#	Recommendation 1 "The Ministry:	Service line responsible and key contact	Deliverable and Key milestone(s)	Progress as of 31 <sup>st</sup> October 2020	Estimated Completion Date
1(a)	1(a) ensures its current policies, training material and practices make explicit that without notice interim custody applications are reserved for exceptional urgent cases where all other options to ensure the safety of pēpi are unavailable;	Professional Practice Group	New s78 process introduced following Hawkes Bay Practice Review (HBPR) that unless there is a clear need for action to protect a child from immediate and imminent danger, all interim custody orders will be made 'on notice' to ensure the family has the opportunity to have their say before a judge makes a final decision. All without notice applications have to go through additional checks to ensure they are the only viable option for safety.  We are also planning to strengthen the existing policy and training materials.  Key milestones are:  Review and amendment of existing policies (Dec 2020)  Communication and additional training in respect of changes (March 2021)	Since the approval process was implemented in November 2019, we have seen a dramatic reduction in the number of tamariki entering care under s78 generally, and especially without notice.  As an example, the number of tamariki coming into our care in 2019/20 under without notice s78 orders is less than a third of previous years ( 373 in 19/20 compared to 1068 in 18/19) Some additional analysis is due to be completed around s78 applications for pēpi, in order to determine the impact of the 6 November 2019 changes. We will provide you with a copy of this analysis when complete  Policy and training  The existing policies on the Practice Centre have been reviewed and strengthened. Amended policies should be live on the Practice Centre by the end of 2020.  Compliance with the new s78 approval process is high and continues to be monitored by Operational Support and the Quality Practice Tools process.  Additional training in respect of the strengthened policies will be scoped in early 2021	March 2021
1(b)	1(b) develops comprehensive guidance with clear criteria to enable its staff to assess the viability of other options to ensure the safety of pēpi in urgent cases;	Professional Practice Group	New guidance to be developed and implemented.  Key milestones are:  Scope confirmed (29 Oct 2020)  Draft policy endorsed by our internal quality assurance process (March 2021)  Implementation (March 2021)	The review completed in relation to 1(a) has fed into this work. The Practice team is currently reviewing the existing guidance on emergency pathways. This will be strengthened and updated. Amended policy should be completed and live by March 2021.	March 2021
1(c)	1(c) exercises best endeavours, in all but the most exceptional of cases, to use a place of safety warrant or truncated notice period when the Ministry learns of a pregnancy at a late stage and determines pēpi to be at imminent risk;	Services for Children and Families	New s78 process introduced following Hawkes Bay Practice Review (HBPR) (set out in 1(a) above).	This approval process has now been in place for almost a year (from 6 November 2019).  The new process has seen a reduction in both the use of without notice s78 orders, and the number of babies entering care overall. Where s78 orders are applied for, truncated notice periods are used wherever possible to allow whānau the opportunity to have their say before a Judge makes a decision.  Place of safety warrants continue to be used in situations where we have had no previous involvement or notification for a pēpi, and there are serious and immediate concerns for their safety.	Completed (process now BAU)
1(d)	<b>1(d)</b> takes immediate measures in terms of reports of pēpi at risk to ensure that all statutory requirements are met, and in particular:	Professional Practice Group, Services for Children and	Creation of a dashboard or other regular reporting mechanism which sets all Reports of Concern for newborn/unborn pēpi against these three measurables.	Initial design has been completed on a new reporting mechanism, with a view to implementation in early 2021	December 2020

	<ul> <li>i) commences an investigation as soon as practicable (section 17(1)(a) of the Act);</li> <li>ii) consults a Care and Protection Resource Panel in all cases and as soon as practicable after an investigation has commenced (section 17(1)(b), and at subsequent stages where required (sections 21(1)(a) and 31(1)(e) of the Act);</li> <li>iii) convenes a family group conference (section 18(1) of the Act);</li> </ul>	Families and Business Information	The Quality Assurance team are determining whether to include these three measurables in their Practice Leader monthly checks which were introduced in response to HBPR (described in response to 2(a))	Services for Children and Families has completed some work on improving timeliness with convening FGC, and Intake response rates for all tamariki, but it should be noted that our ability to conduct FGC's was significantly impacted by COVID 19 restrictions (particularly Level 3 and 4 restrictions). This will likely impact on our annual reporting on timeliness for convening FGC's.	
1(e)	1(e) establishes timeframes, reporting frameworks, quality assurance and monitoring to demonstrate appropriate ongoing compliance with all statutory requirements as these relate to without notice removals of newborn pēpi; and	Services for Children and Families and Professional Practice Group	Exploring possibility of a subset group of monitoring within the reporting mechanism identified above to include those pēpi entering care under without notice s78s.  Quality Assurance and monitoring requirements of this recommendation can be included in their case analysis work under recommendation 2(o)		December 2020 (to get the reporting mechanism in place)
1(f)	<b>1(f)</b> reports publicly against the framework for monitoring detailed in recommendation <b>1(e)</b> every six months.	Policy and Organisational Strategy	Public report produced each six months and aligned with existing public reporting cycles		
#	Recommendation 2 "Additionally, the Ministry:				
2(a)	<b>2(a)</b> reviews its processes to ensure that all cases involving unborn or newborn pēpi are given the necessary priority;	Services for Children and Families	A requirement for Practice Leaders was introduced in November 2019. They must review all reports of concern received for unborn/newborn pēpi at their site, and ensure that appropriate support, assessment and action has been undertaken.	A Practice note to guide this process was issued in early 2020. Compliance with the new process has been high. Process is now considered to be part of our standard operations.	Completed (process now BAU)
2(b)	<b>2(b)</b> reviews its policies and practices to ensure whānau engagement is prioritised in all cases involving unborn or newborn pēpi, including family group conferences and hui ā whānau where appropriate;	Professional Practice Group	Review and amend policies and procedures for the process of removing newborn pēpi, once section 78 interim custody orders are granted  Key Milestones are:  Intake and early assessment policy and guidance updated (complete)  New decision response tool published (complete)  Work to be linked to the PPG Practice Programme (Dec 2020)	The intake and early assessment policy and guidance has been updated and a new decision response tool published. Both these policies have been updated in emphasise the need to prioritise whānau engagement. Both documents are on the external facing Practice Centre  A final reconciliation against the guidance published needs to be undertaken. If there are any residual items, this will be picked up in the Practice Programme.	December 2020
2(c)	2(c) develops, in partnership with iwi and other Māori groups a national strategy for:  i) effective engagement with whānau, hapū, and iwi, including provision for localised relationship-based implementation with centralised support; and  ii) enhanced cultural competency of staff;	Treaty Response Unit	Any national strategy needs to be considered in the context of other engagement with iwi and Māori groups. Oranga Tamariki is in the process of establishing a new Treaty Response Unit which will be considering how to implement this recommendation.		Tbc
2(d)	<b>2(d)</b> develops memoranda of understanding with the Ministry of Health, the DHBs midwifery representatives, and other relevant parties to ensure appropriate information sharing, clear and defined roles, and effective early planning for atrisk pēpi;	Professional Practice Group	We currently have a memorandum of Understanding between Oranga Tamariki, NZ Police, Ministry of Health and each DHB. This sets out our relationship and commitment to cross agency work. A number of schedules on specific operational processes sit beneath this MoU.	The first joint meeting with key Health participants was held in August 2020.  An internal consultation hui with Oranga Tamariki Hospital Liaison Practice Leaders was held in September 2020	July 2021

			New Schedule to be developed to sit under the existing MOU with DHB's and Police  Key milestones are:  • First joint meeting of the Working Group of Health stakeholders (Aug 2020)  • Regional Hui (Sept 2020)  • MOH to identify and provide resource (TBC)  • Draft schedule (May 2021)  • Final schedule (July 2021)	Internal work completed to identify the current arrangements in place between Oranga Tamariki and DHB's and sites. Analysis to be completed to assess key principles and practice that could be utilised in a National agreement.  Health is to convene a second meeting, appoint a project leader and source resource for the project by early 2021.	
2(e)	2(e) works with the relevant providers to ensure that all social workers are trained in, and engage, trauma-informed practice that is underpinned by te Ao Māori, and consults with the Social Workers Registration Board to assist with the achievement of this;	Professional Development	Key milestones:  Puawai Induction programme (for new social workers)  The following new modules are being developed:  • 3x new modules on trauma-informed practice (1 October 2020)  • Vicarious trauma webinar (20 October 2020)  • Intergenerational trauma - impact of colonisation (20 August 2020)  Puawai full programme first test run from 1 October 2020  Leaders in Practice Programme (training forum for Practice Leaders)  The following new modules are being developed:  • 1x module leading practice from a trauma informed lens (March 2021)  • Vicarious trauma impact on kaimahi ora - supervision techniques (March 2021)  Leaders in Practice Programme delivery begins (March 2021)	New induction modules completed. Currently in testing.	March 2021
2(f)	2(f) develops specific guidance for cases involving unborn and newborn pēpi that:  i) requires trauma-informed social work practice when parents have experienced childhood abuse and/or neglect, been themselves in care or had tamariki previously removed by the Ministry;  ii) reflects the obligations on the Ministry to ensure that where pēpi are at risk, parents and whānau should be provided assistance to support them in discharging their responsibilities to pēpi;	Professional Practice Group	Develop guidance for cases involving unborn and newborn pēpi  Key Milestones for 2(f)(i) are:  • Scope confirmed (Feb 2021) Guidance completed and endorsed by QA checkpoint (May 2021) • Implementation (June 2021)  2(f)(ii) this is likely to be led by Early/ Intensive Intervention team, with assistance from the Professional Practice Group. This will build on current pilots around early and intensive intervention, including Ngā Tini Whetu. Ngā Tini Whetu. Is a new initiative for whānauthat will see additional early support offered to 800 whānau across the North Island, to lift child and whānau wellbeing and resilience. It is collaboration between		June 2021

			Oranga Tamariki, Te Puni Kōkiri, ACC and the Whānau Ora Commissioning Agency that has been underway since December 2019, with investment coming from three government agencies (combined investment of \$42.2 million over two years).		
2(g)	<b>2(g)</b> develops clear guidance, with supporting tools, for social workers to ensure all legislative and procedural safeguards are engaged with respect to subsequent tamariki, pending the outcome of the Ministry's review of the subsequent children provisions;	Professional Practice Group	Develop clear guidance with supporting tools  Key Milestones are:  Scope confirmed (October 2020)  Process and communication approved by QA checkpoint (Feb 2021)  Implementation (June 2021)	Work has been initiated to review the current policy and guidance, with scope confirmed	June 2021
2(h)	2(h) amends its policies and practices relating to the subsequent children provisions to make clear that social workers are responsible for actively seeking out up to date information and conducting a full assessment of the parents' current circumstances;	Professional Practice Group	Amended policy and practices relating to subsequent children provisions  Key Milestones are:  Scope confirmed (October 2020) Process and communication approved by QA checkpoint (Feb 2021) Implementation (June 2021)	Work has been initiated to review the current policy and guidance, with scope confirmed	June 2021
2(i)	2(i) works with relevant agencies to assist parents who have had previous tamariki removed with access to independent advocacy during the Ministry's assessment and intervention phases;	Policy and Organisational Strategy	Advice to Minister on Ombudsman's recommendation wrapped up into subsequent children policy work and additional support to whānau  Key Milestones are:  Report to Minister (11 December 2020) Cabinet paper (March 2021)		Ongoing
2(j)	2(j) amends its overarching Practice Standards, as well as its policies, procedures, and practices to recognise the rights of disabled parents and ensure full compliance with the United Nations Convention on the Rights of Persons with Disabilities;	Initially Policy and Organisational Strategy	Part of broader disability work programme being developed by the Policy Group – scope and resourcing currently being developed	We have accepted in principle the Ombudsman's recommendations to amend policies, procedures and practices to recognise the rights of disabled people (parents and tamariki), and to develop an improved approach to disability that applies a social and rights-	
2(k)	2(k) ensures all its policies, procedures, and practices are consistent with the social model of disability and a rights-based framework by:  i) providing reasonable accommodation;  ii) explicitly recognising that drug and/or alcohol misuse and mental health needs require a disability rights-based response;  iii) ensuring disabled parents have access to specialist advocacy during the assessment and intervention phases;		As above	based approach to disability, consistent with the New Zealand Disability Strategy.  To develop this approach, we will work with Disabled Peoples Organisations, and Māori to uphold our Te Tiriti o Waitangi commitments and fulfil our requirements under section 7AA of the Oranga Tamariki Act 1989. We have also committed to working closely with Office of the Ombudsman to develop this approach and work programme further.  We will be developing the approach as the first step, and this will inform the development of a more comprehensive work programme in early 2021. The work programme will build on work already underway, including:  • work to develop a child advocate role to support disabled tamariki.	

				<ul> <li>recent changes to remove the separate care pathway (s 141) for disabled children, and ensure they get the same rights and protections.</li> <li>work to understand disability data and improve data collection.</li> <li>updating practice guidance to support improved practice for disabled tamariki and disabled whānau.</li> </ul>	
2(l)	<b>2(I)</b> in implementing recommendations <b>2(j)</b> and <b>(k)</b> above, closely consults with and actively involves disabled people, their whānau and organisations that represent disabled people, as well as other relevant agencies within the system;		As above	Initial contact has been made with both the Office for Disability Issues and the Ombudsman's Disability rights team. An engagement strategy will be developed in the coming months	
2(m)	2(m) ensures all parents have information about their legal rights, including information about accessing legal aid, in an accessible format	Policy and Organisational Strategy ( Legal Services)	Development of a new resources for whānau to provide information about legal rights and accessing legal aid	Oranga Tamariki has partnered with Te Kopu Education and Research Limited to deliver the 'Te Korimako' legal education programme to iwi and Māori social service organisations who support vulnerable whānau around the country. The purpose of the training is to provide information and tools that can be used to assist whānau, hāpu and iwi who come to the attention of Oranga Tamariki and the Family Court. The education is designed to ensure that, wherever possible, tamariki Māori remain in the care of their own whānau, hapū and iwi.  A new resource has been developed by Legal Services to provide families and whānau with information about legal aid, how to find and access a family lawyer, and linking to the Te Korimako resource page. This is likely to be ready for publication late 2020/early 2021	December 2020
2(n)	<ul> <li>2(n) develops specific policies and procedures for the process of removing newborn pēpi, once section 78 interim custody orders are granted, that: <ol> <li>i) ensure, to the fullest extent possible, planning, communication and information sharing with parents, whānau, DHBs and midwives;</li> <li>ii) ensure, to the fullest extent possible, the removal of pēpi takes place in a manner that reflects ngākau maharatanga me te ngākau aroha, a period of quality time that encompasses consideration, empathy, sympathy and love; minimises trauma; and provides parents and whānau with support and clear information on next steps;</li> <li>iii) explicitly recognises the right of pēpi to be breastfed consistent with the United Nations Convention on the Rights of the Child, as well as guidance from the World Health Organization and the Ministry of Health;</li> <li>iv) reflect best practice to support breastfeeding;</li> <li>v) ensure appropriate therapeutic and other support is available to all parents who have had pēpi removed from their care; and</li> </ol> </li> </ul>	Professional Practice Group	New policies and procedures developed for the process of removing newborn pēpi, once s78 interim custody orders are granted. Some of deliverables in relation to i), ii) and iii) of this recommendation will be addressed by the work being completed in response to recommendation 2(d)  Policy and guidance will be amended to align with the new schedule with DHB's and midwives, so is dependent to an extent on completion of that work.  Ministerial decision may be required for aspects (v) - that are not currently within scope of the subsequent children work programme, as it recommends support be available to "all parents who have had pēpi removed from their care", not just those who have had a previous child removed.	See progress update in relation to recommendation 2(d) in respect of 2(n) (i)-(iii)  Scope has been confirmed for reviewing breastfeeding guidance. Consultation has been completed with Hospital Liaison Practice Leaders. It is anticipated that this guidance will be completed by June 2021	September 2021

2(0)	2(o) regularly audits case files to ensure compliance with policy and practice guidance.		Planning and design currently underway, first audit process to commence January 2021.  Key milestones are:  Confirm scope and engagement with the Office of the Ombudsman (Oct 2020)  Detailed questionnaire and sampling methodology design and testing (December 2020)  First round of case file audit completed (Feb 2021)  Insights generation and reporting from first round of case file audit (March 2021)	Scope confirmed	March 2021
#	Recommendation 3				
3	3) The Ministry reports back to me on its achievement of recommendations 1 and 2 on a quarterly basis for the next year, with the first report by 4 November 2020.'	Review Management Team	Reports due: 4 November 2020 4 February 2021 4 May 2021 4 August 2021		November 2020
	Chief Executive Commitments				
1	The Chief Executive has publicly committed to a review of the 74 cases reviewed by the Ombudsman's office, including making reparation to the affected families if needed.	Complaints and Feedback	Initial scoping of this work is underway and should be completed by November 2020.		Early 2021