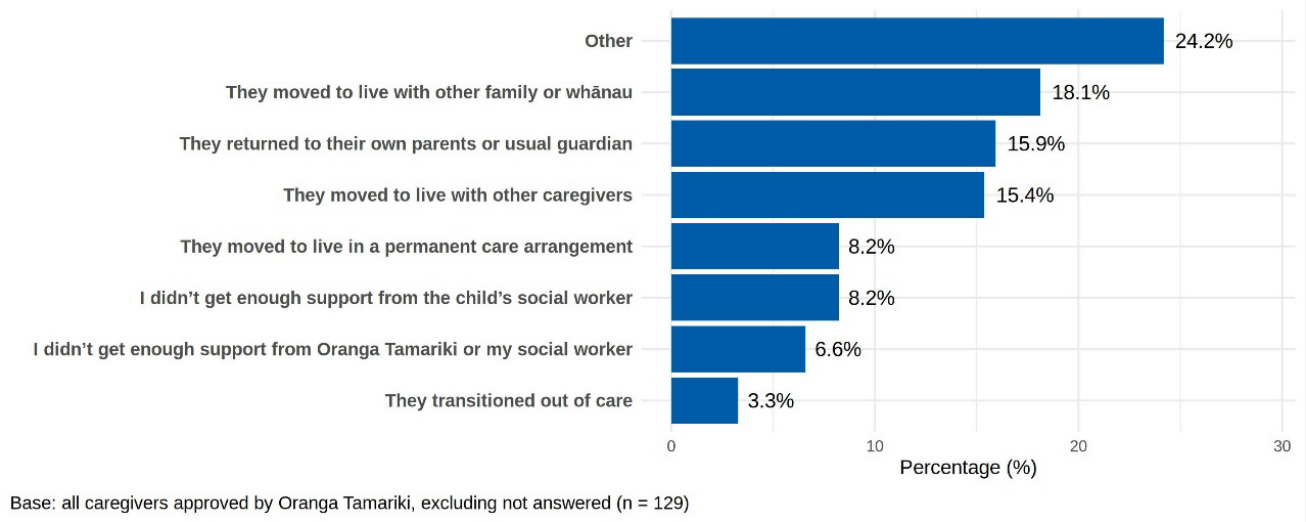
Children leaving care is more common for non-whānau caregivers than whānau caregivers, indicating differences in placement patterns between the two groups.

8.3.2 Children most often move to family, whānau, or other care arrangements, but reasons are varied

Reasons for leaving care should be interpreted as reflecting a mix of planned and unplanned pathways.

Figure 52 shows that children of caregivers answering this question (**n=129**) mostly commonly leave care for '**Other**' (**24.2%**) reasons not captured here, to move to other family or whānau (**18.1%**), or to return to parents or usual guardians (**15.9%**).

Figure 52. Why did the child leave your care?



Key takeaway

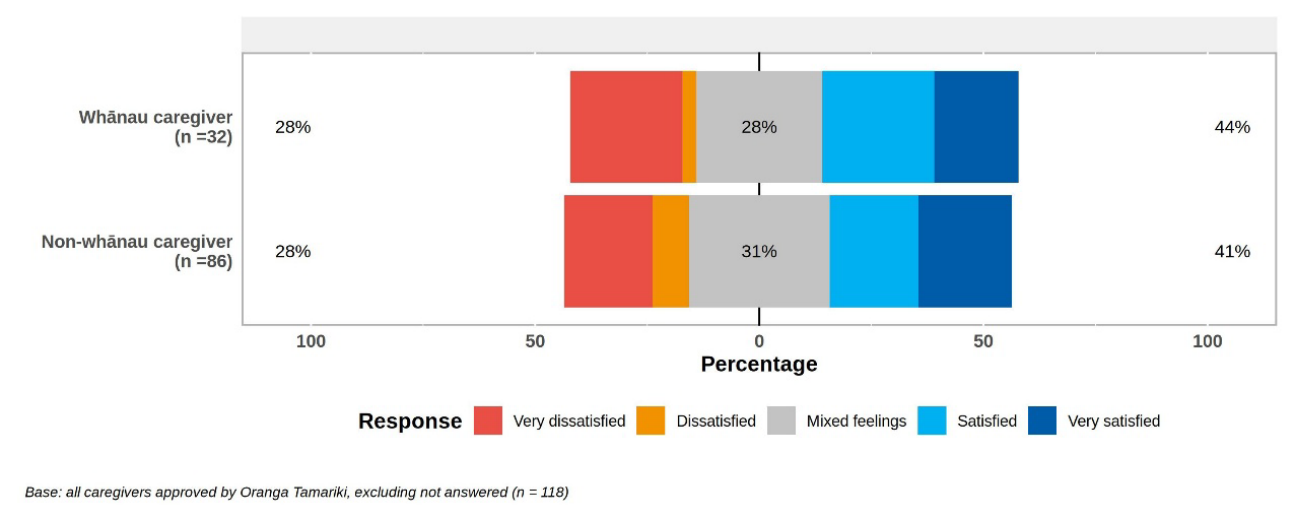
Transitions occur for a range of reasons, with no single dominant pathway, and the prominence of '**Other**' suggests complexity beyond the predefined categories.

8.3.3 Satisfaction with transition support is mixed and remains an area for improvement

Support during transition is important for both caregivers and children, and weak transition support can add stress to already difficult circumstances.

Figure 53 shows that satisfaction with transition support is mixed, with around four in ten caregivers reporting being satisfied or very satisfied (**41%** of non-whānau caregivers and **44%** of whānau caregivers). Dissatisfaction remains evident.

Figure 53. How satisfied were you with the support Oranga Tamariki provided during the child's or children's transition out of your care?



Base: all caregivers approved by Oranga Tamariki, excluding not answered (n = 118)

Key takeaway

Satisfaction with overall transition support from Oranga Tamariki is lowest relative to all other service area measures captured by the survey, with more caregivers reporting dissatisfaction or mixed experiences than positive ones. This indicates that transition support is a persistent area of weakness in the caregiving experience.

Section summary: Strong caregiver social worker practice is undermined by gaps with child social worker coordination and weaker transition support

Overall, the findings suggest that social worker relationships are a key strength in the caregiving experience, particularly for caregiver social workers, where communication, respect, and responsiveness are rated positively by most caregivers. However, variation remains across aspects of practice, with follow-through and involvement in decision-making rated less strongly, indicating areas for improvement of caregiver social worker practice.

In contrast, support from children's social workers is rated less positively, with only moderate satisfaction overall. High levels of turnover, including repeated changes for many caregivers, point to challenges in maintaining continuity in one of the most critical roles for coordinating care and decision-making.

Child transitions represent a further pressure point. Transitions are more common for non-whānau caregivers and occur for a wide range of reasons, reflecting complex and varied pathways. Satisfaction with overall transition support is notably lower than other areas, with dissatisfaction and mixed experiences more common than positive ones, indicating a persistent area of weakness.

Taken together, the findings suggest that while relational aspects of social work practice are often strong, continuity and coordination – particularly in children's social worker roles and during transitions – remain less consistent, potentially inhibiting the overall effectiveness of support for caregivers and children.

9. Caregiver Panel summary

The Caregiver Panel (the panel) was established as a ministerial priority to strengthen the voice of caregivers in Oranga Tamariki practice policy and improvement work. The panel was designed to create a more direct and structured way for caregivers to share their perspectives on the realities of caregiving and the changes needed to better support tamariki, rangatahi, and those who care for them.

Establishing the panel involved building the model from the ground up, including securing approval, developing the participation approach, and putting in place arrangements to support caregiver involvement in a practical and sustainable way.

Since then, work has focused on moving the panel into operation and building the systems needed for it to function effectively. This has included working closely with regional Caregiver Recruitment and Support Managers, developing the processes needed to engage caregivers directly, and embedding the panel within wider organisational improvement activity.

In 2025, Caregiver Panel sessions were held across five regions – North and West Auckland, Canterbury, Bay of Plenty, Waikato, and Wellington. These sessions provided caregivers with an opportunity to share their experiences and identify areas where support could be improved. Feedback from participating caregivers suggests that the panels have been well received, with caregivers valuing them as a supportive forum and a platform for their voices to be heard.

Building on these insights, five areas of focus have been identified through the Caregiver Panel sessions. Work is underway to develop tangible actions from these areas, alongside the continuation of panel sessions across four remaining regions: South Auckland, East Coast, Taranaki/Manawatū, and Te Tai Tokerau.

10. Recommendations and next steps

In summary, the findings point to a clear opportunity for Oranga Tamariki to build on existing strengths in relational practice and strengthen the wider support system around caregivers. The focus now is on improving the consistency, coordination, and accessibility of support, particularly at points where caregiver pressure is greatest.

Overall, the 2025 survey findings show a high degree of continuity with the patterns identified in the previous 2024 caregiver survey reporting. While there are some areas of modest movement, the overall results reinforce many of the same issues, particularly in relation to consistency of support, information-sharing, access to practical supports, and continuity of social work practice.

The findings also highlight that while support is reaching many caregivers, it is not always timely, coordinated, or sufficient to fully meet children's needs. This is especially important where children's needs depend on effective responses across the wider Children's System, including Oranga Tamariki, partner agencies, and service providers.

For this reason, the practical suggestions made at that time remain relevant. This section largely retains and refreshes those recommendations made in the previous 2024 Caregiver Survey report.

Together, the survey and Caregiver Panel findings will inform caregiver-specific work programmes with the Office of the Chief Social Worker (OCSW) and Tamariki and Whānau Services (TAWS). A public-facing seminar is also planned for later this year to share further qualitative insights from the survey and provide an organisational response update on progress toward the suggested actions and areas of focus.

10.1 2025 Caregiver Survey practical suggestions

Given the broad consistency between the previous and current survey findings, Table 1 presents practical suggestions from the previous report that largely remain relevant for ongoing improvement, with some refreshed to reflect current updates.

Table 1. Suggested practical actions reaffirmed by current findings

Area	#	Practical actions caregivers, Oranga Tamariki, and partner agencies can implement
1. Caregiver preparation	1.1	Reinforce the expectation that every caregiver must receive an up-to-date Te Aronga Goal Plan (previously the All About Me Plan) and key care information before the care arrangement begins wherever

Area	#	Practical actions caregivers, Oranga Tamariki, and partner agencies can implement
		possible, or as soon as practicable thereafter, including in emergency placements. Supervisors and social workers must follow up within an agreed timeframe to confirm it was provided, accurate, and recorded in both CYRAS and CGIS.
	1.2	Ensure early check-ins occur for every new care arrangement, with timing and frequency determined by assessed need and placement circumstances. Where appropriate, this should include coordinated contact involving both the child's and caregiver's social workers, documented in the Support Plan, linked to Te Aronga, and monitored for follow-through.
	1.3	Continue to explore how to provide a range of accessible resources (e.g. short videos) on key issues such as trauma, birth family contact, and stress as supplementary support – not a replacement for in-person training – and pair modules with tailored follow-up where needed.
2. Information and communication	2.1	Strengthen and align Te Aronga Goal Plans and Caregiver Support Plans to ensure accurate, relevant child information is shared and caregiver support needs are addressed through consistent implementation and follow-through.
	2.2	Reinforce the need to ensure the Te Aronga Goal Plan includes clear, individualised information on behavioural triggers, past neglect, and health needs and review it at every placement change.
	2.3	Explore improvements to the caregivers claims process with consideration for an online process and a dedicated contact for support and approvals.
	2.4	While some activities to address this have occurred since the survey, it is important to continue to support consistent collaboration between the child's and caregiver's social workers to ensure caregivers are treated as informed partners by providing clear guidance on their decision-making role, and timely access to key information.
3. Support plans and documentation	3.1	Reinforce the importance of developing and reviewing Caregiver Support Plans with the caregiver – recording their involvement and preferred way of receiving it. Explore the use of existing systems (e.g. CGIS) to track delivery and implement a simple quality check to confirm caregiver input.
	3.2	Develop a simple caregiver checklist outlining the key documents and entitlement information caregivers should receive, available in multiple formats to meet different language and literacy needs. Social workers should review the checklist with caregivers to support understanding and follow-through.
4. Financial supports	4.1	Explore options to host caregiver related content (e.g. caregiver entitlements and tamariki entitlements) and develop supportive resources (e.g. claim examples and links to forms) in a specific

Area	#	Practical actions caregivers, Oranga Tamariki, and partner agencies can implement
		location on an accessible webpage (e.g. Practice Centre or Oranga Tamariki website).
	4.2	Explore the potential to assign a dedicated contact person to support first-time caregiver claims, with clear responsibility for guiding caregivers through the process and approvals.
	4.3	Explore payment models to reflect higher payments for those supporting children with disabilities and complex needs.
5. Respite care	5.1	Review and consider opportunities to simplify the assessment process for caregiver-nominated respite providers.
	5.2	Expand use of relationship-safe respite options, like in-home respite or involving familiar whānau, offer emotional support plans for children sensitive to separation – resourcing will be key.
	5.3	Strengthen Caregiver Support Plans by identifying potential respite caregivers early, with flexible regional approaches to respond to local needs and support suitable respite options.
6. Education support	6.1	Promote and support caregivers, within their rights, to participate with schools on IEPs[13], attendance and wellbeing plans. Raise the issues to health and education advisors – with schools and RTLB[14] to support caregiver–school collaboration on IEPs, attendance, and wellbeing plans – resourcing this role is key.
	6.2	Access to appropriate supports (e.g. speech language therapy) is challenging for social workers. To progress this, we recommend that opportunities to improve the Gateway model based on the 2024 review under the Oranga Tamariki System Action Plan are considered as part of national improvements agreed by Ministers and funded within baseline or considered as part of the future pilot for Gateway[15].
7. Health support	7.1	Prioritise social skills and communication support – such as speech-language and peer interaction programmes – through the rollout of national improvements to the Gateway model under the Oranga Tamariki System Action Plan or considered as part of a future pilot for Gateway.
	7.2	Explore opportunities to expand and deliver wraparound coaching for tamariki in care – things like daily living skills – through care providers under the Care System Action Plan.
	7.3	The new proposed Gateway aims to improve timely access to health services. Implement the Gateway's redesigned solution for gaining medical consent, utilising whānau navigators and hospital liaisons. Fund, pilot, and scale this evidence-based initiative under the Oranga Tamariki System Action Plan.

[13] An IEP is an Individual Education Plan that sets out a student's learning needs, goals, and supports.
[14] Resource Teachers: Learning and Behaviour (RTLB) are specialist teachers who work with schools, kaiako, and whānau to support students with learning and behavioural needs.
[15] Valdivia, L. A., Ransfield, A. K., Yee, M. W. W., Samuel, E., Wood, R., Pōtiki-Clune, K., & Notoa, F. (2024). *Gateway Assessment Review: Key Findings*. Wellington, New Zealand: Oranga Tamariki – Ministry for Children.

Area	#	Practical actions caregivers, Oranga Tamariki, and partner agencies can implement
8. Training and learning	8.1	Explore opportunities to expand and strengthen caregiver training with existing partners, such as Kia Puāwai and Caring Families, through modular in-person courses, after-hours options, regular refreshers, and peer learning aligned with National Care Standards expectations.

References

Caring Families Aotearoa. (n.d.). *What is PACE?* www.caringfamilies.org.nz/what-is-pace/

Immerse. (n.d.). *Caregiver training & support*. immerse.nz/caregiver-training-support

Kia Puāwai. (n.d.). *Kia Puāwai*. www.kiapuawai.nz/

Michelini G., et al (2024). Where do neurodevelopmental conditions fit in transdiagnostic psychiatric frameworks? Incorporating a new neurodevelopmental spectrum. *World Psychiatry*. doi: doi.org/10.1002/wps.21225

New Zealand Defence Force. (n.d.). *Positive parenting.* Defence Health Hub. health.nzdf.mil.nz/your-health/social-and-whanau/positive-parenting

Oranga Tamariki Caregiver Survey. (2025).

Oranga Tamariki—Ministry for Children. (2024). *Oranga Tamariki strategic intentions 2024/25–2029/30*. Wellington, New Zealand. Oranga Tamariki Strategic Intentions 2024/25 - 2029/30

Valdivia, L. A., Ransfield, A. K., Yee, M. W. W., Samuel, E., Wood, R., Pōtiki-Clune, K., & Notoa, F. (2024). *Gateway Assessment Review: Key Findings*. Wellington, New Zealand: Oranga Tamariki—Ministry for Children. Gateway Assessment Review Findings | Oranga Tamariki — Ministry for Children

Valdivia, L. A., & Subedi, K. (2025). *Annual Caregiver Satisfaction Survey: Deep Dive – Strengthening the caregiver experience.* Wellington, New Zealand: Oranga Tamariki—Ministry for Children. 2024 Caregiver survey report: First insights | Oranga Tamariki — Ministry for Children

Valdivia, L. A., & Subedi, K. (2025). *Annual Caregiver Satisfaction Survey: Topline Report One.* Wellington, New Zealand: Oranga Tamariki—Ministry for Children. 2024 Caregiver survey report: First insights | Oranga Tamariki — Ministry for Children

Whānau Āwhina Plunket. (n.d.). *Circle of Security parenting referral form.* www.plunket.org.nz/plunket-and-you/services-we-offer/circle-of-security-parenting-referral-form/

Appendix

Table A1. Caregiver Satisfaction Survey Participants (n = *683)**

Demographic Characteristics	Count	%
Caregiver type		
Whānau or kin caregiver	392	57
Non-whānau or non-kin caregiver	282	41
Family Home caregiver	<5	<1
Prefer not to say or left blank	<5	<1
Relationship to Oranga Tamariki		
I am a caregiver for Oranga Tamariki	617	90
I am a caregiver through a care provider for Oranga Tamariki	6	<1
I am a caregiver for an iwi or hapu care provider on behalf of Oranga Tamariki	9	<1
Other	38	6
Prefer not to say or left blank	13	2
Relationship to the child		
Grandparent or great-grand parent	165	24
Aunt, uncle, grand or great-grand aunt or uncle	146	21
Other relative (i.e. sibling, cousin, niece or nephew)	45	<7
Whāngai, hāpu or iwi connection	16	2
Other connection (i.e. non-kin)	264	39
Prefer not to say or left blank	47	<7
Ethnicity of Caregivers*		
New Zealand European*	*473***	*69***
Māori*	*252***	*37***
Pacific Peoples*	*57***	*14***
Asian*	*<5***	*<1***
Other*	*47***	*7***
Prefer not to say or left blank	7	1
Ethnicity of the child***		
New Zealand European*	*414****	*61****
Māori*	*414****	*61****
Pacific Peoples*	*98****	*8****
Asian*	*21****	*3****
Other*	*60****	*9****
Prefer not to say or left blank	24	<4
Representative Region		
Te Tai Tokerau	47	7
North and West Auckland	72	11
South Auckland	48	7
Bay of Plenty	61	9
Waikato	74	<11
Taranaki-Manawatū	78	11
East Coast	55	8
Wellington	42	6
Canterbury	124	18
Lower South	51	<8
Upper South	25	<4

*Note: *The total participant count includes caregivers who did not answer all demographic questions, counts may vary across demographic categories. **Ethnicity is reported using a total response approach, meaning respondents who identified with multiple ethnicities are counted in each relevant group.[16] ***Ethnicity of the child as reported by the caregivers participating in the survey.*

[16] Allan, J. (2001). *Review of the measurement ethnicity: Classifications and issues.* www.stats.govt.nz