The number of tamariki Māori with findings of harm whilst in care is proportionately greater than the number of tamariki Māori in care and custody.

The largest group of children experiencing harm are aged between ten and thirteen years (33%).

This is proportionately greater than the number of children in this age group in care and custody (29%).

<table>
<thead>
<tr>
<th>Abuse Type</th>
<th>Findings of Harm by Placement Type</th>
<th>Findings of Harm by Abuse Type</th>
<th>Findings of Harm by Alleged Abuser Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>120</td>
<td>200</td>
<td>26%</td>
</tr>
<tr>
<td>Sexual</td>
<td>19</td>
<td>19</td>
<td>19%</td>
</tr>
<tr>
<td>Emotional</td>
<td>35</td>
<td>35</td>
<td>35%</td>
</tr>
<tr>
<td>Neglect</td>
<td>26</td>
<td>26</td>
<td>26%</td>
</tr>
</tbody>
</table>

The number of children with findings of harm is greater than the number of individual children harmed. This is because some children will experience more than one incident of harm or an incident of harm may have more than one finding recorded, either because there are multiple abuse types and/or multiple alleged abusers.

72% of physical harm findings were recorded against the caregiver (family and non-family) or parent as caregiver. 18% of the findings were recorded against individuals who were related to the child, but were not their caregiver. The majority of physical harm was related to inappropriate discipline measures.

All findings of neglect were recorded against the caregiver (family and non-family) or parent as caregiver. Neglect by parents often reflected long standing parenting capacity issues and often were connected to drug and alcohol use and chaotic lifestyles.

All findings of emotional harm were recorded against the caregiver (family and non-family) or parent as caregiver. The majority of emotional harm related to stress within the household or inappropriate responses to child behaviours or excessive discipline measures.

One finding of sexual abuse was recorded against a caregiver. One finding of sexual abuse was recorded against an individual not known to the child.

72% of physical harm findings were recorded against the caregiver (family and non-family) or parent as caregiver. 18% of the findings were recorded against individuals who were related to the child, but were not their caregiver. The majority of physical harm was related to inappropriate discipline measures.

The majority of neglect occurred in return/remain home placements. All of the neglect occurred within the placement.

All emotional harm occurred within the placement and 49% occurred within a family placement.

Sexual abuse occurred across all four placement types. 53% of sexual abuse occurred outside of the placement.

Physical harm occurred across all four placement types. The majority (91%) of physical harm occurred within placement.

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>FINDINGS OF HARM</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY PLACEMENT</td>
<td>26%</td>
</tr>
<tr>
<td>NON-FAMILY PLACEMENT</td>
<td>59%</td>
</tr>
<tr>
<td>RETURN/REMAIN HOME</td>
<td>15%</td>
</tr>
<tr>
<td>RESIDENTIAL PLACEMENT</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Actions taken to secure the immediate safety of children, and the plans put in place to address the impact of the harm experienced**

In most cases children were removed from placements where abuse had occurred. In some instances this was not necessary to secure safety and appropriate safety planning was put in place. During this quarter we have given feedback where necessary to improve safety planning for children.

**Actions taken in regard to the alleged abuser**

There are a range of possible outcomes for alleged abusers. Some will face criminal charges and be prosecuted and those decisions are managed by the police. In addition where an alleged abuser is a caregiver they are subject to a reassessment and where appropriate, reapproval process.

This enables ongoing risks to be managed. During this quarter we have given feedback where necessary to improve consistency in recording and notification mechanisms and to ensure that support plans for caregivers are being appropriately actioned and that any staff members have been appropriately managed.
SAFETY OF CHILDREN IN CARE
QUARTER ONE – JULY TO SEPTEMBER 2018

Review Methodology:
The safety of children in care unit is responsible for reviewing and reporting on all findings of abuse related to all children in care. Children in care are defined as being subject to a custodial order or legal agreement under the Oranga Tamariki Act. For this review all placement arrangements are considered including those where children remain at home and those where they live independently. We report on findings across all abuse types (physical, sexual, emotional and neglect). We also report on all categories of alleged abusers.

This is the first quarter using the new measurement methodology. Over the next year we are building a baseline of data. We do not yet know if the data for this quarter is representative either in volume or type of harm or characteristics of those involved.

Opportunity for continuous improvement:
The manual review of findings enables a thorough analysis of casework practice in real time. Real time review allows for regular feedback to ensure robust management of continuing safety issues on an individual basis and enables the learnings from emerging trends and patterns to inform continuous practice improvement across Oranga Tamariki.

Terminology:

Harm/abuse types:

Physical:
A situation where children have sustained an injury or were at serious risk of sustaining an injury. Injuries may be deliberately inflicted or the unintentional result of the alleged abuser's behaviour (e.g. shaking an infant). Physical harm may result from a single incident, or combine with other circumstances to justify a physical harm finding.

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

Emotional:
A situation where the mental health, social and/or emotional functioning and development of children has been damaged by their treatment. This often results from repeat exposure to negative experiences, particularly in a context of insecurity. Witnessing intimate partner violence may constitute emotional harm if the functioning, safety, or care of the children has been adversely affected or put at risk.

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

Notes: Quarterly reporting reflects the data as known at the time of the review work (normally the first week after the quarter end). Any additional data or data changes that are entered after this date will be captured in annual reporting.

The terms child or children are used within this report to refer to all children and young people under the age of 18.