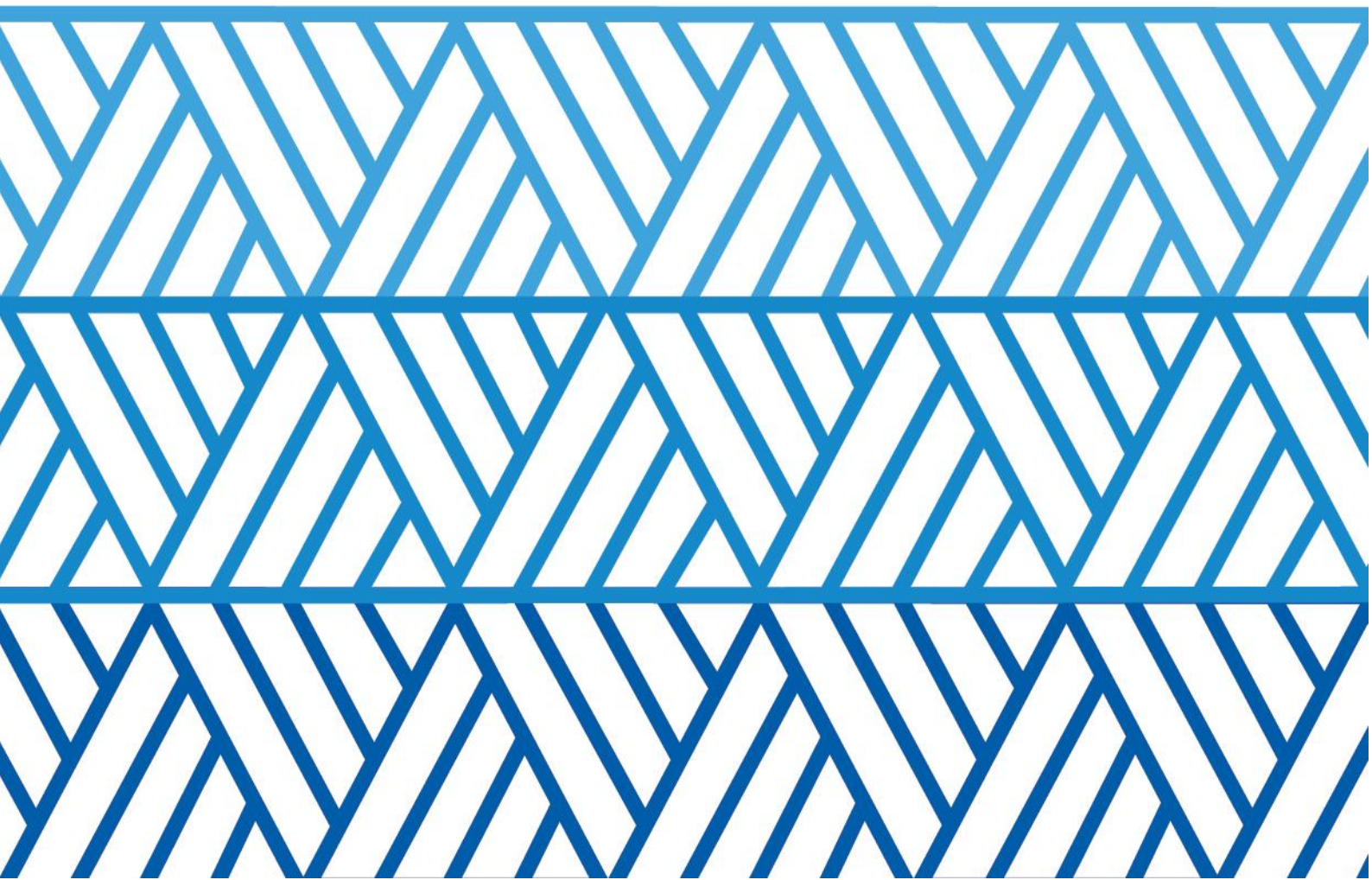


Compliance Report against National Care Standards Regulations

2022/23 Financial Year



Introduction

The National Care Standards (and Related Matters) Regulations 2018 (the Care Standards) set out the standard of care that all children in care should expect to receive. Achieving them is a core priority for Oranga Tamariki. To support us to achieve these obligations for the tamariki in our care, our self-monitoring system needs to:

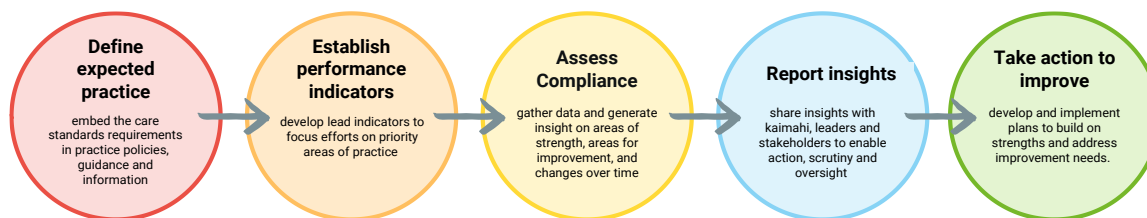
- identify key strengths and areas for improvement in practice, and understand how these are changing over time
- identify the key enablers and/or barriers to quality practice
- provide timely and actionable information to support strategic and operational oversight and decision-making
- support local-level learning and continuous improvement in practice within our frontline teams
- meet our regulatory obligations and enable the provision of information to the Monitor.

Throughout the 2022/23 financial year, Oranga Tamariki developed a self-monitoring framework, focused on identifying lead indicators of performance against the National Care Standards that support us to understand and report against our compliance. This is the first year this approach has been used, additional lead indicators will be incorporated over time as our self-monitoring framework is further developed and matured.

Our self-monitoring approach

We have developed a self-monitoring approach focused on generating timely and actionable insights to drive improvements in our performance in an effective and meaningful way.

Oranga Tamariki Self-Monitoring Approach to Compliance with the National Care Standards



We are continuing to strengthen our self-monitoring approach

Work is currently underway to strengthen our data systems and measurement approaches to enable a greater use of structured data to measure the extent to which key process-focused aspects of the Care Standards are being achieved across the population of tamariki in care.

Alongside this, we have also invested significantly in broadening and strengthening our case file analysis to provide a more comprehensive picture of the *quality of practice* for tamariki in care. Case file analysis involves a manual review of cases by a team of quality assurance professionals, to enable us to better understand not only whether something was done but *how well* it was done and the extent to which it met the needs of the individual tamaiti.

While case file analysis looks at practice in a sample of cases, the sampling methodology is robust and produces reliable, high-quality data. We have had our case file analysis methodology independently reviewed by a statistician to ensure its rigour and integrity.

Lead indicators

We have identified 16 lead indicators for the 2022/23 financial year to provide a framework for assessing our performance against the National Care Standards in order to demonstrate compliance. These indicators focus on the foundational aspects of practice that, if we get right, position us well to meet our regulatory obligations and the needs and expectations of tamariki in care. They reflect some of the things that tamariki have told us are important to them, are aligned with our core Practice Standards, and provide broad coverage across the five relevant parts of the National Care Standards.

<p>1 Assessment Tamariki have a current needs assessment that assesses both their immediate and long-term needs</p>	<p>2 Planning Tamariki have a current plan that contains actions to address their needs, when those actions will be taken, and by whom</p>	<p>3 Tamariki views Tamariki views have been identified and considered</p>	<p>4 Family/whānau views Family/whānau views have been identified and considered</p>
<p>5 Working with others We have consulted with, and considered the views of, other professionals in our practice with tamariki and whānau</p>	<p>6 Seeing and engaging tamariki There is regular quality engagement with tamariki</p>	<p>7 Strengthening connection The needs of tamariki to establish, maintain or strengthen connections with members of their family, whānau, and/or family group have been identified and addressed in their plan</p>	<p>8 Identity and cultural needs The identity and cultural needs of tamariki are identified and addressed in their plan</p>
<p>9 Safety needs The safety needs of tamariki are identified and addressed in their plan</p>	<p>10 Education needs The education needs of tamariki have been identified and addressed in their plan</p>	<p>11 Health needs The health needs of tamariki have been identified and addressed in their plan</p>	<p>12 Caregiver assessment A full or a provisional assessment of the caregiver had been carried out prior to tamariki being placed with them</p>
<p>13 Caregiver support There is a current caregiver support plan that sets out the actions that will be taken to meet caregiver needs in order to enable them to provide quality care</p>	<p>14 Care transitions Where there is a transition for tamariki to a new care arrangement, planning has occurred to support a successful transition</p>	<p>15 Tamariki with a disability For tamariki with a disability, their disability-related needs have been identified and appropriate services and supports are in place</p>	<p>16 Tamariki Māori For tamariki Māori, tamariki are being supported to establish, maintain or strengthen connections with their marae, hapū or iwi</p>

Insights from our self-monitoring are communicated to leaders and kaimahi within Oranga Tamariki to drive continuous improvements in practice, are shared with our independent monitors to enable external scrutiny and oversight, and are reported publicly to support increased transparency and accountability.

How do we assess our performance against the lead indicators

To support us to clearly articulate our compliance with the National Care Standards, we have, for each of the lead indicators, provided an indication of compliance and an indication of trajectory.

Indication of compliance

How frequently are we sufficiently meeting the standard:

- Almost always (90% and above)
- Most of the time (70% - 89%)
- More than half of the time (51% - 69%)
- Some of the time (30% - 50%)
- Occasionally (10% - 29%)
- Almost never (less than 10%)

Trajectory of compliance

Comparing 2022/23 results with 2021/22 results:

- Increased
- No significant change
- Decreased
- Baseline (no comparable data for previous years)

Our sources of evidence

To provide a comprehensive view of practice, our self-monitoring approach draws on a range of sources of data, information and insights. These include:

- structured data from our case management system CYRAS, which provides information at the population level for all children in care and helps us understand with respect to particular Care Standards requirements **whether or not something was done** (e.g., whether there was an assessment or whether there was a plan)
- insights generated from a manual review of practice in a sample of cases, which provide a richer and deeper picture of the quality of practice and help us understand **whether things were done well** (e.g., was the assessment well-informed and did the actions in the plan adequately address the needs identified in the assessment?)
- information from surveys and other forms of engagement with tamariki, whānau and caregivers which helps us understand **whether the practice met the needs or expectations of those it was intended to support** (e.g., did the child understand their plan and did they know what was happening next?).

As an important component of our self-monitoring approach, we have also developed tools to support routine self-assessment of practice against Care Standards requirements by our frontline sites. This helps embed quality practice by building visibility of the Care Standards requirements, supporting the provision of individualised feedback to social workers on their practice, and enabling actions to be taken locally to build on areas of strength and address identified improvement needs.

Our current performance

There has been a significant improvement in the performance of Oranga Tamariki in the past year for **seven out of the 15 lead indicators** where there was comparable data from the previous reporting period.

Monitoring has identified an increase in the proportion of tamariki in care for whom there was a current assessment of both their immediate and long-term needs, planning to meet those needs, consultation with other professionals working with them, and evidence that their identity and culture, safety, health, and disability-related needs were reflected in their assessments and plans.

No areas of significant decline in performance were identified across the lead indicators since the last financial year.

Of the 16 lead indicators, self-monitoring identified that in 2022/23 Oranga Tamariki was meeting the required standard:

Almost always for four indicators:

- ninety-one percent of tamariki had a current needs assessment that assessed both their immediate and long-term needs (an increase from 72% in 2021/22)
- for 94% of tamariki with a current plan, their safety needs were identified and addressed in their plan (an increase from 88% in 2021/22)
- for 92% of tamariki with a current plan, their education needs were identified and addressed in their plan (no significant change from 2021/22)
- for 92% of tamariki with an identified disability, their disability-related needs were identified and appropriate services and supports put in place (an increase from 85% in 2021/22).

Most of the time for seven indicators:

- eighty-seven percent of tamariki had a current plan that contained actions to address their needs (an increase from 79% in 2021/22)
- for 86% of tamariki, there was evidence that their views were identified and considered (no significant change from 2021/22)
- for 84% of family/whānau, there was evidence that their views were identified and considered (no significant change from 2021/22)
- for 89% of tamariki, there was evidence that their social worker had consulted with, and considered the views of, other professionals (an increase from 75% in 2021/22).

More than half of the time for five indicators:

- for 61% of tamariki, there was evidence of regular, quality engagement with an Oranga Tamariki practitioner (no significant change from 2021/22)
- for 67% of tamariki with a current plan, their identity and culture needs were identified and addressed in their plan (an increase from 59% in 2021/22)
- while almost all cases (caregivers) included in our monitoring were fully approved at the time of our review, for 67% of those caregivers, there was evidence that a full or provisional assessment was carried out prior to the tamaiti being placed with them (no significant change from 2021/22)
- for 61% of caregivers, there was evidence of a current caregiver support plan that set out the actions to be taken to meet the caregiver's needs to provide quality care (no significant change from 2021/22)
- for 52% of tamariki Māori, there was evidence they were being supported to establish, maintain, or strengthen connections with their marae, hapū or iwi (no comparable data from previous year).

Oranga Tamariki Performance against the 16 lead indicators

	Lead indicator	2023	2022	2021	Indication of compliance	Trajectory of compliance
1	Assessment: Tamariki have a current needs assessment that assesses both their immediate and long-term needs	91%	72%	N/A	Almost always	Increased
2	Planning: Tamariki have a current plan that contains actions to address their needs, when those actions will be taken, and by whom	87%	79%	91%	Most of the time	Increased
3	Tamariki views: Tamariki views have been identified and considered	86%	85%	N/A	Most of the time	No significant change
4	Family/whānau views: Family/whānau views have been identified and considered	84%	81%	N/A	Most of the time	No significant change
5	Working with others: We have consulted with, and considered the views of, other professionals in our practice with tamariki and whānau	89%	75%	N/A	Most of the time	Increased
6	Seeing and engaging tamariki: There is regular quality engagement with tamariki	61%	59%	60%	More than half of the time	No significant change
7	Strengthening connections: The needs of tamariki to establish, maintain or strengthen connections with members of their family, whānau, and/or family group have been identified and addressed in their plan	86%	84%	N/A	Most of the time	No significant change
8	Identity and cultural needs: The identity and cultural needs of tamariki are identified and addressed in their plan	67%	59%	54%	More than half of the time	Increased
9	Safety needs: The safety needs of tamariki are identified and addressed in their plan	94%	88%	77%	Almost always	Increased
10	Education needs: The education needs of tamariki have been identified and addressed in their plan	92%	89%	78%	Almost always	No significant change
11	Health needs: The health needs of tamariki have been identified and addressed in their plan	87%	82%	78%	Most of the time	Increased
12	Caregiver assessment: A full or a provisional assessment of the caregiver had been carried out prior to tamariki being placed with them	67%	66%	N/A	More than half of the time	No significant change
13	Caregiver support: There is a current caregiver support plan that sets out the actions that will be taken to meet caregiver needs in order to enable them to provide quality care	61%	61%	N/A	More than half of the time	No significant change
14	Care transitions: Where there is a transition for tamariki to a new care arrangement, planning has occurred to support a successful transition	85%	89%	60%*	Most of the time	No significant change
15	Tamariki with a disability: For tamariki with a disability, their disability-related needs have been identified and appropriate services and supports are in place	92%	85%	N/A	Almost always	Increased
16	Tamariki Māori: For tamariki Māori, tamariki are being supported to establish, maintain or strengthen connections with their marae, hapū or iwi	52%	N/A	N/A	More than half of the time	Baseline

Key insights and discussion on self-monitoring findings

Oranga Tamariki is making a significant shift in its practice, with a new practice approach and practice framework that support relational and rights-based practice with tamariki and their whānau. Our self-monitoring of the Care Standards obligations, alongside wider self-monitoring activity such as the ongoing review of practice with unborn and new-born pēpi who enter care under section 78 of the Oranga Tamariki Act 1989,¹ has identified some positive signals that this new approach is continuing to be embedded in aspects of practice with tamariki and whānau.

Practice to establish, maintain or strengthen the connections of tamariki with their whānau or family

The number of tamariki in care for whom connections with their immediate family, whānau or family group were identified increased from 96% in 2021/22 to 99 percent in 2022/23. For 91% of tamariki, the need for connection with whānau or family was identified in their assessment and, for 90% of tamariki, this need was addressed in their plan (86% of tamariki had the need both assessed and addressed in their plan – Lead Indicator 7). For 98% of tamariki, their plan contained details on contact arrangements with members of their immediate family, whānau or family group and, for 90% of tamariki, there was evidence that they were being supported for that contact to occur.

In August 2023, Oranga Tamariki published 'Te Mātātaki',² the results of our latest survey of tamariki experiences in care. The majority of tamariki and rangatahi surveyed (77%) indicated they get to keep in touch with their birth family/whānau as much as they would like to, with half saying they 'definitely' did. Just under half of tamariki (47%) surveyed indicated they knew their ancestry (whakapapa), with two in 10 confident they 'definitely' knew it. Tamariki Māori (56%) were 1.5 times more likely than all others combined to say they knew their whakapapa.

Our monitoring of practice with unborn and new-born pēpi who enter care under a section 78 order found high levels of support services were being provided (with the aim of preventing the removal of pēpi from parent(s) or whānau care), high rates of whānau searching to provide every opportunity for pēpi to be cared for within their whānau, hapū or iwi, and a continued increase over time in the proportion of pēpi remaining in the care of their parent(s) and/or whānau following a section 78 order being granted.

Consulting and engaging with others

Most assessments demonstrated evidence that the views of tamariki, their whānau or family, caregiver and relevant professionals had been sought and considered. Our self-monitoring has identified an opportunity to continue to strengthen the visibility of these views in the plans developed for tamariki. In just under half of the cases reviewed, there was evidence of meetings taking place to engage with those who were contributing to the planning process. Around 60% of tamariki plans set out actions to be taken by partners or other professionals working with the tamariki, and there was evidence in casework that the social worker was regularly engaging with those partners/professionals to ensure those actions were underway in 79% of those cases. For 87% of tamariki however, there was evidence in casework that the social worker was carrying out their actions as set out in the plan (an increase on the 81% in the previous reporting period). For tamariki Māori, consulting with members of their hapū or iwi (outside of their immediate whānau), and ensuring those views were reflected in assessments and plans for the tamariki, remains a key opportunity area in practice, evidenced in only a small number of cases reviewed as part of our self-monitoring in 2022/23.

Our survey of tamariki experiences in care, Te Mātātaki, found that the majority of tamariki (80%) felt they got to have a say in important decisions about their life. Three in 10 tamariki said they got to have a say 'all of the time', five in 10 said 'most of the time' and about two in 10 said 'not much of the time' or 'never'.

Health, education, and disability-related needs

Identifying and addressing health, education, and disability-related needs for tamariki continue to be priority areas of focus for Oranga Tamariki.

Health needs

Our self-monitoring found that, for most tamariki (87%), health needs were identified and addressed in their plan (Lead Indicator 11) – an increase on 82% in the previous reporting period. Physical health needs were most likely to be assessed, with evidence found for 92% of tamariki. For 84% of tamariki, there was evidence that their mental health needs had been assessed where applicable. Physical health and mental health needs were reflected in 91% and 69% of tamariki plans

¹ [Third report on section 78 custody orders for unborn and new-born pēpi \(orangatamariki.govt.nz\)](https://www.orangatamariki.govt.nz)

² [Te Mātātaki 2023 | Oranga Tamariki – Ministry for Children](#)

respectively. Consideration of substance abuse-related needs remains an area of practice requiring ongoing focus, identified in 65% of applicable assessments and addressed in 40% of applicable plans for tamariki. Oranga Tamariki is continuing work with the Ministry of Health to progress data sharing to provide additional data on General Practitioner enrolments, vaccinations, and other relevant health information for the population of tamariki in care which will further support our oversight of the extent to which the health needs of tamariki are being met.

Education needs

For 94% of tamariki, there was evidence that their education or training-related needs had been assessed, an increase on 88 percent in the previous year. For 92% of tamariki, there was evidence that these needs were reflected in their plans (92% of tamariki had the need both assessed and addressed in their plan – Lead Indicator 10). Our monitoring found that, for just over one quarter of tamariki (28%), there was some form of education issue that arose during the review period that needed to be addressed. In most cases (86%), there was evidence that the social worker took steps, including consultation with others, to address those issues. Structured data has identified a reduction in the proportion of tamariki aged five and under for whom details of their education provider are recorded. This requires further exploration to understand the cause of this reduction, and to ensure that correct information on the education being provided to tamariki is captured in case recording systems.

Disability-related needs

For 28% of tamariki, there was evidence that the tamaiti had a diagnosed disability or disabilities (26% in 2021/22). Of those tamariki with an identified disability who had a current assessment, our self-monitoring found evidence that their disability-related needs had been considered in the assessment in 88% of cases (an increase from 80% in 2021/22). For those tamariki with a current plan, there was evidence that their disability-related needs had been addressed in the plan in 83% of cases (an increase from 68% in 2021/22). Our self-monitoring also identified an observed improvement in evidence of appropriate services and supports being put in place – in 2022/23, such services were identified for 92% of tamariki with an identified disability (Lead Indicator 15), an increase on 85% in the previous year. In 90% of cases, there was also evidence of appropriate services and supports for caregivers caring for tamariki with an identified disability (an increase from 76% in 2021/22).

Use of assessment and planning tools

While for almost all tamariki in care there was evidence of some form of assessment or plan (97% and 96% respectively), the use of specific organisational assessment and planning tools such as the Tuituia assessment and the All About Me Plan remain particular areas for improvement. In 2022/23, a current Tuituia assessment was identified in 43% of cases. While operational data indicates that almost all tamariki in care had some form of All About Me Plan, our case file analysis identified a decrease in the proportion of tamariki with a *current* All About Me Plan (i.e., updated in the preceding 12 months), from 53% in 2021/22 to 46% in 2022/23. Updating All About Me Plans following the transition of tamariki to a new care arrangement also continued to be identified as a key area for improvement, evidenced in less than one third of cases reviewed.

Visits

There is an ongoing opportunity to strengthen the frequency of visits to tamariki in care (including when tamariki return home to their parent(s) or usual carers), and to caregivers. For just under half of caregivers, there was evidence that they were visited by their caregiver social worker at the frequency set out in their plan (please see 'Caregivers' section below for further detail). For 65% of tamariki, there was evidence of regular engagement during our review period. Our analysis found that regular engagement was more likely to have occurred with tamariki in non-kin care arrangements (79%) than those being cared for by their whānau or family (57%). Regular engagement was also more likely to have occurred with tamariki who had been in care for a shorter period of time – for example, for 76% of tamariki who had been in care for less than one year, there was evidence of regular engagement. However, while the frequency of engagement remains an area for improvement, our self-monitoring found evidence that quality engagement had occurred for most tamariki (88%, an increase on 76% in the previous year). This has been a significant area of focus in Oranga Tamariki practice and remains an ongoing priority.

Ensuring social work assessments and/or plans establish the required visiting frequency in order to meet the needs of the individual tamaiti, also remains an area for improvement in practice. Our self-monitoring found that the required visiting frequency had been agreed and documented in the assessment or plan for 66% of tamariki – this was much more likely to be recorded in the plan for the tamaiti than in their assessment.

In our latest survey of tamariki experiences in care, most tamariki gave positive responses to the questions about their relationship with their social worker. Eighty-eight percent said their social worker does what they say they will do, and 76% felt they could talk to their social worker about their worries.

Ensuring the safety of tamariki in care

Ensuring the safety of tamariki and rangatahi who are placed in our care is of critical importance to Oranga Tamariki, and we have a dedicated Safety of Children in Care unit that reviews and measures the findings of harm for tamariki in care to help us understand what is happening for these tamariki and how we can improve our practice to prevent future harm. Our Safety of Children in Care Annual Report³ provides a detailed overview of the harm that is experienced by tamariki in care, and actions being taken by Oranga Tamariki to keep tamariki in care safe.

The Care Standards set out a number of required actions when concerns about harm to tamariki in care are raised, and we have identified and prioritised three key areas of practice within these requirements that we consider most directly relate to tamariki wellbeing. These are:

- reviewing the plan for the tamaiti throughout the assessment or investigation into the harm, to ensure the ongoing physical and emotional safety of the tamaiti
- ensuring the right support mechanisms are in place for the tamaiti to address the impact of the harm that has occurred, and
- communicating the outcome of our assessment or investigation into the harm with the tamaiti, where appropriate.

Our self-monitoring in 2022/23 found that the quality of our practice in this area has remained relatively consistent with the previous year, with tamariki plans being reviewed almost always following an allegation of harm, and supports being put in place for tamariki most of the time. There has been an improvement in the completion of caregiver reviews following allegations of harm, from 47% in 2021/22 to 73% in 2022/23. However, informing tamariki of the outcome of the assessment of the allegation remains a key area for improvement in practice, with our self-monitoring finding evidence in case recording that this had occurred for 40% of the tamariki whose cases were reviewed. Ensuring appropriate decisions are made about whether or not to commence an assessment or investigation into reports of concern about alleged harm to tamariki in care, and ensuring such assessments or investigations are undertaken in a timely manner, also remain key areas for improvement in practice.

That said, our latest Safety of Children in Care Annual Report also found there had been excellent examples of social workers establishing strong relationships with tamariki, their families, and others. This was evident in how social workers had responded to tamariki who experienced harm, how well they understood tamariki and their needs in responding to the harm they experienced, and how they brought people together, including family, caregivers, and others, to support the future safety and wellbeing of tamariki.

Care transitions

In 25% of cases reviewed as part of our self-monitoring in 2022/23, the tamaiti moved to a new care arrangement during the review period. This included when a tamaiti transitioned between caregivers, transitioned into, between or out of a residence, or transitioned home or to a permanent care arrangement. In 45% of cases where there was a care transition, Oranga Tamariki was aware of that transition in advance (i.e., it was a proactive and pre-organised change); in the remaining cases, the transition was more urgent (e.g., for safety reasons, or situations where a rangatahi 'voted with their feet' and chose to return themselves home). This compared with 55% of cases in the previous year where the care transition was 'expected'.

In 85% of cases where Oranga Tamariki was aware of the care transition in advance, there was evidence that planning had occurred to support a successful transition for the tamaiti (Lead Indicator 14) and, in 86% of cases, there was evidence of consultation with family or whānau as part of the transition planning process. After the transition had occurred, our self-monitoring found that 44% of tamariki were visited by their social worker within the first week of that transition, 59% were visited within the first two weeks, and 74% were visited within four weeks of the care transition occurring.

Almost one third (32%) of the care transitions in the review period were return home transitions. For those tamariki that had returned home, there was evidence that they were visited by a social worker every week for at least the first month (or as per the agreed frequency based on their individually assessed need) in 35% of cases. Almost half (49%) of tamariki who

³ [Safety of Children in Care | Oranga Tamariki – Ministry for Children](#)

returned home received a social work visit within the first week following their return home, 67% within two weeks, and 82% of tamariki who returned home were visited at least once within the first four weeks of returning home.

In our latest survey of tamariki experiences in care, tamariki were asked, “Do you have somewhere you feel you belong?” to assess their sense of belonging. Most tamariki (88%) indicated that they had somewhere they felt they belonged. Around one in 10 tamariki said they did not have somewhere they felt they belonged.

Transitions to adulthood

Practice for a sample of rangatahi in care who were transitioning to adulthood was reviewed by Oranga Tamariki site-based Practice Leaders as part of their operational oversight activity in 2022/23. To be eligible for transition support services, rangatahi need to be in either a care and protection placement, a residential youth justice placement or Police custody, or under remand or a prison sentence in the adult justice system before turning 18, for a continuous period of at least three months after the age of 14 years and nine months.

In 79% of cases where rangatahi in care were transitioning to adulthood, Practice Leaders found evidence of some form of transition planning activity occurring and, for just under half of rangatahi, there was a documented transition plan in place. In most of the cases reviewed, there was evidence that the rangatahi, their whānau or family, their caregiver(s), and other significant people had been involved in that transition planning. Assessing and planning for the life skills of the rangatahi, assisting them to obtain the necessary official documentation before they turn 18, assisting them to access services independently (such as health, education, housing, employment, financial and legal services), and ensuring rangatahi are aware of their legal requirement to enrol on the electoral roll were identified as key areas for improvement in practice. However, we note that it can be particularly challenging to find evidence of some of these requirements in case recording, and it is likely that additional information, advice, and support for rangatahi is being provided than that evidenced by monitoring. Work is currently underway to develop a new life skills assessment tool, to enable better support for the development of life skills prior to rangatahi leaving care.

In June 2023, Oranga Tamariki published the results of ‘Just Sayin’,⁴ our third annual survey of rangatahi eligible for transition support services. The survey found most eligible rangatahi agreed to having a transition worker (82%), thought the transition worker made things better for them (81%), and knew how to contact their transition worker if they needed to (72%). Around half of the rangatahi surveyed recalled being spoken with to develop a plan for their transition, and only one third said they had a copy of their plan. When asked what skills they wanted to learn for the future, a driver’s licence and money management were the two most common responses from the rangatahi surveyed.

Caregivers

Sixty percent of tamariki whose cases were reviewed as part of our self-monitoring in 2022/23 were placed with an Oranga Tamariki caregiver at the time the review was completed. While the current caregiver of those tamariki was fully approved in almost all cases (98%) at the time of our review, operational monitoring by the Caregiver Recruitment and Support team in 2022/23⁵ found that, in two-thirds of cases, there was evidence that a full or provisional assessment of the caregiver was carried out *prior* to the tamaiti being placed with them (Lead Indicator 12). This was more likely to have occurred for tamariki placed with non-whānau caregivers (76%) than with family or whānau caregivers (59%). Some of the reasons why a tamaiti would be placed with a caregiver prior to a caregiver assessment being carried out include operational pressures around placement or caregiver availability, and the need to ensure a child or young person is in a safe living environment, or a whānau member who is known to the child or young person has agreed to have care of the child or young person as an alternative to them being placed in a non-kin caregiving arrangement. In both circumstances, Police and vetting checks are progressed prior to placement. Where a current caregiver is not fully approved, ensuring there is a plan in place (and recorded) for how the caregiver will be closely monitored until the caregiver approval is complete is an important step that requires ongoing focus and oversight. Likewise, ensuring the timely review of caregiver approvals where required remains an area of focus for the coming year, with such reviews completed on time in only half of the cases reviewed (although performance has improved this year in comparison with 2021/22).

Oranga Tamariki policy requires that all caregivers have a support plan specifying the training, resources and supports needed to build their capability to care for tamariki. This includes the frequency of visits to the caregiver, by their caregiver social worker. Our self-monitoring in 2022/23 found that, in 85% of cases where tamariki were placed with a caregiver, there was evidence of a current caregiver support plan. Ninety percent of those caregiver support plans specified the frequency of visits to the caregiver by their caregiver social worker, a significant increase from 56% reported in 2021/22.

⁴ [Transition Support Service evaluation 2022 | Oranga Tamariki – Ministry for Children](#)

⁵ Using the Caregiver Assessment and Review Quality Practice Tool (QPT)

In 47% of cases, there was evidence that the caregiver social worker had carried out those visits at the frequency set out in the plan (an increase from 29% of cases in 2021/22). In most cases, there was evidence the caregiver social worker was carrying out the actions agreed to in the caregiver support plan; ensuring those plans fully reflect the needs of tamariki, and address any needs for respite care, remain key improvement opportunities in support planning. While case file analysis in previous years relied solely on information recorded in the Oranga Tamariki case management system CYRAS, in 2022/23 reviewers were also able to look for evidence in the recently implemented Caregiver Information System. This increased access to recorded information on practice to support caregivers, alongside an increased operational focus on strengthening the support provided to caregivers caring for tamariki, would be one factor contributing to the improved performance reported in the 2022/23 year.

In June 2023, Oranga Tamariki published 'How well is Oranga Tamariki supporting caregivers?',⁶ the results of our latest caregiver survey. The survey found evidence of good relationships between caregivers and their social workers, with 81% of caregivers feeling respected by their social worker and 72% reporting their social worker was available when needed. However, there were opportunities to strengthen the provision of services and support to caregivers to enable them to meet the needs of the tamariki in their care; 45% of caregivers said they were satisfied with the support provided, and 47% of caregivers felt valued by Oranga Tamariki. Whānau caregivers were slightly more likely to report feeling satisfied and valued than non-whānau caregivers. When asked about the areas in which they were most in need of support for the tamariki in their care, education/childcare/schooling, services/supports for responding to behavioural needs, and support for whānau visits were the three areas most commonly identified by the caregivers surveyed, reflecting the importance of an effective whole-of-system response to meeting the needs of tamariki in care.

Practice with tamariki and whānau Māori

As part of its obligations to tamariki and whānau Māori set out under section 7AA of the Oranga Tamariki Act 1989, Oranga Tamariki is required to ensure that its policies, practices and services have regard to mana tamaiti (tamariki), the whakapapa of Māori tamariki and rangatahi, and the whanaungatanga responsibilities of their whānau, hapū, and iwi.

Strengthening our understanding of the quality of practice for tamariki and whānau Māori is a foundational principle and key priority of our self-monitoring approach. In 2022/23, as part of our self-monitoring of practice against the Care Standards obligations, we reviewed the quality of practice for 483 tamariki Māori (out of a total sample of 702 cases assessed). Organisationally, we also reviewed data from a range of sources to enable us to track and report publicly on our progress in reducing disparity for the tamariki and rangatahi Māori we work with.

With respect to our self-monitoring of practice against the requirements of the Care Standards, our review included a consideration of aspects of practice relating to supporting:

- the participation of tamariki Māori, their whānau and, where appropriate, their hapū and iwi, in key decisions affecting them
- the placement of tamariki Māori in care with members of their whānau, hapū or iwi who are able to meet their needs, including their need for a safe, stable and loving home
- tamariki Māori to establish, maintain or strengthen their sense of belonging through cultural identity and connections to whānau, hapū and iwi
- strengthening and assisting tamariki Māori in care, and their whānau, to prepare for their return home or transition into the community.

While our self-monitoring has found evidence of good efforts in most cases to support tamariki connections with their family or whānau, there remains an opportunity to strengthen practice in supporting the connections of tamariki Māori with their marae, hapū or iwi (beyond their immediate whānau connections). We found:

- almost half of the tamariki Māori whose cases were reviewed (44%) whakapapa Māori on both their maternal and paternal sides (based on the information available in case recording). Thirty-six percent whakapapa Māori only on their maternal side, and 16% on their paternal side. In four percent of cases, this was unable to be determined from case recording
- for almost all tamariki Māori (99%) whose cases were reviewed, members of their immediate family, whānau or family group had been identified by their social worker. In 25% of cases, there was evidence that other people important to the tamariki had been identified and, in only 11% of cases, there was evidence that connections for the tamariki with key people from their marae, hapū or iwi had been identified

⁶ [Caregiver-Survey-2022.pdf \(orangatamariki.govt.nz\)](#)

- for 90% of tamariki Māori with a current assessment, their need to establish, maintain or strengthen connection with their whānau, family or family group was identified in their assessment and, for 89% of tamariki Māori with a current plan, this need was addressed in their plan. In 76% of cases,⁷ there was evidence that the whānau had an opportunity to undertake their whanaungatanga responsibilities for their tamaiti (for example, whānau, hapū or iwi may have taken specific support roles in the plan for the tamaiti, or there may have been case note evidence of our supporting the tamaiti to travel with their whānau to attend events of significance to them). For 52% of tamariki Māori, there was evidence in casework that they were being supported to establish, maintain, or strengthen connections with their marae, hapū or iwi (Lead Indicator 16)
- for 97% of tamariki Māori, their plan contained details on contact arrangements with members of their immediate family, whānau or family group. In only 9% of cases, the plan contained contact arrangements outside of their whānau or family group with other key people from their marae, hapū or iwi. In 68% of cases for tamariki Māori where other people who were important to them had been identified, their plan contained details on contact arrangements with those people. In 89% of cases, there was evidence that tamariki Māori were being supported to have contact with their family, whānau or family group and, in 67% of cases, they were being supported to have contact with other people who were important to them
- in almost half of the cases (47%), there was evidence that one or more meetings (e.g. hui ā-whānau, family meeting or other planning meeting) were held to engage with those who were contributing to the planning process. For 85% of tamariki Māori, there was evidence that their social worker had identified and considered their views in assessment and planning and, in 83% of cases, there was evidence that the social worker had considered the views of their family/whānau
- in 80% of cases, there was evidence that over the review period the social worker had provided regular updates on the progress and development of the tamaiti to their family, whānau or family group
- twenty-seven percent of tamariki Māori whose cases were reviewed had moved to a new care arrangement during the review period. Forty-two percent of these care transitions were expected, meaning that the decision had been proactively made for the tamaiti to move to a new care placement at some time in the future and there was time for that transition to be planned. In 82% of these cases, there was evidence in recording of planning to support a successful transition for the tamaiti. During that planning, there was evidence that the social worker had consulted with the tamaiti in 91% of cases, with their family, whānau or family group in 85% of cases, and with their caregiver (or residence manager if applicable) in 90% of applicable cases before the transition.

In our latest survey of tamariki experiences in care, 79% of tamariki Māori surveyed said they get the chance to learn about their culture. This was 1.6 times higher than all other tamariki surveyed combined.

Wider organisational data has shown an ongoing increase in the percentage of tamariki Māori in an out-of-home care placement for more than three months who were placed with their whānau – increasing from 74.4% in 2019/20 to 76% in 2020/21, and to 77.6% in 2021/22 (the most recent available data). Organisational data has also shown a year-on-year increase in the proportion of tamariki Māori with an identified iwi affiliation – increasing from 84% in 2019/20 to 89% in 2020/21, and to 91% in 2021/22 (the most recent available data).

Discussions with sites as part of wider self-monitoring work have identified some challenges around the effective documentation/evidencing in CYRAS of the support being provided by kairaranga ā-whānau (specialist Māori roles with a focus on identifying and engaging significant whānau, hapū and iwi members in decision-making for their tamariki), including access to and training in CYRAS and concerns about the cultural appropriateness of recording whānau stories and whakapapa. Further work is underway to consider how cultural support is documented and evidenced in case recording.

Our overall performance

In 2021/2022 Oranga Tamariki assessed ourselves as being partially compliant across the full suite of Care Standards. The findings of our self-monitoring in 2022/23 indicate that Oranga Tamariki has improved (in some cases quite significantly) the extent to which it is compliant across a number of areas of practice required by the Care Standards, although work remains to ensure all tamariki in care are achieving a consistent level of support that meets the full range of expected standards.

⁷ This question was newly introduced in the second round of case file analysis (out of three) in 2022/23 and the result is based on a smaller number of reviewed cases (325 out of total 483 cases for tamariki Māori).

For 2022/2023, we would assess ourselves as remaining partially compliant but with substantial improvements against the Care Standards as a whole, noting there are a number of lead indicators where the evidence supports an assessment of compliance most of the time or almost always

Oranga Tamariki has a comprehensive transformation programme underway that will lead to improved experiences and outcomes for the tamariki, rangatahi and their whānau that we support. In particular, the focus on relational, inclusive and restorative practice based on Te Ao Māori principles, and increased partnerships with Māori and communities, will enable improvements for tamariki and rangatahi experiences in their relationships with social workers and their connection with their whānau, whakapapa and culture. At a system level, work underway to strengthen the wider system of services and supports for tamariki in care will also be essential to ensuring their full range of oranga needs are met. This will require continued strengthening in the way that Oranga Tamariki delivers its services. However, it will also require other Government agencies, who are part of the Children's System, to continue to find ways to prioritise the needs of tamariki in care. There are examples of this work underway already through the Oranga Tamariki Action Plan and we expect this work to continue with our partner agencies.

More information about the Oranga Tamariki Action Plan can be found here: [Home | Oranga Tamariki Action Plan](#)

Our annual report⁸ provides detailed information on how we're doing, and actions underway to continue to improve, across the full spectrum of our work with tamariki, whānau and communities. Please note that the 2022/2023 Annual Report is due for publication by 20 October 2023.

⁸ [Annual Report | Oranga Tamariki – Ministry for Children](#)