### Care Task Force

### Context

1. Oranga Tamariki has around 5,800 children and young people in the custody of the Chief Executive, of whom 68% are tamariki Maori. The number of children in care has increased by 18% (almost 900) since 2013. Of these children in care, approximately 380 children have had more than 10 caregivers.
2. These children have been exposed to significant past maltreatment and abuse, present with behaviour problems, have complex needs, and have often had many previous care placements.  Care settings that provide safety and stability need to be cornerstone components of a care system that supports children to recover and heal.  Key to this initiative is responding with the right care options, contributing to increased stability and better long term outcomes for children.
3. The current care system is characterised by a large number of voluntary whanau and non-whanau caregivers, who provide approximately 80% of out of home placements. Whanau caregivers provide care for over 50% of tamariki in out of home placements – over 15% of whanau and non-whanau caregivers are providing care to 3 or more tamariki. Only 28% of approved whanau and non-whanau caregivers identify as Maori.
4. Only a small proportion of care provision is available for high or very high needs children and young people, and even less for children with significant and specialist needs.  Demand for the very-high needs placements significantly exceeds capacity, and this can result in a mismatch of need versus available placements for young people with complex presentations.
5. Little information about children’s profiles and needs has been collected in the past or systematically analysed to plan care services.  Oranga Tamariki lacks an effective bed management system providing real-time information on current availability of placement options.
6. In mid-2017 the Oranga Tamariki leadership team became increasingly aware of challenges that front-line social workers were having in sourcing appropriate placements for children and young people.   There were reports from both frontline staff and within the media that tamariki were being inappropriately placed in police cells, on couches in site offices with social workers overnight, and in motels with security guards as carers.  It appeared that for some children, all placement options had been exhausted, and the unintended consequence was that the organisation mandated to protect the wellbeing of children was impacted by limitations in care options, culminating in not being able to consistently meet safety or stability needs.
7. It was clear that there was no single overview of the issues, or a cohesive national approach to managing care crises when placements break down and there are no immediate solutions.   There was no view of what non-government organisation (NGO) care providers had available, nor if it fitted with the kind of placement need that was there.
8. Concurrent to this, research initiated within Oranga Tamariki by the office of the Chief Social Worker provided some early concerning findings.  This research focused on safety of children in care and found that 12% of children and young people had experienced an incident of harm ranging from emotional distress through to more serious trauma.  This knowledge spurned further concerns about the adequacy of the current care response, and the importance of acting at pace.   The Care Taskforce was initiated to respond to ensure that safe and appropriate care options for children and young people were always available.