



**ORANGA
TAMARIKI**
Ministry for Children

Safety of Children in Care

Annual Report

July 2021 to June 2022



Acknowledgements

Authors

Safety of Children in Care
Oranga Tamariki

Acknowledgements

This report reflects the work undertaken across Oranga Tamariki to keep children in care safe and free from harm. We would like to acknowledge the children and young people whose voices remain strong in this space and who provide a constant reminder to us all of the importance of honest and challenging conversation to provide the best for them. We also wish to acknowledge the work of individual practitioners in supporting children to raise concerns and in addressing them once raised.

Disclaimer

We seek to tell the children's stories in a way that reflects what is known without disrespecting their right to privacy.

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Contents

Introduction	4
Guide to the Annual Report	5
Additional Information	6
Ensuring Safety and Wellbeing of Children in Care	7
Overview	8
Findings	
Neglect	12
Emotional Harm	14
Physical Harm	16
Sexual Harm	18
Insights	20

Introduction

When children come into care, Oranga Tamariki is responsible for providing them with stable and loving care arrangements that meet their needs, and ensuring they are safe.

Evidence tells us that children who have suffered abuse and neglect are at greater risk of experiencing further harm.

The Safety of Children in Care Unit within Oranga Tamariki was established in 2018 to enable us to better understand and prevent harm to children in care.

The Unit and its regular reporting is one aspect of a demonstrated commitment to openness and continuous improvement to ensure the safety of all children.

All children and young people reported on in this report have had their allegations of harm assessed, and their plans reviewed to strengthen care arrangements and provide for their safety.

The insights provided by the data in this report enable us to continue to put in place changes to better support children, young people, their whānau or family, and caregivers.

Guide to the Annual Report

Harm is defined as an action or inaction that meets the definition of the four abuse types: neglect, emotional abuse, physical abuse, and sexual abuse (as described in the report).

This report provides detailed information relating to:

- the overall number of individual children who have experienced harm
- the number of individual children who have had more than one finding of harm in the past twelve months
- the number of individual children who have experienced each type of harm
- the number of findings of each type of harm experienced
- where the child was living when the harm occurred
- whether the harm occurred inside or outside the placement
- who is alleged to have caused the harm
- the number of people who are alleged to have caused more than one finding of harm in the period, and
- the key characteristics of the people who are alleged to have caused the harm.

The level of detail in this report is based on a commitment to be open and transparent whilst protecting the privacy of those affected by the harm.

We have not provided details of circumstances that relate to less than five children or adults. This is in line with accepted ethical standards adopted in comparable studies and prevents the risk of identification or self-identification.

We have provided descriptive scenarios to illustrate clusters of harmful behavior. These are composite summaries made up of the predominant factors present in several situations and do not describe one circumstance for one individual child.

There are several ways the data is collated:

- When we report the overall number of individual children with a finding of harm, we count children only once even if they have more than one finding of harm.
- When we report the number of individual children within each type of harm, we are counting children once within each type of harm but the sum of all the types will be greater than the overall number of individual children as some children have experienced more than one type of harm.
- When the number of findings of harm is reported, this number reflects all findings and therefore a child may be counted more than once in the following circumstances:
 - if they experience more than one incident of harm (this describes a distinct and separate harmful activity taking place in a different time period, as we recognise that often what is described as a harmful event reflects repeated behaviours and not a one-off event)
 - and/or the finding relates to more than one person who caused the harm
 - and/or an incident relates to more than one abuse type
- When we report on the person alleged to have caused the harm, individuals are counted for every finding recorded against them. This may reflect findings for more than one child or for different types of harm.

Additional Information

Terminology

The terms 'child' or 'children' are used within this report to refer to all children and young people under the age of 18, irrespective of what age group they are in. When we use the term 'young person' or 'young people' in this report, we are specifically referring to individuals who are aged 14 years and above as this is the legal definition. Children in care are defined as being subject to a custodial order or legal agreement under the Oranga Tamariki Act in the care or custody of the Chief Executive of Oranga Tamariki.

Ethnicity data is based on ethnicities recorded for a child or young person. Descriptions of the ethnic groups used for reporting are:

- Māori – children who identify Māori (but not Pacific) as one of their ethnicities.
- Māori-Pacific – children who identify both Māori and Pacific as their ethnicities.
- Pacific – children who identify Pacific (but not Māori) as one of their ethnicities.
- Other – children who do not identify Māori or Pacific as any of their ethnicities, includes "New Zealand European" and "Not specified".

In this report tamariki Māori and tamariki Māori Pacific refers to children and young people who identify as either Māori or Māori Pacific.

Kairaranga ā-whānau is a specialist Māori role within Oranga Tamariki. The literal meaning of the term is: a person who is a weaver of family connections. The role includes identifying and engaging whānau, hapū and iwi members in decision-making for their tamariki as early as possible and supporting and/or facilitating hui ā-whānau. The role also assists Oranga Tamariki staff to integrate cultural knowledge and practice into decision-making processes.

The language we use reflects standard definitions and terminology to describe the four abuse types: neglect, emotional abuse, physical abuse, and sexual abuse (as described within the report).

The numbers reported are based on the date the findings are made, not the date of the harm experienced by the children.

Examining harm in different placement types

For this review, all placement arrangements are considered including those where children return or remain at home and those where they live more independently. We have grouped smaller placement types together under non-family placement (see placement type classification for detail). We have grouped all residences together, both care and protection and youth justice. We acknowledge this describes a range of situations, but it enables us to aggregate information in order to prevent identification or self-identification by the individuals involved.

Placement type classifications

A **family placement** is an out of home placement where a child has been brought into the custody of the Chief Executive and supported to live with a member of their family as their caregiver (who has been assessed and approved).

A **non-family placement** is an out of home placement where a child has been brought into the custody of the Chief Executive and supported to live within the following arrangements: with unrelated caregivers who have been assessed and approved as caregivers; in family home and other group home settings such as therapeutic homes; or in independent living situations. These placements include care by caregivers and staff members managed by Oranga Tamariki, by NGO providers and by iwi Support Services.

Return/remain home placement describes arrangements where children are in the legal custody of the Chief Executive but return to or remain in the care of their immediate family (usually parents). These placements are most commonly used where we are attempting to support the reunification of a family, while still maintaining legal custody.

Residential placement describes an out of home placement that provides a secure living environment for children who are in the custody of the Chief Executive (includes care and protection and youth justice).

In some circumstance's children were harmed away from their current placement, e.g. children harmed by parents during a contact visit, or children harmed while missing from their care arrangement. This report includes harm that occurs outside of placement. Wherever possible we have contextualised the incidents and provided narrative to enable better understanding of the circumstances. The harm experienced by children in care is caused by a range of people.

Classification of people alleged to have caused the harm:

Whānau/family caregiver describes a person who provides care for a child who has a family connection or other significant connection to the child.

Non-whānau/family caregiver describes a person who provides care for a child who does not have a pre-existing connection to the child and who is not related to the child.

Parent (as caregiver) refers to the person who has been in the parenting role for the child prior to entering care and continued providing care or had the child returned to their care (in the main this describes biological parents but can describe grandparents or other family members who have previously been in the parent role for the child).

Staff (Oranga Tamariki & CFSS)¹ describes a person employed directly by Oranga Tamariki or through contractual arrangements with NGO and iwi providers to provide care in a number of settings.

Children in placement refers to all children living in the same household/environment as the child in care (this could describe other children in care or a caregiver's own children).

¹ CFSS refers to Child Family Support Services provided by NGO and iwi providers.

Child not in placement describes all children who do not live in the same household as the child in care and could describe related children or unrelated children.

Parent (not as caregiver) describes the biological/or de facto parent of a child who is not currently providing care for the child.

Adult family member refers to all family members aged over 18 who are not defined as parents or caregivers and are not currently providing care for the child.

Non-related adult describes any person over 18 who does not fall into any of the other categories. This could include a babysitter or unrelated household member or a stranger to the child.

Ensuring Safety and Wellbeing of Children in Care

How we respond to allegations of harm for children in care

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

Social workers arrange and provide support to children to ensure they feel safe and secure and to address any impact of the harm they have experienced. Once the assessment has been completed, a social worker determines whether the harm meets one of the four abuse types and records this in the child's records, along with the details of the person who allegedly caused the harm. This information forms the basis of a finding of harm. Experienced practitioners within the Safety of Children in Care Unit review all these findings and examine the underpinning social work practice. In cases where harm results in serious injury or death, additional practice analyses and review processes take place across the organisation.

How children are supported

In the cases assessed for this report, social work assessments took account of the child's needs and, in all cases where the assessment of ongoing risk determined it necessary, children were moved to alternative placements. Where placement arrangements continued, an assessment of the support needs for the people providing care was undertaken and, in some cases, additional supports were put in place. Some children received counselling support to address the impact of the harm they experienced. For other children, this will be considered at a later point to reflect their immediate need for care arrangements to be stabilised before more focused support is provided. Some family members were also provided with additional supports to ensure they can help their child address the impact of harm and to address their own support needs.

Outcomes for the person alleged to have caused the harm

There are a range of possible outcomes for the person alleged to have caused the harm. Some faced criminal charges and were prosecuted – these decisions are managed by the Police.

When harm has been caused by caregivers, their caregiver approval status is reviewed. Caregivers who are approved to continue to provide care for children have their circumstances reassessed, including who they can provide care for. These assessments consider whether additional supports (including training) are required to strengthen care arrangements to ensure safe and stable placements can continue. Similarly, where harm has been caused by staff, an assessment of any ongoing risks is made, and the appropriate actions taken.

When harm has been caused by another child in the placement, the social work response will include a safety plan and supports for the child who has been harmed and also interventions to prevent the child who has caused the harm doing so again.

Overview

Context

As at 30 June 2022, there were 4722 children and young people in care and protection custody and 134 young people in youth justice custody of the Chief Executive of Oranga Tamariki.

The Safety of Children in Care Unit within Oranga Tamariki was established in 2018 to provide a greater understanding of harm and the circumstances in which it happens. This enables us to understand how to prevent harm to children in care. The Unit provides a dedicated response, focused on understanding the elements that provide for the safety of children in care, and can promote best practice in this area whilst also providing comprehensive public information.

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

Real-time review of findings enables a thorough analysis of casework practice and regular feedback to practitioners to ensure robust management of any continuing safety issues on an individual basis. This work enables lessons learned from emerging trends and patterns to inform continuous practice improvement across Oranga Tamariki. This understanding enables us to focus our efforts on improving our practice and supports and services for children and young people in care, their family or whānau and caregivers.

Since 2019 we have reported publicly on the safety of children in care and previous reports are available on: **Safety of Children in Care | Oranga Tamariki – Ministry for Children**

In this annual report, we provide analysis of the data reviewed over the year 1 July 2021 to 30 June 2022 and highlight emerging patterns across the last four years to date.

What we know about the findings of harm

It is an established understanding that most children who enter care due to experiencing a form of abuse or maltreatment are at greater risk of further harm from others.

Most children in care were safe and supported in their care arrangement. However, during the period July 2021 to June 2022, 453 children in care, representing 7% of all children in care, experienced an incident of harm for which they had a recorded finding. The number of recorded findings in the period was 711.

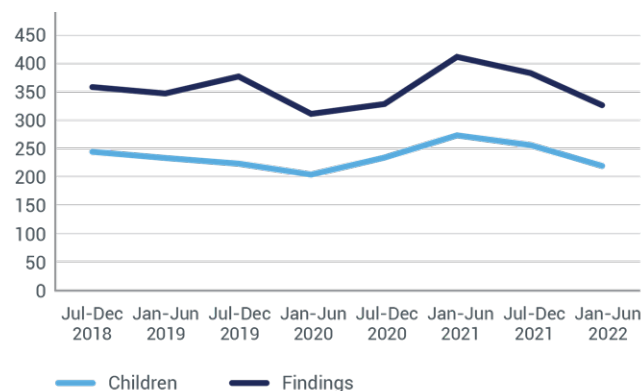
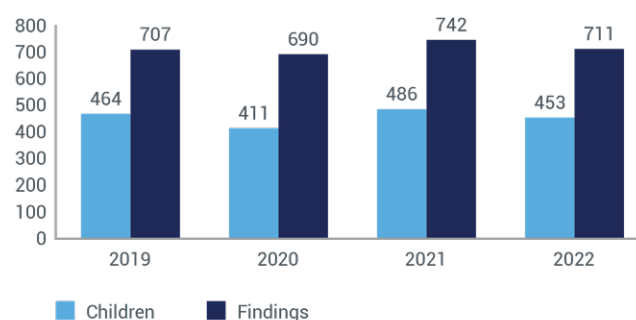
There was a decrease in both the number of children experiencing harm and the number of findings in this reporting period when compared to last year's report. There was also a further decrease in the number of children in the care or custody of Oranga Tamariki since our last annual report. The proportion of children in care who experienced harm has decreased slightly to 7% for this reporting period compared to 8% reported last year.

Of the 453 children who experienced an incident of harm, most children (70%) experienced one incident of harm that resulted in one finding of harm.

A much smaller proportion of the children (21%) experienced one incident of harm but had more than one finding of harm related to that one incident. For example, a child may have been physically harmed and emotionally harmed during an incident, or a child may have been physically harmed by more than one person during the same incident.

A small proportion of children (9%) experienced more than one incident of harm, meaning harm occurred on at least two separate occasions, an increase from the previous reporting period in which 6% of children experienced more than one incident of harm.

Total children harmed and findings of harm since July 2018



What we know about the children

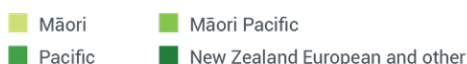
In the period 1 July 2021 to 30 June 2022, 453 children in care had 711 findings of harm recorded for them.

Ethnicity of children harmed

Children with findings of harm



All children in care



The proportion of tamariki Māori and Māori Pacific in care with findings of harm in this period (73%) was slightly more than the overall numbers of tamariki Māori and Māori Pacific in care in the period (69%). Overall, the percentage of tamariki Māori and Māori Pacific who experienced harm in this reporting period decreased by 3% when compared to last year's report.

- Thirteen percent of the children in care with findings of harm were Māori Pacific which was slightly proportionately greater than the number of tamariki Māori Pacific in care in the reporting period (11%).
- Five percent of children in care with findings of harm were Pacific which was slightly less than the overall numbers of Pacific children in care in the reporting period (6%). This is the same as reported last year.
- Twenty-three percent of children in care with findings were classified as New Zealand European or Other ethnicity, which was slightly less than the overall numbers of New Zealand European children and children of other ethnicity in care in the reporting period (25%).

Gender of children harmed

Children with findings of harm



All children in care



- Fifty-two percent of children with findings of harm in this period were boys which was proportionately less than the number of boys in care in the reporting period (55%).
- Despite the lower numbers of girls, they remain overrepresented in the children in care with findings cohort.
- Due to risk of identification, we do not report in any detail on children who identify as transgender, non-binary, or who otherwise do not identify with their gender assigned at birth.

Age of children harmed

Children with findings of harm



All children in care



As with our previous years of reporting, older children and young people were over-represented within children in care with findings of harm.

- Forty-one percent of the children in care with findings of harm were aged 14 years and over, an increase when compared to last year's report. This was proportionately greater than the number of children in care in this age group in the care population (36%).
- Thirty percent were aged between 10 and 13 years old which was proportionately greater than the number of children in this age group in care in the care population (24%).
- Twenty-one percent of children in care with findings of harm were aged between six and nine years old which was proportionately consistent with the number of children in care in this age group in the care population (20%).
- Seven percent of children in care with findings of harm were aged between two and five years old which was proportionately less than the number of children in care in this age group in the care population (17%).
- The number of children in care aged under one year old with findings of harm is small and proportionately less than their number in care.

Placement type of children harmed

Children with findings of harm



All children in care



This graph shows the proportion of children in care with findings of harm in each placement type, compared to the placement types of all children in care (N.B. placement type does not always reflect where the harm took place or the person who caused the harm).

- Thirty-six percent of children with findings of harm in this period were in family placements which was proportionately less than the number of children in care in this placement type in the reporting period (39%).
- Sixteen percent of children with findings of harm were in return/remain home placements, a decrease when compared to last year's report (23%). This was

proportionately higher than the number of children in care in this placement type in the reporting period (14%).

- Thirty-six percent of children with findings of harm were in a non-family placement which was proportionately less than the number of children in care in this placement type in the reporting period (42%).
- Twelve percent of children with findings of harm were in a residential placement. This is an increase of 6% when compared to last year's report and includes a number of findings from the investigation at Te Oranga residence in July last year.

What does the data tell us about the experiences of children in care of Oranga Tamariki?

When did harm occur?

Ninety-two percent of findings related to incidents that occurred in the 12 months preceding the date that the finding was made, with approximately 70% related to incidents that occurred in the preceding three months.

Eight percent of findings related to historic incidents (incidents that had occurred prior to 12 months before the concern was raised).

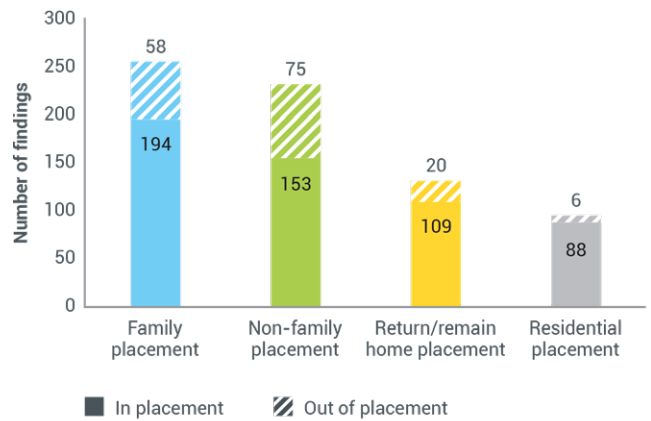
What type of harm is occurring?

Findings of neglect were the lowest number of all harm types. The number of findings of neglect decreased in this reporting period when compared to last year's report (from 58 to 44 findings). This decrease was particularly noticeable in the 6-9 years and 14+ years age groups.

Findings of physical harm were the highest number of all harm types and increased slightly in this reporting period when compared to last year's report (from 344 to 354 findings).

Findings of emotional abuse decreased in this reporting period when compared to last year's report (from 252 to 214 findings), while findings of sexual abuse increased (from 88 to 99 findings).

Where is harm occurring??



The children who experienced harm lived in a range of care placements and incidents occurred both in and out of those placements. The different types of harm all occurred more frequently in placement, except for sexual harm which occurred more frequently out of placement (62%).

Overall, most harm (77%) occurred in placement.

Of note, there was a decrease of 21% from the last reporting period in the number of findings for incidents occurring in placement for children in non-family placements (from 193 to 153 findings).

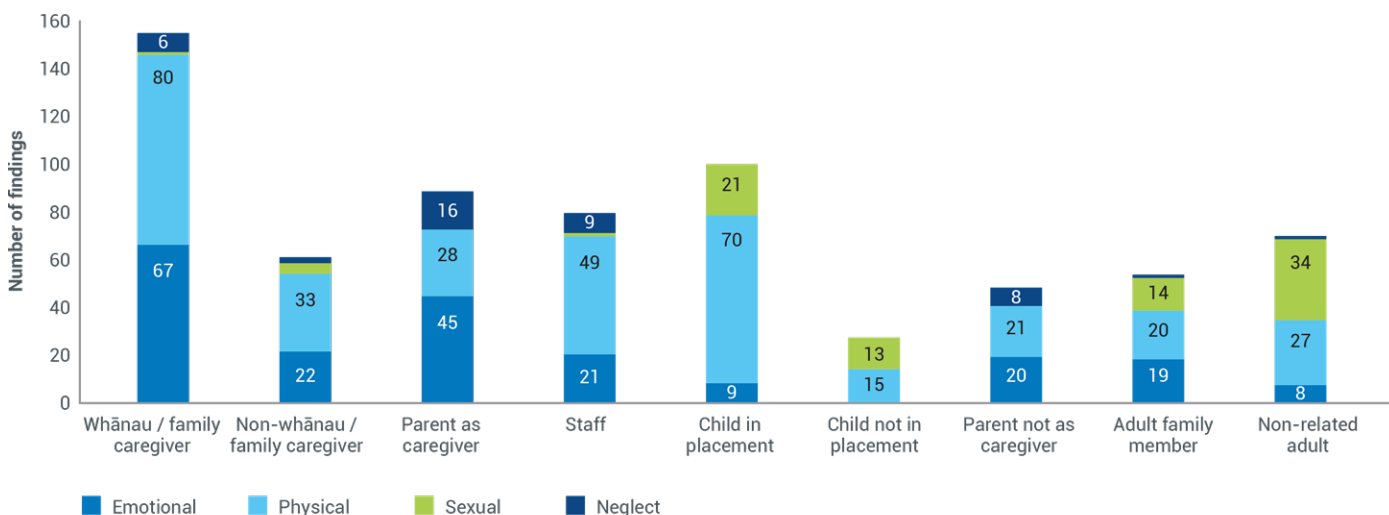
There was a decrease of 25% from the last reporting period in the number of findings for incidents occurring in placement for children in return/remain home placements (from 145 to 109 findings).

There was a significant increase from the last reporting period in the number of findings for incidents occurring in placement for children and young people in residential placements (from 32 to 88 findings). This increase includes findings from the investigation at Te Oranga Residence in July 2021.

2 For this figure unknown values are not reported, therefore the sum of the findings will not add up to the total findings.

Who is causing harm?³

Type of harm by person alleged to cause the harm



Children experienced harm from a range of people, although some types of harm were caused by particular categories of people more often.

As with previous reporting, physical harm, most often in the form of harsh or inappropriate discipline measures, was mostly caused by whānau/family caregivers.

There was an increase in the number of findings of physical harm caused by other children in placement compared to last year's report (from 40 to 70 findings) and in the number of findings of physical harm caused by staff (from 27 to 49 findings).

Sexual harm was most often caused by non-related adults who were unknown to the child or young person. There was an increase in the number of findings of sexual harm caused by other children and young people both in and out of placement when compared to the last reporting period.

In relation to emotional harm, there was an increase in the number of findings caused by whānau/family caregivers (from 49 to 67 findings); a decrease in the number of findings caused by non-whānau/family caregivers (from 50 to 22 findings); and a decrease in the number of findings caused by parents not as caregivers (from 31 to 20 findings).

There was a decrease in the number of findings of emotional harm caused by non-related adults (from 31 to eight findings), and a decrease in the number of findings of physical harm caused by non-related adults (from 44 to 27 findings).

³ The chart does not sum up to the total number of findings due to a small number of children who did not want to, or were unable to, confirm who had caused the harm. Therefore, unknown values are not reported in the chart.

Neglect

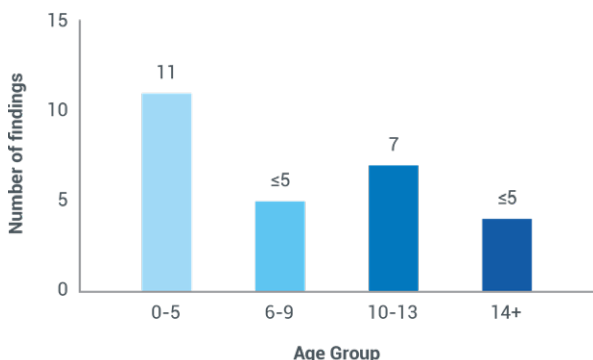
Definition: Neglect is defined as the failure to provide children with their basic needs – physical (inadequate food or clothing), emotional (lack of comfort, attention, and love), supervisory (leaving a child without someone safe looking after them), medical (health care needs not met), or educational (failure to enrol, allowing truancy or inattention to educational needs). Neglect can be a one-off incident or may represent a sustained pattern or failure to act. (Oranga Tamariki Practice Centre)

27 children had 44 findings of neglect.

This represents 0.4% of the total number of children in care during the twelve-month period.

What we know about the children

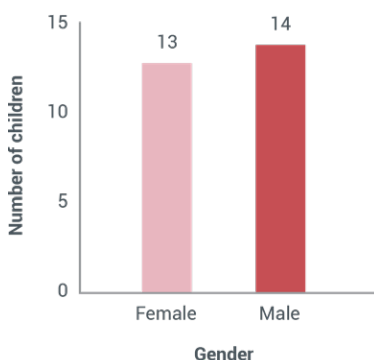
Children neglected by age



The most significant age group who experienced neglect during this reporting period were children aged 0-5 years old (11 of 27 children harmed by neglect).

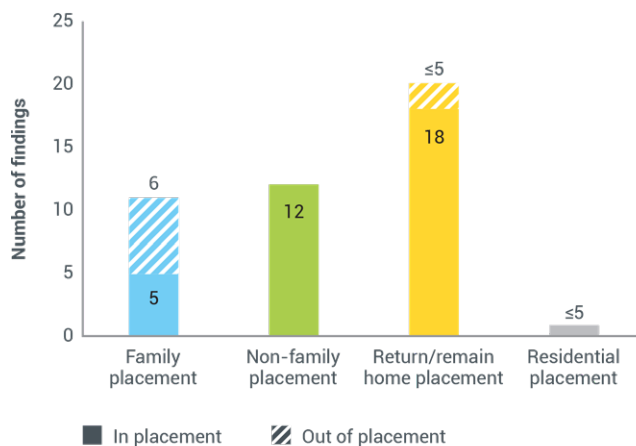
As noted, there was a decrease in the number of findings of neglect experienced by children aged six years and over compared to the previous reporting period.

Children neglected by gender



What we know about the findings of harm⁴

Findings of neglect by placement type



Most neglect occurred in placement (36 of 44 findings).

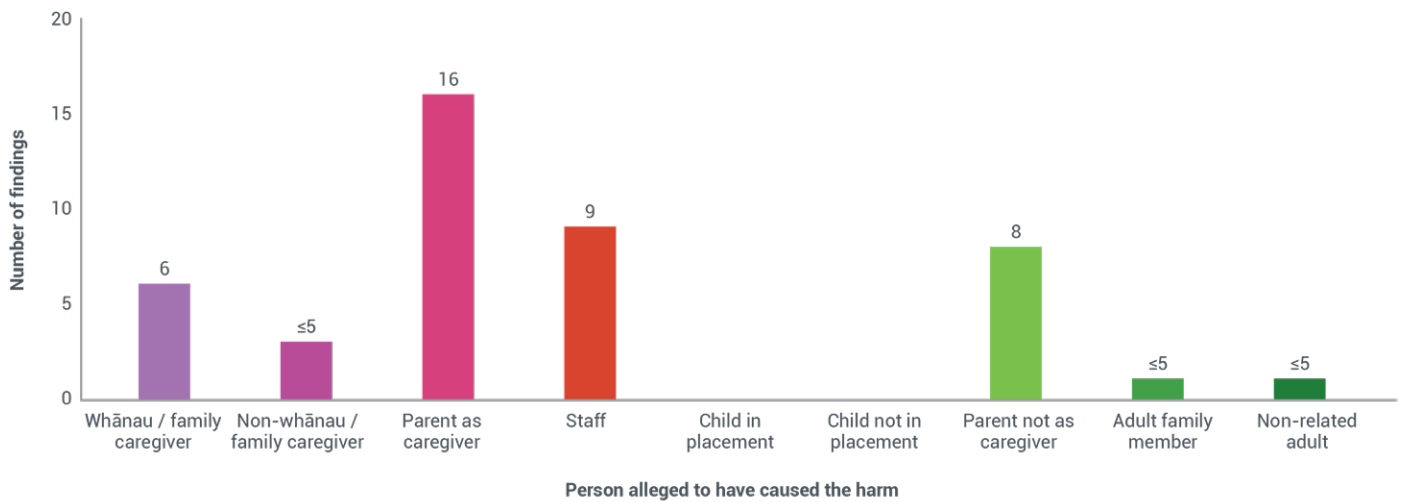
Family placements: Eight children living in family placements had 11 findings of neglect, with some caused by whānau/family caregivers (six of 11 findings). The remaining findings were caused by parents (not as caregiver) when they were looking after the child (for example, during contact arrangements).

Non-family placements: Seven children living in non-family placements had 12 findings of neglect, all of which occurred in placement. Most neglect was caused by staff in group home settings (eight of 12 findings).

Return/remain home placements: Eleven children living in return/remain home placements had 20 findings of neglect, with most caused by parents as caregivers (16 of 20 findings). This reflects a decrease in the number of findings of neglect by parents in return/remain home placements when compared to last year's reporting period (from 28 to 16 findings).

⁴ There were 44 findings of neglect in this period, due to some children being harmed by more than one person.

Findings of neglect by person alleged to have caused the harm



Most neglect by parents in return/remain home placements related to inadequate supervision resulting in, for example, young children wandering on the street and children's basic needs not being met (such as provision of food or a safe and hygienic home). Some of the neglect involved children being exposed to their parent's continued drug or alcohol use in the home.

Neglect by parents (not as caregiver) in the main related to supervisory neglect where children were at risk of harm

(such as unsupervised contact). There was an increase in the number of findings of harm by a parent (not as caregiver) when compared to last year's reporting period (from one to eight findings).

Neglect by staff was in the context of emotional neglect where comfort and attention was not provided and the lack of emotional support significantly impacted the children being cared for.

Emotional Harm

Definition: Emotional abuse is defined as a situation where the psychological, social, and emotional functioning or development of children has been damaged by their treatment during repeated deliberate exposure to negative actions.

Witnessing intimate partner violence may constitute emotional harm if the functioning, safety, or care of the children has been adversely affected or put at risk. (Oranga Tamariki Practice Centre)

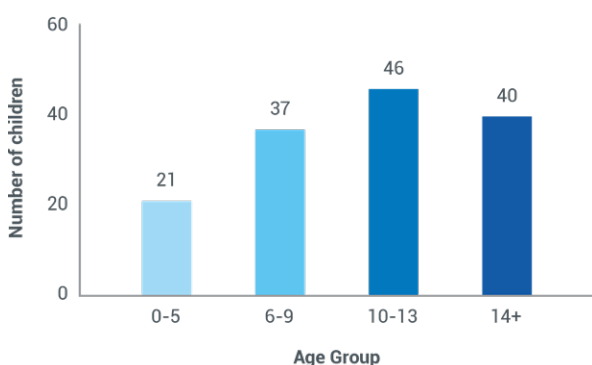
144 children had 214 findings of emotional harm.

This represents 2% of the total number of children in care during the twelve-month period.

What we know about the children

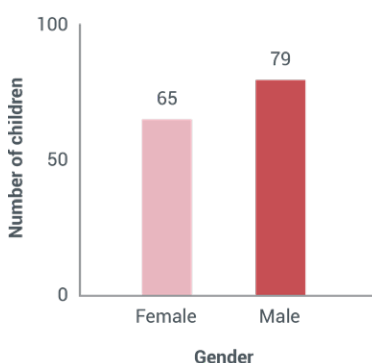
There was a decrease in the number of children who experienced emotional harm and in the number of findings of emotional harm when compared to last year's reporting period (in 2020/21, 183 children had 252 findings of emotional harm).

Children emotionally harmed by age



Most of the children who experienced emotional harm were aged 10 years and older, with just over a third in the 10-13 years age range.

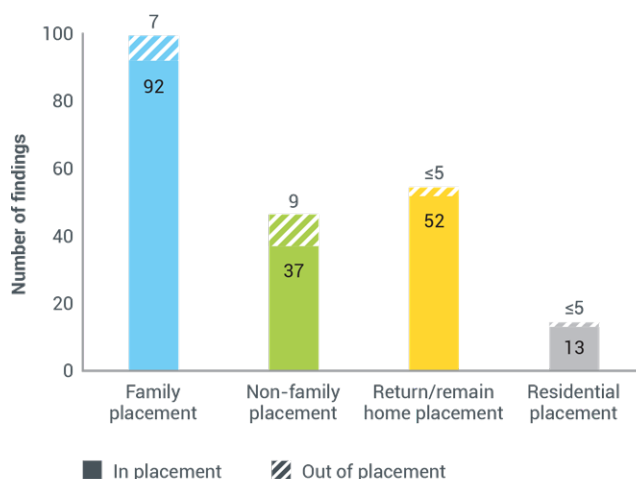
Children emotionally harmed by gender



⁵ There were 214 findings of emotional harm in this period because some children were harmed by more than one person and some children experienced more than one distinct emotional harm incident.

What we know about the findings of harm⁵

Findings of emotional harm by placement type



Most of the emotional harm (194 of 214 findings) occurred in placement.

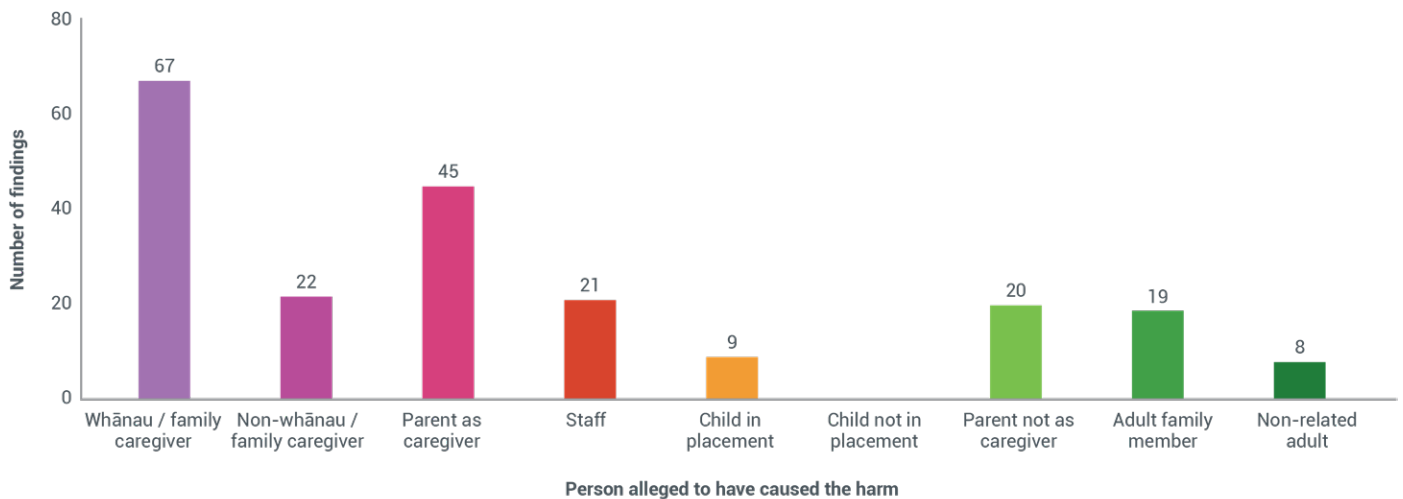
Family placements: Sixty-nine children had 99 findings of emotional harm. Most of the emotional harm (92 of 99 findings) occurred in placement, with most caused by whānau/family caregivers (67 of 99 findings).

Non-family placements: Thirty-five children living in non-family placements had 46 findings of emotional harm. Almost half of these were caused by non-whānau/family caregivers (22 of 46 findings).

Return/remain home placements: Thirty children living in return/remain home placements had 54 findings of emotional harm. Most of these were caused by parents as caregivers (37 of 54 findings). There was a decrease in the number of findings of emotional harm for children in return/remain home placements when compared to the previous year's reporting period (from 72 to 54 findings).

Residential placements: Ten children living in residential placements had 14 findings of emotional harm. Most of these were caused by staff (10 of 14 findings).

Findings of emotional harm by person alleged to have caused the harm



Parents caring for their children were responsible for 83% of emotional harm findings in this placement setting.

In all cases, emotional harm occurred alongside other types of harm - more than half of the children were also being physically harmed by their parent. There was often family harm between adults occurring in the home that impacted on the children. Some children were also in an environment where alcohol and drug use continued to take place.

Emotional harm caused by whānau/family caregivers was again frequently accompanied by physical harm. Again, children were witness to family harm between adults in their home, but also experienced verbal threats, being called names, and being disciplined in punitive ways.

Parents (not as caregivers) were responsible for a proportion of the emotional harm (9%) caused during contact with their children. Most of this harm occurred outside of the placement. In some cases, harm was caused by a parent during an unplanned visit to their children.

In several cases, the parent was living in the home with the caregiver and children but was not responsible for the day-to-day care of the children. In these cases, there was a theme of physical harm and emotional harm by way of threats from parents towards their children.

The number of findings of emotional harm caused by non-whānau/family caregivers decreased by more than half when compared to the previous reporting period (from 50 to 22 findings).

Children often disclosed situations that were emotionally harmful to them once they had been moved to a different placement, often disclosing to a whānau/family caregiver. The emotional harm experienced by children included them being made to feel unwelcome or unwanted, or having hurtful comments made about themselves or their family.

Emotional harm caused by staff in residences related to the emotional impact of seeing other children and young people harmed by staff, being called names by staff or being threatened by staff.

Physical Harm

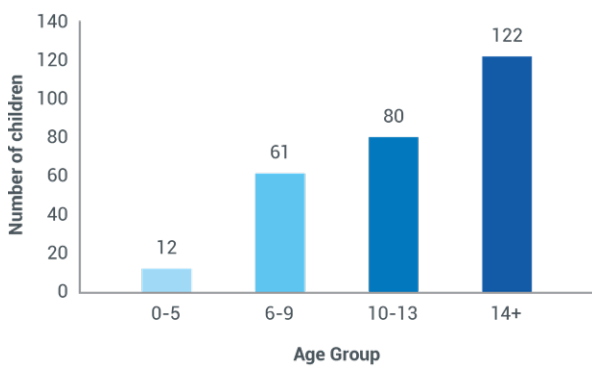
Definition: Physical abuse describes a situation where children have sustained an injury or were at serious risk of sustaining an injury. Injuries may be deliberately inflicted or the unintentional result of behaviour (e.g. shaking an infant). Physical abuse may result from a single incident or combine with other circumstances to justify a physical abuse finding. (Oranga Tamariki Practice Centre)

273 children had 354 findings of physical harm.

This represents 4% of the total number of children in care during the twelve-month period.

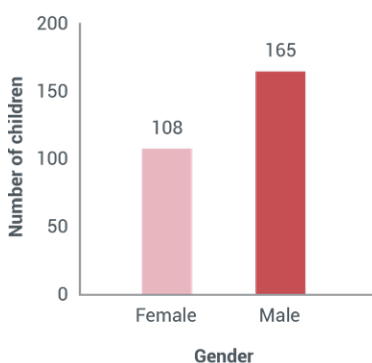
What we know about the children

Children physically harmed by age



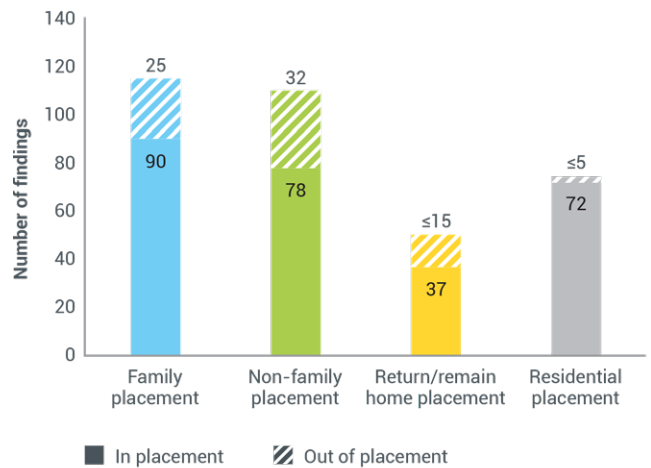
Seventy-four percent of children who experienced physical harm while in care were aged 10 years and over. Those in the older age group (14+) made up 44% of the children physically harmed in care.

Children physically harmed by gender



What we know about the findings of harm⁶

Findings of physical harm by placement type



Most of the physical harm (277 of 354 findings) occurred in placement.

Family placements: Ninety-six children had 120 findings of physical harm. Most of the physical harm (90 of 120 findings) occurred in placement, with most caused by whānau/family caregivers (80 of 120 findings).

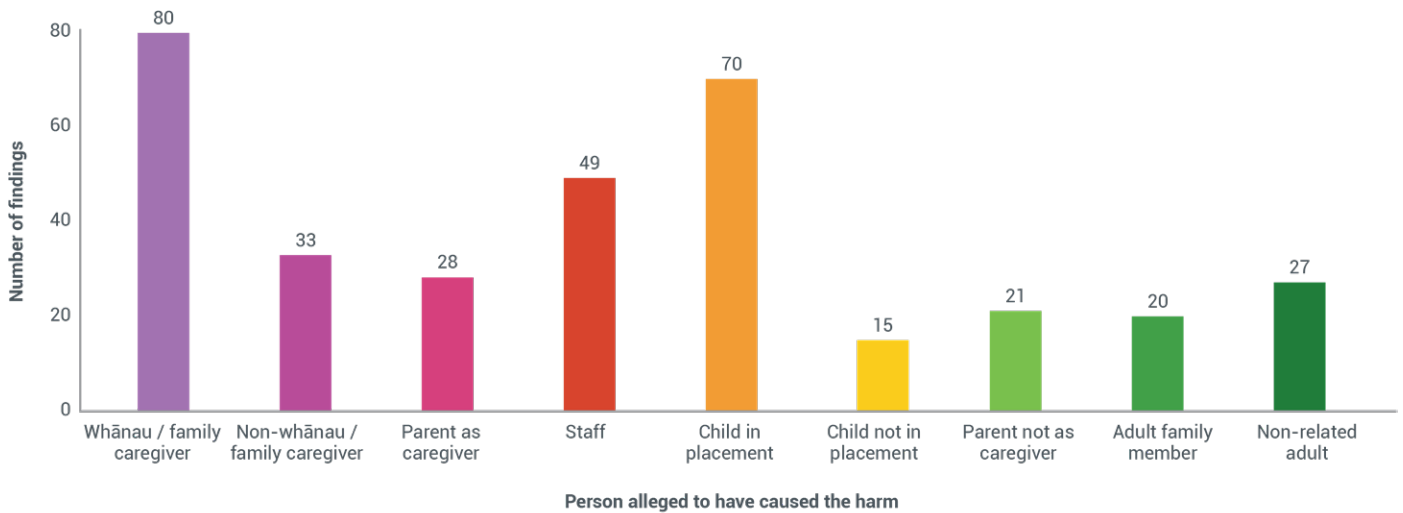
Non-family placements: Ninety-three children in non-family placements had 115 findings of physical harm. Most of the physical harm (78 of 115 findings) occurred in placement, with harm caused by non-whānau/family caregivers (33 of 115 findings). This was a 27% decrease in findings of physical harm by non-whānau/family caregivers from the last reporting period.

Return/remain home placements: Thirty-nine children in return/remain home placements had 50 findings of physical harm. Most of the physical harm occurred in placement (37 of 50 findings), with just over half caused by parents as caregivers.

Residential placements: Fifty-two children had 74 findings of physical harm. Almost all findings occurred in placement, with just over half caused by other children or young people in the placement and 43% of the harm caused by staff. As already noted, there was a considerable increase in findings of harm, predominantly physical harm, for children and young people in residential placements in this reporting period.

⁶ There were 354 findings of physical harm in this period due to the fact that the children were harmed by more than one person and some children experienced more than one distinct physical harm incident.

Findings of physical harm by person alleged to have caused the harm



Just over half of physical harm findings (190 of 354 findings) were caused by the adults responsible for providing care (caregivers, parents as caregivers or staff). Children and young people described a range of physical harm they experienced, sometimes within the context of being disciplined or in response to what was viewed as their challenging behaviour.

The higher number of findings per child in this category of harm reflects that, in some cases, a number of children were harmed by more than one adult in the same incident, most often by both caregivers or both parents. In some instances, some children had experienced more than one incident of physical harm during the reporting period.

The findings reflect a continuum of harm caused to children or young people. As previously noted, this could include harsh and inappropriate discipline. Some of the harm was of a serious nature where the child or young person was assaulted with implements or sustained bruising or other injuries.

Some of the physical harm findings (27 of 354 findings) were caused by non-related adults, with most of those adults being known to the child. Some of the harm involved intimate partner violence towards young people (most often young women) from their current partners. Some of these young women were living independently at the time the harm occurred and had experienced more than one episode of violence from the same person.

In residential placements, the findings of physical harm caused by staff were related to inappropriate responses to behaviour, with most harm relating to use of force and unapproved restraint techniques. Harm caused by other young people in residences included unprovoked attacks and arguments that escalated to incidents of physical harm. Young people were medically assessed when incidents occurred in residences, with some injuries requiring medical attention. Police involvement occurred when the physical harm reached the threshold of likely assault.

8 The total referred to will not be the same as in the chart due to a small number of children who did not want to or were unable to confirm who had caused the harm.

Sexual Harm

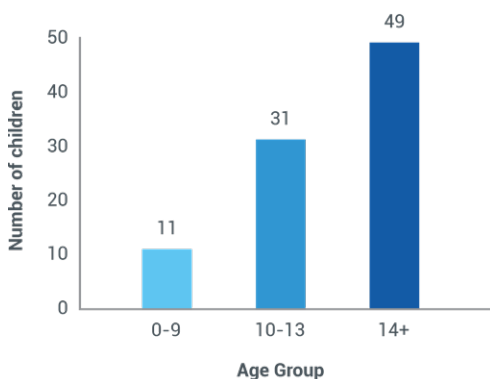
Definition: Sexual abuse can be any act that involves forcing or enticing a child to take part in sexual activities, whether or not a child is aware of what's happening. Sexual abuse can be but is not limited to contact abuse (such as touching, encouraging a child to perform sexual acts) or non-contact abuse (such as exposure to pornographic or sexual imagery, inappropriate photography or depictions of sexual or suggestive behaviours or comments, cyber grooming or grooming behaviours. (Oranga Tamariki Practice Centre)

91 children had 99 findings of sexual harm.

This represents 1.5% of the total number of children in care during the twelve-month period.

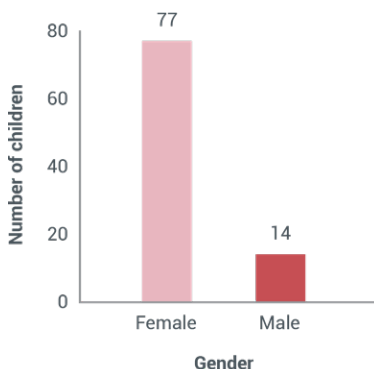
What we know about the children⁹

Children sexually harmed by age



More than half of the children were aged 14 years and above (54%) but 31 children in the 10-13 year age group had a finding of sexual harm. This is an increase for the 10-13 year age group when compared to last year's report (from 20 children to 31 children).

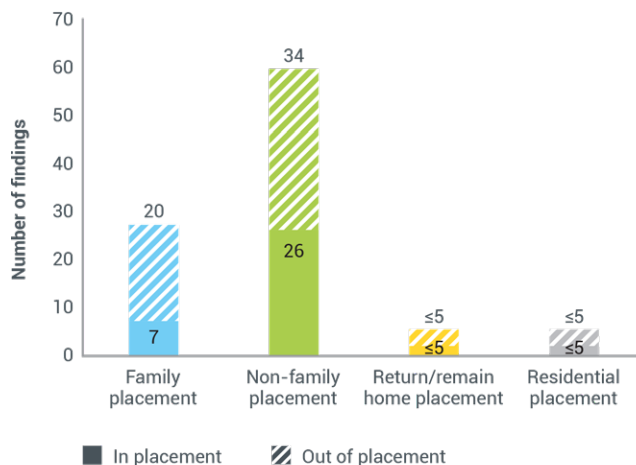
Children sexually harmed by gender



Most sexual harm was caused to girls - this has been a consistent pattern over the past four years of reporting.

What we know about the findings of harm⁷

Findings of sexual harm by placement type



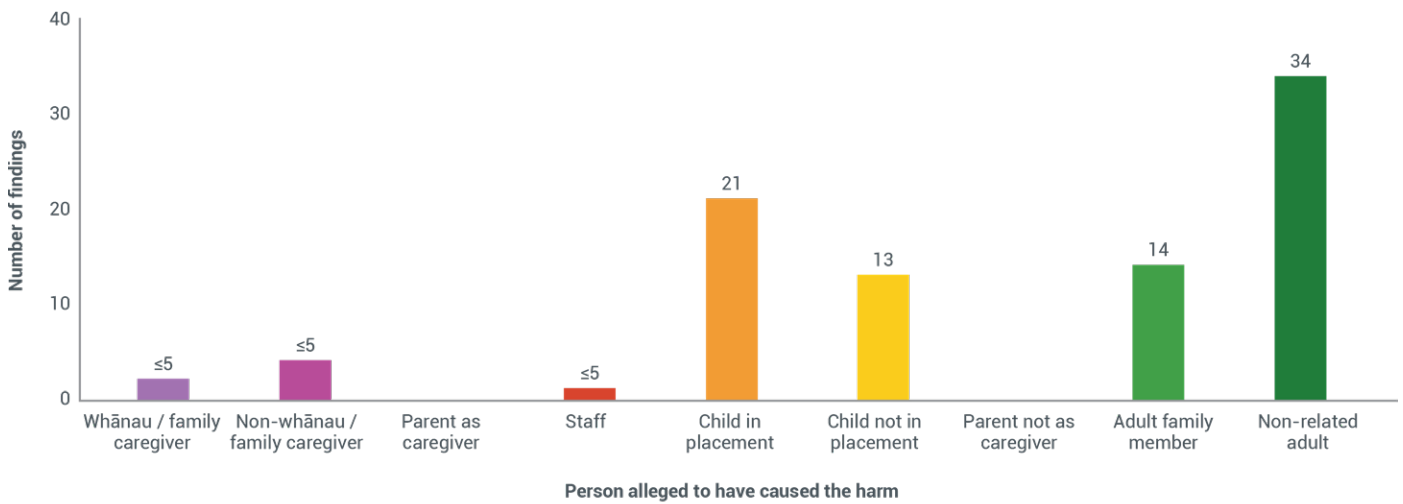
Most of the sexual harm occurred out of placement (60 of 97 findings).

Family placements: Twenty-eight children had 28 findings of sexual harm. Most of the sexual harm occurred out of placement (20 of 28 findings), with most caused by adult family members (seven of 28 findings) and non-related adults (seven of 28 findings).

Non-family placements: Fifty-four children living in non-family placements had 60 findings of sexual harm. Of the sexual harm that occurred out of placement, almost all was caused by non-related adults (22 of 34 findings). Of the harm that occurred in non-family placements, most was caused by other children or young people (15 of 26 findings).

⁷ There were 99 findings of sexual harm in this period due to the fact that the children were harmed by more than one person and/or some children experienced more than one distinct sexual harm incident.

Findings of sexual harm by person alleged to have caused the harm



There was an increase in this reporting period in sexual harm caused by other children and young people, both in and out of placement. Some of these incidents involved an experience of rape by another young person, forcing another child to watch pornographic material or sexual touching. Often, the connection between the children and young people was through their school.

Most sexual harm that occurred in placement was caused by adult family members or non-related adults.

As with previous reporting, most of the sexual harm to children was caused by non-related adults (34%) and occurred outside of placement.

Much of the sexual harm by non-related adults occurred when the child or young person was considered to be missing or absent from their placement, i.e. had left their placement of their own accord. The nature of this sexual harm was at the serious end of the continuum of sexual abuse and over half of the incidents involved sexual intercourse or rape.

Alcohol or drugs were a factor in many incidents, either with the children being bribed by the provision of alcohol or drugs or the incident occurring when the child was intoxicated and more vulnerable to sexual harm. Several of the situations involved young people being threatened with a knife.

Several incidents occurred through social media and involved the exchange of images. This harm tended to involve girls under the age of 14 years.

Insights

Over this reporting period, there have been excellent examples of social workers establishing strong relationships with children, young people, families, and others. This has been evident in how social workers have responded to children and young people who experienced further harm, how well they have understood the child or young person and their needs in responding to the harm they experienced and how they have brought people together, including family, caregivers, and others, to support the future safety and wellbeing of children and young people.

The Kairaranga ā-whānau role continues to be a significant conduit supporting connection between social workers, tamariki, whānau, hapū and iwi; supporting and enabling decision-making processes for whānau; and imparting skills and knowledge to support the development of staff.

Support for caregivers

Whilst there was an increase in emotional harm experienced by children living with family caregivers, overall, the types of harm and context of the harm observed in family care was comparable to previous reporting.

There was a significant decrease in the emotional and physical harm experienced by children living with non-family caregivers when compared to last year's report.

Assessing all caregivers in a timely manner and effectively preparing caregivers and providing ongoing support are key aspects of ensuring children and young people receive safe care from their caregiving household.

During this reporting period, newly approved caregivers received the 'Prepare to Care' learning programme delivered by caregiver social workers. Existing caregivers whose approval status was being reviewed (as required biannually) were also engaged in relevant aspects of this learning to ensure caregivers had a baseline understanding of children and young people who have experienced trauma. Trauma can result in emotional distress which can cause children and young people to display behaviours, attitudes, and emotions that caregivers may find difficult to understand and respond to effectively.

To further deepen this knowledge and develop caregivers' skills to respond to distress, there are seven Trauma Informed Learning programmes across the motu. In 2022, 338 approved caregivers completed one of these programmes – an increase on 184 caregivers who completed the programme in 2021. There are 650 places available for 2023. These programmes provide a deeper understanding of the impact of trauma and how caregivers can respond in ways to help children regulate their distress and behaviour and move towards healing and thriving.

To ensure caregivers receive the support they need to provide safe care, Caregiver Support Plans are put in place to identify learning, respite, and any other needed supports.

Working with parents and addressing safety in return home arrangements

There was a noticeable decrease overall during this reporting period in the number of children who experienced harm while living with their parents, and a decrease in the number of findings of harm when compared with last year's annual report.

Physical harm by parents continues to be the main harm type experienced by children living in return home care arrangements. While some of this harm was in the context of inappropriate physical discipline, in the main the harm was the result of parents escalating to violence in response to other stressors or challenges from children.

Findings of neglect by parents of children living in return/remain home arrangements have halved for this reporting period, with most neglect resulting from children being left unsupervised.

Unlike previous reporting, most harm during this period occurred for children who had been returned home as part of a planned transition. This emphasises the importance of having a good understanding of the needs and supports required for both children and parents as part of transition planning, and the need to ensure that a sustained plan is in place and being actively monitored to underpin successful return home arrangements. Plans need to consider warning signs that might indicate a parent may be struggling and require additional support to maintain safe care and parenting.

As in previous years, for some children and young people who returned home in an unplanned way (for example, where a child moved to a new care arrangement more urgently for safety reasons, or a young person returned themselves home), robust safety measures were not always in place to help parents manage their own needs and responses to their children.

New policy is currently being developed to better support social workers when children are being returned home to the care of their parents or usual carers.

Residences

This reporting period identified an increase in physical harm experienced by children and young people living in residences. This was due primarily to an investigation carried out at Te Oranga residence in July 2021 following concerns being raised about the residence.

Physical harm caused by staff most often occurred when young people were being physically restrained and occurred in the following contexts:

- when there was no mandate to use force, often reflecting a reactive response to the young person
- when holds were applied incorrectly, and the young person was harmed as a result
- when unlawful physical actions were used by the staff member.

Some of the responses to young people reflected an escalated response by staff to non-compliant behaviour, with de-escalation strategies not clearly evident during the incident.

As with previous reporting, when physical harm was caused by other young people (peer to peer), some of this was unprovoked, with little indication that an assault was going to occur.

Some of the harm was the result of arguments between young people but the seriousness of the assault reflected an extreme response when compared to the cause.

The raising of the age of young people that Oranga Tamariki responds to has resulted in an increase in the number of older teenage offenders within youth justice residences. There were several incidences of physical harm amongst this older age group which were assessed

and met the definition of physical abuse, due to the nature of the harm being unprovoked or one party being clearly more vulnerable than the other. In most of the incidences, the young person suffered injuries as a result of punches or kicks to the head that they were unable to defend themselves against. In all instances, medical attention was required. Matters were referred to Police where the physical harm met the threshold of likely assault. The broader age range is a known challenge which continues to be actively considered and addressed in Youth Justice residence operations.

When children or young people were harmed in residences, there was evidence of consistent responses by staff in relation to immediate needs, including medical assessments, separation of the child or young person from the person alleged to have caused the harm (sometimes moving children or young people to different units or residences when needed) and, where appropriate, restorative processes between those involved in the incident.

There was also an increasingly consistent use of the formal 'report of concern' process by residence staff in raising allegations of harm to children and young people in residence, which enabled social work assessments to be completed and increased the visibility of incidents as they occurred.

This increased visibility has contributed to a number of initiatives to support the prevention of harm within residences. These include:

- providing children with increased access to counselling and therapy, and training staff on how to recognise and respond to the effects of trauma
- a significant emphasis on ensuring staff have the skills required to reduce harm in this environment, including:
 - the appointment of new national-level training roles in both care and protection and youth justice residences focused on induction of staff and baseline training
 - an extension of the training for staff about how to apply authorized holds correctly
 - the development of Standard Operating Procedures for residences for implementation in the coming year
 - a significant focus on the delivery of effective supervision for residence staff
- ongoing monitoring and evaluation of residential care facilities to ensure they meet quality standards, and that children and young people are receiving appropriate care, including:
 - the establishment and operation of a National Use of Force Panel, creating a mechanism for continuous improvement with respect to situations where children are most at risk of harm within residential care
 - the appointment of a National Quality Lead role in care and protection residences, focused on system-wide approaches to reducing harm and continuous improvement
 - evaluating and making changes to the physical environment, including the development of therapeutic spaces and sensory resources known to assist in de-escalation and management of distress and anxiety

- ensuring children in residential care are able to participate in regular activities and education to maintain normalcy and stability in their lives
- providing regular opportunities for children in residential care to communicate with their whānau, hapū or iwi, to support the connection of children and young people to their families and communities and their emotional well-being
- placing significant emphasis on the grievance process as a mechanism for children and young people in care and their families to raise concerns, and ensuring that complaints are handled promptly, fairly, and sensitively
- ensuring children and young people can access the VOYCE Whakarongo Mai Kaiwhakamanawa (advocacy worker) in most residences as a trusted person to share their concerns with

During this reporting period, residences were impacted by COVID-19 lockdown requirements. Residences were places at very high risk of transmission and strict infection prevention controls were needed in order to keep children, young people, their families and staff safe. This did impact some of the normal relational engagement approaches with children and young people. Residence staff focussed on providing continuous care throughout the pandemic to support meeting the needs of children and young people and to limit disruption as much as possible.

Strengthening responses to children in care

Continuous improvement in standards of care and quality of practice

The Safety of Children in Care Unit continues to provide assurance, with four years of review work further deepening our understanding of the experiences of children in care and our response to this.

The regular data and reporting on rates of harm provided by the Unit gives the organisation the opportunity to respond to patterns and trends as they emerge, to identify where practice improvements are most needed, and to provide a greater level of safety planning for children in certain circumstances.

Data provided by the Unit at a regional level enables regions to identify their own areas of practice strength and improvement when responding to children harmed while in care. This information is also used to support conversations with care partners at a local level.

There is a weekly assurance process in place independent of the Safety of Children in Care Unit to review all reports of concern for children in care within the week that they are received. This process is to ensure that all allegations of harm due to abuse or neglect receive an assessment, the outcome of which will be reviewed and reported on by the Safety of Children in Care Unit once it is completed. This process was recently reviewed to ensure the right responses occur when concerns are raised about children in care. We note that ensuring reports of concern were accurately recorded and responded to was an area for practice improvement noted by the Independent Children's Monitor.

A range of continuous improvement activities to support the achievement of the National Care Standards for children and young people in care were undertaken by Oranga Tamariki over the year. Ongoing workshops with staff continue to be delivered to provide opportunities to further embed the National Care Standards in practice.

In addition, sites have been implementing and increasing the use of care clinics which is forum used to review care arrangements in place for children and young people and a way to ensure that ongoing care outcomes are being worked towards promptly. The care clinics also provide a focus on joint decision-making with community partners. This is an area that will be developed further in 2023.

The 'My Rights My Voice' resource for children and young people has been revised and will be launched alongside a learning resource for social workers in the first half of 2023. This booklet explains to children their rights and the supports they can access while in care.

Measuring our performance

The Unit's reporting to the Independent Children's Monitor in the last year, specifically with respect to Regulation 69 of the National Care Standards regulations, acknowledged the need to continue to strengthen practice.

As with our previous reporting, annual data evidenced improvements in compliance with requirements to respond to allegations of harm for children in care and ensure their safety in the following areas:

- timeliness in responding to the immediate safety needs of children
- the accuracy of assessment findings entered and in children being told of the outcome of the assessment
- ensuring children's plans were reviewed and supports provided to address the impact of harm.

Whilst we have prioritised those areas of practice that have the greatest impact on supporting the safety and wellbeing of children, ensuring all of the requirements of Regulation 69 are consistently achieved in practice remains an ongoing area of focus.

The Safety of Children in Care Unit has continued to engage regularly with individual sites to provide feedback about their practice with children in care, and with regional teams to support understanding of National Care Standards requirements.

The ongoing review work of the Unit, relationship building, and engagement allow the Unit to identify and respond to the specific needs of sites and regions, with focused training, consultation, guidance and coaching to a wide range of staff. The Unit supported the introduction of an updated policy 'Allegations of harm (ill-treatment, abuse, neglect or deprivation) of tamariki in care or custody'. For the second year in a row, the Unit also had the opportunity to engage directly with care partners through webinars.

Overall, this activity further developed the understanding of the experiences of children in care, encouraged a consistent understanding of practice and regulations requirements, and maintained an ongoing focus on improving practice when responding to children in care who experienced further harm.

Strengthening our core practice

Throughout 2022, Oranga Tamariki continued to develop and build on its new practice approach and Practice Framework, with a focus on embedding the fundamental shifts in practice we have committed to. At the heart of this shift in practice are the relationships we build with children, young people, and families, and those who care for and support them. Our practice is framed by Te Tiriti o Waitangi, based on a mana enhancing paradigm, and draws from Te Ao Māori principles of oranga. It recognises children in the context of their whakapapa with oranga as the frame.

To support social workers in applying the new Practice Framework, in 2022 we introduced into all practice policies prompts for applying the framework in relation to the specific area of practice, ensuring an enduring focus on rights and relational based practice.

Throughout 2023 we will be trialling and implementing practice tools and supports that will further assist social workers to give effect to the practice approach and framework. These tools focus on a holistic understanding of oranga, recognising and responding to the impact of any incident of harm through a range of dimensions.

Disability (whaikaha) is part of the diversity of human experience. Disabled children are over-represented in care and are more vulnerable to harm whilst in care; in 2022 we introduced a range of new and updated guidance to support social workers in their practice when working with disabled people.

In early 2022, in collaboration with the New Zealand Police, we made updates to the Child Protection Protocol, bringing a stronger focus to the oranga of children and their families throughout any investigation, including a new section on support for child victims and their families and a new section on cumulative harm. The updates were supported by joint annual training with Police.



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