

Safety of Children in Care

Biannual Report July to December 2019



Acknowledgements

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Acknowledgements

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

Disclaimer

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

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Contents

Introduction	1
Biannual report	2
Guide to the report	2
Terminology	3
Examining harm in different placement types.....	3
Placement type classifications	3
Classification of people alleged to have caused the harm:.....	4
Findings	5
Neglect.....	5
Emotional Harm.....	6
Children emotionally harmed by gender	6
Findings of emotional harm by placement type.....	7
Findings of emotional harm by person alleged to have caused the harm.....	8
Physical Harm.....	9
Children physically harmed by age	9
Children physically harmed by gender.....	9
Findings of physical harm by placement type	10
Findings of physical harm by person alleged to have caused the harm.....	11
Sexual Harm.....	12
Children sexually harmed by age	12
Children sexually harmed by gender.....	12
Findings of sexual harm by placement type	13
Overview	14
Ensuring Safety and Wellbeing of Children in Care	17
Strengthening Responses to Children in Care.....	18

Introduction

When children come into care Oranga Tamariki is responsible for providing them with stable and loving placements and ensuring that they are safe.

As at 31 December 2019 there were 6,169 children and young people in care and protection custody and 204 young people in youth justice custody of the Chief Executive of Oranga Tamariki.

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

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

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

In March 2019 the Safety of Children in Care Unit published the first of a series of quarterly reports which detailed the findings of harm for children in care using the newly adopted measurement approach. In December 2019 the unit published an Annual Report which provided a greater level of analysis of the findings for the period 1 July 2018-30 June 2019. In the Annual Report the intention to publish biannual reports was signaled and this is the first of these reports.

Biannual report

This report sets out the findings of harm in the six-month period July to December 2019. In this period, 207 children in care had 357 findings of harm. The incidents of harm can be of an emotional, sexual or physical nature or relate to neglect and are of varying levels of seriousness.

Some children had findings for more than one **type** of harm and/or some had findings for more than one **incident** of harm and/or some harm was **caused by** more than one person.

This report provides detailed information relating to:

- the overall number of individual children who have experienced harm
- the number of individual children who have experienced each type of harm
- the number of findings of each type of harm experienced
- where the child was living when the harm occurred
- if the harm occurred inside or outside the placement and
- who is alleged to have caused the harm

The level of detail in this report is based on a desire to be open and transparent whilst protecting the privacy of those affected by the harm. We have not provided detail of circumstances that relate to fewer than five children or adults implicated by the data, this is in line with accepted ethical standards adopted in comparable studies and prevents the risk of identification or self-identification. Reporting reflects the data as known at the time of the review work completed by the Safety of Children in Care Unit. Any additional data or data changes that are entered after this date will be captured in annual reporting.

There are several ways the data is collated:

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

Guide to the report

Terminology

The terms child or children are used within this report to refer to all children and young people under the age of 18, irrespective of what age group they are in. When we use the term young person or young people in this report, we are specifically referring to individuals who are aged 14 years and above as this is the legal definition. Children in the care or custody of the Chief Executive of Oranga Tamariki are subject to a custodial order or legal agreement under the Oranga Tamariki Act 1989.

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

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

Examining harm in different placement types

For this review, all placement arrangements are considered including those where children return or remain at home and those where they live more independently.

We have grouped smaller placement types together under non-family placement (see placement type classification for detail). We have grouped all residences together, both care and protection and youth justice. We acknowledge this describes a range of situations, but it enables us to aggregate information in order to prevent identification or self-identification by the individuals involved.

Placement type classifications

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

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

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

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

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

Classification of people alleged to have caused the harm:

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

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

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

Staff (Oranga Tamariki & CFSS¹) describes a person employed directly by Oranga Tamariki or through contractual arrangements with NGO and iwi providers to provide care in a number of settings.

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

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

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

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

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

¹ CFSS refers to Child Family Support Services provided by NGO and iwi social services

Findings

Neglect

7 children had 11 findings of neglect.

Definition: Neglect is defined as the failure to provide children with their basic needs –physical (inadequate food or clothing), emotional (lack of emotion or attention), supervisory (leaving a child home alone), medical (health care needs not met), or educational (failure to enrol or chronic non-attendance at school). Neglect can be a one-off incident or may represent a sustained pattern of failure to act. (Oranga Tamariki Practice Centre 2019)

The majority of neglect findings (73%) related to incidents that occurred within return/remain home placements where children were living with their parents and the parents were responsible for causing the neglect.

Neglect by parents involved children regularly not going to school or regularly not being engaged in the structured supports provided to ensure their basic needs were met. Neglect also described children's exposure to drug use in the home by parent and others, and on occasions it reflected that older siblings were responsible for caring for younger siblings to the detriment of their own needs.

All of the neglect within return/remain home placements reflected parenting capacity and were related to drug use and exposure to adult violence which had escalated within the home.

Please note that due to the low numbers of findings related to neglect in this period it is not possible to report on the detailed breakdown of the data. It is also not possible to provide any further narrative or contextual information as to do so would risk identification or self-identification.

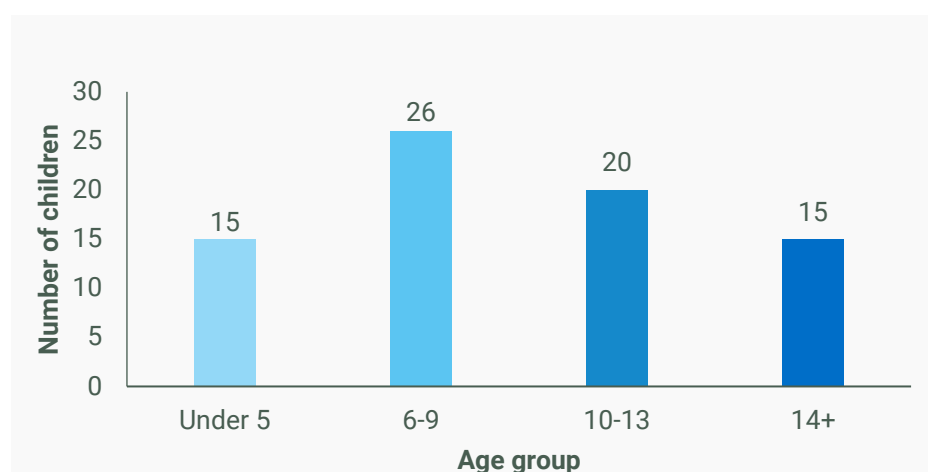
Emotional Harm

76 children had 131 findings of emotional harm.

Definition: Emotional abuse is defined as a situation where the psychological, social, intellectual and emotional functioning or development of children has been damaged by their treatment. This often results from repeat exposure to negative experiences, particularly in a context of insecurity. Witnessing intimate partner violence may constitute emotional harm if the functioning, safety, or care of the children has been adversely affected or put at risk. (Oranga Tamariki Practice Centre 2019)

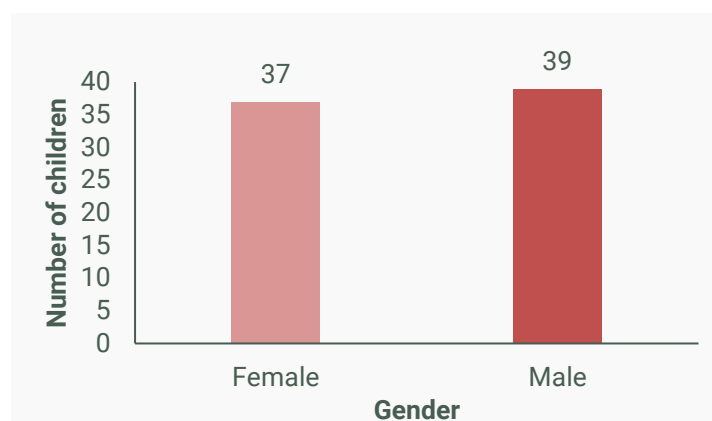
What we know about the children

Children emotionally harmed by age



Approximately half of the children (54%) were aged under ten years old.

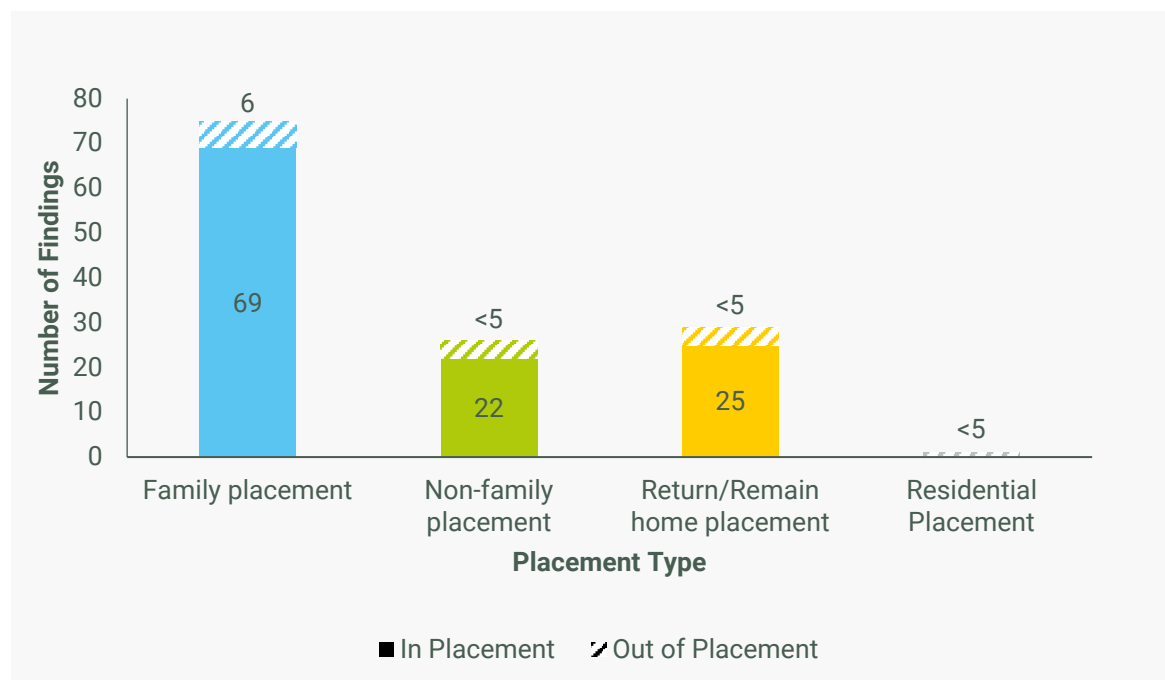
Children emotionally harmed by gender



Slightly more boys than girls were emotionally harmed in this period.

What we know about the findings of harm²

Findings of emotional harm by placement type



The majority, 89%, of emotional harm incidents occurred within the placement for all placement types except in residences where the emotional harm occurred whilst away from placement. (116/131)

Forty-two children living in family placements had 75 findings of emotional harm. The majority, 67%, of this was caused by the family caregiver (50/75).

Twenty children living in non-family placements had approximately³ 27

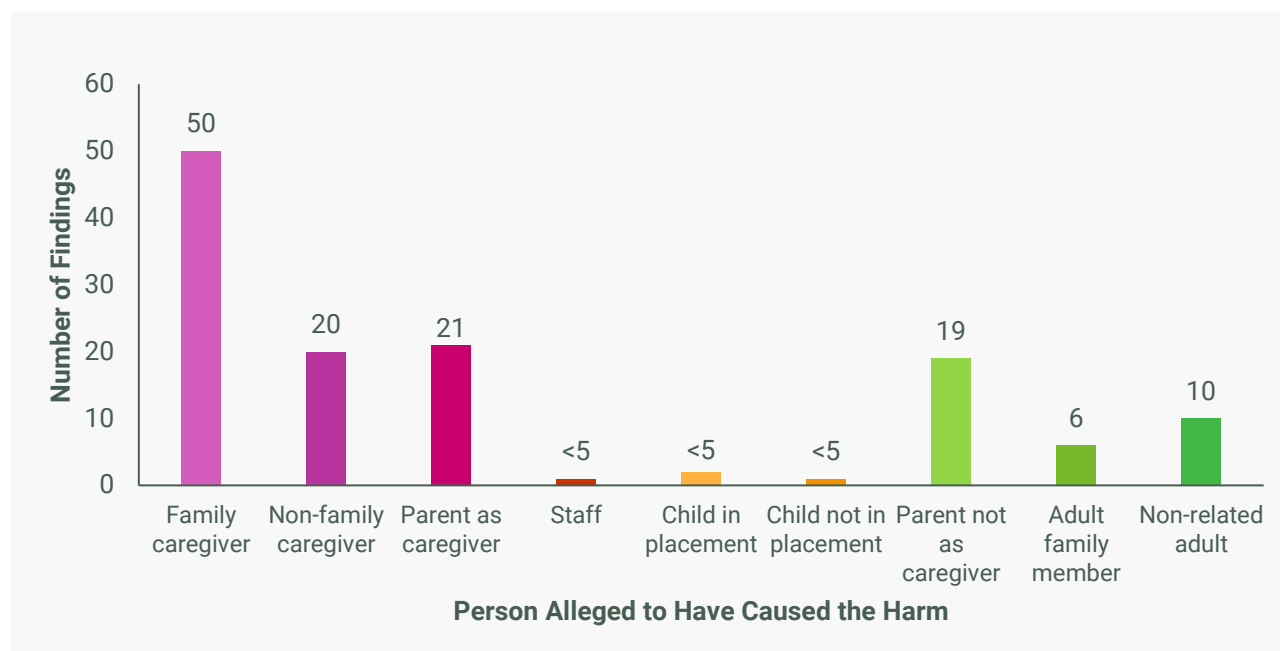
findings of emotional harm. The majority, 74%, of this was caused by the non-family caregivers (20/27).

Thirteen children living in return home placements had approximately 30 findings of emotional harm. Approximately two thirds, 70%, of emotional harm in this placement was caused by parents as caregivers (21 findings).

² There were 131 findings of emotional harm in this period due to the fact that the children were harmed by more than one person and or some children experienced more than one distinct emotional harm incident.

³ Approximate count to avoid identification.

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



Emotional harm caused by family caregivers was related to inappropriate responses to child behaviours or punitive forms of discipline. For children this presented as being scared of the caregiver due to their anger, repeated name calling, being told they were unwanted, being locked out of the home, being threatened with harm.

Parents who were not providing care for their children but having contact with them were responsible for a proportion (15%) of the emotional harm caused. For some children, emotional harm was caused by the partners of their parents. The emotional harm was often due to children being exposed to violence between their parent and their family caregiver or their parent and partner

either during contact or within the placement setting.

Emotional harm caused by non-family caregivers related to inappropriate responses to children's behaviour. For children, distress was caused by seeing their siblings or others in the placement setting being hurt by the caregiver and for some children the distress was due to feeling scared about being hurt as well.

Within return/remain home placements, the harm caused mainly related to being exposed to family violence within the home often involving the current or ex-partner of the parent and in 50% of the incidents, drug or alcohol use was a factor.

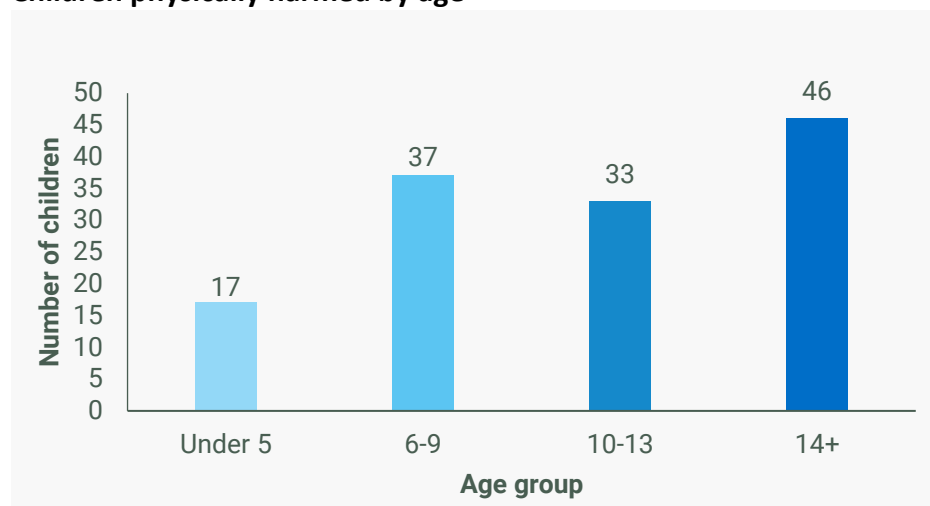
Physical Harm

133 children had 170 findings of physical harm.

Definition: Physical abuse describes a situation where children have sustained an injury or were at serious risk of sustaining an injury. Injuries may be deliberately inflicted or the unintentional result of behaviour (e.g. shaking an infant). Physical abuse may result from a single incident or combine with other circumstances to justify a physical harm finding. (Oranga Tamariki Practice centre 2019)

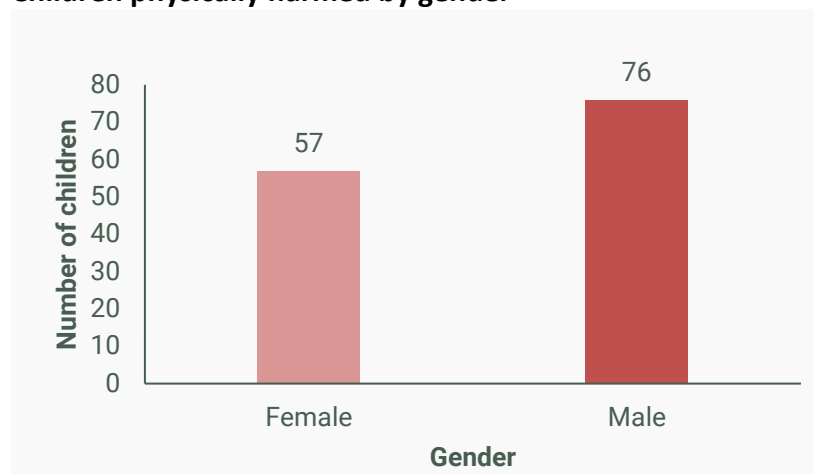
What we know about the children

Children physically harmed by age



41% of the children were aged under ten years old.

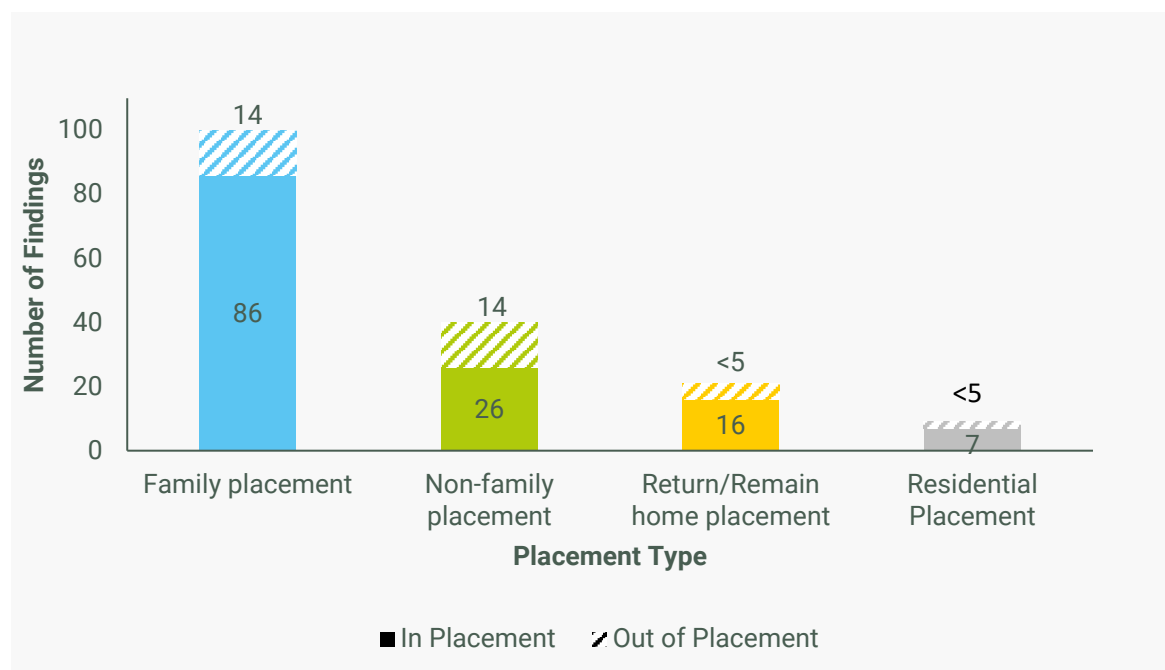
Children physically harmed by gender



More boys than girls were physically harmed in this period.

What we know about the findings of harm⁴

Findings of physical harm by placement type



The majority, 79% of physical harm occurred within the placement setting (131/170).

Family placements:

Seventy-five children had 100 findings of physical harm. The majority, 86%, of the physical harm occurred in the placement (86/100). The majority, 74% was caused by the caregiver (74/100).

Non-family placements:

Thirty-five children in non-family placements had 40 findings of physical harm. Sixty five percent of the physical harm occurred within the placement (26/40) and 77% was mainly caused by caregivers (20/26).

Return/remain home placements:

Sixteen children in return/remain home placements had 20+⁵ findings of physical harm. 75% of the findings of physical harm occurred within the placement. A significant proportion of the physical harm was caused by non-related adults (often these being stepparents or current/ex-partner of parent). Approximately 33% of the findings were caused by parents as caregivers.

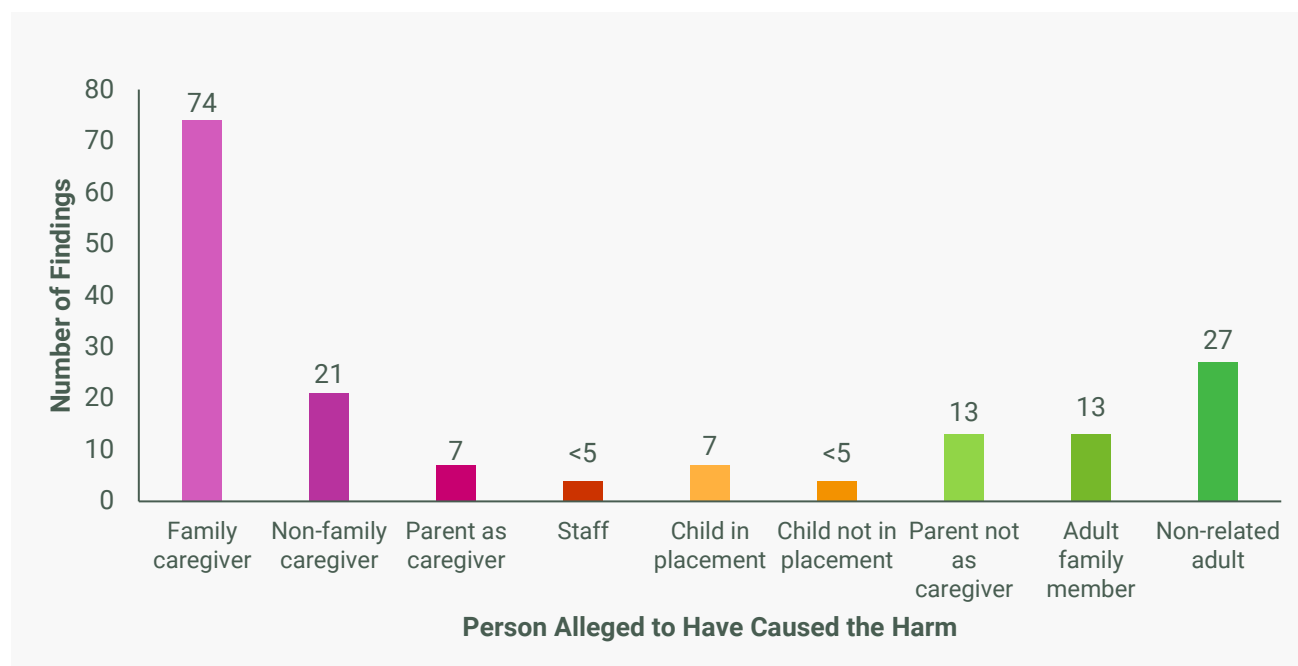
Residential placements:

Eight children had findings of physical harm. The majority of findings occurred within the placement with half of these caused by staff.

⁴ There were 170 findings of physical harm in this period due to the fact that the children were harmed by more than one person and/or some children experienced more than one distinct physical harm incident.

⁵ Approximate measures to avoid identification /self-identification.

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



A significant proportion, 44%, of the physical harm was caused by family caregivers (74/170). Non-family caregivers caused a number of physical harm incidents (21/170) and parents as caregivers caused a much smaller number (7/170)

When physical harm was caused by the caregiver (family or non-family) or parent the incidents mostly related to inappropriate discipline of children or inappropriate responses or reactions to behaviour, or in response to children challenging the poor behaviour of the adult and all involved physical injury or harm.

Some of the harm was of a serious nature with some children sustaining bruising and welts as a result. Some of the children talked of being scared of the

caregiver (family and non-family) or parent.

Fifteen percent of physical harm findings (27/170) were caused by non-related adults, with the majority describing intimate partner violence towards teen girls from current partners. Most of these young women were living independently at the time the harm occurred.

In residences all of the findings of physical harm caused by staff were related to behaviour management and often occurred during restraint procedures. All of the harm caused by other young people in the placement were as a result of arguments that had escalated to incidents of physical harm.

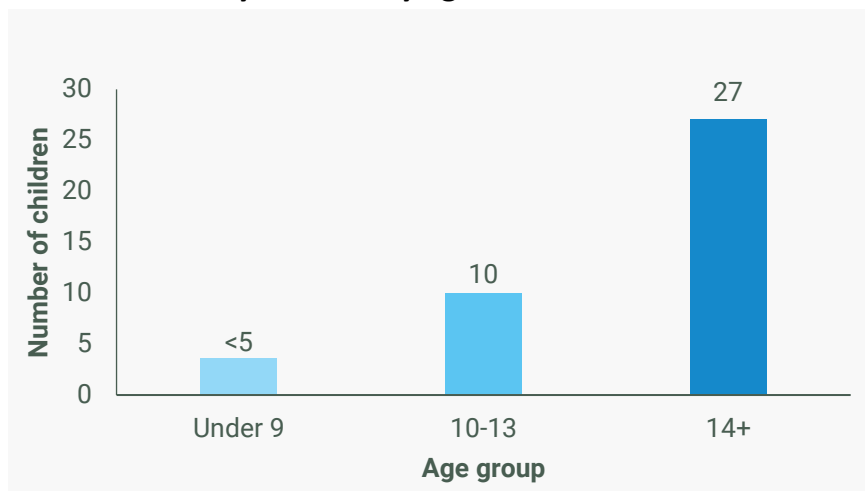
Sexual Harm

40 children had 45 findings of sexual harm.

Definition: Sexual abuse is defined as any action where an adult or a more powerful person (which could include other children) uses children for a sexual purpose. Sexual abuse doesn't always involve bodily contact. Exposure to inappropriate sexual situations or to sexually explicit material can be sexually abusive, whether touching is involved or not. Children may engage in consensual sexualised behaviour involving other children as part of normal experimentation; this is not considered sexual abuse. (Oranga Tamariki Practice Centre 2019)

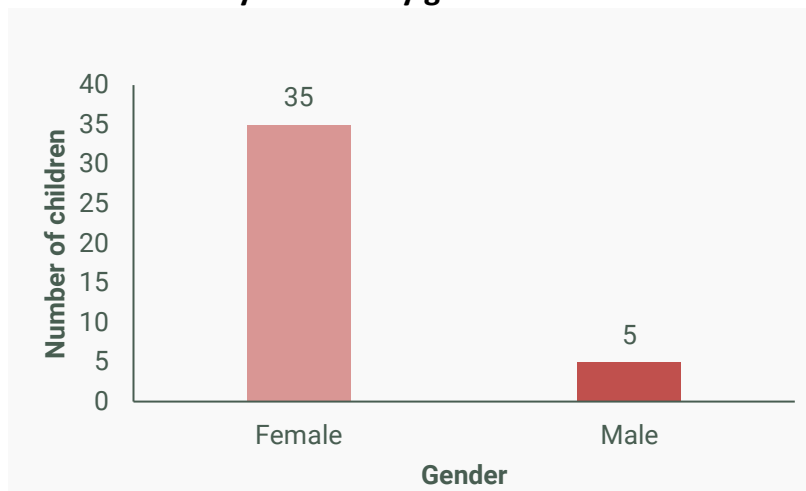
What we know about the children

Children sexually harmed by age



Two thirds of the children were aged 14 years and above

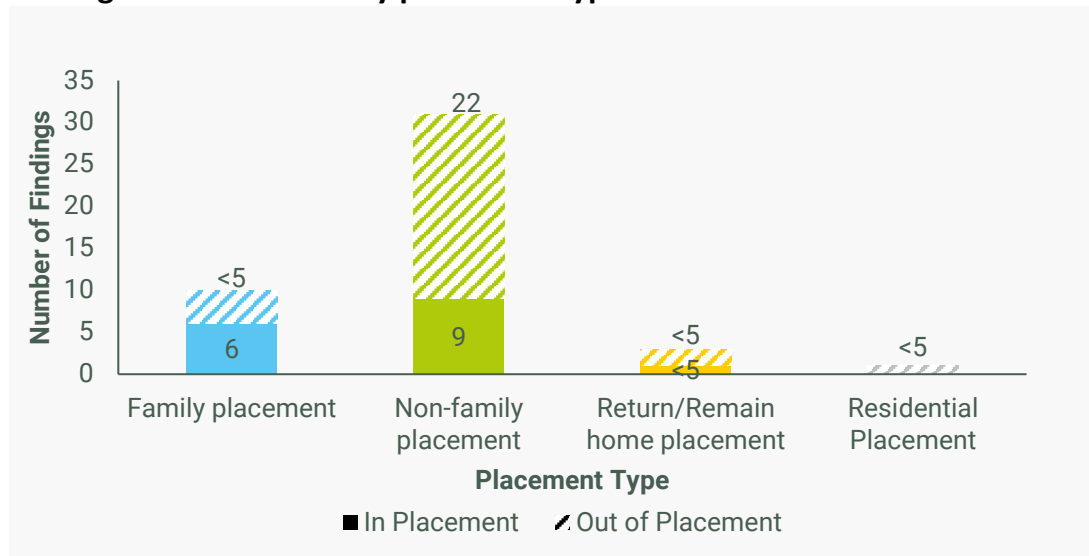
Children sexually harmed by gender



The majority of sexual harm was experienced by girls.

What we know about the findings of harm⁶

Findings of sexual harm by placement type



The majority, 64% of sexual harm took place outside of the placement and more children who experienced sexual harm were living in non-family placements (29/45).

Twenty-six children living in non-family placements had 31 findings of sexual harm, with 22 findings relating to incidences occurring outside of the placement. The majority, 77% of findings of sexual harm in this placement setting type were caused by non-related adults (24/31).

Ten children living in family placements had approximately ten⁷ findings of sexual harm. Most sexual harm in this placement setting was caused by adult family members.

Non-related adults were responsible for the 67% of sexual harm to children and

most incidents occurred out of the placement setting (30/45).

Most non-related adults were unknown to the young person and many of the incidents of sexual harm occurred whilst the young person was missing from their placement. Some non-related adults had an established relationship with the child prior to the harm occurring or had made a connection to the child or young person.

Approximately 10% of the findings of sexual harm were caused by another child or young person within the same placement.

Please note it is not possible to report any further detail about the people alleged to have caused the harm without risking identification or self-identification.

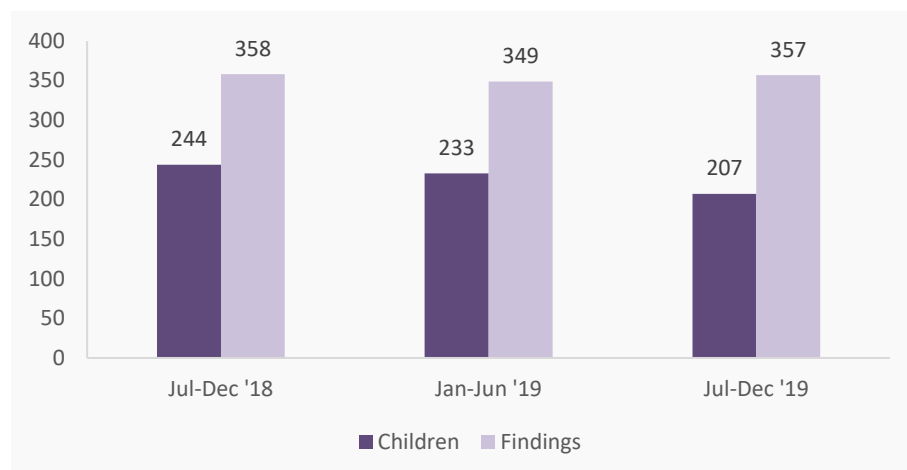
⁶ There were 45 findings of sexual harm in this period for 40 children due to the fact that the children were harmed by more than one person and or some children experienced more than one distinct sexual harm incident.

⁷ Approximate numbers reported to prevent identification/self-identification

Overview

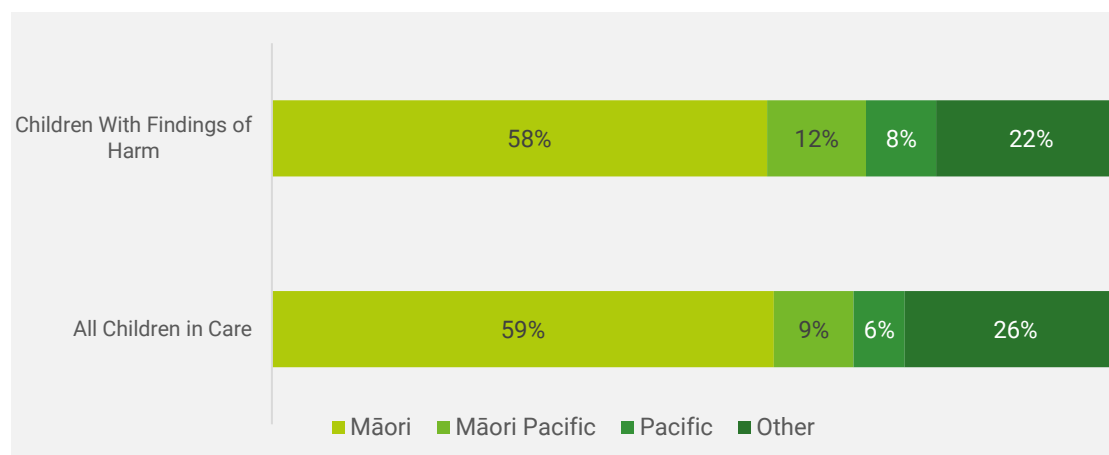
In the period July to December 2019, 207 children had 357 findings of harm recorded for them.

Total children harmed and findings of harm – biannual numbers



The number of children with findings of harm is lower than in previous reporting periods⁸ but the number of findings recorded for the children is comparable and reflects in the main that children who experienced emotional and physical harm were **being harmed by more than one person** and therefore one incident will have two findings of harm.

Ethnicity of children harmed

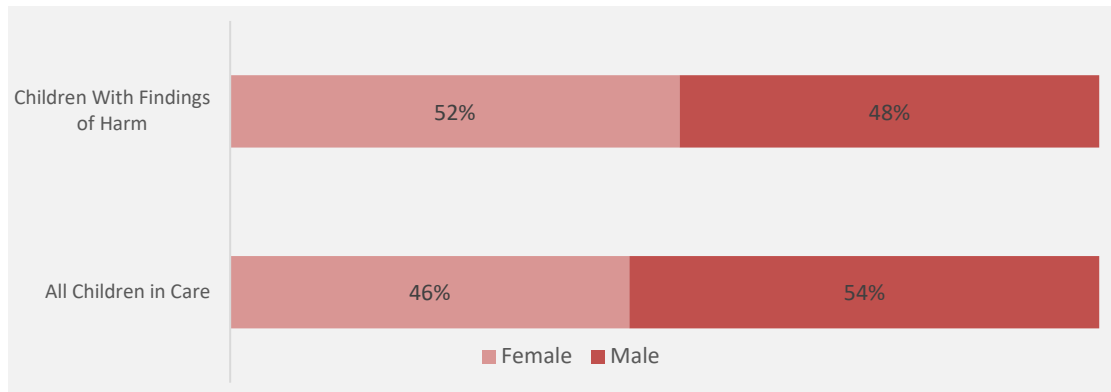


- the proportion of tamariki Māori in care with findings of harm in this period (58%) was reflective of the overall numbers of tamariki Māori in care in the period (59%).
- 12% of the children with findings of harm were Māori Pacific, this is proportionately greater than the number of children Māori Pacific in care (9%)

⁸ Noting that additional findings may be reported outside of this data extraction period in the annual report

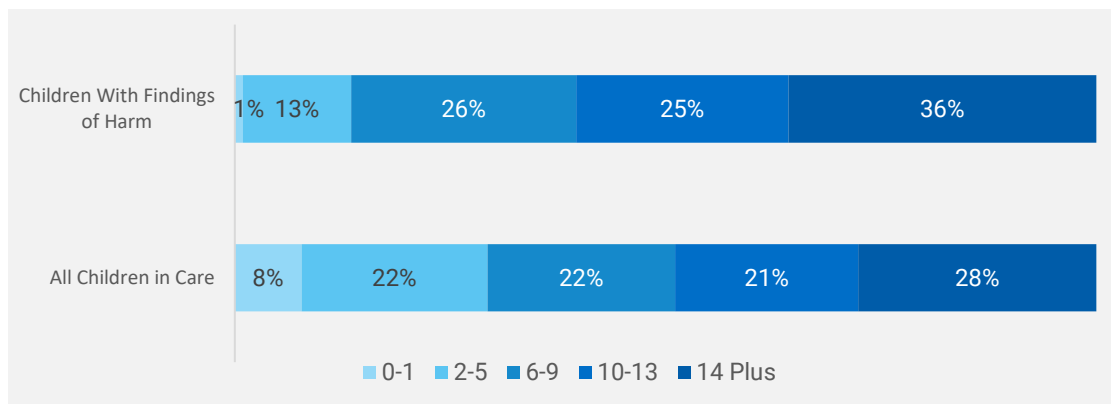
- 8% of children with findings of harm were Pacific this is also proportionately greater than the overall numbers of Pacific children in care (6%)
- 22 % of children with findings were classified as Other whilst the overall care rate is 26%.

Gender of children harmed



52% of children with findings of harm in this period were girls, this is proportionately greater than the number of girls in care in the period (46%).

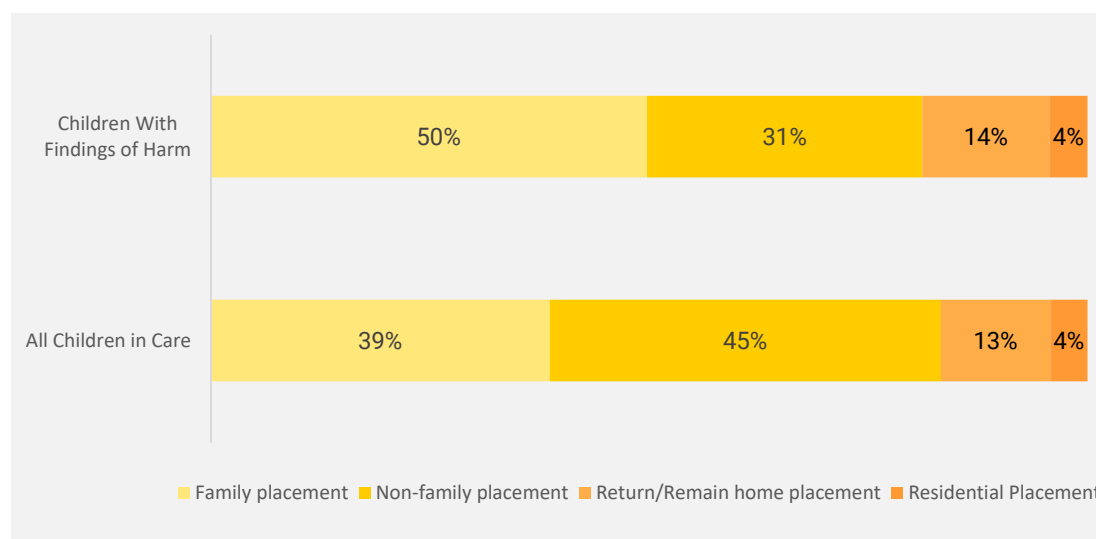
Age of children harmed



Older children and young people were over-represented within the children with findings of harm whilst the youngest age group of children were under-represented.

- only 1% of children with findings were aged under one years old this is lower than the wider care proportion in this age group (8%) and 13% were aged between two and five years old whilst 22% of the wider care population are in this age group.
- 26% of children with findings of harm were aged six to nine years old, proportionately greater than the number in this age group overall (22%)
- 25% were aged 10-13 years old, this is proportionately greater than the number in this age group in care (21%)
- 36% of the children with findings of harm were aged 14 years plus, this is proportionately greater than this age group in the wider care numbers overall (28%)

Placement type of children harmed



This is a breakdown of the overall proportion⁹ of time spent by all children in care¹⁰ within each placement type, compared to the proportion of children in care with findings of harm in each placement type (n.b. placement type does not always indicate where the harm took place or the person who caused the harm¹¹)

- 50% of children with findings of harm in this period were in family placements, this is proportionately greater than the number of children in care in this type of placement (39%).
- 31% of children with findings of harm were in a non-family placement, compared to 45% of children in care overall.
- 14% of children with findings of harm were in return/remain home placements compared to 13% of children in care overall.
- Children with findings of harm living in residential placements represented the proportional breakdown of this placement type overall (4 %)

⁹ Note percentages do not add to 100 due to rounding.

¹⁰ The breakdown for all children in care is based on numbers that take account of the time spent in each placement type and counts days spent in the placement type by children and does not count individual children. A child can appear in multiple placement types over the year.

¹¹ Detail on where harm occurred and by whom is presented in the types of harm sections in the report.

Ensuring Safety and Wellbeing of Children in Care

Actions taken to ensure safety for children harmed

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

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

In the cases assessed for this report, social work assessments have taken account of the child's needs and, in all cases where the assessment of ongoing risk has determined it necessary, children have been moved to alternative placements. Where placement arrangements have continued, an assessment of the support needs for the people providing care was undertaken and, in some cases, additional supports have been put in place. Some children have received counselling support to address the impact of the harm they have experienced. For other children this will be considered at a later point to reflect their immediate need for care arrangements to be stabilised prior to more focussed support. Some family members have also been provided with additional supports to ensure they can enable their child to address the impact of harm and to address their own support needs. The 'All About Me' plan is updated to clearly reflect how the child's needs will be met and provides detail of the reviewed care arrangements.

Outcomes for the person alleged to have caused the harm

There are a range of possible outcomes for the person alleged to have caused the harm. **Some have faced criminal charges and have been prosecuted** - these decisions are managed by the police. When harm has been caused by caregivers or parents who are providing care for children a **reassessment** of their circumstances and the appropriateness of care arrangements is completed.

Where needed, **re-approval** of caregivers is undertaken. These assessments consider whether additional supports can strengthen care arrangements to ensure safe and stable placements continue.

Contact with parents who are not providing day to day care will be reviewed to ensure that any safety concerns are taken account of.

Where harm has been caused by staff an assessment of any ongoing risks is made and the appropriate actions taken.

Strengthening Responses to Children in Care

We have a dedicated programme of work directed towards providing children in care with safe, stable and loving placements.

National Care Standards

The National Care Standards came into effect on 1 July 2019. They set out the standard of care every child and young person needs to do well and be well, and the support caregivers can expect to receive when they provide care to children. Regulation 69 of the Care Standards requires consistency in responding to allegations of abuse or neglect for children in care. The insights gained from the measurement of harm work enables an improved understanding of what is happening for children in care and this informs all of our practice development conversations to ensure greater consistency of response and accuracy of information.

Caregiver recruitment training and support

This report highlights the complex challenges caregivers, particularly family caregivers, face in caring for children who have been impacted by trauma. It identifies opportunities to strengthen recruitment training and support for caregivers, so they have a better understanding of children's needs and the skills to respond to those needs. We are making significant changes to respond to these challenges;

- a new caregiver recruitment and support service
- a caregiver guidance and advice support phonenumber
- more responsive caregiver training programmes
- a new approach to recruiting whānau caregivers
- implementing specialist Māori roles to increase whānau connectedness and involvement in care planning for children in care
- ensuring caregivers have a caregiver support plan and that it is reviewed regularly

Support after a child has returned home

This report highlights the importance of continued support to families when a child is returned to their care. Return home is a key focus in the development of the intensive intervention services we are currently co-designing with iwi and community partners.

Safety in residential care

We continue to introduce changes within our residences to improve safety for children and young people. A new induction package for staff has been developed which embeds an understanding of Māori wellbeing from a Te Ao Māori and trauma-informed perspective, focussed on managing challenging behaviour and developing reflective practice.

Support for young people transitioning to independence

We now have transition services in place for care experienced young people from age 15 up to the age of 25 that provides the opportunity to offer more consistent and longer term follow up support for these young people as they settle into early adulthood. This enables a greater level of therapeutic input in later years after events have occurred.

Supporting young people who have experienced sexual violence

The information from the data has been used to inform service development discussions that will influence targeted interventions for working with young people who have experienced sexual violence, this includes support, advice and developing additional services for young people.

