

Analysis of the decrease in the number of children entering care

A quantitative analysis of operational and contextual data

June 2021

Background

The number of entries to care have fallen significantly over the past three years, with the most noticeable drop happening over the last year.

This analysis uses internal and external data sources to explore who is most affected by, and potential reasons for, the decline in entries to care.

Specifically, it asks:

- Which groups of children are most represented in the decrease? Which ages and ethnicities? Where do these children live?
- Is the decrease occurring because the children's population has decreased?
- Does the decrease in entries coincide with key events? (such as the formation of Oranga Tamariki in 2017, the reviews of Oranga Tamariki from 2019 onwards and the introduction of s7AA legislation).
- Have the changes in the intakes and early assessment process impacted on the number of entries?
- Has the number of carers/children receiving the Unsupported Child's Benefit (UCB) been increasing as entries to care have been decreasing?
- Have entries to care fallen because the wellbeing of children and their families increased?

Key findings

Total entries to care have decreased

There were 1,334 entries to care in F2020 (33% or 648 fewer than in F2019). Entries to care have decreased steadily since F2016 and were at their lowest in F2020 (compared with the ten years prior).

The small decrease in children reported to us does not fully explain the decrease in entries.

While Reports of Concern (ROCs), Assessments and Investigations and Family Group Conferences have all decreased, they have not decreased by nearly as much as entries to care.

Despite an increase in the children's population, entries to care have decreased for children of all age and ethnic groups

The largest decrease in entries to care was for tamariki Māori – particularly pēpi Māori.

Entries to care have decreased across all care and protection regions over the past year

Not only has the raw number of entries decreased across all regions, but children have entered care at a lower rate.

The pathway for entry to care has been changing

Since F2017 the pathway to care has been shifting – with the biggest change happening between F2019 and F2020. Between F2019 and F2020 the proportion of urgent entries increased and there was a corresponding decrease in the proportion of section 78 entries.

Practice changes may be driving the decrease in s78 entries to care

Policy and associated practice changes requiring greater oversight of reports of concern for pēpi by Practice Leaders may be driving a decrease in s78 entries. A new requirement for sign off from the Site Manager and endorsement of the decision from the Practice Leader and Regional Litigation Manager for without notice applications may also be driving a decrease in s78 entries.

The decrease in entries to care cannot be explained by the decrease in exits from care alone

Another question the decrease in entries has raised is are children remaining in care for longer, therefore reducing re-entries by not having children exit care? If the decrease in entries was significantly impacted by children remaining in care and not exiting, we would expect to see the decrease in exits matching that of entries more closely.

The decrease in entries to care coincides with key events

The largest drop in entries to care coincides with the attempt to bring a newborn pēpi Māori into care in May 2019 and the subsequent reviews released. It also coincides with the introduction of a range of legislative changes, including the new section 7AA legislation.

Children's health and development indicators have not changed significantly over the past few years

Results from the Oranga Tamariki Children's Wellbeing model¹ indicate there has not been a significant shift in children's health and development in the last year or so.

¹ The wellbeing model draws together data on service usage and other indications of need across the social sector into one place, where it is used to form a data-driven view of the apparent wellbeing of each child and young person.

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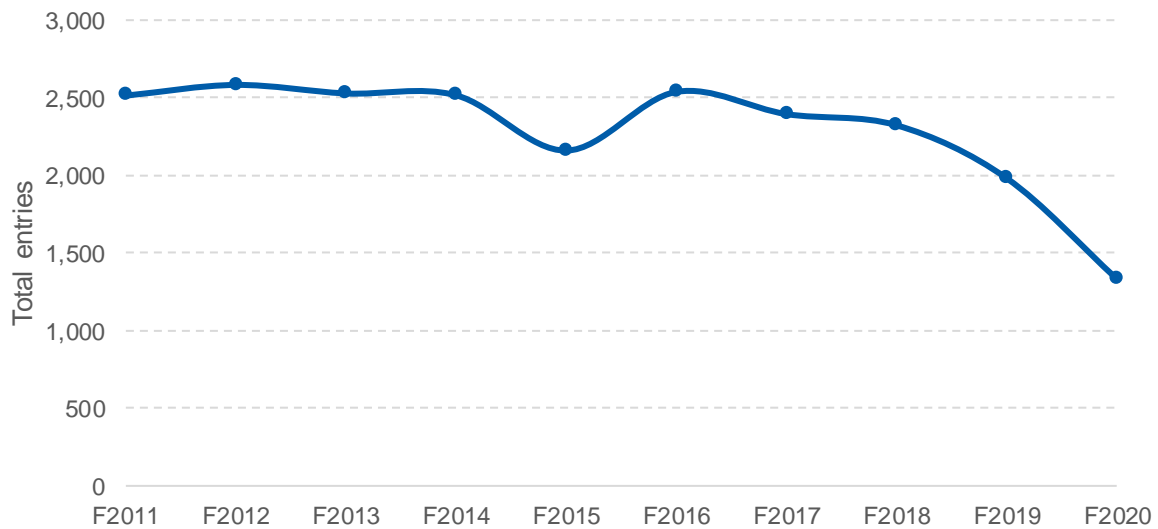
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Total entries to care have decreased

After several years where entries to care have remained at roughly the same level (except for F2015²), entries to care decreased significantly over the last three years (decreasing by 44%, from 2,395 in F2017 to 1,334 in F2020).

Figure 1 shows the trend in total entries to care over the past ten financial years.

Figure 1: Total entries to care by financial year



The most dramatic decrease happened over the last year, with around 650 fewer entries in F2020 than in F2019 (33% fewer).

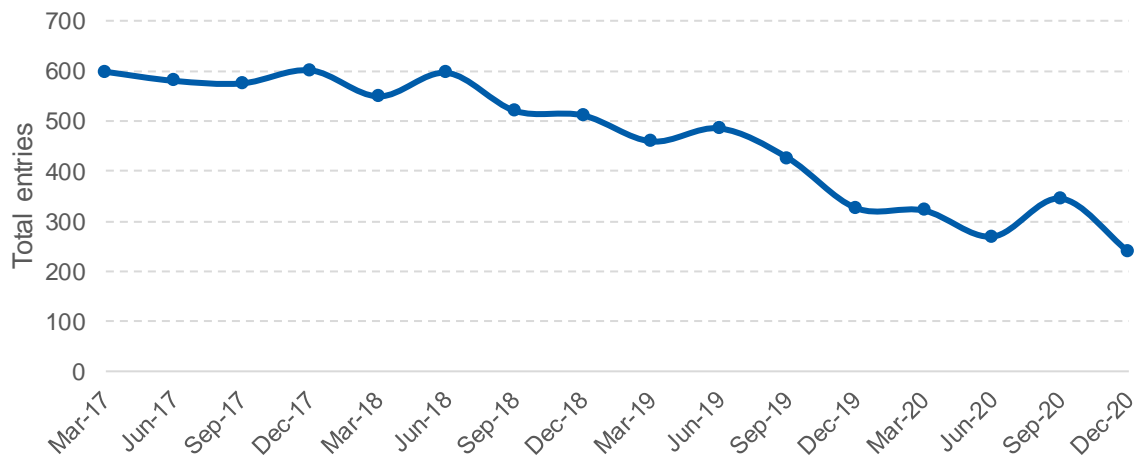
To more clearly see what happened over the past few years, we have examined the number of entries per quarter (Figure 2). Entries start steadily decreasing from December 2017 onwards, before a sharper decrease between June 2019 and September 2019. The lowest number of entries during any quarter occurred in the December 2020 quarter. During the quarter ending December 2020, there were 240 entries to care – around 90 fewer than in the same period the previous year.

The low number of entries in June 2020 recent quarter could be attributed to the COVID-19 lockdowns. However, given entries started to decrease much earlier than the onset of COVID-19, the long-term decrease is not a product of COVID-19.

The number of entries increased in the September 2020 quarter, likely bouncing back from the effects of COVID-19. The total number of entries increased by 70 between the June and September 2020 quarters, before falling by around 100 during the December 2020 quarter.

² There was increased scrutiny around this time while the Expert Advisory Panel review of Child, Youth and Family was being done.

Figure 2: Total entries to care per quarter

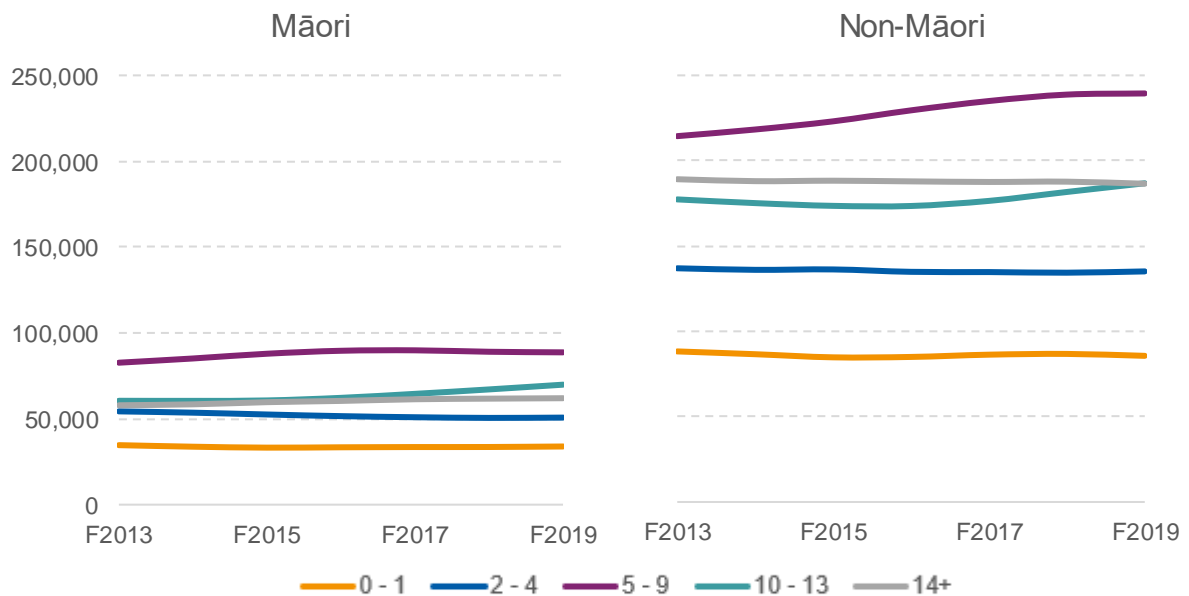


The decrease in entries did not happen because there are fewer children in New Zealand

The children’s population has increased by approximately 30,000 0-17-year olds over the last three years (a 3% increase from approximately 1.12 million children to 1.15 million). The rate of growth has been similar for Māori and non-Māori.

Figure 3 shows the mean estimated resident population per financial year by age group for Māori³ and non-Māori⁴.

Figure 3: Mean estimated resident population, 0-17 year olds



³ Stats NZ Infoshare Mean estimated resident population (June years)

⁴ The non-Māori population has been derived by subtracting estimates for the Māori population from estimates for the total population.



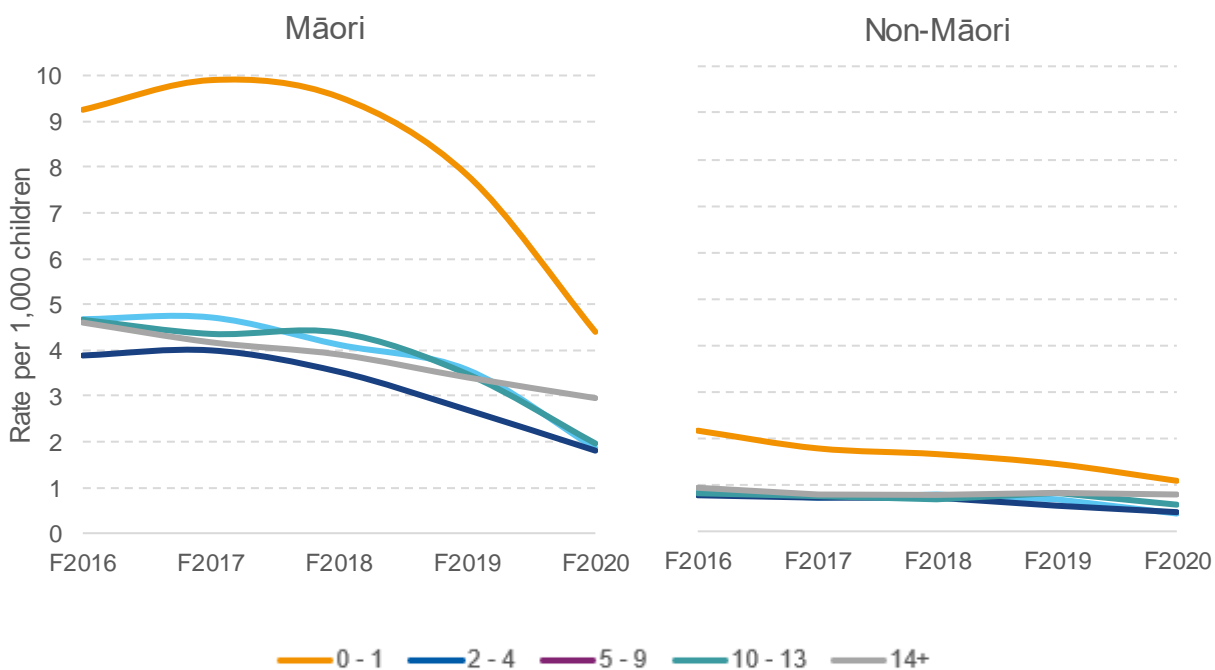
Despite an increase in the children’s population, entries to care have decreased for children of all age groups

Figure 4 shows the decrease in entries to care per 1,000 children by age group and for Māori and non-Māori.

The largest decrease per 1,000 children was for pēpi Māori between 0 and 1 year old. During F2017, for every 1,000 tamariki Māori aged 0-1 years, 9.9 entered care. During the F2020 year, this decreased to 4.4.

The largest decrease for non-Māori children per 1,000 children was also for babies. During F2017, for every 1,000 non-Māori babies aged 0-1 years, 2.2 entered care. During the F2020 year, this decreased to 1.1.

Figure 4: Number of children entering care per 1,000 children, by age group



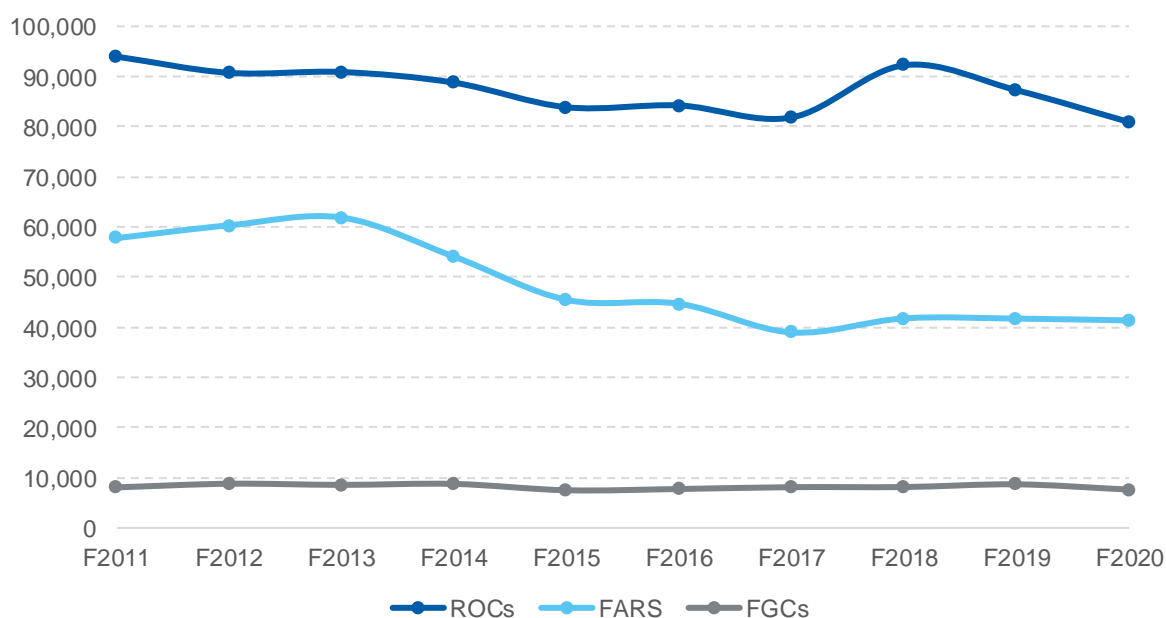
The decrease in entries is not driven by a decrease in children being reported to us

While Reports of Concern (ROCs), Assessments and Investigations and Family Group Conferences have all decreased, they have not decreased by nearly as much as entries to care.

Figure 5 presents the number of ROCs, assessments and FGCs per year. Over the last year, ROCs have decreased by seven percent, Assessments and Investigations have decreased by one percent and FGCs have decreased by 12%. These decreases are much smaller than the 33% decrease in entries to care.

ROCs⁵, assessment and FGCs have also had periods of increase or stability whereas entries have consistently decreased since 2017. For example, Reports of Concern increased by over 10,000 between F2017 and F2018. This increase in ROCs didn't result in an increase in entries. Over the same period, entries decreased very slightly (by around 70).

Figure 5: Total Reports of Concern, Assessments and Family Group Conferences by financial year



⁵ The make-up of who is notifying Oranga Tamariki they have a concern about a child has not changed significantly over the past few years (e.g. Police, Health, Education, Families/Whānau).

Which groups of children have experienced a decrease in entries?

This section examines which groups of children have been entering care at a lesser rate than others.

Entries to care have decreased for all age groups and ethnicities since 2017. However, there are groups of children for whom entries have decreased more. In particular, for tamariki Māori and young children.

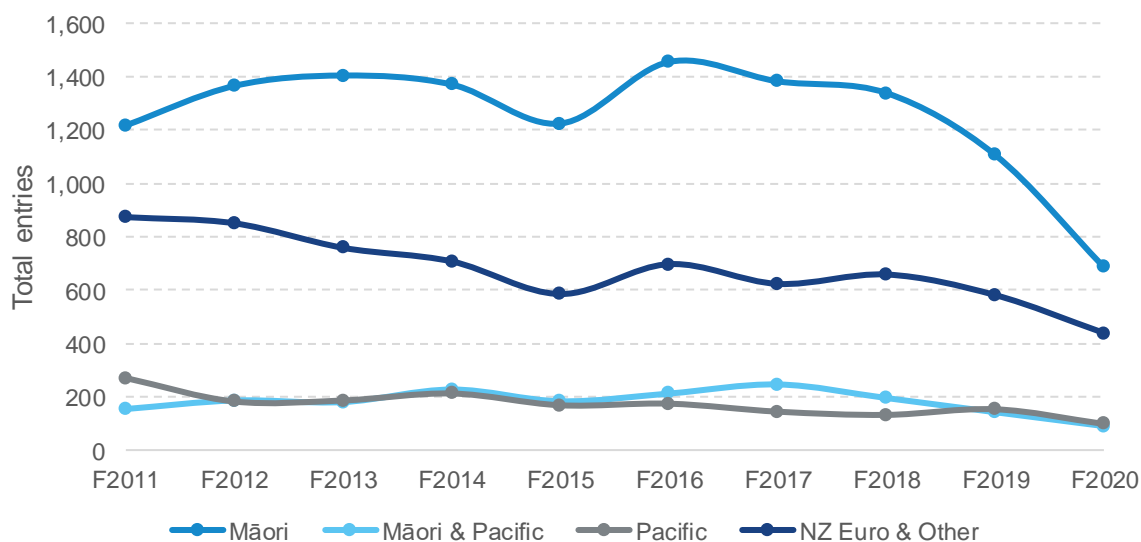
This section uses two measures to examine the decrease in entries to care:

- The number of entries to care – this is a simple count of entries
- The rate of entries to care per thousand population – the rate of entries is calculated using Statistics NZ population estimates for 0-17-year olds. The rate takes into account the changing demographic structure of the population, to obtain a rate per head of population, also known as the rate or incidence (per 1,000 children). It allows us to see variations when the numbers are relatively small and provides us with a view of how many children are coming into care out of all the children in a particular group (E.g., all tamariki Māori, all children in New Zealand, babies etc).

The largest decrease in entries to care was for tamariki Māori

Of all the children who entered care in F2020, 58% identified as ‘Māori’⁶. 760 tamariki Māori entered care in F2020 (38% or 460 fewer than in F2019). The proportion of entries that were for tamariki Māori decreased over the past three years, from 68% in F2017 to 58% in F2020.

Figure 6: Total entries to care by ethnicity per year



⁶ Includes those who identify as ‘Māori’ or ‘Māori and Pacific’. See Appendix A for more details on how we categorise ethnicity

The total number of children entering care also decreased for Pacific and 'New Zealand European and Other' children. Between F2019 and F2020 the number of distinct children entering care decreased by:

- 36% for Pacific⁷ children (107 fewer)
- 24% for New Zealand European and children of other ethnicities (142 fewer)

During the September 2020 quarter, entries increased slightly for all ethnicities, but decreased again in the December 2020 quarter

The increase was similar for both tamariki Māori and 'New Zealand European and Other' children. Around 30 more children from each of these groups entered care than in the June 2020 quarter.

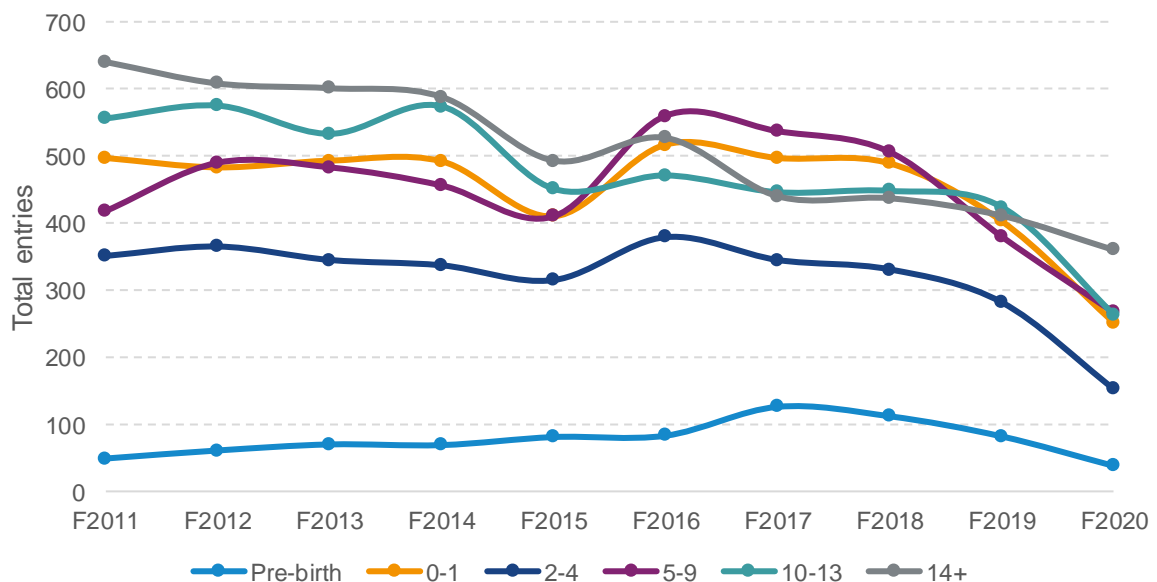
⁷ Includes those who identify as 'Pacific' or 'Māori and Pacific'. See Appendix A for more details on how we categorise ethnicity

Which age groups experienced a decrease in entries?

While entries to care have decreased across all age groups, some have been more affected than others. Between F2019 and F2020 the number of distinct children entering care decreased by:

- 52% for unborn babies (41 fewer)
- 37% for 0-1-year olds (148 fewer)
- 47% for 2-4-year olds (129 fewer)
- 31% for 5-9-year olds (114 fewer)
- 36% for 10-13-year olds (143 fewer)
- 8% for those aged 14 or over (29 fewer)

Figure 7: Total entries to care by age group



For a third successive year, fewer Māori babies entered care. In F2020, 123 Māori children unborn or aged 0-12 months entered care. This is the third year of reduced numbers of Māori babies entering care. In the year to 30 June 2017, 190 more Māori babies were brought into care.

During the September 2020 quarter, entries increased for most age groups, but decreased again during the December 2020 quarter

Between the June and September 2020 quarters, entries increased for all age groups except 0-1-year olds. Eighteen fewer babies aged 0-1-year entered care in the September quarter than in the previous quarter.



The age group most affected by the increase in entries was 14+ year olds. Almost 50 more 14+ year olds entered care in the September quarter than in the June quarter.

Which locations had a decrease in entries?

This section examines which locations children have been entering care at a lesser rate than others.

As in the previous section, the trend in entries is assessed using both the number of entries to care and the rate per 1,000 children in the population.

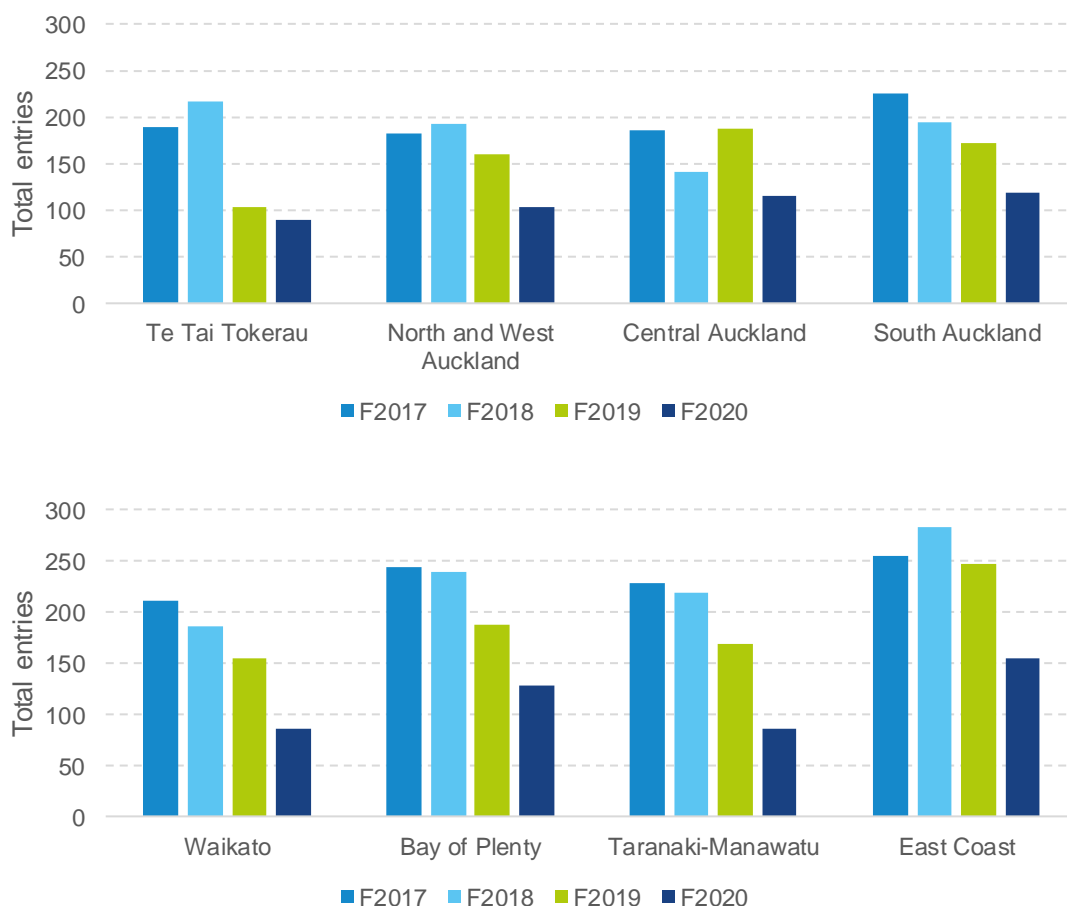
Entries to care have decreased across all care and protection regions over the past year

All regions⁸ experienced a noticeable drop in entries between F2019 and F2020.

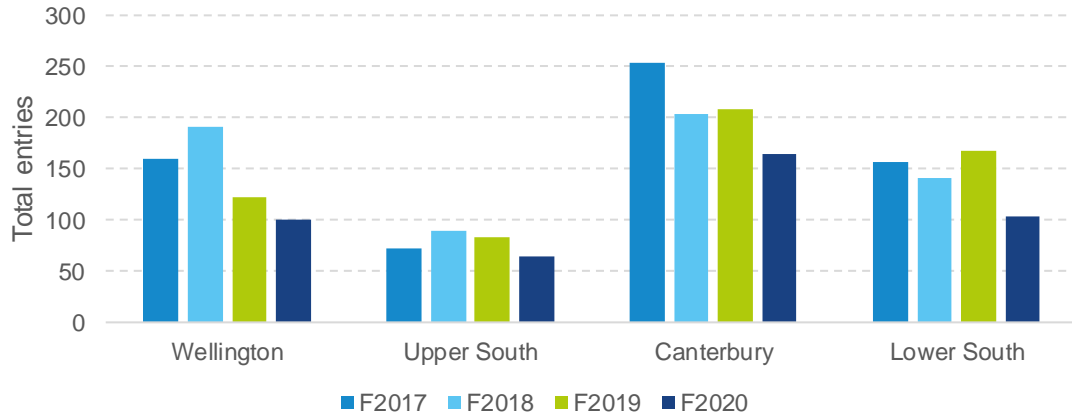
Some regions experienced a fluctuation in the number of entries over the past few years - particularly in the Central Auckland, East Coast, Wellington, Upper South and Lower South regions (Figure 8).

The graphs below present the number of entries to care annually for each Services for Children and Families (SCaF) region over the last four financial years.

Figure 8: Total entries to care annually, by SCaF region



⁸ Regions have been used to allow trend analysis. Small numbers at site level make it more difficult to see trends.



Not only has the raw number of entries decreased across all regions, but children have entered care at a lower rate

The maps below show the rate of children entering care per 1,000 children in F2019 versus F2020. The darker a region is shaded, the higher the rate of children entering care. Conversely, the lighter a region is shaded, the lower the rate of children entering care.

Comparing the two maps shows the decrease in the rate of entries to care per 1,000 population. The F2020 map is noticeably lighter than the F2019 map.

Figure 9: Rate of entries to care per 1,000 children by SCaF regions, F2019

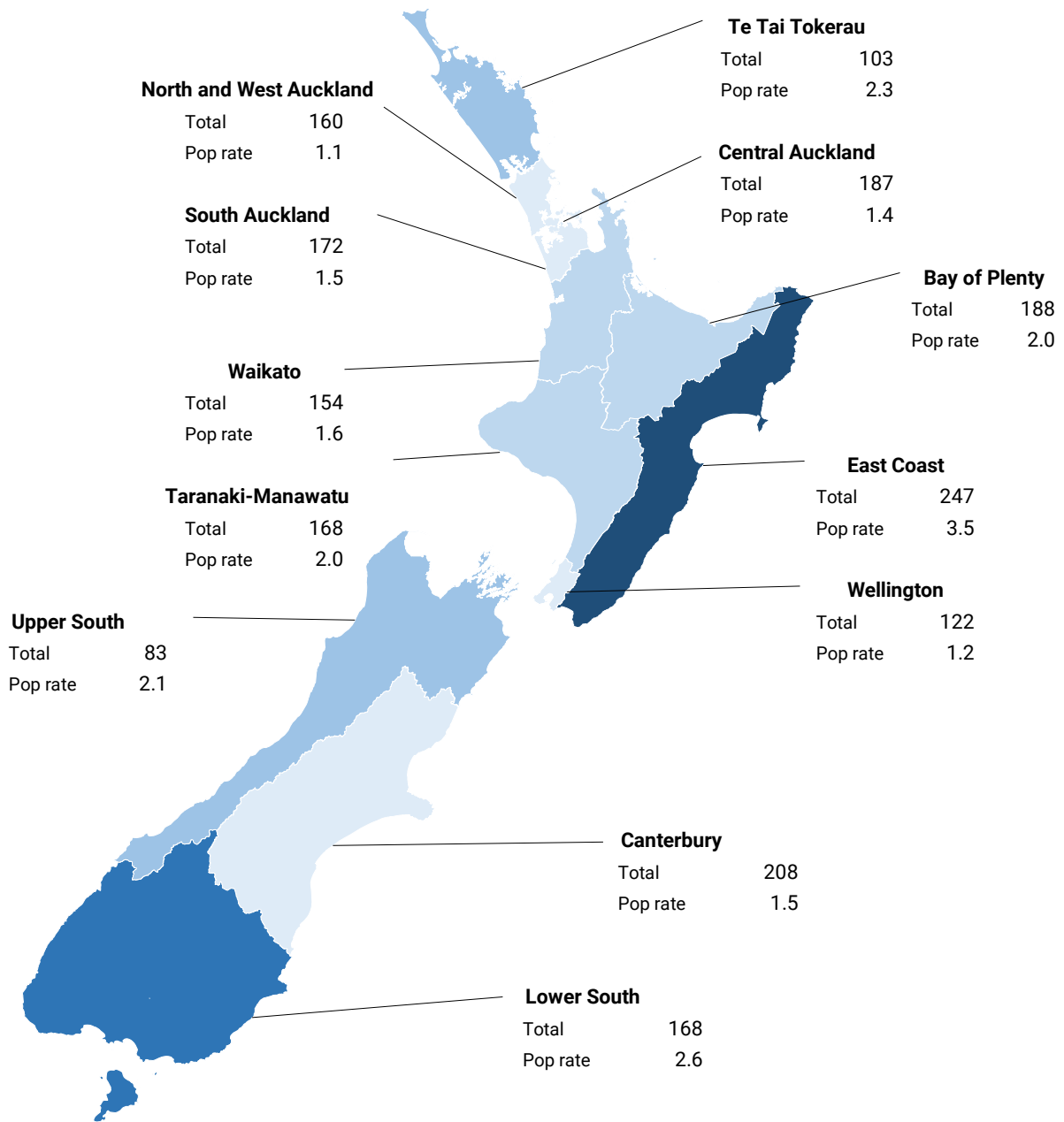
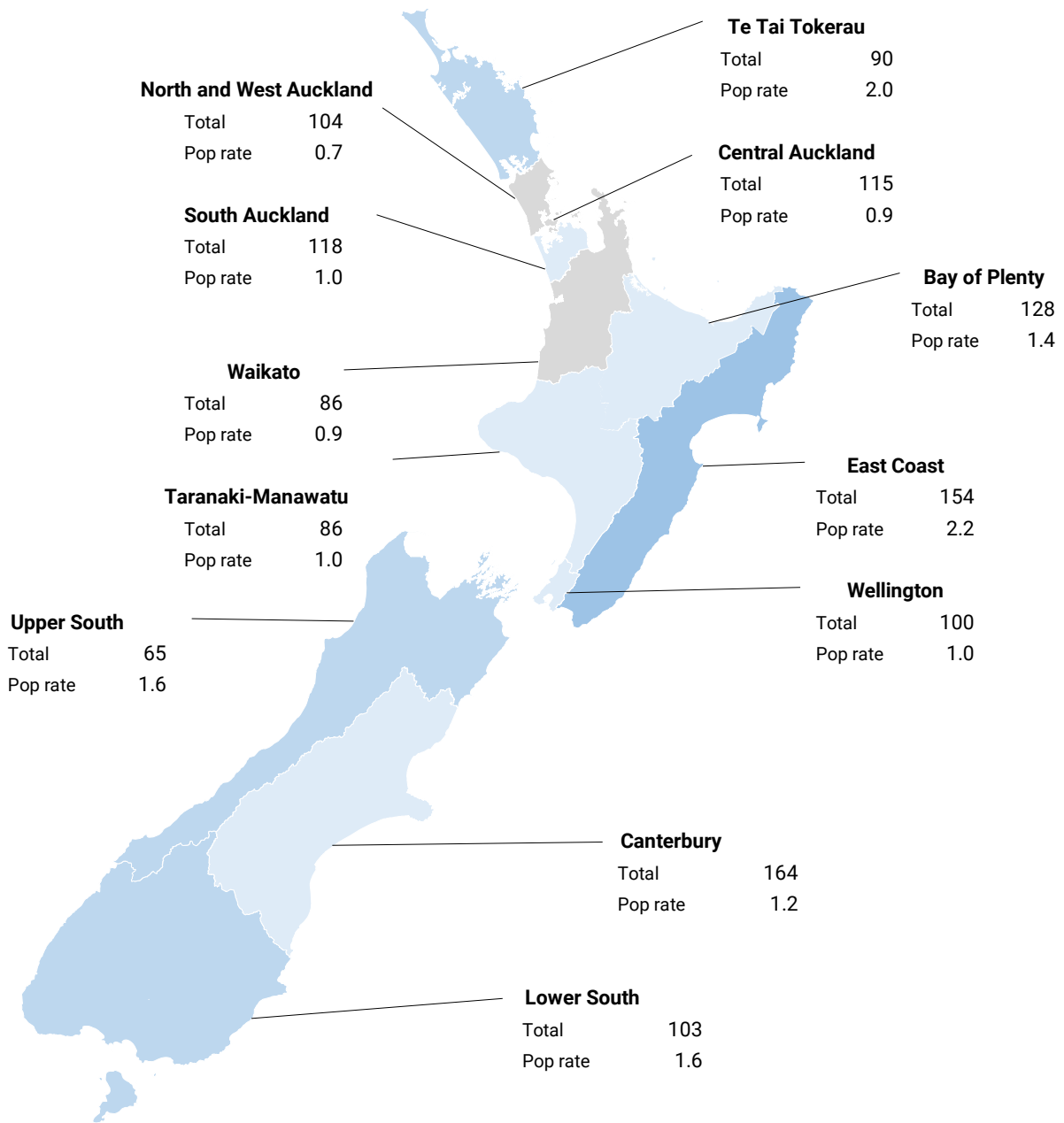


Figure 10: Rate of entries to care per 1,000 children by SCaF regions, F2020



East Coast region experienced the largest decrease in the rate of entries

In F2019, 3.5 out of every 1,000 children in the East Coast region entered care. In F2020, this decreased to 2.2 out of 1,000.

The Lower South and Taranaki regions experienced a similar decrease in the rate of entries. In F2019, 2.6 out of every 1,000 children in the Lower South entered care, compared with 1.6 in F2020.

In the Taranaki-Manawatu region the rate of entries decreased from 2.0 out of every 1,000 children to 1.0.

Wellington experienced the smallest decrease in the rate of entries

In F2019, 1.2 out of every 1,000 children in the Wellington region entered care, compared with 1.0 in F2020. Wellington region already had a low rate of entries to care.

In the most recent quarter, entries increased in all regions except in the East Coast and Canterbury regions.

Is the pathway to care changing?

There are three pathways for a child to come into care.⁹

There are several different warrants and legal orders under the Act, each of which can apply in a range of different settings. All custody orders for unborn and newborn babies are made on an interim basis. Permanent orders are made only after planning around the needs, risks and strengths of the parent(s), whānau and baby has been completed, after the baby is born.

The different warrants and custody orders are detailed below. These can be broadly grouped into three categories – care agreements, urgent entry to care, and arranged entry to care.

Care agreements

When a child enters care through a voluntary agreement with the parents, guardians or usual persons having care of the child for a specific period – from 28 days to 2 years. The outcome is for the child to return home unless they transition to independence.

Urgent Entry to Care

These are interim orders/warrants that result in the transfer of the custody of a child to Oranga Tamariki until a final decision on the child's care can be made. These orders should only be used to secure the safety and wellbeing of tamariki when all other intervention options have been considered and there is an immediate safety concern. Police and Oranga Tamariki have different powers that can be used. Both Police and Oranga Tamariki can apply to the Family Court for these orders. The Police can also take urgent action without a warrant from the Family Court. Oranga Tamariki always need to apply to the Family Court before it can take urgent action. A section 78 order can be used to bring a child into our custody urgently because we believe there are real and immediate safety concerns; but equally can be used in a situation where a caregiver, family or whānau have agreed an interim custody order is required to ensure a child is safe. For this reason, we report section 78 care entries separately.

Arranged Entry to Care

Wherever possible, tamariki enter care in a planned and measured way. An arranged entry to custody will usually occur after a Family Group Conference has been held. Oranga Tamariki needs to apply to the Family Court to gain these custody orders.

⁹ See Appendix A for the sections of the Oranga Tamariki Act 1989 relevant to each entry pathway.

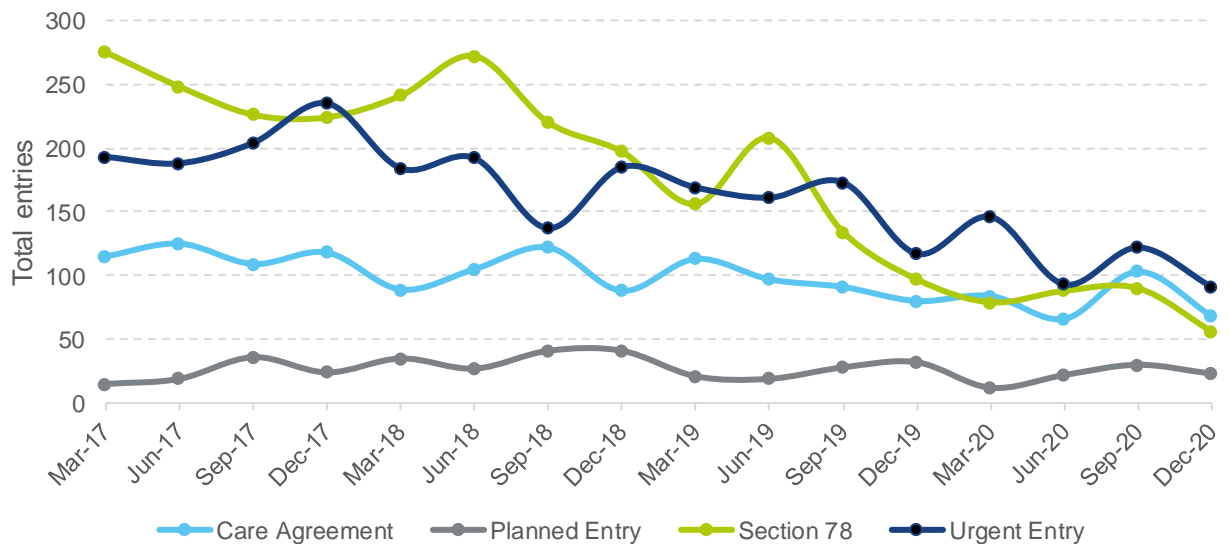
The pathway for entry to care has been changing

Between F2011 and F2017, we saw a change in the way children enter our care. As a proportion of the total, there was an increase in the use of Section 78 orders and urgent entries, while there was a decrease in the use of care agreements.

Since F2017 the pathway to care has been shifting again – with the biggest change happening between F2019 and F2020. Between F2019 and F2020 the proportion of urgent entries increased (from 33% to 40%). There was a corresponding decrease in the proportion of section 78 entries (from 40% to 30%) (Figure 11).

With the increase in entries between June and September 2020, the largest increase was in care agreements and urgent entries. This was a short-term change and the downward trend resumed during the December 2020 quarter.

Figure 11: Entries to care by pathway



Have entries decreased because children are not leaving care?

This section examines the relationship between exits from care and entries, as well as children with care history re-entering care.

The decrease in entries to care cannot be explained by the decrease in exits from care alone

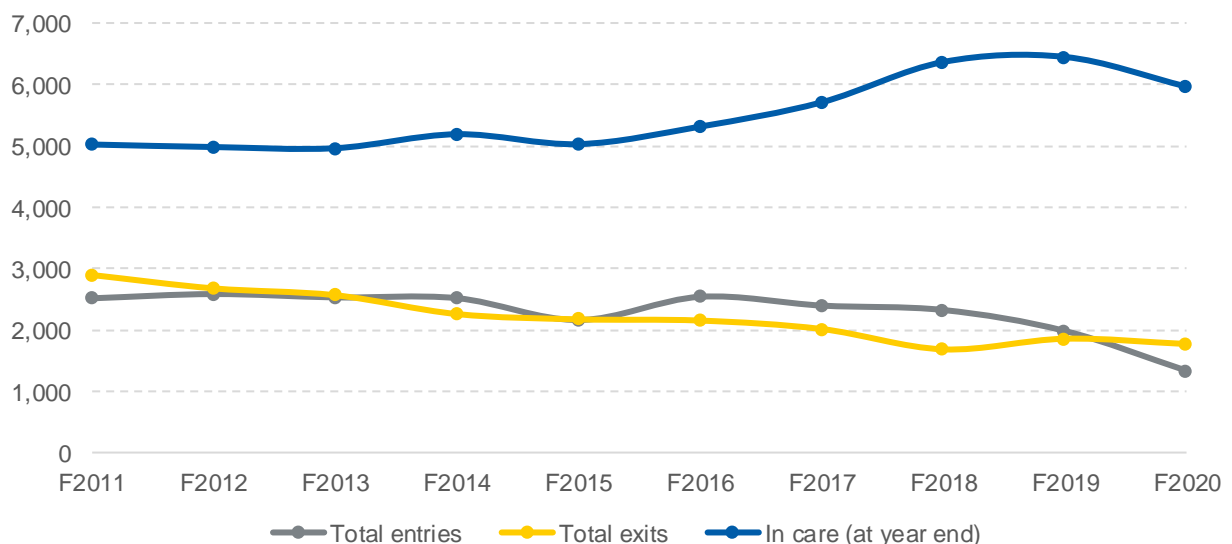
Another question the decrease in entries has raised is are we holding on to children for longer, therefore reducing re-entries or churn in the system by not having them exit care? We have used four measures to answer this question:

- The number of entries to care
- The number of exits from care
- The number of children in care as at year end
- The number of entries to care split by whether a child has previous care history.

Figure 12 presents the total number of children exiting care over the last ten years alongside the total number entering and the number in care. The relationship between these measures is important. If the decrease in entries to care was purely a result of children not leaving care and therefore not re-entering the system again, we would expect to see:

- exits decrease at a similar rate as entries
- the number of children in care to decrease at the same rate as entries.

Figure 12: Exits from care versus entries to care



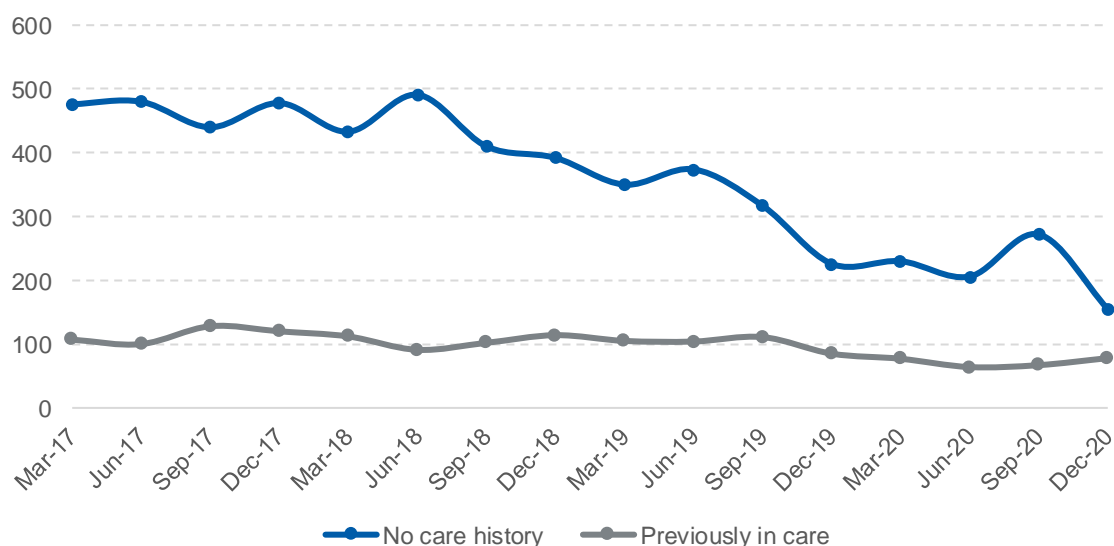
The number of children entering and exiting care have both decreased over the past ten years. However, over the period F2015 to F2019, there were a greater number of children entering care than children exiting care – resulting in an increase in the number of children in care. We also know that on average, children are staying in care for longer.

However, between F2018 and F2019, the number of children exiting care increased by 11% (180 children). This did not result in an increase in children entering care in F2020. In fact, 600 fewer children entered care in F2020 than in F2019.

If the decrease in entries was solely due to children remaining in care and not exiting, we would expect to see

- the decrease in exits matching that of entries more closely
- the number of children with previous care history drop much faster than it has. The largest decrease has been for children who have no previous care history.

Figure 13: Entries to care by previous care history



Change to practice and policy requirements may be driving the decrease in entries to care

There are a range of factors that can drive practice change and are likely to be playing a role in the reduction in care entries.

Practice in relation to newborn pēpi and s78 without notice orders may be driving a decrease in s78 entries

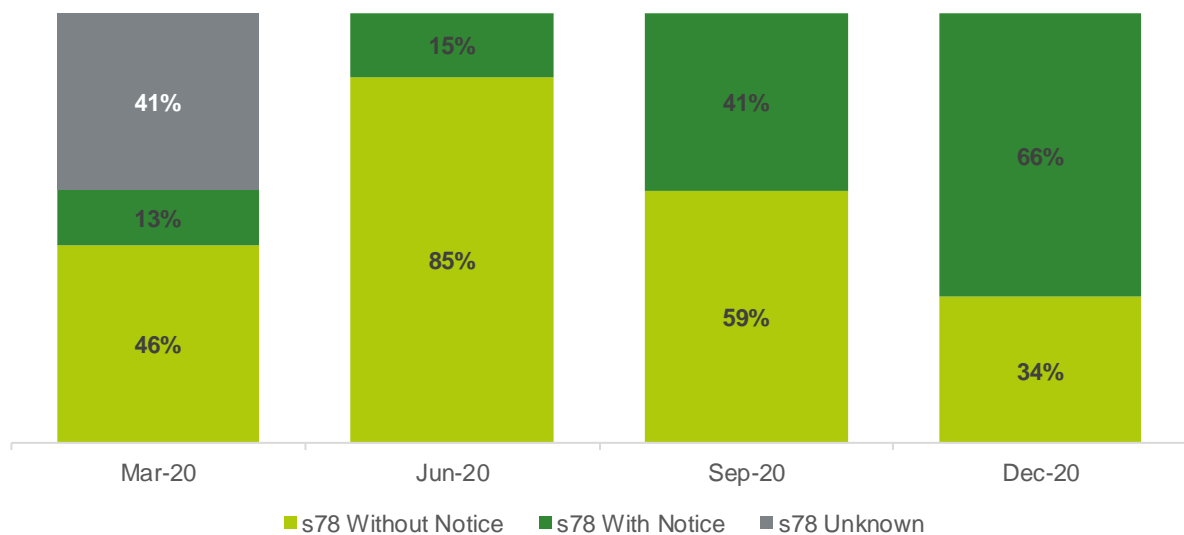
The increased focus on reports of concern for unborn and newborn pēpi by Practice Leaders and the increased oversight for filing a s78 without notice application may be driving a decrease in s78 entries.

New policy requirements brought in after the Hawke’s Bay Practice review in November 2019, require that all without notice applications for interim custody of te tamaiti under s78 must be approved by the Site Manager before they can be filed. This is recorded on an approval form which must be filled out and saved as a case note in CYRAS. The form must evidence the factors considered in reaching the decision, and endorsement of the decision by the Practice Leader and Regional Litigation Manager.

As part of these changes, Practice Leaders in each site are also now required to monitor all reports of concern relating to unborn babies and babies under 12 weeks received in the previous month to help ensure we are responding to those concerns in an early and effective manner.

The proportion of s78 applications filed without notice have decreased in the last quarter (Figure 14).¹⁰

Figure 14: Section 78 entries to care, by filing method



Has the change in the intakes process impacted entries to care?

Oranga Tamariki has made some changes to its intake and early assessment practice, with the aim of ensuring social workers are supported to both:

- make the right decision with the child and family the first time, thus reducing rates of churn through the system by addressing needs and risks early
- make decisions as early as possible in the process, thus reducing potentially unnecessary intervention in the lives of families and releasing social worker time.

¹⁰ Only the last three quarters have been shown because filing method was not recorded prior to this.

The key change introduced as part of this work that may have contributed to a reduction in care entries is a strengthened focus on earlier and wider engagement with whānau through the introduction of the new hui-ā-whānau mechanism. Earlier and strengthened whānau engagement may have resulted in increased support for tamariki and whānau early before unmet needs lead to safety concerns and strong support networks being built around the whānau of tamariki who are at serious risk of harm.

While these changes may have had an impact on the number of children entering care, analysis comparing the data before and after the changes does not definitively show any advantages of using one system over the other. There are also limitations to the data we have that doesn't allow us to comment on the effect on entries to care. Some of the limitations are that:

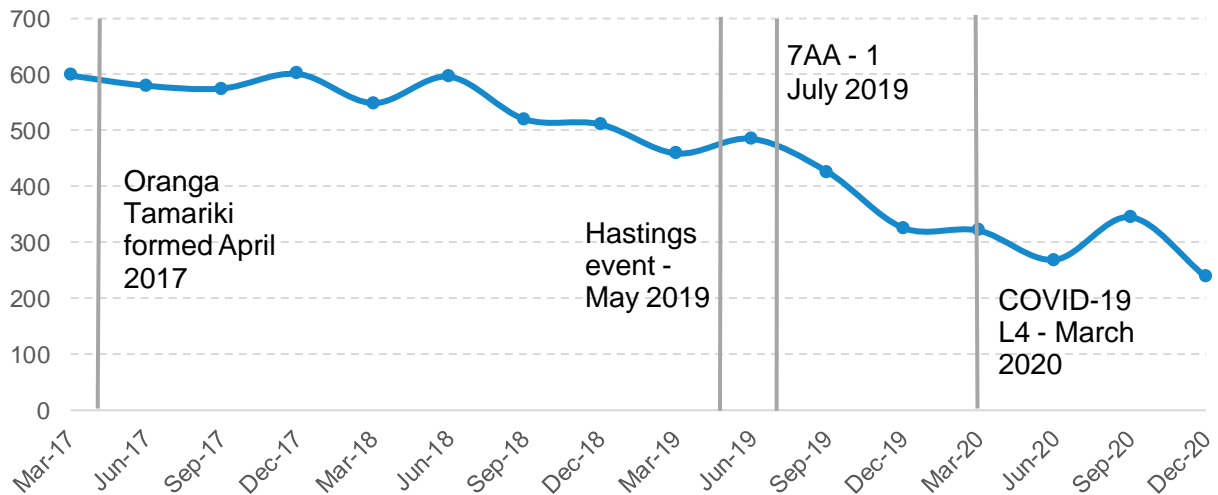
- the analysis looks solely at the intake and assessment approach and does not look at longer term outcomes
- the new process was rolled out at varied dates across sites so has been in some sites longer than other. This makes it hard to pinpoint effects at an aggregate level.

Does the decrease coincide with key events?

Entries to care decreased substantially from F2018 onwards, approximately one year after the formation of Oranga Tamariki. This section looks at key events, practice changes and partnerships formed over that period.

Figure 15 shows the number of entries per month and highlights when some of these events occurred.

Figure 15: Entries to care per quarter and key events



The largest drop in entries to care coincides with the high level of media coverage of an attempt to bring a newborn pēpi Māori into care and the subsequent reviews released

In May 2019, an attempt to bring a newborn pēpi Māori into care in Hastings attracted media and public scrutiny. This event led to several reviews and inquiries into the way we work, including the legislation we work under, our policies and practice. The reviews were:

- an internal Hawke's Bay Practice Review released in November 2019
- The Whānau Ora Commissioning Agency's inquiry report released in February 2020
- The Office of the Children's Commissioner's interim report released in June 2020
- The Ombudsman's system investigation released in August 2020

The ongoing Waitangi Tribunal urgent inquiry into the consistency of Oranga Tamariki policies and practice with the Treaty of Waitangi may have also influenced practice.

Wider changes within Oranga Tamariki may also be influencing care entries rates. Stepping back from these policy and practice changes, a series of wider changes within Oranga Tamariki in may also have contributed to changes in care entries.

The largest drop in entries coincides with the introduction of the section 7AA legislation

On 1 July 2019, section 7AA of the Oranga Tamariki Act 1989 came into force. Section 7AA requires the Ministry to respond to invitations for strategic partnerships from hāpu, iwi and Māori organisations. These partnerships present a significant opportunity to work in partnership together to design new services, to better involve whānau, hāpu and iwi in decision making, and to delegate accountabilities and power.

Oranga Tamariki currently has six strategic partnerships: Eastern Bay of Plenty Iwi Provider Alliance; Māori Women’s Welfare League (Te Rōpū Wahine Māori Toko i te Ora); Ngāi Tahu; Ngāpuhi; Tūhoe; Waikato-Tainui. As well as these, Oranga Tamariki has several other treaty-based agreements with iwi and Māori organisations.¹¹

The role of Kairaranga-a-whānau was introduced in 2017 and the importance of the role has been emphasised with the introduction of 7AA. Their role includes:

- identifying and engaging significant whānau, hapū and iwi members in decision-making for their tamariki (as early as possible)
- supporting and/or facilitating hui ā-whānau and assisting Oranga Tamariki staff to integrate appropriate cultural knowledge and practice into the decision-making processes, such as in the case consult etc.

As at February 2020 there were 42 Kairaranga-a-whānau roles across the country. The data does not allow us to accurately measure how often a Kairaranga is involved.

Changes in culture and leadership could have influenced change

Changes in culture and practice, and site leadership may also have a role to play. Previous work has looked at why some sites have higher numbers of tamariki in care and other sites lower. Site culture and, in particular, the role and influence of the Practice Leader can play a significant role in how the site evolves its practice and decision making about care entries. The introduction of the organisational values and changes in site and regional leadership may therefore have contributed to the overall decrease in care entries since 2017.

¹¹ Working with Iwi and Māori – A Snapshot. As at July 2020.
<https://orangatamariki.govt.nz/assets/Uploads/About-us/Report-and-releases/Section-7AA-Report/Working-with-Iwi-and-Maori-Snapshot.pdf>

Has the number of carers/children receiving the Unsupported Child's Benefit (UCB) been increasing as entries to care have been decreasing?

The number of children and carers receiving the Unsupported Child's Benefit (UCB) has been increasing over time, particularly since 2016. The most rapid increase has been for Māori. Not only have the number of children and carers receiving UCB increased, but the payments have increased (by \$20 per week in 2018).

Further analysis within the Evidence Centre is looking into whether UCB is being used as an alternative to statutory care.

UCB supported care, where there is a proximate Report of Concern (ROC) to Oranga Tamariki, has been increasing. A sample of 100 UCB entries, where a proximate ROC was received, were reviewed using CYRAS case-notes. The review showed that for the majority (72%), UCB that followed a ROC was supporting whānau with complex issues to provide care, without which further statutory intervention would be likely. It is possible that UCB is functioning as an alternative pathway early in the care and protection process.

Given the exploratory nature of the review and the convenience sample used, no population estimates are possible from this study. Further work would be needed to accurately quantify the contribution of this pathway or make future projections.

Have entries to care fallen because the wellbeing of children and their families increased?

Children's health and development indicators have not changed significantly over the past few years

Results from the Oranga Tamariki Children's Wellbeing model¹² indicate there hasn't been a significant shift in children's health and development in the last year or so.

For example, rates of emergency department contact and hospitalisations have remained similar; indicators of school disengagement such as truancy and standdowns have remained similar or increased slightly; and youth offending rates have decreased slightly.

Deprivation by ethnicity has not changed significantly over time

The profile of socioeconomic deprivation for Māori and non-Māori have remained the roughly the same over the past ten years.

Looking at the New Zealand Index of Deprivation (NZDep), there is no indication that the relative deprivation between ethnicities has shifted. It is unlikely that an increase in socioeconomic equity between Māori and non-Māori has driven the decrease in entries to care.

Child poverty rates have not changed significantly

It is unlikely that a reduction in child poverty is the cause of the decrease in entries.

Statistics New Zealand has published the first report on child poverty rates, with data available for the F2019 year.

Child poverty statistics provide estimates of low income and material hardship rates for measures listed in the Child Poverty Reduction Act 2018. For the 2018/19 financial year:

- rates of low-income have generally declined from 2017/18, but most of these decreases are not statistically significant
- material hardship rates show no significant change from 2017/18 to 2018/19

¹² The wellbeing model draws together data on service usage and other indications of need across the social sector into one place, where it is used to form a data-driven view of the apparent wellbeing of each child and young person.

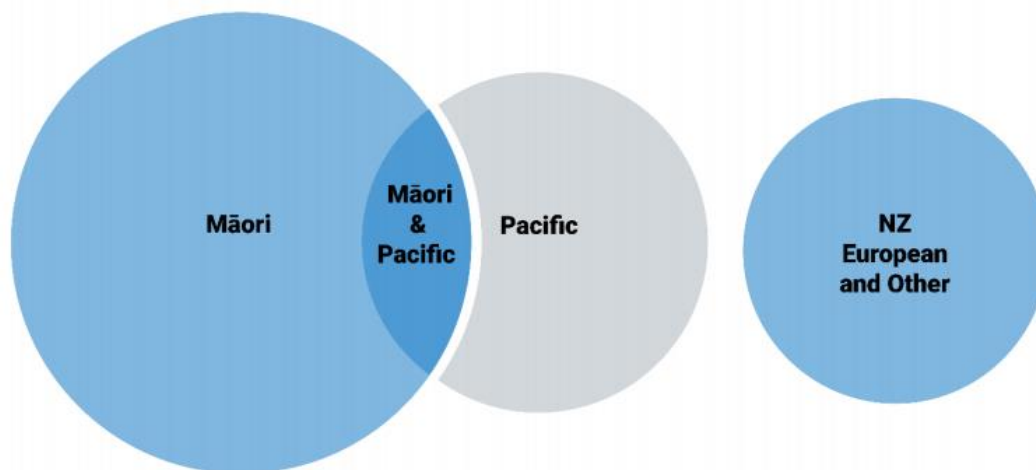
Appendix A: Treatment of ethnicity

There are four high level categories Oranga Tamariki uses to describe ethnicity:

- 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
- NZ European and Other – children who do not identify Māori or Pacific as any of their ethnicities. This includes New Zealand European, European, Asian, Middle Eastern/Latin American/African and other ethnicities.

These categories are mutually exclusive.

It is not uncommon for an individual to have multiple ethnicities, particularly crossing between Māori and Pacific communities. The 'Māori & Pacific' category includes children and young people who have ever been recorded as both Māori and Pacific. The diagram below shows how these categories overlap.



NB: Image has not been drawn to scale

Appendix B: Pathways for entry to care under the Oranga Tamariki Act

Care Agreements

- Section 139 – Temporary Care Agreement
- Section 140 – Extended Care Agreement

Urgent entry to care or custody

- Urgent applications to Family Court for warrant
 - Section 39 – Place of Safety Warrant (by Oranga Tamariki or NZ Police)
 - Section 40 – Warrant to remove a child or young person (Oranga Tamariki)
- Interim custody order applications to the Family Court
 - Section 78 – Custody of child or young person pending determination of proceedings (by Oranga Tamariki or NZ Police)
- Urgent action by the NZ Police to place a child or young person in the custody of Oranga Tamariki
 - Section 42 – Warrant (NZ Police) Search without Warrant
 - Section 48 – Warrant (NZ Police) Unaccompanied children or young persons

Arranged Entry to Care or Custody

- Section 101 – Custody order
- Section 102 – Interim Custody order
- Section 110(2)(a) – Sole guardianship order
- Section 113 – Special guardianship order

Appendix C: Data tables

Table 1: Total entries to care and protection custody by ethnic group (including warrants)

Financial year	F2011	F2012	F2013	F2014	F2015	F2016	F2017	F2018	F2019	F2020
Māori	1,217	1,365	1,404	1,370	1,224	1,455	1,382	1,338	1,106	686
Māori & Pacific	154	186	180	227	183	212	246	195	142	90
Pacific	270	182	186	212	168	174	144	132	153	98
NZ Euro & Other	873	850	758	707	585	697	623	658	581	439
Not recorded	0	0	0	0	0	0	0	0	0	21
Total	2,514	2,583	2,528	2,516	2,160	2,538	2,395	2,323	1,982	1,334

Table 2: Total entries to care and protection custody by age group (including warrants)

Financial year	F2011	F2012	F2013	F2014	F2015	F2016	F2017	F2018	F2019	F2020
Pre-birth	49	61	70	69	81	83	126	112	82	38
0-1	497	483	493	492	410	517	497	489	403	252
2-4	351	365	345	337	315	379	345	331	282	153
5-9	418	490	483	456	410	560	537	506	380	267
10-13	556	575	533	574	451	471	446	448	424	264
14+	640	608	601	588	493	527	440	437	411	360
Unknown	3	1	3	0	0	1	4	0	0	0
Total	2,514	2,583	2,528	2,516	2,160	2,538	2,395	2,323	1,982	1,334

Table 3: Total entries to care and protection custody by pathway (including warrants)

Financial Year	F2011	F2012	F2013	F2014	F2015	F2016	F2017	F2018	F2019	F2020
Urgent Entry	868	830	777	821	762	906	811	820	657	527
Section 78	557	703	753	846	729	799	1,042	959	783	396
Care Agreement	917	847	801	690	511	493	457	421	420	317
Arranged Entry	172	203	197	159	158	340	85	123	122	94
Total	2,514	2,583	2,528	2,516	2,160	2,538	2,395	2,323	1,982	1,334

Table 4: Total entries to care and protection custody by region (including warrants)

Region	F2011	F2012	F2013	F2014	F2015	F2016	F2017	F2018	F2019	F2020
Te Tai Tokerau	128	183	146	185	146	193	189	216	103	90
North and West Auckland	239	181	167	170	167	187	182	192	160	104
Central Auckland	224	228	197	231	181	223	186	141	187	115
South Auckland	251	246	267	300	235	295	226	194	172	118
Waikato	167	262	210	243	197	231	210	185	154	86
Bay of Plenty	223	293	315	291	284	235	243	239	188	128
Taranaki-Manawatu	205	171	186	191	202	245	228	219	168	86
East Coast	192	228	254	221	196	248	255	283	247	154
Wellington	142	183	164	158	150	185	160	191	122	100
Upper South	111	108	113	107	67	80	73	89	83	65
Canterbury	350	302	310	268	174	232	254	204	208	164
Lower South	239	172	163	117	103	156	157	141	168	103
Other	43	26	36	34	58	28	32	29	22	21
Total	2,514	2,583	2,528	2,516	2,160	2,538	2,395	2,323	1,982	1,334

Table 5: Totals: care and protection pipeline (including warrants)

Year	F2010	F2011	F2012	F2013	F2014	F2015	F2016	F2017	F2018	F2019	F2020
Report of Concern	124,921	93,956	90,729	90,893	88,768	83,871	84,228	81,840	92,250	87,260	80,928
Referred for Assessment or Investigation	55,494	57,783	60,330	61,877	54,065	45,463	44,689	38,975	41,780	41,733	41,364
Family Group Conference	8,160	8,087	8,809	8,583	8,772	7,507	7,757	8,127	8,151	8,687	7,641
Entered care	2,982	2,514	2,583	2,528	2,516	2,160	2,538	2,395	2,323	1,982	1,334
Exited care	3,155	2,893	2,675	2,564	2,257	2,171	2,151	2,013	1,682	1,855	1,769
In care (at year end)	5,446	5,020	4,979	4,960	5,188	5,026	5,312	5,708	6,365	6,447	5,964