ORANGA TAMARIKI
Ministry for Children

Social Impact and Research

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Permanent Caregiver Support Service

Evaluation Report

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The Oranga Tamariki Social Impact and Research team works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand’s children, young people and their whānau.

Email: research@ot.govt.nz

Authors: Lucy Taua’i, Jonnita Akauola, Vienna Yang, Maria Kerstens (Oranga Tamariki Social Impact and Research)

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Executive summary

Background

The Permanent Caregiver Support Service (PCSS) provides support to permanent caregivers and children following the establishment of permanent care arrangements and the discharge of custody orders by the chief executive. The PCSS offers support such as permanency support plan creation and review, contributions to financial needs, supplementary financial assistance, and facilitation of access to services and support. The current provider of the PCSS is Turuki Health Services.

A formative evaluation of the PCSS was requested by the Service Delivery business unit in Oranga Tamariki to provide insights about demand and resourcing, effectiveness, and the efficiency of current service delivery, and an understanding of caregivers' experiences within this service. This evaluation was completed in two phases: phase one focused on demand and resourcing while phase two focused on caregivers’ experiences. This report synthesizes the results of both phases using a value for money (VfM) approach to evaluate qualitative and quantitative data on the PCSS.

Evaluation methodology

Key evaluation questions (KEQs) guided this evaluation, providing areas of focus for consideration of findings and a structure for analysis and reporting.

The following KEQs were developed to guide the evaluation:

- To what extent is the current model providing value for money?
- To what extent is the PCSS meeting the needs of permanent caregivers and children in their care?
- To what degree does the current legislative, policy settings, and service design provide permanent caregivers with the support they require?

A mixed-method approach was used for this evaluation with quantitative data including administration and secondary data alongside a survey with permanent caregiver and qualitative data from interviews with stakeholders and permanent caregivers,

Evaluative questions require a judgement, based on evidence and using a process of reasoning – in this case, this has been done by using a rubric that:

- Uses explicit criteria (dimensions of performance) and standards (levels of performance) to provide a transparent basis for making judgements about the use of resource and value created by the PCSS.
- Combines qualitative and quantitative data to support understanding and make a judgement.

Key findings

The PCSS is a critical service supporting permanent caregivers and the children in their care and contributes to placement stability for children who leave Oranga Tamariki care. Without this service, many permanent caregivers would struggle to meet the needs of the children in their care. The availability of support once they take on permanency is limited, even with the existence of the PCSS. It is a needed service that requires greater investment to meet the demands and increase of permanent caregivers over time. While the PCSS performs well at connecting caregivers with relevant services and support and can adequately explore solutions for caregivers, there are some key barriers which prevent the PCSS from performing effectively. These are as follows:

- **A notable increase in permanent caregivers in recent years has not been matched with an increase in funding, contributing to a strain on the resources allocated to meet the needs of permanent caregivers.** There has been a noticeable 36% reduction in average spending per permanent caregiver from 2019/20 to 2022/23. The growth in expenditure has lagged behind the growth in permanent caregivers, impacting the ability for the PCSS to meet individual needs. Additionally, we do not see the level of funding allocated to the PCSS reflecting the increase in vendor costs in response to inflationary pressures. Responsiveness to cost and demand are areas that are not yet meeting an ‘adequate’ level within the VfM rubric, indicating that this needs to be addressed for the PCSS to function effectively. It is also important to note the effect of resource constraints on other aspects of delivery, as discussed in the following sections.
- **A move to permanency needs to be supported with clear understanding of what this involves and a realistic expectation of the financial support that can be provided.** More time and attention should be given at the start of the permanency journey by Oranga Tamariki social workers to ensure caregivers have greater understanding and more realistic expectations of how the PCSS will support them through permanency. The process is often rushed, and this leads to negative experiences once the caregiver is onboarded. There is a noted disparity between Oranga Tamariki entitlements and permanency entitlements. This, coupled with a lack of understanding from both caregivers and social workers of what the PCSS can provide, leads to dissatisfaction when the PCSS is unable to meet expectations of caregivers. When looking at this component against the VfM rubric, this criterion is not yet meeting an ‘adequate’ level.
- **A lack of clarity around the scope of delegation contributes to limited guidelines and rationale that can be applied to decision-making.** Decisions need to be made based on clear rationale that all parties can access. Qualitative findings indicate that often, there is not clearly communicated and consistent rationale behind decisions. While legislation determines the key function of the PCSS, further attention needs to be given to the scope of the delegation, guidance on how to exercise the delegation, and how Oranga Tamariki will exercise retained discretion. This lack of clarity

at a system's level affects the ability to make clear and informed decisions. Often dissatisfaction with the PCSS was driven by a lack of understanding around why/how certain decisions were made. There is a real desire across all parties (caregivers, caregiver advocates, Turuki, and Oranga Tamariki) to ensure that decisions are made in a clear and transparent manner. The evaluative judgement against the VfM rubric for this measure is that it is not yet meeting an adequate level.

Overall, the PCSS is supporting permanent caregivers and there appears to be positive levels of satisfaction with the service. However, without sufficient funding, clear guidelines, and effective onboarding, it is difficult for the PCSS to perform to its full potential with regards to delivering value for money, particularly on the following aspects.

Achieving and maintaining permanency outcomes

Placement instability has a significant association with negative outcomes for children and young people, as demonstrated in research (Stability of Placements in Care) carried out by Oranga Tamariki (to be published). By providing comprehensive support to permanent caregivers, the PCSS aims to enhance the quality and stability of placement, which in turn positively impacts the wellbeing outcomes of children and young people. All caregivers interviewed in this research agreed that the support provided by the PCSS is indispensable in terms of keeping children in these permanent placements.

There were various reasons for taking on permanency and all interviewees showed unwavering support and love for the child/children in their care. Each story was unique, with every family facing their own challenges and journeys. The experiences of caregivers included in this research indicate that without the dedicated PCSS service, many families would not have been provided with support and opportunities to access necessary services and resources, some of whom are navigating significant and impactful challenges for their wellbeing that is affecting the life trajectory of the child/children in their care.

However, our analysis indicated that there is work to be done to ensure that the PCSS proactively addresses any future needs and placements remain stable. This requires sustainable funding and sufficient budget to be able to respond to high-needs and individual level of need as children grow and change.

Connecting caregivers with relevant services and supports

Results from the analysis of qualitative and quantitative data show that the PCSS connects caregivers with relevant services/support. Two thirds of survey respondents felt that the PCSS connected them with services/supports that they need. Qualitative interviews supported this with caregivers noting that their child would never have had the opportunities that they were able to access through the PCSS.

Barriers to accessing relevant services and supports included inconsistency of information and understanding around support entitlements, a lack of responsiveness to emerging needs, and hesitancy around the annual review process.

While the permanency plan is integral to ensuring that right supports are accessed for caregivers, the annual review process was perceived as contributing to feelings of uncertainty for caregivers. Supporting this process through clear and transparent guidelines would provide reassurance for caregivers.

Achieving solutions for caregivers

Interviewees identified that for many areas of support, the PCSS was able to offer recommendations and connect caregivers with the services/supports efficiently, indicating that the PCSS understands the right services/supports to meet the needs of caregivers. These solutions are often straightforward when the caregiver need meets the criteria for the PCSS or is a clear-cut request that does not need a lot of justification. It appears that the areas of difficulty are when discretion is involved or when it is unclear regarding the levels of need to be supported.

This was particularly noted through the qualitative interviews with caregivers. Caregivers identified there is the need to acknowledge the greater needs for family with children who have complex challenges, and the need for a greater understanding of these situations which may require a focused approach to funding and support.

Accessibility of service

Half of the permanent caregivers engaged with the PCSS were in Auckland, Canterbury, and Bay of Plenty. The observed disparities in the distribution of permanent caregivers across regions indicates a potential need for targeted support initiatives and strategic resource allocation in regions with lower proportions. While there were indications that the location of the PCSS could create barriers for access, caregivers felt satisfied with the current form of connection with PCSS, feeling that the occasional face-to-face or Zoom may be beneficial, but that generally emails, texts, and phone calls meet their needs.

Navigating the system, however, is the key barrier in terms of accessibility. Caregivers were navigating systems to obtain assessments and support for a range of mental health, behavioural and disability needs. With this, caregivers could often be dealing with schools, Ministry of Education, health and disability systems often several at the same time. Interviewees identified challenges in navigating a system that involved advocating, understanding rights and responsibilities, providing evidence, and knowing support entitlements.

The needs of these children who have previously been in Oranga Tamariki care, require a holistic response where education, health and social service systems provide a more coordinated response to support them when they need it. Caregivers may not necessarily have a clear understanding of the system contexts when taking care of children on a permanent basis, including the legislation, the remit of PCSS, the role of Oranga Tamariki, and the differences between state services and independent services.

Sufficient resourcing that allows for greater allocation of social worker capacity would go some way to mitigate the effects of this system and allow for greater pastoral care for caregivers who are navigating multiple facets.

Meeting child’s needs within the remit of the PCSS

Seventy-two per cent of survey respondents felt that the PCSS has the child’s best interests at heart, with stakeholder interviewees suggesting contact with whānau as a key part of considering the needs of the child. However, permanent caregiver interviewees discussed the need for a responsiveness to emerging and complex realities that some children and their families were facing.

Overall findings highlighted the need to be responsive to the changing needs as children develop and grow, and there were concerns that these emerging and existing needs were not always addressed or considered. Greater clarity around funding processes, an availability of advisors with disability subject matter expertise, a focus on proactive support, and clear and transparent guidelines would provide reassurance for caregivers.

Feelings of support amongst caregivers using the PCSS

Support means many things for caregivers, over and above financial support, and this feeling of support is impacted by levels of understanding and expectations of the PCSS. These expectations and understandings are formed in the transition from Oranga Tamariki support to PCSS support, with the responsibility of ensuring this is adequately managed falling on Oranga Tamariki. There is a notable decrease in financial entitlements when taking on permanency and this should be considered and managed.

Interviewees acknowledged that the strength of the PCSS lies within its people, with multiple positive mentions of some of the key staff. However, a key factor in feeling supported is having a strong relationship with the social worker, which is currently negatively affected by the social worker turnover experienced not just by Turuki, but across the sector.

Responsiveness to cultural needs

The Crown has an obligation to uphold the agreement made between themselves and Māori in the signing of Te Tiriti o Waitangi. As a Crown organisation Oranga Tamariki is required, through legislation, to address and respond appropriately to the disparities that Māori children and their families face, meaning they must fund and supply services to Māori children and their whānau, which are equitable and culturally responsive. Turuki Health is a Kaupapa Māori health, wellness, and social services provider, whose service delivery practices and values are embedded in principles of Te Ao Māori, demonstrating they are well positioned to provide and deliver culturally responsive and sensitive approaches and practices. Overall findings highlighted various examples where Turuki were providing culturally safe and responsive practices and responses.

Embedding the values of the service provider

While service specifications should be seen as setting the minimum standard for service delivery, providers can develop a service that reflects their organisation's philosophical base, incorporating local need and culture. Kaupapa Māori principles are embedded in the everyday practices of Turuki, it is often the remit or legislation that can create barriers to the way in which Turuki deliver and provide their services. Particularly around core functions of Māori principles around relational support, such as a lack of capability or capacity around in-person engagement.

Reflecting the system within which PCSS operates

The delivery of the PCSS sits within legislative, policy, and service design parameters. These include Section 388A, Section 389, Service Specifications, and the instrument of delegation. It is deemed that currently, there is a lack of clarity around responsibilities, legislative parameters, and ownership which contributes to a disconnect and difference of understanding amongst stakeholders. Greater clarity around the instrument of delegation, service specifications, and guidance is needed to ensure all parties are on the same page.

Further, uncertainty about the role of the PCSS within Oranga Tamariki contributes to a sense of a lack of ownership within the organisation, delaying decisions and actions. This ownership issue in providing and supplying services and supports to address and respond to the needs of children and their families accessing PCSS extended out to other organisations such as the Ministry of Education.

Evaluative findings

The Value for Money (VfM) approach focuses on the following areas of 'value':

- **Effectiveness:** How well the system achieves its objectives in supporting caregivers and children;
- **Economy:** The utilisation and management of resources and processes within the system to meet demands and maintain transparency;
- **Efficiency:** The system's ability to connect caregivers with necessary services promptly and find effective solutions;
- **Equity:** Ensuring unbiased and fair access to services for all caregivers and children;
- **Alignment:** The synchronisation of system objectives, processes, and resources to ensure unified and coordinated efforts.

The following assessment standards are used:

- **Developing:** Not yet meeting 'adequate' but is noted as an area to improve;
- **Adequate:** Meets basic requirements. May need additional improvement to enhance the overall experience;
- **Good:** Is satisfactory and consistently meets requirements. Only minor improvements noted;
- **Exceeding:** Effective delivery of service. No improvements noted.

The full VfM evaluation rubric is included in Appendix One. These findings are detailed in the tables below, which details findings against VfM criteria (in bold), alongside any recommendations and responsibility.

Evaluative Findings: KEQ 1: To what extent is the current model providing value for money?

Conclusion	Evaluative Judgement	Recommendation and responsible party
Economy: Responsiveness to increases in cost The service has not been able to respond adequately to increases in cost and demand. Funding is currently not sufficient.	Developing	**Oranga Tamariki:** Increase funding proportionately to the increase in vendor costs and increase in permanent caregivers.
Economy: Responsiveness to increases in demand There needs to be clearer guidelines in place so that all stakeholders understand the roles required for allocating funding and can effectively weigh up funding decisions required.	Developing	**Collaborative approach:** Develop a set of guidelines or criteria for decision-making so that decisions are applied consistently and fairly within the remit. Ensure these guidelines are accessible to permanency social workers and the caregivers they work with to allow for transparency and realistic understanding of the support available from the PCSS. **Oranga Tamariki and external agencies:** Review role of other agencies in providing support, particularly teacher aide.
Effectiveness: Permanency outcomes are achieved and maintained The PCSS provides support that enables caregivers to continue supporting the child(ren) in their care. It was agreed that the concept of the PCSS is supported and that it is a needed service, however, to reach a level considered 'exceeding' the model needs to allow for support that proactively addresses any concerns that may lead to placement breakdowns. This can only be achieved with sufficient resourcing.	Adequate	**Collaborative approach:** Ensure future needs are considered in any permanency plan. Ensure caregivers are aware of the support available before taking on permanency. Include a multi-disciplinary review of needs to ensure that children with high needs are supported to ensure placement stability.

Conclusion	Evaluative Judgement	Recommendation and responsible party
Efficiency: Caregivers are connected with relevant services Positive mentions were made with regards to the PCSS connecting caregivers with relevant services and support that were readily available and accessed in a timely manner. It was felt that the support was relevant and tailored to caregivers' needs. However, some disagreement in terms of the execution of the annual review indicates this needs to be improved for the PCSS to be 'exceeding' expectations.	Good	**Turuki:** Improve systems around annual review process to reduce burden on caregivers. Ensure annual review is initiated by the PCSS, not the caregivers.
Efficiency: The PCSS achieves solutions for caregivers The PCSS adequately explores options within remit to meet whānau needs. However, without sufficient budget available or guidance around the role of discretionary funding, the PCSS is not able to present caregivers with options to consider leading to caregivers feeling the responsibility is placed on them to follow up with options or that there are no other solutions if the support is declined.	Adequate	**Collaborative approach:** Determine and understand role of discretionary funding in ensuring caregivers can be provided options where relevant
Efficiency: Caregivers are connected with the PCSS efficiently on uptake of permanency Caregivers were connected to the PCSS in a reasonable timeframe; however, they were often onboarded with little to no understanding of how the PCSS will realistically support them in their permanency journey which greatly affected their experience.	Developing	**Oranga Tamariki:** Ensure caregivers are aware and have a realistic understanding of the support available before taking on permanency Address disparity between Oranga Tamariki entitlements and permanency entitlements to ensure there is no perverse incentive to taking on permanency.
Equity: The PCSS can be accessed regardless of location or technology access Services are delivered in settings that are accessible to all caregivers no matter their regional base. Caregivers indicated that the current set-up is fit for purpose. There was a desire for some more relational elements, and consideration could be placed on how this can be supported.	Adequate	**Turuki:** Consider how to improve relational elements by strengthening social worker relationships with caregivers and ensuring caregivers can access social workers easily if required.

Evaluative Findings: KEQ 2: To what extent is the PCSS meeting the needs of permanent caregivers and tamariki in their care?

Conclusion	Evaluative Judgement	Recommendation and responsible party
Effectiveness: Child's needs are met within the remit of the PCSS Findings suggested that the basic needs of children are addressed and that the care plan reflects the areas of need most important for children and are reviewed annually. However, there were indications that the current set up does not allow for responsiveness to changing needs or that the needs of children with higher needs are not met. This requires support at a systems level to ensure processes can respond appropriately, while also determining the role of discretionary funding in meeting new and emerging needs.	Adequate	**Oranga Tamariki:** Allocate sufficient resource to allow for greater points of contact with families with high needs. **Turuki:** Involve a multi-disciplinary response to develop a depth of understanding for new, emerging, or changing needs where necessary to ensure plans continue to meet the needs of caregivers and children.
Effectiveness: Caregivers feel supported by the PCSS Caregivers felt supported by the PCSS. Support mechanisms are present and caregivers generally expressed satisfaction with the level of support. Caregivers understood how the PCSS can support them and had an assigned social worker. However, social worker turnover affects the relationship and communication, in turn, affecting the feelings of support.	Adequate	**Turuki (with support from Oranga Tamariki):** Social worker shortage and turnover is a sector-wide issue, however, re-assigning alternative resource or expertise could be used to fill the gap so that existing social workers can be utilised to form essential relationships.

Conclusion	Evaluative Judgement	Recommendation and responsible party
Effectiveness: Caregivers' needs are met within the remit of the PCSS Findings suggested that the basic needs of caregivers are addressed and considered under the required framework. Caregivers acknowledged the importance of there being a support service for their children and themselves. However, some experienced challenges when the needs of their children were more complex.	Adequate	**Turuki (with support from Oranga Tamariki):** A multi-disciplinary and holistic response to develop a depth of understanding for new, emerging, or changing needs where necessary to ensure plans continue to meet the needs of caregivers and children. Although this is not within the remit; support and education regarding complex needs and challenges for all connected to the child would be beneficial in understanding and addressing their needs.
Equity: The PCSS is responsive to cultural needs Turuki shows a commitment to accessibility across various ethnicities. In particular, the practices and values, embedded in Te Ao Māori supports the importance of a culturally appropriate response to the overrepresentation of Māori within the supported population.	Good	**Oranga Tamariki:** Continue to support Turuki to deliver services embedded in a Te Ao Māori worldview.

Evaluative Findings: KEQ 3: To what degree does the current legislative, policy settings, and service design provide permanent caregivers with the support they require?

Conclusion	Evaluative Judgement	Recommendation and responsible party
Alignment: The current model reflects the system in which it operates The current model demonstrates reflection of the system within which it operates, as shown in the service specifications and legislation, however due to a lack of clarity and understanding around the ownership of the PCSS within Oranga Tamariki, there appears to be little addressing of the factors that impact how delivery of the service specifications within the legislation can be sufficiently managed. A core component that needs addressing is the disparity of financial support when moving from Oranga Tamariki to permanent custody.	Adequate	**Oranga Tamariki:** Allocate ownership to a business unit with Oranga Tamariki so that above recommendations can be enacted and monitored. Ensure greater accountability of the role of Oranga Tamariki in transitioning caregivers to permanency and the disparity in financial support when moving to permanency.
Alignment: Embeds the values of the service provider The values of the service provider are enabled to be embedded in the PCSS model however current legislative parameters restrict how the PCSS provider can shape their services to meet their values.	Adequate	**Oranga Tamariki:** Support Turuki to embed their values in any guidelines that are developed.

Context and purpose

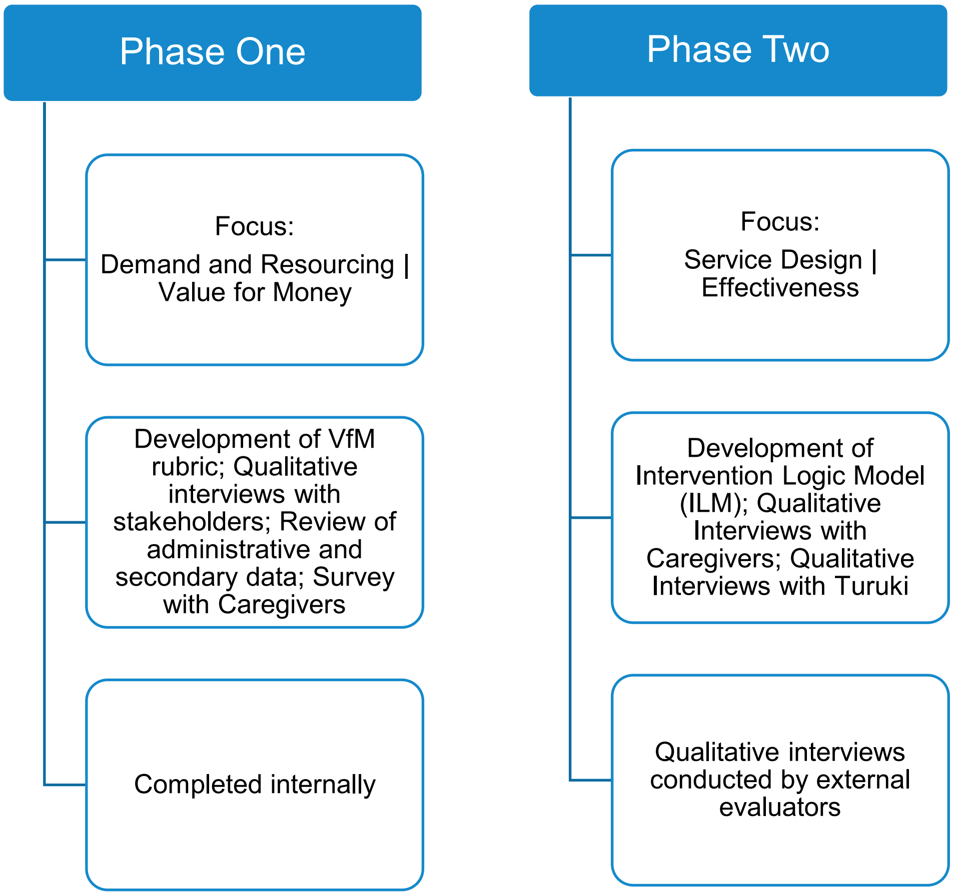
1. Introduction

The Permanent Caregiver Support Service (PCSS) plays an important role in providing support to permanent caregivers and children following the establishment of permanent care arrangements and the discharge of custody orders by the chief executive. This support system encompasses a range of provisions, including funding for independent legal costs, contributions to financial needs, supplementary financial assistance, facilitation of access to services and supports, creation of an initial permanency care support plan for a duration of up to 12 months, annual reviews of this plan, and provision of aid in accessing entitlements from Work and Income, along with avenues for learning, support, and advice.

The PCSS was created in 2016 and was previously operated by Kiistone Infrastructure Services (Kiistone), based in Palmerston North. Turuki Health Care Charitable Trust (Turuki) took over the contract for the PCSS in 2018 and has since overseen the administration of these support services, through a process of assessment, approval, and ongoing management of resources. Key functions include evaluating requests for support against specific legislative criteria (Section 388a of the Oranga Tamariki Act 1989) and determining the allocation of resources to fulfil these requirements. This process involves the identification and procurement of necessary support and services within the individualised support plan, disbursing funds for approved supports and services, and conducting periodic reviews to assess existing support structures and ascertain the need for additional assistance. Collaboration with Oranga Tamariki is another key part of the role of Turuki.

An evaluation of the PCSS was requested to provide insights about demand and resourcing, effectiveness, efficiency, and an understanding of caregivers' experiences within this service. This evaluation was completed in two phases, outlined below.

Figure 1. Phased Approach to Evaluation



2. Methodology

Evaluation design

The objectives of the evaluation were to know if the:

- PCSS is effectively meeting the needs of permanent caregivers;
- current model is cost-effective and providing value for money;
- legislative, policy settings, and service design provides whānau and families with the support they require;
- PCSS is inclusive, relational, and restorative, aligned to the overall purpose and strategy of Oranga Tamariki

Key evaluation questions (KEQs)

Key evaluation questions (KEQs) guided this evaluation, providing areas of focus for consideration of findings and structure for analysis and reporting.

The following KEQs were developed to guide the evaluation:

- To what extent is the current model providing value for money?
- To what extent is the PCSS meeting the needs of permanent caregivers and children in their care?

- To what degree does the current legislative, policy settings, and service design provide permanent caregivers with the support they require?

Value for Money (VfM)

A Value for Money (VfM) approach was used to help understand how resources were being used to create value. Taking a VfM approach helps determine whether an investment is worthwhile based on observable features of delivery, outcomes, and agreed definitions of what good performance and value would look like.

Consideration of value included the following stages:

- Defining how PCSS creates value, and for whom;
- Defining what good value would look like within a rubric;
- Gathering and organising evidence of performance and value, both qualitative and quantitative;
- Interpreting evidence;
- Presenting a clear and robust interpretation of evidence.

The VfM approach focused on the following areas of ‘value’:

- **Effectiveness:** How well the system achieved its objectives in supporting caregivers and children;
- **Economy:** The utilisation and management of resources and processes within the system to meet demands and maintain transparency;
- **Efficiency:** The system's ability to connect caregivers with necessary services promptly and find effective solutions;
- **Equity:** Ensuring unbiased and fair access to services for all caregivers and children;
- **Alignment:** The synchronisation of system objectives, processes, and resources to ensure unified and coordinated efforts.

Evaluation criteria and standards

Evaluative questions require a judgement, based on evidence and using a process of reasoning. In this evaluation, this has been done by using a rubric that:

- Used explicit criteria (dimensions of performance) and standards (levels of performance) to provide a transparent basis for making judgements about the use of resource and value created by the PCSS.
- Combined qualitative and quantitative data to support understanding and make a judgement.

The rubric was designed through interviews with both Turuki Health and Oranga Tamariki stakeholders to ascertain the key criteria as well as ‘what does good look like’ for the dimensions of Effectiveness, Economy, Equity, Efficiency, and Alignment.

Rubrics provide a transparent way of making evaluative judgements, by identifying how well the programme or service is expected to perform against key criteria (aspects of performance) and standards (levels of performance). The full rubric is provided in Appendix One and includes the following assessment standards:

- **Developing:** Not yet meeting ‘adequate’ but is noted as an area to improve;
- **Adequate:** Meets basic requirements. May need additional improvement to enhance the overall experience;
- **Good:** Is satisfactory and consistently meets requirements. Only minor improvements noted;
- **Exceeding:** Effective delivery of service. No improvements noted.

Data collection

This evaluation was completed in two phases, with a mixed-method approach. A summary of the data collection methods for each phase is provided below.

Phase One

The following data collection streams were used for Phase One of the evaluation:

Primary Data:

- **Qualitative interviews:** A qualitative methodology, utilising in-depth interviews, was chosen for the qualitative component of this project. In-depth interviews are semi-structured interviews where participants are encouraged to express their experiences, perceptions, and thoughts in their own words. Interviews were around 45 minutes and conducted on an online video call before being transcribed with accompanying researcher notes. Twenty-two interviews were completed with key stakeholders. A purposive approach to sampling was used; this involves deliberately selecting individuals who possess specific characteristics relevant to the research study. Further details regarding this approach are included in Appendix Three.
- **Survey of PCSS caregivers:** The purpose of the online survey was to validate and substantiate concepts and insights gained from the qualitative interviews, as well as provide PCSS caregivers a chance to provide feedback. The design of the survey was informed by initial qualitative interviews and focused on permanent caregivers’ experiences with the PCSS. The survey was delivered online via individual links to active caregivers from the database of Turuki. The Turuki database provided email addresses for the caregivers; caregivers were contacted by email and invited to participate in the survey. Further details regarding this approach are included in Appendix Four.

Secondary Data:

Analysis of secondary and administrative data was conducted and included:

Administrative data from Oranga Tamariki

- Dataset included information for children and young people who had transitioned to permanent care from Oranga Tamariki, as well as data on Oranga Tamariki permanent caregivers recorded in Oranga Tamariki database between 2016/17 and 2022/23.
- Dataset included the budgeted expenditure for the PCSS between 2017/18 and 2022/23.

Administrative data from Turuki Health Care

- Dataset included information for children and young people who received support from the PCSS, details on permanent caregivers eligible for the PCSS and details on children and young people who received support from the PCSS between 2019/20 and 2022/23.

Stability of Placements in Care Report (unpublished)

- The report included findings from research carried out by Oranga Tamariki in 2023 to understand the effects of stable care placements on the wellbeing outcomes of young people aged 18-24.

Further information on the above data streams is included in the appendices.

Phase Two

Kaupapa Māori Methodology:

As the current PCSS provider, Turuki Healthcare (Turuki), is a Kaupapa Māori service provider and there is an over-representation of tamariki Māori in statutory care,[1] it was deemed appropriate that Kaupapa Māori methodologies should guide the practice of phase two of the evaluation. This evaluation was led by a rōpū of independent Māori evaluators and researchers who were guided by the principles of Kaupapa Māori. Kaupapa Māori is "a Māori way and refers to Māori defined philosophies, frameworks, and practices"[2] and, therefore, prioritises the use of Māori principles and ways of being as Māori in framing and structuring how we think about, design, and undertake evaluation. In the context of this evaluation, Kaupapa Māori methodologies and practices determined the appropriateness of data collection methods and the process of critical analysis of findings.

Whānau interviews:

Fifteen interviews with permanent caregivers were conducted. Caregivers were recruited to join the evaluation using a purposive sampling process to ensure a range of involvement. A phased rolling recruitment approach across Oranga Tamariki, Turuki, and the external evaluation team was used. Whānau determined whether the interviews were held kanohi-ki-te-kanohi (face to face) in a space decided by whānau, via phone call, or through online video (Zoom). Interviews were recorded with consent from caregivers, and notes were taken. Whilst an interview guide was developed, the Kaupapa Māori approach enabled whānau to guide the kōrero to ensure their stories and experiences were captured throughout the interview.

A key tenet of Kaupapa Māori principles is the recognition of tikanga Māori. In this context, tikanga was applied through embedding actions observing manaakitanga (the sharing of kai where possible and providing koha to mātua in recognition of their

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[1] Oranga Tamariki. (2024, February). *Quarterly report – Overview.* https://www.orangatamariki.govt.nz/about-us/performance-and-monitoring/quarterly-report/overview/

[2] Cram, F. (2016). Lessons on decolonizing evaluation from Kaupapa Māori evaluation [Special Issue]. *Canadian Journal of Program Evaluation, 30*(3), 296–312. https://journalhosting.ucalgary.ca/index.php/cjpe/article/view/31085

contribution), whanaungatanga (building a sense of connection with each mātua as the foundation of each interview) and karakia (enabling karakia to guide the interview when requested).

The application of the principles of Kaupapa Māori, and the use of semi-structured questioning, allowed a facilitated space for mātua to "tell their stories in ways that uplifts them and does not trample on their mana".[3] This is referred to the Kaupapa Māori ethical concepts of Kia mahaki (be humble—do not flaunt your knowledge; find ways of sharing it), Aroha ki te tangata (a respect for people—allow people to define their own space and meet on their own terms), and Kaua e takahia te mana o te tangata (do not trample on the "mana" or dignity of a person) which aim to mitigate power imbalances that often exist between researcher and participant. Kaupapa Māori and tikanga principles therefore promote a way of researching that generates a sense of trust, safety and whanaungatanga, which allows for flowing conversations.

Further details surrounding the methodology of Phase Two are included in the appendix.

Notes on reporting

- Qualitative findings came from a range of sources to inform this report. To distinguish between the various voices represented in the report, the following terminology has been used:
    - Permanent Caregiver Qualitative Interviewee: This refers to findings/quotes from permanent caregivers who were interviewed in phase two utilising Kaupapa Māori qualitative methodologies and practices.
    - Permanent Caregiver Survey Respondent: This refers to findings/quotes from permanent caregivers who were surveyed in phase one.
    - Stakeholder Qualitative Interviewee: This refers to findings/quotes from qualitative interviews in phase one and includes respondents from Caring Families Aotearoa, Open Home Foundation, Grandparents Raising Grandchildren, Turuki Health, and internal Oranga Tamariki stakeholders.
- The percentages identified in the tables and graphs may not add to 100%. This is due to rounding or because respondents were able to give more than one answer to some questions.
- All costs mentioned in this report are exclusive of Goods and Services Tax (GST).
- All costs mentioned in this report were inflation-adjusted to measure dollar amounts in constant prices. This adjustment ensures that the dollar amount reflect the purchasing power of the currency at the time of the expenditure,

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[3] Cram, F. (2009). Maintaining Indigenous voices. In D. M. Mertens & P. E. Ginsberg (Eds.), T*he handbook of social research ethics* (pp. 308-322). SAGE Publications, Inc. https://doi.org/10.4135/9781483348971

providing a more accurate representation of the revalue of the expenditures over time.

- All charted survey results exclude not answered or missing values, therefore base sizes will vary.

3. Terms and definitions

"Chief Executive" means the Chief Executive of Oranga Tamariki—Ministry for Children.

Permanent Caregiver: As defined in the Oranga Tamariki Act is:

a) A special guardian; or
b) A person –
    a. Appointed as a guardian of the child or young person under section 27 of the Care of Children Act 2004, where the appointment was made in substitution for an order under section 78, 101, or 110 of the Oranga Tamariki Act, or for an agreement under section 140 of this act; and
    b. Who has the day-to-day care of the child or young person pursuant to a parenting order made under section 48 or the Care of Children Act 2004 or because there is no other guardian who has the day-to-day care of the child or young person

"Permanent Caregiver" also includes "Whānau Caregivers (taking care in substitution for previous custody status to Chief Executive)" who have committed to care for a child or young person permanently. This decision must be agreed by Oranga Tamariki and the whānau using an appropriate comprehensive decision-making process such as a family group conference, hui ā-whānau or family meeting prior to the discharge of custody under section 78, 101, 102 or 110(2)(a), or the expiry of an agreement under section 140 of the Oranga Tamariki Act 1989.

"Permanent Care Support Plan" means the plan agreed with the Permanent Caregiver, the Oranga Tamariki Social Worker and the PCSS social worker and any other relevant parties.

Detailed findings

1. To what extent is the current model providing value for money?

The following tables detail the key evaluative findings for this KEQ across four areas of VfM: Effectiveness, Efficiency, Equity, and Economy, to consider the extent to which the current model is providing value for money. The full rubric used to assess these judgements is included in Appendix One.

Effectiveness: Delivering an effective service for caregivers and tamariki

Sub criteria	Evaluative Judgement	Evaluative Reasoning
Permanency outcomes are achieved and maintained	Adequate	Evidence suggests that the PCSS is providing support that enables caregivers to continue supporting the child(ren) in their care. It was agreed that the concept of the PCSS is supported and that it is a needed service, however, to reach a level considered ‘exceeding’ the model needs to allow for support that proactively addresses any concerns that may lead to placement breakdowns. This can only be achieved with sufficient funding.

Economy: Utilising resources in the best possible way

Sub criteria	Evaluative Judgement	Evaluative Reasoning
The PCSS funding is responsive to increases in costs	Developing	Not meeting 'adequate' but is noted as an area to improve with support. The service has not been able to respond adequately to increases in cost. Funding is currently not sufficient.
The PCSS funding is responsive to increases in demand	Developing	Not meeting 'adequate' but is noted as an area to improve with support. The service does not have sufficient funding to respond adequately to increases in demand.

Efficiency: Delivering an efficient and productive service

Sub criteria	Evaluative Judgement	Evaluative Reasoning
The PCSS connects caregivers with relevant services	Good	Positive mentions were made with regards to the PCSS connecting caregivers with relevant services that were readily available and accessed in a timely manner. It was felt that the support that caregivers were connected to was relevant and tailored to their needs. However, some disagreement in terms of the execution of the annual review indicates this needs to be improved for the PCSS to be 'exceeding' expectations.
The PCSS achieves solutions for caregivers	Adequate	The PCSS adequately explores options within remit to meet family needs. However, without sufficient budget available, the PCSS is not currently able to present caregivers with options to consider. This leads to caregivers feeling the responsibility is placed on them to follow up with options or that there are no other solutions if the support is declined.
Caregivers are connected with the PCSS efficiently on uptake of permanency	Developing	Not meeting 'adequate' but is noted as an area to improve with support. Caregivers were onboarded to the PCSS in a reasonable timeframe; however, they were often onboarded with little to no understanding of how the PCSS will realistically support them in their permanency journey.
Processes are clear and transparent	Developing	Not meeting 'adequate' but is noted as an area to improve with support. There needs to be clearer guidelines in place so that stakeholders understand the roles required for allocating funding and can effectively weigh up funding decisions required.

Equity: Delivering equitable access to services that are needed

Sub criteria	Evaluative Judgement	Evaluative Reasoning
The PCSS can be accessed regardless of location and technology access	Adequate	Services are delivered in settings that are accessible to all caregivers no matter their regional base. Caregivers indicated that the current set-up is fit for purpose. There was a desire for some more relational elements, and consideration could be placed on how this can be supported.

1.1 Delivering an effective service for caregivers and tamariki

1.1.1. Achieving and maintaining permanency outcomes

Placement stability is integral to positive outcomes for children

Placement instability has a significant association with negative outcomes for children and young people, as demonstrated in research (Stability of Placements in Care) carried out by Oranga Tamariki (to be published). This research aimed to understand the effects of stable care placements on the wellbeing outcomes of young people aged 18-24.

The research included a comprehensive literature review and quantitative regression modelling using the Integrated Data Infrastructure (IDI) data. Key wellbeing outcomes considered in the research include offending[4], mental health[5], substance use treatment[6], employment, education, and training (EET)[7], and NCEA attainment[8]. Factors related to placement stability, such as the number of placements, average days per placement, and age at first placement, were analysed.

The research findings indicated that placement stability factors had a statistically significant impact across all wellbeing outcomes in young adulthood. Specifically:

- A higher number of placements was significantly associated with poorer outcomes across all areas, particularly contributing to poor mental health conditions and increasing the odd of substance use in young adulthood.
- Longer average days per placement contributed to reduced offending and better substance use outcomes for young people.
- Entry to placement at very young ages (0-1) correlated to poorer offending and mental health outcomes.

These findings underscore the importance of the PCSS in promoting placement stability for children and young people in care. By providing comprehensive support to permanent caregivers, the PCSS aims to enhance the quality and stability of placement, which in turn positively impacts the wellbeing outcomes of children and young people.

Qualitative interviews with external stakeholders, undertaken as part of this evaluation, affirm the importance of permanency for children.

> …For our kids to be able to experience that is enormous.
> You know that sense of belonging?

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[4] Offending: is defined as any low- or high-class offence(s) recorded between ages 18 to 25.

[5] Mental health outcomes: are defined as any recorded non-pharmaceutical mental health treatment between ages 18 to 25. This includes treatment provided at the hospital and sub-hospital level.

[6] Substance use outcomes: are defined as any recorded substance use treatment between ages 18 to 25.

[7] EET outcomes: are defined as being in EET for at least half the time between ages 18 to 25.

[8] NCEA attainment: is defined as having achieved at least NCEA 1level 2 before age 21.

> I'm home.
> This is where all my memories are.
> This is where all my stories are told.
> This is what defines me and identifies me.
> You know, being able to go home, having that permanent place to call home oh it's what the good stuff is built on, you know. – Stakeholder Qualitative Interviewee

1.1.2. Permanent caregivers contribute to maintaining permanency outcomes

There are various pathways for undertaking permanency and rationale for why caregivers undertake a permanent care arrangement. Many of the families who were interviewed shared that they were committed to supporting children to live in stable, nurturing, and caring homes. Families may participate in a Family Group Conference (often referred to as an FGC) to support their family members, they may offer short-term, emergency, or respite care for children, or they may follow or initiate the process of wanting to adopt, whāngai, or take permanent care of a child/children. More than half of the permanent caregivers who were interviewed had a familial connection to the children in their care. Some of the families spoken to already had a significant role in the lives of their children as their grandparents, aunties or uncles. These family members described a sense of responsibility and aroha toward the children. They felt they were the obvious people to take care of their children and were keen to do so. One grandparent connected this responsibility to their culture:

> In our culture we look after each other - I was happy to be given the opportunity to look after them. – Permanent Caregiver Qualitative Interviewee

Some of the caregivers were part of the wider extended family, often an aunty or cousin had stepped in to support when no one else could. These caregivers were often the only family members who were willing or able to take on the care of children due to the circumstances of others in the family such as already having young children or being unable to pass the police vetting process. The caregivers in these instances often put their hands up because they did not want the child/children to continue in or be placed into Oranga Tamariki care.

Another family opened their home following a chance conversation with an acquaintance who described the despair of their family of not being able to find a place for children who had been uplifted, this caregiver said that it was an easy "whole-of- whānau" decision to ensure the children were taken out of state care.

Some caregivers were actively seeking a family of their own, sometimes this was due to being unable to have biological children or they had decided, for various reasons, not to have biological children. Some families were seeking adoption of children from Aotearoa or overseas and, as part of that process, they were included in the caregivers' pool through Oranga Tamariki.

The above was made clear through the sentiment that the caregivers interviewed were not merely 'caregivers', rather they self-identified as parents. The findings in phase two reflected this by referring to caregivers using the term mātua (plural) or matua (singular). The intent in using this term was to recognise the permanent caregiver role from a te ao Māori context, where tamariki are raised by multiple parent-like figures, all of whom are committed to raising the tamariki surrounded with love. Terminology was also an important consideration for mātua. Being called “foster carer” or “caregiver” can make mātua feel invalidated in their role and not feel secure, as well as the tamaiti needing to feel a belonging to their day-to-day carers as parents.

> Attachment relationships work two ways – if you want to support parents to feel attached you need the parents and child feeling secure. – Stakeholder Qualitative Interviewee

1.1.3. The PCSS is needed to support caregivers through permanency

Stakeholder interviewees agreed that the support provided by the PCSS is indispensable in terms of keeping children in these permanent placements. There was a strong support noted for the concept of the PCSS and all interviewees (regardless of their experience) firmly agreed that it is a needed service, with full support of the concept.

> Oh gosh, I think if you can take the stress of worrying about the future away from caregivers, then it allows them to be present with their children… So we support the caregivers as well, because if they don’t have the support to meet the need, then we’re gonna have kids return to care – Stakeholder Qualitative Interviewee

Qualitative interviews with permanent caregivers showed that some families have had more complex realities and transition to permanency challenges and experiences to navigate. However, all families had examples of how the PCSS support has positively impacted their children and themselves, providing opportunities, cultural connections and at times, alleviating stress.

> The best thing is when OT handed me over to Turuki – I would give them (Turuki) 5 stars – Permanent Caregiver Qualitative Interviewee

> To me PCSS support has helped me to give them a good life – a normal but good life with boundaries – Permanent Caregiver Qualitative Interviewee

Many caregivers felt that their children may not have had such positive progress in their development without PCSS supports.

> I think that it has been life changing for [tamaiti/child] having the things that we have done. When [tamaiti] was little she did not want to play with dolls, her thing was horses – but getting her with riding with the disabled has been a huge thing… And some of the other things like Number Works, even though she hated that, it was so good having that at the time – Permanent Caregiver Qualitative Interviewee

> There is no way that [tamaiti] would be where they are academically without that support from PCSS... that support has enabled them to grow academically – Permanent Caregiver Qualitative Interviewee

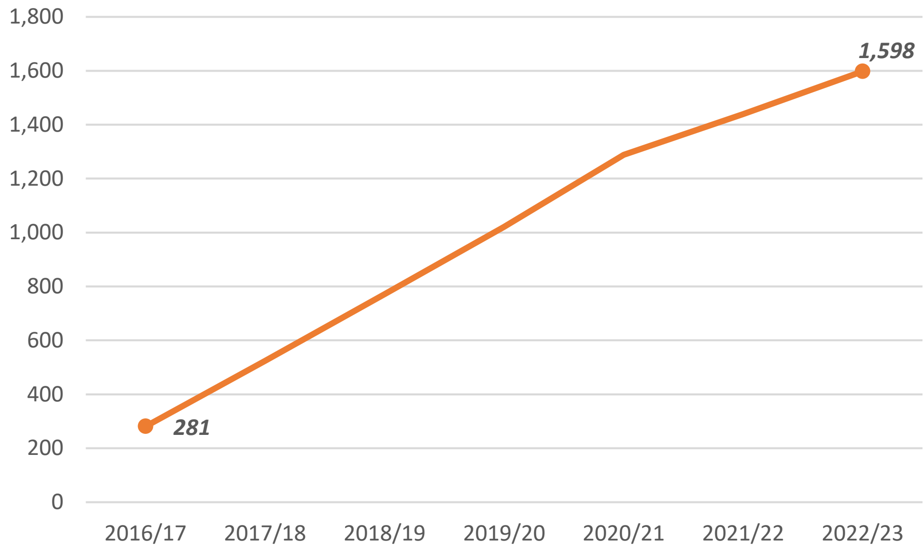
1.2. Utilising resources in the best possible way

1.2.1. Responsiveness to increases in demand

The number of permanent caregivers has significantly increased over the last few years, not matched by an increase in funding

The number of permanent caregivers who were engaged with Oranga Tamariki has seen remarkable growth, escalating from 281 in 2016/17 to 1,598 in 2022/23 – an increase of 469%. The growth was more pronounced from 2016/17 to 2019/20, averaging an annual rate of 55%. Post-2019/20, the growth has steadied at an average annual rate of 16% (see Figure 2, below). This substantial increase in the number of permanent caregivers signifies a surging demand for comprehensive support and services to address the diverse needs of the children in their care. The parallel trend observed in permanent caregivers engaged with the PCSS reinforces the programme's responsiveness to meeting the evolving demands associated with providing care for children.

Figure 2. The number of permanent caregivers who were engaged with Oranga Tamariki from 2016/17 to 2022/23[9]



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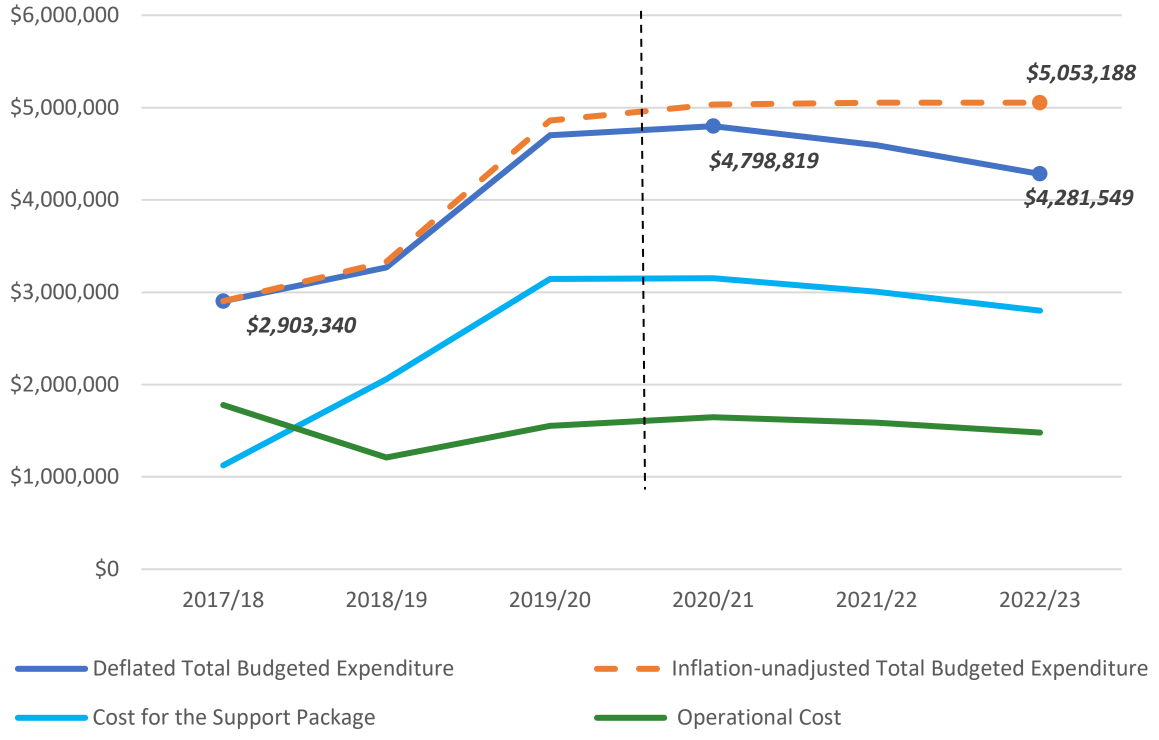
[9] Oranga Tamariki dataset: includes permanent caregivers who were engaged with Oranga Tamariki and were recorded in the Oranga Tamariki database for each financial year between 2016/17 and 2022/23.

The budgeted cost for the PCSS showed an initial increase but has been declining since 2020/2021

The annual budgeted cost for the PCSS encompasses costs related to permanent caregiver support packages and operational expenses. Figure Three illustrates that the inflation-adjusted annual budget has surged from approximately $2.9 million in 2017/18 to approximately $4.8 million in 2020/21, marking a 65% increase. However, post 2020/21, the budget has regressed, reaching around $4.3 million in 2022/23, a decrease of 11%. The trends for both support package costs and operational costs have mirrored this pattern, showing increments before 2020/21 and subsequent decreases in recent years.

The observed decrease in budgeted expenditure post 2020/21 suggests a potential decline in resource allocation. This calls for a comprehensive review to ascertain whether the existing budget adequately addresses the evolving needs and demands of the PCSS or if adjustments are warranted to ensure sustained effectiveness and responsiveness.

Figure 3. Budgeted expenditure for the PCSS from 2017/18 to 2022/23[10]



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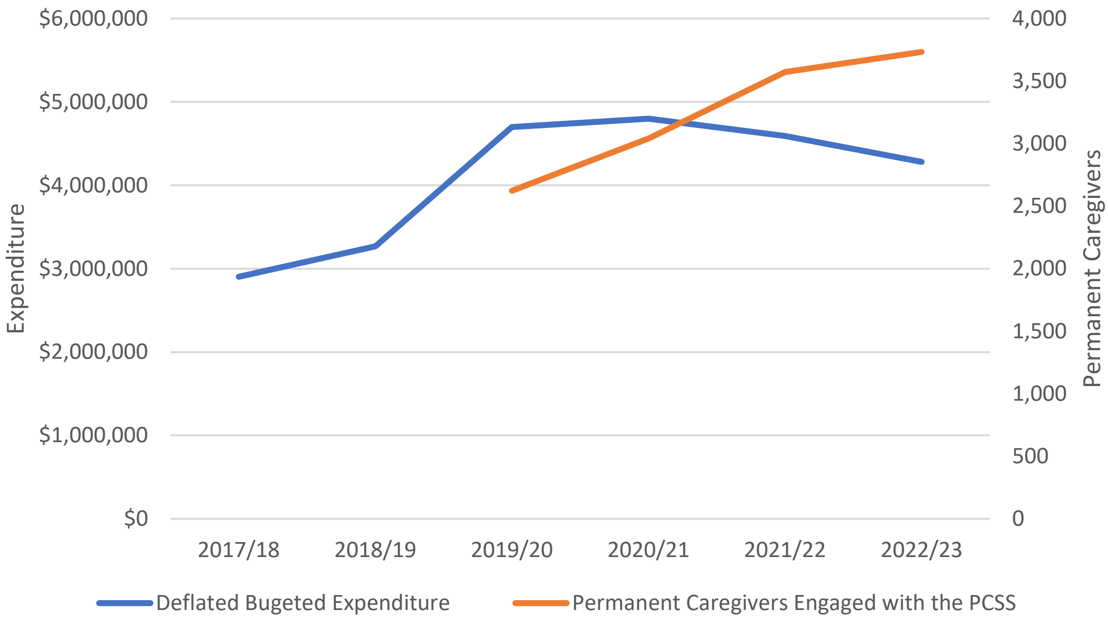
[10] Oranga Tamariki dataset: includes budgeted expenditure for the PCSS for each financial year between 2017/18 and 2022/23.

While the expenditure has been declining in recent years, the number of permanent caregivers has been on an upward trajectory

While the expenditure has been declining in recent years, the number of permanent caregivers engaged with the PCSS have been on an upward trajectory. Figure Four illustrates the discrepancy in the growth of expenditure and permanent caregivers.

The observed discrepancy may indicate potential challenges in scaling resources effectively, raising concerns about the potential impact on the quality and breadth of services offered. Addressing this misalignment is crucial to ensure that the support keeps pace with the increasing demands associated with the growing number of caregivers.

Figure 4. Growth in budgeted expenditure on the PCSS and in the number of permanent caregivers engaged with the PCSS from 2017/18 to 2022/23[11]



There is a noticeable reduction in the average spending per permanent caregiver

In addition to the recent decline in the total budgeted expenditure on the PCSS, there has been a noticeable 36% reduction in average spending per permanent caregiver from 2019/20 to 2022/23 (See Figure 5). This highlights a potential challenge in maintaining adequate support levels for each caregiver, which could impact the quality of care provided to the child under their care.

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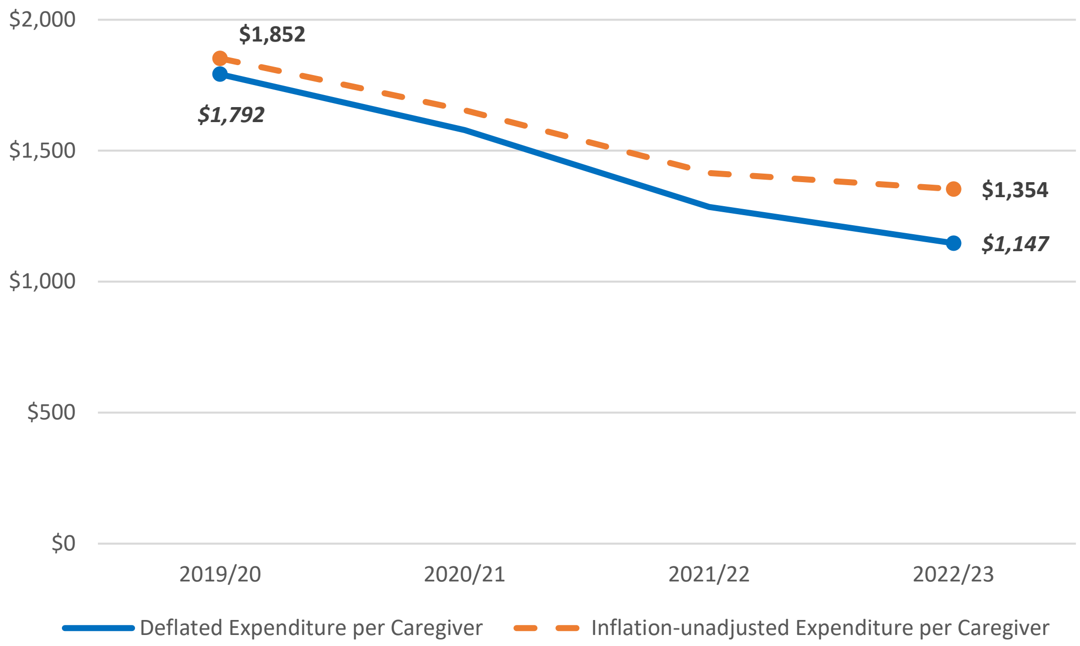
[11] Oranga Tamariki dataset: includes budgeted expenditure for the PCSS for each financial year between 2017/18 and 2022/23.
Turuki dataset: includes eligible permanent caregivers who are using the service as well as those who are eligible but not currently using the service. These permanent caregivers are kept on the database until the child ages out. Note: the number of permanent caregivers prior to 2019/20 is not available due to a change in the PCSS service provider. This may have potentially introduced variations in data recording during transactions, and certain data may have become unavailable during transactions.

Figure 5. **Average expenditure per permanent caregiver who were engaged with the PCSS from 2019/20 to 2022/23**



1.2.2. Responsiveness to increases in costs

The level of funding allocated to the PCSS does not cover the increase in vendor costs

It was noted through interviews that the cost of services has increased across the board. This has contributed to a squeeze on budget for the PCSS to continue to provide needed services to caregivers and children, while maintaining this within the allocated funds.

> We can't understand why, as the numbers have gone up, why the funding hasn't gone up? The services that we procure have had an exponential rise. Yeah, as well as airfares and petrol vouchers and accommodation for when they do visits... All of those things add up and we're still on the same budget. – Stakeholder Qualitative interviewee
>
> Therapists and professionals have put their fees up to survive. We pick up that cost. But we're not getting the money, you know. And I'm not talking about an increase of $10, some of them have put it up by $80.00. So, if you're looking at 16 sessions at $80.00 an hour and you get three or four sessions, that's huge. It's thousands, thousands, and thousands. – Stakeholder Qualitative interviewee

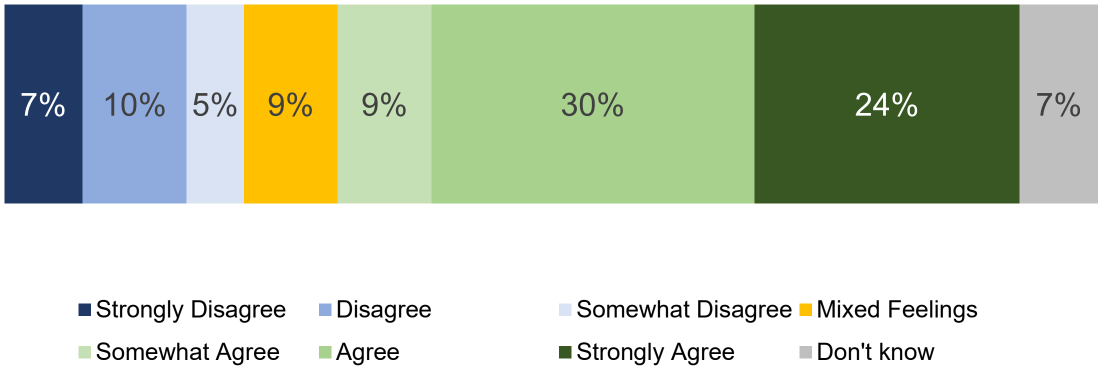
1.3. Delivering an efficient and productive service

1.3.1. Connecting caregivers with relevant services

The PCSS connects caregivers with services they would otherwise not be able to access

From our survey of permanent caregivers, sixty-three per cent of respondents somewhat agreed (9%) agreed (30%) or strongly agreed (24%) that the PCSS connects them to support and services they otherwise would not be able to access. Nine per cent had mixed feelings, while 22% somewhat disagreed (5%), disagreed (10%), or strongly disagreed (7%). (See Figure 6).

Figure 6. How strongly do you agree or disagree with…The PCSS connects me with support and services I otherwise would not be able to access? Base: Current permanent caregivers who have used the PCSS in the last 12 months, n=210



This was further supported by qualitative interviews with permanent caregivers where they mentioned their child may have never received the opportunities that they had been provided without the PCSS as they wouldn't be able to afford it.

> Oh my gosh they are magic! They've given them things that I can't afford to. These children didn't ask to be put in care. If anything can make it halfway better for them, that's what they are doing. They've been really, really good – Permanent Caregiver Qualitative Interviewee

> When we needed to use the service when my [whānau] passed, they were amazing…the support I have had has been outstanding and amazing… a huge difference, I would not have got by without them – Permanent Caregiver Qualitative Interviewee

Inconsistent information and support contributed to a lack of understanding around entitlements

Greater awareness of the support caregivers can realistically expect to access for their children through PCSS was important. There were examples of families not receiving good information around the funding and support that could be provided or requested. One caregiver pointed out that they could not possibly know if they weren't told or made aware of what was available or possible to apply for.

Others experienced PCSS social workers providing more proactive support and offers of ideas and suggestions. While PCSS supports are provided on a 'needs' basis according to either the permanent care support plan or child's needs that arise over time, caregivers expressed a lack of clarity around this and the need for having some ideas around what types of supports are funded.

Much of this inconsistency occurred in the transition to permanency stage. Caregivers highlighted the need for the statutory system to better prepare and inform them when undertaking permanency.

Several permanent caregivers were not aware of what support existed for themselves and their child/children once permanency arrangements were completed. Families were not consistently referred to the PCSS by Oranga Tamariki following permanency and instead would often find out about PCSS through informal networks or their own initiative.

> We had to go through court. We were going to do the Home for Life thing, but I did not know what supports were available…. what I do remember is that I did not know what I was entitled to – Permanent Caregiver Qualitative Interviewee

There needs to be consistent information and clarity around what supports exist for children who have experienced traumatic experiences. The permanent care support plan is integral in ensuring the right supports are accessed for children and caregivers. Interviewees spoke about the importance of the permanency plan, which is developed by Oranga Tamariki social workers, when caregivers transition to permanency. The comprehensibility and robustness of a well-formed permanent care support plan can impact the ability to access supports later.

> If you have a good, robust plan, then PCSS are amazing. If you have the right foundations for the plan, then they're amazing – Stakeholder Qualitative Interviewee.

Interviewees understood that, for the PCSS, often decisions were out of their hands as they had to rely on what had been written in the permanency plan.

> That's difficult because the damage is already done before they get to them, so their hands are kind of tied if the work hasn't been done before caregivers get to them… If the right wording isn't in those plans, then they can't help them – Stakeholder Qualitative Interviewee

The process for transitioning a caregiver to permanency and providing the relevant support is a collaborative process involving Turuki, Oranga Tamariki, the caregiver(s), and other parties such as lawyer for child. Of crucial importance is the ability to ensure all necessary information can be accessed to provide an informed assessment of the child. Turuki appear to not have access to all records once the child has moved to permanency, meaning that there is often limited information to assess and determine the relevant supports needed. Both Oranga Tamariki and Turuki agreed that this would be a helpful resource and would promote information-sharing.

Connecting caregivers with services requires responsiveness to emerging needs

Caregivers expressed the need for the PCSS and Oranga Tamariki to respond to and address the emerging and changing needs of children as they grow and develop. There were concerns from some caregivers that these emerging needs were not always addressed or considered. Interviewees spoke of how the development of the permanent care support plan, while comprehensive, could not include or foresee any future demands.

> We can get a lot more financial support if we don't do permanency. As they cover school fees, holidays and new bikes etc.! Don't really see it benefits us as we end up paying a lot more towards our three foster children if we go to permanency. – Stakeholder Qualitative Interviewee

Stakeholder interviewees felt that processes needed to be put in place that allowed for new and emerging needs to be considered. The initial permanent care support plan is a review of the needs of the child developed by Oranga Tamariki, however, it was felt that reviews of this plan are not as comprehensive. Interviewees understood that, for the PCSS, often decisions were out of their hands as they had to rely on what had been written in the permanent care support plan. This highlights an issue as future and emerging needs of children are not accurately captured or addressed, and it is difficult to adapt the plan to respond to these needs.

> These are future considerations that you should endeavour to have in your permanent (care support) plan that (states) should the need arise, or should there be a medical need…we need to make sure that we have the supports available for that to happen. We don't want them to be disadvantaged because we didn't have the good thought to forward plan – Stakeholder Qualitative Interviewee

The annual review process has the right intent, however, can feel difficult for caregivers

Stakeholder interviewees understood that the purpose of the annual review is to ensure the PCSS can respond to changing demands of children and address any new or emerging needs. However, a clear theme amongst the interviews was that the annual review process can feel burdensome for caregivers and that the PCSS should be more proactive in their approach to the annual review.

> It's [annual review] putting the onus back onto the caregiver […] We advocate so hard for our tamariki and rangatahi during the journey of being under Oranga Tamariki. Yeah, we advocate hard. And when we get permanency, there should be this [sense of] it's done, it's

> awesome, the tamariki is safe, they're in my care. The access plan is done. I've got PCSS. But then what we're finding is then I'm having to advocate and prove to PCSS why I should be still entitled to something that I was originally entitled to, from my personal experience – Stakeholder Qualitative Interviewee

Permanent caregiver interviewees shared that the annual review process can contribute to feelings of uncertainty. Interviewees mentioned that sometimes it felt like the annual review may remove entitlements rather than maintain or add support. For some families, asking for anything that they felt may be outside of scope of what they could ask support for felt too overwhelming and difficult. There was uncertainty around what they could access. Either because they have been denied PCSS funding or other support in the past, they were unsure whether the request would be accepted, or because the effort required to pull information for funding was too onerous.

> Well, the issue is that our plan duration is for the first 12 months, so where this creates some anxiety for caregivers is that they don't know then what to expect beyond that point. I guess there's word of mouth in terms of you're not gonna get the same level of support, you're not gonna get the funding that you need or you might get it for the first year – Stakeholder Qualitative Interviewee

> …But then it will just be cut back and cut back again and cut back again. It doesn't instil a level of confidence for these caregivers in terms of contemplating moving to permanency, especially if I guess there's a big financial package wrapped around that child – Stakeholder Qualitative Interviewee

While caregivers may not necessarily be denied support, the concerns surrounding this process should be addressed in a proactive manner and will be, in some respect, alleviated by a consistent relationship with a social worker where the annual review feels like an opportunity to discuss the child's needs, rather than a burden or a fight.

Qualitative comments within the permanent caregiver survey indicated that this feeling could be due to the turnover in social workers contributing to those who complete the annual review not having the right amount of history or knowledge of the situation.

> Social workers keep changing so have to keep starting again with history, review plans get missed, social workers have different opinions on what help would be beneficial – Permanent Caregiver Survey Respondent

1.3.2. Achieving solutions for caregivers

The PCSS can connect and recommend caregivers to relevant services

Stakeholder interviewees identified that for many areas of support, the PCSS was able to offer recommendations and connect caregivers with the services efficiently, indicating that the PCSS understands the right services to meet the needs of caregivers.

> When it comes to supporting them in recommending people, they are actually really efficient; especially their list of play therapists they have, and they've been able to get the caregivers quite quickly into intervention which is really good. So, we had a caregiver who needed urgent intervention […] and literally after talking to PCSS, the next day had an appointment, which, with the state of where we sit in health at the moment, I was really impressed. [The PCSS social worker] followed up with an e-mail asking if they were okay and if they needed support respite – Stakeholder Qualitative Interviewee

Of note, and aligned with previous themes, is that these solutions are often straightforward when the caregiver need meets the criteria for the PCSS or is a clear-cut request that does not need a lot of justification. It appears that the areas of difficulty are when discretion is involved or when it is unclear regarding the levels of need to be supported.

> I suppose the current strength is when you've been talking to a caregiver who actually does meet the criteria for PCSS, that process to get them actually on the books and get them ready is fairly smooth. It's not too onerous. And so that's a strength – Stakeholder Qualitative Interviewee

1.3.3. Initial connection with the PCSS

Greater clarity is needed when transitioning to permanency around process, support, and meeting needs

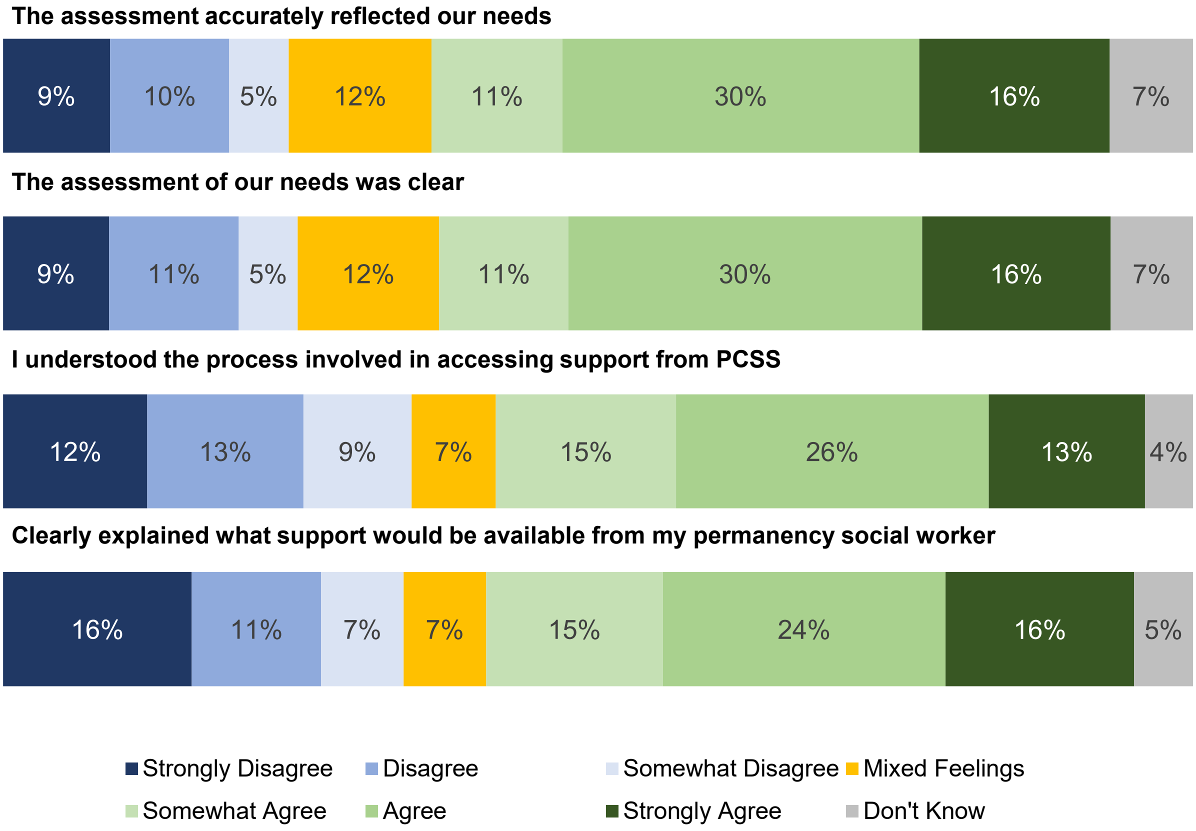
Survey responses identified that just over half (59%) of respondents were onboarded to the PCSS through an Oranga Tamariki social worker, while 13% came through Open Home Foundation. Seven per cent were recommended by community or friends/family, and a further 2% were recommended by Caring Families Aotearoa. Twelve per cent specified an 'other' pathway, with many mentioning they had self-referred.

Respondents were asked to agree or disagree with a series of statements regarding their experience when they first took on permanency of the child and were onboarded to the PCSS. The ratings are presented in Figure Seven below and show:

- Fifty-six per cent of respondents agreed that the assessment accurately reflected their needs, followed closely by 55% agreeing that the assessment was clear. These measures also received the lowest level of disagreement, with 24% total disagree for both measures. These measures had higher levels of 'mixed feelings' noted, indicating that while they have comparably lower disagreement ratings, this is not reflected in higher levels of agreement.
- While 55% of respondents agreed that it was clearly explained what support would be available from the PCSS, 33% disagreed with this statement. This measure had the highest proportion of 'strongly disagree' ratings awarded. This is mirrored by ratings seen for understanding the process involved in accessing the PCSS, with 54% agreeing with this, and just over a third (35%) disagreeing with this statement.

This indicates that when transitioning to permanency and to the PCSS service, there needs to be greater attention on ensuring needs are reflected, the process is clear and that there is an accurate understanding of the support provided by the PCSS.

Figure 7. How strongly do you agree or disagree with… n=208



Support for the transition to permanency is varied and coloured by previous experiences

The survey results above indicate that greater understanding of the process and the support available would be beneficial for caregivers. Permanent caregivers experienced difficulties across the entirety of the journey to permanency. This began with the initial processes through Oranga Tamariki with a lack of clarity around the processes for adoption, caregiving and permanent caregiving. An example given in the qualitative interviews with permanent caregivers was of one family having no understanding about permanency until they were contacted by Oranga Tamariki with an initial request to take on the permanent care of a child. Several caregivers talked about the process being less than ideal and quite intrusive. The process of signing up for being a permanent caregiver was described by one caregiver as intrusive and traumatic.

> If every single parent went through this process, we wouldn't have an OT. Because you wouldn't pass! – Permanent Caregiver Qualitative Interviewee.

While a few permanent caregivers felt they had sufficient support from Oranga Tamariki as they moved through processes to transition into permanency, the majority felt the support they received was inconsistent.

> OT had not done their paperwork, they had her on the plane to bring her to me and then they had not done their checks on me so that was held up for another couple of months so that was frustrating; got her Christmas, best Christmas present ever – Permanent Caregiver Qualitative Interviewee

> In OT care I felt unsupported, things weren't done – Permanent Caregiver Qualitative Interviewee

> CYFS [Oranga Tamariki] did a drop and run – Permanent Caregiver Qualitative Interviewee

The experience of transitioning to permanent arrangements varied; families often expressed that the lack of clarity and explanations around what permanency entailed meant they did not fully understand what permanency was. This led to instances where they were uncertain around what the processes to transitioning to permanency involved, experienced process delays, or felt pushed into the arrangement by Oranga Tamariki. Some families shared that they were often already caring for the child/children for long periods of time before permanency arrangements were confirmed; however, there was a lack of support from Oranga Tamariki during that period too.

> When I got her, I asked for clothes, cot – then I had to wait for that. Had to go into OT to beg for stuff for baby – Permanent Caregiver Qualitative Interviewee

> When baby was under OT care it was a lot more challenging to do certain things, a lot more judgement – Permanent Caregiver Qualitative Interviewee

One permanent caregiver shared that they felt judged when they asked for more information about attachment with their child, and Oranga Tamariki questioned whether the interviewee was "fit" to have the child, which made them "scared" that their child would be taken away. The "18 months in limbo" it took to gain permanency meant that they inevitably did not want to become too attached to the child in case Oranga Tamariki took the child back.

The transition process, led by Oranga Tamariki, is a crucial process for permanent caregivers and several interviewees provided examples of not being supported, not being provided key information, and therefore not being well prepared to take on permanency.

> OT underestimates what support is needed for tamariki. – Permanent Caregiver Qualitative Interviewee

> It's a bit of being chucked in the deep end… that's how we felt… that's what we would tell other people if they were looking at this particular parenting option. – Permanent Caregiver Qualitative Interviewee

1.3.4. Clarity and transparency of processes

Feelings of inconsistency around funding causes confusion and frustration for caregivers

Qualitative interviews with stakeholders highlighted that the PCSS was well-placed to connect caregivers with services efficiently.

> They have a great kete of organisations that they have under their korowai that they can recommend, and their recommendations are always really good…They're quick at getting the services that they need for diagnosis or intervention therapy – Stakeholder Qualitative Interviewee

However, a lack of transparency and consistency around what is funded and how decisions were made was a key issue. Making the funding parameters and the decision-making processes clearer would be welcomed by caregivers. One caregiver discussed this lack of transparency in comparison to knowing their "entitlements." Caregivers struggled with the lack of clarity around PCSS funding and what needs were considered appropriate for PCSS. They were not sure why they may be entitled to one thing but a different caregiver may not.

> The best thing would be a list of what we can ask for support for and an easy to approach case worker who can inform you on what they can do to help with the raising of the child – Permanent Caregiver Survey Respondent

Interviews with caregivers identified that confusion sits amongst understanding how the funding is allocated and provided.

> Being a bit more agile, in how they make payments to third parties - they do a pay run on a particular date – e.g. specialist child centre requires payment prior, which has delayed the action and support. It's not an emergency but it could be- there was a lot of back and forth – Permanent Caregiver Qualitative Interviewee

> Could it not be thought about being more family-led? More open and transparent process – so parents don't have to beg – Permanent Caregiver Qualitative Interviewee

Caregivers discussed the need for more specific information around the scope of "needs" and "supports" that are funded. While this lack of information is problematic for caregivers, it also impacts on the PCSS remit (what it can provide with what it has been provided by Oranga Tamariki), and the resource it has to provide.

Some families found the onerous task of applying for health and educational supports via public pathways, and then once declined from those avenues applying for PCSS funding for specialist assessments was an additional onerous process that had provided them too many hoops to jump through. Some examples included requiring letters of support from people such as psychologists (who families had to pay for) and coaches (who families may not want to discuss permanency arrangements or the role of the PCSS in the lives of their child).

> I think that there is not that transparency.... You can go into WINZ website, and you can see, know exactly what you are entitled to. It could be my lack of awareness or knowledge, but you don't know what you are entitled to. Here you have to ask and then get it approved – Permanent Caregiver Qualitative Interviewee

Caregivers acknowledged that there are different needs for families, and it can be complicated working out where there is a "cut off point" for support needs. However, the needs they have are important to them and can make a real difference for their child and their families. Some caregivers also talked about the need for more agility around when and how payments are made, so that caregivers could have more agency.

Decisions need to be made based on clear rationale that all parties can access

Interviewees discussed that dissatisfaction with the PCSS was often driven by a lack of understanding around why/how certain decisions were made. There is a real desire across all parties (caregivers, caregiver advocates, Turuki, and Oranga Tamariki) to ensure that decisions are made in a clear and transparent manner. The importance of being able to provide rationale was a strong theme that emerged in qualitative interviews with stakeholders. Having a clear set of standards or guidelines would be beneficial in all stages of the permanency journey from onboarding to ongoing review and adjustment of the care plan.

> So, some of the challenges for us…have been things like the application of legislative criteria appears inconsistent and it appears inconsistent because rationale against the legislative criteria around decisions is often not provided. So, we are never quite sure why things are being declined or why things are being accepted and what part of the legislation that refers to so that makes it difficult for us in the space that we're operating in to be able to convey that information to caregivers with the information from the decision maker about why this has happened – Stakeholder Qualitative Interviewee

Providing more communication around what can be funded and/or how decisions are made may help understand the variation in funding that is provided to different children, based on need. Having a clear delineation on what is and is not possible would help families to feel that fair and transparent decisions are made.

Alternatively, it may be better to review the needs that are commonly provided for and provide this information to all caregivers in fairness to, and transparency of, the process. Some systemic issues may also need to be considered and addressed here.

A lack of clarity is observed, while legislation determines the key function of the PCSS, advice has been given around achieving greater clarity regarding the scope of the delegation, guidance on how to exercise the delegation, and how Oranga Tamariki will exercise retained discretion. This lack of clarity at a systems level affects the ability to make clear and informed decisions.

1.4. Delivering equitable access to services that are needed

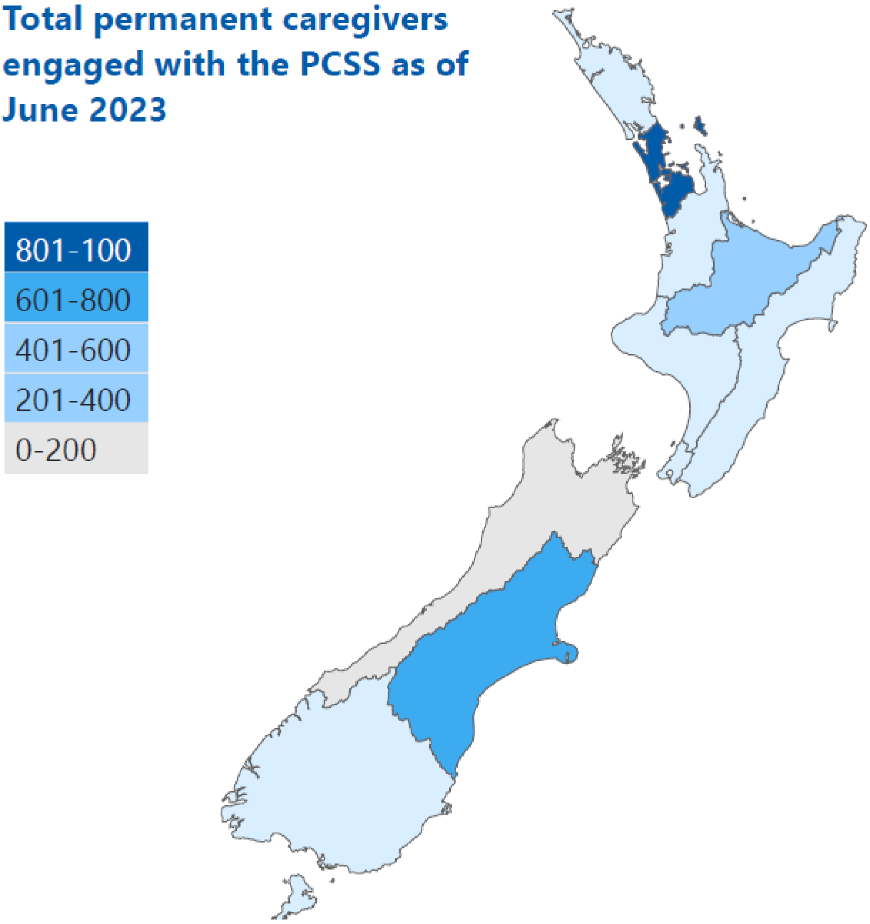
1.4.1. Service accessibility

Half of the permanent caregivers engaged with the PCSS were in Auckland, Canterbury, and Bay of Plenty

As of June 2023, there were 3,733 permanent caregivers engaged with the PCSS. A majority (70%) of them were situated in the North Island, while 28% were in the South Island. Notably, the regions of Auckland, Canterbury, and Bay of Plenty held substantial proportions of permanent caregivers, accounting for 21%, 16%, and 13%, respectively. In contrast, the regions of Upper South, Wellington, and Te Tai Tokerau exhibited the lowest proportions at 4%, 6%, and 6%, respectively (See Figure 8).

The observed disparities in the distribution of permanent caregivers across regions may indicate a potential need for targeted support initiatives and strategic resource allocation.

Figure 8. Permanent caregivers who were engaged with the PCSS as of June 2023[12]


Total permanent caregivers engaged with the PCSS as of June 2023

Region	Permanent Caregiver	Percent
Te Tai Tokerau	219	6%
Auckland	801	21%
Waikato	305	8%
Bay of Plenty	468	13%
East Coast	247	7%
Taranaki-Manawatu	358	10%
Wellington	236	6%
Upper South	167	4%
Canterbury	606	16%
Lower South	262	7%
Other	64	2%

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[12] Turuki dataset: includes eligible permanent caregivers (n=3,733) who are using the service as well as those who are eligible but not currently using the service. These permanent caregivers are kept on the database until the child ages out.

Location does not appear to be a barrier to access, however ease-of-contact is important

Stakeholder interviewees wondered whether for some permanent caregivers the location of the PCSS in Auckland was a barrier. This was mostly due to an expectation or desire to have the ability to deal with the PCSS in a face-to-face manner.

> So, I talk them through that, I talk about how post care works because a lot of them think they're going to visit PCSS. They think they're gonna visit somewhere. So to actually talk to them about no, they don't, and they are Auckland based and to be fair, lots of families in East Coast don't like that, they would prefer a face to face regional service – Stakeholder Qualitative Interviewee

Stakeholder interviewees felt this may have impeded the ability to provide support in a relational manner.

> A lot of our caregivers would prefer to have a regional (office) somewhere where they can just knock on the door and say, hey, I just need some help with this. I think especially Māori caregivers prefer face to face. I mean we've still got caregivers that don't have email or they're just like that's not me. I wanna be able to talk to someone and sit down with someone – Stakeholder Qualitative Interviewee

However, interviews with permanent caregivers indicated that they felt that the communication they have with PCSS meets their needs. They expressed that location wasn't a major issue and, while face to face was appreciated and communication tools such as Zoom may be helpful, emails and phone calls were sufficient.

Permanent caregivers expressed satisfaction with the contact centre kaimahi and the use of telephone meetings with social work kaimahi.

> If I wanted anything, I'd just make a phone call, but I didn't need any help – Permanent Caregiver Survey Respondent

There was mention that permanent caregivers were appreciative of moments where they could connect face to face, especially when things were complex or highly emotive, but they did not necessarily need it all the time.

Some permanent caregivers did report challenges around communication with PCSS. Families felt frustrated when they were unable to contact their social workers directly.

> You can't call the social worker direct, you have to go through 0800 if you are chasing them, so back and forth is a pain – Permanent Caregiver Qualitative Interviewee

This was acknowledged by Turuki as an area for improvement, with COVID-19 affecting their ability (to date) to be able to expand their reach nationally. Turuki indicated that this would be an area of focus in the coming year, with discussions underway regarding how this could be implemented.

> I just think that we have remained in Tamaki a little bit longer and we should have ventured out and that will probably be a big hitter for us next year is to get the team out. I'm talking about going to Christchurch for two days. Give the caregivers an opportunity to come in…So, this will be like a safe space for them to come in with pātai, meet other caregivers in the area, talk about their experiences. I don't think we, as a service, should be frightened of that…but again, I don't think there's any fault of Turuki because I have been part of the two attempts to get down the country. COVID put a huge spanner in the works there – Stakeholder Qualitative interviewee

Navigating the system presents as a barrier for some to access the PCSS

Interviewees identified two key access barriers present in the current PCSS system. The first barrier pertains to the ability to either access or use phone and Internet based systems. This was particularly relevant for the older generation who either may not feel comfortable communicating online or do not have access to the right technology.

> Yeah, I would say your older generation, the great grandparents raising grandchildren, would be less likely to get the supports needed. A lot of them don't have an online connection and everything is done online, so they can't always scan documents and send them through as required or they can't access the links to things – Stakeholder Qualitative Interviewee

The other barrier identified by interviewees was regarding the need to be able to navigate a system that involves advocating, understanding rights and responsibilities, providing evidence, and knowing support entitlements.

> But obviously the reality is a lot of these caregivers are under so much pressure or under a lot of burden. They could be really financially limited, and they could have a whole lot of other stress going on in their lives. Or, you know, like just dealing with systems freaks them out or they have a very meek and mild personality, not used to standing up for themselves like this […] Some people are really used to navigating systems and know how to ask for what they need. And [someone else] if they're in the same position, would not be. I think not every carer has the capacity or the capability to get the support that they need - Stakeholder Qualitative Interviewee

Families were navigating systems to obtain assessments and support for a range of mental health, behavioural and disability needs. With this, caregivers could often be dealing with schools, Ministry of Education, health and disability systems often several at the same time. One caregiver noted the school challenges and that "schools can't cater for neurodivergent children with how stringent they are." In some cases, Oranga Tamariki became involved again which created additional pressures to navigating systems.

The resulting impact of this on caregivers and children was significant in some cases, and this was often seen within the education system with children leaving school early due to breakdowns, lack of learning and keeping up with peers. This contributed to significant stress on the family. The needs often grew over time, and it was difficult to get the assessments and support they needed. The waiting lists in the public system for assessments were long and applications were complex.

A key comment from caregivers indicated the real concerns about the trajectory and life outcomes for their children who were struggling with often multiple challenges. These challenges, coupled with limited support from public pathways, lack of resources, and long waitlists contributed to increased stress for families. This in turn impacted on their engagement with PCSS as just another “system” to navigate.

2. To what extent is the PCSS meeting the needs of permanent caregivers and tamariki in their care?

The following tables detail the key evaluative findings across two areas of VfM: Effectiveness and Equity. This includes aspects such as whether children and their caregivers' needs are being met and they feel supported and whether the service being provided is equitable and culturally responsive. The full rubric used to assess these criteria is included in Appendix One.

Effectiveness: Delivering an effective service for caregivers and tamariki

Sub criteria	Evaluative Judgement	Evaluative Reasoning
Child's needs are met within the remit of the PCSS	Adequate	Findings suggested that the basic needs of children are addressed and that the care plan reflects the areas of need most important for children and are reviewed annually. However, there were indications that the current set up does not allow for responsiveness to changing needs or that the needs of children with higher needs are not met. This requires support at a systems level to ensure processes can respond appropriately, while also determining the role of discretionary funding in meeting new and emerging needs.
Caregivers' needs are met within the remit of the PCSS	Adequate	Findings suggested that the basic needs of caregivers are addressed and considered under the required framework. Caregivers acknowledged the importance of there being a support service for their children and themselves. However, some experienced challenges when the needs of their children were more complex.
Caregivers feel supported by the PCSS	Adequate	Support mechanisms are present and caregivers generally express satisfaction with the level of support. Caregivers understand how the PCSS can support them and have an assigned social worker. However, social worker turnover affects the relationship and communication, in turn, affecting the feelings of support.

Equity: Delivering equitable access to services that are needed

Sub criteria	Evaluative Judgement	Evaluative Reasoning
The PCSS is responsive to cultural needs	Good	Turuki shows a commitment to accessibility across various ethnicities. In particular, the practices and values, embedded in Te Ao Māori supports the importance of a culturally appropriate response to the overrepresentation of Māori within the supported population.

2.1. Delivering an effective service for caregivers and children

2.1.1. Meeting a child's needs within the remit of the PCSS

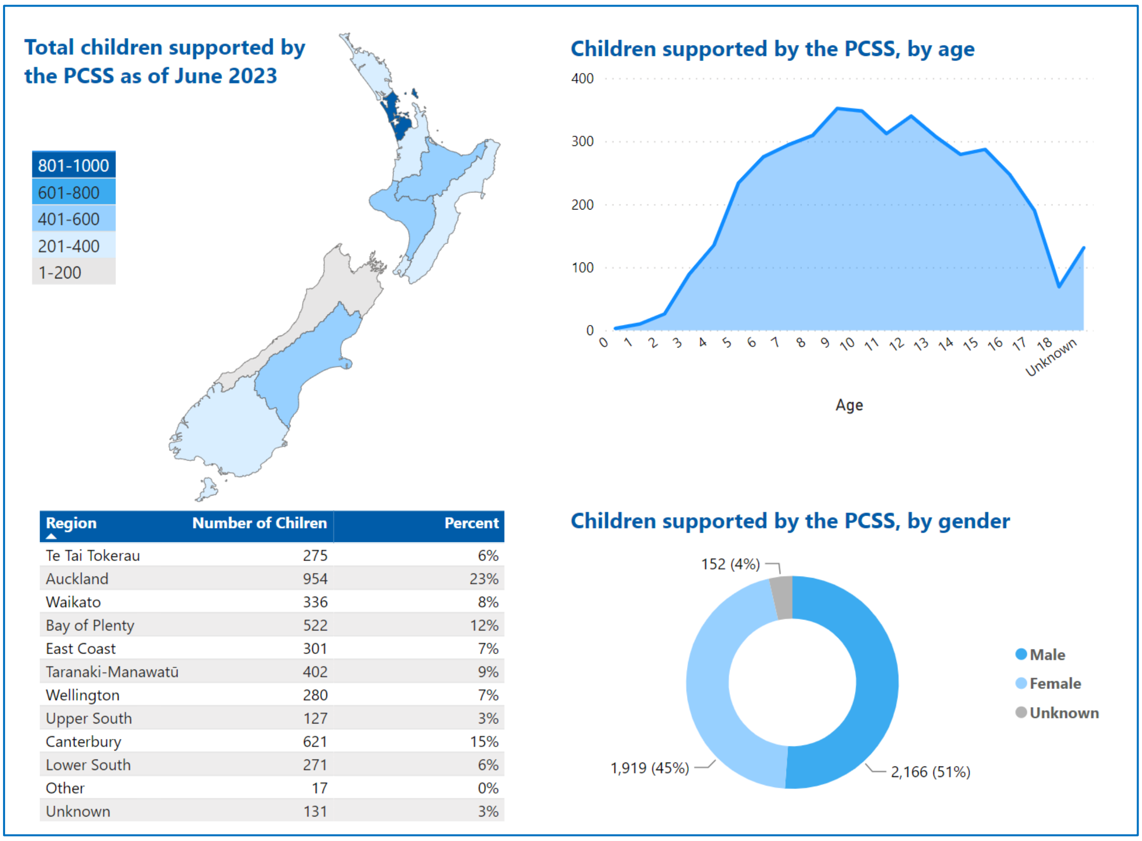
Half of the children supported by the PCSS were in Auckland, Canterbury, and Bay of Plenty

As of June 2023, there were 4,237 children supported by the PCSS. Most of them (72%) were situated in the North Island, and 24% in the South Island. Auckland, Canterbury, and Bay of Plenty exhibit significant proportions at 23%, 15%, and 12%, respectively. Conversely, regions such as Upper South, Lower South, and Te Tai Tokerau show lower proportions at 3%, 6%, and 6%, respectively (See Figure 9).

Most of the supported children fall within the school-aged category, with 65% aged between 5 and 13, 12% aged between 14 and 18, and 6% aged under 5. The gender distribution indicates that just over half of the children (51%) were male, 45% were female, and four percent were gender diverse, or their gender was not known.

The observed lower proportions in certain regions may suggest a need for targeted efforts to ensure equitable access to the PCSS. Addressing these regional disparities is essential to guarantee that support services are accessible and inclusive across all areas served by the PCSS.

Figure 9. Children who were supported by the PCSS as of June 2023[13]



Region	Number of Chilren	Percent
Te Tai Tokerau	275	6%
Auckland	954	23%
Waikato	336	8%
Bay of Plenty	522	12%
East Coast	301	7%
Taranaki-Manawatū	402	9%
Wellington	280	7%
Upper South	127	3%
Canterbury	621	15%
Lower South	271	6%
Other	17	0%
Unknown	131	3%

The number of children who have transitioned to permanent care from Oranga Tamariki has increased significantly over the past few years

The number of children and young people who have transitioned to permanent care from Oranga Tamariki has surged from 379 in 2016/17 to 2,278 in 2022/23 – an increase of 501% (See Figure 10). This upward trend closely aligns with the increasing number of children supported by the PCSS over the past few years.

This surge in demand implies a necessity for strategic planning to ensure that the support keeps pace with the rising need for services. Proactive measures and resource allocation adjustments may be warranted to sustain the quality and efficacy of support services amid the continuously growing demand.

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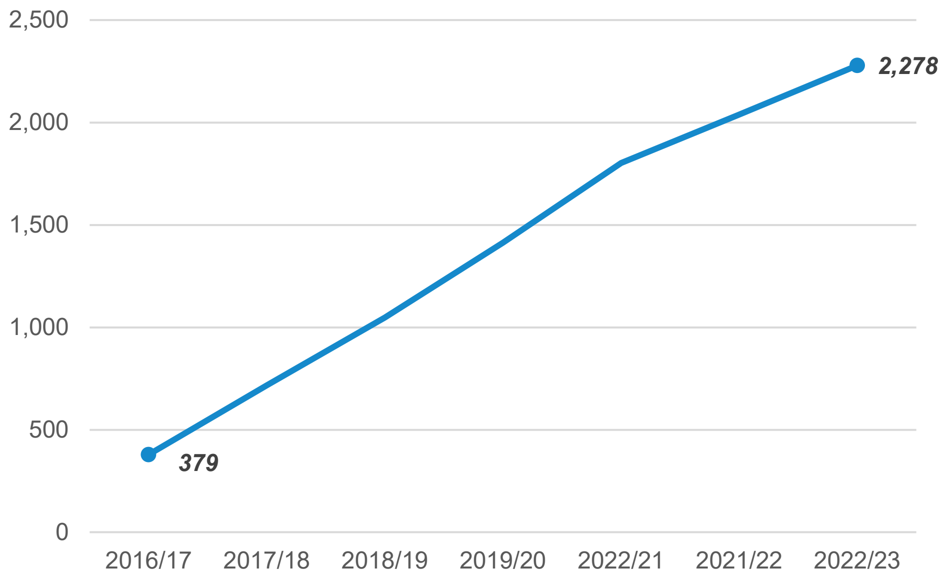
[13] Turuki dataset includes children and young people (n=4,237) who were supported by the PCSS and recorded in the Turuki database as of June 2023.

Figure 10. **The number of children who have transitioned to permanent care from Oranga Tamariki from 2016/17 to 2022/23**[14]



A range of services and supports are accessed through the PCSS

Survey respondents were asked what services or support they had used from the PCSS in the last 12 months. This was an unprompted question, where respondents could provide top-of-mind responses in an open-text format[15].

Figure Eleven, below, shows that a quarter (25%) of survey respondents identified respite as a service they have used, with close to a fifth (18%) mentioning funding for extra-curricular activities, such as sports, camps, swimming lessons etc. Fifteen per cent recall therapy funding as a key service, including reimbursement for psychologists, counsellors, and therapists. Travel is mentioned by 12% of respondents, aligned closely with 11% who mention funding for whānau visits. Eleven per cent of respondents mentioned teacher aide funding from the PCSS.

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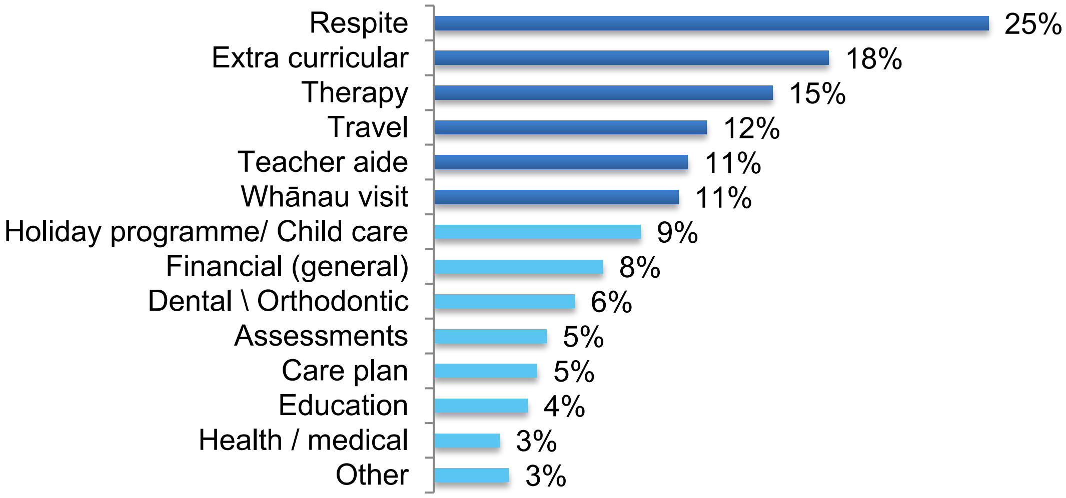
[14] Oranga Tamariki dataset: includes children and young people who have transitioned to permanent care from Oranga Tamariki between 2016/17 and 2022/23.

[15] Note: This does not represent an exhaustive list of services used by the PCSS; this was an unprompted question and indicates services that are top of mind for respondents

Figure 11. What support or services have you accessed in the last 12 months? n = 238

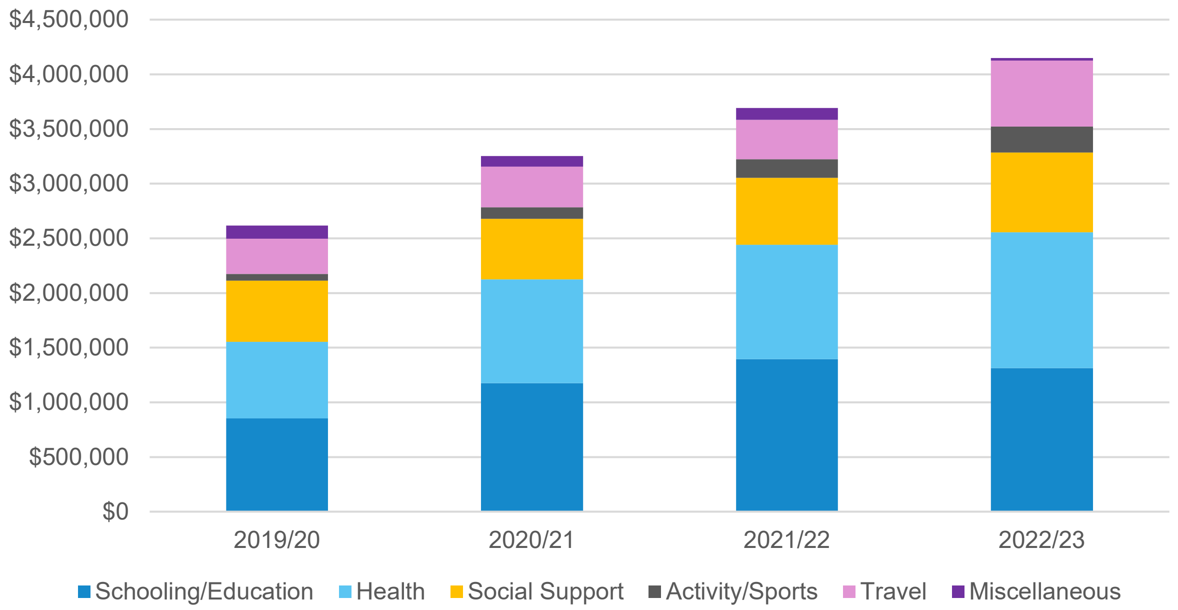


Caregivers clearly struggled with the lack of clarity around PCSS funding and what "needs" were considered appropriate for PCSS. Several caregivers discussed the need for more specific information around the scope of "needs" and "supports" that are funded. While this is problematic for caregivers it also impacts on the PCSS remit (what it can provide) and the resource it has to provide.

The PCSS has been providing various services and supports that are crucial for the well-being and development of the children

The PCSS provides financial and other assistance for permanent caregivers to meet the needs of the child. The assistance covers various support needs, including schooling and education, health care, social support, activity and sports, travel, and miscellaneous. As shown in Figure Twelve, schooling and education, health care, and social support account for more than half of the annual expenditure of the PCSS from 2019/20 to 2022/23.

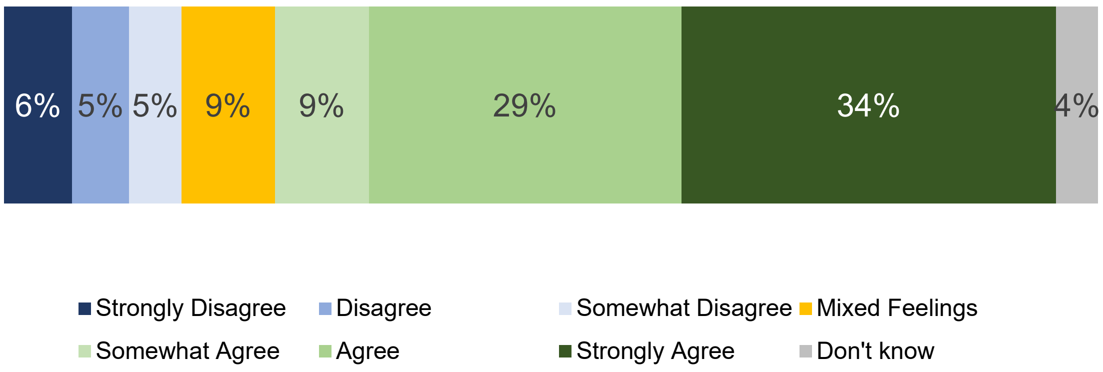
Figure 12. **Cost components of the PCSS from 2019/20 to 2022/23**



Seventy-two per cent of survey respondents felt that the PCSS has the child's best interests at heart

As seen in Figure Thirteen, just under three quarters of respondents somewhat agreed (9%), agreed (29%), or strongly agreed (34%) that the PCSS has the child's best interests at heart. Nine per cent had mixed feelings, while 16 per cent somewhat disagreed (5%), disagreed (5%), or strongly disagreed (6%) with this statement.

Figure 13. **How strongly do you agree or disagree with…The PCSS has the child's best interests at heart? Base: Current permanent caregivers who have used the PCSS in the last 12 months, n=210**



Qualitative interviewing focused on discussing the importance of considering the needs of the child in decision-making, with interviewees expressing that this should be a primary focus of the PCSS.

> Assessing is a really important part of the social workers role to understand and know what sort of supports are needed to wrap around both the caregiver and their tamaiti or tamariki – Stakeholder Qualitative Interviewee

> It should be about what is the child's needs, and I think what drives decision making more than anything – Stakeholder Qualitative Interviewee

Contact with whānau is a key part of considering the needs of the child

As shown in Figure Twelve, whānau visits and travel are key components of the services provided by the PCSS. In 2022/23, travel comprises 15% of the total expenditure of the PCSS.

Interviewees spoke of the importance of this for children in providing comprehensive support that addressed their needs.

> So how contact looks for them is a very critical part of our plan and we see that quite thorough and detailed information needs to be provided to support those requests because whānau contact can be quite an extensive request – Stakeholder Qualitative Interviewee

> It's more about increasing connection, especially in terms of cultural connectedness. What you see often being in place still right up to the point of permanency is not a tapering off, but either continuing, as things have been or sometimes even an increasing. And that's not just with parents. It's also about retaining connections and relationship with siblings and other important whānau members – Stakeholder Qualitative Interviewee

Addressing children’s needs requires a responsiveness to the changing needs as they grow

A key theme that emerged was around the responsiveness of the PCSS to ensure the emerging and changing needs of children are met as they develop, grow and change. Interviewees spoke of how the development of the permanency plan, while comprehensive, could not include or foresee any future demands or needs.

> But there’s these things that our kids need that aren't always visible right now, you know becomes an awareness later on. And that could be around mental or medical health issues. You know they're not present right now, but later they develop because of the child's whakapapa. If there is a permanency care plan, they are focused more about the here and now and not so much about what might be needed because we are coming across a lot of that that there wasn't provision made – Stakeholder Qualitative Interviewee

Permanent caregiver interviewees also discussed the need for a responsiveness to emerging needs and complex realities that some whānau (families) may be facing, as well as the need for flexibility in the application of funding processes. The permanent care plan is a comprehensive review of the child’s needs; however, it was felt that the annual reviews of this are not as comprehensive.

The voices of whānau were woven together in phase two and the following two whānau personas (overleaf) were created to illustrate the diverse experiences of whānau connected to PCSS. The Roberts whānau journey weaves together the experiences of whānau navigating complex realities and highlights the needs of the children in their care. A key finding of this research highlighted that some children and their families were needing more focused and targeted supports, guidance and access to resources and tools to support their children’s emotional and social learning and development needs. The King whānau journey reflects children and their whānau who were facing fewer challenges, this highlighted that there were some supports needed but not in a way that was as focused as the needs of the Roberts whānau. The quotes in these whānau personas are not direct quotes from whānau, but are created by the researchers, reflecting and paraphrasing a range of whānau experiences and kōrero.

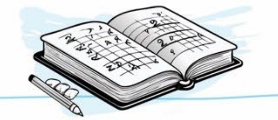
The Roberts Whānau

Mike and Hannah are 60 and 58 and are both second generation Kiwis. They made the choice not to have children of their own. Jamie and Maia came into their lives when they were 10 months and 2 years old. They are both now teenagers and have a lot of challenges. Mike and Hannah love their children, but they are struggling more the older their kids get.

Key

🟩 Positive experience

🟥 Negative experience



Tamariki in Care

“Our family have been looking to adopt and have been added to the permanent caregivers pool by our social worker - we aren’t really sure why or exactly what that is. But we didn’t have a choice if we want a baby.”

“CYFs called us and said there are two siblings that need homes for life. It wasn’t a hard decision, especially after we met them. We agreed to have them immediately.”

Guardianship Period

“The kids came to our home with just one of those striped plastic bag of their things. The social worker barely gave us any information about the kids. All we know is that they’ve already been in a few foster homes before coming to ours. It was basically a drop and run.”

Transition to permanency

“It’s been nearly 2 years since the kids came and we still haven’t been able to sort permanency. Its made it really hard to build the kinds of connections we wanted to.

> **“We’ve felt really insecure in lots of ways and worried they’ll be taken from us. It makes it hard to give the kids the security they need.”**

Needs arising for tamariki and whānau

“Both kids are showing signs that they are struggling. The teachers are having a hard time managing them at school - especially Jamie. And Maia isn’t keeping up with where she should be either.”

“As we’ve journeyed with the kids we’ve learnt a lot about their history, and these poor babies. No wonder their behaviours can feel so extreme.”

“I wish we had known earlier. We had no idea what we were getting ourselves into.”

Finding out about PCSS

“We were feeling pretty desperate and contacted our old CYFS social worker, even thought they don’t support us anymore. They told us about PCSS and referred us to them.”

> **“It’s great to know there is a service that can support us and our tamariki.”**

“We reached out to PCSS about the tamariki and their needs and we’ve been referred to the youth mental health service.”

Connect with PCSS and getting support

“We’re on the waiting list for assessments, it could take years, but the kids behaviours are getting even more tricky to manage. We’re not sure what’s going on.”

“We ended up getting funding support for ADHD and psychological assessments through PCSS which has helped us understand Jamie’s behaviour and put some assistance in place.”

“We were able to get a few hours respite paid through PCSS but this only amounts to a couple of hours a week and its hard to find a babysitter who is suitable.”

“We are struggling as a family. But we haven’t been able to get whānau counselling or supports to help us as parents.”

Annual Review

“These annual reviews are so frustrating. It can be hard to think about a full year ahead and our kids needs are always changing. Plus they make us feel like we are just being greedy. Maybe every 6 months would be better. We know what our children need.”

“The staff at PCSS have been generally great but they keep changing. One time I rang I felt very fragile due to everything that was going on with our whānau. They didn’t even acknowledge my feelings at all.”

Being a whānau together

“They aren’t achieving what they could be. I wouldn’t be surprised if they both dropped out of school soon.”

“Our neighbours are worried about whether their kids are going to uni or not. We’re worried about whether or not our kids are gonna hurt someone or get hurt. It affects our whole family.”

“We have so much love to give our kids, but it’s the hardest thing ever.”

The King Whānau

Sandy is a 55 year old Māori woman who lives in New Plymouth. Her nephew Tane came to live with her when he was just a few months old. He is 10 now and an avid breakdancer. Tane has injected energy into Sandy's life and she does what she can to support him to have a good life, particularly after his early childhood experiences.

Key

🟩 Positive experience

🟥 Negative experience

Tamariki in Care

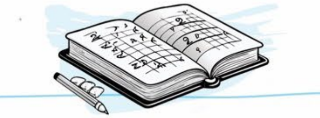
"I got called up to the FGC for a baby from within my extended whānau. OT said there isn't anyone else in the whānau that is willing or able to take him."

"I told the whānau, I'd only take on the baby if I was getting them for life. I want to put all my love into this baby."

Guardianship Period

"OT have been pretty good, especially when our boy ended up in hospital. They supported us with accommodation during that time. It was amazing."

Transition to permanency

“ OT were great leading up to permanency. But then they all of a sudden just dropped us. It felt pretty lonely. ”

Needs arising for tamariki and whānau

"Tane's doing alright at school but is behind in maths, so we do our best to awhi him."

"We love having Tane in our lives. He's really into break dancing, but it's getting expensive."

"Tane's birth mother, is hard work. We connect with other whānau, but she's asking for more and it's unsettling for Tane."

Finding out about PCSS

"I just learnt about this thing called PCSS from my friend who also happens to have her nephew in her care. How come no one told me?"

"I called PCSS to find out more about them. The call centre staff were really nice. They told me they could help me with any extra needs. I'm not quite sure what extra means though."

Connect with PCSS and getting support

"PCSS have said they can fund after school tutoring and Tane's breakdancing. No problem"

"PCSS have paid for travel and accommodation for our whānau to go back to Tane's marae and see his grandparents. It's really helped Tane connect and feel more confident about himself and his whakapapa."

"My social worker suggested they could help pay for supervised visits for Tane's birth mother. That is such a relief."

Annual Review

"In the annual review I just asked for a repeat of what we already have. I'm not sure what else is really possible."

"The annual review works best if I front foot everything. I get all the documents I need together beforehand to make it easier."

Being a whānau together

"Life can be pretty tough sometimes. I just make sure that my boy doesn't go without (even though I have to sometimes). He's my boy and I just do what I have to do make sure he has what he needs."

"Tane is confident and growing up healthy and well with our support."

A significant proportion of children who have gone into permanent care arrangements have either behavioural or educational needs that require support for the benefit of both the child and the caregiver. Accessing teacher aide support appeared to be an area of contention and misunderstanding with regards to the responsibility of the PCSS in delivering this crucial support.

> You know, people have gone to PCSS because they can't access teacher aides through the MoE. Their kids don't meet criteria. They don't meet ORS funding, but we don't get teacher aides for trauma. We don't get teacher aides for FASD. So, if we don't get it through PCSS, they don't get it at all. I think that's probably the biggest anomaly. I guess, as far as services for our particular demographic of children, our children have specific needs because of being in care, and that would be one of them – Stakeholder Qualitative Interviewee

While the service specifications[16] identify that the responsibility for review of the care plan falls with the PCSS, it was suggested that specialists with disability and trauma-informed expertise could support PCSS. This could be beneficial in responding to existing, new, and emerging needs (such as FASD), and supporting PCSS (Turuki) in updating and re-designing these care plans.

> I think that they need a group of specialist people that they actually can go to because they are the people making decisions… What knowledge do they have around an intellectual disability when they're making decisions? They should have an Advisory Board of someone that they can go to say, hey, we've got this case, this is the situation. This is what they're thinking. This is their rationale as to why they believe they need it. Is that what should we do against that? There's no harm in seeking that advisory around health, around emotional – Stakeholder Qualitative interviewee

It was also indicated that future reviews of care plans should encompass an element of understanding that some needs would not change, and therefore did not need to undergo review. An example of this was disabilities that will not change as the child grows, such as FASD. Having a certainty around the level of support that will be available over the span of childhood reduces burden on caregivers, who are currently needing to provide evidence regularly of a need that does not change.

> Why are we, every year, showing the need of if there's a disability? FASD is never gonna go away? It is a brain disability and why are you demonstrating every year so you can just say like where is he academically? Trust the school. This is where he is. These are his challenges… It's just preparing all of this evidence of 'I've tried this'. 'I've gone to health' etc. – Stakeholder Qualitative interviewee

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[16] Permanent Caregiver Support Service: Service Specifications April 2022 updated 7 April 2022

While only a small number of Reviews of Decision are noted, these are the most dissatisfied users of the PCSS and should be managed efficiently

When an applicant disagrees with a decision made against their application for the PCSS, they can request a review of decision through Oranga Tamariki. The Review of Decision panel will assess the application and decide, which could include granting the application, referring back to the PCSS service provider for further consideration, or declining the application.

Between 2019/20 and 2022/23, only six requests for a review of decision were made, accounting for an average annual rate of 0.04% by the population of permanent caregivers engaged with the PCSS.

Although only a small number of cases present to the Review of Decision panel, these caregivers are often significantly dissatisfied with the decision made by the PCSS, and this process presents an important point in the relationship between Oranga Tamariki, PCSS, and the caregiver.

Feedback from interviewees suggest that the Review of Decision process is not run well currently, with feelings that the process is too lengthy, communication is minimal throughout the process, and there is no real clarity regarding outcomes.

> You know there needs to be a proper outcome process, whether it be good or bad, there has to be, you know, this is because often by the time you get to a review of decision, if it's upheld. PCSS still have the power or the control to say actually we're still not doing it, you know – Stakeholder Qualitative Interviewee

> Yeah, there's a panel that should meet and you know, decisions made and then they go back to the caregiver and say this is what we believe from all the evidence that's coming here, this is what our decision is. So I know in one particular time… we heard nothing and heard nothing. And then all of a sudden got a phone call from Turuki to say, Oh no, we're going to pay that now. I then I emailed and said, well, where's the formal information about this? Have you met with the panel? – Stakeholder Qualitative Interviewee

It is noted, broadly, that there appears to be multiple pathways in place to manage complaints regarding the PCSS, but there is no cohesiveness in the system in terms of how they should be managed and who should manage these. This was evident through a number of complaints being passed on to different parts of the organisation, but no set pathway in place for triaging these.

For some, it feels like the responsibility is on the caregiver to ensure the child's needs are continuously met

Permanent caregiver interviewees were often navigating multiple challenges within their families, and they appreciated understanding and support received from PCSS around these challenges. Acknowledgment of their needs and support to navigate the systems were welcomed and appreciated. Some received significant emotional support while others felt that their experience with Oranga Tamariki was more of a transactional relationship.

> In the past it has been transactional – which has been hard with the emotional challenges we have had. We are feeling very fragile. It's been really hard… the case worker just moved on; I was left feeling more fragile – Permanent Caregiver Qualitative Interviewee

In the survey, we asked if permanent caregivers agreed or disagreed with some statements[17]. Survey respondents who disagreed with any of the statements within the survey (n=76) were asked to provide a reason behind their response. This was asked in an open-text format, with the following themes present in the qualitative analysis of these responses that indicate reasons why caregivers felt that child's needs may not be met.

Feels like a fight for funding/services

Respondents discussed that obtaining funding or services from the PCSS sometimes felt like a fight, or they needed to really advocate for the child's needs to access what they needed. Respondents also felt it was up to them to research and identify the services that would respond to the child's needs.

> I feel that everything I ask for has to be fought for, and PCSS are so reluctant to release any funds – Permanent Caregiver Survey Respondents

> I have never been offered services. I battle to get them acknowledged. It is unpleasant to have to consistently prove why supports are needed when the diagnoses ate already confirmed – Permanent Caregiver Survey Respondents

This sentiment was echoed in the qualitative interviews whereby interviewees expressed a concern that the responsibility is often on caregivers to advocate and ensure the support is appropriate for the child. Interviewees felt that this was within the remit of the PCSS to ensure a proactive approach to addressing the needs of children.

> And so once this stops with OT and it remains with PCSS, what will happen and how do I navigate those conversations? What evidence do I need to provide as a caregiver in order to support what this need is? So I think a big transitional issue for caregivers is that they go from a state of having a number of advocates who act on their behalf and to be able to obtain services and supports according to an assessed

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[17] Qualitative responses are based on respondents who disagreed with any of the following statements: I have a good relationship with my PCSS social worker; The PCSS connects me with support and services that I need; The PCSS connects me with support and services I would otherwise not be able to access; The PCSS contact centre were helpful and supportive; The PCSS considers my wellbeing as a caregiver; The PCSS has the child's best interests at heart; The PCSS communicated in a clear and effective manner.

> need. And they go to then having to try and do that for themselves – Permanent Caregiver Qualitative Interviewee

Feels financially constrained

Interestingly, respondents perceived that money was at the forefront of decisions being made, tying in with the previous theme regarding ‘fighting for funding’. Respondents discussed that they sensed a reluctance to spend money, a “tightening of the purse strings” and a feeling that decisions were made based on budget rather than the need of the child.

> They tend to demonstrate that approving the spending of money is only done with extreme reluctance. One Social Worker approves Teacher Aide funding, a new Social Worker removes the approval, with Caring Families advocacy, a replacement Social Worker reinstates funding and finally approves funding for previously requested disability assessment – Permanent Caregiver Survey Respondent

This aligns with a theme present within the qualitative interviews, that caregivers felt that, as their time goes on with the PCSS, the support will be reduced or removed. This sits as an ever-present fear that the support that has been meeting the needs of the child will cease to exist.

> I guess if there's word of mouth in terms of you're not gonna get the same level of support, you're not gonna get the funding that you need or you might get it for the first year but then it will just be cut back and cut back again and cut back again. It doesn’t instil a level of confidence for these caregivers in terms of contemplating moving to permanency, especially if I guess there's a big financial package wrapped around that child – Permanent Caregiver Qualitative Interviewee

2.1.2. Meeting the needs of caregivers within the remit of the PCSS

Meeting caregiver needs should be informed by a deeper understanding of caregiver circumstances and background

Phase two of the evaluation had a focus on understanding caregivers’ perspectives and narratives in their experiences with the PCSS.

Taking time to understand the family context and their holistic needs were important. There were examples of significant impacts for families when funding was declined or reduced; so considering the context and impacts on families should be an important part of the assessment. This further relates to how good the relationship and communication are between staff and caregivers. In one case, a family member had to stay at home to supervise their child who was not able to attend school fulltime. This required the caregiver to leave work and find work from home. Understanding the stress and bureaucracy that families are navigating, including navigating not just PCSS but multiple services needed for tamariki such as mental health, disability, education, MSD/WINZ can feel overwhelming.

Caregivers proposed the need for more education for caregivers, particularly around impacts of trauma and family attachments to help prepare for the transition into permanent care arrangements. There was also need for education and support around children with challenging behaviours.

> For families going into this blind, they have no idea the challenges that come with disruptive attachments or the interface of relationships [with birth parents and Oranga Tamariki] – Permanent Caregiver Qualitative Interviewee
>
> Maybe advice on education things, especially behavioural, where to go if there are behavioural problems, is there any further help for the child. For example, camps or group work. I want her to go where she is safe. I want her to know about her conditions, education like groups that can explain their behaviour. Also support for caregivers like me - support awareness groups for kids with behavioural problems – Permanent Caregiver Qualitative Interviewee

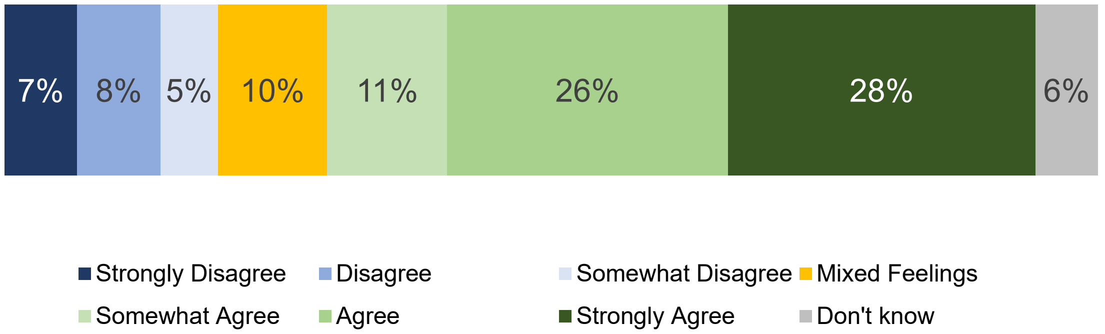
Some caregivers indicated that they sometimes felt in a precarious position as they didn’t want to look like they weren’t coping as caregivers, but they did need support. This was often how they felt when Oranga Tamariki was still involved with the children before permanency arrangements, or when Oranga Tamariki had again become involved.

Education and support throughout their family journey, and not just at the beginning, would be helpful as families are going through these experiences often at a later stage. Having non-judgemental support was seen as important. Caregivers expressed that they were all doing the very best they could and didn’t need people to judge them or make them feel they were the main problem. It was also evident that earlier permanency arrangements (prior to PCSS service) may impact how needs are assessed and what services are provided. Onboarding caregivers into PCSS for the first time may require some adjustments.

Caregiver wellbeing is an integral part of addressing needs

Sixty-five per cent of survey respondents felt their wellbeing was considered by the PCSS. Figure Fourteen shows just under two thirds (65%) of respondents somewhat agreed (11%), agreed (26%), or strongly agreed (28%) that the PCSS considers the wellbeing of the caregiver. Ten per cent had mixed feelings, while 20% somewhat disagreed (5%), disagreed (8%), or strongly disagreed (7%) with this statement.

Figure 14. How strongly do you agree or disagree with…The PCSS considers my wellbeing as a caregiver? Base: Current permanent caregivers who have used the PCSS in the last 12 months, n = 210



Key insights that emerged from the interviews were around being trusted as caregivers, ensuring clarity and transparency of processes, minimising hoops, and making processes as easy as possible. Caregivers were often navigating many challenges with their families, and they appreciated understanding and support around these challenges. Navigating birth parent relationships was a common challenge for many caregivers and their children and was often the cause of a great deal of stress. Acknowledging the difficulties and concerns in navigating biological family relationships, the positive outcomes for children and how those impact on children, caregivers, and their extended families are a key part of the lives of these families. More support around these relationships may be useful for some families in future.

2.1.3. Caregivers feeling supported by the PCSS

Support means many things for caregivers, over and above financial support

Caregivers acknowledged the importance of a support service out there for them that provides guidance and support. Just knowing there is a number to call and a service to rely on provides a sense of relief and confidence for caregivers as they navigate these journeys. Many caregivers talked about the difference that the support has provided for their child as well as for themselves. Often this has been about building confidence in the child to overcome the challenges of bullying, and learning difficulties, and through the support the caregivers received from social workers for particularly stressful situations like needing to attend a funeral.

> "I talked about that with the social worker about [tamaiti]... to build her confidence as she is bullied at school, this was a great outcome that came out of those conversations." – Permanent Caregiver Qualitative Interviewees

> When we needed to use the service when my [whānau] passed, they were amazing…the support I have had has been outstanding and amazing… a huge difference, I would not have got by without them – Permanent Caregiver Qualitative Interviewees

There was acknowledgement of several staff whose support was considered by whānau as being responsive and understanding. They provided advice, practical and emotional supports for whānau under significant stress; and some went above and beyond. One family shared their journey where they were holistically supported by their PCSS social worker when the statutory system got involved in their family life. This was a tumultuous time for the whole family, but the support they received from PCSS helped them make it through a difficult situation.

> Having a relationship with someone who believes in you makes such a difference – Permanent Caregiver Qualitative Interviewee

> The relief to know there is someone there to go to and listen, someone that wouldn't judge me, empathetic and supportive – Permanent Caregiver Qualitative Interviewee

> Great to have PCSS there – it is imperative that it's there – our children came with high needs – Permanent Caregiver Qualitative Interviewee

A key factor in feeling supported and building relationships is having a strong relationship with the social worker, which is currently negatively affected by the high social worker turnover experienced not just by Turuki, but across the social services sector. Consistency of staff enables caregivers to develop relationships with PCSS staff. However, the high turnover of staff was highlighted as an issue to being able to build those strong relationships and understandings of the complexities of the needs and lives of some families and their children.

Interviewees discussed that caregiver support needs were so much more than just financial, and these needs often centred on feeling like they were listened to and that there was consideration of the effect of permanency on their lives.

> Some of it doesn't involve money. Some of it is actually having somebody on the end of the phone to say, look, I've just noticed this behaviour, how can I work through this or I've just had contact with the biological parent – Stakeholder Qualitative Interviewee

For caregivers, if they are needing to expend energy on advocating for the child, they want to feel like they have someone on their side. Part of this involves proactive communication from the PCSS to show caregivers there is someone at the other end.

> Yeah, it's a hard journey. And I guess when you're a caregiver and you have a caregiver social worker, some of the caregivers need that little check in like, how are you? […] While the plan is for the child, there needs to be a, hey, how are you? It could be as little as that – Stakeholder Qualitative Interviewee

Support for connecting with families is more than just logistics

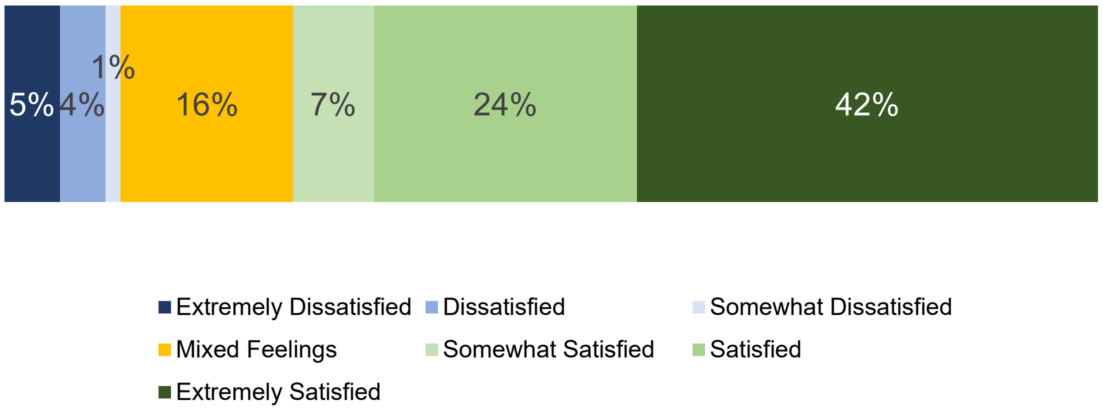
While survey respondents acknowledge the financial support provided to ensure children can connect with their families and whānau, there are indications in the qualitative interviews that the PCSS could play a role in supporting how that impacts caregivers. Interviewees spoke of how difficult it could be for caregivers to manage family dynamics on taking permanency and felt that there could be more flexibility or less rigidity in how this component of the care plan was applied to balance the needs of both children and caregivers.

> You know, it could be that they've really been ostracised for putting up their hand to take the care of the children. They have had fall-out, whether it's with the birth parents or wider whānau either for taking the children or just due to other dramas. And so, there's the emotional element to it all and there's obviously a huge time cost for any contact arrangement. And obviously, the more you multiply that and if the expectation is that the caregiver is taking that on in terms of transport or arrangements or financing or providing the lunch or activity fees, whatever the case may be me, you know in the more children they have in their permanent care that multiplies. – Stakeholder Qualitative Interviewee

Caregivers generally feel supported by the PCSS and are satisfied with their experiences

Survey respondents were asked how satisfied they were with the services/support received from the PCSS. Seventy-three per cent were overall satisfied with the services/ support, comprised of 7% somewhat satisfied, 24% satisfied, and 42% extremely satisfied. Overall, 10% were dissatisfied, while 16% had mixed feelings. (See Figure 15).

Figure 15. How satisfied or dissatisfied were you with the support and services you have used? Base: Current permanent caregivers who have used the PCSS in the last 12 months, n = 219



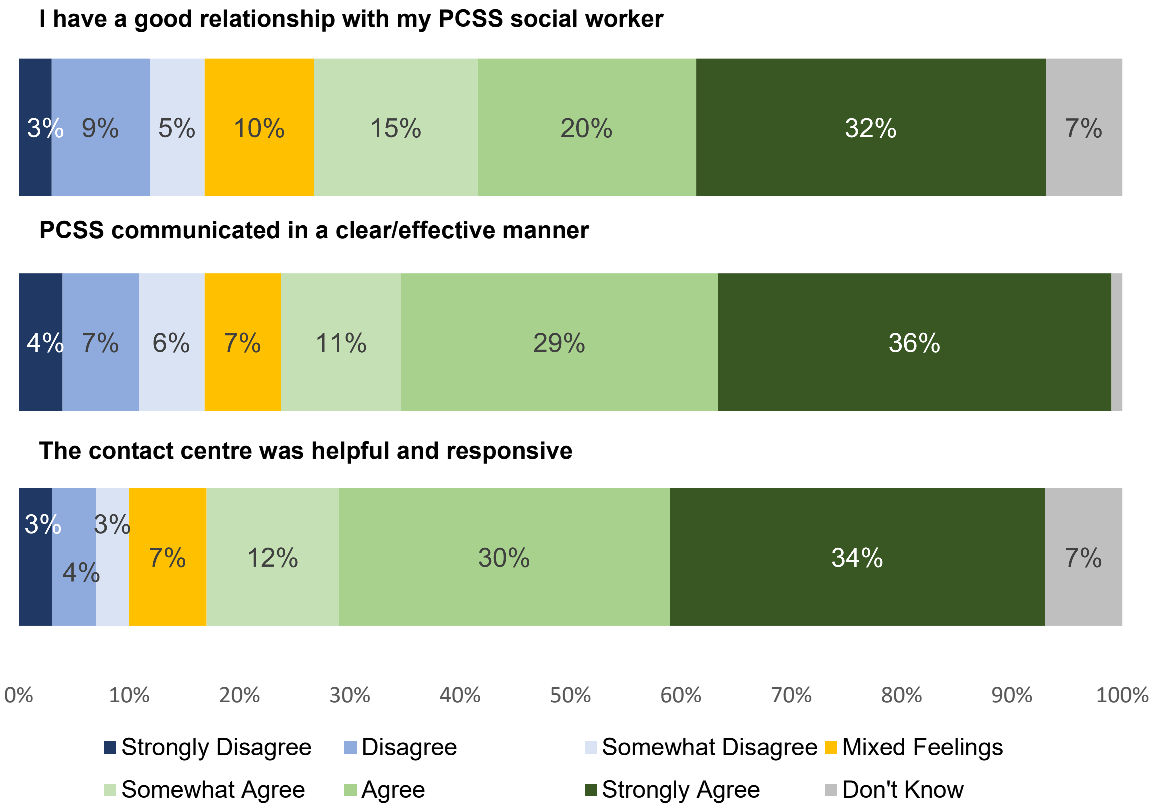
The PCSS contact centre is a helpful and supportive resource for caregivers

Survey respondents were asked to agree or disagree with a series of statements regarding the support and service they received from the PCSS. The highest level of agreeance was seen for elements regarding communication, with three quarters

(76%) agreeing that the contact centre was helpful and supportive and that the PCSS communicated in a clear and effective manner.

Lower ratings were noted for relationship with the PCSS social worker, with 17% somewhat disagreeing (5%), disagreeing (9%), or strongly disagreeing (3%) with this. See Figure 16, below.

Figure 16. How strongly do you agree or disagree with… n = 210



Relational elements are affected by communication and social worker turnover

Survey respondents who disagreed with any of the above statements were asked to provide a reason behind their response. This was asked in an open-text format, with the following themes present in the qualitative analysis of these responses:

No relationship with social worker due to social worker turnover

This theme speaks to the difficulties faced by respondents when unable to form a relationship when “the person seems to change almost yearly”. Respondents felt like they were having to repeat themselves when describing their circumstances, not understood or connected with, and having no consistency in the support.

> When social workers are changing frequently it can be hard to get hold of the right person, often need to repeat history, different opinions from each social worker, not aware of options available, suggested options aren't feasible – Permanent Caregiver Survey respondent

This theme also came through strongly in the qualitative interviews, whereby interviewees expressed concern that social worker turnover affected the ability to connect with and maintain support from the PCSS.

> I've had to date 12 social workers for my child. And it's hard because there's no relationship. I guess caregivers, we have a different understanding of social workers – Stakeholder Qualitative Interviewee

It is, however, acknowledged widely that social worker turnover is a challenge across the sector, and it is an issue that Turuki are addressing through consideration of alternative approaches.

> It was very, very difficult to get social workers. So we struggle. We still struggle. –Stakeholder (Turuki) Qualitative Interviewee

> And so we've been able to say can we get people from education that can write plans and engage with people and consider their needs? Can we get different sorts of people, other disciplines or experience and so they said yes… but it's a capacities or capability, scope of practise stratification process where your top social workers and supervisor are only dealing with what they need to deal with it that high level that no one else can deal with. – Stakeholder (Turuki) Qualitative Interviewee

Not enough contact

The infrequency of contact was mentioned by survey respondents as contributing to feeling like there was a lack of support from the PCSS. A lack of proactive engagement was mentioned, with respondents identifying that contact often only came through the annual review. This theme aligns with the importance of establishing a relationship and the lack of contact contributes to the inability to form this relationship.

> PCSS social workers are only contacted when the review is needed; therefore, no relationship is formed. Often different social workers each year. – Permanent Caregiver Survey Respondent

Communication issues

Aside from not enough contact, there were also mentions made around communication difficulties in terms of receiving a timely response, or helpful information.

> Communication is very difficult as you can only request a callback at times that don't suit me due to my work hours. And when a time was arranged the care worker called with 2 minutes to go of my lunch break. We are not informed of change of care worker in a timely manner, and this has meant that important information/report had gone

> astray. It was up to me to sort this out – Stakeholder Qualitative Interviewee

The strength of the PCSS lies within its people

Interviewees reflected that the key strength of the PCSS are the staff who work for Turuki. Particularly, caregiver advocates mentioned this with regards to their experience working alongside the PCSS to find resolution for issues, often in a fraught environment. While this does not necessarily directly affect caregivers, nurturing the relationship between PCSS staff and other providers who support caregivers will ensure that caregivers are supported across the board.

> But the strengths are definitely their people at the moment…definitely their staff and their understanding around the frustration that our caregivers are experiencing with trying to get the right supports for their children – Stakeholder Qualitative Interviewee

> We have had a lot of positive experiences with one of the supervisors in particular who our team have a very good relationship with. She is generally our go-to if we have sort of practise queries that crop up and we need to get some clarification quite quickly, she's always very responsive and very helpful. So that is definitely been a positive experience, not just from my perspective, but also from feedback from the wider team as well, which has been really good – Stakeholder Qualitative Interviewee

Feelings of support are affected by the change in support from when a child is in Oranga Tamariki care

Qualitative interviews often reflected the viewpoint of those who may have been dissatisfied with their experience with the PCSS. It appeared that a large component of this dissatisfaction stems from the difference, or gap, between the support that a caregiver is eligible for when the child is in the care of Oranga Tamariki versus the support and funding that a caregiver is eligible for once they take on permanency.

> There's a big difference between care and permanency when someone's in custody or the care of the ministry – Stakeholder Qualitative Interviewee

> We're taking young people from the care space to just be with family. And so the expectations have to change. A lot of the stuff that you've been supported with Oranga Tamariki now becomes your parental responsibility because you've taken day-to-day care. And that's a big gap – Stakeholder Qualitative Interviewee

This drop-in support contributes to a feeling that they are not adequately supported by the PCSS and is driven by a lack of understanding of what support they are eligible for when taking on permanency. There was a sense that while the concerted shift to moving children into permanency is a beneficial shift, that this is often performed under a feeling of urgency and caregivers do not have a complete understanding of the ramifications of taking this on.

> I think it's really important if permanency is a journey a caregiver is going to embark on, then I think OT or the child social worker or the lawyer for child at the time should be maybe planting those seeds with the caregiver and saying, you know, these are the considerations – Stakeholder Qualitative Interviewee

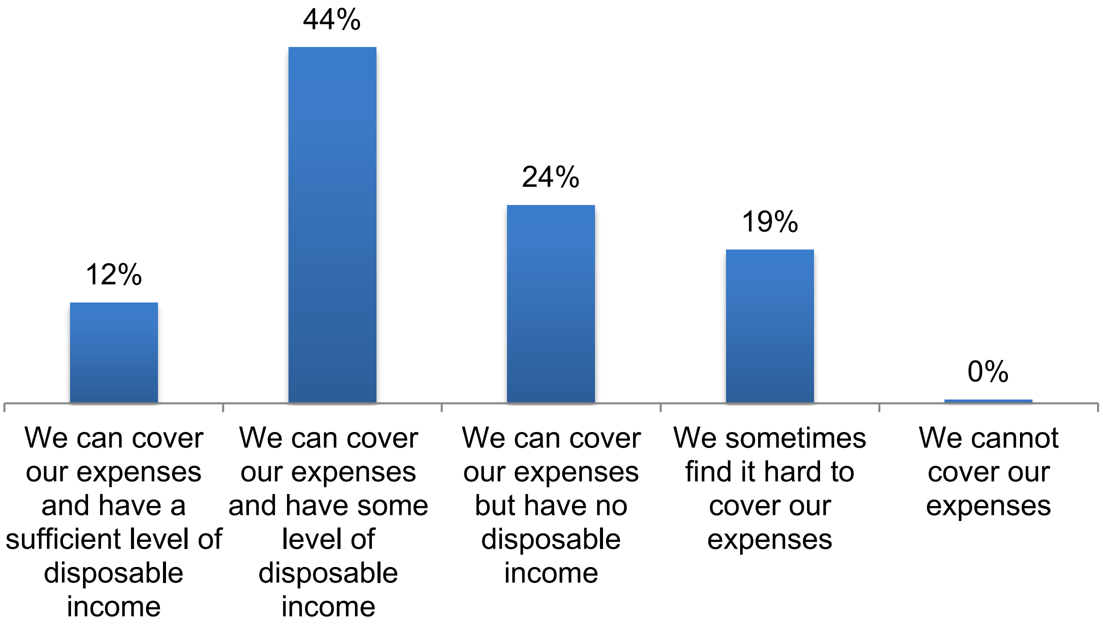
> We don't want them to be disadvantaged because we didn't have the good thought to forward plan so I think probably the child social worker and the lawyer for child should be looking at a big picture and not just the current one – Stakeholder Qualitative Interviewee

It appeared that caregivers are sometimes told or led to believe that they will maintain the same level of financial support that they are used to receiving through Oranga Tamariki, leading to dissatisfaction with the levels of support that the PCSS is able to provide.

This is a key consideration in understanding the level of need of caregivers that take on permanency and brings about the "perverse incentives" question, uncovering the balance between encouraging people to take on the role of caregiver / permanent caregiver and ensuring they are not financially disadvantaged in doing so.

It is important to consider the financial situation of many permanent caregivers. As Figure Seventeen shows, a fifth (19%) of respondents found it sometimes hard to cover their expenses, while a quarter (24%) could cover their expenses but had no disposable income. This paints a picture of how important maintaining financial support is for these caregivers.

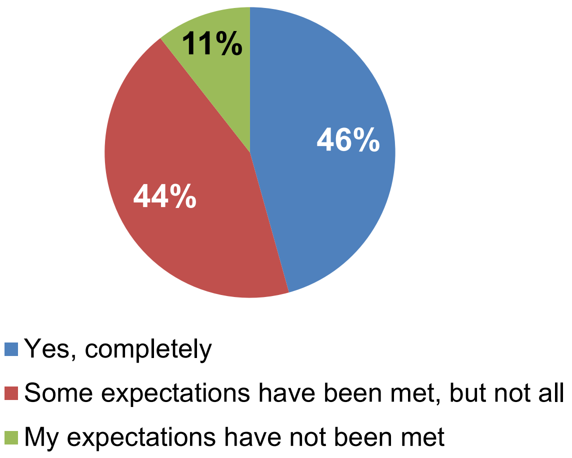
Figure 17. Considering all income sources, we'd like to know how well your income meets your basic needs. Which of the following statements best describes your household? n=201 (excludes prefer not to say)



Not understanding the decrease in financial support between Oranga Tamariki caregiving and permanency contributes to a gap between expectations and reality for some caregivers

Survey respondents were asked to reflect on what they expected the PCSS would provide for them, and whether these expectations were met. Almost half (46%) felt their expectations had been completely met. Eleven per cent felt their expectations weren't met at all, while 44% mentioned that some expectations had been met, but not all (See Figure 18).

Figure 18. Overall, thinking back to what you expected the PCSS would provide for you, have your expectations been met? Base: Current permanent caregivers who have used the PCSS in the last 12 months, n = 208



Survey respondents were asked to detail what expectations weren't met (n=89). This was asked in an open-text format, with the following themes present in the qualitative analysis of these responses:

Social worker relationship (n= 12 mentions): Interestingly, this theme emerges again as part of the expectations of the PCSS that weren't met. Survey respondents expressed that they thought having a consistent social worker who they could contact was how they envisioned the support being provided by the PCSS. A key part of this was to be told when the social worker changes and be provided with details for the new social worker.

Level of contact (n=11 mentions): Like the above theme, survey respondents thought that there would be a greater degree of contact from the PCSS, with mention to proactively reaching out, and the expectation of regular contact.

Teacher aide (n=10 mentions): Expectations around continuation of teacher aide funding were mentioned by survey respondents. Survey respondents particularly mention 'ongoing' teacher aide funding as being an expectation.

Alignment to plans/ accuracy of support provided (n=9 mentions): Respondents mentioned that their expectations were for the support provided to be aligned with or reflect the agreement made in their plans, with a feeling that this wasn't always the case.

Communication: (n=8 mentions): Open, honest, and transparent communication was mentioned as an expectation of the service. Survey respondents identified that poor communication affects their experience of the service.

Consistency of approach: (n=7 mentions): Some survey respondents felt that an area where expectations weren't met was for consistency, indicating that they had received inconsistent service from the PCSS or had experienced different approaches depending on the social worker.

Themes with fewer mentions: Within the open-text response, the following themes were also mentioned:

- Awareness of services (n=6)
- Disability support (n=5)
- General comments about support (n=5)
- Clothing/ personal items (n=4)
- Sporting/ extra-curricular activities (n=4)
- More financial assistance (n=3)
- Timeliness (n=3)
- Respite (n=1)

2.2. Delivering equitable access to support/ services that are needed

2.2.1. Responsiveness to cultural needs

Obligations between the Crown and Māori signals the importance of culturally sensitive approaches in programme design.

As of June 2023, 56% of children supported by the PCSS were identified as Māori, 31% as New Zealand European or from other ethnicities, 2% as Pacific, and 11% had an unknown ethnic background (See Figure 19).

The Crown has an obligation to uphold the agreement made between themselves and Māori in the signing of The Treaty of Waitangi and Te Tiriti o Waitangi. As a Crown organisation, Oranga Tamariki is required through legislation (including but not limited to 7AA) to address and respond appropriately to the disparities that tamariki/rangatahi Māori and their whānau face. The organisation must fund, supply and provide services to tamariki/rangatahi Māori and their whānau, which are equitable and culturally responsive. The noteworthy overrepresentation of tamariki Māori within the supported population emphasises the importance of culturally responsive and sensitive approaches in programme design and delivery.

Turuki Health is a Kaupapa Māori health, wellness, and social services provider, whose service delivery practices and values are embedded in principles of Te Ao Māori, demonstrating they are well positioned to provide and deliver culturally responsive and sensitive approaches and practices. Turuki is recognised by many whānau for the strong cultural support and connection they provide, especially for whānau Māori and Pacific families.

> I am so happy with them, I know that the people on the other end are

The proportion of ethnicities of children supported by the PCSS are largely aligned with the population of Oranga Tamariki children who have moved to permanency, indicating somewhat equitable access by ethnicity.

Figure 19. Ethnicities of children who are supported by the PCSS as of June 2023[18]

Turuki Health is a Kaupapa Māori health, wellness, and social services provider, whose practices and values are embedded in principles of Te Ao Māori

Considering the proportion of whānau Māori who are accessing the PCSS service and the levels of need present within this community, the Kaupapa Māori values that Turuki uphold are a strength in terms of delivering a culturally responsive service and support.

> We have always taken a whānau centred approach and we have also, through various iterations, strengthened in the area of culture, and being Māori, being Pacific, and how we tailor our services to engage really well with those communities. A number of us have also had experience in Oranga Tamariki and various forms over many years and we have a very significant group of social workers in our area and our organisation. So when we applied, we felt that we could offer a whānau ora approach to PCSS as well as hopefully grow into supporting whānau who had tamariki leaving care that we may be able to expand our continuum over time. – Stakeholder Qualitative Interviewee

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[18] Turuki Dataset (n=4,106): includes children and young people who are under the care of permanent caregivers eligible for receiving the PCSS, irrespective of their current utilisation the service. The children and young people remain in the database until they reach the age of 18. meaning when they reach 18?.

Caregivers expressed that the PCSS support enabled their child to navigate the significant challenges they faced, through learning disabilities, and through building their cultural identity.

> They are well supported, PCSS has been magic… there are positive comments from so many people around (tamaiti) growth – Permanent Caregiver Qualitative Interviewee

Whānau/families reported a range of cultural support needs funded by PCSS, including cultural reports needed for legal proceedings, and financial support to strengthen children's identity to their whānau and knowledge of and connection to their whakapapa. One such example was where Turuki supported a whānau to attend a whānau reunion.

Caregivers also recognised the support Turuki provided to ensure that children have opportunities to connect with their culture in other ways too. Most commonly this was through visits with their extended family, including siblings. However, when cultural dynamics inside of families were not well known, it may have been more challenging to understand the role the PCSS might play.

> Our tamariki are pākehā but they have a Māori brother. I don't think PCSS have ever asked about the kind of support we might need for our family dynamic and to support our tamariki to connect with their brother – Permanent Caregiver Qualitative Interviewee

3. To what degree does the current legislative, policy settings, and service design provide permanent caregivers with the support they require?

The following tables detail the key evaluative findings with regards to alignment. This includes aspects such as whether the current model reflects the system it sits within and that the current model enables the service provider to equitably embed their values. The full rubric used to assess these criteria is included in Appendix One.

Alignment with systems and processes

Sub criteria	Evaluative Judgement	Evaluative Reasoning
The current model reflects the system within which it operates	Adequate	The current model demonstrates reflection of the system within which it operates, as shown in the service specifications and legislation, however due to a lack of clarity and understanding around the ownership of the PCSS within Oranga Tamariki, there appears to be little addressing of the external factors that impact how delivery of the service specifications within the legislation can be sufficiently managed. A core component that needs addressing is the disparity of financial support when moving from Oranga Tamariki to permanent custody as well as clarity regarding the scope of the delegation to Turuki, the adequacy of funding, and guidance on how to exercise the delegation and on how Oranga Tamariki will exercise retained discretion.
The current model embeds the values of the service provider	Adequate	The values of the service provider are enabled to be embedded in the PCSS model; however, current legislative parameters restrict how the PCSS provider can shape their services to meet their values.

3.1.1. Reflecting the system within which the PCSS operates

The delivery of the PCSS sits within legislative, policy, and service design parameters

Relevant documents were reviewed as part of the evaluation process. These documents included policy and legislation documents, publicly available information about the PCSS, and correspondence as deemed necessary by internal Oranga Tamariki stakeholders involved in providing feedback.

Overall, on review of the legislative, policy, and design parameters it is considered that a lack of clarity around responsibilities, remit definitions, and ownership of the PCSS contributes to a disconnect and a difference of understanding amongst PCSS stakeholders.

Legislative background

Eligibility to gain support from the PCSS is largely determined by legislation. Turuki are aware of the inconsistent referral processes shared with caregivers that can lead to incorrect expectations, and therefore have offered and delivered training to Oranga Tamariki staff that socialises PCSS service and support.

PCSS funding support is not based on a dollar value but is provided on the basis of need through an assessment process, either determined at initiation of permanency within the agreed support plan (as determined through the courts), and afterwards through an annual review process and as evaluated against legislative criteria (Section 388a of the Oranga Tamariki Act 1989) by Turuki. As this is unique to every tamaiti there is no specified list of entitlements that caregivers are eligible to access.

The Chief Executive (CE) of Oranga Tamariki is required to assist permanent caregivers in specific circumstances with the intent to support permanent caregivers to meet the needs of children and young people who have left Oranga Tamariki custody. Oranga Tamariki has delegated its responsibilities under section 388A (2) to an outside agency (Provider). Oranga Tamariki will provide resources to support the execution of this delegation by the Provider.

Section 388A (1) enables the CE to exercise discretion in providing financial and other assistance to permanent caregivers in assisting them to care for a child or young person.

Section 388A (2) obliges the CE to provide of financial and other assistance to permanent caregivers of children and young people that:

- arises as a result of the child’s or young person’s care and protection needs, or as a result of extraordinary health, education, or developmental needs
- is more than what is reasonable to expect the caregiver to fund
- cannot be met by existing sources of support and is unlikely to be provided otherwise
- is reasonable to be provided by the CE in the circumstances
- is consistent with any general or special directions given to the CE in writing by the Minister.

In understanding the role of the PCSS provider, the below should be considered:

- Sections 388A and 389 of the Oranga Tamariki Act 1989 empower the chief executive to provide financial and other assistance to permanent caregivers. These sections contain both discretionary and mandatory powers.
- The chief executive of Oranga Tamariki delegated these powers to Turuki under an Instrument of Delegation in 2019. Turuki are contracted to provide the Permanent Caregiver Support Service (PCSS) under an Outcome Agreement with an associated Service Specification. In addition to the Service Specification, guidance about the service is provided on the Oranga Tamariki Practice Centre.

Service Specifications[19]

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[19] Permanent Caregiver Support Service: Service Specifications April 2022 updated 7 April 2022

Delegated responsibilities under section 388A require Turuki Health to operate under the guidelines set out in the Outcomes Agreement (contract) and Service Specifications.

Outcome Agreements with Providers for these services require that they are delivered in accordance with these specifications. These service specifications are a living document and may be varied at the discretion of Oranga Tamariki.

Service specifications provide:

- a set of commonly agreed practice principles and values to guide service delivery
- detailed information about service delivery and practice
- a resource tool to help deliver the services consistently
- a resource tool to assist in meeting the desired service outcomes
- a way to improve responsiveness to feedback regarding changes to the service delivery component of the Outcome Agreement.

The development of an Intervention Logic Model underlines the importance of a shared vision

Background and design

As part of this evaluation, we planned to develop a single Intervention Logic Model to provide an overview the PCSS and the various parts of the service. However, in terms of ensuring equitable perspectives were held and acknowledged, two Intervention Logic Models (ILM) were developed with Oranga Tamariki stakeholders connected to PCSS and Turuki Health Services who are the current provider delivering PCSS. With this, the logic modelling process itself became findings that contributed to the evaluation and identified the importance of creating a shared vision between Oranga Tamariki and Turuki. The findings on this process are included below.

Oranga Tamariki provides financial and other support services to permanent caregivers, support children and young people out of state care and into permanency. Turuki not only delivers and provides the PCSS, but they also deliver many other health, social and wellbeing services. These were developed as two ILM's as each group highlighted areas that were specific to their organisations, and each had some objectives that were not specific to PCSS. Each organisation had similar outcomes but some differences as well. These ILM's both highlight areas of importance for all stakeholders connected to PCSS. There were many correlations but also some differences due to the interactions and engagement each group has with PCSS and the objectives and outcomes each group holds.

For PCSS to continue to provide an effective and efficient service these ILM both had inputs that point out the need have sufficient funding; to be aligned to the Service Specifications; to have access and capacity to participate in professional development opportunities and training; and to have frameworks, guidelines, outcomes agreements and quality accreditation standards. Each ILM discussed outputs that were very similar, with some inputs that were specific for each group specific to what they deliver and their interactions with the PCSS. For Turuki there were inputs around operational inputs, including workforce and having guidelines, and outcomes agreement and sufficient training and development. For Oranga Tamariki, inputs were around ensuring PCSS had sufficient funding and resourcing.

Short term outcomes
The short-term outcomes for both Oranga Tamariki and Turuki were to ensure that documentation, onboarding, draft plans, processing of referrals is done in a timely manner.

Both parties wanted to see permanent caregivers and children and young people in permanent care arrangements be supported to navigate the system, providing assurance and reducing stress. Further to this, both parties discussed outcomes around ensuring caregivers have what they need to be able to continue to care for their child, that they can see their voice reflected and that they feel supported and safe to express the needs of their families.

Longer term outcomes and impacts
The long-term outcomes were shared by Oranga Tamariki and Turuki and were to ensure that eventually we will have less children and young people in state care and that they have been transitioned and supported into permanency. Both groups signalled that they would like children, young people and their families receive equitable, appropriate and responsive support so that permanent placements can remain stable and are well supported.

Oranga Tamariki highlighted an overarching outcome that PCSS may contribute to but is not responsible for, which was that children have access to better health, educational and developmental outcomes.

Turuki held a broader more holistic view of ensuring that children, young people and their caregivers are given opportunities to heal and address intergenerational trauma and harm. Turuki also wanted to work towards ensuring that there were reduced numbers of whānau Māori and Pacific families in the Justice system. Turuki wanted to create a space where children and young people experience services, and an environment based on aroha and manaaki.

Greater clarity around the instrument of delegation, service specifications, and guidance is needed to ensure all parties are on the same page

There appears to be a disconnect between the Instrument of Delegation, the Service Specification, the guidance available on the Practice Centre and the template Permanent Care Support Plan used by Oranga Tamariki and Turuki social workers. Differences in understanding centre on some of the following key issues:

Process delays: Once a Permanency Achieved Case Note (PACN) has been received, Turuki contacts the caregivers within 24hrs, it has been noted that it can take some time for Turuki to receive the PACN which increases the delays in connection with families. In the last 18 months, the process has developed where on receipt of PACN, emails are sent to caregivers confirming their details, the details for

PCSS and their Support Letter. The transition to permanent care is a process that involves Oranga Tamariki, caregivers and other parties including a lawyer representing the child. The process generates a Permanent Care Support Plan (Support plan), and more recently children are provided with a gateway assessment that highlights the child needs at one point in time. Turuki insights are limited to information provided in the support plan (which are signed off by Turuki before the courts). They cannot access information regarding assessments or supports families accessed before entering PCSS.

Discretionary funding: Turuki considers that their responsibilities are limited to the provision of mandatory support under section 388A (2) of the Oranga Tamariki Act and that Oranga Tamariki retains responsibility for directly funding discretionary supports, and supports that had been committed to by Oranga Tamariki at the time of the permanency order. The service specifications infer that Oranga Tamariki has retained responsibility for such supports.

7AA: Section 7AA of the Oranga Tamariki Act reflects the obligations within the Treaty of Waitangi and requires the Ministry to address and adapt how well it works with iwi and Māori organisations, address disparities experienced by tamariki and rangatahi Māori and their whānau. There appeared to be a misconception that 7AA provides additional funding for provisions that permanent caregivers may not have access to. However, the purpose and function of 7AA is to reduce and address disparities through systemic, organisational, and practice change and shifts. Any provisions that are supplied to caregivers are through other avenues as funding to specific areas such as whānau visits, is not a part of the role and function of 7AA.

This lack of clarity and shared understanding of the role and scope of the PCSS within legislation was picked up on by interviewees, who discussed how confusing it was when understanding how the legislation and delegation authority has been applied.

> There's also been confusion or a lack of clarification regarding the delegation and the scope of the delegation for the PCSS, so there’s been all sorts of conversations around. Is it 388, A, one, and two? Is it? 388 2 does it include 389? Does it include 7AA? – Stakeholder Qualitative Interviewee

> So you know, our understanding has always been that they've got delegated authority under section 388A, but then actually in the service specs, there's actually some confusion as to whether it's just 388A or if it covers Section 1 as well…So I guess from my position, it seems like that obviously wasn't well established between and I think some of that must rest on OT, you know, from the outset... But yeah, just with the reading the service specs. It's like that even reads confusing and then like I've said around 7AA as well so – Stakeholder Qualitative Interviewee

Turuki have developed systems and processes to deliver the PCSS

Since July 2019 Turuki have been the service provider of PCSS. Turuki have developed its processes and systems with the minimal data and support for service design initially provided. Part of their service design now includes a Contact Centre as well as Turuki uses a range of methods to inform caregivers about the service (i.e., engagement is via phone, email, text, bot chat, zoom, Teams and other online platforms). A general text is sent out to all caregivers on their database from time to time to inform them about PCSS.

The Turuki PCSS processes and systems are geared to meet the needs of the majority in its simplest form.

Turuki contact caregivers at least once a year to offer an annual review. This includes reminder texts to caregivers prior to the annual review to schedule an appropriate time to complete the review with their allocated social worker. The engagement between PCSS and the caregiver is at the discretion of the caregiver. This reinforces their mana, empowering each caregiver and their families to be the driver of their needs and wellbeing as a family unit. Turuki welcome caregivers to contact them at any time to request additional supports and their supports are not limited to their Annual Review. A common theme from caregivers from both phases of this evaluation reported a similar need for annual reviews to be comprehensive and responsive to the emerging needs of children.

From 01 July 2019 to July 2024 (5 years) while Turuki have held the PCSS contract they have completed over 9000 support plan reviews which is over and above the 5-year contract to undertake 7695 support plan reviews.

Uncertainty about the role of the PCSS within Oranga Tamariki contributes to a sense of a lack of ownership within the organisation, delaying decisions and actions

Discussions with both internal and external interviewees revealed concerns about how much input or insight Oranga Tamariki have, or should have, into the PCSS. It was discussed that Oranga Tamariki should be supporting and guiding the PCSS, however, it was not clear how or who should be responsible for this.

> I mean, I feel like this is work to be done in terms of supporting like this is not necessarily PCSS mandate, but for OT in general…I guess that's a question mark – Stakeholder Qualitative Interviewee.

> I think a better understanding of the service itself, a better understanding of what it provides, what it's there for, what it can do. And a better understanding of where it fits within the system um, could help. (Interviewer: Is that for caregivers or for Oranga Tamariki?). Everybody. Yeah – Stakeholder Qualitative Interviewee.

There appears to be insufficient ownership within Oranga Tamariki for the PCSS, and interviewees discussed that this contributed to further disconnect and misunderstanding as highlighted above. Turuki undertook the PCSS contract in 2019 with minimal data or support, they have since developed their own processes and systems to be able to deliver the PCSS.

A core component that is left unaddressed is the disparity of financial support when moving from Oranga Tamariki to permanent custody. This has been raised as an external factor that should be considered but appears to not be moved forward internally. Requests for support are assessed by Turuki registered social workers. As

Turuki have delegated authority through legislation, their assessment stands, but caregivers have access to review processes.

Current PCSS processes, as determined by the legislative framework, require caregivers to use existing sources of support to meet needs (e.g. publicly funded pathways) before PCSS can provide support. This process is essential to enable the efficient distribution of limited PCSS resources across caregivers.

While the legislation focuses on support for children, Turuki do consider the holistic needs of families and supporting caregivers and siblings to also access the support they need if it is impacting the children who have permanent care arrangements.

Wider systemic ownership of who provides and supplies support can impact the lives of children and their needs. It appears that declining or reducing applications for teacher aide support contributes to feelings of dissatisfaction with the PCSS, however, greater clarity is needed with regards to which agency holds the role of providing this support in this setting.

> But in terms of teacher aide funding, there's been a mismatch there recently anyway, [MoE] are basically telling schools do not send us a referral for teacher aide support if the child is not at a level one or below level one at being at a lack of five year old level. PCSS are saying we will not consider teacher aide funding unless there's been a decline from MOE. So, on the one hand, it's like we're asking OT just to make the referral anyway, because we just need the decline letter - Stakeholder Qualitative Interviewee

3.1.2. Embedding the values of the service provider

Service specifications provide the minimum standard for service delivery; however, it states that providers can develop a service that reflects their organisation's philosophical base, incorporating local need and culture

The PCSS service specifications detail that "these specifications should be seen as setting the minimum standard for service delivery. Each Provider can develop a service that reflects their organisation's philosophical base, incorporating local need and the culture from which it works."

Turuki Health work from a Kaupapa Māori base, and look to align their values and way of working with how they deliver the PCSS, which can sometimes be a challenge:

> Uh, so it can be a struggle at times because you get a care plan that's based on the values of Oranga Tamariki and you know, like our values are pretty much aligned in a sense, you know, tika, pono, and they are aligned, but it's the way you administer it. That's the difference. We do it from a Kaupapa Māori base. Te Ao Māori base, that's difficult – Stakeholder Qualitative Interviewee

Kaupapa Māori principles are embedded in the everyday practices of Turuki, it is often the remit or legislation that can create barriers to the way in which Turuki deliver and provide their services. Particularly around core functions of Māori principles around relational support, such as a lack of capability or capacity around in-person engagement – kanohi ki te kanohi and home visits – are vital in developing these relationships. For instance, Turuki are required to engage through the call centre this creates a barrier in a traditional way of practicing.

Families also recognised the support that Turuki provided to ensure that children have opportunities to connect with their culture in other ways too. Most commonly this was through visits with their whakapapa whānau, including siblings.

> No other organisation would understand the importance of that [whānau reunion]. I would never get this if it was a Pākeha organisation, they would never have it in their funding – Permanent Caregiver Qualitative Interviewees

4. Conclusions and recommendations

The PCSS is a critical service supporting permanent caregivers and the children in their care and contributes to placement stability for children who leave Oranga Tamariki care. Without this service, many permanent caregivers would struggle to meet the needs of the children in their care. However, the availability of support once they take on permanency is limited, even with the existence of the PCSS. It is a needed service that requires greater investment to meet the demands and increase of permanent caregivers over time.

While the PCSS performs well at connecting caregivers with relevant services and support and can adequately explore solutions for caregivers, there are some key barriers which prevent the PCSS from performing effectively. These are detailed in below alongside any recommendations or implications.

Conclusions and recommendations

Conclusion	Recommendation
The service is not able to respond adequately to increases in cost. Funding is currently not sufficient.	- Increase funding proportionately to the increase in vendor costs.
The service does not have sufficient funding to respond adequately to increases in demand.	- Increase funding proportionately to the increase in permanent caregivers.
The PCSS is providing support that enables caregivers to continue supporting the child(ren) in their care. It is agreed that the concept of the PCSS is supported and that it is a needed service, however, to reach a level considered 'exceeding' the model needs to allow for support that proactively addresses any concerns that may lead to placement breakdowns.	- Ensure future needs are considered in any permanency plan. - Ensure caregivers are aware of the support available before taking on permanency. - Multi-disciplinary review of needs to ensure that children with high needs are supported to ensure placement stability.
The PCSS connects caregivers with relevant services and support that are readily available and accessed in a timely manner and tailored to their needs. However, the execution of the annual review needs to be improved for the PCSS to be 'exceeding' expectations.	- Improve systems around annual review process to reduce burden on caregivers. - Ensure annual review is initiated by the PCSS, not the caregivers.
The PCSS adequately explores options within remit to meet whānau needs. However, caregivers are not able to be presented with options to choose.	- To feel like needs are being met, caregivers should feel that they are able to choose a service that best reflects their needs. Being able to provide options would allow for this to occur.

Conclusion	Recommendation
Caregivers are onboarded to the PCSS in a reasonable timeframe; however, they are often onboarded with little to no understanding of how the PCSS will realistically support them in their permanency journey.	- Improve understanding of permanency entitlements for caregivers. - Address disparity between Oranga Tamariki entitlements and permanency entitlements.
There needs to be clearer guidelines in place so that stakeholders understand the roles required for allocating funding and can effectively weigh up funding decisions required.	- Develop in collaboration with Turuki a set of guidelines or criteria for decision-making so that decisions are applied consistently and fairly within the remit. - Ensure these guidelines are accessible to permanency social workers and the caregivers they work with to allow for transparency and realistic understanding of the support available from the PCSS. - Review role of other agencies in providing support, particularly teacher aide.
Services are delivered in settings that are accessible to all caregivers no matter their regional base. Caregivers indicate that the current set-up is fit for purpose. There is a desire for some more relational elements, and consideration could be placed on how this can be supported.	- Consider how to improve relational elements by strengthening social worker relationships with caregivers and ensuring caregivers can access social workers easily if required.
A heavy reliance on phone and internet services creates a barrier for certain demographics, while others may need greater support understanding and navigating the system.	- Extend proactive communication to reach out to those who may find it difficult to initiate conversation. - Allow for social worker capacity to help those who need assistance navigating the system.
Findings suggest that the basic needs of children are addressed and that the care plan reflects the areas of need most important for children and are reviewed annually. However, there are indications that the current set up does not allow for responsiveness to changing needs or that the needs of children with higher needs are not met.	- Allocate sufficient resource to allow for greater points of contact with families with high needs. - Involve a multi-disciplinary response to develop a depth of understanding for new, emerging, or changing needs where necessary to ensure plans continue to meet the needs of caregivers and children.

Conclusion	Recommendation
Support mechanisms are present and caregivers generally express satisfaction with the level of support. Caregivers understand how the PCSS can support them and have an assigned social worker. However, social worker turnover affects the relationship and communication, in turn, affecting the feelings of support.	- Social worker shortage and turnover is a sector-wide issue, however, re-assigning alternative resource or expertise could be used to fill the gap so that existing social workers can be utilised to form essential relationships.
Turuki shows a commitment to accessibility across various ethnicities. In particular, the practices and values, are embedded in Te Ao Māori. This supports the importance of a culturally appropriate response to the overrepresentation of Māori within the supported population.	- Continue to support Turuki to deliver services embedded in a Te Ao Māori worldview.
The current model demonstrates reflection of the system within which it operates, as shown in the service specifications and legislation, however due to a lack of clarity and understanding around the ownership of the PCSS within Oranga Tamariki, there appears to be little addressing of the external factors that impact how delivery of the service specifications within the legislation can be sufficiently managed. A core component that needs addressing is the disparity of financial support when moving from Oranga Tamariki to permanent custody.	- Allocate ownership to a business unit with Oranga Tamariki so that above recommendations can be enacted and monitored. - Ensure greater accountability of the role of Oranga Tamariki in transitioning caregivers to permanency and the disparity of financial support when moving to permanency.
The values of the service provider are enabled to be embedded in the PCSS model however current legislative parameters restrict how the PCSS provider can shape their services to meet their values.	- Support Turuki to embed their values in any guidelines that are developed.

5. Appendix One: VfM Rubric

Domain	Sub criteria	Developing	Adequate	Good	Exceeding
Effectiveness: How well the system achieves its objectives in supporting caregivers and children	Caregivers feel supported by the PCSS	Not meeting 'adequate' but is noted as an area to improve with support	Adequate support is provided to caregivers. Support mechanisms are present. Caregivers generally express satisfaction with the level of support. Caregivers understand how the PCSS can support them. Caregivers have an assigned social worker.	Support mechanisms effectively address caregivers' needs and contribute to their overall wellbeing. Caregivers consistently express satisfaction with the level of support. Social workers maintain a proactive relationship with the caregivers.	Robust support mechanisms are in place that contribute to caregiver wellbeing. The level of support goes beyond basic needs, fostering a positive and supportive environment. Caregivers consistently express a strong sense of support and satisfaction. Caregivers have a strong and ongoing relationship with their social worker.
Effectiveness: How well the system achieves its objectives in supporting caregivers and children	Child's needs are met within the remit of PCSS	Not meeting 'adequate' but is noted as an area to improve with support	Basic needs of children are addressed within the required framework. The care plan reflects the areas of need most important for children. Care plans are reviewed annually.	Core needs of children are addressed within the required framework. The care plan is responsive to the changing needs of children. Care plans are reviewed and adjusted regularly.	Comprehensive needs of children are addressed within the required framework. The care plan includes innovative and tailored approaches to reflect the areas of need as children grow. Care plans are reviewed and adjusted at the frequency that suits the caregiver.
Effectiveness: How well the system achieves its objectives in supporting caregivers and children	Caregivers needs are met within the remit of PCSS	Not meeting 'adequate' but is noted as an area to improve with support	Caregivers needs are considered within the established framework.	Caregivers needs are addressed within the required framework.	Caregivers needs are comprehensively and proactively addressed within the required framework.
Effectiveness: How well the system achieves its objectives in supporting caregivers and children	Permanency outcomes achieved and maintained	Not meeting 'adequate' but is noted as an area to improve with support	The PCSS provides support that enables caregivers to continue supporting the child(ren) in their care. Future needs are considered.	The PCSS provides support that enables caregivers to continue supporting the child(ren) in their care. Future needs are actively considered and addressed. The PCSS helps to ensure whānau are support to provide a stable placement.	The PCSS provides support that proactively prevent any placement breakdowns. Future needs are proactively addressed. The PCSS supports children to be placed in appropriate and safe care arrangements, where possible, with their whānau; and comprehensive wraparound support services are available and provided to enable children to remain in the care of their whānau.

Domain	Sub criteria	Developing	Adequate	Good	Exceeding
Economy: The utilisation and management of resources and processes within the system to meet demands and maintain transparency	The PCSS funding is responsive to increases in costs	Not meeting 'adequate' but is noted as an area to improve with support	The service can respond adequately to increases in cost. Funding is sufficient.	The service can respond adequately to increases in cost. Measures are in place to manage and mitigate cost escalations. Funding is sufficient and reflects the funding environment.	The service can respond proactively to increases in cost. Comprehensive strategies are implemented to foresee and effectively respond to cost escalations. Funding allows for flexibility in allocation of support.
Economy: The utilisation and management of resources and processes within the system to meet demands and maintain transparency	The PCSS funding is responsive to demand	Not meeting 'adequate' but is noted as an area to improve with support	The service has sufficient funding to respond adequately to increases in demand.	The service has sufficient funding to respond adequately to increases in demand. Measures are in place to manage and mitigate the effect on service.	The service has sufficient funding to respond comprehensively to increases in demand. Proactive strategies are in place to manage and mitigate the effect on the service.
Economy: The utilisation and management of resources and processes within the system to meet demands and maintain transparency	The PCSS has capacity to meet the needs of caregivers and children in their care	Not meeting 'adequate' but is noted as an area to improve with support	The service has capacity to respond adequately to increases in demand.	The service has capacity to respond adequately to increases in demand. Measures are in place to manage and mitigate the effect on service.	The service has capacity to respond comprehensively to increases in demand. Proactive measures are in place to manage and mitigate the effect on the service.
Efficiency: The system's ability to connect caregivers with necessary services promptly and find effective solutions	The PCSS connects caregivers with relevant services	Not meeting 'adequate' but is noted as an area to improve with support	Adequate services are available and have the capacity to meet the needs of caregivers. The services provide a basic level of support for caregivers and the children in their care.	Services are readily available that meet the needs of caregivers. The services provide meaningful support for caregivers and the children in their care.	Extensive services are available that meet the needs of caregivers in a timely fashion. The services provide tailored support for caregivers and the children in their care.
Efficiency: The system's ability to connect caregivers with necessary services promptly and find effective solutions	The PCSS achieves solutions for caregivers	Not meeting 'adequate' but is noted as an area to improve with support	The PCSS explores options within remit to meet whānau needs.	The PCSS explores options within remit to meet whānau needs. Whānau are presented with options to choose.	There is a proactive pursuit of innovative options within the remit. Caregivers not only receive practical solutions but benefit from a culture of continuous improvement and creativity.

Efficiency: The system's ability to connect caregivers with necessary services promptly and find effective solutions	Caregivers are connected with the PCSS efficiently on uptake of permanency	Not meeting 'adequate' but is noted as an area to improve with support	Caregivers are onboarded to the PCSS in a reasonable timeframe. All parties are present in this process.	Caregivers are onboarded to the PCSS in a reasonable timeframe, understand their permanency plan, and how the PCSS will assist. All parties support caregiver through this process.	Caregivers are seamlessly onboarded to the PCSS on uptake of permanency, with a comprehensive understanding of the permanency plan. All parties collaborate to ensure the right support mechanisms are put in place.
Efficiency: The system's ability to connect caregivers with necessary services promptly and find effective solutions	Processes are clear and transparent	Not meeting 'adequate' but is noted as an area to improve with support	All stakeholders understand the roles required for allocating funding and can effectively weigh up funding decisions required.	All stakeholders understand the roles required for allocating funding, can effectively weigh up funding decisions, and clearly communicate the decision-making rationale	All stakeholders understand the roles required for allocating funding, can effectively weigh up funding decisions, and decisions are made using clear and established guidelines through collective engagement.

Domain	Sub criteria	Developing	Adequate	Good	Exceeding
Equity: Ensuring unbiased and fair access to services for all caregivers and children	The PCSS can be accessed regardless of location and technology	Not meeting 'adequate' but is noted as an area to improve with support	Services are delivered in settings that are accessible to all caregivers no matter their regional base. Basic efforts are made to ensure that services are available through traditional and digital channels, aiming for inclusivity.	Services are delivered in settings that are accessible to all caregivers no matter their regional base. Caregivers are not disadvantaged by location and services are accessible to all irrespective of circumstance, age, ability, or access to technology.	Services are delivered in settings that are accessible to all caregivers no matter their regional base and, there is a comprehensive geographic presence and a strategic and innovative approach to reach all areas, including remote areas. Services are available and adapted to local needs. There is a comprehensive understanding of unique requirements, with targeted initiatives to bridge gaps.
Equity: Ensuring unbiased and fair access to services for all caregivers and children	The PCSS is responsive to cultural needs	Not meeting 'adequate' but is noted as an area to improve with support	A commitment to accessibility across various ethnicities. A baseline level of inclusivity is maintained, but there is room for improvement in tailoring services to meet specific cultural needs and ensuring equitable access.	A commitment to accessibility across various ethnicities. Services are tailored to meet specific cultural needs and ensures equitable access.	Services go beyond a general commitment to accessibility and actively incorporate cultural competence and responsiveness, ensuring that services are tailored to the unique needs of different ethnic communities that require PCSS support.

Domain	Sub criteria	Developing	Adequate	Good	Exceeding
Alignment - the synchronisation of system objectives, processes, and resources to ensure unified and coordinated efforts	The current model embeds the values of the service provider	Not meeting 'adequate' but is noted as an area to improve with support	The values of the service provider are enabled to be embedded in the PCSS model	The values of the service provider are encouraged to be embedded in the PCSS model and the model is shaped on the values of the service provider.	The values of the service provider are supported to be embedded in the PCSS model and the model is shaped and designed based on the values of the service provider.
Alignment - the synchronisation of system objectives, processes, and resources to ensure unified and coordinated efforts	The current model reflects the system within which it operates	Not meeting 'adequate' but is noted as an area to improve with support	The current model demonstrates reflection of the system within which it operates and acknowledges external factors contributing to service provision.	The current model reflects and encompasses the system within which it operates and addresses external factors contributing to service provision	Thorough consideration is taken of the system within which the PCSS operates and influences the design and implementation of the service

6. Appendix Two: Phase One Timeline

Primary Data Collection:

Primary data includes qualitative interviews and survey data. The timeline of data collection is shown below.

Figure 1. Timeline of Primary Data Collection

29/11/23 - 19/12/23

n=12 Qualitative Interviews with Turuki and Oranga Tamariki stakeholders

12/12/23 - 16/01/24

n=10 Qualitative Interviews with external stakeholders

23/01/24 - 9/02/24

23/1/24: 730 survey invitations sent out to caregivers using the PCSS

9/2/24: Survey collection closes with 237 completed surveys (response rate 32%)

7. Appendix Three: Phase One Qualitative Interviewing

A qualitative methodology, utilising in-depth interviews, was chosen for the qualitative component of this project. In depth interviews are semi-structured interviews where participants are encouraged to express their experiences, perceptions, and thoughts in their own words.

Interviews were around 45 minutes and conducted on an online video call before being transcribed with accompanying researcher notes.

Sample

A purposive approach to sampling was used; this involves deliberately selecting individuals who possess specific characteristics relevant to the research study.

Twenty-two interviews were completed. Please note, that while the groups have been labelled below, the findings contained in each section of this report do not relate to specific groups. Our achieved sample profile is in Table X below, participant roles or organisations have been grouped for anonymity.

Table 1. Sample profile

Sample group	Achieved number of interviews
Internal stakeholders (Oranga Tamariki)	n=7
External stakeholders	n=10
Turuki Health	n= 5

Analysis

The interview data was analysed using a thematic analysis approach in Nvivo, a qualitative research software, and checked for reliability before being written into this report.

Thematic analysis loosely follows the following steps:

8. Appendix Four: Phase One: Survey of PCSS caregivers

Purpose:
The purpose of the quantitative survey was to validate and substantiate concepts and insights gained from the qualitative interviews, as well as provide PCSS caregivers a chance to provide feedback.

Survey design:
The design of this survey was informed by initial qualitative interviews and focused on permanent caregiver's experiences with the PCSS. The survey questionnaire is included below.

Data collection:
The survey was delivered online via individual links to active caregivers from Turuki's database.

A database of 1048 contacts was provided by Turuki. On removal of duplicates, incomplete or erroneous entries, and bounced-emails, the final sample frame comprised 730 active permanent caregivers.

The Turuki database provided email addresses for the caregivers; caregivers were contacted by email and invited to participate in the survey. One reminder email was sent.

The survey was delivered on 19th of January and closed on 9th of February. A total of 237 caregivers completed the survey, resulting in a response rate of 32%.

Due to the small sample size, the survey has not been analysed by subgroup, rather provides high-level results only.

A demographic profile of survey respondents is included in Table 2 below.

Table 2. Profile of Survey Respondents

Length of time with child in their care	n=
Less than one year	8
1 -2 years	7
2-3 years	14
3-4 years	15
4-5 years	14
More than five years	179
Relationship to the child	n=
Grandparent/ Great Grandparent	47
Aunt/ Uncle/ Great Aunt or Uncle	40
Cousin	1
Other whānau/ family	20
Non whānau/ Non family	115
Other	13
Ethnicity (multiple responses allowed)	n=
NZ European	151
Māori	59
Pacific	8
Other	16
Prefer not to answer	12
Respondent age	n=
25-29	3
30-39	17
40-49	56
50-59	81
60-69	52
70 years or older	7
Prefer not to answer	5

9. Appendix Five: Methodology for Inflation Adjustment

All costs mentioned in this report were inflation-adjusted to measure dollar amounts in constant prices. This adjustment ensures that the dollar amount reflect the purchasing power of the currency at the time of the expenditure, providing a more accurate representation of the revalue of the expenditures over time.

In this research, inflation adjustment is accomplished by deflating monetary time series using the Consumer Price Index (CPI) retrieved from StatsNZ Infoshare –CPI All Groups for New Zealand (Qrtly-Mar/Jun/Sep/Dec).

Calculating the current value of a past dollar amount involved multiplying the past dollar amount by the current CPI and dividing it by the past CPI (when the past dollar amount was recorded). The formula is as follows:

$$Current\ value = Original\ value \times \left(\frac{Current\ CPI}{CPI\ in\ the\ past} \right)$$

Below is an example showing the process of inflation adjustment:

1. It is assumed that all budgeted expenditure on the PCSS was made in July-September of each calendar year.
2. The past value of the budgeted expenditure in 2017 was $2,903,340.
3. The CPI in July-September 2022 (current CPI) was 1186.
4. The CPI in July-September 2017 (past CPI) was 1005.
5. The past value of $2,903,340 in 2017 amounted to $3,426,592 in 2022 dollars.

$$\$3{,}426{,}592 \ = \ \$2{,}903{,}340 \times \left(\frac{1186}{1005} \right)$$

10. Appendix Six: Phase Two Qualitative Analysis

Following the completion of interviews, mātua (parents/caregivers) feedback was collated in a summary spreadsheet according to the key stages of permanency and key areas of questioning. Analysis was inductive, the research team reviewed whānau journeys separately and together as a team, identifying patterns, comparing experiences, and identifying common themes as well as unique experiences. Key patterns that emerged are described in the two key whānau personas and journeys (see pages 55-6) that were developed from the analysis. The variation of whānau experiences is presented throughout this report aligning with the key points in the whānau journey that were explored, including tamariki in state care, transitioning to permanency, finding out about PCSS, engaging with PCSS, needs for tamariki and whānau, mātua needs, annual review process, and value for whānau. Therefore, the analysis and reporting reflect the range of experiences of whānau as shared with the researchers, whether they fit into the context of PCSS or other contexts such as Oranga Tamariki, other services and whānau contexts.

The Kaupapa Māori principle of “whānau” informed the approach to the analysis and in sharing these stories. This approach recognised that these participants are not solely “consumers” of a service but are whānau – not just “permanent caregivers”, but mātua who exist within the wider context of a whānau. Including a whānau perspective was important to understanding the complex realities of whānau journeys.

A focus group hui was held with Turuki kaimahi to understand the PCSS service implementation and processes as well as adaptions that have occurred over the last few years. A further hui was undertaken to present draft findings back to Turuki and the Evidence Centre and discuss the context of the overall whānau experiences. This led to further analysis and incorporation of context pieces throughout the report. A key reason for this is that the experiences and stories of whānau spanned a longer period of time than the Turuki PCSS service provision and provided more context to what Turuki have developed and provided in the PCSS service. From 2019, Turuki forged forward with minimal data, systems or processes. Turuki have created systems to ensure a safe space for all mātua to connect and have a mana enhancing experience when seeking support, guidance, and access to services for their tamariki during a significant transitional period in their lives.

Limitations

As with any study, there are methodological limitations that can inhibit the scale of the applicability of findings. While qualitative research excels at providing deep insights into the individual experiences of a small number of mātua, it cannot be generalised to represent the perspectives and experiences of the large pool of mātua (over 4,000). However, the purposive sample selection did provide for a range of experiences to be shared from a variety of different types of whānau. The participants were from a range of ethnic backgrounds, there was a range of biological/non-biological connections to tamariki, and whānau lived in different geographical locations in Aotearoa.

Another limitation to note is the inferences that can be made about PCSS and Turuki. This is due to the fact that the final sample comprised of whānau whose engagement with Oranga Tamariki and PCSS services ranged from 1 to 17 years, spanning several PCSS providers including Home for Life, Kiistone, and currently Turuki. Therefore, it was sometimes unclear who mātua/permanent caregivers were referring to and some experiences shared do not directly relate to the current provider, Turuki. Mātua experiences with both Oranga Tamariki and PCSS were sometimes unclear, as mātua were, at times, not clear themselves who were providing the services.

11. Appendix Seven: Phase Two Interview participants – Ngā whānau

Table 3: Mātua demographics and details

Total number of mātua participants	**15**
Matua ethnicity	(multiple responses allowed)
NZ European	8
Māori	7
Pacific	1
Other	1
Relationship to the tamaiti	
Grandparent/ Great Grandparent	3
Aunt/ Uncle/ Great Aunt or Uncle	4
Other whānau	1
Non whānau	7
Length of time with tamaiti in their care	
Less than one year	
1-2 years	2
2-3 years	
3-4 years	
4-5 years	1
More than five years	11

Table 4: Tamariki demographics and details

Total number of tamariki	**23**
Tamaiti ethnicity	(multiple responses allowed)
NZ European	11
Māori	14
Pacific	8
Other	
Tamaiti current age	
0-2	
3-4	2
5-12	11
13-18	10