

EVIDENCE CENTRE
TE POKAPŪ TAUNAKITANGA

HOW WELL IS ORANGA TAMARIKI SUPPORTING ITS CAREGIVERS?

A survey of Oranga Tamariki caregivers

nielsen
.....



**ORANGA
TAMARIKI**
Ministry for Children

EVIDENCE CENTRE

TE POKAPŪ TAUNAKITANGA

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The Oranga Tamariki Evidence Centre 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.

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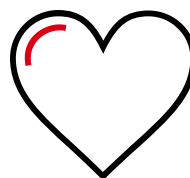
SNAPSHOT – SATISFACTION

Key highlights of caregivers' perceptions of support and satisfaction with Oranga Tamariki – Ministry for Children.



42%

of caregivers are satisfied with the support Oranga Tamariki provides them.



52%

of caregivers feel that Oranga Tamariki values them as a caregiver.

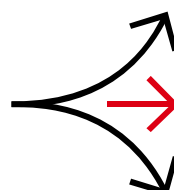
20% are dissatisfied.

20% are dissatisfied.



18%

of caregivers would recommend (rating 9-10) becoming a caregiver with Oranga Tamariki.



61%

of caregivers will continue being a caregiver.

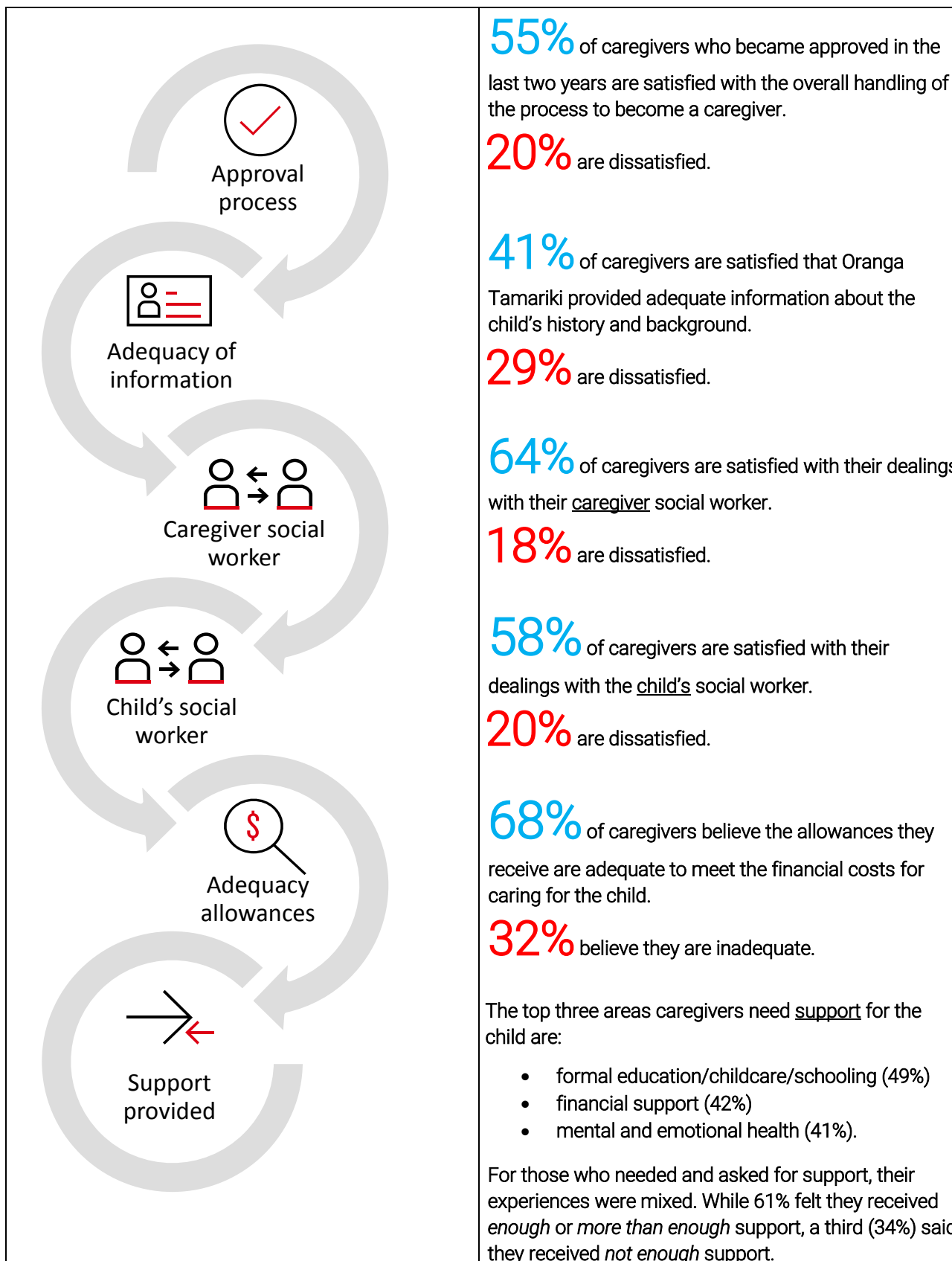
21% Rating 7-8 (might recommend)

20% are considering stopping.

61% Rating 0-6 (unlikely to recommend)



THE CAREGIVER JOURNEY



EXECUTIVE SUMMARY

Introduction

Oranga Tamariki is dedicated to supporting children in New Zealand whose wellbeing is at significant risk of harm now, or in the future. The Ministry also works with young people who may have offended, or are likely to offend. Oranga Tamariki believes that in the right environment, with the right people surrounding and nurturing them, children can, and should flourish.

Oranga Tamariki needs to ensure their caregivers have what they need to provide stable, loving homes for tamariki and to identify areas where change is needed. Hence, Oranga Tamariki undertook a quantitative survey among the population of some 4,000 caregivers and respite caregivers who provide care to children in the care of the chief executive.

Significant legislative and practice changes are in effect from 1 July 2019, and are introducing new ways of working with their tamariki, family/whānau and communities¹². This survey provides a benchmark to allow the effects of the changes to be monitored. It provides a step to monitor how Oranga Tamariki is supporting caregivers.

Methodology

The Oranga Tamariki Caregiver Recruitment and Support Service commissioned this survey in November 2018. The Caregiver Service worked collaboratively with the Oranga Tamariki Evidence Centre and Nielsen to ensure the survey focussed on areas where the findings would provide the most valuable insights into how Oranga Tamariki can improve the caregiver experience and journey with the Ministry.

We used a census approach for the survey, contacting all eligible caregivers using a mixed methodology. If Oranga Tamariki had an email address for a caregiver then the caregiver received a pre notification letter, followed by an invitation to an online survey and two reminders. Those caregivers without an email address received a hard copy survey in the mail and one reminder letter. A total of 3,848 caregivers received a survey; with 1,283 completing it (85% of these completed it online). This resulted in an overall response rate of 32.5%, however when ineligible caregivers (incorrect addresses etc.) are excluded from the calculations the response rate increases to 34.5%. Whānau caregivers represent nearly two thirds of the caregiver population on the Oranga Tamariki database. The overall response rate for whānau caregivers was 26.2% and for non-whānau it was 44.0%.

The survey data was weighted to ensure that the sample was representative of the population of caregivers in the Oranga Tamariki caregiver database in terms of their relationship to their Oranga Tamariki child (whānau/non-whānau) and ethnicity (Māori/non-Māori/not recorded).

¹ <http://legislation.govt.nz/regulation/public/2018/0111/latest/LMS56030.html?src=qs>

² <https://www.orangatamariki.govt.nz/about-us/our-journey/>

An Australian survey³ commissioned by the Australian Government Department of Social Services provided the starting point for the questionnaire. Nielsen worked through the project objectives and the Australian questionnaire in consultation with the Oranga Tamariki Evidence Centre team. Nielsen also interviewed two caregivers by telephone and conducted five cognitive face-to-face pre-tests, to ensure the questionnaire encompassed all relevant issues from the New Zealand caregiver perspective. The questionnaire took an average of 31 minutes to complete online.

Overall findings

How well are caregivers supported by Oranga Tamariki?

Caregivers' perceptions of support from Oranga Tamariki are average at best.



42% of caregivers are satisfied with the support Oranga Tamariki provides them.

20% are dissatisfied.

"Things need to change. Caregivers need to be fully supported, listened to and valued. Simple things like timely responsiveness and effective communication. In my experience, I have responded immediately to requests for to provide care, mentoring, etc. for children, yet the tardiness in receiving payment has proved stressful."

(Māori/New Zealand European, non-whānau, transitional care)

In addition 'mixed feelings' are common throughout the measures in this survey, suggesting inconsistency of support or that the caregiver's satisfaction might depend on the particular situation.

While results are better for 'feeling valued' than for satisfaction with 'support' there are still one in five caregivers who are dissatisfied with feeling valued by Oranga Tamariki.



52% of caregivers feel that Oranga Tamariki values them as a caregiver.

20% are dissatisfied.

Who is happier?

Whānau caregivers are generally more satisfied with most aspects of being a caregiver and their interactions with Oranga Tamariki. This is not to say there isn't room for improvement for these caregivers; it just means *comparatively* they are more satisfied.

Whānau caregivers tend to be older (with 55% aged 50 years and older) and identify (at least in part) as Māori. The children in their care are more likely to be of Māori ethnicity and younger (under the age of 5 years old). In terms of the familial relationship, for non-Māori the caregiver is

³ Qu, Lahausee and Carson 2018 - Working Together to Care for Kids: A survey of Foster and Relative/Kinship Carers

more likely to be a grandparent, whereas for Māori they are more likely to be an aunt or uncle.

Whānau caregivers are also more likely to be offering long-term care than non-whānau caregivers.

Māori caregivers are also more satisfied than non-Māori caregivers.

Note that both whānau caregivers and Māori caregivers are more likely to have had their housing impacted, particularly if they are an aunt or uncle. However, this doesn't seem to have impacted their levels of satisfaction.

A third group of caregivers who are more satisfied are those offering permanent/home for life care.

However, note all three variables (whānau, Māori and offering permanent/home for life care) are all linked. Likewise, the age of the caregiver, which reflects to some extent their stage of life, can influence other factors, that may in turn influence satisfaction e.g. whether you have other/own children in the house, whether you are in paid employment and whether money is more or less of an issue.

Finally, when considering who is more satisfied, there also appears to be an element of recency. Those who have had the nominated child living with them for less than a year and/or who have been an approved caregiver for Oranga Tamariki for less than a year, appear to be more satisfied. There could be opportunities for Oranga Tamariki to review what happens differently in the first year compared to how they treat their longer tenure caregivers.

Who is less satisfied?

Non-whānau caregivers are less satisfied with their dealings and interactions with Oranga Tamariki. They do not feel consulted and experience an overall lack of communication. Non-whānau caregivers are more likely to be younger (30-49 years old), New Zealand European, have others living in their household and have been a caregiver for longer. The children in their care are more likely to be older (13-17 years old). This raises the questions 'Are non-whānau caregivers' expectations and perceptions different? What sort of mind-set do they begin with and how does this differ to whānau caregivers?'

Others who are less satisfied

Those offering short-term care are also less satisfied. They often feel dumped on by Oranga Tamariki, with little warning and again a lack of communication. (Note that non-whānau caregivers are more likely to offer short-term care so again these variables are linked).

A third group that is less satisfied is those in paid employment. They feel there are multiple demands on their time, including their own children. There is frustration with the costs of time off to attend to meetings and inability to attend training that is scheduled during work hours. Nearly five in ten (47%) of caregivers say that caring for the nominated child has impacted their employment situation – there are no statistically significant differences between whānau and non-whānau caregivers (both are equally impacted), though short-term caregivers are (overall) less impacted.

Finally, caregivers with children who have needed extra support in the last 12 months or whose wellbeing is *not very good or poor* are less satisfied. This suggests that the greater the 'wellbeing' needs of the child (noting that wellbeing can mean different things to different people), the more

potential for associated cost and/or stress for the caregiver, and the feeling the system is not well set up to support 'difficult' children. They believe when things fall down and they really need support, it is not there. This ties in with a lack of adequate information about the child, which in many cases is related to the support they need, and a feeling that the child's privacy is overprotected (for example, a caregiver doesn't know about past sexual abuse), yet having this information would mean the caregiver could provide a better environment for the child and seek the right support they need.

Effect of perception of child wellbeing

Interestingly, whānau and Māori caregivers are more likely to say the child's wellbeing is *very good* or *excellent*, while those offering short-term care are more likely to say the child's wellbeing is *not very good* or *poor*.

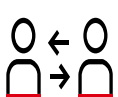
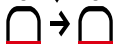
What is driving satisfaction with support?

The top three drivers of how a caregiver feels about the support from Oranga Tamariki (from the perspective of the caregiver) are:

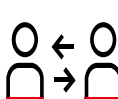

- their satisfaction with the child's social worker
- their satisfaction with their caregiver social worker
- their satisfaction with the overall handling of the process to become a caregiver.

Caregivers rated these three aspects 58%, 63% and 55% respectively (*satisfied/very satisfied*), therefore there is room for improvement in all of these, however the focus should be on their dealings with the child's social worker as this has the most influence on overall satisfaction.

We understand that social workers have considerable caseloads and generally, are doing the best they can within the system. Oranga Tamariki has already identified that there is a need to focus on building capacity and capability, which this research reinforces the importance of doing.

 58% of caregivers are satisfied with their dealings with the child's social worker.
 20% are dissatisfied.

For the child's social worker, the focus needs to be on ensuring they have the time and are setting the right expectations about what they will do, and then following through and doing it. There also needs to be investigation into how Oranga Tamariki can assist them to handle the complex situations they will come across – is it further training, or identifying those with particular difficulties? It is important to note that respite caregivers are even more dissatisfied with the child's social worker (46% cf. 58%), therefore what can Oranga Tamariki do to assist these caregivers who are an important part of the support system?

 64% of caregivers are satisfied with their dealings with their caregiver social worker.
 18% are dissatisfied.

For the caregiver's social worker, it is about the frequency of contact. While this research didn't delve into what the ideal is for caregivers, we assume that more contact is required. This would need to be confirmed, and hopefully will be possible with the proposed resourcing changes.



55% of caregivers who became approved in the last two years are satisfied with the overall handling of the process to become a caregiver.

20% are dissatisfied.

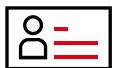
The approval process is relatively ok. However, it is seen as a bit intrusive and cumbersome to some caregivers, particularly whānau caregivers. The foster care handbook has good recall and most find it useful.

The training that Oranga Tamariki runs is considered useful among those who have received it, but there are access issues for caregivers in paid employment.

Finally, in terms of the approval process, it is about looking at ways of reducing the time it takes and keeping potential caregivers informed of how their application is progressing.

Other variables which drive overall satisfaction with support are:

- adequacy of information about the child's history and background
- adequacy of allowances
- child's wellbeing
- caregivers age
- how well the caregiver's income meets their everyday needs.



41% of caregivers are satisfied that Oranga Tamariki provided adequate information about the child's history and background.

29% are dissatisfied.

Oranga Tamariki is rated poorly on adequacy of information, with only 41% *satisfied/very satisfied*. This drops further to 34% for non-whānau caregivers. Though the question is slightly different, it appears New Zealand is also lagging behind carers in Australia, where 61% said the information they received is adequate. In addition, when looking at information about the child's specific support needs, caregivers are most dissatisfied with information about *past neglect, abuse or trauma* (particularly for non-whānau caregivers or if the child's wellbeing is rated as *not very good/poor*). Oranga Tamariki needs to review what information is collected and what information can be shared. Only 16% of caregivers indicate that they received the child's care plan before the child first came to live with them.



68% of caregivers believe the allowances they receive are adequate to meet the financial costs for caring for the child.

32% believe they are inadequate.

Nearly seven in ten caregivers rate the allowances as adequate. However, 42% of caregivers said they needed financial support in the last 12 months. Is this financial support over and above the regular allowances? Do caregivers consider them quite different? This wasn't defined in this research and needs further investigation. Interestingly, whānau and Māori caregivers are more likely to think the allowances are adequate but more likely to say they needed financial support for the nominated child (noting that 30% of these groups still think allowances are inadequate).

Where is support required?

The top three areas caregivers need support for the child are:

- **formal education/childcare/schooling** (49%) – especially Māori caregivers and those offering long-term care
- **financial support** (42%) – as discussed above and those offering long-term care
- **mental and emotional health** (41%) – especially as the child gets older and non- whānau caregivers.

Cultural support is needed by 7% so potentially is an underdeveloped area.

While Oranga Tamariki cannot directly influence the child's wellbeing, caregiver's age and how well the caregiver's income meets their everyday needs, it is about thinking about how these influence the caregiver's journey or experience. For example, if younger caregivers are less satisfied/more stressed as they are more likely to have other children living in the home and be in the labour market, how does Oranga Tamariki set up processes to help them – does training have to be after working hours, would online training work better for them?

When they did ask for support, four in ten said they did not receive enough support from Oranga Tamariki. Three in four caregivers also sought support from other sources – particularly non-whānau caregivers and those who have been caregivers for longer.

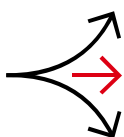
Recommendation and continuing to be a caregiver



18% of caregivers would recommend (rating 9-10) becoming a caregiver with Oranga Tamariki.

21% Rating 7-8 (might recommend)

61% Rating 0-6 (unlikely to recommend)



61% of caregivers will continue being a caregiver.

20% are considering stopping.

Caregiving has a big impact on caregivers' lives, and can be very stressful (note Māori caregivers are less likely to consider it stressful). One in five would recommend being a caregiver through Oranga Tamariki yet 61% are unlikely to. In addition, 20% are considering stopping being a caregiver, particularly short-term caregivers and non-whānau.

Despite this:

- Caregiver emotional wellbeing is better than the New Zealand average (using the WHO-5 self-rated measure of emotional wellbeing). However, one in five caregivers did score below the accepted standard of wellbeing.
- Attitudes to caregiving are generally positive, only a third consider being a caregiver is very stressful and 14% that being a caregiver has had a negative impact on their relationship with other family members.

What else needs to improve or change?

Suggestions from caregivers about what Oranga Tamariki could change or improve are focused around five broad themes:

- Communication – more proactive, more detailed, better follow up and overall more contact
- Support for and listening to caregivers
- Put the child's needs first
- More and better trained staff and social workers
- Improved processes and systems at Oranga Tamariki.

In addition, other ideas from throughout this research include:

- **Information, including a care plan, is often not provided** and rarely in advance of the placement, in accordance with Oranga Tamariki policy.
- **Review the timing of when this is provided.**
- **Review the quality of information it contains** – often information is limited and/or incorrect information about the child is provided, for example, no birthdates, no cultural information, nothing about allergies.
- **Improved information and communication in all aspects of being a caregiver.** They feel they know the child the best, yet are not consulted enough.
- **Lack of use of respite care** – for some there is a lack of awareness of it being available, when they can use it and to not wait for it to be offered.
- **Going on holiday can be an issue** – caregivers are required to get police approval for all persons the child will be with.

- **Management of transitions** – main issue is one of lack of communication about what is happening.
- **Training** – availability and suitable times for those working/caring for children.

What would help them better support children in their care?

It is important that Oranga Tamariki:

- “Sees worth in us” and shows caregivers how much we value them
- Consults more with caregivers
- Respects caregivers’ opinions
- Tells caregivers when the child’s circumstances change
- Reviews how difficult situations can be managed better.

What next?

The 2019 survey of caregivers is the first to systematically collect feedback from caregivers who look after children who are in the care of Oranga Tamariki.

This survey has identified areas where caregivers told us that Oranga Tamariki could do better. Oranga Tamariki will use the information to look for opportunities to improve, particularly in information provided about the child coming into a placement and the support provided by the child and caregiver’s social workers.

Oranga Tamariki intends to repeat the survey to seek the views of caregivers after the July 1 2019 legislative changes are made and bedded in. This will let us know if we are moving in the right direction.

Oranga Tamariki is carrying out a review of financial support of caregivers in mid-2019, including the caregivers who took part in this survey. Findings have been provided to the review.

The survey raised additional questions about Oranga Tamariki caregivers and their views of the support they receive from them. For instance this research identified differences in the views of whānau and non-whānau caregivers. Oranga Tamariki plans to do further research with the aim to find out what is behind such differences, and what these insights suggest to ensure that caregivers get the support they want.

BACKGROUND

Introduction

Oranga Tamariki is dedicated to supporting children in New Zealand whose wellbeing is at significant risk of harm now, or in the future. The Ministry also works with young people who may have offended, or are likely to offend. Oranga Tamariki believes that in the right environment, with the right people surrounding and nurturing them, children can, and should flourish. Oranga Tamariki needs to ensure their caregivers have what they need to provide stable, loving homes for tamariki in the care of the chief executive and to identify areas where change is needed. Hence, understanding the views of the approximately 4,000 caregivers and respite caregivers who provide care to children in the care of the chief executive is important.

Oranga Tamariki commissioned this survey of Oranga Tamariki caregivers to understand how well they feel that Oranga Tamariki supports them.

Background

The process to become a caregiver

People interested in becoming an Oranga Tamariki caregiver (respite, transitional, permanent care or adoption) can contact the Oranga Tamariki Central Enquiries Team who will answer any questions they have about the process. The 'Ways You Can Care' brochure will then be sent or given to the enquirer which has details about the group information session where applicants can learn more about becoming a caregiver or adoptive parent. If the enquirer requests an application pack, some initial screening questions will be asked before this is sent to them.

People who are interested in becoming a caregiver must go to a group information session 'Exploring Care' to find out what's involved. The presentation covers information about the tamariki needing care, the role of a caregiver and the application process. At the end of the session people get an application pack, which they can fill in before they leave or take away with them.

Applicants need two reference checks, a medical report, verification of identity and police vetting forms. Everyone in a household and any regular visitors aged 17 or over must consent to being police vetted.

Once the applicant has completed their training and wishes to proceed to the assessment stage, they will be allocated to a caregiver social worker who will complete Social Work interviews with the applicant. These visits are conducted in the applicant's home and all household members are spoken to as part of the assessment, as well as the applicant's own children to gain their views. The social worker conducts a Strengths and Needs Assessment consists of six core needs which are Safety, Attachment, Resilience, Integrity and Safety. The social worker will bring together all the information including the safety checks, self-assessments, feedback from attendance at training courses, and the social worker's own observations. The social worker will then analyse all this information and give their recommendation to either approve or decline the applicant.

The applicant will be informed by the caregiver social worker of the outcome of their assessment and will be given a letter to confirm this. If they are declined, the applicant will have 10 days to dispute this.

Applicants can apply for more than one type of care but they cannot apply for transitional/adoption or permanent care/transitional unless this is respite care. This is due to the different nature and expectation between transitional and permanent care.

Ongoing support

During the assessment the caregiver social worker will discuss with the applicant/s what support they will need, which will then be used to create a Caregiver Support plan. This plan will identify the caregiver's ongoing development and support needs to support children in their care. It will be regularly reviewed in conjunction with the caregiver social worker and the child's social worker. The caregiver will also have their caregiver approval status reviewed every two years. The caregiver social worker will be the primary point of contact for advice and support. The caregiver may also choose to receive support through Fostering Kids who will provide independent support and advocacy for the caregiver.

Legislation and permanent care

Oranga Tamariki works alongside various Acts and legislation which include:

- Oranga Tamariki Act
- Care of Children Act (COCA)
- Adoption Act 1955
- Intercountry Adoption Act.

When children are placed with non-whānau caregivers permanently (as they are unable to return to whānau/family), Oranga Tamariki supports them to take parenting orders under the Care of Children Act (COCA) so they become legal custodians. This is normally through a joint guardianship process with the birth parents to ensure that the child remains connected to their family/whānau.

Types of care and expected timeframes

Emergency Care is usually for a few days/nights following te tamaiti coming into care from their whānau or a placement disruption.

Short term caregiving can range from a few weeks to several months – Oranga Tamariki will be working with the whānau so the tamaiti/rangatahi can return home or a permanent placement is found.

Respite care is for a few days or more so that the tamaiti and the caregiver(s) can have a break; this might be a weekend, once a month or part of a school holiday.

Long term care is where the caregiver becomes the permanent caregiver for the tamaiti - the decision is made by the Family Court.

Research Objectives

The survey was designed to inform Oranga Tamariki management by capturing the views and perspectives of Oranga Tamariki caregivers about the following topics:

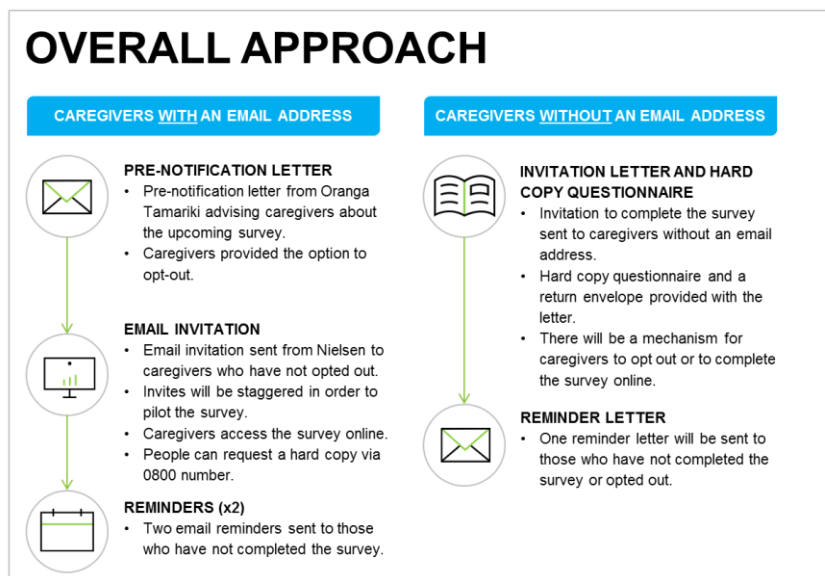
- How well are caregivers supported by Oranga Tamariki?
- What’s working well?
- What needs to improve/change?
- What challenges do they face?
- What would help them better support children in their care?

Method

Mixed methodology: We used a census approach for the survey, contacting all eligible Oranga Tamariki caregivers⁴, using a mixed methodology, reflecting the fact that the database from Oranga Tamariki contained email addresses for about 69% of the caregiver population. Therefore there were two components to our methodology:

- An online survey among caregivers with an email address.
- A hard copy option for those without an email address.

The approach worked as follows:



⁴Note: Caregivers from other organisations were not included in this research. The survey was only sent to Oranga Tamariki caregivers.

Target population: The population was the approximately 4,000 caregivers who currently support children who are at risk of harm now or in the future. Whānau caregivers represent close to two thirds of these and Māori caregivers make up close to a quarter of the caregiver population.

Sampling frame: The sampling frame for the survey was drawn from the Oranga Tamariki database. Caregivers who opted out of participating, who had no valid contact details or who were currently under investigation by Oranga Tamariki were excluded from the final sample numbers. The total number of Oranga Tamariki caregivers who received the link or a hardcopy survey was 3,848 (after these exclusions).

However, throughout the research process there were further opt-outs and identification of incorrect addresses, resulting in a total *eligible* sample of 3,722.

Dates: Key invite and reminder dates were as follows:

Table 1: Fieldwork timeline

Contact points	Online (n=2,430 sent)	Offline (n=1,418 posted)
Pre-notification letter	23 January	n/a
Initial invite	14 February	14 February
Reminder 1	21 February	21 February
Reminder 2	27 February	n/a
Fieldwork closed	8 March	8 March

Incentive: As an incentive to participate, caregivers who wished to participate, were entered in a prize draw for a \$250 Prezzy® Card or one of ten \$50 Prezzy® Cards.

Questionnaire development process

A questionnaire from an Australian survey⁵ commissioned by the Australian Government Department of Social Services provided the starting point. Nielsen worked through project objectives and that questionnaire in consultation with the Oranga Tamariki team in a co-design workshop. As part of the questionnaire development process, Nielsen interviewed two caregivers by telephone, to ensure the questionnaire encompassed all relevant issues from the New Zealand caregiver perspective.

Following a cognitive pre-test with five additional caregivers face-to-face and a follow-up phone interview with the two caregivers interviewed initially, Nielsen recommended changes and additions to the questionnaire. Fine tuning followed, with final sign-off by Oranga Tamariki.

⁵ Qu, Lahausee and Carson 2018 - Working Together to Care for Kids: A survey of Foster and Relative/Kinship Carers

Response rate

A total of 1,283 caregivers responded to the survey by the fieldwork close date. Compared to the total population of caregivers on the Oranga Tamariki database (excluding those being investigated) this is a response rate of 32.5%. Adjusted to be based on the number of *eligible* caregivers, the response rate increases to 34.5%.

A total of 1,097 caregivers completed the questionnaire online (85% of all responses). Two caregivers completed the survey via telephone due to being unable to complete the hardcopy. The questionnaire took an average of 31 minutes to complete online.

Using the totals from the Oranga Tamariki database (excluding those being investigated) the response rate for whānau is 26.2% compared with a response rate of 44.0% for non-whānau.

Table 2: Response rate by whānau status

Whānau status (sourced from the database from Oranga Tamariki)	Responses (n)	Response rate	Population on the database (excluding investigations)
Whānau	665	26.2%	2,541
Non-whānau	618	44.0%	1,403
Total	1,283	32.5%	3,944

Note: The response rate by Māori status has not been included in this report, because there is a high proportion of caregivers in the Oranga Tamariki database with a non-identified ethnicity, therefore the total population is unknown and the response rate cannot be calculated.

Data weighting

The survey data were weighted at the analysis stage to ensure that the sample was representative of the population of caregivers in terms of their relationship to their Oranga Tamariki child (whānau/non-whānau) and ethnicity (Māori/non-Māori/not recorded). The Oranga Tamariki caregiver database supplied to Nielsen was the weighting matrix source.

Note: the field used for weighting by ethnicity had n=1,043 with no recorded ethnicity. This was treated as a separate group during weighting to maintain data integrity.

Margin of error

All sample surveys are subject to sampling error. While the survey approached all caregivers, that is it is a census, it is possible to calculate an estimated margin of error that treats respondents as a random sample of the population. However we know this is not true, for instance there are substantial differences in response rates for whānau and non-whānau caregivers.

Based on the total of 1,283 respondents, the results shown in this survey are subject to an estimated maximum sampling error of plus or minus 2.3% at the 95% confidence level. That is, there is a 95% chance that the true population value of a recorded figure of 50% actually lies between 47.7% and 52.3%. As the sample figure moves further away from 50%, the estimated sampling error margin will decrease. This estimate provides a simple way to indicate the significance of differences amongst population groups.

Non-sampling error

Non-sampling errors arise in two ways – from systematic and random causes. Systematic error (called bias) makes the survey results unrepresentative of the target population by distorting the survey results in one direction e.g. poor coverage of the target population, non-response bias, questionnaire wording leading to ambiguity, interviewer bias or processing errors. Non sampling error is minimised by having an accurate sampling frame (in this case a census), a mixed method approach (for ease of completion), careful questionnaire wording and pre-testing, and careful design of the processing system including quality checks. Weighting also ensures that the results represent the total population. While the response rate for whānau caregivers is lower than non-whānau we have still achieved over 600 respondents for both, ensuring a large enough sample for analysis.

Notes to the report

Reporting of results

- The word 'caregiver' is used for ease of reference throughout the report to refer to all Oranga Tamariki caregivers who responded to the survey.
- The word 'child' is used for ease of reference to refer to children and young people in care including the specific child with the next birthday that the respondent is thinking of when answering questions.
- The terms Māori and non-Māori are used throughout this report. The term Māori refers to all people who selected Māori as their sole ethnic identity, or one of their ethnic identities if they identified with more than one ethnic group; non-Māori refers to all other people i.e. they did not select Māori as one of their ethnic identities.
- In addition, in some charts and tables we have shown ethnicity in several different ways:
 1. Mutually exclusive ethnicity groups, based on a series of prioritisation rules. These are as follows:
 - Māori - if they selected Māori, either on its own or in combination with another ethnicity, apart from one Samoan, Cook Island Maori, Tongan, Niuean.
 - Pacific - if they selected one or more of the Pacific ethnicity groups or in combination with another ethnicity group apart from Māori.
 - Māori/Pacific – if they selected Māori in combination with one or more of the Pacific ethnicity groups, in combination with another ethnicity group or not.
 - New Zealand European – if they select New Zealand European only and did not select any other ethnicity group.

- Other – if they selected Chinese, Indian or other, or any combination of these with New Zealand European.
 - 2. Those with any mention of Māori or Pacific:
 - Any mention of Māori - if they selected Māori as their sole ethnic identity, or Māori in combination with any other ethnicity group (including Pacific).
 - Any mention of Pacific - if they selected one or more of the Pacific ethnicity groups only or in combination with any other ethnicity group (including Māori).
 - 3. A breakdown of the Pacific group i.e. Samoan, Cook Island Maori, Tongan and Niuean.
- The terms whānau and non-whānau are also used throughout this report. This is defined by the respondent in the questionnaire, who state the relationship to a specific child in their care. Whānau is family/whānau or hapū/iwi and non-whānau being everyone else i.e. family friend - not related, not personally connected - not related, or other.
 - Base sizes (and the composition of the result reported) are noted on all charts.
 - Statements from the questionnaire are shown in italics, as are response options.
 - Analysis generally focuses on the 'top two boxes' (for example, 'Very satisfied' and 'Satisfied') responses, unless otherwise stated.
 - Due to rounding, the net figures shown in the report (for example, % 'Very satisfied' and % 'Satisfied' and total results) may differ from the numbers shown on charts and in data tables by a percentage point.
 - Verbatim comments are included to ensure that caregivers' voices are heard, and to provide a rich understanding of their experiences. Individual people's names and personal details have been changed to protect their confidentiality. Obvious spelling or grammatical errors have been corrected, but abbreviations left as the respondent wrote them. Note: Not all open ended questions in the survey have been coded into themes. A copy of all verbatim feedback flagged by key descriptors has been provided to Oranga Tamariki.
 - Any references to question numbers in tables, charts or in the text of this report refers to the [online](#) version of the questionnaire.
 - Nets are used to combine responses to several answer codes. If the question is a multicode question i.e. a respondent can pick more than one response, and if a respondent picks two codes that are then combined, that respondent will only be counted once in the 'Net' result.

Statistical significance

Statistically significant differences are highlighted or commented on in this report.

- Unless otherwise stated, all references to significant difference refer to the difference between the reported results and the 'total' or 'average' result. Where no highlighting has been used (or no commentary about a subgroup included), it may be assumed that differences are not statistically significant or they are not pertinent.
- When comparing results, 'cf.' is used as an abbreviation of 'compare'.
- Statistically significant differences in this report are significant at the 95% confidence level. That means that the difference is probably a true difference statistically, and not due to random variation.

Subgroup analysis

Subgroup analysis in this report focuses on differences by:

- Whānau/non-whānau.
- Māori/non-Māori - this is the caregiver's ethnicity.
- Type of caregiving. This was split into short-term and long-term. 'Short-term' includes respite, emergency, transitional and Oranga Tamariki Family Home. 'Long-term' includes long-term and permanent/home for life.
- Other splits as appropriate for particular questions (for example, child related specifics for questions about support the caregiver sought in the last twelve months).

Note: There is a relationship between many of the overall variables (for example, *satisfaction that Oranga Tamariki values you as a caregiver* and *satisfaction with the support Oranga Tamariki provides you*). This means that those who are significantly more satisfied on one variable or aspect are typically more satisfied on other variables/aspects. Unless it is relevant to the particular question, these subgroup differences have not been commented on.

Nominated child

To better understand caregivers' experiences and because experiences may differ for different children, caregivers were asked to answer specific questions about their experiences with one child (if they had multiple children in their care, noting that 57% of caregivers have looked after multiple children). Caregivers were asked to select a child using the 'next birthday' method⁶.

Comparison with Australian Carers Study

Throughout the report, where appropriate, comparisons have been included with an Australian study of out of home caregivers. This was an inaugural survey conducted with Australian caregivers on behalf of the Australian Institute of Family Studies (AIFS) and the Australian Government Department of Social Services (DSS). Findings are presented in the research report titled *Working Together to Care for Kids Survey* by Lixia Qu, Julie Lahausee and Rachel Carson⁷.

While the Oranga Tamariki survey covered many of the same areas as the Australian survey, the setting and question wording were sometimes different. The Australian survey focused more on the carer experience with fewer questions about agency support. The target population for the Australian survey was all listed formal carers i.e. had at least one child in care under 18 years of age living with them. It covered all jurisdictions except the Northern Territory. It was conducted during September and November 2016 and entailed telephone interviews with 2,203 carers.

⁶Cautionary note: While caregivers were requested to select the child with the next birthday, we know from pre-testing that if they had experienced a particularly difficult situation with another child, some may instead answer related to that child and that experience.

⁷Qu, Lahausee and Carson 2018 - Working Together to Care for Kids: A survey of Foster and Relative/Kinship Carers

The Australian study also focused on differences between 'foster' and 'relative/kinship' carers. Relative or kinship care was defined as placing a child or young person with a relative or someone they already know. It could be any of the following: a biological relative of the child, a person who is not biologically related but who has a legal, social or other relationship with the child and/or birth parent(s) and/or a person from the child's or family's community (in accordance with their culture). Foster care is where a family or individual care for other people's children in their own home and the caregiver is authorised by the state or territory to look after the children.

WHO ARE OUR CAREGIVERS

Introduction

This section profiles the caregivers who responded to this survey. It outlines the results for the following questions:

- What is the age, gender and ethnicity of the Oranga Tamariki caregivers who responded?
- How long have they been an approved caregiver for Oranga Tamariki?
- How many children are they looking after now and how many have they looked after in the last 12 months?
- What is the composition of their household, how many people live there, how many approved caregivers live in their house? Where do they live?
- Has being a caregiver impacted where they live?
- What is their employment situation and has this been impacted by being a caregiver?
- What is their financial situation?
- How do they feel about life?

Characteristics of caregivers

Half (50%) of caregivers that responded are 50 years or older. This is particularly the case for whānau caregivers where 55% are in this age group.

The majority (88%) of caregivers who responded to this survey are female and half (51%) are New Zealand European.

In a third of households (32%) they said they are the only approved caregiver. In 63% of households there are two approved caregivers and in 5% there are three or more approved caregivers.

In terms of the approval of caregivers, either a single person or joint applicants (couples) can be approved. If there are other family members or persons identified who will also be providing caregiving responsibility (to provide additional support or respite) then they will also be assessed separately. Otherwise those in the home will be considered household members and must have safety checks completed on them. Applicants can apply for more than one type of care but they cannot apply for transitional/adoption or transitional/permanent care unless this is respite care. This is due to the different nature and expectation between transitional and permanent care.

Those who are the only approved caregivers in their house are more likely to be whānau (58% cf. 53%), a grandparent (52% cf. 44%), female (93% cf. 88%), Māori (45% cf. 38%), have no extra income from a job (41% cf. 36%), be satisfied/very satisfied about providing input into the care plan (58% cf. 51%), received support from hapū/iwi (16% cf. 11%), used respite care (15% cf. 10%), had a personal learning plan (24% cf. 18%) and trust the authorities to do the best for Oranga

Tamariki kids (49% cf. 44%). They are less likely to have other adults living in the house (27% cf. 60%), have non-Oranga Tamariki children living with them, say they *have more than enough/enough money* to meet every day needs (38% cf. 47%), and to have had contact with their social worker (31% cf. 37%).

One in five of the caregivers who responded live in a rural area.

Table 3: Selected characteristics of caregivers who responded by whānau/non-whānau, Māori/non-Māori and by care type

Characteristic	Total (n=1,283)	Whānau (n=516)	Non- whānau (n=680)	Māori Caregivers (n=404)	Non- Māori Caregivers (n=875)	Short- term (n=458)	Long- term (n=778)
	%	%	%	%	%	%	%
Age							
18-29	4	6	1	5	3	5	5
30-49	45	38	54	49	43	43	47
50-69	46	51	41	44	48	47	46
70+	4	4	3	2	5	5	2
Gender							
Male	12	13	11	10	13	12	12
Female	88	87	89	89	87	88	88
Ethnicity							
Māori	36	49	22	96	-	27	40
Pacific	3	3	3	-	5	3	3
Māori/Pacific	2	2	1	4	-	2	2
New Zealand European	51	40	63	-	82	60	47
Other	7	3	10	-	11	7	6
Prefer not to say	2	2	2	-	3	1	2
Any mention of Māori	38	51	22	100	-	29	42
Any mention of Pacific	5	6	3	4	5	4	5
Samoan	2	2	2	1	2	2	2
Cook Island Maori	1	2	0	1	2	1	1
Tongan	1	2	1	1	2	1	1
Niuean	1	1	0	1	1	1	1
How many live in household							
Only 1	4	3	5	3	5	8	1
Only 2	10	9	11	6	12	12	8
3 or 4	43	40	47	37	47	44	43
5, 6 or 7	34	39	30	43	29	30	37
8+	8	9	8	10	7	6	10

Number of approved caregivers in house							
1	32	35	29	39	29	31	31
2	63	59	68	55	67	64	64
3	4	4	3	5	3	5	4
More than 3	1	1	1	1	1	0	1
Where they live							
A major centre	39	39	39	37	40	39	40
A provincial city	24	26	22	28	21	22	25
A provincial town	17	16	19	14	19	17	16
A rural area	20	19	20	20	20	22	18

Base: All respondents

Note figures in green indicate a value that is statistically significantly higher than for the overall population. Figures in red are statistically significantly lower.

Length of time as an approved Oranga Tamariki caregiver is varied

For the caregivers who responded the length of time as an approved Oranga Tamariki caregiver is varied. While a quarter (25%) have been an approved caregiver for less than a year, a further quarter (25%) have been an approved caregiver for five years or more.

Table 4: How long caregiver has been an approved foster parent/caregiver through Oranga Tamariki (Q6)

Length of time as an approved caregiver	Total (n=1,281)	Whānau (n=516)	Non-whānau (n=680)	Māori Caregivers (n=403)	Non-Māori Caregivers (n=8749)	Short-term (n=460)	Long-term (n=776)
	%	%	%	%	%	%	%
Less than 3 months	5	5	3	5	4	4	3
3 to 6 months	8	8	7	9	7	10	6
More than 6 months up to a year	13	17	9	16	11	15	13
1 up to 2 years	20	23	17	20	19	22	19
2 up to 3 years	13	15	11	11	15	12	15
3 up to 5 years	16	15	16	16	16	13	17
5 up to 10 years	14	10	18	12	15	13	16
10 years or more	11	5	18	9	12	12	11
Don't know	2	2	1	2	1	1	1

Base: All respondents

Just under half of all caregivers who responded are currently looking after one child for Oranga Tamariki and three quarters of these have only had the one child in the last 12 months

Just under half (48%) are currently looking after one child for Oranga Tamariki, a further 31% have two or three children and 8% have four or more children.

Table 5: Number of children being looked after now (Q1)

Number of children now	Total (n=1,282) %	Whānau (n=517) %	Non-whānau (n=680) %	Māori Caregivers (n=404) %	Non-Māori Caregivers (n=874) %	Short-term (n=459) %	Long-term (n=777) %
1 child	48	50	48	46	49	41	54
2 children	22	23	22	24	21	23	23
3 children	9	11	8	11	8	9	10
4 children	5	5	4	6	4	3	5
5 children	2	2	1	3	1	1	2
6 -10 children	2	1	2	2	2	2	2
More than 10 children	0	0	0	0	0	0	0
None currently	13	7	15	8	16	21	4

Base: All respondents

Overall, 54% of the caregivers who responded have looked after more than one child in the last 12 months.

Table 6: Number of children looked after in last 12 months (Q2)

Number of children in last 12 months	Total (n=1,283) %	Whānau (n=518) %	Non-whānau (n=680) %	Māori Caregivers (n=404) %	Non-Māori Caregivers (n=875) %	Short-term (n=460) %	Long-term (n=778) %
1 child	41	47	35	37	43	32	46
2 children	23	25	22	24	22	23	23
3 children	13	14	12	16	11	15	13
4 children	7	6	9	7	7	9	7
5 children	4	2	6	4	3	7	3
6 -10 children	5	2	10	5	6	8	5
More than 10 children	2	0	4	1	2	4	1
None	5	4	1	5	5	3	2

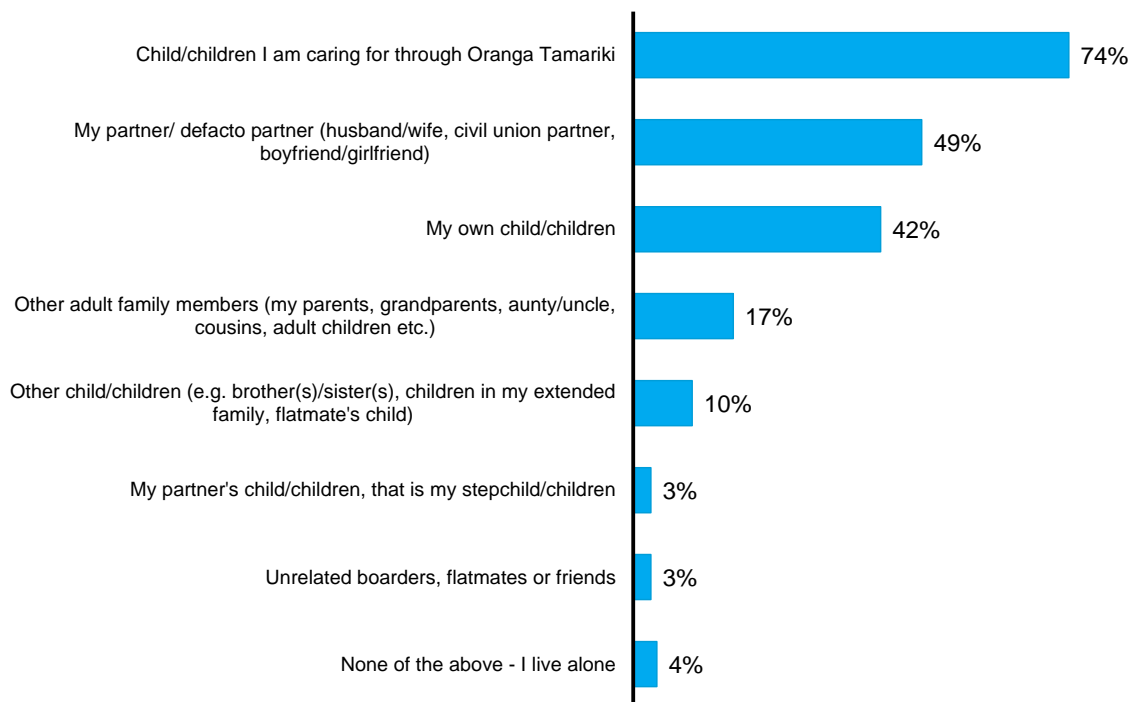
Three quarters (75%) of caregivers who currently have one child, have only looked after one child in the last 12 months.

Caregivers live in large households

For all or more of the time, 42% of the caregivers who responded also have their own children living in the household. For Māori caregivers this is significantly higher at 48%. There are no differences by type of care or whānau vs non-whānau. However, if the caregiver is an aunt or uncle then 60% will also have their own children living with them. Conversely if the caregiver is a grandparent then only 20% will also have their own children living with them. This is probably a reflection of life stage.

Over four in ten (44%) live in a household with five or more people in it.

Figure 1: Who lives with the caregiver all or most of the time (Q3)



Base: All respondents (n=1,281)
Q3. WHICH OF THE FOLLOWING PEOPLE LIVE IN THE SAME HOUSEHOLD AS YOU, ALL OR MOST OF THE TIME?

Caring for a child has affected one in five (22%) caregivers' housing

In total, 22% said that being a caregiver has impacted their housing. The main need is for a bigger house, and 15% said they have rented or bought a larger house.

Table 7: Impact of being caregiver on housing (Q73)

Impact on housing	Total (n=1,194) %	Whānau (n=513) %	Non- whānau (n=680) %	Māori Caregivers (n=377) %	Non- Māori Caregivers (n=817) %	Short- term (n=458) %	Long-term (n=775) %
Yes, bought/rented bigger house	15	18	12	18	13	11	17
Yes, need a bigger house	2	3	2	4	2	1	3
Yes, have renovated/extended house	2	2	1	1	2	1	2
Yes, impacted where we live	2	3	1	2	2	1	3
Yes, moved in with family/whānau	1	2	0	1	1	1	1
Other	4	5	2	4	3	3	4
Net yes	22	26	17	25	20	15	27

Base: All respondents that have cared for a child recently

Subgroup differences

Short-term caregivers and non-whānau are the least likely to have had to change or modify their home (15% and 17% Net yes respectively).

Those more likely to have had their housing impacted are:

- whānau (26% cf. 22% Net yes)
- if the caregiver is an aunt or uncle (38%)
- if the caregiver is a family friend but not related (35%)
- if both the child and caregiver identify (at least in part) as Māori (26%)
- younger caregivers – 18-29 years old (47%) and 30-39 years old (28%)
- looking after more children currently on behalf of Oranga Tamariki i.e. three children (33%) and four children (48%)
- approved caregiver for more than three years (26%).

Those who *bought or rented a bigger house* are more likely to say allowances are *not at all/not really adequate* to meet every day needs (41% cf. 32%).

Caring for a child has affected 47% of caregivers' employment situation

Nearly six in ten (58%) caregivers are working in either full time or part time paid work (net labour market). This increases significantly to 62% for non-whānau, or if the caregiver is an aunt or uncle (66%). For caregivers offering respite care, 70% are in paid work. The age of the child also impacts whether the caregiver is working or not – if the child is under 5 then the caregiver is less likely to be working (51%) than if the child is 13 years of older when they are more likely to be working (66%). Likewise the number of children they are caring for on behalf of Oranga Tamariki also impacts their employment status – if they are looking after two or three children then 52% are in paid work and if they care for more than three children the proportion drops to 42%.

Nearly five in ten caregivers (47%) said that caring for a child had affected their employment situation. The main constraint was on the hours worked – 27% saying they had reduced their hours. However, over one in ten (13%) had resigned from their job. Smaller proportions reported having had to take time off (3%), or being unable to return to work or study (2%).

"Due to his health I had to give up work to care for him. We have had a loss of my income which has added financial pressure to our household."

(New Zealand European, non-whānau, transitional/long-term care)

".....the fact that I had to wait for permission from the mother of the child to even get the child into daycare was painful and impacted on my job as there was a period that I had to take the child to work with me. I was lucky that I was supported by work or alternatively I would have had to take parental leave which would have dramatically changed my financial situation."

(Māori, whānau, Oranga Tamariki Family Home/long-term/permanent/home for life care)

Table 8: Impact of being caregiver on employment situation (Q72)

Impact on employment situation	Total (n=1,194)	Whānau (n=513)	Non-whānau (n=680)	Māori Caregivers (n=376)	Non-Māori Caregivers (n=818)	Short-term (n=458)	Long-term (n=775)
	%	%	%	%	%	%	%
Yes, reduced/limited hours	27	26	28	25	28	23	29
Yes, resigned from my job	13	15	10	13	13	12	15
Yes, changed jobs	4	4	5	4	5	3	5
Yes, I/partner took time off/leave	3	2	4	2	3	3	3
Yes, unable to return to work/study	2	1	2	2	1	2	2
Yes, other reasons	5	5	5	5	5	3	5
Net yes	47	48	46	43	49	41	52

Base: All respondents who have cared for a child recently

Subgroup differences

Short-term caregivers are less likely to be impacted (41% cf. 47%)

If the child is New Zealand European only then the caregiver's employment is more likely to be impacted (52%), and if the child identifies as Māori or Samoan less likely to be an impact (39% and 24% respectively).

At an overall level there is no significant difference between whānau and non-whānau, but whānau are more likely to say they resigned from their job than non-whānau.

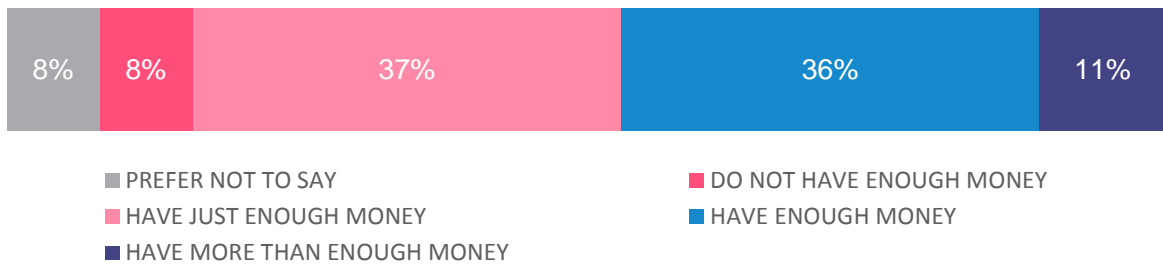
Again, as the child gets older the caregiver's employment is less likely to be impacted - if the child is under 5 then the caregiver's employment is more likely to be impacted (53%), if the child is 13 years or older they are less likely to be impacted (41%).

Interviews with caregivers during pretesting suggested that there may be significant amounts of time off work in the first few months (as the child is settled into school, etc. and/or additional support meetings are attended). But there was no difference in reported impacts by length of time as a caregiver.

Nearly half say they have enough or more than enough money

While 8% say they do not have enough money, nearly half (47%) of the caregivers that responded feel they have enough or more than enough money. A significantly higher proportion of non-whānau (54%) and non-Māori (50%) caregivers indicate they have enough or more than enough money.

Figure 2: Caregivers' financial situation (Q74)



Base: All respondents (n=1,276)

Q74. WHICH OF THE FOLLOWING BEST DESCRIBES HOW WELL YOUR TOTAL INCOME MEETS YOUR EVERYDAY NEEDS?

The adequacy of allowances and the payment process are discussed more fully later in the report under the section titled 'What type of support are they currently receiving for the child?'

Caregivers' emotional wellbeing is better than average

"I enjoy being a caregiver for Oranga Tamariki so have put honest answer. It can be very stressful but rewarding, we as caregivers have to manage in our own ways to deal in a positive way each day, as it can impact home life and work very easily if you don't balance with relax time at some point to avoid high stress that can upturn relationships easily."

(New Zealand European, non-whānau, long-term care)

The WHO-5 is a self-rated measure of emotional wellbeing. Respondents are asked to rate the extent to which each of five wellbeing indicators has been present or absent in their lives over the previous two-week period, using a six-point scale ranging from 'all of the time' to 'at no time'. The five wellbeing indicators are:

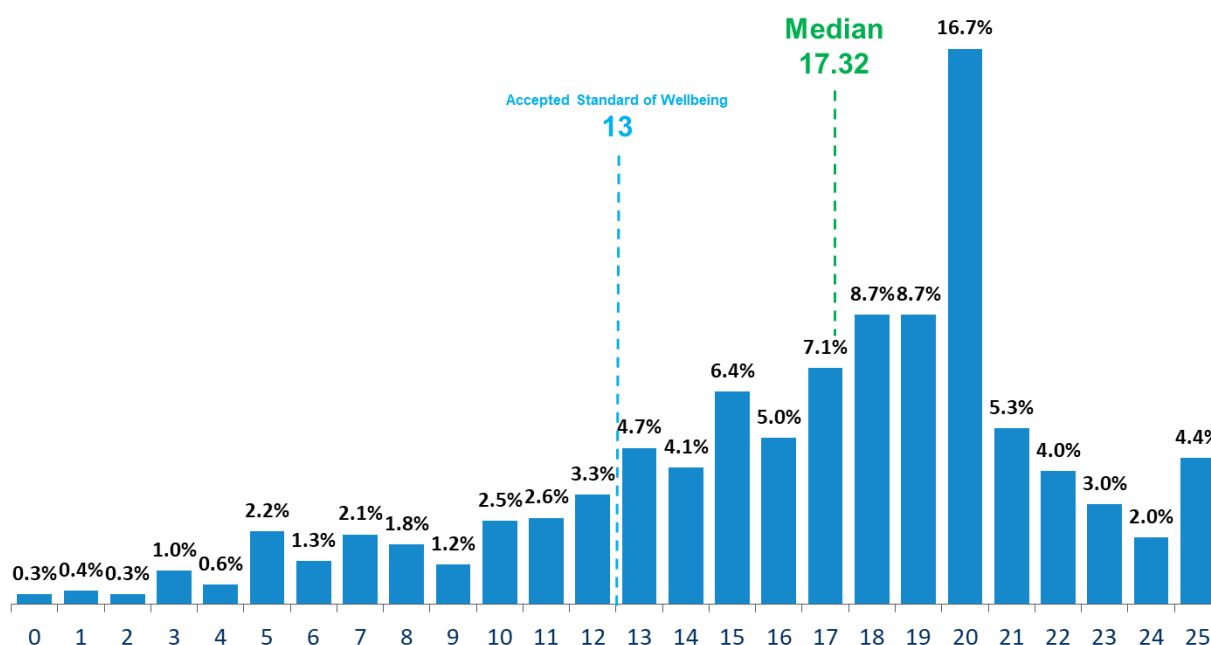
- I have felt cheerful and in good spirits
- I have felt calm and relaxed
- I have felt active and vigorous
- I woke up feeling fresh and rested
- My daily life has been filled with things that interest me.

The WHO-5 is scored out of a total of 25, with 0 being the lowest level of emotional wellbeing and 25 being the highest level of emotional wellbeing. Scores below 13 (between 0 and 12) are considered indicative of poor emotional wellbeing and may indicate risk of poor mental health. The 2018 Quality of Life survey found that the median result for New Zealanders in the eight major cities was 15.

The chart below shows the distribution of scores across all caregivers who responded to the survey. The median result for caregivers is 17.32 – higher than the median for all New Zealanders reported in the 2018 Quality of Life survey⁸. One in five (20%) caregivers scored below 13.

This suggests that, overall, caregivers’ emotional wellbeing is better off than the total population, regardless of whether or not they are satisfied with the support from Oranga Tamariki.

Figure 3: Caregivers’ wellbeing using WHO-5 statements (Q75)



Base: All respondents, excluding not answered on any statement (n=1,260)

Q75. FOR EACH OF THE FIVE STATEMENTS, WHICH IS CLOSEST TO HOW YOU HAVE BEEN FEELING OVER THE LAST TWO WEEKS - SUMMARY

For further information about the WHO-5 Wellbeing Index, please see the paper by Bech, Gudex and Johansen. (Bech P, Gudex C, Johansen KS. The WHO (Ten) Well-Being Index: Validation in diabetes. Psychotherapy and psychosomatics. 1996;65(4):183-90. PubMed PMID: 8843498).

⁸ <http://www.qualityoflifeproject.govt.nz/> The 2018 survey measures the perceptions of over 7,000 New Zealanders living in eight major urban areas, covering around two thirds of New Zealand’s population.

Those more likely to have a WHO-5 index score below the accepted standard of wellbeing, of 0-12.99, are:

- non-Māori (22% cf. 20%)
- offering long-term care (22%)
- those who say they *do not have enough* money (30%) and those who say they have *just enough* money (24%) to meet their everyday needs
- those who report their child's wellbeing is *poor/not very good* (27%)
- those who needed help in the last 12 months; *education/childcare/schooling* (23%), *behaviour* (26%), *mental and emotional health* (25%), *any physical disability or chronic health conditions* (32%), *any intellectual disabilities* (31%), *any learning difficulties* (25%), *financial support* (23%) and *support for whānau visits* (24%).

Those more likely to have a WHO-5 index score of 13 or more are:

- non-whānau (82% cf. 80%)
- Māori (84%)
- those who have *more than enough* money to meet their everyday needs (91%)
- those who report their child's wellbeing is *very good/excellent* (82%)
- those who have not needed help in the last 12 months (92%).

WHO ARE THE CHILDREN IN CARE?

Introduction

This section profiles the children/tamariki and young people/rangatahi in care of the caregivers who responded to this survey, providing context for subsequent sections.

At the time of the survey children/tamariki and young people/rangatahi in care can be up to the age of 18 years old. For ease of reference the term 'child' has been used but this refers to children/tamariki and young people/rangatahi of all ages.

To better understand caregivers' experiences and because experiences may differ for different children, caregivers were asked to answer specific questions about their experiences with one child. If they had multiple children in their care, noting that 57% of caregivers have looked after multiple children, caregivers were asked to select a child using the 'next birthday' method⁹.

Profile information in this section is related to the selected child. For ease the selected children are referred to as 'nominated child/children'.

Profile of the nominated child in a nutshell

The legislation provides for children from birth to 17 years to be placed in care. A third (33%) of nominated children are under 5 years of age, 41% aged 5 to 12 years and 21% 13 years or older. Those aged under 5 years old are overrepresented in transitional care (43% cf. 33% of the total) and permanent/home for life (both 43% of those in these types of care, compared with their proportion of 33% across the total sample). Whereas those aged 5 to 12 years are overrepresented in long-term care (47% cf. 41%) and those aged 13 and over are overrepresented in emergency care and long-term care (31% and 27% respectively cf. 21%).

Overall, the age of the caregiver is slightly older where the nominated child is older.

Within this survey there is a relatively even split of boys (53%) and girls (46%) for the nominated child.

Over half (54%) of the nominated children are of Māori ethnicity and nearly three in ten (29%) are New Zealand European only (noting that caregivers could select multiple ethnicity groups for the child). Three quarters (73%) of nominated children have caregivers who have an element of the same ethnicity (72% for Māori and 93% for New Zealand European).

⁹Cautionary note: While caregivers were requested to select the child with the next birthday, we know from pre-testing that if they had experienced a particularly difficult situation with another child, some may instead answer related to that child and that experience.

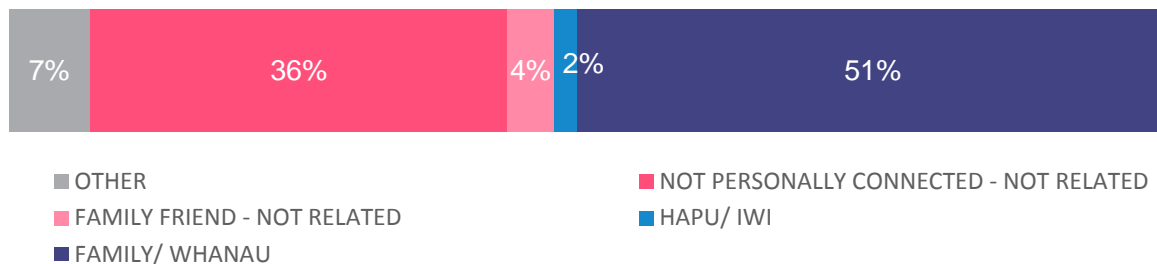
Table 9: Selected characteristics of nominated children in care by whānau/non-whānau, Māori/non-Māori and by care type

Characteristic	Total (n=1,266)	Whānau (n=518)	Non- whānau (n=680)	Māori Caregivers (n=398)	Non- Māori Caregivers (n=866)	Short- term (n=460)	Long- term (n=778)
	%	%	%	%	%	%	%
Age							
<1 year	6	6	7	7	6	11	5
1-2 years	15	17	13	14	15	14	15
3-4 years	12	13	13	14	11	12	14
5-9 years	26	27	28	25	27	28	28
10-12 years	15	16	15	15	14	14	16
13-17 years	20	21	23	19	21	21	22
18+ years	1	0	1	1	1	0	1
No child	5	0	0	5	5	0	0
Net <5 years	33	36	33	36	32	37	33
5-12 years	41	43	43	40	41	42	44
13+ years	21	21	24	20	22	21	23
Gender							
Male	53	54	53	58	51	56	53
Female	46	46	47	41	49	44	47
Gender Diverse	0	0	0	1	0	1	0
Ethnicity							
Māori	54	57	50	80	38	51	55
Pacific	3	3	4	1	5	4	3
Māori/Pacific	8	8	7	12	5	7	8
New Zealand European	29	26	32	5	43	33	27
Other	5	4	6	1	7	4	5
Prefer not to say	1	1	1	1	1	1	2
Any mention of Māori	62	65	57	92	44	58	63
Any mention of Pacific	11	11	11	13	10	11	11
Samoan	5	5	5	6	4	6	5
Cook Island Maori	4	4	4	4	4	3	4
Tongan	2	3	1	3	2	2	2
Niuean	1	1	1	1	1	1	1
Length of time with caregiver							
Less than one year (Net)	37	33	42	37	37	54	27
One to three years (Net)	38	42	32	38	38	33	41
More than three years (Net)	25	24	25	24	25	12	31

Just over half of the children are whānau

Just over half of children (51%) in care have a family/whānau relationship to their caregiver; and a further 2% of children have a hapū or iwi relationship. About a third (36%) had no personal connection with their caregiver.

Figure 4: Relationship with the child (Q15)



Base: All respondents who have cared for a child recently (n=1,198)

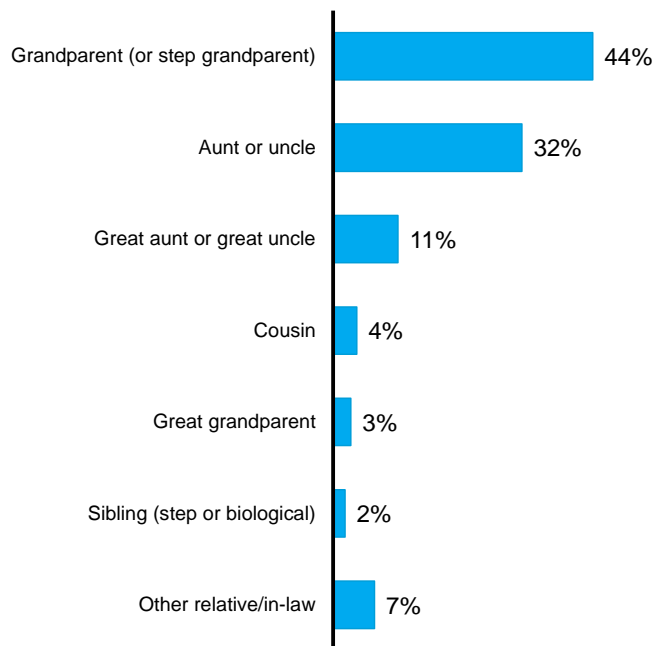
Q15. WHICH OF THE FOLLOWING BEST DESCRIBES YOUR RELATIONSHIP WITH THIS CHILD BEFORE THEY STARTED LIVING WITH YOU?

A significantly higher proportion of Māori caregivers have a family/whānau relationship to a child in their care than non-Māori caregivers (67% cf. 41%); and also a significantly higher proportion of non-Māori have no personal connection with the child prior to them coming to their home than Māori (46% cf. 19%).

For whānau caregivers the child is significantly more likely to be under the age of 5 (36% cf. 33% for the total) and for non-whānau the child is significantly more likely to be 13 years or older (24% cf. 21% for the total).

Where the child is family/whānau, 44% of caregivers are a grandparent/step grandparent of the child and a further 32% are the child's aunt or uncle.

Figure 5: Relationship with the child if family/whānau (Q16)



Base: All respondents who have cared for a child recently and whose foster child is a family/whānau member (n=494)
Q16. IF YOU ARE FAMILY/ WHĀNAU/ WHĀNGAI, WHICH OF THE FOLLOWING FURTHER DESCRIBES YOUR RELATIONSHIP WITH THIS CHILD? I AM THEIR...

However, Māori caregivers are more likely to be an aunt or uncle than a grandparent (38% cf. 33%) and for non-Māori the opposite is true – a caregiver is more likely to be a grandparent than an aunt or uncle (54% cf. 26%).

Over two thirds of children are in long-term care

In terms of the type of care being provided, over two thirds of the nominated children (69%) are in long-term care (i.e. long-term or permanent/home for life) and this increases to 78% if the child is whānau and 79% if the caregiver is Māori.

Where the child is family/whānau, the caregiver is more likely to be offering long-term care and where they are not personally connected the care is more likely to be emergency (10%) or transitional (29%).

Table 10: Type of care being provided to the child (Q17)

Type of care	Total (n=1,167)	Whānau (n=497)	Non- whānau (n=670)	Māori Caregivers (n=361)	Non-Māori Caregivers (n=804)
	%	%	%	%	%
Respite	12	9	15	8	14
Emergency	9	7	10	7	9
Transitional	19	10	29	13	23
Oranga Tamariki Family Home	6	10	1	10	3
Long-term	42	48	35	44	41
Permanent/Home for Life	36	42	29	46	30
Other	7	6	7	6	8
Net Short-term Care	37	28	46	29	41
Net Long-term Care	69	78	60	79	64

Base: All respondents who have cared for a child recently excluding Don't know (Q17)

Net Short-term Care= Respite, Emergency, Transitional and Oranga Tamariki Family Home

Net Long-term Care= Long-term, Permanent/Home for life

Three quarters of children have caregivers who have an element of the same ethnicity

Caregivers could select more than one ethnicity for both themselves and the nominated child they are caring for. Nearly three quarters of the children have at least some aspect of the same ethnicity as their caregiver. This increases to 93% for children who identify at least partially as New Zealand European.

Table 11: Ethnicity of the child and the caregiver (Q60 and Q65)

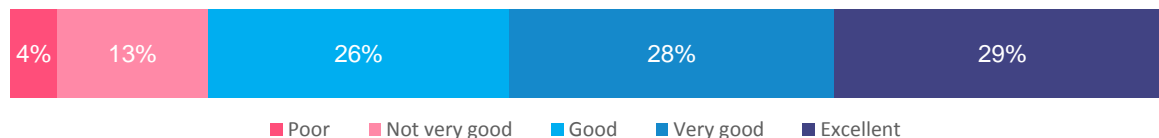
Type of care	Total (n=1,197)	Māori children (n=714)	New Zealand European children (n=607)
	%	%	%
Same ethnicity	73	72	93
Different ethnicity	16	22	3
Unknown	11	6	5

Base: All respondents who have cared for a child recently

One in six children have *not very good* or *poor* wellbeing

Caregivers consider that for just over one in six of the children (17%) their wellbeing is *not very good* or *poor* over the last 12 months.

Figure 6: Wellbeing of the child (Q62)



Base: All respondents who have cared for a child recently excluding Don't know (n=1,167)
Q62. IN THE LAST 12 MONTHS, WOULD YOU SAY THIS CHILD'S WELLBEING WAS...

Where the caregiver was not personally connected to the child before they came to live with them, they are more likely to say that the child's wellbeing is *not very good/poor* (20% cf. 17%). Where the caregiver is providing respite, emergency, or transitional care, they are also more likely to say this (26%, 29% and 24% respectively cf. 17%), or the child has been in their care for less than a year (24% cf. 17%). Whānau caregivers are more likely to say the child's wellbeing is *very good/excellent* (60% cf. 57% total). Likewise, caregivers of Māori ethnicity are more likely to say the child's wellbeing is *very good/excellent* (61% cf. 57%).

There is a correlation with the perceived wellbeing of the nominated child and the age of that child.

Table 12: Wellbeing by age of child (Q62)

Type of care	Total (n=1,167)	< 1 year old (n=83)	1-2 years old (n=174)	3-4 years old (n=149)	5-9 years old (n=322)	10-12 years old (n=179)	13-17 years old (n=252)
	%	%	%	%	%	%	%
Excellent/very good	57	72	72	68	52	52	43
Not very good/poor	17	16	7	9	17	21	26

Please note that 'wellbeing' was not defined in this question. It is recommended that if this research is repeated, this is an area that would be beneficial to understand more. One possibility is to use the definition that Oranga Tamariki uses for wellbeing.

Definition of wellbeing for Oranga Tamariki

Wellbeing is a concept that describes a positive state of being. It's a broad term that aims to summarise multiple aspects of a person's life, often at a particular moment in time. The idea of wellbeing covers a broad group of things that come together in a holistic way. They are things that relate to the welfare of tamariki, help them to thrive, feel supported, safe, loved, and have a positive sense of who they are and where they belong. Exactly how wellbeing looks is different for each tamariki and whānau because in many ways it's a very personal thing. Wellbeing can include things like:

- strong positive whānau relationships
- spiritual and cultural connections
- having their developmental needs meet and supported – education, behaviour, life skills and self-care skills
- emotional resilience and support
- social and peer groups that are supportive, caring and positive
- physical and mental wellness
- security – being safe from harm, living in a safe community, having a warm dry home, having enough food.

HOW WELL ARE THINGS GOING FOR CAREGIVERS?

Introduction

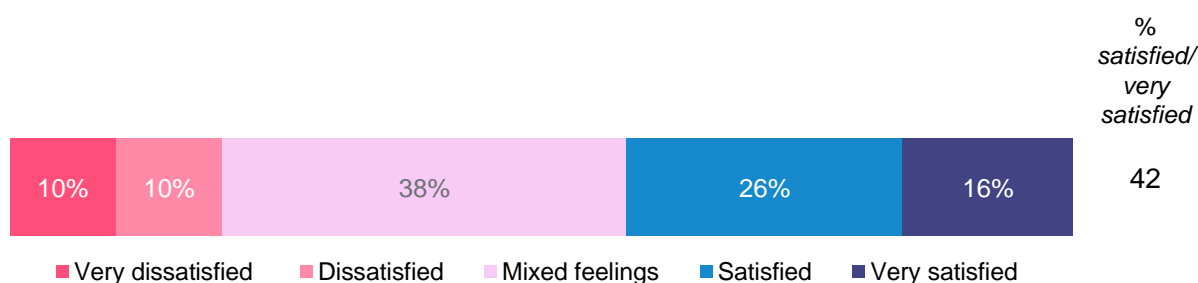
This section discusses overall satisfaction with the support provided by Oranga Tamariki, specifically:

- How satisfied are caregivers with the support provided by Oranga Tamariki?
- To what extent do caregivers feel they are valued by Oranga Tamariki?

Four in ten caregivers are satisfied with the support provided by Oranga Tamariki

Currently, just over four in ten caregivers (42%) are satisfied with the support provided by Oranga Tamariki, while 20% are dissatisfied. Mixed feelings are common – with 38% saying their feelings are mixed.

Figure 7: Overall satisfaction with support Oranga Tamariki provides (Q8)



Base: All respondents excluding Not applicable and Don't know (n=1,255)

Q8. OVERALL, HOW SATISFIED ARE YOU WITH THE SUPPORT ORANGA TAMARIKI PROVIDES YOU AS A CAREGIVER WHEN YOU ARE CARING FOR CHILDREN THROUGH ORANGA TAMARIKI?

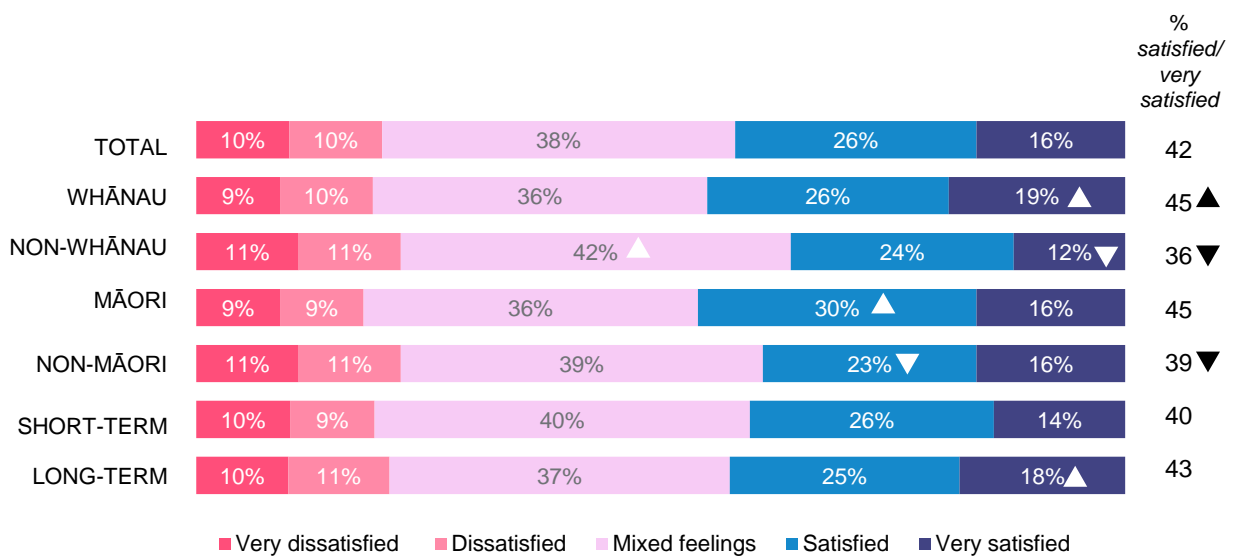
Subgroup differences

- Whānau caregivers are more satisfied with the support Oranga Tamariki provides than non-whānau caregivers (45% cf. 36%).
- Māori caregivers feel more satisfied with support than non-Māori caregivers (45% cf. 39%).
- Home for life caregivers (who may have less to do with Oranga Tamariki directly) feel more satisfied than other long-term caregivers (48% satisfied cf. 43%).
- There are age differences: caregivers aged over 70 years tend to be more satisfied with the support Oranga Tamariki provides (57% cf. 42% total) – this age group tend to be providing care to whānau children. In contrast, those aged 30 to 39 years tend to be less

satisfied (31% satisfied). This young age group are the age group most likely to have their own children in the household, along with foster care children, so may be experiencing challenges managing relationships within their household.

- Not surprisingly, satisfaction is greater among those who feel satisfied or very satisfied with how Oranga Tamariki values them as a caregiver (72%), and as the next section indicates, whānau and Māori caregivers, along with home for life caregivers are more likely to feel valued than others.
- Those in Bay of Plenty are more satisfied (53% cf. 42%).

Figure 8: Overall satisfaction with support Oranga Tamariki provides, by subgroups (Q8)



Base: All respondents excluding Not applicable and Don't know (n=1,255)

Q8. OVERALL, HOW SATISFIED ARE YOU WITH THE SUPPORT ORANGA TAMARIKI PROVIDES YOU AS A CAREGIVER WHEN YOU ARE CARING FOR CHILDREN THROUGH ORANGA TAMARIKI?

Extent to which caregivers feel valued by Oranga Tamariki

"I would like caregivers to be acknowledged more for the important work they do. Social workers and others involved are obviously important and most work very hard for the children in care but at the end of the day they can go home and put their job to bed until the next day. Caregivers do this 24/7, our entire lives are impacted, including that with extended family and friends, employment, self-care. We are given little or no acknowledgement when it comes to creating plans for these children and in many cases we are the people who know the children better than anybody else."

(New Zealand European, non-whānau, permanent/home for life care)

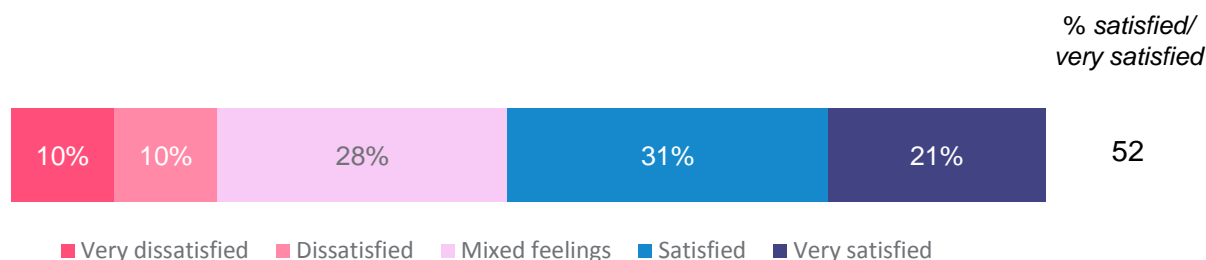
"I don't feel appreciated or supported, I'm not valued, I've been a caregiver for a long time and have had a lot of children in my care however feel completely used."

(New Zealand European, non-whānau, emergency care)

Feelings about being valued by Oranga Tamariki are more favourable than satisfaction with the support Oranga Tamariki provides, with just on half of the caregivers (52%) saying they feel

valued. Two in ten feel they are not valued, the same proportion as feel dissatisfied with the support that Oranga Tamariki provides to caregivers.

Figure 9: Feeling valued as a caregiver by Oranga Tamariki (Q9)



Base: All respondents, excluding Not applicable and Don't know (n=1,252)
Q9. Overall, how satisfied are you that Oranga Tamariki values you as a caregiver?

Subgroup differences

- As with satisfaction with feeling supported by Oranga Tamariki, whānau caregivers feel more valued as a caregiver than non-whānau caregivers (57% cf. 45%).
- Home for life/permanent caregivers feel more valued than do other long-term caregivers (55% satisfied cf. 48% satisfied).
- Those looking after only one child feel more valued than those looking after two or three children through Oranga Tamariki (57% cf. 47% satisfied that they are valued).
- Satisfaction is higher among those who feel they have enough money for everyday needs (57%) than those who are less comfortably off (47%).
- Age differences were apparent: the 60-69 age group feel more valued in their role than those aged 30 to 39 years (60% cf. 44%).

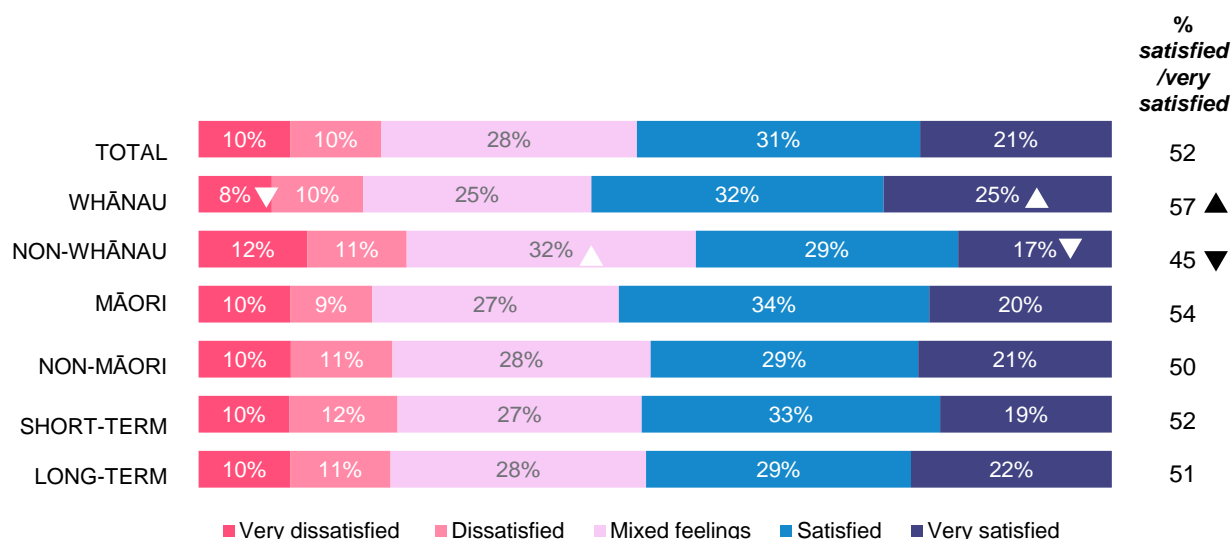
Those more likely to be *satisfied/very satisfied* are:

- whānau (57% cf. 52%)
- offering Oranga Tamariki Family Home care (66%)
- child has been living with them for less than a year (56%)
- approved caregiver for less than two years (59%)
- child's wellbeing is *very good/excellent* (56%)
- aged 60-69 (60%)
- have *more than enough/enough* money for everyday needs (57%)
- not in part time or full time paid work (57%)
- Bay of Plenty (63%), North and West Auckland (65%).

Those less likely to be *satisfied/very satisfied* are:

- non-whānau (45% cf. 52%)
- child has been living with them for more than three years (43%)
- approved caregiver for more than three years (45%)
- child’s wellbeing is *poor/not very good* (43%)
- aged 30-39 (44%)
- in part time or full time paid work (49%)
- needed help in the last 12 months; *education/childcare/schooling* (45%), *behaviour* (42%), *mental and emotional health* (44%), *any physical disability or chronic health conditions* (38%), *any intellectual disabilities* (41%), *any learning difficulties* (44%), *any cultural support needs* (32%), *transport* (43%), *legal support* (42%) and *support for whānau visits* (42%).

Figure 10: Feeling valued as a caregiver by Oranga Tamariki, by subgroups (Q9)



Base: All respondents, excluding Not applicable and Don't know (n=1,252)
Q9. Overall, how satisfied are you that Oranga Tamariki values you as a caregiver?

WHAT ARE THE KEY DRIVERS OF SATISFACTION?

Introduction

This section discusses the drivers of satisfaction for the support Oranga Tamariki provides caregivers.

Approach

To understand the drivers of satisfaction we undertook a regression analysis. Regression analysis is a statistical process for analysing the relationship between two or more variables. It helps to understand the importance or impact of a 'driver' (the independent variable) by measuring its contribution to explaining variance in another variable (the dependent variable). Each independent variable is assigned a score ranging from zero to one - the closer to one, the more important/larger impact it has on the dependent variable.

For this project we used multiple linear regression with a stepwise approach. The dependent variable is Q8: *Overall, how satisfied are you with the support Oranga Tamariki provides you as a caregiver when you are caring for children through Oranga Tamariki.* The independent variables come from the other questions in the survey (approximately 60 used in total). The initial model that was created had a number of variables which were correlated. Therefore, the model was refined by removing predictors with high correlations and re-running the stepwise regression. This resulted in a number of attributes being removed and replaced with an overall measure of a similar theme. As a result we then undertook separate regression models to explain the overall top three drivers, using the overall metric as the dependent variable and the related 'sub-attributes' as the independent variables.

The quadrant charts that follow represent the impact of each attribute/driver on a respondent's satisfaction with the support from Oranga Tamariki. The importance or impact of a driver on satisfaction is shown on the vertical axis (from the regression model). Respondents' satisfaction ratings with each driver are shown on the horizontal axis. The chart is then divided into four quadrants; Priority for Improvement, Secondary Priority, Strengths and Maintenance.

This allows us to see which aspects are more important but rated lower (Priority for Improvement) i.e. this is where Oranga Tamariki should focus, in order to improve satisfaction. It also shows which aspects are relatively less important and rated lower (i.e. secondary priorities - the next areas to focus on), which are strengths (should be kept at a high level) and which aspects should be maintained (i.e. currently performing well on but are relatively less important so need to keep doing at the current level).

Social workers are important drivers of the satisfaction with support

There are eight significant drivers of *overall satisfaction with support* (Q8), with a model fit of 52%. The top three drivers are satisfaction with the child’s social worker, satisfaction with the caregiver’s social worker and how Oranga Tamariki handles the process to become a caregiver.

Table 13: Regression results for overall satisfaction with support from Oranga Tamariki (Q8)

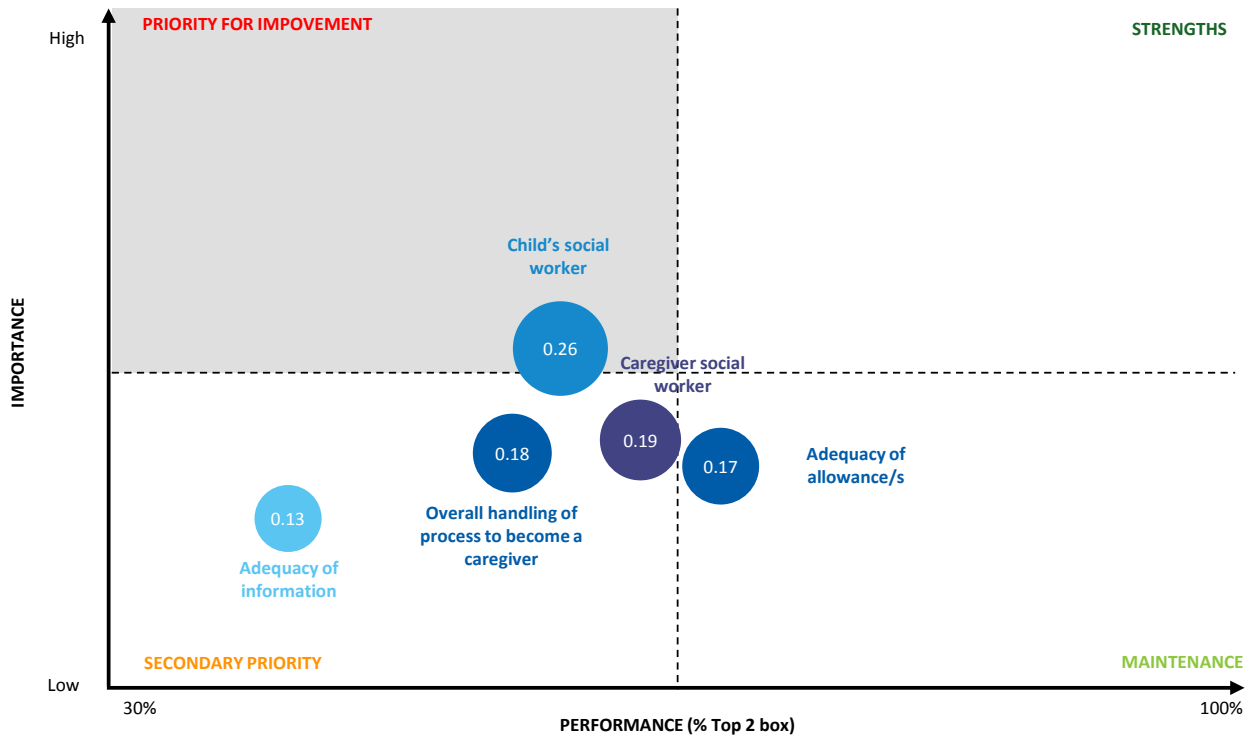
Attribute (IV)	Percent
	%
Q46: Overall satisfaction with social worker for the child	26
Q44: Overall satisfaction with your current caregiver social worker	19
Q10_5: Overall handling by Oranga Tamariki of the process to become a caregiver	18
Q29: Allowance/s you receive/received adequate to meet the financial costs	17
Q20: Providing adequate information about this child’s history and background	13
Q62: Child’s wellbeing	7
Q63: Caregiver’s age	5
Q74: How well your total income meets your everyday needs	-5

Note: The contribution of Q74 *How well total income meets your everyday needs* towards Q8: *Overall Satisfaction* is 5%. However, the association is negative. The higher the satisfaction, the lower the total income meets their everyday needs (or vice versa).

The chart below shows the drivers where there is also a performance score. Note: the *child’s wellbeing*, *age of the caregiver* and *how well your total income meets your everyday needs* are not shown. These are relatively less important drivers of satisfaction with support; however Oranga Tamariki needs to think about any planned changes in the context of these variables.

Of the top three drivers, emphasis should be placed on improving satisfaction with the child’s social worker. This has a relatively larger impact on satisfaction with support and caregivers are less satisfied.

Figure 11: Regression results for overall satisfaction with support from Oranga Tamariki (Q8)



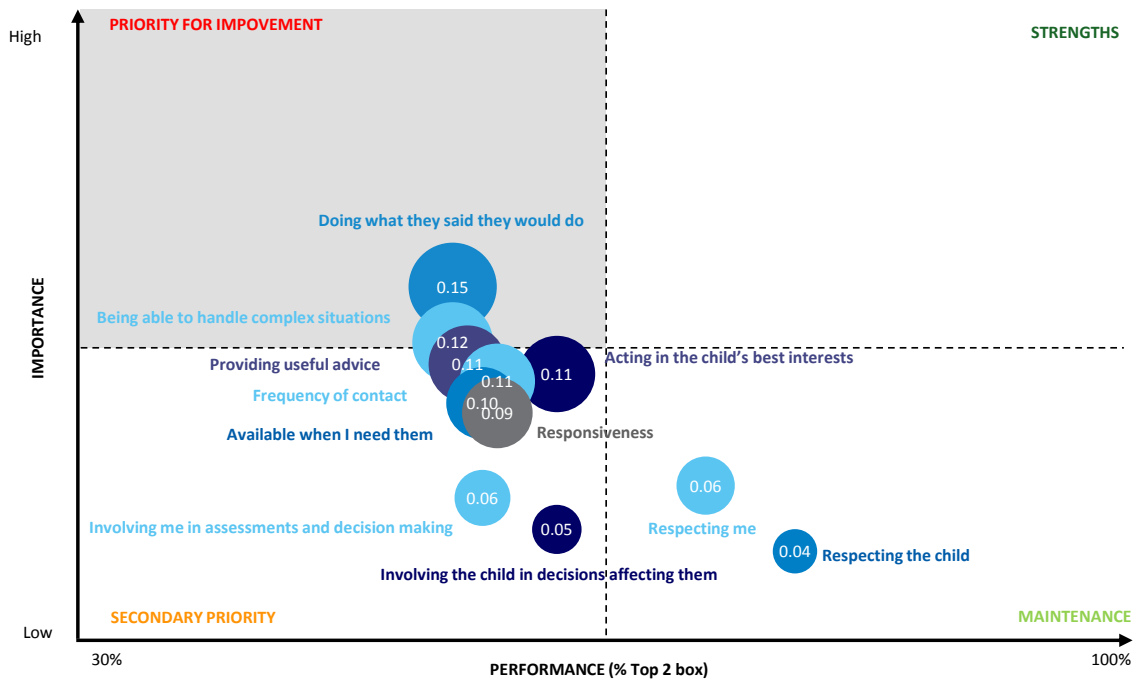
Base: All respondents excluding Not applicable and Don't know

Note: This chart shows the relative driver performance and importance. It should be noted that performance (in this case satisfaction with the different aspects) is low across most of the measures in this survey.

The child's social worker needs to *do what they said they would do*

Drilling into satisfaction with the social worker for the child, there are 11 variables that were included in this regression, with a model fit of 84%. The main area of focus to improve satisfaction for caregivers is ensuring the child's social worker is *doing what they said they would do*, followed by enabling them to *be able to handle complex situations*. However, there is room for improvement with most of the influencing variables.

Figure 12: Regression results for satisfaction with the child's social worker (Q46)

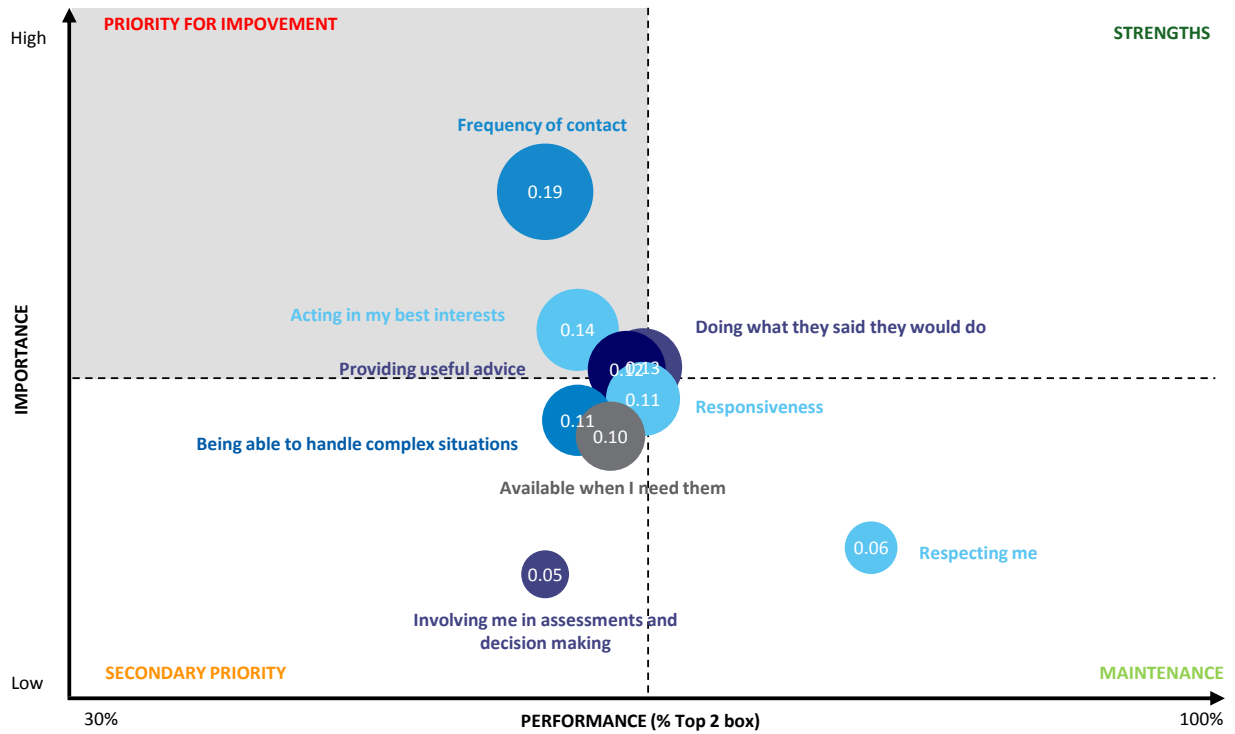


Base: All respondents excluding Not applicable and Don't know

Frequency of contact is key for the caregiver's social worker

Frequency of contact is the top driver for satisfaction with the caregiver's social worker.

Figure 13: Regression results for satisfaction with the caregiver's social worker (Q44)

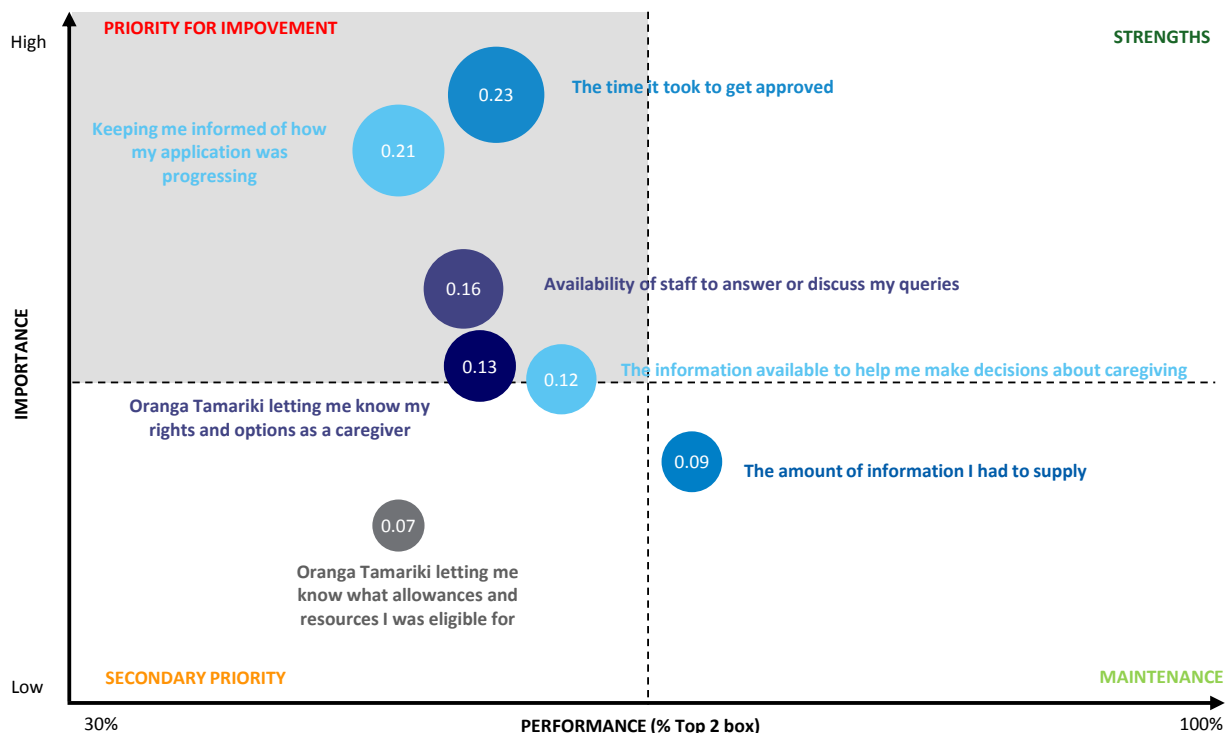


Base: All respondents excluding Not applicable and Don't know

The time it takes to get approved as a caregiver drives satisfaction with the process of becoming a caregiver

Finally, looking at the satisfaction with the process to become a caregiver, the focus for change needs to be on *the time it takes to get approved*, followed by *keeping applicants informed of how their application is progressing*.

Figure 14: Regression results for overall handling of the process to become a caregiver (Q10_5)



Base: All respondents excluding Not applicable and Don't know

WHAT ARE THEIR CURRENT ATTITUDES TOWARDS CAREGIVING?

Introduction

This section discusses caregivers' attitudes towards being a caregiver and providing care.

What are their attitudes toward being a caregiver and providing care?

"There are so many children who need our love and help. My door is always open. And I'm happy to help other caregivers also."

(New Zealand European, non-whānau, long-term care)

"It is rewarding but also very taxing"

(New Zealand European, non-whānau, permanent/home for life)

Caregivers were asked how much they agree or disagree with a series of statements about being a caregiver and providing care.

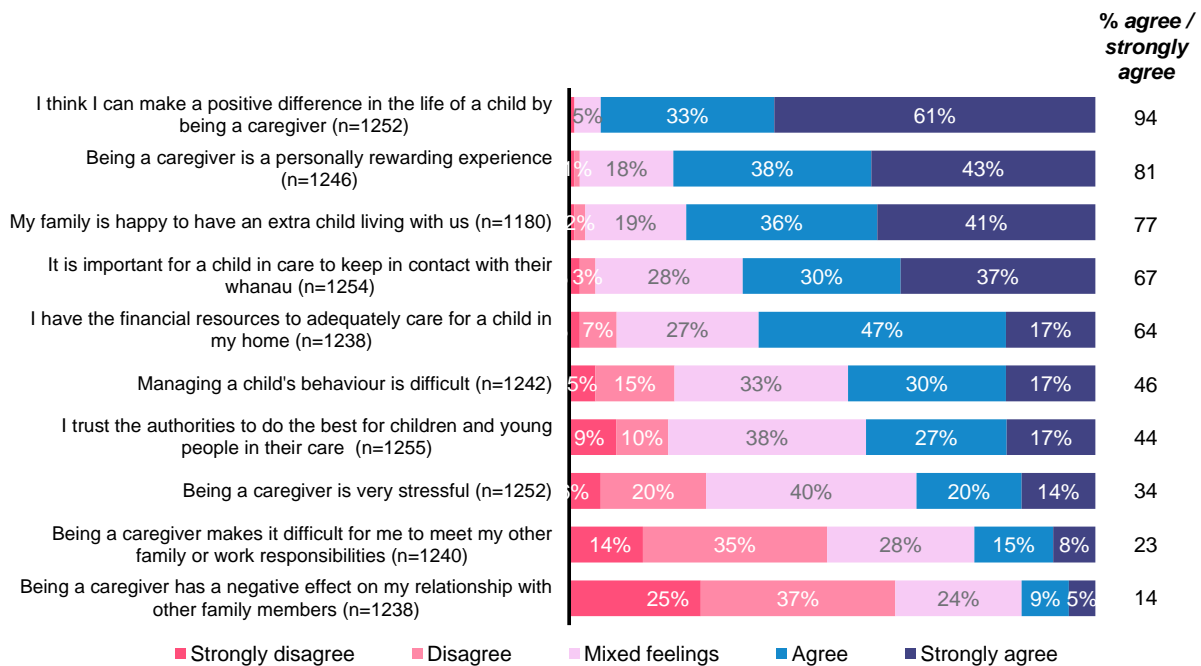
The overwhelming majority of caregivers agree that they can make a positive difference in the life of a child by becoming a caregiver (94%) and that being a caregiver is a personally rewarding experience (81%).

Over three in four caregivers (77%) agree that *their families are happy to have an extra child living with them*, and two in three (64%) say *they have the financial resources to adequately care for a child*.

Approximately half (46%) consider that *managing a child's behaviour is difficult*. However only a third (34%) consider that *being a caregiver is very stressful*.

Caregivers agreed the least that becoming a caregiver has *had a negative impact on their relationship with other family members* (14%) and that *being a caregiver makes it difficult for them to meet their other family or work responsibilities* (23%).

Figure 15: Attitudes toward being a caregiver (Q76)



Base: All respondents excluding Don't know

Q76. FINALLY, WE'D LIKE TO KNOW YOUR THOUGHTS ABOUT BECOMING A CAREGIVER. TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THE FOLLOWING... - SUMMARY

Subgroup differences

Agreement was higher than average among whānau caregivers that *it is important for a child to keep in contact with whānau* (74% cf. 67%), that being a caregiver has had a *negative impact on their relationship with other family members* (19% cf. 14%) and that they trust the authorities to do the best for those in care (49% cf. 44%).

However, agreement was lower than average among whānau caregivers that *they have the financial resources to adequately care for a child* (58% cf. 64%) and that that *their family is happy to have an extra child living with them* (72% cf. 77%).

Māori caregivers are less likely than other caregivers to feel that *managing a child's behaviour is difficult* or that *being a caregiver is stressful*. Non-Māori caregivers were more likely than average to agree with both of these aspects (49% cf. 46% and 38% cf. 34%). For both attributes, agreement is greater among those with a nominated child whose wellbeing is described as *not very good* or *poor* (57% of this group said that *managing a child's behaviour is difficult* and 47% agreed that *being a caregiver is very stressful*, compared with only 40% and 27% of those with positive wellbeing respectively). Agreement with both attributes increases with age. Only 38% of those with a nominated child under 5 said *managing a child's behaviour is difficult*, compared with 50% of those whose nominated child is 5 to 12 years and 52% of those with a 13 to 17 year old. Feeling that *being a caregiver is very stressful* was higher among those with a nominated child aged 5-12 years (50% agreement).

Long-term caregivers are more likely to agree than average that *caring has a negative effect on their relationship with other family members* (16% cf. 14%). Short-term caregivers are less likely

than long-term caregivers to agree that being a caregiver *has a negative effect on their relationship with other family members* (11% cf. 16%).

Agreement is higher than average among Māori caregivers *that it is important for a child to keep in contact with whānau* (72% cf. 67%) and lower than average among non-Māori caregivers (63% cf. 67%).

Table 14: Caregiver attitudes toward caregiving (Q76)

% agree % disagree	Total	Whānau	Non- whānau	Māori Caregivers	Non- Māori Caregivers	Short-term	Long-term
	(n=1180-1255)	(n=471-505)	(n=640-677)	(n=373-392)	(n=806-862)	(n=425-455)	(n=728-767)
	%	%	%	%	%	%	%
I think I can make a positive difference in the life of a child by being a caregiver	94 1	92 1	95 1	93 2	94 1	95 1	94 1
Being a caregiver is a personally rewarding experience	81 2	79 2	83 1	80 1	81 2	84 2	80 1
My family is happy to have an extra child living with us	77 4	72 5	81 3	75 4	78 3	74 4	78 4
It is important for a child in care to keep in contact with their whānau	67 5	74 4	56 6	72 4	63 5	67 4	64 5
I have the financial resources to adequately care for a child in my home	64 9	58 11	70 8	61 9	65 9	64 11	62 9
Managing a child's behaviour is difficult	46 20	45 22	48 19	41 23	49 19	44 19	47 21
I trust the authorities to do the best for children and young people in their care	44 19	49 16	37 22	48 16	41 20	42 18	42 19
Being a caregiver is very stressful	34 26	32 26	36 25	26 29	38 24	36 26	35 24
Being a caregiver has a negative effect on my relationship with other family members	14 62	19 58	9 66	12 66	16 60	11 66	16 60
Being a caregiver makes it difficult to meet my other family or work responsibilities	23 50	25 47	20 51	17 54	26 47	23 47	23 48

Base: All respondents excluding Don't Know

Comparison with Australian Carers Study

Caregivers in both countries were asked about their attitudes toward various aspects of caregiving. Note: there were minor differences in wording, and statements with different wording are asterisked in the chart below. For example, in the New Zealand study, the wording was “Being a caregiver...” whereas the Australian study wording for these attributes was “Looking after a child...”.

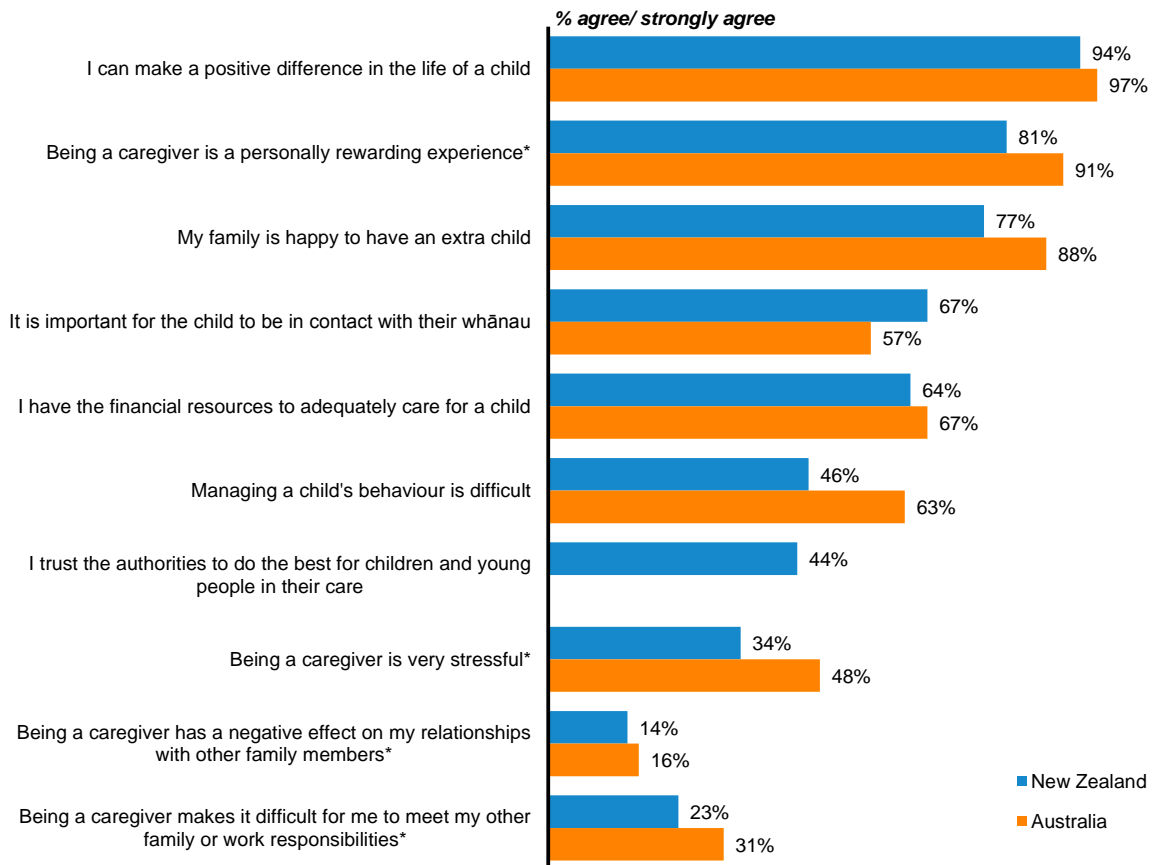
While many attitudes were aligned, there were differences.

Australian carers are more likely than New Zealand caregivers to find the caregiving role a personally rewarding one (91% cf. 81% among New Zealand caregivers) and more likely to say

their family is willing to have an extra child (88% agreement cf. 77% agreement among New Zealand caregivers).

Australian carers are more likely to agree that managing a child’s behaviour is difficult (only 46% agreement among New Zealand caregivers, cf. 63% among Australian carers), and more likely to agree that the caregiving role is very stressful - in New Zealand, 34% agreed that being a caregiver is very stressful, while in Australia, 48% agreed that it is very stressful.

Figure 16: Comparison of caregiver attitudes with Australian study



* Slight wording differences between the two surveys

Base: All respondents excluding Don't know (New Zealand n=1,180-1,255. Australia n=2,154-2,192)

Q76. FINALLY, WE'D LIKE TO KNOW YOUR THOUGHTS ABOUT BECOMING A CAREGIVER.TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THE FOLLOWING... - SUMMARY

WHAT TYPE OF SUPPORT ARE THEY CURRENTLY RECEIVING FOR THE CHILD?

Introduction

This section of the report discusses the following questions:

- What support has the caregiver needed to help with the child?
- If support is needed, has the caregiver received enough support from Oranga Tamariki to help with the child?
- What sources of support has the caregiver used in the last twelve months, and how useful was each one?
- How satisfied are caregivers with the allowances and reimbursements they receive for the child?
- Has the caregiver used respite care for the child?

Caregivers need three main areas of support for the child

"I think that the support offered is so very poor that it would be difficult to recommend anyone to enter it. The response times are very poor and so when you need help with a situation it can be two weeks away in which case the situation will most likely be resolved. Respite care is very difficult as there is not a pool of caregivers waiting to help. Social workers are often very unhelpful in their comments such as 'you are lucky that she even goes to school, a lot of our kids don't go, wag all of the time. You are lucky as she could be doing a lot worse things based on some of our other kids."

(New Zealand European, non-whānau, long-term care)

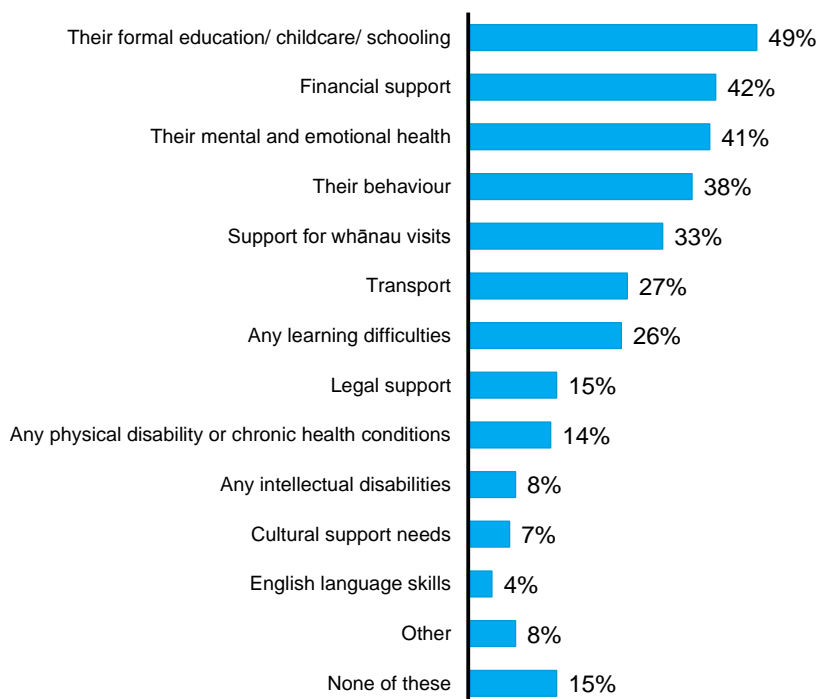
Caregivers were asked which of twelve areas of support they have needed for the child in the last twelve months. The majority (85%) have wanted help with some aspect. The key areas are listed below in rank order of mention, with focus on those mentioned by at least one in three caregivers.

- **Help with the child's education** whether childcare or schooling, was the most common need (49%) mentioned across the board.
- **Financial support** (42%) - The need for this was more prevalent among whānau caregivers than non-whānau (50% cf. 32%), Māori caregivers cf. non-Māori caregivers (48% cf. 38%) and long-term caregivers (45% cf. 37% among short-term caregivers).

- **Mental and emotional health** needs ranked third at 41%.
- **Behaviour issues** ranked fourth at 38% mention. These were more commonly noted by non-whānau caregivers (41% cf. 35% among whānau caregivers) and non-Māori (40% cf. 33% of Māori caregivers).
- **Support for whānau visits** ranked fifth at 33%: this was most commonly mentioned where the caregiver is of Māori ethnicity (40% mention cf. 29% non-Māori), and whānau (37% cf. to 29% non-whānau).

Those who sought any support mentioned three different types of support on average.

Figure 17: Areas of support needed for the child (Q27)



Base: All respondents who have cared for a child recently (n=1,193)
Q27. FOR THE CHILD YOU ARE THINKING ABOUT, IN THE LAST 12 MONTHS HAVE YOU NEEDED HELP WITH ANY OF THE FOLLOWING...

Subgroup differences relating to the nominated child (among caregivers with any need: n=1,009)

The need for support with any issue was higher among nominated children whose caregiver has described their wellbeing as *not very good* or *poor* (93% need, cf. 83% need where children’s wellbeing is reported as *good* or *very good*), and those with a child whose wellbeing is *not very good* or *poor* sought support with four plus different issues (compared with three among those whose child has positive wellbeing).

Among children whose wellbeing was *not very good* or *poor*, there is a high level of need for support with **mental and emotional health (71%)** and **behaviour (61%)**. The need for **learning difficulty related support** is also higher where the child’s wellbeing is described as *not very good* or *poor* (39% cf. 20% among those with very good or excellent wellbeing).

Other nominated child related differences included the following:

- The need for support for **schooling and education** was higher than average for nominated children aged between 5 and 12 years (63% cf. 57%).
- **Mental and emotional health issues** were greater where the nominated child was aged 5 to 12 years (54%) or 13 or older (66%), compared with 27% among under four year olds.
- **Behaviour issues** were mentioned by 44% of caregivers needing any support. Mention was more prevalent where the child is a boy (48% cf. 41% among girls).
- Reported **learning difficulties** were also more prevalent among boys (34% cf. 26% among girls).
- Desired support for any **physical disability or chronic health conditions** was highest among the under 4 year age group (21%).
- **Transport** related support was mentioned by 31% of caregivers. The need for transport support increased with the child's age (43% mention where the nominated child is aged 13 to 17 years, compared with 30% in the 5 to 12 year age range and 25% among the under 4 year olds).
- Although only 7% of caregivers wanted **cultural support**, the need was higher among those whose nominated child was of Māori ethnicity or Samoan ethnicity (12% and 26% respectively).
- The need for **legal support** peaked where the nominated child is under 5 (23% compared with 18% across all ages).

Subgroup differences by caregiver type (among caregivers with any need: n=1,009)

The following table highlights areas of support among those with any needs, by caregiver demographics. They highlight that some areas of support are more commonly noted among non-whānau caregivers, particularly wanting support for **mental health** and **behaviour**. This is also more prevalent among those in long-term care situations.

The need for support for **schooling and education** is greater than average among Māori caregivers than non-Māori caregivers (62% cf. 54%).

Desired **support with whānau visits** was higher than average among whānau and Māori caregivers (42% and 46% respectively).

Financial support needs were higher than average among whānau and Māori caregivers (57% and 56% respectively). It was greatest among those who said that their income is not adequate to meet their everyday needs (65%). Conversely those who have sought financial support from Oranga Tamariki are more likely than all caregivers to say the allowances are *not at all/not really adequate* (39% cf. 32%).

It should be noted that caregivers who sought any of the listed types of support (apart from English language skills) were more likely to say the allowances are not adequate.

Table 15: Support needed for child by caregiver demographics (Q27)

Areas of support needed for child (among those with any need)	Total (n=1,009)	Whānau (n=450)	Non-whānau (n=559)	Māori Caregivers (n=321)	Non-Māori Caregivers (n=687)	Short-term (n=363)	Long-term (n=692)
	%	%	%	%	%	%	%
Their formal education/childcare/schooling	57	57	57	62	54	52	61
Financial support	49	57	39	56	45	46	51
Their mental and emotional health	48	45	51	46	49	47	49
Their behaviour	44	40	50	39	48	47	44
Support for whānau visits	39	42	35	46	35	37	40
Transport	31	31	32	34	30	40	29
Any learning difficulties	30	27	34	36	27	27	32
Legal support	18	18	17	17	18	10	22
Any physical disability or chronic health conditions	17	15	20	17	17	16	18
Any intellectual disabilities	10	8	12	10	10	9	11
Cultural support needs	8	7	10	11	6	9	8
English language skills	4	5	4	6	3	4	4
Other	10	8	11	8	10	12	8
Total	364	360	370	390	350	356	376
NONE	15	12	17	14	15	19	11

Base: All respondents who have needed support for a child in the last twelve months n=1009 (except final row base=1193)

Six in ten (61%) caregivers said they receive enough support to help with the child

“With the first two children who came into our care, we did not feel supported at all. However when the third child came into our care in Nov '17 things have changed and we are now fully satisfied with the information and support given to us. Oranga Tamariki has learned from its mistakes and the gaps in the system, and we have become more knowledgeable and know our rights more now too. Very satisfied with Oranga Tamariki at the moment.”

(Other, non-whānau, long-term care)

"I understand that Oranga Tamariki had a huge case load. But there are many reasons why caregivers give up and discontinue supporting children in care. Oranga Tamariki need to step up and start providing a transparent, consistent level of care where it is not solely based on the child but also the person/s that is caring for the child. If the caregiver feels unsupported and inadequate to care for the child they will pass the child on. Our care child has been in care since he was two years old. And we were his 10th placement because the caregivers simply could not handle/manage/cope with him. He is beyond challenging!!! He has been since the minute he stepped foot in our home. We needed more support from day 1! We received none! And if it weren't for my husband who never would give up on this boy, I would've given up in 1 week. Caregivers need to be more trained, more aware and more educated about the hard job they will undertake when they accept a care child into their home. Oranga Tamariki needs to take more action and have more realistic plans in place to support the child and the caregivers/families."

(Tongan/Niuean, whānau, long-term care)

Those who needed support were asked what amount of support they received from Oranga Tamariki if they asked.

Excluding the 12% who said they did not ask for support from Oranga Tamariki, experiences were mixed: while just over six in ten caregivers (61%) felt they received *enough* or *more than enough* support, one in three 34% said they received *not enough* support, and a minority (5%) said they received *none*.

Figure 18: Amount of support received from Oranga Tamariki to help with child (Q28)



Base: All respondents who have cared for a child recently excluding 'I didn't ask for support' and Don't know (n=1,020)
Q28. IN THE LAST 12 MONTHS IF YOU DID ASK FOR SUPPORT FROM ORANGA TAMARIKI, WHAT AMOUNT OF SUPPORT DID YOU GET?

Subgroup differences

- Whānau caregivers and caregivers of Māori ethnicity were more likely (65% and 66% respectively) to feel they received *enough/more than enough* support than were non-whānau caregivers and those not of Māori ethnicity (55% and 58% respectively saying they received *enough/more than enough*).
- The likelihood of considering they received *enough/more than enough* support varied by the child's wellbeing. Two thirds (67%) of those who rated the child's wellbeing as *very good* or *excellent* said they received *enough/more than enough* support, compared with only 45% of those whose child's wellbeing was rated as *not very good* or *poor*. The greater the wellbeing needs then potentially the more cost and more stress for the caregiver, which in turn impacts what they need from Oranga Tamariki.

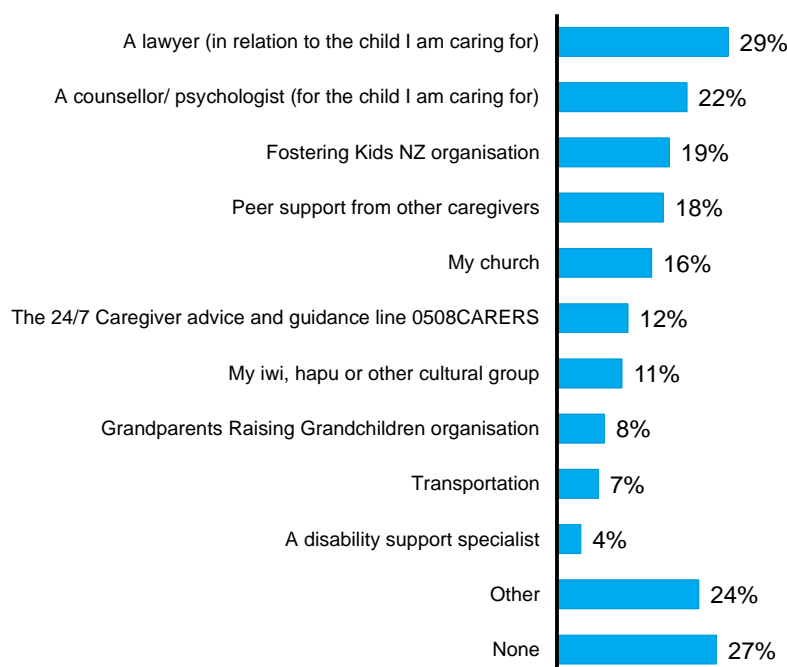
- Those from Taranaki/Manawatu were less likely to say they received *enough/more than enough* support (49% cf. 61%).
- Comparison across the types of support needed highlights that perceptions of the support provided are more negative (*not enough* or *none* ratings) among caregivers who sought help for all of the areas shown in the questionnaire, in particular; behaviour (53% cf. 39% overall), physical disability and/or chronic health conditions (53%), intellectual disabilities (53%), cultural needs (53%) and English language abilities (60% negative – noting that only a small proportion of caregivers (4%) sought support for this).
- There were no significant differences by the nominated child’s gender or age group.

Sources of support in last twelve months

As well as social workers, caregivers also receive ongoing support through Fostering Kids who will provide independent support and advocacy if caregivers choose this.

Caregivers were asked which of a range of types of support they have used in the last twelve months, apart from support from social workers. Three in four (73%) have used at least one of the nominated types of support. The two most common sources of support (both mentioned by more than two in ten caregivers) were a lawyer (29%) and a counsellor or psychologist (22%). One in eight (12%) said they have called the 24/7 Caregiver advice and guidance line.

Figure 19: Sources of support (apart from social workers) (Q32)



Base: All respondents who have cared for a child recently (n=1,194)
Q32. IN THE LAST 12 MONTHS, EXCLUDING SOCIAL WORKERS, WHERE ELSE HAVE YOU RECEIVED SUPPORT FROM?

Subgroup differences

Non-whānau caregivers were more likely than whānau caregivers to have sought support from any source (77% and 70% respectively). And caregivers with longer tenure were more likely to have sought support than caregivers with less than one year's experience as an Oranga Tamariki caregiver (78% and 65% respectively).

- Seeking support from **a lawyer** (29% total) was greater than average among long-term caregivers (35%).
- Seeking support from **a counsellor/psychologist** (22% total) was greater than average among non-whānau and non-Māori caregivers (24% and 26% respectively) and long-term caregivers (27%). Going to a counsellor/psychologist was more common where the nominated child's wellbeing was described as *not very good* or *poor* (33% cf. 16% among caregivers with children with positive wellbeing), or where the child was 5 years or older (29%).
- Seeking peer support from **other caregivers** (18% total) was more prevalent among short-term caregivers (22%).
- Just under two in ten (19%) sought support from the **Fostering Kids NZ organisation**. Seeking such support was more prevalent among non-whānau and non-Māori caregivers (26% and 22% respectively). Whānau and Māori caregivers were more likely to seek support from their **iwi, hapū or other cultural group** (15% and 23% respectively).
- Whānau caregivers were more likely than others to seek help from the **Grandparents Raising Grandchildren organisation** (14% cf. 8% across all caregivers).
- Non-whānau and non-Māori caregivers (15% and 14% respectively) were more likely to call the 24/7 line than whānau and Māori caregivers (10% and 9% respectively). Caregivers were more likely to call the **24/7 line** where the child's wellbeing is described as *not very good* or *poor* (18% cf. 10% among those with children with positive wellbeing).

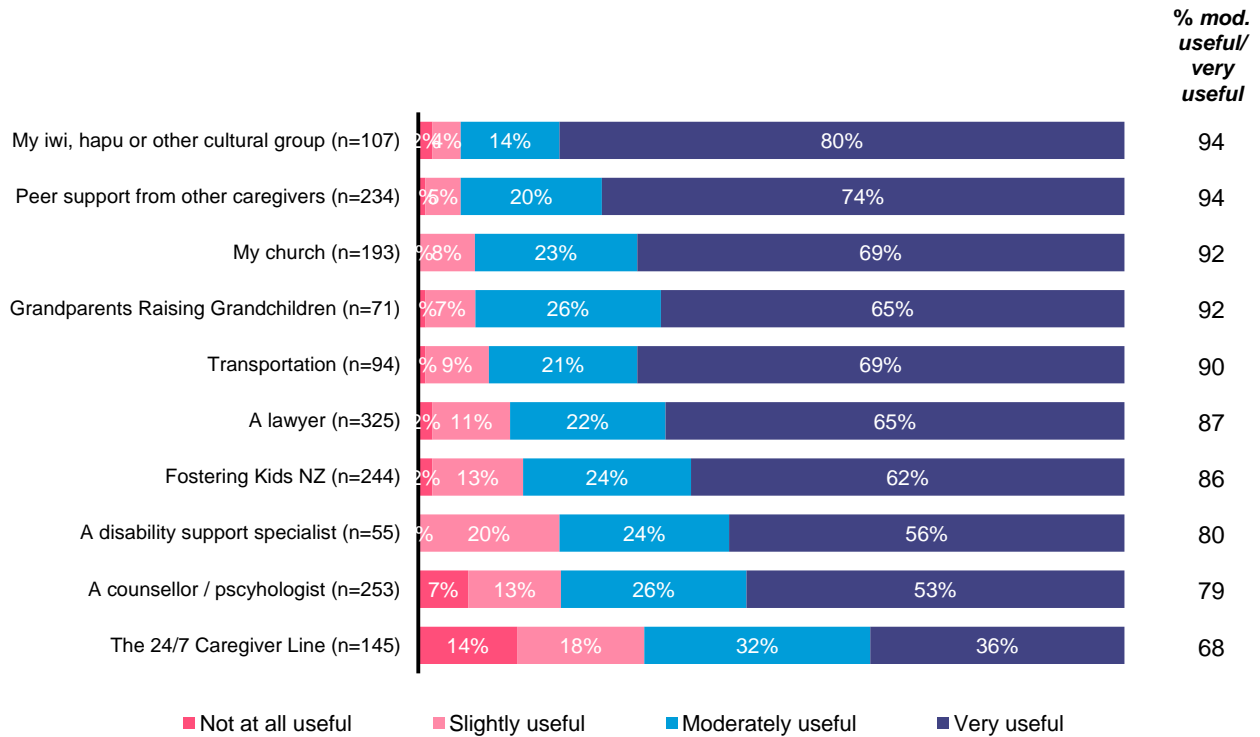
Usefulness of the types of support used

The five most useful sources were considered to be the caregiver's iwi or hapū (94% useful), peer support from other caregivers (94% useful), the caregiver's church (92%), Grandparents Raising Grandchildren (92% useful) and transportation (90% useful).

Four other sources were rated as useful by around eight in ten users: Fostering Kids NZ (86%), a lawyer (87%), a disability support specialist (80%), and a counsellor/psychologist (79%).

The 24/7 Carer Advice and Guidance line was considered less useful – 68% rated it as *moderately* or *very* useful, while 32% considered it only *slightly* or *not at all* useful.

Figure 20: Usefulness of support used (apart from social workers) (Q33)



Base: All respondents who have cared for a child recently excluding Not applicable and Don't know
Q33. FOR EACH SOURCE OF OTHER SUPPORT RECEIVED IN THE LAST 12 MONTHS, OVERALL HOW USEFUL WAS IT IN HELPING YOU CARE FOR THIS CHILD?

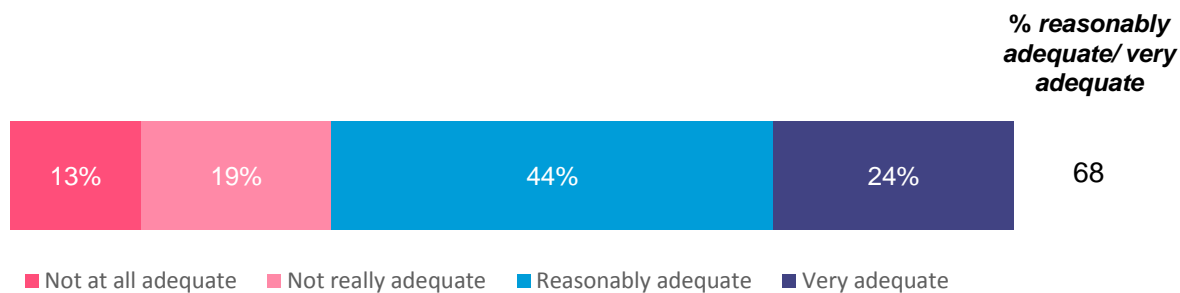
Two in three caregivers consider the allowances are adequate

Two in three caregivers (68%) consider the allowances they receive for looking after the child are *reasonably* or *very adequate* to meet the financial costs and time they put into caring, while nearly a third (32%) consider they are *not really* or *not at all* adequate.

“Higher financial payments for families caring for severely damaged children. I did not accept full time employment because we decided to take on this foster boy, his behavioural needs are so severe I am unable to work because he is demanding every day and I need to be available to support him and the school as well as my own children who live and go to school with him.”

(Tongan/Niuean, whānau, long-term care)

Figure 21: Adequacy of allowances for looking after child (Q29)



Base: All respondents who have cared for a child recently excluding Not applicable and Don't know (n=1,148)
Q29. ARE THE ALLOWANCE/S YOU RECEIVE/ RECEIVED FOR LOOKING AFTER THIS CHILD USUALLY ADEQUATE TO MEET THE FINANCIAL COSTS AND TIME YOU PUT IN TO CARING FOR THEM?

Subgroup differences

- Whānau caregivers and caregivers of Māori ethnicity were more likely to think the allowances they receive are usually adequate, 71% among each, compared with 64% and 66% among non-whānau caregivers and those not of Māori ethnicity. However, whānau caregivers and caregivers of Māori ethnicity are also more likely to say they need financial support (50% and 48%) compared with non-whānau caregivers and those not of Māori ethnicity (32% and 38% respectively).
- There are differences by type of care the caregiver provides. Oranga Tamariki Family Home caregivers have the most favourable view of allowances, followed by Home for Life caregivers (88% and 75% considering them adequate respectively). Caregivers who offer long-term care and caregivers who offer transitional care consider them less adequate (68% and 61% rating the allowances as adequate respectively).
- Not surprisingly, the caregiver's financial situation impacts perceptions: only 58% of the caregivers who feel they have *just enough/not enough* money to meet their everyday needs rate the allowances as *reasonably adequate/very adequate*, compared to 79% of the caregivers who feel they have *enough/more than enough* income to meet their everyday needs.
- Four in ten caregivers (42%) said that caregiving has impacted their employment situation. Those whose employment situation has been impacted are more likely to consider that the allowances are inadequate (39% rating them as *not at all/not really adequate*, compared with 32% of all caregivers). Sixty-one percent of this group rated them as adequate, compared with 68% of all caregivers.
- Those who *bought or rented a bigger house* are more likely to say allowances are *not at all/not really adequate* to meet every day needs (41% cf. 32%).
- Those who have sought financial support from Oranga Tamariki are more likely to say the allowances are *not at all/not really adequate* (39% cf. 32%). However, it should be noted that this is the case for caregivers who have sought any of the listed types of support (with the exception of those who sought English language skills).

- Those from Bay of Plenty were less likely to say allowances are *not at all/not really adequate* (21% cf. 32%).

Reasons for perceptions of adequacy of allowances

Some caregivers made comments about the adequacy of allowances. Several commented that they have not become caregivers as a way to make money, and that the question is perhaps irrelevant. The following verbatim responses are typical of those from caregivers who consider the allowance is adequate.

"Because the financial assistance has enabled me to give this child all the material needs. This child came to me at the age of 4 with a back pack and a bike that was too small for him. He now has what other lucky 5 year old children have which has given him some if only a small feeling of belonging, having his own belongings, bedroom etc."

(Māori/Niuean, non-whānau, long-term care)

"We find the funding approved has been great, we have taken the child to our home country. The usual allowances cover the child's needs (we do go over the budget but that is our choice as we see her as our child.) Extra activities such as swimming and dancing lessons are compensated for."

(Australian, non-whānau, permanent/home for life care)

"The amount of time and sleepless nights associated with a new born equates to approximately \$1 an hour. It's a hard job (but obviously very rewarding) and you 100% dedicate yourself to helping this child."

(Māori/New Zealand European, non-whānau, transitional care)

The point was made that the cost of living has risen faster than the foster care allowance has done. Other more critical comments indicated that while the everyday costs of looking after the child (for example, food, nappies, etc.) are met, the allowance does not compensate for the loss of income through reducing work hours to look after the child and ensure their (additional) support needs are met, nor for the additional stresses that there may be in a foster care setting. The following verbatim comments highlight such issues particularly where the children have high needs.

"I have children in my care that have required me to give up my career. My lost wages are not recompensed and then if I ask for financial support I'm told I'm only doing it for the money. We were very well off and now we are struggling financially and have high needs children and the stress that comes alongside looking after them."

(Non-Māori, non-whānau, long-term care)

"Allowances cover all day to day needs adequately however my child is in remission from leukaemia and last year required counselling to help with the trauma not only from the hospital but also the trauma he suffered prior to living with us. This cost of transport and therapy was covered by us alone."

(New Zealand European, non-whānau, home for life care)

“When we initially sought help for his mental health difficulties we incurred a large cost, some of which was later reimbursed. The tests ordered by the psychiatrist involved a lot of travelling, long appointments and we bought some books after his diagnosis. The current situation is fine - the social worker has supported our grandson when he's had interviews/appointments and any health costs are now met by the department. I would have chosen the 'very adequate' option as well, but initially the help we/our grandson received wasn't adequate.”

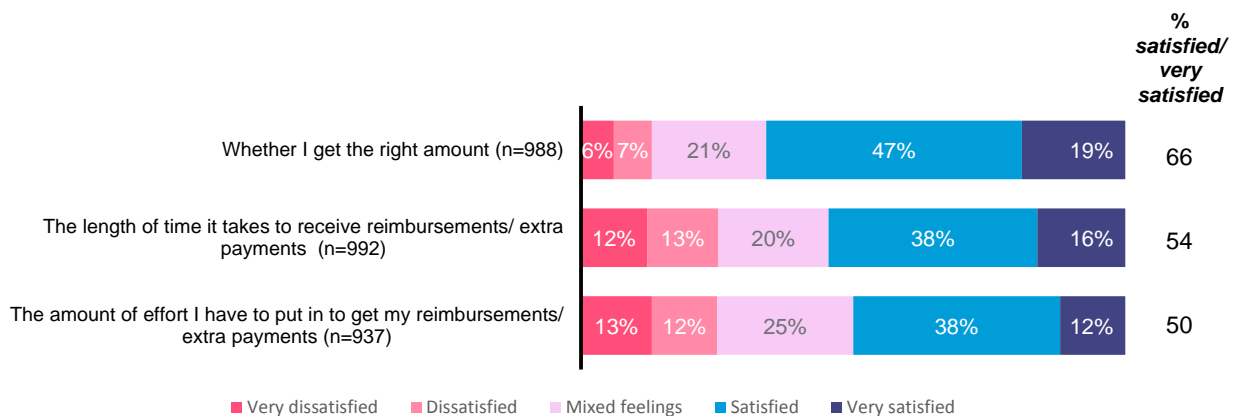
(New Zealand European, whānau, Oranga Tamariki Family Home care)

Satisfaction with management of reimbursements and extra payments is mixed

Caregivers were asked to rate their satisfaction with three aspects of reimbursements/extra payments. Caregivers were more satisfied that *the amount is correct* than with *the time taken* to receive such payments or *the amount of effort* they have to put in to receive reimbursement:

- Two in three (66%) said they are satisfied that *the amount is correct*.
- But only just over half (54%) are satisfied with *the length of time taken*, and only half (50%) are satisfied with *the amount of effort*. And one in four (25%) rated both aspects as unsatisfactory.

Figure 22: Satisfaction with management of reimbursements and extra payments (Q31)



Base: All respondents who have cared for a child recently excluding not applicable and Don't know
Q31. ABOUT REIMBURSEMENTS OR EXTRA PAYMENTS FROM ORANGA TAMARIKI, HOW SATISFIED ARE YOU WITH - Summary

Over six in ten (62%) caregivers have not used respite care

“It is different for us because we care for our grandchildren. We haven't received enough respite or asked if we need respite. I would worry for foster parents doing non kin care that they would receive the support they need. We have received help when we ask but never asked if we are ok, do we need breaks.”

(New Zealand European, whānau, long-term care)

Caregivers were asked how often they have used respite care for the child (whether formally arranged or informally arranged). Over six in ten caregivers (62%) said they have *never* used respite care for the child in the last twelve months. Only one in ten (10%) said they have used it a *moderate amount* or a *great deal*.

Figure 23: Use of respite care for the child (Q35)



Base: All respondents who have cared for a child recently excluding Don't know (n=1,156)

Q35. IN THE LAST 12 MONTHS, HOW OFTEN HAVE YOU USED RESPITE CARE FOR THIS CHILD (FORMALLY ARRANGED OR INFORMALLY ARRANGED)?

Subgroup differences

Responses were reasonably consistent across different subgroups, but with some obvious differences among Home for Life caregivers (70% of whom said they have not ever used respite care for the child in the last twelve months, compared with 55% of other long-term caregivers).

Those who described the nominated child's wellbeing as positive were also less likely to have ever used respite care (68% having never done so, compared with 57% of those who described the child's wellbeing as *not very good* or *poor*).

There were differences by the nominated child's age, with lower use of respite care among caregivers of under 5 year olds and under 1 year olds (68% and 78% respectively saying *never* use respite care). This may well reflect the fact that these younger children are in transitional or emergency care settings.

There were no significant differences in the frequency of use of respite care by the caregiver's household setting: that is, having their own children or not does not affect likelihood of using respite care.

Reasons for not using respite care

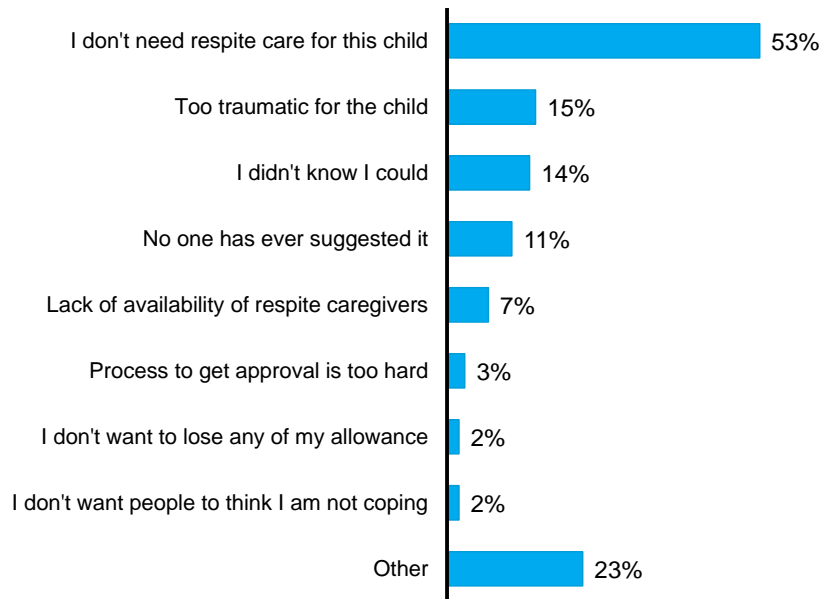
When asked why they have not used respite care in the last twelve months, just over half (53%) commented that they do not need respite care for the child. About one in four said they are not aware that respite care is an option, or that no one has suggested it to them (14% and 11% respectively) – 30% of long-term caregivers said this.

Fifteen percent of caregivers said that respite care would be too traumatic for the child. Caregivers who said this tended to be those who said that the child needed support in relation to behaviour (22%), mental or emotional health (23%), or any physical disability or chronic health conditions (24%).

Only a minority (2%) said they do not use respite care out of concern that they might be thought not to be coping.

Note: A proportion of 'Other' responses (39 out of 157 other specify responses) were that the caregiver is a respite caregiver, and respite care is therefore not a relevant option.

Figure 24: Reasons for not using respite care (Q36)



Base: All respondents who have cared recently and who haven't used respite care for their child excluding Don't know (n=684)
Q36. IF YOU HAVEN'T USED RESPITE CARE FOR THIS CHILD, WHY IS THAT?

EXPERIENCE WITH THE CHILD'S SOCIAL WORKER

Introduction

This section discusses the following questions:

- How satisfied are caregivers overall with the social worker assigned to their child?
- How satisfied are caregivers with aspects of support, such as frequency of contact and availability, provided by the social worker assigned to their child?

Nearly six in ten caregivers are satisfied with the child's social worker

"My new current social workers are doing their best to work with me and the child, this is a positive move for us all. However it took much time to get things activated such as a therapist and a teacher aid. I am much pleased in the last few months with my new current social workers though."

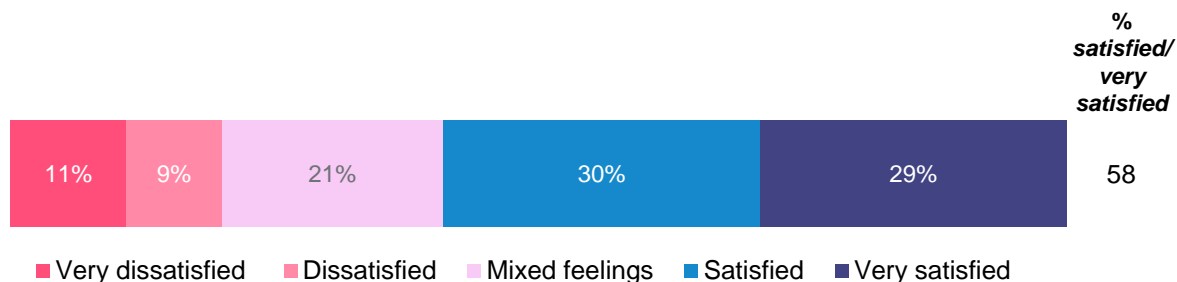
(Māori/New Zealand European, whānau, permanent/home for life care)

"I feel like we were given good information and supported well by our caregiver social worker when the child first came to live with us 11 years ago. Unfortunately the child's social worker was more limited in their skills. In the last 12 months I think the child may have had three social workers (a little hard to tell how many due to poor communication and erratic visits to child) and the most recent is excellent - unlike our own caregiver social worker who provides no support or information. Personally, I found it more helpful to have a skilled caregiver social worker."

(New Zealand European, non-whānau, long-term care)

Just over half (58%) of caregivers are satisfied with the social worker assigned to the child in their care. One in five (20%) caregivers report feeling dissatisfied and 21% have mixed feelings towards the social worker assigned to the child in their care.

Figure 25: Caregivers' overall satisfaction with child's social worker (Q46)



Base: All respondents who have cared for a child recently excluding Not applicable and Don't know (n=1,130)
Q46. OVERALL HOW SATISFIED ARE YOU WITH YOUR DEALINGS WITH THE SOCIAL WORKER FOR THE CHILD?

Sub group differences

Overall across all subgroups a majority of caregivers are satisfied with the social worker assigned to their child, however there are some differences between subgroups.

- Long-term caregivers are more likely to be *satisfied/very satisfied* compared with short-term caregivers (61% and 54% respectively).
- Non-whānau caregivers have significantly lower than average satisfaction with their child's social worker than average (55% cf. 58%).
- But there was no significant difference in the carer's satisfaction with the child's social worker according to ethnicity.
- Those from Canterbury are less likely to be *satisfied/very satisfied* (48% cf. 58%).

Those most likely to feel *satisfied/very satisfied* overall with the child's social worker are those who:

- are satisfied Oranga Tamariki values them as a caregiver (78% cf. 58%)
- are satisfied with the support Oranga Tamariki provides (85%)
- would recommend becoming a caregiver through Oranga Tamariki (87%)
- are aged 60 to 69 years (67%).

Table 16: Caregivers' overall satisfaction with child's social worker (Q46)

% satisfied/very satisfied overall with child's social worker	Total	Whānau	Non-Whānau	Māori Caregivers	Non-Māori Caregivers	Short-term	Long-term
	(n=1,130)	(n=502)	(n=628)	(n=359)	(n=771)	(n=424)	(n=748)
	%	%	%	%	%	%	%
Satisfied	58	61	55	62	56	54	61
Dissatisfied	20	18	23	19	21	21	19

Base: All respondents who have cared for a child recently excluding Not applicable and Don't know

Satisfaction levels varied across the key aspects of support from the child's social worker

Satisfaction with the different aspects of support from the child's social worker ranged from 78% *satisfied/very satisfied* to 55% *satisfied/very satisfied*. Conversely, dissatisfaction levels ranged from 11% up to 23%.

Caregivers are most satisfied with the social worker's *respect for the child* (78%).

Six-in-ten (62%) are satisfied with the child's social worker *acting in the child's best interests* and *involving the child in decisions that affect them* (each 62%).

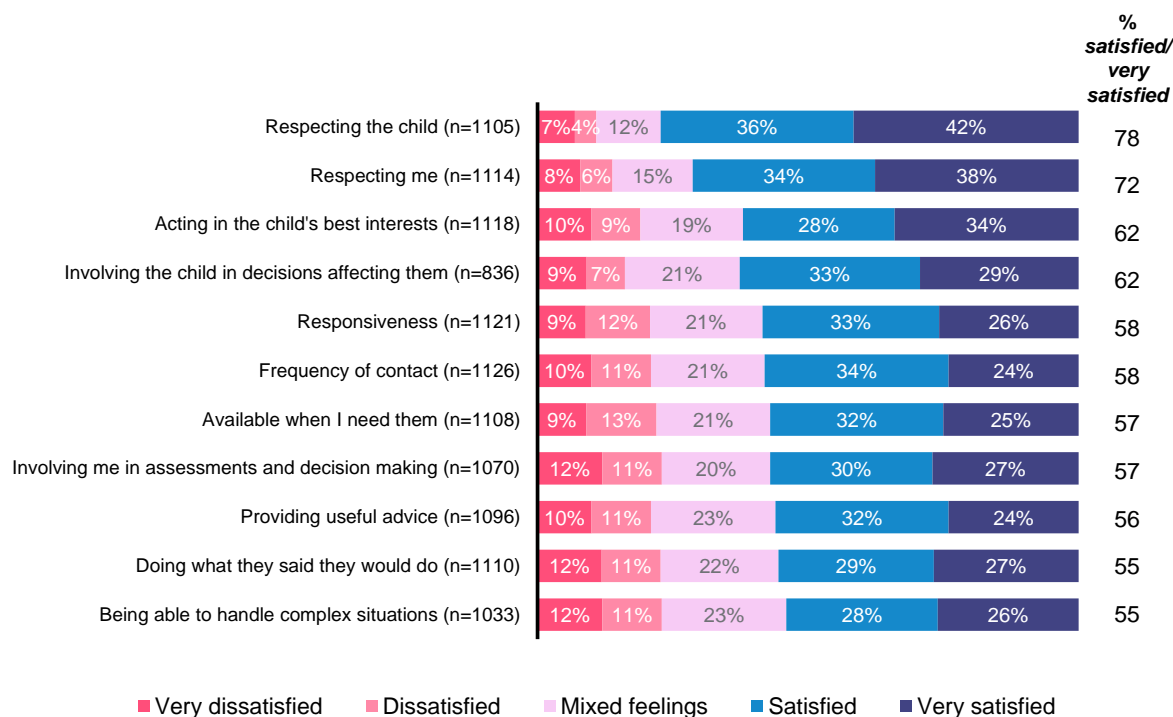
Caregivers are least satisfied with:

- *Social workers providing useful advice* (56%)
- *Doing what they said they would do* (55%)
- *Their child's social worker being able to handle complex situations* (55%).

"My social worker was great but the children's social worker was very hard to deal with. No respect for the children or myself. Only contact with children's social worker is when I push for it. Does not follow through with anything."

(New Zealand European, non-whānau, long-term care)

Figure 26: Caregivers' satisfaction with support from the child's social worker (Q45)



Base: All respondents who have cared for a child recently excluding Not applicable and Don't know
Q45. HOW WOULD YOU RATE YOUR SATISFACTION WITH THE SOCIAL WORKER FOR THE CHILD YOU ARE THINKING OF.. - SUMMARY

Sub group differences

Caregivers of Māori ethnicity are more satisfied with the majority of aspects of their child’s social worker. For example, Māori caregivers are much more satisfied that the social worker is *acting in the child’s interest* (67%), *involving the child in decisions affecting them* (61%) and that social workers are *doing what they said they would do* (60%). Non-Māori caregivers are significantly less satisfied with these aspects of their child’s social worker (59%, 53% and 52% respectively).

Whānau caregivers are more satisfied with their child’s social worker in terms of *availability when they need them* (60%), *providing useful advice* (60%), *acting in the child’s interest* (66%) and *respecting me* (76%) compared with non-whānau caregivers (52%, 51%, 58% and 68% respectively).

Long-term caregivers are more satisfied with their child’s social worker in terms of *frequency of contact* (63%), *responsiveness* (61%), *providing useful advice* (60%), *acting in the child’s interest* (66%) and their *inclusion of the child in the decision making process* (65%) compared with short-term caregivers (53%, 54%, 51%, 57%, and 55% respectively).

Table 17: Caregivers’ satisfaction with child’s social worker (Q45)

% satisfied/very satisfied overall % dissatisfied/very dissatisfied	Total	Whānau	Non-Whānau	Māori Caregivers	Non-Māori Caregivers	Short-term	Long-term
	(n=836-1126)	(n=379-498)	(n=457-628)	(n=274-362)	(n=562-764)	(n=302-422)	(n=575-745)
	%	%	%	%	%	%	%
Frequency of Contact	58	59	57	57	59	53	63
	21	19	23	21	21	24	18
Available when I need them	57	60	52	60	55	54	59
	22	21	23	22	22	23	20
Responsiveness	58	62	55	62	56	54	61
	21	19	24	19	22	24	18
Providing useful advice	56	60	51	60	53	51	60
	21	18	24	18	22	23	19
Acting in the child's best interest	62	66	58	67	59	57	66
	19	16	23	18	20	21	18
Being able to handle complex situations	55	58	51	58	52	51	57
	23	20	26	20	24	25	21
Respecting me	72	76	68	74	71	69	75
	13	12	15	12	15	15	12
Doing what they said they would do	55	58	52	60	52	52	57
	23	23	23	21	24	24	21
Involving me in decisions	57	61	51	61	53	51	61
	24	20	28	20	26	28	21
Respecting the child	78	80	75	80	76	74	80
	10	9	12	10	11	11	9
Involving the child in decisions affecting them	62	66	57	68	58	55	65
	17	15	19	16	17	19	15

WHAT SUPPORT ARE CAREGIVERS THEMSELVES RECEIVING?

Introduction

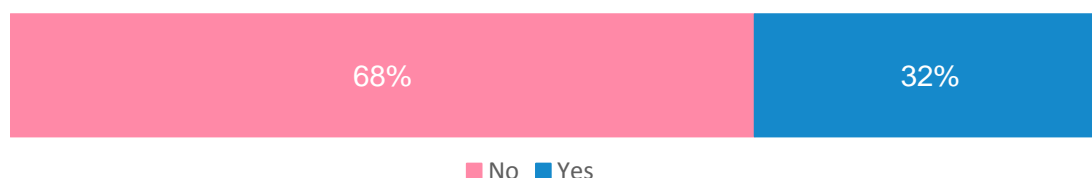
This section discusses the following questions:

- What training have caregivers received? How useful was it?
- How has their experience with their social worker been?
- Are they aware of the annual review process? If so, how useful was it?
- Has their social worker discussed a personal learning and development plan for them?

One in three have received caregiver training in last twelve months

One in three caregivers (32%) who have cared for a child recently said they have received training to help them as a caregiver in the last twelve months.

Figure 27: Whether received training in the last twelve months (Q37)



Base: All respondents who have cared for a child recently excluding Don't know (n=1,177)
Q37. IN THE LAST 12 MONTHS, HAVE YOU HAD ANY TRAINING TO HELP YOU AS A CAREGIVER?

Subgroup differences

Those more likely to have received any training in the last twelve months are:

- non-whānau caregivers (38% cf. 27% among whānau caregivers)
- non-Māori caregivers (34% cf. 28% among Māori caregivers)
- transitional caregivers (43% cf. 32% among emergency caregivers and 29% among respite caregivers)
- those who have been approved caregivers for a shorter length of time (37% among those approved for less than two years, compared with 29% of those who have been approved for more than three years)
- those from North and West Auckland (45% cf. 32%) and Upper South (46%).

Caregivers who are in the labour market (either in part time or full time paid work) were less likely than average to have received any training in the last twelve months (29% among those in the labour market and then 27% among those in full-time paid employment, compared with 40% among those looking after home and family). The difficulty of attending training was an issue that those in full-time employment raised during pretesting interviews.

“It can take a long time and the courses are not worker friendly anymore. When people work full time, it is not always easy to take time off or lose a day’s wages, even if caregiving is a passion you have.”

(New Zealand European, non-whānau, Oranga Tamariki Family Home care)

Comparison with Australian Carers Study

The incidence of receiving caregiver training in the last twelve months is higher in Australia than in New Zealand, with four in ten having received training, compared with only 32% doing so in New Zealand.

Usefulness of that training

Views of the usefulness of training received are generally positive, with over four in five (83%) rating the training as *moderately* or *very useful*.

Figure 28: Usefulness of that training (Q38)



Base: All respondents who have cared for a child recently who have received training as a caregiver excluding Not having training and Don't know (n=382)

Q38. IF YOU HAVE HAD TRAINING, HOW USEFUL DID YOU FIND IT?

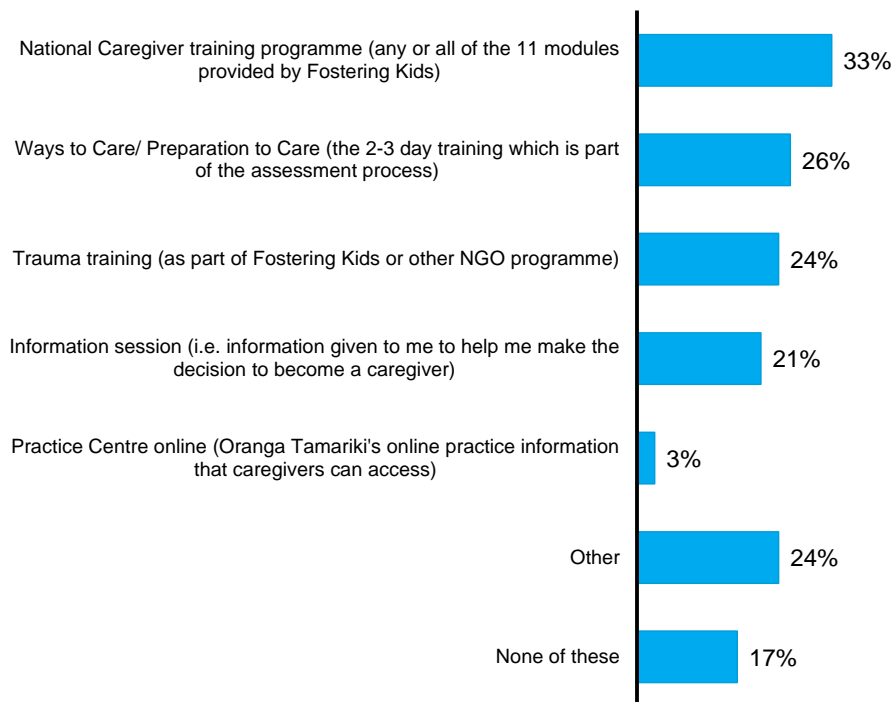
Oranga Tamariki training courses attended in last twelve months

The training course most commonly attended was the National Caregiver training programme (with 33% attendance). One in four attended Ways to Care/Preparation to Care (26%) and/or Trauma training (24%).

One in four (24%) mentioned courses other than those listed in the question. Only a few (3%) mentioned doing Practice Centre online training.

Note: there was a 4% level of 'don't know' responses. They have been excluded from the chart below.

Figure 29: Oranga Tamariki training courses attended (Q39)



Base: All respondents who have cared for a child recently who have received training as a caregiver excluding Don't know (n=375)

Q39. IN THE LAST 12 MONTHS WHICH OF THE FOLLOWING TRAINING COURSES OR WORKSHOPS OFFERED BY ORANGA TAMARIKI HAVE YOU ATTENDED OR COMPLETED?

Subgroup differences

There are some minor differences among levels of participation across different caregiver groups.

Table 18: Oranga Tamariki courses attended in last twelve months (Q39)

% attended training courses	Total (n=375)	Whānau (n=124)	Non-whānau (n=251)	Māori caregivers (n=102)	Non-Māori caregivers (n=273)	Short-term (n=168)	Long-term (n=244)
	%	%	%	%	%	%	%
National Caregiver Training programme	33	29	37	33	34	31	31
Ways to Care/Preparation to Care	26	27	25	34	22	29	23
Trauma Training	24	18	29	21	26	22	25
Information session	21	18	23	25	19	26	16
Practice Centre online	3	4	3	2	4	2	3
Other training	24	19	28	19	27	26	24

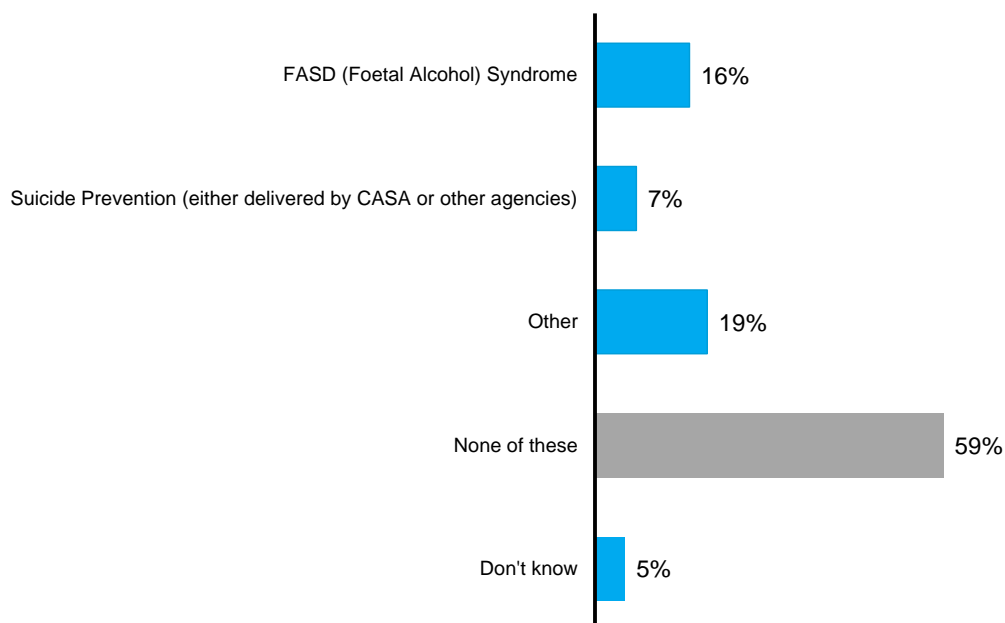
Base: All those who have received training in the last twelve months

Training courses attended in last twelve months from other providers

Four in ten (41%) caregivers said they attended one of the nominated courses (or a different course) from a provider other than Oranga Tamariki in the last twelve months.

One in six (16%) caregivers said they attended a Foetal Alcohol Syndrome course in the last twelve months, while 7% attended a Suicide Prevention course.

Figure 30: Training courses attended from other training providers (Q40)



Base: All respondents who have cared for a child recently who have received training as a caregiver (n=390)
Q40. IN THE LAST 12 MONTHS WHICH OF THE FOLLOWING TRAINING COURSES OR WORKSHOPS OFFERED BY OTHER PROVIDERS HAVE YOU ATTENDED OR COMPLETED?

How could Oranga Tamariki better support caregivers with training

Caregivers were asked if there is any training they would like, or anything Oranga Tamariki could do differently in regards to training. Responses to this question are not coded. However, key themes emerging are for:

- more online training, so it is more accessible to those in paid employment
- follow-up sessions after training courses to consolidate learning and share experiences
- training on specialist topics, such as foetal alcohol syndrome and cultural training, including Te Reo
- paid training or reimbursement for out of pocket expenses like petrol, given that caregivers may have to take leave without pay to attend training, and/or travel significant distances to attend courses.

The following verbatim comments are selected to show the range of typical responses.

"Help to understand and talk with children who have previously had abuse in the home."

(Māori, whānau, long-term care)

"Online training. More flexibility in course hours."

(New Zealand European, non-whānau, long-term care)

"Info on foetal alcohol a priority... along with autism and anything to do with mental internal disability as these issues are overlooked. More whānau support to help them find facilities that will help them. So many organisations in the community that are not focussing on individuals. And they need to have follow up support after they turn 18. Too many damaged children going in and out of prisons after leaving child care. It's like going from [one] trauma to the next."

(Māori, whānau, mixed short-term and long-term care)

"Yes, the only training I have ever been too is through Fostering Kids, haven't been offered any from Oranga Tamariki unless this is it and usually I am the only brown person there, it does [not] cater for my ways of knowing, my own values and my culture. I voiced my concerns about this at the time yet I was still invited to trainings. Given that Māori are the highest percentage of kids in care, make the training more appropriate - in saying this I know there is the Tui Kereru training which I think is great."

(Māori, non-whānau, long-term/home for life care)

"We would love to do the Trauma training (PACE/DDP). If Oranga Tamariki is able to fund more of its caregivers to attend, I think this would be a hugely beneficial investment for foster parents and the kids in their care. The follow up support for several months after the sessions seems like great initiative."

(Māori/New Zealand European, non-whānau, multiple care types including home for life care)

"Online information or training would be great as we live rural and it's a long way to travel to training sessions. Or reimburse for petrol costs."

(New Zealand European, non-whānau, respite care)

"Paid training, my partner cannot get paid for missed days at work as he is on a casual contract. I also believe that training is essential in working WITH Oranga Tamariki and their core values. If carers don't attend there should be closer interactions from Oranga Tamariki on what methods those carers use, and checked that they are aligned with the Oranga Tamariki kaupapa."

(European, non-whānau, short-term/long-term care)

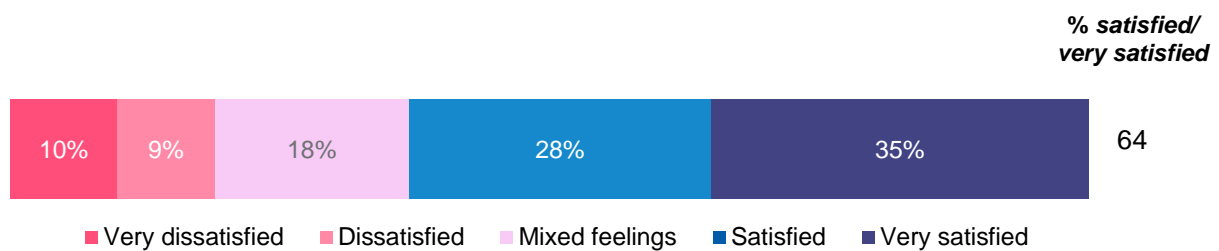
Six in ten caregivers are satisfied with their own social worker

The caregiver social worker is the primary point of contact for advice and support for the caregiver.

When asked to rate their satisfaction with their own social worker (as opposed to the child's social worker), over six in ten (64%) said they were *satisfied* or *very satisfied*. Just under two in ten (18%) were dissatisfied.

This compares with just fewer than six in ten (58%) saying they were satisfied with the child's social worker and 20% saying they were dissatisfied with the child's social worker.

Figure 31: Satisfaction with dealings with their own social worker (Q44)



Base: All respondents who have cared for a child recently excluding Not applicable and Don't know (n=1,068)
Q44. OVERALL HOW SATISFIED ARE YOU WITH YOUR DEALINGS WITH YOUR CURRENT CAREGIVER SOCIAL WORKER?

Subgroup differences

Satisfaction levels tended to be consistent across different subgroups, and there were no differences in satisfaction with their own social worker between whānau and non-whānau, and Māori and non-Māori caregivers.

Those more likely to be *satisfied/very satisfied* with their own social worker are:

- caregivers who provide short-term care (69% cf. only 58% of caregivers who provide long-term (non-home for life) care) and one in four (23%) long-term caregivers said they are dissatisfied with their own social worker
- long tenure caregivers (73% of those who have been caregiving for ten years or more saying they are *satisfied/very satisfied* cf. 64%)
- aged 50 to 59 years (69%)
- living in a rural area (71%)
- those from Bay of Plenty (74%).

Satisfaction levels varied across the key aspects of support from the caregiver's social worker

Satisfaction with the different aspects of support from their own social worker ranged from 79% *satisfied/very satisfied* to 59% *satisfied/very satisfied*. Conversely, dissatisfaction levels ranged from 11% up to 21%.

Caregivers are most satisfied with the social worker's *respect for them* (79%). Satisfaction with this aspect of the relationship and service was significantly higher than the other aspects rated.

There is room for improvement across other areas. Almost two in three are satisfied with their social worker's *doing what they said they would* (65%), *their responsiveness* (65%), *providing useful*

advice (64%) and being available when they need them (63%). Six in ten are satisfied that the social worker acts in their best interests (61%) and is able to handle complex situations (61%).

Caregivers are least satisfied with:

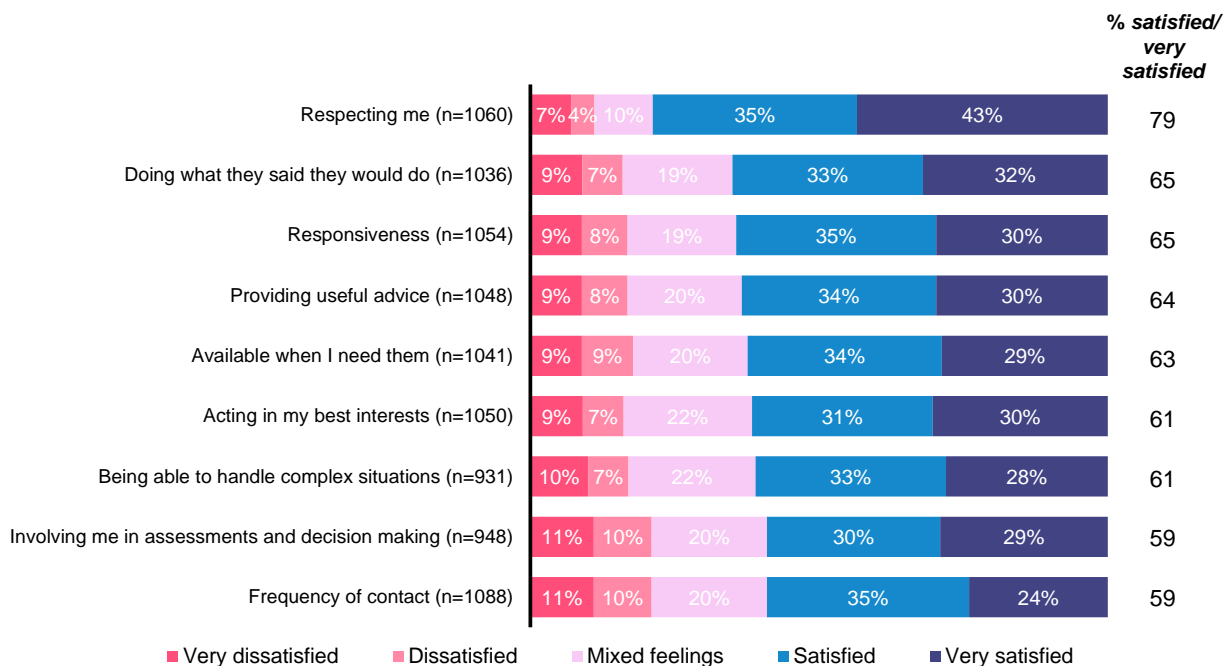
- Their social worker involving the caregiver in assessments and decision making (59%)
- Frequency of contact (59%).

Caregivers who said they had a moderate or great deal of contact with their caregiver social worker were more likely to be satisfied with the frequency of contact (86% cf. 59%), conversely those who said they never or rarely had contact with their social worker were more likely to be dissatisfied with the frequency of contact (54% cf. 21%). Central Auckland, Te Tai Tokerau/Auckland and Taranaki/Manawatu caregivers are more likely to say they never or rarely have contact with their social worker (58%, 51%, 46% respectively cf. 37% for all caregivers).

“Change its model for supporting caregivers. Caregivers are Oranga Tamariki’s front line staff. The present mode of operation seems to be that the caregivers are there to support the social workers and this is exactly the wrong way around. The social workers should be providing support and empowerment to their caregiver. It is my experience that presently, caregivers are not valued and not adequately supported.”

(New Zealand European, non-whānau, long-term care)

Figure 32: Caregivers’ satisfaction with support from their own social worker (Q43)



Base: All respondents who have cared for a child recently excluding Not applicable and Don't know
Q43. HOW WOULD YOU RATE YOUR SATISFACTION WITH YOUR CURRENT CAREGIVER SOCIAL WORKER ON THE FOLLOWING... - Summary

Sub group differences

Ratings of their own caregiver were consistent across whānau/non-whānau, Māori/non-Māori and short-term/long-term care providers, with the exception of involving me in assessments and decision making and frequency of contact.

	Total (n=931- 1088)	Whānau (n=392- 457)	Non- whānau (n=539- 631)	Māori Caregivers (n=301-342)	Non- Māori Caregivers (n=630-746)	Short- term (n=364- 420)	Long- term (n=609- 712)
% satisfied/very satisfied	%	%	%	%	%	%	%
% dissatisfied/very dissatisfied	%	%	%	%	%	%	%
Respecting me	79	78	79	81	78	80	79
	11	11	11	10	11	9	11
Doing what they said they would do	65	63	68	65	65	66	66
	16	18	14	17	15	14	17
Responsiveness	65	63	66	65	64	67	64
	17	17	16	17	17	14	18
Providing useful advice	64	63	65	63	64	67	62
	17	16	17	16	17	14	18
Acting in my best interests	61	60	63	60	62	63	60
	16	18	15	16	17	15	18
Available when I need them	63	62	64	64	62	65	63
	18	18	17	18	18	14	18
Being able to handle complex situations	61	61	61	61	61	63	60
	17	18	17	16	18	17	18
Involving me in assessments and decision making	59	61	56	64	56	58	61
	21	20	22	17	24	23	20
Frequency of contact	59	57	61	60	57	62	57
	21	23	19	22	21	18	22

Base: All respondents that have cared for a child recently excluding Not applicable and Don't know

Four in ten caregivers have participated in the annual review process

Awareness of the annual review process

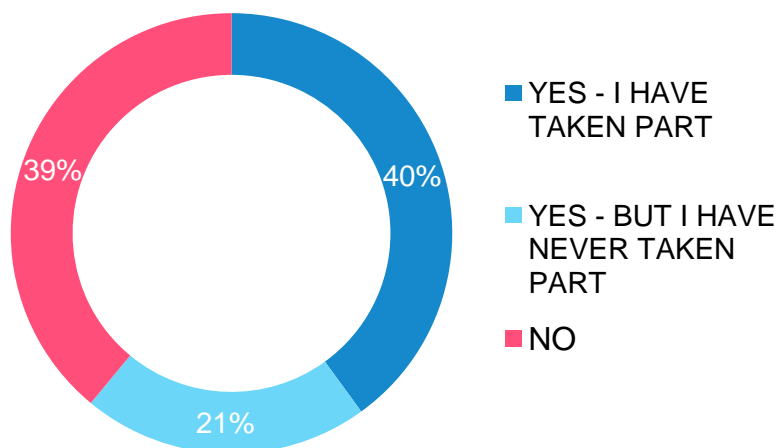
Caregivers were shown a statement about the annual review process which is conducted with the caregiver's social worker and asked about their participation in the process. The annual review process was described as follows.

Annual reviews are to make sure you and your child are doing well and achieving the goals Oranga Tamariki will have talked about with you. In the review you have the opportunity to talk about your strengths, your needs, the joys and challenges of the children in your care, any changes to your circumstances and any further support you may need. Every two years it also includes updating the police and medical checks for you and others living in your household.

Six in ten caregivers (61%) who have cared for a child recently are aware of the annual review process. Forty percent (40%) said they have participated in one.

(Note: there was a 10% level of 'Don't know' response to this question. If the base includes the 10% 'don't know' responses (n=1,194), awareness and participation is at 55% across the caregiver sample.)

Figure 33: Awareness and participation in the annual review process (Q47)



Base: All respondents who have cared for a child recently excluding Don't know (n=1,080)
Q47. ARE YOU AWARE OF THE ANNUAL REVIEW PROCESS?

Subgroup differences

The incidence of having participated in an annual review process was **higher** than average among:

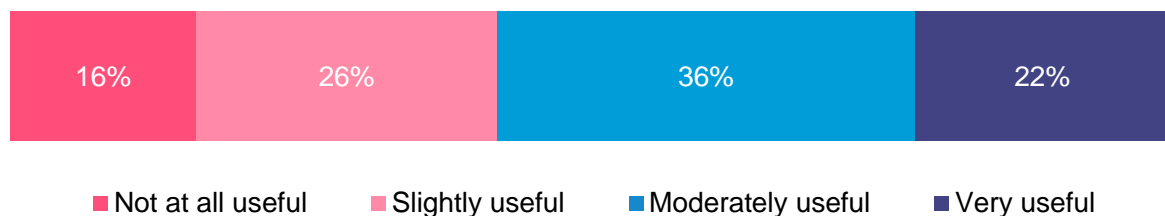
- non-whānau caregivers (44% participation cf. 37% among whānau caregivers)
- caregivers who offer long-term care (44% cf. 37% among short-term care providers)
- those who have had the child in their care for more than three years (63% among this group, compared with only 22% participation among caregivers who have had the child in their care for a year or less)
- those from Lower South and Waikato (77% and 73% respectively cf. 61%)
- the likelihood of having participated in an annual review process increased with tenure. Sixty five percent of caregivers approved for more than three years have participated in one, compared with 30% of those who have been approved for between one and three years.

While caregivers who rate the wellbeing of their child as *not very good/poor* had similar levels of awareness of the annual review process as those whose child has a positive wellbeing, their participation rate is lower (33% cf. 43% among those with a child whose wellbeing is *very good/excellent*).

Usefulness of the annual review process

Nearly six in ten (58%) of the 416 caregivers who said they had participated in an annual review rated the process as *moderately useful* or *very useful*. But four in ten (42%) found it only *slightly useful* or *not at all useful*.

Figure 34: Usefulness of the annual review process (Q48)



Base: All respondents who have cared for a child recently who have taken part in annual review process excluding 'I haven't had a review' and Don't know (n=416)
Q48. IF YOU HAVE HAD AN ANNUAL REVIEW, DID YOU FIND THE ANNUAL REVIEW PROCESS USEFUL?

Subgroup differences

Those more likely to find the annual review process *not at all useful* or *slightly useful* are:

- caregivers who rated the wellbeing of their child as *not very good/poor* (51% *not at all/slightly useful* cf. 37% among those rating the child's wellbeing as *very good/excellent*)
- caregivers offering long-term care (46% *not at all/slightly useful* cf. 42% all caregivers)
- non-whānau caregivers (53% *not at all/slightly useful* cf. 30% among whānau caregivers)
- non-Māori caregivers (45% *not at all/slightly useful* cf. 42% all caregivers).

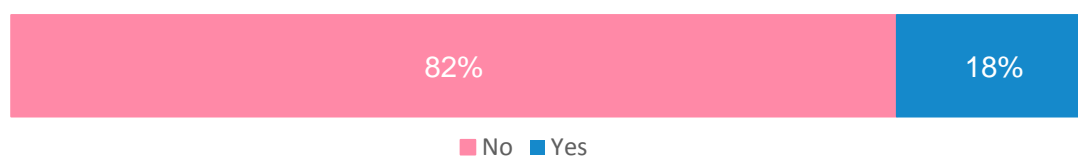
A total of 70% of whānau caregivers rated the annual review process as *moderately useful/very useful*, compared with only 47% of non-whānau caregivers.

Fewer than one in five (18%) caregivers have discussed a personal learning and development plan

Caregivers were asked if their caregiver social worker has ever discussed a personal learning and development plan for them. Ideally, the caregiver social worker will discuss with the caregiver during their application/assessment process what supports they will need. This will then be used to create a Caregiver Support plan. This plan will identify the caregiver's ongoing development and support needs to support children in their care. It will be regularly reviewed in conjunction with the caregiver social worker and the child's social worker. The caregiver will also have their caregiver approval status reviewed every two years.

Fewer than one in five overall (18%) said they have discussed a personal learning and development plan with their social worker.

Figure 35: Whether social worker has ever discussed a personal learning and development plan (Q49)



Base: All respondents who have cared for a child recently excluding Don't know (n=1,044)

Q49. HAS YOUR CAREGIVER SOCIAL WORKER EVER DISCUSSED A PERSONAL LEARNING AND DEVELOPMENT PLAN FOR YOU?

Subgroup differences

- The likelihood of having discussed a personal learning and development plan was greatest among Oranga Tamariki Family Home caregivers (40% having done so). There were no other differences by type of care the caregiver offers.
- The incidence of discussing a personal learning and development plan was higher among whānau and Māori caregivers (21% and 23% respectively) than among non-whānau and non-Māori caregivers (14% and 15% respectively).
- It was also higher among those who have participated in the annual review process (24%) and those who are aware but have not taken part in the review process (19%) than those who are not aware of the annual review process (8%).
- The incidence of discussing a personal learning and development plan was higher than average among caregivers who have been approved caregivers for less than two years (20%) and those from Bay of Plenty (31%).

WHAT WAS IT LIKE BECOMING A CAREGIVER?

Introduction

This section addresses the following questions:

- How satisfied are caregivers with the process they went through to become an approved caregiver for Oranga Tamariki?
- Do they recall receiving the Foster Care Handbook?
- If so, how useful did they find it?

This section only includes the responses for those who have been a caregiver for up to two years, to ensure the experience they are considering is recent enough to recall accurately (n=545 caregivers).

As would be expected, the process of becoming a caregiver is thorough. Many caregivers recognise this; however, there is room for improvement.

As mentioned earlier, a person that is enquiring about becoming an Oranga Tamariki caregiver (respite, transitional, permanent care or adoption) can contact the Oranga Tamariki Central Enquiries Team who will answer any questions they have about the process. 'The Ways You Can Care' brochure will then be sent or given to the enquirer which has details about the group information session where applicants can learn more about becoming a caregiver or adoptive parent. If the enquirer requests an application pack, some initial screening questions will be asked before this is sent to them. People who are interested in becoming a caregiver must go to a group information session 'Exploring Care' to find out what's involved. The presentation covers information about the tamariki needing care, the role of a caregiver and the application process. At the end of the session people get an application pack, which they can fill in before they leave or take away with them. Applicants need two reference checks, a medical report, verification of identity and police vetting forms. Everyone in a household and any regular visitors aged 17 or over must consent to being police vetted.

Once the applicant has completed their training and wishes to proceed to the assessment stage, they will be allocated to a caregiver social worker who will complete Social Work interviews with the applicant. These visits are conducted in the applicant's home and all household members are spoken to as part of the assessment, as well as the applicant's own children to gain their views. The social worker conducts a Strengths and Needs Assessment which consists of six core needs which are Safety, Attachment, Resilience, Integrity and Safety. The social worker will bring together all the information including the safety checks, self-assessments, feedback from attendance at training courses, and the social worker's own observations. The social worker will then analyse all this information and give their recommendation to either approve or decline the applicant.

The applicant will be informed by the caregiver social worker of the outcome of their assessment and will be given a letter to confirm this. If they are declined, the applicant will have 10 days to dispute this.

Caregivers have relatively low levels of satisfaction with the process to become a caregiver

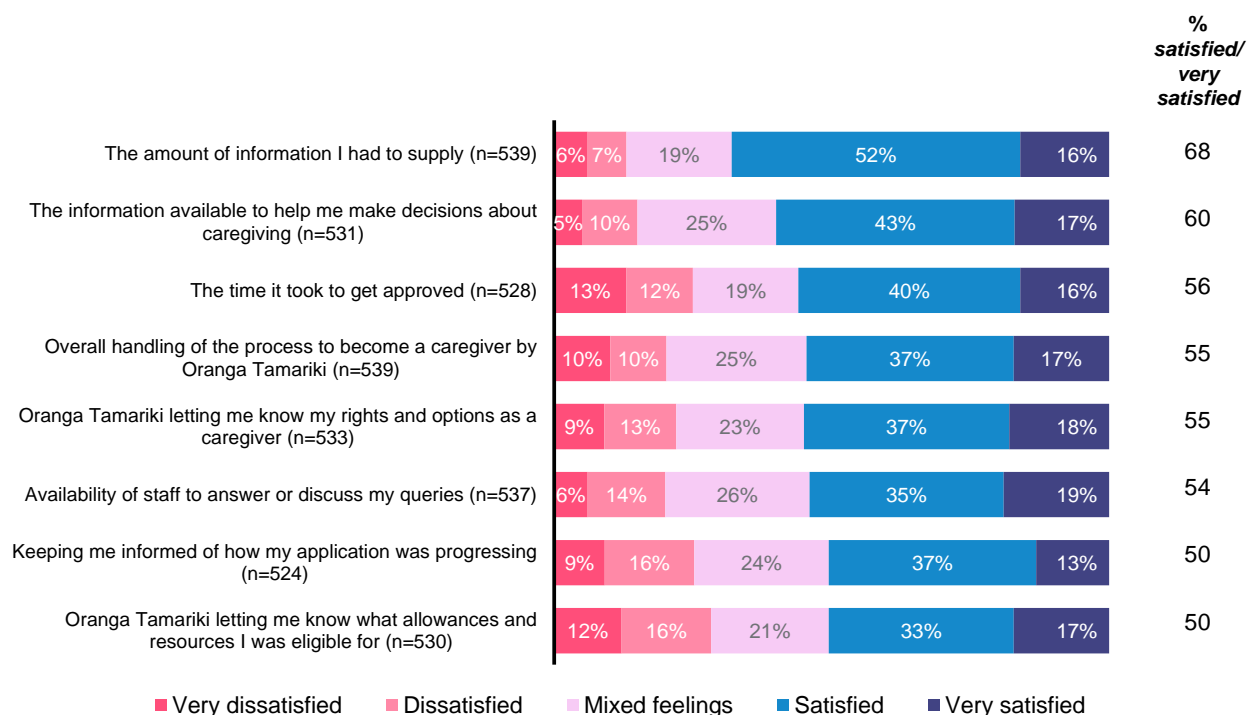
“Needs to be handled better. At times it felt like we were criminals being questioned over a crime and that WE should have been grateful for their time rather than the fact we were stepping up. At times made us wonder if they even wanted us as caregivers.”

(New Zealand European, non-whānau, type of care not stated)

Caregivers are most satisfied with the *amount of information they had to supply* (68% satisfied/very satisfied).

They are least satisfied with *being kept informed of how their application is progressing and Oranga Tamariki letting them know what allowances and resources they are eligible for* (both 50% satisfied or very satisfied). *Oranga Tamariki letting them know their eligibility in terms of allowances and resources* also has the highest levels of dissatisfaction with nearly three in ten (29%) saying they were *dissatisfied* or *very dissatisfied* with this aspect.

Figure 36: Satisfaction with aspects of becoming a caregiver (Q10)



Base: All those who have been caregivers for less than 2 years excluding Not applicable and Don't know
 Q10. HOW SATISFIED WERE/ARE YOU WITH THE FOLLOWING... - Summary

While caregivers are most satisfied with the amount of information they had to supply, verbatim comments suggest that for some it still feels excessive. The whole process is hard work for others.

“When we applied we had to give details of our bank accounts, our mortgage, the value of our assets and our income. I think that was excessive. We supplied them, and got approved, but impression was given that if we didn't have a healthy bank account we might not get approved.”

(New Zealand European, non-whānau, permanent/home for life care)

“I found the application and approval process exhausting. While I understand the need for such a 'thorough' examination of applicants and their applications, the time, money and energy spent to complete the application was ludicrous - I was basically spending money to complete this paperwork all so I could be approved to look after my own mokopuna.”

(Māori, whānau, permanent/home for life care)

“Oranga Tamariki are quick to get children into your care, but slow to advise what your rights/entitlements are, slow to communicate, and slow with reimbursements. I would advise investigating other providers as well, to see how they stack up in comparison to Oranga Tamariki. There is LOTS of room for improvement on how caregivers are supported.”

(New Zealand European, whānau, permanent/home for life care)

Subgroup differences

Overall non-whānau and non-Māori are more satisfied with the process to become a caregiver. Those offering short-term care are significantly more satisfied with the time it took to get approved and the overall handling of the process to become a caregiver.

Table 20: Satisfaction with aspects of becoming a caregiver by key subgroups (Q10)

% of satisfied/very satisfied on each aspect	Total (n=524-539)	Whānau (n=253-269)	Non-whānau (n=221-229)	Māori caregivers (n=191-194)	Non-Māori caregivers (n=327-342)	Short-term (n=206-214)	Long-term (n=282-293)
	%	%	%	%	%	%	%
The amount of information I had to supply	68	61	78	63	72	69	69
The information available to help me make decisions about caregiving	60	55	64	57	62	63	57
The time it took to get approved	56	53	63	52	60	62	55
Overall handling of the process to become a caregiver, by Oranga Tamariki	55	50	61	52	57	61	53
Oranga Tamariki letting me know my rights and options as a caregiver	55	50	64	53	57	57	54
Availability of staff to answer or discuss my queries	54	49	63	51	57	59	53
Keeping me informed of how my application was progressing	50	48	54	46	54	51	52
Oranga Tamariki letting me know what allowances and resources I was eligible for	50	49	53	48	52	47	54

Base: All those who have been caregivers for less than two years excluding Not applicable and Don't know

Other subgroup differences of interest include:

- Caregivers from Wellington-East Coast and Te Tai Tokerau/Auckland are more likely to be dissatisfied with Oranga Tamariki letting them know what allowances and resources they are eligible for (37% and 49% respectively cf. 29%), whereas those from North and West Auckland are more likely to be satisfied (72% cf. 50%).
- Likewise those who have not enough or just enough money are more likely to be dissatisfied with Oranga Tamariki letting them know what allowances and resources they are eligible for (34% cf. 29%).
- Caregivers from Taranaki/Manawatu are less likely to be dissatisfied with the information available to help make decisions (6% cf. 16%).

- Caregivers from Wellington/East Coast are more likely to be dissatisfied about being kept up to date on the progress of their application (33% cf. 25%).
- Caregivers from North and West Auckland are more likely to be satisfied with the time it took to get approved (75% cf. 56%).
- Caregivers from Te Tai Tokerau/Auckland are more likely to be dissatisfied with Oranga Tamariki letting me know my rights and options as a caregiver (43% cf. 22%).
- Overall if the child’s wellbeing is *not very good/poor*, the caregiver is less likely to be satisfied with aspects of the approval process.

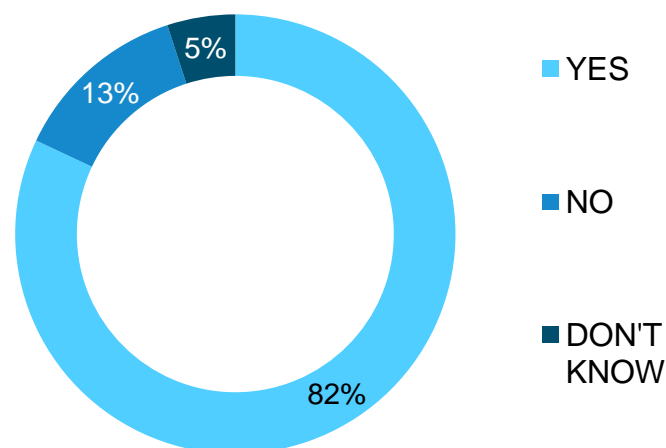
Four out of five recall the Foster Care Handbook



All caregivers should receive a copy of the Foster Care Handbook, which introduces them to their role as a carer. It is available in hardcopy and as a pdf online and covers information about their care team, what happens when a child comes into their care, how to help a child become part of the family, issues for kids in care, etc.

Caregivers were asked whether they recalled reading or receiving the handbook when they first become a caregiver. Just over eight in ten (82%) recalled the handbook.

Figure 37: Recall of the Foster Care Handbook (Q11)



Base: All those who have been caregivers for less than 2 years (n=545)

Q11. DO YOU RECALL READING ONLINE OR RECEIVING A 'FOSTER CARE HANDBOOK' WHEN YOU FIRST BECAME A CAREGIVER?

Subgroup differences

There are no significant differences in recall between Māori, non-Māori, whānau and non-whānau compared with the total. Those offering transitional care are less likely to recall the handbook (75% cf. 82% total), whereas those offering long-term care are more likely to recall it (87% cf. 82%). Those with older children, for example, 13 to 17 years are more likely to recall the handbook (89% cf. 82%).

Almost all caregivers responding from Taranaki/Manawatu recalled seeing it (95%) – but other than that there were no other regional differences compared with the total result¹⁰.

Caregivers who have had training in the last 12 months are more likely to recall (89%) the handbook, particularly if the training was about deciding to become a caregiver (92%) or the Ways to Care/Preparation to Care (91%), suggesting the handbook is used or referred to in these courses. Those who felt they were *well* or *very well* prepared for the role of caregiver are more likely to recall the handbook (88% cf. 82%).

There is a relationship between how satisfied caregivers are with the support Oranga Tamariki provides them and recall of the handbook. That is, those who are more satisfied are more likely to recall the handbook.

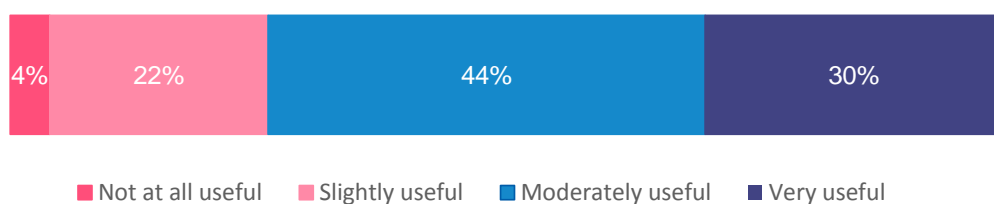
A similar pattern exists with other aspects of satisfaction with the caregiver’s experience.

- Those who felt they got *more than enough* support in the last 12 months when they asked for it are more likely to recall the handbook (94% cf. 82%)
- Those more likely to recommend being a caregiver are more likely to recall the handbook (89% cf. 82%).

Three quarters (74%) of those who recall the Foster Care Handbook found it useful

Those who could recall the Foster Care Handbook were asked how useful they found it in helping them understand what being a caregiver would be like. Nearly three quarters (74%) found it *moderately* or *very* useful and only a small percentage found it *not at all* useful.

Figure 38: Usefulness of the Foster Care Handbook (Q12)



Base: All those who have been caregivers for less than 2 years who recalled reading or receiving Foster Care Handbook, excluding Don't know (n=437)
Q12. HOW USEFUL DID YOU FIND THE FOSTER CARE HANDBOOK IN HELPING YOU UNDERSTAND WHAT BEING A CAREGIVER WOULD BE LIKE?

¹⁰ Only regional findings which are statistically significant are mentioned in the body of this report. A table of major regional indicators is in the Appendix.

Subgroup differences

There are no significant differences in perceived usefulness of the Foster Care Handbook between Māori, non-Māori, whānau and non-whānau compared with the total.

Table 21: Usefulness of Foster Care Handbook by key subgroups (Q12)

% of satisfied/very satisfied on each aspect	Total (n=437)	Whānau (n=214)	Non-Whānau (n=191)	Māori caregivers (n=161)	Non-Māori caregivers (n=273)	Short-term (n=168)	Long-term (n=244)
	%	%	%	%	%	%	%
Not at all useful	4	6	3	6	3	4	5
Slightly useful	22	21	25	25	20	22	22
Moderately useful	44	45	42	41	46	43	43
Very useful	30	29	30	28	31	31	30

Base: All those who have been caregivers for less than two years and know about the Foster Care Handbook and excluding Don't know

Caregivers are more likely to rate the handbook *very useful* if they are:

- aged 60-69 years old (43% cf. 30%)
- currently looking after two or three children (39%)
- have been an approved caregiver for 3-6months (41%)
- those who have not needed help in the last 12 months (43%)
- if they had training in the last 12 months (37%) and found it *very useful* (49%)
- *satisfied/very satisfied* with the support Oranga Tamariki provides (41%)
- *satisfied/very satisfied* that Oranga Tamariki values them as a caregiver (38%)
- *satisfied/very satisfied* that Oranga Tamariki provided adequate information about the nominated child's history and background when they first came to their care (40%)
- felt *well prepared/prepared* for the role of caregiver when the child first came to them (40%).

WHAT IS THE INITIAL EXPERIENCE WHEN THE CHILD COMES TO THE CAREGIVER?

Introduction

This section addresses the following questions:

- How adequate was the information Oranga Tamariki provided about the child's history and background when the child first came to their home?
- How adequate was the information Oranga Tamariki provided about the child's specific support needs?
- When did the caregiver first see the child's care plan?
- What were the caregiver's perceptions of the care plan?
- Is there anything else caregivers would like to know about the child?

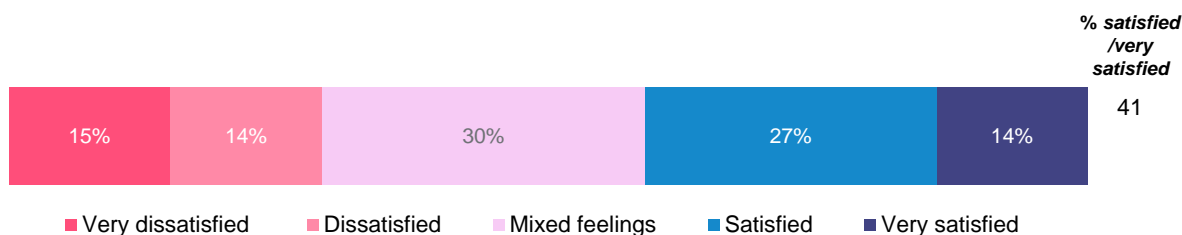
Three in ten are dissatisfied with the adequacy of background information or history of the child

"It would have been useful to know that the child apparently needs round the clock care as opposed to a normal teenager who is able to be left alone. We have full time jobs that we cannot leave and we are now being impacted severely."

(New Zealand European, whānau, permanent/home for life care)

Caregivers were asked to rate Oranga Tamariki on providing adequate information about the child's history and background when the child first came to their care. Three in ten (29%) were *dissatisfied* or *very dissatisfied* with what they received.

Figure 39: Satisfaction with Oranga Tamariki providing adequate information about this child’s history and background (Q20)



Base: All respondents who have cared for a child recently excluding Not applicable and Don't know (n=1,114)

Q20. HOW WOULD YOU RATE ORANGA TAMARIKI ON PROVIDING ADEQUATE INFORMATION ABOUT THIS CHILD'S HISTORY AND BACKGROUND WHEN THEY FIRST CAME TO YOUR CARE?

Subgroup differences

Whānau caregivers were more likely to be *satisfied/very satisfied* than non-whānau caregivers with the adequacy of the information provided.

Table 22: Satisfaction with adequacy of information about history and background (Q20)

Level of satisfaction	Total (n=1114)	Whānau (n=447)	Non-whānau (n=667)	Māori caregivers (n=354)	Non-Māori caregivers (n=759)	Short-term (n=434)	Long-term (n=723)
	%	%	%	%	%	%	%
Very satisfied	14	18	11	14	15	13	15
Satisfied	27	30	24	29	26	31	26
Mixed feelings	30	28	32	31	29	30	29
Dissatisfied	14	10	18	13	14	13	14
Very dissatisfied	15	14	16	13	17	13	16
Net very satisfied/satisfied	41	48	34	43	40	44	41
Net dissatisfied/very dissatisfied	29	24	34	26	31	26	30

Base: All respondents who have cared for a child recently excluding Not applicable and Don't know

Those more likely to be *satisfied/very satisfied* are:

- whānau caregivers (48% cf. 41%)
- have three Oranga Tamariki approved caregivers in their home (63%)
- aged over 70 years (61%).
- grandparents (52%)
- offering Oranga Tamariki Family Home care (57%)
- offering permanent/home for life care (45%)

- child is aged under 5 years old (49%)
- child wellbeing is *very good/excellent* (46%)
- not in the labour market (46%)
- looked after one child only in the last 12 months (45%).

Those less likely to be *satisfied/very satisfied* are:

- non-whānau caregivers (34% cf. 41%)
- aged 40 to 49 years (36%)
- child aged 5-12 years (36%)
- caregivers from Adoption Services (23%)
- child wellbeing is *not very good/poor* (32%)
- *do not have enough money* (29%)
- in the labour market (37%)
- looked after two children in last 12 months (36%)
- needed help in the last 12 months; *education/childcare/schooling* (37%), *behaviour* (32%), *mental and emotional health* (31%), *any physical disability or chronic health conditions* (31%), *any intellectual disabilities* (29%), *any learning difficulties* (31%), *any cultural support needs* (24%), and *support for whānau visits* (36%).

There also appears to be a relationship between the recency of the child arriving to the care of the caregiver and satisfaction with the adequacy of the information about the child's background and history. Those who have children who have only been with them a short time are more satisfied with the adequacy of information they received i.e. if the nominated child arrived less than three months ago then 53% are *satisfied/very satisfied*, compared with those who arrived 10 years or more where 20% are *satisfied/very satisfied*. This could be because the adequacy of information has improved in recent times or those caregivers who have a new child have yet to find out what they don't know and/or are still coming to grips with the child living with them.

Likewise if the caregiver has more recently been approved to become a caregiver then they are more *satisfied/very satisfied* with the adequacy of the information about the nominated child i.e. been approved less than three months (58% satisfied), 3-6 months (57%). Looking at the nets for length of time been an approved caregiver:

- Been an approved caregiver for less than one year (48% *satisfied/very satisfied*)
- Been an approved caregiver for one to three years (43%)
- Been an approved caregiver for more than three years (37%).

Comparison with Australian Carers Study

In New Zealand, 41% of caregivers said they are *satisfied/very satisfied* with the adequacy of information provided by Oranga Tamariki about the child's history and background, while 29% said they are *dissatisfied/very dissatisfied*.

In Australia, the question was slightly different. A total of 61% of carers said they did receive adequate information while 36% said they did not receive adequate information (and 4% did not know).

Satisfaction is also low with the adequacy of information on specific support needs, particularly about any past neglect or abuse

Caregivers were also asked their level of satisfaction on the adequacy of the information they received about the child's specific support needs.

"We were given highly inadequate information regarding the situation of our long-term placement, [for] her VERY IMPORTANT to know before placing her, [her] sexual abuse history, among other things. We were transitional caregivers and have since realized it is not in her best interests for her to go through the trauma of being moved again, so are now long-term/permanent, however this is NOT what we anticipated at the beginning and both social workers knew this."

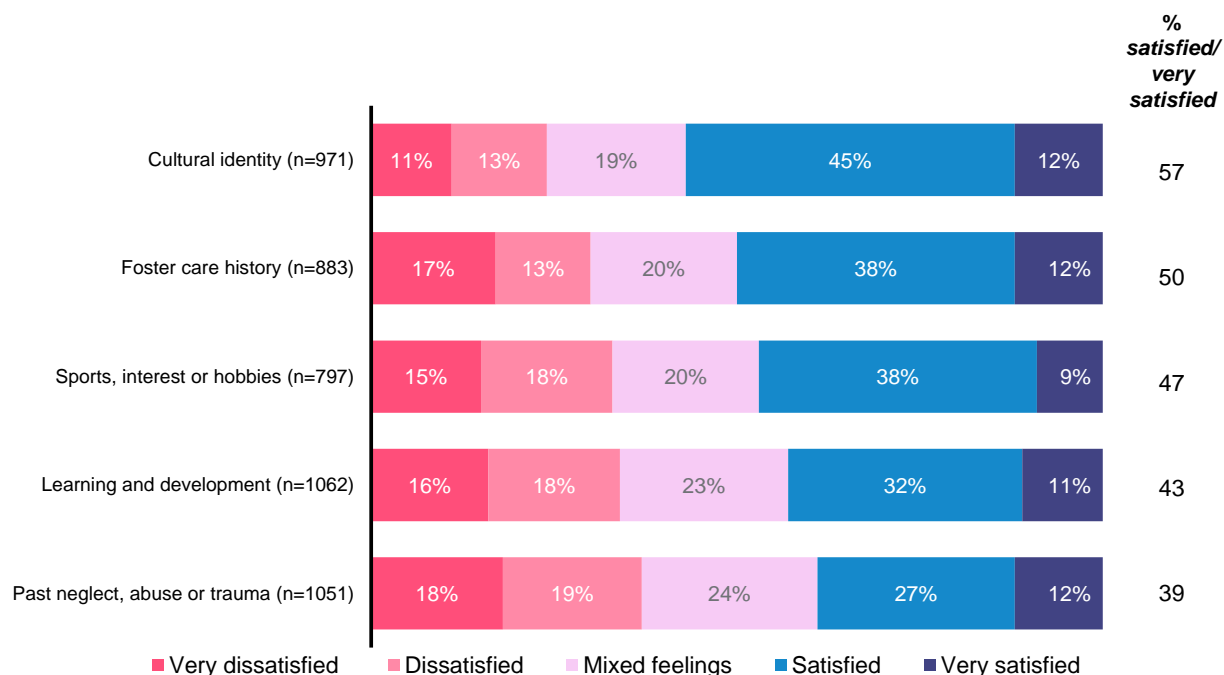
(New Zealand European, non-whānau, transitional/long-term care)

"Child had history of sexual abuse and there were recent issues of child isolating and behaving inappropriately with younger children. We were never told and only found out after expressing concerns about some concerning behaviour we witnessed."

(New Zealand European, non-whānau, respite care)

There is considerable dissatisfaction, with at least three in ten being *dissatisfied* or very *dissatisfied* on all aspects except *cultural identity* where a quarter are *dissatisfied/very dissatisfied* (24%). The highest level of dissatisfaction is for *adequacy of information on past neglect, abuse or trauma* (37%).

Figure 40: Satisfaction with Oranga Tamariki providing adequate information about the child’s specific support needs (Q21)



Base: All respondents who have cared for a child recently excluding Not applicable and Don't know
Q21. WHEN THEY FIRST CAME INTO YOUR CARE, HOW WOULD YOU RATE ORANGA TAMARIKI ON PROVIDING ADEQUATE INFORMATION ABOUT THE CHILD'S SPECIFIC SUPPORT NEEDS?...

Please note: that there are high proportions of not applicable results for this question, as the relevance of this information depends on a number of factors including the child’s age. These have been removed from the previous graph so to not skew the results, and are shown in the table below.

Table 23: Levels of Not applicable and Don't know for satisfaction with Oranga Tamariki providing adequate information about the child’s specific support needs (Q21)

	Cultural identity (n=1182)	Foster care history (n=1180)	Sports, interest or hobbies (n=1178)	Learning and development (n=1186)	Past neglect, abuse or trauma (n=1187)
	%	%	%	%	%
Not applicable	15	24	27	10	10
Don't know	4	3	5	1	2

Base: All respondents who have cared for a child recently

“I was totally unprepared for a child with such disabilities. I specifically asked before his arrival if he was dry at night. Social worker replied she thought so. He was not toilet trained at all! I was not told he had no words and communicated in grunts and tantrums. I was not told he was violent to himself and others during said tantrums. I was not told the truth about his last placement breakdown. Fact is Oranga Tamariki needed a place for him and they avoided being honest in order to get it.”

(New Zealand European, non-whānau, transitional care)

"As a Māori tamariki we [would] of liked to have known then and now his iwi affiliations. As he has gotten older he uses our iwi information which he does not belong to. Oranga Tamariki could of better prepared us for the types of behaviours that might (and did) of shown up. Some of the behaviours were a shock to us and we had eight of our own grown up tamariki. We were told he could have attachment disorder, we knew nothing about that we had to look it up on the internet. At the first hui with Oranga Tamariki (CYF's then) it was called by the principal of the school that he started at. She ensured that he and I were given support. It was at this hui that we as a whānau were given a report from his then social worker detailing his history and what he had been through and what might of happened to him, sexual abuse. Shocked, disbelief, horror all understatement.... we should of been told this right at the beginning."

(Māori, non-whānau, long-term care)

Subgroup differences

Cultural identity

Those more likely to be *satisfied/very satisfied* with information provided about cultural needs are:

- whānau caregivers (62% cf. 57%)
- offering permanent care (63%).
- child has been living with them for less than a year (64%)
- approved caregiver for less than a year (68%)
- child is aged under 5 years old (63%)
- Bay of Plenty (69%).

Those less likely to be *satisfied/very satisfied* are:

- non-whānau caregivers (52% cf. 57%)
- aged 40 to 49 years (51%)
- child has been living with them for more than three years (50%)
- approved caregiver for more than three years (52%)
- needed help in the last 12 months; *behaviour* (53%), *mental and emotional health* (47%), *any physical disability or chronic health conditions* (42%), *any intellectual disabilities* (39%), *any learning difficulties* (48%), *financial support* (52%), *any cultural support needs* (28%), *legal support* (48%) and *support for whānau visits* (48%).

Foster care history

Those more likely to be *satisfied/very satisfied* with information provided about the child's foster care history are:

- whānau caregivers (55% cf. 50%)
- offering permanent care (59%)
- child has been living with them for less than a year (56%)
- approved caregiver for less than two years (57%)
- child is aged under 5 years old (60%)
- child's wellbeing is *very good/excellent* (55%).

Those less likely to be *satisfied/very satisfied* are:

- non-whānau (46% cf. 50%)
- offering long-term care (44%)
- child has been living with them for more than three years (44%)
- child is aged 5-12 (46%)
- Wellington/East Coast (40%)
- child's wellbeing *not very good/poor* (37%)
- needed help in the last 12 months; *behaviour* (42%), *mental and emotional health* (40%), *any physical disability or chronic health conditions* (32%), *any intellectual disabilities* (34%), *any learning difficulties* (43%) and *any cultural support needs* (38%).

Sports, interest or hobbies

Those more likely to be *satisfied/very satisfied* with information provided about the child's sports, interests or hobbies are:

- offering permanent care (55% cf. 47%)
- child has been living with them for less than a year (55%)
- approved caregiver for less than one year (58%)
- North/West Auckland (63%).

Those less likely to be *satisfied/very satisfied* are:

- child has been living with them for more than three years (36% cf. 47%)
- approved caregiver for more than three years (40%)
- live in a provincial town (38%)
- needed help in the last 12 months; *education/childcare/schooling* (43%), *behaviour* (42%), *mental and emotional health* (39%), *any physical disability or chronic health conditions* (33%), *any intellectual disabilities* (32%), *any learning difficulties* (38%), *transport* (40%), *legal support* (36%) and *support for whānau visits* (38%).

Learning and development

Those more likely to be *satisfied/very satisfied* with information provided about the child's learning and development are:

- offering Oranga Tamariki Family Home care (60% cf. 43%), permanent care (50%)
- child has been living with them for less than one year (50%)
- approved caregiver for less than two years (47%)
- child is aged under 5 years old (54%)
- child's wellbeing is *very good/excellent* (51%)
- live in a rural area (50%)
- North/West Auckland (57%), Bay of Plenty (54%).

Those less likely to be *satisfied/very satisfied* are:

- offering respite care (35% cf. 43%)
- child has been living with them for more than three years (33%)
- approved caregiver for more than three years (38%)
- currently looking after four or more children through Oranga Tamariki (29%)
- child aged 5-12 (38%)
- child's wellbeing *not very good/poor* (32%)
- needed help in the last 12 months; *education/childcare/schooling* (38%), *behaviour* (34%), *mental and emotional health* (32%), *any physical disability or chronic health conditions* (29%), *any intellectual disabilities* (22%), *any learning difficulties* (29%), *transport* (36%), *English language skills* (24%), *legal support* (36%) and *support for whānau visits* (33%).

Past neglect, abuse or trauma

Those more likely to be *satisfied/very satisfied* with information provided about the child's past neglect, abuse or trauma are:

- whānau (43% cf. 39%)
- with three Oranga Tamariki approved caregivers in their home (58%)
- offering permanent care (45%)
- aged 50-59 years (44%)
- child has been living with them for less than one year (43%)
- child is aged under 5 years old (48%)
- child's wellbeing *very good/excellent* (45%)
- North and West Auckland (55%).

Those less likely to be *satisfied/very satisfied* are:

- non-whānau (35% cf. 39%)
- aged 40 to 49 years (33%)
- child aged 5-12 (35%)
- child has been living with them for more than three years (29%)
- child's wellbeing *not very good/poor* (28%)
- Canterbury (29%)
- needed help in the last 12 months; *education/childcare/schooling* (35%), *behaviour* (32%), *mental and emotional health* (29%), *any physical disability or chronic health conditions* (30%), *any intellectual disabilities* (26%), *any learning difficulties* (32%) and *support for whānau visits* (31%).

A quarter of caregivers believe they are poorly prepared for the role

“Oranga Tamariki needs to explain in more detail the impact on family, neighbours, community, the behaviours these children will create and have an understanding of the judgement the caregivers will be exposed to.”

(New Zealand European, non-whānau, permanent/home for life care)

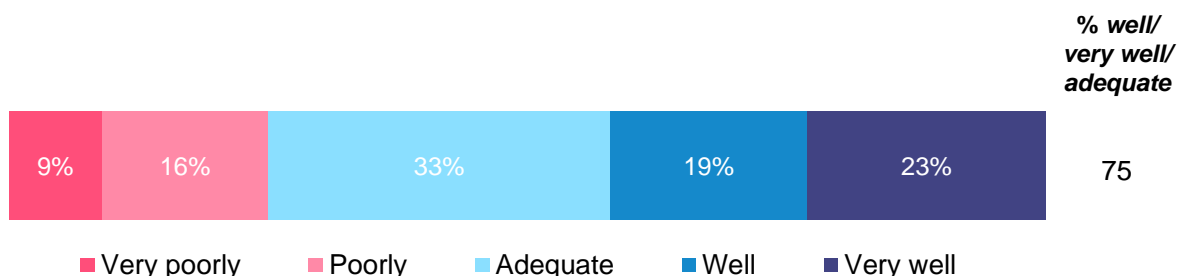
“I always advocate for people to get involved because it’s important for our tamariki to have great caregivers. However we are very honest about what it is like - there is nothing that really prepares you - some of the situations you find yourself in are completely outside any prior experience or even training. And again it depends on your social worker as to how much support you actually receive.

You know there aren’t a lot of other options for kids so it’s very hard to make a decision to end a placement. We haven’t had a great experience of a caregiver social worker - they are very absent if you are competent caregivers so it can be hard to feel valued. In saying that, we don’t do it for the Oranga Tamariki warm fuzzes, so we are not expecting much.”

(New Zealand European, non-whānau, long-term care)

A quarter of caregivers (25%) believe they were *poorly* or *very poorly* prepared for the role of caregiver when the child first came to them, while three in four (75%) consider they were prepared at least adequately.

Figure 41: Preparedness for the role of caregiver (Q22)



Base: All respondents who have cared for a child recently excluding Don’t know (n=1,178)

Q22. ALL THINGS CONSIDERED, HOW WELL DO YOU THINK YOU WERE PREPARED FOR THE ROLE OF CAREGIVER WHEN THE CHILD FIRST CAME TO YOU?

Subgroup differences

The proportion who feel they were *poorly/very poorly* prepared is similar across whānau, non-whānau, Māori and non-Māori.

Those more likely to feel *poorly/very poorly* prepared are:

- offering emergency care (34% cf. 25%)
- aged 30 to 39 years (32%)
- Wellington/East Coast (32%) or Waikato region (33%)

- child is female (28%)
- child is aged 5 to 12 years old (29%)
- child's wellbeing is *not very good/poor* (38%)
- in labour market (28%)
- if the caregiver did not see the care plan until after six months (39%) or has never seen it (30%)
- needed help in the last 12 months; ranging from 31% for *financial support* to 41% for *cultural support needs*.

Those less likely to feel *poorly* or *very poorly prepared* are:

- offering permanent/home for life care (20% cf. 25%)
- grandparents (19%)
- Bay of Plenty Region (15%)
- child is aged under 5 years old (17%)
- child is male (22%)
- child's wellbeing is *very good/excellent* (19%)
- if they have not needed help in the last 12 months on any of the specific support needs (10%)
- not in the labour market (19%)
- if the caregiver saw the care plan before the child first came to live with them (13%) or as they came to live with them (18%)
- aged 50 to 59 years (20%) or aged over 70 years (10%).

Comparison with Australian Carers Study

Australian carers typically felt more adequately prepared for the caregiver role than New Zealand caregivers. In Australia 64% felt they were *well* or *very well prepared*, compared with 42% in New Zealand, while 16% felt they were *poorly* or *very poorly prepared*, compared with 25% in New Zealand.

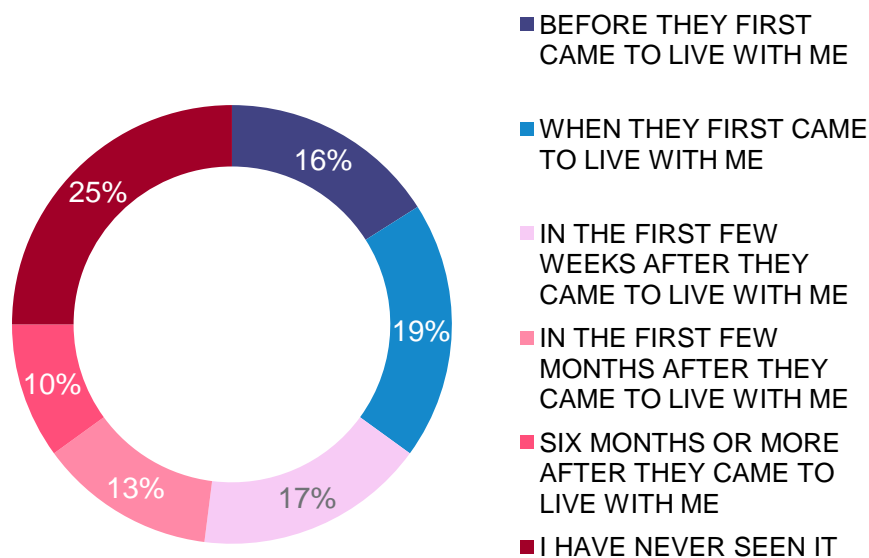
Only one in six caregivers are receiving the child's care plan before a placement

Children's care plans should be provided to the caregivers before a placement begins and reviewed a minimum of three monthly. This does not appear to be happening with only 16% saying they received the care plan before the child came to live with them and a further 19% saying they received it when the child first came to live with them.

A quarter of caregivers report that they have *never* seen the child's care plan.

"I have seen one care plan in seven years of involvement with Oranga Tamariki."

(New Zealand European, non-whānau, permanent/home for life/long-term care)



Base: All respondents who have cared for a child recently excluding Don't know (n=1,102)
Q23. WHEN DID YOU FIRST SEE A COPY OF THE CHILD'S CARE PLAN?

Subgroup differences

Whānau and non-Māori caregivers are more likely to have *never* seen the child's care plan (29% and 28% respectively).

Table 24: Timing of receiving the child's care plan (Q23)

Level of satisfaction	Total (n=1102)	Whānau (n=453)	Non- whānau (n=649)	Māori caregivers (n=343)	Non- Māori caregivers (n=758)	Short- term (n=435)	Long- term (n=707)
	%	%	%	%	%	%	%
Before they first came to live with me	16	17	16	19	15	19	15
When they first came to live with me	19	14	24	18	19	22	16
In the first few weeks after they came to live with me	17	16	18	15	18	18	19
In the first few months after they came to live with me	13	14	12	16	11	9	15
Six months or more after they came to live with me	10	11	9	10	10	6	13
I have never seen it	25	29	22	21	28	25	22

Base: All respondents who have cared for a child recently excluding Don't know

There are indications that when a child has been placed within the last year, caregivers are more likely to have seen a child’s care plan (21%); however there is still room for considerable improvement.

Those more likely to see a copy before they first came to live with me are:

- *satisfied/very satisfied* with how Oranga Tamariki values them as a caregiver (22% cf. 16%)
- *satisfied/very satisfied* with the support Oranga Tamariki provides (24%)
- caregivers who might recommend becoming a caregiver through Oranga Tamariki (21%) or caregivers who would recommend becoming a caregiver through Oranga Tamariki (27%)
- aged 30 to 39 years (22%)
- offering respite care (29%) or permanent/home for life care (20%)
- child has been living with them for less than a year (21%).

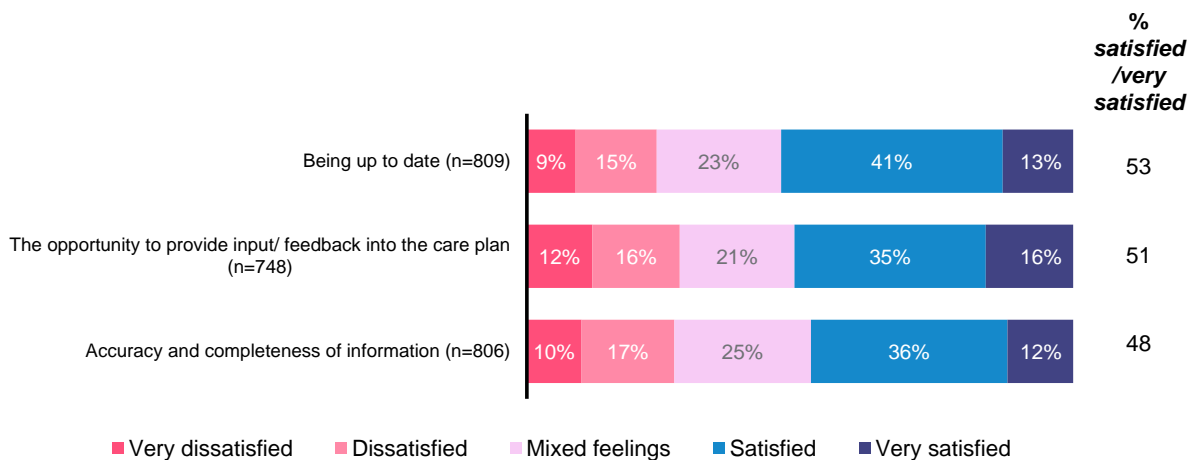
Those less likely to see a copy before they first came to live with me are:

- *dissatisfied/very dissatisfied* with how Oranga Tamariki values them as a caregiver (8% cf. 16%)
- *dissatisfied/very dissatisfied* with the support Oranga Tamariki provides (7%)
- aged over 70 years (4%)
- the child has been living with them for more than three years (10%)
- the caregiver is non-Māori (15%)
- offering long-term care (12%).

There is dissatisfaction with the care plan among those who receive one

Approximately half of caregivers are *satisfied* or *very satisfied* with the child’s care plan on the following three aspects.

Figure 43: Satisfaction with aspects of the care plan (Q24)



Base: All respondents who have cared for a child recently who have seen the Care plan excluding Not applicable and Don't know
Q24. HOW WOULD YOU RATE THE CHILD'S CARE PLAN ON THE FOLLOWING... - Summary

"I haven't seen an updated care plan since the child first arrived a year ago. Are we supposed to input into it?"

(New Zealand European, non-whānau, transitional care)

"Anything more than the age specifics we were given would have been helpful. We didn't even know gender and age given was incorrect."

(New Zealand European/Māori, non-whānau, long-term care)

Subgroup differences

Being up to date

Those more likely to be *dissatisfied/very dissatisfied* are:

- non-whānau (29% cf. 24%)
- offering transitional care (31%)
- Canterbury (33%)
- child's wellbeing is *poor/not very good* (38%)
- child is aged 5 to 12 years old (28%)
- needed help in the last 12 months, particularly *cultural support needs* (40%).

Accuracy and completeness of information

Those more likely to be *dissatisfied/very dissatisfied* are:

- non-whānau (33% cf. 27%)
- non-Māori (30%)
- the child has been living with them for more than three years (34%)
- child's wellbeing is *poor/not very good* (39%)
- child is aged 5 to 12 years old (32%)
- approved caregiver for more than three years (32%)
- needed help in the last 12 months, particularly those with *any physical disability or chronic health conditions* (43%).

Opportunity to provide input

Those more likely to be *dissatisfied/very dissatisfied* are:

- non-whānau (38% cf. 28%)
- non-Māori (33%)
- offering transitional care (37%)
- child's wellbeing is *poor/not very good* (46%)
- those who have looked after four or more children in the last 12 months (36%)
- approved caregiver for more than three years (33%)
- needed help in the last 12 months, particularly *cultural support needs* (43%).

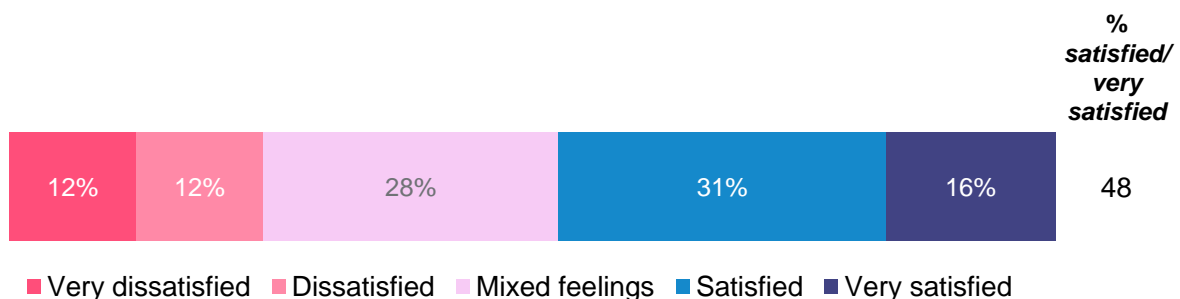
Fewer than half are satisfied that Oranga Tamariki does the best to minimise risks to the caregiver’s household

“I think too often caregivers are put at risk, because of a lack of information or preparation. When a placement has failed, because I have felt unsafe, there has never been follow up to see how I am. I don't always feel valued and my input seems of little value to meetings held for the child, based on the decisions made.”

(New Zealand European, non-whānau, transitional care)

Less than half (48%) are satisfied that Oranga Tamariki minimises risk to them and their household.

Figure 44: Satisfaction with minimising risks to caregiver and their household (Q25)



Base: All respondents who have cared for a child recently excluding not applicable and don't know (n=1,134)
Q25. OVERALL, HOW SATISFIED ARE YOU THAT ORANGA TAMARIKI DOES ITS BEST TO MINIMISE THE RISKS TO YOU AND OTHERS IN YOUR HOUSEHOLD?

“Be more upfront about the birth parents. Give caregivers all the information about their criminal history and protect the caregivers more from having to communicate with birth parents directly. There needs to be a better system for communication between caregiver and birth parents so that it is safe for all.”

(New Zealand European/Māori, non-whānau, permanent/home for life care)

Subgroup differences

Those more likely to be *satisfied/very satisfied* with minimising risks are:

- whānau (52% cf. 48%)
- Māori ethnicity (53%)
- aged 50 to 59 years (53%)
- child has been living with them for less than a year (53%)
- approved caregiver for less than two years (54%)
- child is aged under 5 years old (56%)
- child’s wellbeing is *very good/excellent* (54%)
- non-labour market i.e. not in full or part time work (52%)
- Bay of Plenty (63%).

Those less likely to be satisfied are:

- non-whānau caregivers (43% cf. 48%)
- non-Māori (45%)
- aged 40 to 49 years (42%)
- offering long-term care (43%)
- child has been living with them for more than three years (38%)
- approved caregiver for more than three years (42%)
- child aged 13+ (42%)
- child's wellbeing is *not very good/poor* (34%)
- live in a major centre (44%)
- needed help in the last 12 months; *education/childcare/schooling* (45%), *behaviour* (35%), *mental and emotional health* (37%), *any physical disability or chronic health conditions* (40%), *any intellectual disabilities* (36%), *any learning difficulties* (38%), *cultural support needs* (28%), *transport* (40%) and *support for whānau visits* (38%).

Caregivers would like more information, any information, about the child

The verbatim comments below provide some common themes of the types of information caregivers would have liked to have known about the child and what Oranga Tamariki could have done to better prepare them.

"Anything really - the care plan was blank apart from name & age. Anything like favourite food, favourite toy, TV program... anything to help us transition him into our home. Caregiver came to the doorstep and left - we felt totally unprepared. Care plans are only useful if they have information in them."

(New Zealand European, non-whānau, respite/emergency care)

"If the child has been to a few temporary foster homes before finding a permanent place it would be fantastic to have all the ex-caregivers write a letter about the children/child so each foster family gets a real personal view about the child/children, such things like favourite food or dislikes interests favourite toy if they had chickenpox sore ears eyes headache etc. Their personality etc. Things that upset or trigger trauma."

(New Zealand European/Māori, non-whānau, long-term/permanent/home for life care)

"They could have registered the child before they hand them over. Child is now one yet still not registered. Child was uplifted two hours after birth and placed in foster care so has been in Oranga Tamariki custody since birth and still currently is so there is actually no excuse."

(New Zealand European/Māori, whānau, long-term/permanent/home for life care)

"Any allergies. Found out the hard way as fed child eggs and they were allergic. Very scary and potentially disastrous situation."

(New Zealand European/Māori, non-whānau, permanent/home for life care)

"Any information at all. The care plan had a name, age, doctor and that is basically it."

(New Zealand European, non-whānau, long-term care)

"To have had something of his own. Took a year to get his past belongings. No home and nothing to hold onto was hard for him even as a big kid."

(New Zealand European, non-whānau, long-term care)

"We actually found more information on the neglect etc. from the newspaper articles. We have only in the last few months discovered that our youngest had a medical problem when taken from the home & was hospitalised. This would have been good to know in the beginning as there have been recurrences that could have been dealt with more easily. For the first year or so, the social workers seemed more interested in accommodating the birth parents rather than putting the children first."

(New Zealand European, non-whānau, permanent/home for life care)

"They are twins born premature and were exposed to alcohol and drugs during pregnancy. We were not told which drugs until months down the track. We took them home from hospital with no information on the process they go through with withdrawals from the drugs and alcohol. They are now 13 months old and still waiting on birth certificates."

(Māori, whānau, long-term care)

SUPPORT FOR CHILDREN WHO HAVE LEFT THE CAREGIVER

Introduction

This section discusses the following questions:

- Have any children left the caregiver's care in the last twelve months?
- If so, why did the child leave the caregiver's care?
- How satisfied are caregivers with the support Oranga Tamariki provides through that transitional process?

Three in ten (29%) caregivers said a child has left their care

Three in ten caregivers (29%) said that a child has left their care in the last twelve months.

Subgroup differences

The likelihood of a child having left the caregiver's care in the last twelve months was greater than average among:

- Transitional and emergency caregivers (56% and 52% respectively) compared with 22% among long-term caregivers. Note: even in home for life settings, 16% of caregivers reported a child's leaving, but this may have been another child than the home for life child, as some caregivers provide more than one type of foster care.
- Non-whānau caregivers (42% cf. 17% among whānau caregivers).
- Non-Māori caregivers (32% cf. 23% among Māori caregivers).
- More recent placements (36% among children who were with the caregiver for less than a year, compared with 24% among those with the caregiver for more than a year).
- Placements where the child was female (32% cf. 26% among males); also where the child's wellbeing is considered to be *not very good/poor* (45% cf. 20% among children with *very good/excellent* wellbeing).
- Where the child was aged between 13 and 17 years (36%).

Changed care arrangements was the main reason for child's leaving care

Changed care arrangements was the main reason for a child's leaving the caregiver's care. Returning to their own family/whānau, moving to a different type of care, or transitioning out of care due to age were mentioned by 43%, 25% and 8% respectively.

- Returning to their own family was most common where the child is a baby aged under one year (54% of this age group returning to their own family, cf. 43% of the total).
- Moving to a different type of care was commonly mentioned by non-whānau caregivers (32%) and non-Māori caregivers (30%).
- Transitioning out of care was most common where the child is aged between 13 and 17 years (13% cf. 8% of the total).

Difficulties managing the child's behaviour was the second reason for the child's leaving (27%).

- Difficulties managing the child's behaviour increased with the child's age, ranging from 8% among children under 5 years old, to 31% of those aged between 5 and 12 years, up to 43% of those aged 13 to 17 years.
- It was more common where the child's wellbeing is said to be *not very good/poor* (36%).
- It was also more common in settings where the caregiver is *not satisfied* that Oranga Tamariki does its best to minimise the risks to them and their households (37%), and in long-term settings (39%).

A proportion of caregivers said that a lack of support from the child's social worker or from Oranga Tamariki and the social worker were instrumental factors in the child's leaving their care (13% and 15% respectively). A few expanded on their answers, as follows:

"The child was just cut off from us because the social worker did not like the fact we challenged their processes. He had been a part of our lives for over two years and we have not seen him in the last year."

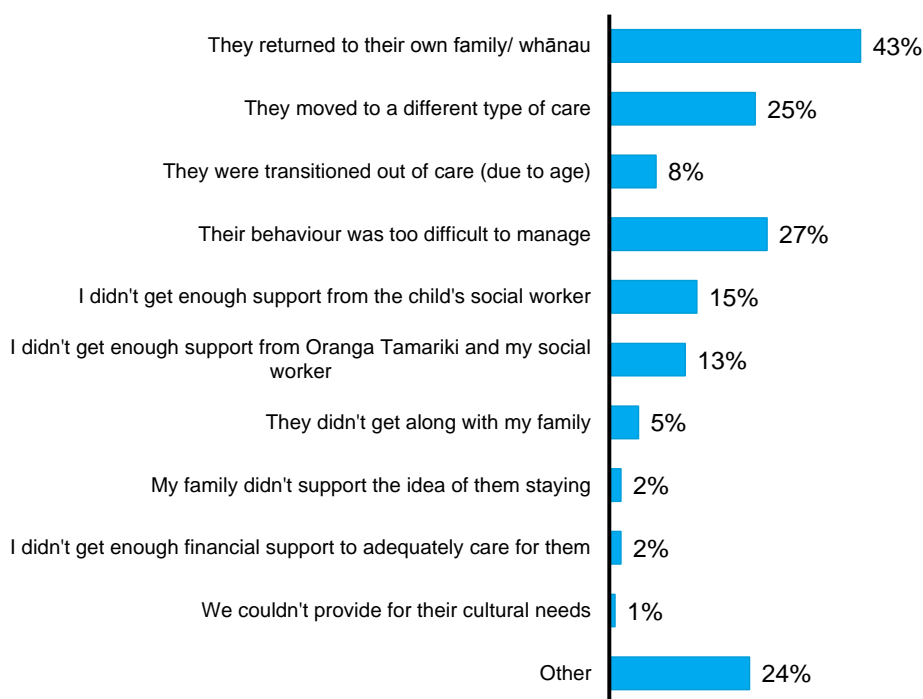
(Māori, non-whānau, respite care)

"The one thing I told Oranga Tamariki that I needed to care for the children was regular respite, which I never received. The consequences of this was my having to have two of the children leave my care."

(New Zealand European, whānau, long-term care)

A minority (7%) commented on caregiver family related issues prompting the child's leaving their care. A total of 5% said the child did not get on with other family members, but this increased to 9% where the child is aged 13 to 17 years, compared with only 5% saying this where the child is aged between 5 and 12 years.

The main theme within "Other" comments was that the caregiver provides respite or short-term care only.



Base: All respondents who have cared for a child recently whose Oranga Tamariki child left their care (n=387)
Q51. FOR WHAT REASON/S DID A CHILD LEAVE YOUR CARE IN THE LAST 12 MONTHS?

Comparison with Australian Carers Study

Reasons for leaving care were generally consistent with the findings of the Australian Carer survey.

In New Zealand, 43% of children returned to their own family, compared with 29% doing so in Australia, while 25% of children in New Zealand moved to a different type of care, compared with 39% doing so in Australia.

The same proportion in both countries left the caregiver's care due to difficult behaviours (27%).

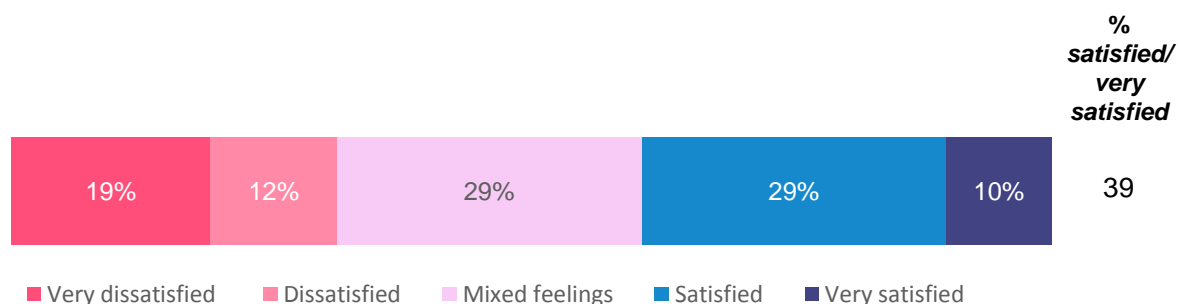
Family related issues were slightly more prevalent in Australia: in Australia, 8% of children left care because they didn't get along with the caregiver's family compared with 5% in New Zealand, and 7% left because the family did not support the idea of them staying, compared with only 2% in New Zealand.

Support attributes were not included in the Australian study, other than financial support. In Australia 8% left the caregiver because the caregiver did not receive enough financial support, compared with only 2% in New Zealand.

Four in ten (39%) are satisfied with the support Oranga Tamariki provides during the transitional process

Around four in ten caregivers (39%) were *satisfied* or *very satisfied* with the support they received from Oranga Tamariki during the transitional process. Three in ten (31%) said they were *dissatisfied* or *very dissatisfied*.

Figure 46: Satisfaction with support provided by Oranga Tamariki during the transitional process (Q52)



Base: All respondents who have cared for a child recently excluding 'Don't know' and 'I haven't done any transitional care' (n=443)
Q52. HOW SATISFIED WERE YOU WITH THE SUPPORT ORANGA TAMARIKI PROVIDED YOU DURING THE TRANSITIONAL PROCESS?

Subgroup differences

Satisfaction with the support Oranga Tamariki provided through the transitional process was lower than average among:

- non-whānau caregivers (36% *satisfied/very satisfied* cf. 45% among whānau caregivers)
- where the child's wellbeing is *not very good/poor* (26% *satisfied/very satisfied* cf. 47% where the child's wellbeing is *very good/excellent*)
- those in Canterbury (23% cf. 39%).

There were also child age related differences. Satisfaction with the management of the process by Oranga Tamariki was highest where the child is less than a year old (54% *satisfied/very satisfied*).

HOW DO RESPITE CAREGIVERS FEEL ABOUT SUPPORT

Introduction

This section discusses perceptions of support among respite caregivers, focusing on aspects for which their views are different from those of the total caregiver sample.

How respite caregivers differ in profile

Respite caregivers are likely to be offering a range of types of short-term care – 22% provide emergency care and 23% provide transitional care.

Table 25: Type of care provided (Q17)

Types of care offered	Total	Respite caregivers
	(n=1,167) %	(n=145) %
Respite care	12	100
Emergency care	9	22
Transitional care	19	23
Oranga Tamariki Family Home	6	5
Long term care	42	19
Home for Life	36	7
Other	7	5

Base: All those who offer caregiving services excluding Don't know

Compared with all caregivers, respite caregivers are less likely than others to have a child in the household currently. Around seven in ten (69%) have a child currently, compared with 87% of all caregivers.

When asked to consider a nominated child about whom to answer support questions, respite caregivers tended to identify an older child, with 70% thinking about a child aged 5 years or over compared with only 62% of all caregivers thinking about a child in this age range.

Respite caregivers' nominated child is more likely to be non-whānau (59% of respite caregivers said the nominated child is non-whānau, compared with only 47% of all caregivers).

The incidence of having participated in training is the same for respite caregivers as for all caregivers (29% and 32% respectively).

Satisfaction levels are similar to that among other caregivers for overall support, feeling valued and becoming a caregiver

"Since becoming caregivers, we have received no support, had no conversations or phone calls regarding how we found care, how the children are doing since transitioning to different care, no responses from emails."

(Fijian/New Zealand European, non-whānau, respite care)

Overall satisfaction with support provided and feeling valued

Respite caregivers' overall satisfaction and dissatisfaction with the support provided by Oranga Tamariki is similar to that expressed by all caregivers (based on top two box scores), with 40% feeling satisfied with the support, compared with 42% of all caregivers. However, their strength of satisfaction is significantly weaker. Only 10% of respite caregivers said they are *very satisfied*, compared with 16% of all caregivers giving this rating.

Note: transitional caregivers are the least satisfied of all caregiver types. Only 33% of transitional caregivers are *satisfied/very satisfied* with the support Oranga Tamariki provides.

There was no difference in the extent to which respite caregivers feel valued by Oranga Tamariki, 52% of all respite caregivers said they feel valued, compared with 50% of all caregivers.

Satisfaction with process of becoming a caregiver

Respite caregivers' satisfaction with the overall handling of the process to become a caregiver is similar to that of all caregivers. In total 58% of respite caregivers said they were *satisfied* or *very satisfied* with the overall process, compared with 51% of all caregivers.

Respite caregivers want to know about the child's background, particularly learning and development needs

"More information about problem behaviour to expect and how to deal with it. More about intellectual or learning disabilities and expectations, and how we can help. On an ongoing basis, we would like to be kept informed about how things are going at school, and new problems and issues that arise, so that we can help the child. We are given some information when we ask, but as respite carers we are not generally kept informed of changes or problems."

(New Zealand European, non-whānau, respite care)

When asked how satisfied they were with the provision of adequate information by Oranga Tamariki about the child's history and background when the child first came into their care, respite caregivers' satisfaction ratings are slightly less positive than those of the total sample, but not significantly so. Just under four in ten are *satisfied/very satisfied*, compared with just over four in ten of all caregivers (37% and 41% respectively).

In terms of specific information needs, respite caregivers are least satisfied with the adequacy of information about the *child's learning and development needs* (only 35% satisfied cf. 43% of all caregivers) and *past neglect, abuse or trauma* (only 39% satisfied – both among respite and all caregivers).

Care plan visibility

It should be noted that one in three (33%) of respite caregivers said they have never seen the child's care plan (compared with 25% of all caregivers saying this), and only 16% saw a care plan *before the child arrived* compared with 29% of all caregivers seeing a care plan in advance.

The incidence of needing support with the child is lower among respite caregivers

As might be expected due to shorter duration of stays, respite caregivers are less likely than all caregivers to have needed support for the child in the last 12 months. In total seven in ten (72%) have needed support, compared with nearly nine in ten (85% of all caregivers).

Compared with all caregivers, the main types of support respite caregivers needed was for *behavioural* support (55% cf. 48% of all caregivers mentioning this). This may reflect the older profile of nominated children, but also the differing nature of the care length and the family relationships involved.

Respite caregivers are less likely than other caregivers to have sought help from Oranga Tamariki (71% having done so, compared with 88% of all caregivers).

Among those who sought help from Oranga Tamariki, respite caregivers are less likely to think they received *enough support* (43% said they received *enough support*, compared with 59% of all caregivers), and over half (52%) said they *did not receive enough support* (compared with 39% of all caregivers).

Respite caregiver satisfaction with support from own social worker matches that of overall caregivers

Respite caregiver satisfaction levels with their own caregiver are generally similar to those expressed by all caregivers. However, a greater level of mixed feeling (and lower levels of dissatisfaction) is apparent for the following aspects of support.

- **Frequency of contact:** 30% have *mixed feelings* compared with 20% having *mixed feelings* among all caregivers (and correspondingly lower level of dissatisfaction, that is, 14% among respite, cf. 21% across all caregivers). *Frequency of contact* is the lowest rated aspect of support from caregivers' own social worker.
- **Responsiveness:** 27% have *mixed feelings* compared with 19% having *mixed feelings* among all caregivers (and correspondingly lower level of dissatisfaction, that is, 12% among respite, cf. 17% across all caregivers).

Respecting me: 18% have *mixed feelings* compared with 10% having *mixed feelings* among all caregivers (and correspondingly lower level of dissatisfaction, that is, 5% among respite, cf. 11% across all caregivers).

While overall satisfaction levels are similar, the strength of satisfaction is lower for *involving me in assessments and decision making* i.e. 20% of respite caregivers said they are *very satisfied*, compared with 29% of all caregivers saying this.

Respite caregiver satisfaction with child's social worker lags behind that among overall caregivers

"Communication needs to improve. We get very mixed messages from social worker at times. As respite carers we've never once been asked for input into our foster boy's care or any decisions about him, including when social workers consider returning him to an unsafe environment. His regular carer is not considered or respected in my opinion. His behavioural issues or development is never discussed with us, his social worker has never once made contact with us."

(New Zealand European, non-whānau, respite care)

The major issue and area of difference observed between respite caregivers and all caregivers is in satisfaction with support provided by the child's social worker. Respite caregivers' views are more negative than those of all other caregivers.

Just under half (46%) of the respite caregivers said they are satisfied with their *overall dealings with the child's social worker*, compared with over half (58%) of all caregivers.

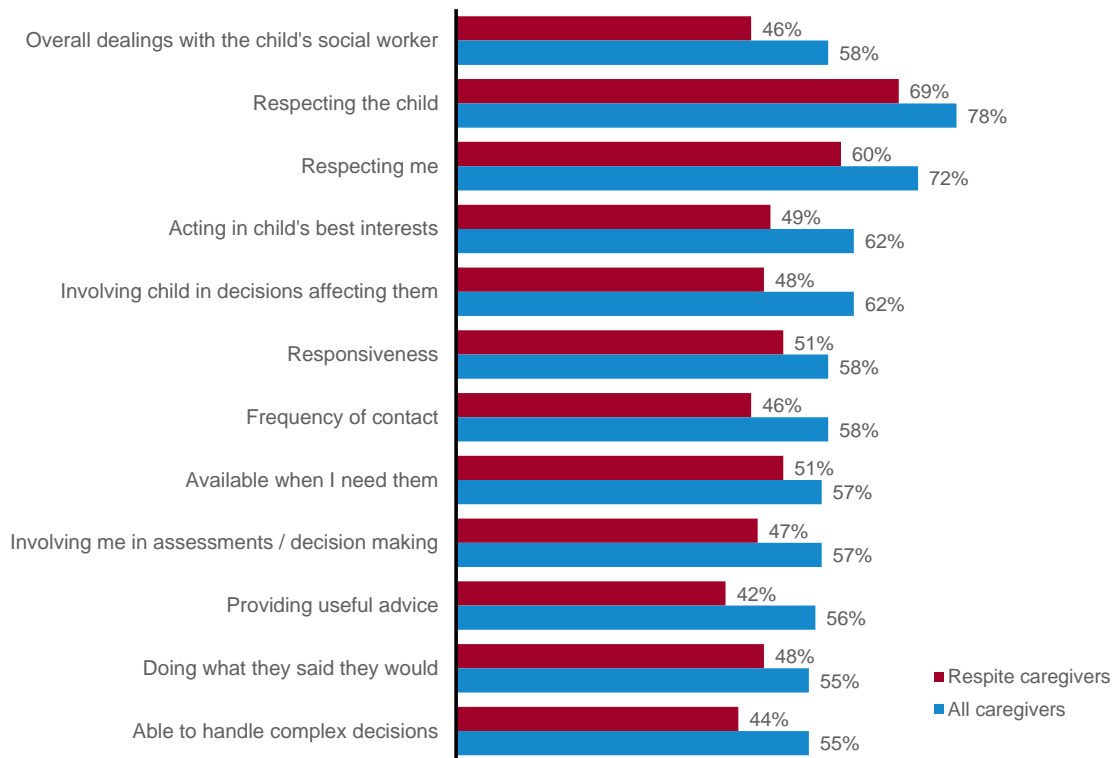
Over half of the respite caregivers gave positive ratings for only two attributes – *respecting the child* (69%) and *respecting me* (60%), but satisfaction levels with these lagged behind the total result (78% and 72%) respectively.

Just on half (51%) said they are *satisfied* or *very satisfied* with the social worker's *responsiveness and availability when needed*.

Compared with all caregivers, the biggest gap in satisfaction is apparent for the child's social worker *acting in the child's best interests*. Only 49% of respite caregivers consider this is the case, compared with 62% of all caregivers.

Other large comparative satisfaction gaps are apparent for the child's social worker *involving the caregiver in assessments or decisions about the child* (47% cf. 55% of all caregivers), *providing useful advice* (42% cf. 56%) and *being able to handle complex decisions* (44% cf. 55%).

Figure 47: Satisfaction with support provided by the child's social worker (Q45)



Base: All respondents excluding Don't know and Not applicable (All caregivers n=836-1,192. Respite caregivers n = 86-142)
 Q45. How would you rate your satisfaction on the following with the social worker for the child you are thinking of?...

Q46. Overall how satisfied are you with your dealings with the social worker for the child you are thinking of?

Respite caregivers are less likely to have sought support from any organisation

Only two in three respite caregivers (63%) have sought help from any other organisation in the last twelve months, compared with 73% of all caregivers doing so.

The incidence of calling the 24/7 line is the same among respite caregivers as among all caregivers (11% and 12% respectively), and satisfaction levels are similar.

Respite caregivers more likely to be considering stopping being a caregiver

Respite caregivers are more likely than other caregivers to be considering stopping being a caregiver. Three in ten (31%) said they are considering this, compared with only 23% of all caregivers.

WHAT ARE THEIR PLANS FOR THE FUTURE?

Introduction

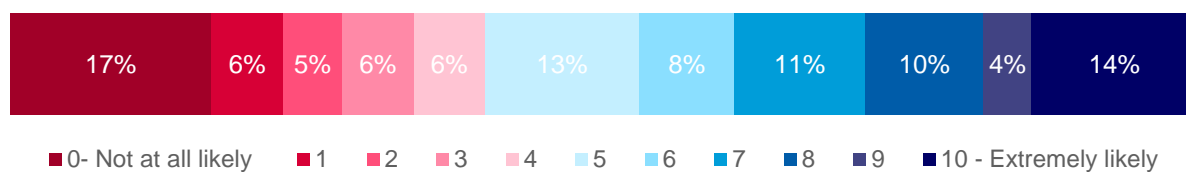
This section discusses caregivers' thoughts for the future, in particular:

- How likely are caregivers to recommend being a caregiver through Oranga Tamariki?
- Whether Oranga Tamariki provides better support than other agencies?
- Are caregivers likely to continue being a caregiver through Oranga Tamariki or stop, and what are the reasons for this?
- What would help them better support children in their care?

One in five (18%) caregivers would recommend being a caregiver for Oranga Tamariki

When asked if they would recommend becoming a caregiver through Oranga Tamariki, based on their experiences, views ranged across the spectrum. Just under one in five (18%) said that they would be very likely to recommend (rating 9 or 10), while another 21% gave a positive rating (7 or 8). But six in ten (61%) indicated that they would be unlikely to recommend being a caregiver for Oranga Tamariki (rating 0, 1, 2, 3, 4, 5 or 6). These groupings reflect research that those who choose the top two categories of an eleven point scale for recommendation are most likely to actively make recommendations.

Figure 48: Likelihood of recommending becoming a caregiver through Oranga Tamariki (Q53)



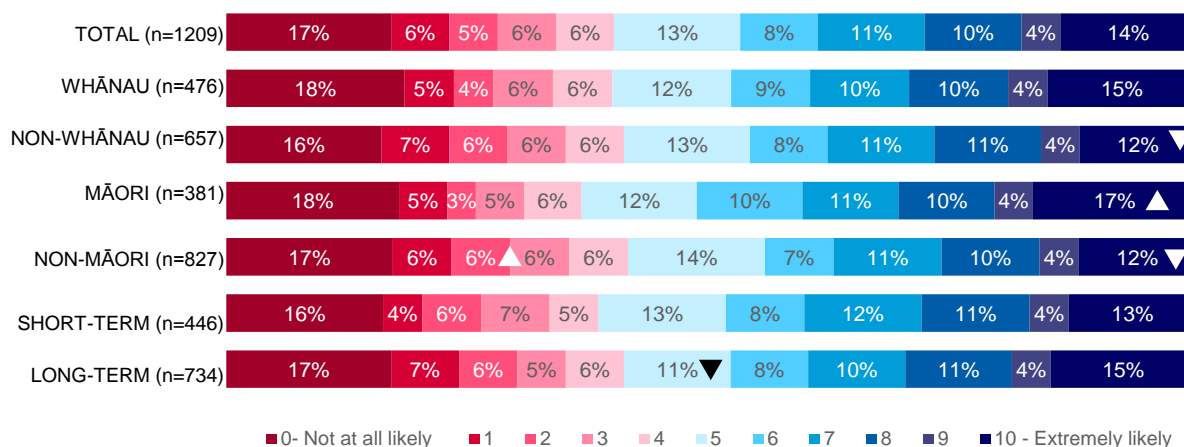
Base: All respondents excluding Don't know (n=1,209)

Q53. How likely are you to recommend becoming a caregiver through Oranga Tamariki to them, where 0 is not at all likely and 10 is extremely likely?

Subgroup differences

Caregivers of Māori ethnicity are more likely to recommend becoming a caregiver (giving a rating of 9 or 10) than are non-Māori caregivers (21% cf. 16%).

Figure 49: Likelihood of recommending becoming a caregiver through Oranga Tamariki, by subgroups (Q53)



Base: All respondents excluding Don't know (n=1,209)
Q53. How likely are you to recommend becoming a caregiver through Oranga Tamariki to them, where 0 is not at all likely and 10 is extremely likely?

Reasons for recommending or not recommending

Factors that underpin the likelihood of recommending caregiving through Oranga Tamariki are varied, and typically both positive and negative responses are made about each one, although negative perceptions generally outnumber favourable ones.

- The child:** The value of supporting and helping children who need support is a key theme caregivers mentioned when considering recommending caregiving (22% positive mention overall). Only a minority (4%) talked negatively about the child and issues faced as a reason for not recommending caregiving to others.
- Perceptions of Oranga Tamariki, the organisation:** Apart from considerations about the child, views of Oranga Tamariki are the main factor driving recommendations or non-recommendations. In total, 44% of caregivers made a negative comment about Oranga Tamariki, while 9% made a favourable comment. While 5% said that Oranga Tamariki does a good job, 12% talked about Oranga Tamariki being a dysfunctional organisation. One in five caregivers (19%) commented negatively about a lack of resources, tools and support when needed, while 10% of caregivers commented that the systems and process of Oranga Tamariki are complicated and drawn out. There is also a feeling that caregivers are not listened to or treated with the respect they would like.
- Perceptions of social workers and case managers:** More critical comments than favourable comments were made about social workers and case managers, with 4% making a favourable comment and 9% making a negative comment. Specific concerns about social workers related to lack of helpfulness or being difficult to deal with, inconsistency (some excellent, some not so good), and lack of continuity.

- **The personal caregiving experience:** 11% in total talked of having a positive experience, while 17% commented that caregiving can be very demanding. Eleven percent spoke of having a poor, very stressful caregiving experience. Pressure to take children and/or caregiver safety was mentioned by a small proportion of those who were unlikely to recommend caregiving with Oranga Tamariki.
- **Issues with the child’s biological family:** This was a negative factor for 8% of non-recommenders.

Table 26: Reasons for recommending or not recommending being a caregiver through Oranga Tamariki (Q54)

Reasons for recommending or not recommending	Total (n=1,142) %	Strongly recomm. (9-10) (n=183) %	Recomm. (7-8) (n=225) %	Not recomm. (0-6) (n=678) %
POSITIVE EXPERIENCES (NET)	38	93	64	16
Child: It’s about the children/helping children	22	48	32	12
Personal: Had a good experience	11	31	21	3
Organisation: Net	9	26	21	2
Very supportive/good to deal with/helpful	6	18	11	1
Oranga Tamariki does a good job/good organisation	5	14	10	1
Social workers: Good social workers/case managers	4	14	7	1
MIXED (NET)	14	6	17	13
Depends on person/child/situation	14	6	17	13
POOR EXPERIENCES (NET)	61	10	48	82
Organisation: Net	44	4	27	63
Lack of support/help/resources	19	0	9	28
Disorganised/dysfunctional organisation	12	0	1	20
Lack of respect/don’t listen to us	11	0	3	17
Lack of communication/information	11	1	7	16
Lengthy, complicated processes/systems	10	1	9	13
Poor financial support/lack of funding	6	1	4	9
Lack of follow-up/follow through on issues	6	1	4	9
Lack of regular contact with Oranga Tamariki	4	0	2	5
Difficulty getting respite care	3	0	1	4
Hard to contact/get hold of them/should be 24/7	2	0	2	2
More/better education/training/guidance for caregivers	1	0	1	2

Personal: Net	29	5	24	38
Caregiving can be demanding/difficult	17	5	21	19
Had a poor experience/very stressful	11	0	4	17
Too much pressure to take child	2	0	1	3
Safety issues – ourselves/child	2	0	1	3
Social workers: Net	16	2	9	22
Social workers/unhelpful/difficult to deal with	7	0	2	11
Inconsistent social workers/some good, some bad	4	1	5	5
Lack of social workers/case managers	3	0	3	5
Poor social workers/rude/unprofessional	3	0	0	5
More continuity of social workers/change too often	1	1	1	2
Child's family: Issues with biological parents/whānau	5	0	1	8
Child: Issues with child - psychological/emotional/medical	4	0	3	6
All other	10	5	12	10
Nothing/no comment	3	2	2	3
Too new to know/don't know	3	0	2	2

Base: All respondents

Note: Caregivers provided an open text response for their reasons. Within one response there may have been multiple reasons that were then coded to more than one code. Therefore the total responses, and the total of the Net responses (the dark grey rows) do not add to 100%. 'Other' includes I would recommend another organisation.

Verbatim feedback

A series of verbatim comments from those who have positive recommendations and negative recommendations are included below, to provide a tangible sense of the issues and the strength of feeling.

Positive recommendation

"I have a lot of trust and faith in all my dealings with Oranga Tamariki and never experienced any problems. They are very caring and are extremely aware of the needs, of the child in my care."

(New Zealand European, whānau, permanent/home for life care)

"I'm a rare case of positive action. I am fortunate to have a lot of control in the situation as the biological parents have little to no contact at all with our child. This makes communication between social workers, lawyers and support systems easier to deal with as they're primarily only dealing with us. The process and support from Oranga Tamariki has been good and all our needs are met. Any requests that we have asked for have been received and dealt with efficiently. But as I know of many others who have fostered in the system and the lack of support, I can't say that all is fair."

(Māori, whānau, long-term care)

"Oranga Tamariki are very easy to communicate with, support is given when needed, they are very helpful and the list goes on!"

(Tongan, whānau, emergency/transitional care)

"We need as many good caregivers as possible, most of my concerns are about social workers having too big a work load, therefore not bring able to provide the level of care they would like too... I still believe Oranga Tamariki is an amazing organisation."

(Other - kiwi, non-whānau, long-term care)

"Since the beginning of the process of caring for my nephew, I have been cared for by the most caring and wonderful social workers that have taken on our case and felt fully supported in every way and our safety was always put first and that is why I have rated the experience a 10."

(Samoan, whānau, permanent/home for life care)

"Every family that is able, in my opinion should, as there are so many children who need a home and more importantly a family. Oranga Tamariki I feel do the best that they can do with the small time and space that they have."

(Māori, non-whānau, permanent/home for life care)

"The difference you make on that child's life is totally worth all the time and effort you put into it."

(New Zealand European, whānau, transitional care)

"As a family we have seen the benefits of helping these gorgeous children and the positive effect it also has on our family."

(New Zealand European, non-whānau, emergency and transitional care)

"My experience had been a tough road, however, the care workers that I've had contact with are amazing. The support and care they have provided is so valuable."

(New Zealand European, non-whānau, permanent/home for life care)

Mixed recommendation

"Actually this time the actual process and the people we have been dealing with since becoming caregivers has been quite a pleasant process."

(Māori, non-whānau, long-term care)

"Realistically it can be very hard, you care for the kids and love them as your own (it's impossible not too), the insecurity of not knowing what the future will hold for the child can be tough at times, and waiting for meetings/results can be stressful especially when you're made to wait a while but we do this for the kids, so looking after/caring for the kids is totally worth it but as expected the journey can be hard."

(Australian, non-whānau, permanent/home for life care)

"Overall we have had some very supportive social workers doing their best with challenging workloads."

(Māori, unspecified, unspecified)

"I would recommend it to family members who have family members in care, but would let them know the process is lengthy but worth it. Also would recommend it to friends who I feel would be good at being a caregiver."

(New Zealand European, whānau, respite care)

"I think becoming a caregiver is very rewarding, but it also has a lot of challenges and takes a certain type of person to do it, it needs to be for the right reasons. Support is very important and needs to be readily available".

(New Zealand European, whānau, Oranga Tamariki Family Home)

"Oranga Tamariki is looking after their caregivers. The reason why I put 8 is that caregivers need to be aware of the hard work and the strain it can bring onto the family and the relationships within the family. Expectations are often very different from reality as caregivers are not always aware that caring for children who have experienced significant trauma and loss and often having attachment difficulties, need different parenting strategies than their 'own' children. They are not always aware of the behaviours that come with trauma, loss and attachment problems."

(Other, non-whānau, long-term care)

Negative recommendation

"It's quite stressful, there isn't a huge amount of support and the [social worker] doesn't really take any notice of what you say you can and can't do. I get calls at 10.00 pm at night asking me to take unknown kids and I'm a respite carer and it's hard to say no."

(New Zealand European, non-whānau, respite care)

"The kids are challenging but absolutely worth it, but dealing with the adults has been incredibly frustrating. When the kids came into our care, there were three social workers involved in the case, and always five different stories about what was meant to happen. The social worker for child is amazing, and does so much for the kids. However, I felt completely misled and let down by our caregiver social worker... frankly I believe I was lied to. We decided we didn't want to have a caregiver social worker any more. On one hand, we gave up any sort of support or representation in the process, but at least there is now only one story about what is meant to happen and I feel the social worker for child wants the same things we do."

(European/other, non-whānau, home for life care)

"If a person had no previous caregiving experience, I feel the training and support Oranga Tamariki provide is not enough for caregivers to survive long-term. If people are new to caregiving I suggest they first sign up with another agency that has better caregiver support, until they learn how the system works. From my experience you have to know your entitlements and be prepared to ask otherwise you can easily receive a child and be forgotten about. Social workers often visit the kids at school and I have no idea when or if this has occurred, unless the kids tell me. Caregivers are not included in the regular visits and seem to be kept in the dark about where things are at unless they are prepared to ask questions and follow up."

(New Zealand European, non-whānau, long-term care)

"I have experience as a social worker so I'm aware of the pitfalls however I have still found this process hard and in some ways I've had it easier because of this knowledge. I can't imagine what the caregiver process without adequate support is like."

(Māori/New Zealand European, whānau, long-term care)

"Because I know my friends and family will feel the same way I did about the invasive process. In fact when I am asked about being a caregiver I refer them to other appropriate providers instead who I know will do the same process but the way they approach the questions and ask will be more respectful and appropriate."

(Māori, non-whānau, long-term care)

"Aspects of caregiving are amazing being with the kids. But MVCOT [Oranga Tamariki] use bullying tactics and want to move kids off their books - I have been told that if we don't go home for life/permanent placement they will find someone who will."

(New Zealand European, non-whānau, long-term care)

"I love the children in my care but the lack of respect we are shown as caregivers makes it soul destroying. You have the energy to look after the children or try and deal with Oranga Tamariki, not both. In an age where two parents need to work to have a financially viable household Oranga Tamariki expect one parent to be at home full time with no recompense. I am constantly at IEP's picking up children from school stand downs, attending hospital, psychologist, Speech Therapist appointments etc. which means it's impossible to work. Oranga Tamariki are unwilling to pay for after school care or holiday care without an all-out fight which is extremely stressful and then because of the special needs of our children they get kicked out anyway. Oranga Tamariki won't acknowledge that they may need extra support in these programmes and pay to have it in place. The financial and emotional cost of having foster children is crippling."

(New Zealand European, non-whānau, long-term care)

"I think that the support offered is so very poor that it would be difficult to recommend anyone to enter it. The response times are very poor and so when you need help with a situation it can be two weeks away in which case the situation will most likely be resolved. Respite care is very difficult as there is not a pool of caregivers waiting to help. Social workers are often very unhelpful in their comments such as...you are lucky that she even goes to school, a lot of our kids don't go, wag all of the time. You are lucky as she could be doing a lot worse things based on some of our other kids."

(Ethnicity not stated, non-whānau, long-term care)

"I did it for the children and them only. I am known to them as an Auntie and love them like my own. I wouldn't recommend doing it to others as the support is not great, the money isn't worth it and you sacrifice everything for very little appreciation. The main pleasure is knowing the kids are united together as siblings and allowing them to remain together as a family."

(New Zealand European, non-whānau, long-term care)

"There is a serious lack of support, we have to do a lot of the ground work ourselves to ensure we are not being duped because the social worker is not on top of their workload and will often miss stuff or tell you what they think you want to hear."

(Samoan, non-whānau, long-term care)

"We felt that there is too much input from parents who have abused the child and still have parental rights to make decisions for a child that they abused and can never go back, I realise this is law/policy based but I wouldn't want people to experience this, as this has been semi traumatic for our family."

(New Zealand European, non-whānau, long-term care)

*"The job is tough, the communication to Caregivers is shocking and it seems like once a child is placed you become invisible. We feel like glorified baby-sitters. A big factor is also that we feel decisions are not always made in the child's best interests and that Oranga Tamariki are too quick to move kids around to whomever is a blood relation when in many cases they are going to a home not much better than the one they [were] removed [from]. In the **** office - everything happens too slowly and often outside of the guidelinesleaving children who should have some stability and be forming attachments, not being able to do so as decision making takes forever. Attendance of staff is low, they are on sick leave or stress leave often."*

(Māori/New Zealand European, non-whānau, home for life care)

Views about how Oranga Tamariki compares with other agencies are mixed

Caregivers were asked if they have been a caregiver for another organisation besides Oranga Tamariki. One in ten caregivers (10%) said they have been.

Subgroup differences

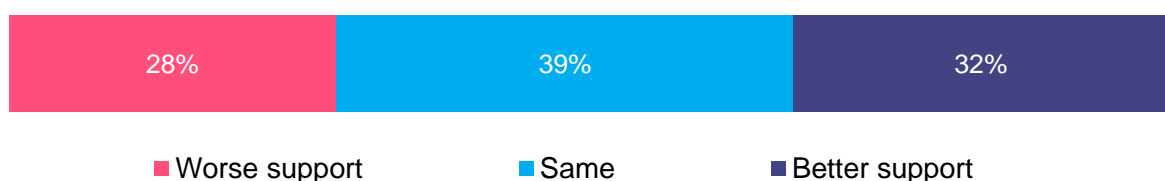
The likelihood was higher than average among:

- emergency and transitional caregivers, 13% of whom said they have been a caregiver for children through another organisation
- non-whānau caregivers (13% cf. 6% among whānau caregivers).

Who provides the better support

Perceptions were mixed as to whether Oranga Tamariki provides better support than the other organisation the caregiver had worked through. While 32% said Oranga Tamariki provides better support, 28% said that Oranga Tamariki provides worse support.

Figure 50: Whether Oranga Tamariki provides better or worse support (Q56)

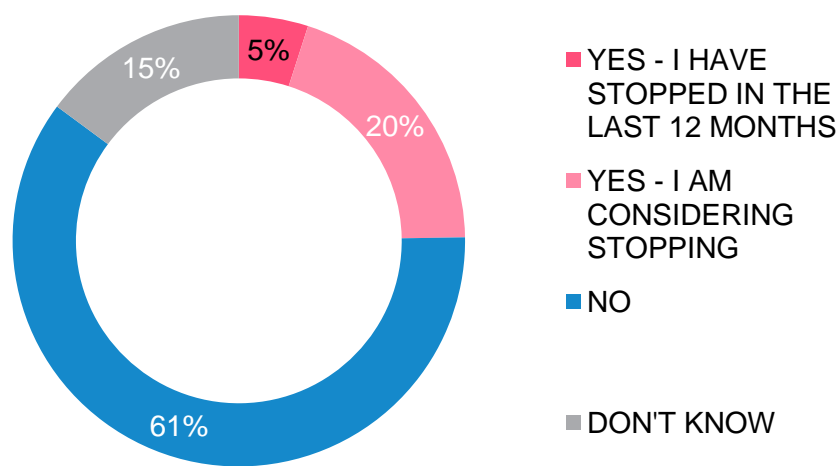


Base: Respondents who have been caregiver through another organisation excluding Don't know (n=117)
Q56. COMPARED WITH THE OTHER ORGANISATION YOU WERE A CAREGIVER FOR, ORANGA TAMARIKI PROVIDES...?

Six in ten caregivers expect to carry on caregiving through Oranga Tamariki

While six in ten caregivers are planning to carry on caregiving through Oranga Tamariki, one in five (20%) say they are considering stopping, and 5% have stopped in the last twelve months. Fifteen percent are unsure.

Figure 51: Whether caregivers have stopped or are considering stopping being a caregiver through Oranga Tamariki (Q57)



Base: All respondents (n=1276)

Q57. HAVE YOU DECIDED TO STOP OR ARE CONSIDERING STOPPING BEING A CAREGIVER THROUGH ORANGA TAMARIKI?

Subgroup differences

Those more likely to be *considering stopping* are:

- short-term caregivers (26% cf. 20%) - respite caregivers (26%), emergency caregivers (29%) and transitional (30%)
- non-whānau caregivers (25%)
- caregivers who are dissatisfied or very dissatisfied with the support Oranga Tamariki provides (50% considering or having stopped)
- caregivers who are dissatisfied or very dissatisfied with how Oranga Tamariki values them as a caregiver (51% considering or having stopped).

Table 27: Whether will stop being caregiver through Oranga Tamariki, by type of caregiver (Q57)

Whether continuing or stopping being caregiver through Oranga Tamariki	Total (n=1,276)	Whānau (n=513)	Non-whānau (n=680)	Māori caregivers (n=403)	Non-Māori caregivers (n=872)	Short-term (n=457)	Long-term (n=775)
	%	%	%	%	%	%	%
No, will not stop	61	61	60	56	63	53	65
Yes, am considering stopping	20	16	25	20	20	26	18
Yes, have stopped	5	4	5	3	6	5	4
Don't know	15	19	10	22	11	16	13

Base: All respondents

Reasons for stopping or considering stopping

Caregivers were invited to give a reason for saying that they have stopped or are considering stopping, but responses to this question were not coded. A summary analysis of responses highlights that caregivers are giving up because they feel they lack any say in what happens to the child (particularly those providing transitional or short-term care), that the social worker's views prevail, and/or that they feel that their role and effort are not appreciated.

"Because I have NEVER been offered respite and I actually have children in my own family I would like to spend time with. If I had regular respite I would probably never stop".

(New Zealand European, non-whānau, short-term care)

"I have no say in what happens with the babies in my care I feel I am a nobody at the bottom of the scrap heap."

(European, non-whānau, transitional care)

"It is the inconsistency of support that you receive from the social workers. The lack of information provided to you when the children come into care, and way you feel when you get the phone call from the social worker to let you know that the children will be leaving your care. My heart is breaking just thinking about it. As a care giver you have to be able to build a bond with the family if it is possible - so that they know that their children are being cared for and by whom. Even if this was done through a video or skype - if the family is violent. The last child that left my care, I was able to take them down to their parents' home and to help him transition home. I got to meet his family and build a bond with them - this has given me a little hope that I might be able to continue to work with Oranga Tamariki further - but prior to this the heart ache of not knowing anything about what is going on with the children, you have poured all this love into, or how they are doing when they go home etc. is very hard to take. It would be really nice to be told the truth after an FGC [Family Group Conference] as well - for example what happened and where they are looking for new whānau etc."

(European, non-whānau, transitional care)

"It's not worth the stress and drama involved. Even though the child has been removed from their parents they still have a say. We have missed family holidays because the parents were unwilling to allow the child permission to travel. (\$3,000 down the drain. We were assured by Oranga Tamariki that we could travel.) Oranga Tamariki is only any good if your social worker is willing to help. I have met social workers who never even bothered to come and meet the children."

(Māori, whānau, long-term care)

"You are under-utilised, even though you have space in your house and heart. You have little to no ability to make decisions for yourself or the child in your care and that sucks!"

(New Zealand European, non-whānau, home for life care)

What could Oranga Tamariki change or improve?

Five broad themes emerged, which were similar to those raised in earlier sections:

- **Improve communication with caregivers:** be more proactive, provide more detailed information about the child and their history. Being easier to contact and contacting caregivers more often was recommended.
- **Support for and listening to caregivers:** caregivers feel that their views are not listened to, nor necessarily respected by social workers. But they make the point that they are living with the child, so are in a better position than the social worker to know about the child. Giving caregivers more rights (in relation to parents' rights).
- **Put the child's needs first:** the child is at the centre.
- **More and better trained staff and social workers.** Greater continuity of social workers was also requested.
- **Improved processes and systems at Oranga Tamariki.**

"Higher financial payments for families caring for severely damaged children. I did not accept full time employment because we decided to take on this foster boy. His behavioural needs are so severe I am unable to work because he is demanding every day and I need to be available to support him and the school, as well as my own children who live and go to school with him."

(Tongan/Niuean, whānau, long-term care)

"Better resourcing. The negatives I have encountered are many and varied. I believe most of them could have been prevented with more money for more social workers and better resources to prevent these stuff-ups happening. Remembering, even when social workers are busy, that we are real people with real feelings invested in these precious kids would be helpful too. One specific suggestion - follow up with us when kids move on to whānau placements. Even if I have to hear 'the placement with Auntie seems a little shaky right now. Don't worry, we're keeping a close eye on it, and if we have any real concerns, we will move [name here] straight away', I'd prefer that to radio silence."

(New Zealand European, non-whānau, transitional care)

"Listening to caregivers, valuing their input, they usually know these children better than social workers. Stop changing the child's social worker all the time and when you do change, make sure that new social worker knows the case. Do what you say you will do! I have been told for the last year that a child had been referred to an organisation and it hasn't been true. Otherwise what you are doing is abusive for the child and caregivers."

(New Zealand European, non-whānau, Oranga Tamariki Family Home care)

"To be more respectful/supportive to us as caregivers: Contact on a regular basis: Emergency Care follow up. You get told you will have Tamariki this long and then it just goes on and on with no contact."

(New Zealand European, non-whānau, long-term care)

"Sharing information, being honest about child being placed in your care. Getting the help kids need rather than looking at how much it costs, what does the child need. If we get early help rather than putting band aid on problems and then keep having the same issues."

(New Zealand European, non-whānau, long-term care)

"More respite care for the caregiver. I'm exhausted."

(New Zealand European, whānau, respite care)

"Act in the interests of the child, and be open and honest with caregivers."

(New Zealand European, non-whānau, long-term care)

"More support financially and not to feel guilty when asking for support."

(Samoan/Tongan, non-whānau, long-term care)

APPENDICES

APPENDIX 1 – REGIONAL RESULTS

Table 28: Response rate by region

Region	Whānau/ Non-whānau	Responses (n)	Response rate	Population on the database
Te Tai Tokerau Region	Whānau	47	25.3%	186
	Non-whānau	23	42.6%	54
North and West Auckland Region	Whānau	50	27.9%	179
	Non-whānau	21	44.7%	47
Central Auckland Region	Whānau	42	22.6%	186
	Non-whānau	13	44.8%	29
Bay of Plenty Region	Whānau	61	27.5%	222
	Non-whānau	51	35.7%	143
South Auckland Region	Whānau	49	21.5%	228
	Non-whānau	19	37.3%	51
Waikato Region	Whānau	67	30.3%	221
	Non-whānau	48	37.5%	128
Taranaki-Manawatu Region	Whānau	59	24.5%	241
	Non-whānau	82	50.0%	164
Wellington-East Coast Region	Whānau	138	26.0%	531
	Non-whānau	128	45.4%	282
Upper South Region	Whānau	27	32.9%	82
	Non-whānau	34	49.3%	69
Canterbury Region	Whānau	90	27.0%	333
	Non-whānau	89	45.4%	196
Lower South Region	Whānau	34	26.2%	130
	Non-whānau	66	45.8%	144
Adoption Services	Whānau	0	0%	2
	Non-whānau	41	42.7%	96
Total	Whānau	665	26.2%	2541
	Non-whānau	618	44.0%	1403

Note: There were four respondents with blanks in the database for region, so the total sum of the regions does not equal the sum of total whānau/non-whānau.

Table 29: Key results by region

Result	Total (n=365-1,257)	South Auckland Region (n=21-77)	Waikato Region (n=25-116)	Taranaki-Manawatu Region (n=45-140)	Wellington-East Coast Region (n=61-260)	
	%	%	%	%	%	
Q8 Satisfaction with support	Top 2 Box	42	44	36	35	39
	Bottom 2 Box	20	25	19	21	24
Q9 Valued as a caregiver	Top 2 Box	52	45	50	44	48
	Bottom 2 Box	20	28	21	19	20
Q10 r5 Overall process to be a caregiver	Top 2 Box	54	42	50	50	50
	Bottom 2 Box	21	23	15	23	27
Q44 Satisfaction with own social worker	Top 2 Box	64	52	60	63	55
	Bottom 2 Box	18	28	18	14	25
Q46 Satisfaction with child's social worker	Top 2 Box	58	61	58	61	59
	Bottom 2 Box	20	17	19	20	22
Q37 Any training	Yes	32	35	25	37	26
	No	68	65	75	63	74
Q38 Usefulness of training	Top 2 Box	83	92	72	69	85
	Bottom 2 Box	17	8	28	31	15
Q53 Recommend being a caregiver	Top 2 Box	18	17	14	14	17
	Bottom 2 Box	28	26	26	21	27
Q57 Continue as a caregiver	Yes	71	66	63	70	70
	No	6	5	7	3	4

Table 29: Key results by region (continued)

	Result	Total (n=365-1,257) %	Upper South Region (n=24-60) %	Canterbury Region (n=46-177) %	Lower South Region (n=33-98) %	Adoption Services (n=9-41) %
Q8 Satisfaction with support	Top 2 Box	42	53	41	45	43
	Bottom 2 Box	20	17	25	17	12
Q9 Valued as a caregiver	Top 2 Box	52	61	48	58	49
	Bottom 2 Box	20	22	26	20	18
Q10 r5 Overall process to be a caregiver	Top 2 Box	54	67	59	68	53
	Bottom 2 Box	21	17	18	16	21
Q44 Satisfaction with own social worker	Top 2 Box	64	73	69	71	83
	Bottom 2 Box	18	12	14	13	3
Q46 Satisfaction with child's social worker	Top 2 Box	58	64	48	54	55
	Bottom 2 Box	20	17	30	26	25
Q37 Any training	Yes	32	46	29	32	40
	No	68	54	71	68	60
Q38 Usefulness of training	Top 2 Box	83	75	92	79	89
	Bottom 2 Box	17	25	8	21	11
Q53 Recommend being a caregiver	Top 2 Box	18	26	16	23	13
	Bottom 2 Box	28	31	25	35	18
Q57 Continue as a caregiver	Yes	71	76	69	75	89
	No	6	8	8	8	3

Table 29: Key results by region (continued)

	Result	Total (n=365-1,257) %	Te Tai Tokerau Region (n=18-77) %	North and West Auckland Region (n=31-77) %	Central Auckland Region (n=16-62) %	Bay of Plenty Region (n=34-117) %
Q8 Satisfaction with support	Top 2 Box	42	39	39	42	53
	Bottom 2 Box	20	24	12	10	16
Q9 Valued as a caregiver	Top 2 Box	52	53	65	57	63
	Bottom 2 Box	20	22	18	13	15
Q10 r5 Overall process to be a caregiver	Top 2 Box	54	46	62	44	57
	Bottom 2 Box	21	28	16	17	16
Q44 Satisfaction with own social worker	Top 2 Box	64	62	61	63	74
	Bottom 2 Box	18	20	24	16	13
Q46 Satisfaction with child's social worker	Top 2 Box	58	64	57	67	62
	Bottom 2 Box	20	14	18	7	17
Q37 Any training	Yes	32	27	45	34	34
	No	68	73	55	66	66
Q38 Usefulness of training	Top 2 Box	83	89	87	59	93
	Bottom 2 Box	17	11	13	41	7
Q53 Recommend being a caregiver	Top 2 Box	18	19	25	15	19
	Bottom 2 Box	28	27	37	26	38
Q57 Continue as a caregiver	Yes	71	75	68	78	77
	No	6	6	11	3	4

APPENDIX 2 – SAMPLE PROFILE

Table 30: Sample profile – weighted and unweighted results

Characteristic	Unweighted counts (n=1,283)	Unweighted %	Weighted counts (n=1,283)	Weighted %
Age (Q63) – excluding the four that were <18 years old				
18-29	46	4%	51	4%
30-49	607	47%	581	45%
50-69	575	45%	594	46%
70+	47	4%	49	4%
Gender (Q64) – excluding the two that identity as gender diverse				
Male	150	12%	157	12%
Female	1125	88%	1117	88%
Ethnicity (Q65)				
Māori	387	30%	462	36%
Pacific	36	3%	39	3%
Māori/Pacific	17	1%	20	2%
New Zealand European	715	56%	650	51%
Other	100	8%	84	7%
Prefer not to say	24	2%	24	2%
Any mention of Māori	404	32%	483	38%
Any mention of Pacific	53	4%	59	5%
Samoan	21	2%	22	2%
Cook Island Maori	13	1%	17	1%
Tongan	16	1%	17	1%
Niuean	10	1%	11	1%
How many live in household (Q4) – excluding those who live alone				
Only 2	135	11%	131	11%
3 or 4	568	47%	552	45%
5, 6 or 7	418	34%	438	36%
8+	100	8%	103	8%
Where they live (Q70)				
A major centre	496	39%	501	39%
A provincial city	295	23%	303	24%
A provincial town	228	18%	218	17%
A rural area	259	20%	255	20%
Whānau/Non-whānau (Q15)				
Whānau	518	43%	640	53%

Non-whānau	680	57%	559	47%
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Base: All respondents, excluding Not answered responses.

APPENDIX 3 – QUESTIONNAIRE AND INVITES



Study	Caregivers Feedback Survey	Number OE coded	2 OE (n=1500) & 3 OS (n=10% of 1500)
Client	Oranga Tamariki	Interview Length	Up to 15mins in length

Remember the aim of the survey is: To improve the services and support Oranga Tamariki provides caregivers when they are caring for children through Oranga Tamariki.

INTRODUCTION – SHOW ONLINE (SAME SCREEN)

Thank you for agreeing to participate in this survey. Your responses will help Oranga Tamariki understand how they can better support caregivers.

To begin, click on the button below. As you move through the survey, please use the buttons at the bottom of each screen. Do not use your browser buttons.

The survey is quite long (we think it should take between 15 and 20 minutes to complete), however the caregiver journey is complicated and we want to understand everything that is important to you. There are a lot of open ended questions. These allow you to provide further details if you want to but are not compulsory to answer.

If you would like to view our privacy statement, please <Value of "getPrivacyLink()">click here.

If you require assistance at any time during the survey, or would like to contact us, please call us on 0800 400 402 or email Adrienne.pointer@nielsen.com.

To thank you for your time you can choose to be entered into a prize draw for a Prezzy© card to the value of \$250 and 10 family fun passes (worth \$50).

NEXT SCREEN

Children/tamariki and young people/rangatahi in care can be aged up to 18 years old. For ease of reference we've mainly used the term 'child' in this survey, but we are referring to children/tamariki and young people/rangatahi of all ages.

We have many types of foster care as well, including people caring for children in their own whānau or extended family. People have different terms for their role, but we've mainly used 'foster parent' or 'caregiver'.

Every family or whānau works slightly differently, therefore some of the wording of the questions may not be a perfect match to your situation, but we hope you can still interpret and apply them to your circumstances.

INTRODUCTION – SHOW ON HARDCOPY

Thank you for agreeing to participate in this survey. Your responses will help Oranga Tamariki understand how they can better support caregivers.

The survey is quite long (we think it should take between 15 and 20 minutes to complete), however the caregiver journey is complicated and we want to understand everything that is important to you. There are a lot of open ended questions. These allow you to provide further details if you want to but are not compulsory to answer.

How to answer: You will need to **circle or tick** an answer like this...

Example	1	<input checked="" type="checkbox"/>	Each question has an instruction to tell you how to answer. Some questions ask you to select one response, others let you select more than one.
Example	2	<input type="checkbox"/>	
Example	3	<input type="checkbox"/>	

Children/tamariki and young people/rangatahi in care can be aged up to 18 years old. For ease of reference we've mainly used the term 'child' in this survey, but we are referring to children/tamariki and young people/rangatahi of all ages. We have many types of foster care as well, including people caring for children in their own whānau or extended family. People have different terms for their role, but we've mainly used 'foster parent' or 'caregiver'.

Every family or whānau works slightly differently, therefore some of the wording of the questions may not be a perfect match to your situation, but we hope you can still interpret and apply them to your circumstances. If you require assistance at any time during the survey, or would like to contact us, please call us on 0800 400 402 or email Adrienne.pointer@nielsen.com.

INITIAL CONTEXT - DO NOT SHOW TITLE ON SCREEN OR HARDCOPY

Firstly some questions about you and your household.

Q1	ASK ALL	Code
	How many children are you looking after now (i.e. have living in your home), through Oranga Tamariki? [SA]	
	Probe: This includes respite, emergency, transitional or permanent/ home-for-life care, or in an Oranga Tamariki Family Home.	
	Hardcopy Instruction: Please circle <u>one</u> answer	
	1 child.....	1
	2 children	2
	3 children	3
	4 children	4
	5 children	5
	6-10 children.....	6
	More than 10	7
	None.....	97

Q2	ASK ALL	Code
	And how many children have you looked after in the last 12 months (i.e. living in your home), through Oranga Tamariki? [SA]	
	Probe: This includes respite, emergency, transitional or permanent/ home-for-life care, or in an Oranga Tamariki Family Home.	
	Please include any current children in this total.	
	Hardcopy Instruction: Please circle <u>one</u> answer	
	1 child.....	1
	2 children	2
	3 children	3

4 children	4
5 children	5
6-10 children	6
More than 10	7
None	97

Q3	ASK ALL	Code
	Which of the following people live in the same household as you, all or most of the time? [MA]	
	Probe: Children refers to people under 18 years old.	
	Probe Online: Please select all that apply.	
	Hardcopy Instruction: Please circle <u>all</u> that apply	
	Child/children I am caring for through Oranga Tamariki	1
	My own child/children	2
	My partner's child/children, that is my stepchild/children	3
	Other child/children (e.g. brother(s)/sister(s), children in my extended family, flatmate's child)	4
	My partner/ defacto partner (husband/wife, civil union partner, boyfriend/girlfriend)	5
	Other adult family members (my parents, grandparents, aunty/uncle, cousins, adult children etc.)	6
	Unrelated boarders, flatmates or friends	7
	None of the above – I live alone	97

IF Q3=97 SKIP TO Q6

Q4 ASK IF NOT LIVING ALONE I.E. Q3=1-7

In total, how many people live in your household all or most of the time, including yourself and any children you are caring for?

Probe: Please include yourself in this count

Hardcopy Instruction: Write in number

Q5 **ASK IF NOT LIVING ALONE I.E. Q3=1-7**

PUT BACK BUTTON ON THIS QUESTION IN CASE THEY NEED TO CHANGE THEIR ANSWER AT Q3

And how many of these people are in each of the following age groups?

Probe: If there is no one in an age group please enter '0'. Please include yourself in this count.

Please check that your responses below add up to the total in the previous question.

(R1) Number of children aged 0 to 4:

(R2) Number of children aged 5 to 12:

(R3) Number of children/young people aged 13 to 17:

(R4) Number of people aged 18 to 24:

(R5) Number of people aged 25 and over:

Q6

ASK ALL

How long have you been an approved foster parent/ caregiver through Oranga Tamariki? [SA]

Probe: This includes respite, emergency, transitional or permanent/ home-for-life care, or in an Oranga Tamariki Family Home.

Hardcopy Instruction: Please circle one answer

	Code
Less than 3 months.....	1
3 to 6 months.....	2
More than 6 months but less than 1 year	3
1 up to 2 years	4
2 up to 3 years	5
3 up to 5 years	6
5 up to 10 years	7
10 years or more	8
Don't know	99

Q7

ASK ALL

How many approved Oranga Tamariki caregivers live in your house? [SA]

Hardcopy Instruction: Please circle one answer

	Code
1.....	1
2.....	2
3.....	3
More than 3.....	4

OVERALL SATISFACTION WITH SUPPORT – SHOW ONLINE (SAME SCREEN) AND HARDCOPY

Q8	ASK ALL	Code
	Overall, how satisfied are you with the support Oranga Tamariki provides you as a caregiver when you are caring for children through Oranga Tamariki? [SA]	
	Hardcopy Instruction: Please circle <u>one</u> answer	
	Very dissatisfied	1
	Dissatisfied	2
	Mixed feelings	3
	Satisfied	4
	Very satisfied	5
	Not applicable.....	97
	Don't know	99

Q9	ASK ALL	Code
	Overall, how satisfied are you that Oranga Tamariki values you as a caregiver? [SA]	
	Hardcopy Instruction: Please circle <u>one</u> answer	
	Very dissatisfied	1
	Dissatisfied	2
	Mixed feelings	3
	Satisfied	4
	Very satisfied	5
	Not applicable.....	97
	Don't know	99

PROCESS TO BECOME A CAREGIVER – SHOW ONLINE (SAME SCREEN) AND HARDCOPY

Q10 **ASK ALL (ANALYSE IF APPROVED CAREGIVER FOR ORANGA TAMARIKI <2 YEARS**

RANDOMISE STATEMENTS ONLINE

Thinking back to when you first became a caregiver through Oranga Tamariki and the process you went through to become a caregiver. How satisfied were/are you with the following...[SA]

Hardcopy Instruction: Please circle one answer for each of the 8 statements

	Very dissatisfied	Dissatisfied	Mixed feelings	Satisfied	Very satisfied	Not applicable	Don't know/ Can't say
(R1) The information available to help me make decisions about caregiving.....	1	2	3	4	5	97	99
(R2) The amount of information I had to supply	1	2	3	4	5	97	99
(R3) Keeping me informed of how my application was progressing.....	1	2	3	4	5	97	99
(R4) Availability of staff to answer or discuss my queries	1	2	3	4	5	97	99
(R5) Oranga Tamariki's overall handling of the process to become a caregiver.....	1	2	3	4	5	97	99
(R6) The time it took to get approved	1	2	3	4	5	97	99
(R7) Oranga Tamariki letting me know what allowances and resources I was eligible for.....	1	2	3	4	5	97	99
(R8) Oranga Tamariki letting me know my rights and options as a caregiver	1	2	3	4	5	97	99

Q11 ASK ALL

Do you recall reading online or receiving a 'Foster Care Handbook' when you first became a caregiver? [SA]

Probe: This covers information about your care team, what happens when a child comes into your care, how to help a child become part of the family, issues for kids in care, etc.

Hardcopy Instruction: Please circle one answer

	Code
Yes.....	1
No.....	2
Don't know.....	99

IF Q11=2, 99 SKIP TO Q13

Q12 ASK THOSE WHO RECALL I.E. Q11=1

If you do recall the 'Foster Care Handbook', how useful did you find it in helping you understand what being a caregiver would be like? [SA]

Hardcopy Instruction: Please circle one answer

	Code
Not at all useful.....	1
Slightly useful.....	2
Moderately useful.....	3
Very useful.....	4
Don't know.....	99

Q13 ASK ALL

DO NOT CODE

ALLOW TO MOVE ON WITHOUT ANSWERING

If you want to make comments on any other areas of the application and approval process, please write them below. Otherwise, please go to the next question.

BACKGROUND OF A PARTICULAR CHILD – SHOW ONLINE (SAEM SCREEN) AND HARDCOPY

We would now like to understand your experiences with being a caregiver for Oranga Tamariki. For the following questions, please think about **one child** you have looked after **in the last 12 months**. If you have/are looking after multiple children, we understand all the children in your care are unique and important, however please select the child who has the next birthday, and think about your experiences while caring for **that child**.

<p>Q14 ASK ALL</p> <p>How old is the child that you are specifically thinking about? [SA]</p> <p>Hardcopy Instruction: <i>Please enter this child's age below</i></p> <p>_____</p> <p>I have not looked after a child in the last 12 months</p>	<table border="0"> <tr> <td style="text-align: center;">Code</td> </tr> <tr> <td style="text-align: center;">98</td> </tr> <tr> <td style="text-align: center;">97</td> </tr> </table>	Code	98	97
Code				
98				
97				

IF Q14=97 PLEASE GO TO Q53

HARDCOPY: If circled, go to Q53 on page 14

<p>Q15 ASK ALL</p> <p>OS DO NOT CODE</p> <p>Which of the following best describes your relationship with this child before they started living with you? [SA]</p> <p>Hardcopy Instruction: <i>Please circle <u>one</u> answer</i></p> <p>Family/ whānau</p> <p>Hapū/ iwi.....</p> <p>Family friend – not related.....</p> <p>Not personally connected - not related.....</p> <p>Other (please specify)</p>	<table border="0"> <tr> <td style="text-align: center;">Code</td> </tr> <tr> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">98</td> </tr> </table>	Code	1	2	3	4	98
Code							
1							
2							
3							
4							
98							

IF Q15=2, 3, 4, 98 SKIP TO Q17

Q16 **ASK IF SELECTED FAMILY/ WHĀNAU I.E. Q15=1**

OS DO NOT CODE

If you are family/ whānau/ whāngai, which of the following further describes your relationship with this child? I am their...[MA]

Hardcopy Instruction: Please circle all that apply

	Code
Grandparent (or step grandparent)	1
Great grandparent	2
Aunt or uncle.....	3
Great aunt or great uncle	4
Niece/ nephew.....	5
Cousin	6
Sibling (step or biological)	7
Other relative/in-law (please specify)	98
Don't know	99

Q17 **ASK ALL**

OS DO NOT CODE

What type of care have you/ are you providing for this child? [MA]

Probe: You can select more than one category if you have looked after the child in different ways

Hardcopy Instruction: Please circle all that apply

	Code
Respite	1
Emergency	2
Transitional.....	3
Oranga Tamariki Family Home.....	4
Long-term.....	5

Permanent/ Home for life.....	6
Other (please specify)	98
Don't know	99

Q18

ASK ALL

How long ago did this child first come to live at your house...? [SA]

Probe: They may have come and gone several times, so please think back to the very first time.

Hardcopy Instruction: Please circle one answer

	Code
Less than 3 months ago	1
3 to 6 months ago	2
More than 6 months but less than 1 year	3
1 up to 2 years ago.....	4
2 up to 3 years ago.....	5
3 up to 5 years	6
5 up to 10 years	7
10 years or more	8
Don't know	99

Q19

ASK ALL

DO NOT CODE

ALLOW TO MOVE ON WITHOUT ANSWERING

If you want to make any other comments on your situation, please write them below. Otherwise please go to the next question.

EXPERIENCE WHEN THIS CHILD FIRST CAME TO CARE – SHOW ONLINE (SAME SCREEN) AND HARDCOPY

Q20 **ASK ALL**

How would you rate Oranga Tamariki on providing adequate information about this child’s history and background when they first came to your care? [SA]

Probe: For example, their family home environment, medical conditions or any other information that would be helpful before they came to your care.

Hardcopy Instruction: Please circle one answer

Very dissatisfied.....	1
Dissatisfied.....	2
Mixed feelings.....	3
Satisfied.....	4
Very satisfied.....	5
Not applicable.....	97
Don't know.....	99

Q21 **ASK ALL**

When they **first** came into your care, how would you rate Oranga Tamariki on providing adequate information about the child’s specific support needs? [SA]

Hardcopy Instruction: Please circle one answer for each of the 5 statements

	Very dissatisfied	Dissatisfied	Mixed feelings	Satisfied	Very satisfied	Not applicable	Don't know/ Can't say
(R1) Learning and development	1	2	3	4	5	97	99
(R2) Sports, interest or hobbies.....	1	2	3	4	5	97	99
(R3) Cultural identity.....	1	2	3	4	5	97	99

(R4) Past neglect, abuse or trauma..	1	2	3	4	5	97	99
(R5) Foster care history.....	1	2	3	4	5	97	99

Q22 **ASK ALL**

All things considered, how well do you think you were prepared for the role of caregiver when the child first came to you? [SA]

Hardcopy Instruction: Please circle one answer

	Code
Very poorly.....	1
Poorly.....	2
Adequately.....	3
Well.....	4
Very well.....	5
Don't know.....	99

EXPERIENCE WITH CARE PLAN – DO NOT SHOW TITLE ON SCREEN OR HARDCOPY

Q23 **ASK ALL**

When did you first see a copy of the child's care plan? [SA]

Hardcopy Instruction: Please circle one answer

	Code
Before they first came to live with me.....	1
When they first came to live with me.....	2
In the first few weeks after they came to live with me.....	3
In the first few months after they came to live with me.....	4
Six months or more after they came to live with me.....	5
I have never seen it.....	97
Don't know.....	99

IF Q23=97 or 99 SKIP TO Q25

Q24 ASK IF SEEN I.E. Q23=1-5

How would you rate the child’s care plan on the following...[SA]

Hardcopy Instruction: Please circle one answer for each of the 3 statements

	Very dissatisfied	Dissatisfied	Mixed feelings	Satisfied	Very satisfied	Not applicable	Don't know/ Can't say
(R1) Being up to date.....	1	2	3	4	5	97	99
(R2) Accuracy and completeness of information.....	1	2	3	4	5	97	99
(R3) The opportunity to provide input/ feedback into the care plan.....	1	2	3	4	5	97	99

Q25 ASK ALL

Overall, how satisfied are you that Oranga Tamariki does its best to minimise the risks to you and others in your household? [SA]

Hardcopy Instruction: Please circle one answer

Very dissatisfied.....	1
Dissatisfied.....	2
Mixed feelings.....	3
Satisfied.....	4
Very satisfied.....	5
Not applicable.....	97
Don't know.....	99

Q26 ASK ALL

DO NOT CODE

Is there anything else you would have liked to have known about the child? Or do you have any other suggestions for information you need to always receive about a child and their circumstances? Is there anything Oranga Tamariki could have done to better prepare you?

SUPPORT AND SERVICES –SHOW ONLINE (SAME SCREEN) AND HARDCOPY

Q27

ASK ALL

OS DO NOT CODE

People may need help from Oranga Tamariki for a variety of reasons when caring for children. For the child you are thinking about, in the last 12 months have you needed help with any of the following...[MA]

Probe: Please select all that apply

Hardcopy Instruction: Please circle all that apply

	Code
Their formal education/ childcare/ schooling	1
Their behaviour	2
Their mental and emotional health	3
Any physical disability or chronic health conditions	4
Any intellectual disabilities	5
Any learning difficulties	6
Transport	7
Financial support.....	8
English language skills.....	9
Cultural support needs.....	10
Legal support.....	11
Support for whānau visits	12

Other (please specify)	98
None of these	97

Q28 **ASK ALL**

In the last 12 months if you did ask for support from Oranga Tamariki, what amount of support did you get? [SA]

Hardcopy Instruction: Please circle one answer

	Code
None	1
Not enough	2
Enough	3
More than enough	4
I didn't ask for support from Oranga Tamariki in the last 12 months	97
Don't know	99

Now thinking about any services or support you may have received or are receiving from Oranga Tamariki, as a caregiver for this child.

Q29 **ASK ALL**

Are the allowance/s you receive/ received for looking after this child usually adequate to meet the financial costs and time you put in to caring for them? [SA]

Hardcopy Instruction: Please circle one answer

	Code
Not at all adequate	1
Not really adequate	2
Reasonably adequate.....	3
Very adequate.....	4
Not applicable.....	97
Don't know	99

Q30 ASK ALL

SHOW SAME SCREEN AS Q29 ONLINE

DO NOT CODE

Why did you choose this option?

Q31 ASK ALL

Thinking specifically about reimbursements or extra payments from Oranga Tamariki, how satisfied are you with...[SA]

Hardcopy Instruction: Please circle one answer for each of the 3 statements

	Very dissatisfied	Dissatisfied	Mixed feelings	Satisfied	Very satisfied	Not applicable	Don't know/ Can't say
(R1) The length of time it takes to receive reimbursements/ extra payments	1	2	3	4	5	97	99
(R2) Whether I get the right amount	1	2	3	4	5	97	99
(R3) The amount of effort I have to put in to get my reimbursements/ extra payments	1	2	3	4	5	97	99

Q32 **ASK ALL**

OS DO NOT CODE

In the last 12 months, excluding social workers, where else have you received support from?...[MA]

Probe: Please select all sources

Hardcopy Instruction: Please circle all that apply

	Code
The 24/7 Caregiver advice and guidance line 0508CARERS.....	1
A counsellor/ psychologist (for the child I am caring for)	2
A disability support specialist.....	3
A lawyer (in relation to the child I am caring for)	4
Fostering Kids NZ organisation.....	5
Grandparents Raising Grandchildren organisation	6
My church	7
Peer support from other caregivers	8
Transportation	9
My iwi, hapū or other cultural group.....	10
Other (please specify)	98
None.....	97

IF Q32=97 SKIP TO Q34

Q33 ASK IF RECEIVED SUPPORT I.E. Q32=1-10, 98

ONLINE ONLY SHOW THOSE SELECTED AND RANDOMISE

For each of the sources of other support you have received in the last 12 months, overall how useful was it in helping you care for this child ...[SA]

Hardcopy Instruction: Please circle one answer for each of the 11 statements

	Not at all useful	Slightly useful	Moderately useful	Very useful	Not applicable	Don't know/ Can't say
(R1) The 24/7 Caregiver advice and guidance line 0508CARERS	1	2	3	4	97	99
(R2) Counselling/ psychologist services for the child	1	2	3	4	97	99
(R3) Disability support specialist.....	1	2	3	4	97	99
(R4) Lawyer (relating to the child I am caring for)	1	2	3	4	97	99
(R5) Fostering Kids NZ.....	1	2	3	4	97	99
(R6) Grandparents Raising Grandchildren	1	2	3	4	97	99
(R7) My church	1	2	3	4	97	99
(R8) Peer support from other caregivers	1	2	3	4	97	99
(R9) Transport services.....	1	2	3	4	97	99
(R10) My iwi, hapū or other cultural group	1	2	3	4	97	99
(R11) Other group	1	2	3	4	97	99

Q34 **ASK ALL**

How would you rate your overall satisfaction with ...[SA]

Hardcopy Instruction: Please circle one answer for each of the 3 statements

	Very dissatisfied	Dissatisfied	Mixed feelings	Satisfied	Very satisfied	Not applicable	Don't know/ Can't say
(R1) My relationship with the child in my care.....	1	2	3	4	5	97	99
(R2) My partner's relationship with the child in my/our care	1	2	3	4	5	97	99
(R3) How the child in my care gets on with other children in the household	1	2	3	4	5	97	99

RESPITE CARE - DO NOT SHOW TITLE ONLINE OR HARDCOPY

Q35 **ASK ALL**

In the last 12 months, how often have you used respite care for this child (formally arranged or informally arranged)? [SA]

Hardcopy Instruction: Please circle one answer

	Code
Never	1
Rarely	2
Occasionally	3
A moderate amount	4
A great deal.....	5
Don't know	99

IF Q35=2, 3, 4, 5, 99 SKIP TO Q37

Q36 **ASK IF HAVENT USED RESPITE CARE FOR THIS CHILD I.E. Q35=1**

OS DO NOT CODE

If you haven't used respite care for this child, why is that? [MA]

Probe: Please select all that apply

Hardcopy Instruction: Please circle all that apply

	Code
I didn't know I could	1
Lack of availability of respite caregivers	2
Too traumatic for the child	3
No one has ever suggested it	4
I don't need respite care for this child.....	5
I don't want to lose any of my allowance.....	6
Process to get approval is too hard	7
I don't want people to think I am not coping	8
Other (please specify).....	98
Don't know	99

TRAINING LAST 12 MONTHS – SHOW TITLE ONLINE AND HARDCOPY

Q37 **ASK ALL**

In the last 12 months, have you had any training to help you as a caregiver? [SA]

Hardcopy Instruction: Please circle one answer

	Code
Yes.....	1
No	2
Don't know	99

IF Q37=2, 99 SKIP TO Q41

Q38	ASK IF YES TO TRAINING I.E. Q37=1	Code
	If you have had training, how useful did you find it? [SA]	
	Hardcopy Instruction: Please circle <u>one</u> answer	
	Not at all useful	1
	Slightly useful	2
	Moderately useful.....	3
	Very useful	4
	I haven't had any training	97
	Don't know	99

Q39	ASK IF YES TO TRAINING I.E. Q37=1	Code
	In the last 12 months which of the following training courses or workshops offered by Oranga Tamariki have you attended or completed? [MA]	
	Hardcopy Instruction: Please circle <u>all</u> that apply	
	Information session (i.e. information given to me to help me make the decision to become a caregiver)	1
	National Caregiver training programme (any or all of the 11 modules provided by Fostering Kids)	2
	Ways to Care/ Preparation to Care (the 2-3 day training which is part of the assessment process).....	3
	Practice Centre online (Oranga Tamariki's online practice information that caregivers can access)	4
	Trauma- training (as part of Fostering Kids or other NGO programme).....	5
	Other (please specify)	6
	None of these	97
	Don't know	99

Q40 **ASK IF YES TO TRAINING I.E. Q37=1**

In the last 12 months which of the following training courses or workshops offered by other providers have you attended or completed? [MA]

Hardcopy Instruction: Please circle all that apply

	Code
FASD (Foetal Alcohol) Syndrome.....	1
Suicide Prevention (either delivered by CASA or other agencies).....	2
Other (please specify).....	98
None of these	97
Don't know	99

Q41 **ASK ALL**

DO NOT CODE

Is there any training you would like, or anything Oranga Tamariki could do differently in regards to training?

EXPERIENCE WITH CAREGIVER'S SOCIAL WORKER –SHOW TITLE ONLINE AND HARDCOPY

Q42 **ASK ALL**

In the last 12 months how often have you had contact with **your caregiver social worker** from Oranga Tamariki?

Note: This is **your caregiver social worker** not a social worker assigned to the child/children you are looking after. [SA]

Hardcopy Instruction: Please circle one answer

	Code
Never	1
Rarely	2
Occasionally	3

A moderate amount	4
A great deal.....	5
Don't know	99

Q43 ASK ALL

RANDOMISE STATEMENTS ONLINE

How would you rate your satisfaction with **your current caregiver social worker** on the following...[SA]

Hardcopy Instruction: Please circle one answer for each of the 9 statements

	Very dissatisfied	Dissatisfied	Mixed feelings	Satisfied	Very satisfied	Not applicable	Don't know/ Can't say
(R1) Frequency of contact	1	2	3	4	5	97	99
(R2) Available when I need them..	1	2	3	4	5	97	99
(R3) Responsiveness.....	1	2	3	4	5	97	99
(R4) Providing useful advice.....	1	2	3	4	5	97	99
(R5) Acting in my best interests ...	1	2	3	4	5	97	99
(R6) Being able to handle complex situations.....	1	2	3	4	5	97	99
(R7) Respecting me.....	1	2	3	4	5	97	99
(R8) Doing what they said they would do.....	1	2	3	4	5	97	99
(R9) Involving me in assessments and decision making	1	2	3	4	5	97	99

Q44 ASK ALL

Overall how satisfied are you with your dealings with **your current caregiver social worker**? [SA]

Hardcopy Instruction: Please circle one answer

	Code
Very dissatisfied.....	1
Dissatisfied.....	2
Mixed feelings	3
Satisfied.....	4
Very satisfied	5
Not applicable.....	97
Don't know	99

Q45 ASK ALL

RANDOMISE STATEMENTS ONLINE

How would you rate your satisfaction on the following with the **social worker for the child** you are thinking of ...[SA]

Note: We are now asking about the social worker assigned to the child you look after.

Hardcopy Instruction: Please circle one answer for each of the 11 statements

	Very dissatisfied	Dissatisfied	Mixed feelings	Satisfied	Very satisfied	Not applicable	Don't know/ Can't say
(R1) Frequency of contact	1	2	3	4	5	97	99
(R2) Available when I need them.....	1	2	3	4	5	97	99
(R3) Responsiveness.....	1	2	3	4	5	97	99
(R4) Providing useful advice.....	1	2	3	4	5	97	99
(R5) Acting in the child's best interests	1	2	3	4	5	97	99
(R6) Being able to handle complex	1	2	3	4	5	97	99

situations							
(R7) Respecting me	1	2	3	4	5	97	99
(R8) Doing what they said they would do.....	1	2	3	4	5	97	99
(R9) Involving me in assessments and decision making	1	2	3	4	5	97	99
(R10) Respecting the child	1	2	3	4	5	97	99
(R11) Involving the child in decisions affecting them	1	2	3	4	5	97	99

Q46

ASK ALL

Code

Overall how satisfied are you with your dealings with the **social worker for the child** you are thinking of? [SA]

Hardcopy Instruction: Please circle one answer

Very dissatisfied.....	1
Dissatisfied.....	2
Mixed feelings	3
Satisfied.....	4
Very satisfied	5
Not applicable.....	97
Don't know	99

ANNUAL REVIEW PROCESS AND DEVELOPMENT PLAN – EVER (NOT LAST 12 MONTHS) - DO NOT SHOW TITLE ON SCREEN OR HARDCOPY

Q47

ASK ALL

Code

Are you aware of the annual review process? [SA]

Probe: Annual Reviews are to make sure you and your child are doing well and achieving the goals Oranga Tamariki will have talked about with you. In the review you have the opportunity to talk about your strengths, your needs, the joys and

challenges of the children in your care, any changes to your circumstances and any further support you may need. Every two years it also includes updating the police and medical checks for you and others living in your household.

Hardcopy Instruction: Please circle one answer

Yes – I have taken part	1
Yes – but I have never taken part.....	2
No	3
Don't know	99

IF Q47=2, 99 SKIP TO Q49

Q48 ASK IF TAKEN PART I.E. Q47=1

If you have had an annual review, did you find the annual review process useful?
[SA]

Hardcopy Instruction: Please circle one answer

	Code
Not at all useful	1
Slightly useful	2
Moderately useful.....	3
Very useful.....	5
I haven't had an annual review	97
Don't know	99

Q49 ASK ALL

Has your caregiver social worker ever discussed a personal learning and development plan for you? [SA]

Hardcopy Instruction: Please circle one answer

	Code
Yes.....	1
No.....	2

Don't know 99

CHILDREN WHO HAVE LEFT YOUR CARE – SHOW TITLE ON SCREEN AND HARDCOPY

Q50	ASK ALL	Code
	In the last 12 months have you had a child you cared for through Oranga Tamariki leave your care? [SA]	
	Hardcopy Instruction: Please circle <u>one</u> answer	
	Yes.....	1
	No.....	2

IF Q50=2 PLEASE GO TO Q52

Q51	IF YES LEFT CARE I.E. Q50=1	Code
	OS DO NOT CODE	
	For what reason/s did a child leave your care in the last 12 months?[MA]	
	Probe: Please select as many reasons that apply	
	Hardcopy Instruction: Please circle <u>all</u> that apply	
	They returned to their own family/ whānau.....	1
	They moved to a different type of care.....	2
	They were transitioned out of care (due to age).....	3
	Their behaviour was too difficult to manage.....	4
	They didn't get along with my family.....	5
	We couldn't provide for their cultural needs.....	6
	My family didn't support the idea of them staying.....	7
	I didn't get enough financial support to adequately care for them.....	8

I didn't get enough support from Oranga Tamariki and my social worker	9
I didn't get enough support from the child's social worker.....	10
Other (please specify)	98

Q52

ASK ALL

Code

In the last 12 months, if you have had children come and go from your care in the process of going to other types of caregivers or whānau, how satisfied were you with the support Oranga Tamariki provided you during the transitional process? [SA]

Hardcopy Instruction: Please circle one answer

Very dissatisfied	1
Dissatisfied	2
Mixed feelings	3
Satisfied	4
Very satisfied	5
I haven't done any transitional care	97
Don't know	99

RECOMMENDATION AND CONTINUING CAREGIVING – SHOW TITLE ON SCREEN AND HARDCOPY

Q53

ASK ALL

Code

Imagine someone is interested in becoming a caregiver, based on your experiences with Oranga Tamariki, how likely are you to recommend becoming a caregiver through Oranga Tamariki to them, where 0 is not at all likely and 10 is extremely likely? [SA]

Hardcopy Instruction: Please circle one answer

0- Not at all likely	11
1.....	1

2.....	2
3.....	3
4.....	4
5.....	5
6.....	6
7.....	7
8.....	8
9.....	9
10 - Extremely likely.....	10
Don't know/ Can't say	99

Q54 **ASK ALL**

CODE

What made you put that score?

Probe: Please be as detailed as possible

Q55 **ASK ALL**

OS DO NOT CODE

Have you ever been a caregiver for children through another organisation other than Oranga Tamariki [SA]

Hardcopy Instruction: Please circle one answer

Yes (please specify) 1

Code
1

No 2

IF Q55=2 SKIP TO Q57

Q56	ASK IF HAVE BEEN I.E. Q55=1	Code
	Compared with the other organisation you were a caregiver for, Oranga Tamariki provides...? [SA]	
	Hardcopy Instruction: Please circle <u>one</u> answer	
	Better support	1
	About the same	2
	Worse support	3
	Don't know	99

Q57	ASK ALL	Code
	Have you decided to stop or are considering stopping being a caregiver through Oranga Tamariki?[SA]	
	Hardcopy Instruction: Please circle <u>one</u> answer	
	Yes – I have stopped in the last 12 months	1
	Yes – I am considering stopping.....	2
	No	3
	Don't know	99

IF Q57=3, 99 SKIP TO Q59

Q58 IF STOPPED OR CONSIDERING I.E. Q57=1, 2
DO NOT CODE
Can you please tell us why you no longer want to be or are considering not being a caregiver

through Oranga Tamariki?

Q59 **ASK ALL**

CODE

If there was one thing Oranga Tamariki could change or improve on, what would it be?

Probe: Please be as detailed as possible

Q60 **DEMOGRAPHICS OF CHILD –SHOW TITLE ON SCREEN AND HARDCOPY**

OS DO NOT CODE

ASK ALL

ALLOW MULTIPLE RESPONSES. CODE 99 AS SINGLE RESPONSE

Now for a couple more questions about *the child you were thinking about* so we can understand more about the context for your experiences with caregiving.

Which ethnic group, or groups, does the child belong to? [MA]

Probe: Please tick all that apply

Hardcopy Instruction: Please circle all that apply

	Code
Māori.....	1
Samoan	2
Cook Island Maori.....	3

Tongan	4
Niuean	5
Chinese.....	6
Indian.....	7
New Zealand European	8
Other (please specify)	98
Prefer not to say	99

Q61	ASK ALL	Code
	Is the child...[SA]	
	Hardcopy Instruction: <i>Please circle <u>one</u> answer</i>	
	Male.....	1
	Female	2
	Gender diverse.....	3

Q62	ASK ALL	Code
	In the last 12 months, would you say this child’s wellbeing was... [SA]	
	Hardcopy Instruction: <i>Please circle <u>one</u> answer</i>	
	Poor.....	1
	Not very good	2
	Good.....	3
	Very good.....	4
	Excellent.....	5
	Don’t know	99

Q63 **DEMOGRAPHICS OF CAREGIVERS –SHOW TITLE ON SCREEN AND HARDCOPY**

Code

ASK ALL

This final section asks a couple of questions to ensure we have a good mix of caregivers.

In which of the following age groups do you belong? [SA]

Hardcopy Instruction: Please circle one answer

- Less than 18 years 1
- 18-24 years 2
- 25-29 years 3
- 30-39 years 4
- 40-49 years 5
- 50-59 years 6
- 60-69 years 7
- 70 years or over 8

Q64 **ASK ALL**

Code

Are you...? [SA]

Hardcopy Instruction: Please circle one answer

- Male..... 1
- Female 2
- Gender diverse..... 3

Q65 **ASK ALL**

Code

OS DO NOT CODE

ALLOW MULTIPLE RESPONSES. CODE 99 AS SINGLE RESPONSE

Which ethnic group, or groups, do you belong to? [MA]

Probe: Please select all that apply

Hardcopy Instruction: Please circle all that apply

Māori	1
Samoa	2
Cook Island Maori	3
Tongan	4
Niuean	5
Chinese	6
Indian.....	7
New Zealand European	8
Other (please specify)	98
Prefer not to say	99

IF Q65=2-8, 98, 99 SKIP TO Q70

Q66 ASK IF MĀORI –HARDCOPY Q65=1

CODE HARDCOPY

If you are Māori, please enter the name(s) of your iwi (tribe/tribes) and region?

Q67 ASK IF MĀORI – ONLINE Q65=1

Do you know the name(s) of your iwi (tribe or tribes)? [SA]

	Code
Yes.....	1
No	2

IF Q67=2 SKIP TO Q70

Q68	ASK IF MĀORI – ONLINE Q67=1	Code
	ASK IF YES KNOW IWI	
	OS CODE	
	What is the name and home area, rohe or region of your iwi? [MA]	
	Te Tai Tokerau/Tāmaki-makaurau (Northland/Auckland) Region Iwi	1
	Hauraki (Coromandel) Region Iwi	2
	Waikato/Te Rohe Pōtae (Waikato/King Country) Region Iwi	3
	Te Arawa/Taupō (Rotorua/Taupō) Region Iwi	4
	Tauranga Moana/Mātaatua (Bay of Plenty) Region Iwi	5
	Te Tai Rāwhiti (East Coast) Region Iwi	6
	Te Matau-a-Māui/Wairarapa (Hawke's Bay/Wairarapa) Region iwi	7
	Taranaki Region Iwi	8
	Whanganui/Rangitīkei (Wanganui/Rangitīkei) Region Iwi	9
	Manawatū/Horowhenua/Te Whanganui-a-Tara (Manawatū/Horowhenua/Wellington) Region Iwi	10
	Te Waipounamu/Wharekauri (South Island/Chatham Islands) Region Iwi	11
	Other (please specify)	96
	Don't know	99

Q69	ASK IF MĀORI – ONLINE Q67=1	
	If Q68 = 1 (Northland/Auckland Region Iwi) show R1 – R19	
	If Q68 = 2 (Coromandel Region Iwi) show R20 – R30	
	If Q68 = 3 (Waikato/King Country Region Iwi) show R31 – R41	
	If Q68 = 4 (Rotorua/Taupo Region Iwi) show R42 – R56	
	If Q68 = 5 (Bay of Plenty Region Iwi) show R57 – R69	
	If Q68 = 6 (East Coast Region Iwi) show R70 – R74	
	If Q68 = 7 (Hawke's Bay/Wairarapa) show R75 – R89	
		Code

If Q68 = 8 (Taranaki Region Iwi) show R90 – R99

If Q68 = 9 (Wanganui/Rangitikei Region Iwi) show R100 – R110

If Q68 = 10 (Manawatu/Horowhenua/Wellington Region Iwi) show R111 – R119

If Q68 = 11 (South Island/Chatham Islands Region Iwi) show R120 – R132

OS CODE

What is the name of your iwi? [MA]

Te Tai Tokerau/Tāmaki-makaurau (Northland/Auckland) Region Iwi

Te Aupōuri.....	1
Ngāti Kahu	2
Ngāti Kurī	3
Ngāpuhi.....	4
Ngāpuhi ki Whaingaroa-Ngāti Kahu ki Whaingaroa	5
Te Rarawa	6
Ngāi Takoto	7
Ngāti Wai.....	8
Ngāti Whātua (not Ōrākei or Kaipara)	9
Te Kawerau ā Maki.....	10
Te Uri-o-Hau	11
Te Roroa.....	12
Ngāti Whātua o Kaipara	13
Ngāti Whātua o Ōrākei	14
Ngāi Tai ki Tāmaki.....	15
Ngāti Hine (Te Tai Tokerau)	16
Te Paatu.....	17

Ngāti Manuhiri	18
Ngati Rehua	19
Hauraki (Coromandel) Region Iwi	
Ngāti Hako	20
Ngāti Hei	21
Ngāti Maru (Hauraki)	22
Ngāti Paoa	23
Patukirikiri	24
Ngāti Porou ki Harataunga ki Mataora	25
Ngāti Pūkenga ki Waiau	26
Ngāti Rāhiri Tumutumu	27
Ngāti Tamaterā	28
Ngāti Tara Tokanui	29
Ngāti Whanaunga	30
Waikato/Te Rohe Pōtae (Waikato/King Country) Region Iwi	
Ngāti Haua (Waikato)	31
Ngāti Maniapoto	32
Raukawa (Waikato)	33
Waikato	34
Ngāti Te Ata	35
Ngāti Hīkairo	36
Rereahu	37
Ngāti Tiipa	38
Ngāti Korokī Kahukura	39

Ngāti Tamaoho.....	40
Te Ākitai-Waiohua	41
Te Arawa/Taupō (Rotorua/Taupō) Region Iwi	
Ngāti Pikiao (Te Arawa)	42
Ngāti Rangiteaorere (Te Arawa)	43
Ngāti Rangitihī (Te Arawa)	44
Ngāti Rangiwewehi (Te Arawa)	45
Tapuika (Te Arawa)	46
Ngāti Tarāwhai (Te Arawa)	47
Tūhourangi (Te Arawa)	48
Uenuku-Kōpako (Te Arawa)	49
Waitaha (Te Arawa)	50
Ngāti Whakaue (Te Arawa)	51
Ngāti Tūwharetoa (ki Taupō)	52
Ngāti Tahu-Ngāti Whaoa (Te Arawa)	53
Ngāti Mākino	54
Ngāti Kearoa / Ngāti Tuarā.....	55
Ngāti Rongomai (Te Arawa)	56
Tauranga Moana/Mātaatua (Bay of Plenty) Region Iwi	
Ngāti Pūkenga	57
Ngāi Te Rangi	58
Ngāti Ranginui	59
Ngāti Awa	60
Ngāti Manawa	61

Ngāi Tai (Tauranga Moana/Mātaatua)	62
Tūhoe	63
Whakatōhea.....	64
Te Whānau-ā-Apanui	65
Ngāti Whare	66
Ngā Pōtiki ā Tamapahore	67
Te Upokorehe	68
Ngāti Tūwharetoa ki Kawerau	69
Te Tai Rāwhiti (East Coast) Region Iwi	
Ngāti Porou.....	70
Te Aitanga-a-Māhaki	71
Rongowhakaata.....	72
Ngāi Tāmanuhiri.....	73
Te Aitanga ā Hauiti.....	74
Te Matau-a-Māui/Wairarapa (Hawke's Bay/Wairarapa) Region iwi	
Rongomaiwahine (Te Māhia)	75
Ngāti Kahungunu ki Te Wairoa	76
Ngāti Kahungunu ki Heretaunga	77
Ngāti Kahungunu ki Wairarapa.....	78
Rangitāne (Te Matau-a-Māui/Hawke's Bay/Wairarapa)	79
Ngāti Kahungunu ki Te Whanganui-a-Orotu	80
Ngāti Kahungunu ki Tamatea	81
Ngāti Kahungunu ki Tamakinui a Rua	82
Ngāti Pāhauwera.....	83

Ngāti Rākaipaaka	84
Ngāti Hineuru.....	85
Maungaharuru Tangitū.....	86
Rangitāne o Tamaki nui ā Rua	87
Ngāti Ruapani ki Waikaremoana	88
Te Hika o Pāpāuma	89
Taranaki Region Iwi	
Te Atiawa (Taranaki)	90
Ngāti Maru (Taranaki)	91
Ngāti Mutunga (Taranaki)	92
Ngā Rauru	93
Ngā Ruahine	94
Ngāti Ruanui	95
Ngāti Tama (Taranaki)	96
Taranaki	97
Tangāhoe	98
Pakakohi	99
Whanganui/Rangitīkei (Wanganui/Rangitīkei) Region Iwi	
Ngāti Apa (Rangitīkei)	100
Te Ati Haunui-a-Pāpārangi.....	101
Ngāti Haua (Taumarunui)	102
Ngāti Hauiti (Rangitīkei)	103
Ngāti Whitikaupeka (Rangitīkei)	104
Ngāi Te Ohuake (Rangitīkei)	105

Ngāti Tamakōpiri (Rangitīkei)	106
Ngāti Rangi (Ruapehu, Whanganui)	107
Uenuku (Ruapehu, Waimarino)	108
Tamahaki (Ruapehu, Waimarino)	109
Tamakana (Ruapehu, Waimarino)	110
Manawatū/Horowhenua/Te Whanganui-a-Tara (Manawatū/Horowhenua/Wellington) Region Iwi	
Te Atiawa (Te Whanganui-a-Tara/Wellington)	111
Muaūpoko	112
Rangitāne (Manawatū)	113
Ngāti Raukawa (Horowhenua/Manawatū)	114
Ngāti Toarangatira (Te Whanganui-a-Tara/Wellington)	115
Te Atiawa ki Whakarongotai	116
Ngāti Tama ki Te Upoko o Te Ika (Te Whanganui-a-Tara/Wellington)	117
Ngāti Kauwhata	118
Ngāti Tukorehe	119
Te Waipounamu/Wharekauri (South Island/Chatham Islands) Region Iwi	
Te Atiawa (Te Waipounamu/South Island)	120
Ngāti Koata	121
Ngāti Kuia	122
Kāti Māmoe	123
Moriori	124
Ngāti Mutunga (Wharekauri/Chatham Islands)	125
Rangitāne (Te Waipounamu/South Island)	126

Ngāti Rārua	127
Ngāi Tahu / Kāi Tahu	128
Ngāti Tama (Te Waipounamu/South Island)	129
Ngāti Toarangatira (Te Waipounamu/South Island)	130
Waitaha (Te Waipounamu/South Island)	131
Ngāti Apa ki Te Rā Tō.....	132
Other (please specify)	198
Don't know	199

Q70	ASK ALL	Code
Which one of the following best describes where you live...[SA]		
Hardcopy Instruction: <i>Please circle <u>one</u> answer</i>		
	A major centre (e.g. Auckland, Hamilton, Wellington, Christchurch, Dunedin)	1
	A provincial city (e.g. Napier, Hastings, Tauranga, Timaru, Palmerston North)	2
	A provincial town (e.g. Masterton, Westport, Kaikōura)	3
	A rural area	4

Q71	ASK ALL	Code
Which of these describe you? [MA]		
Probe: Please select all that apply		
Hardcopy Instruction: <i>Please circle <u>all</u> that apply</i>		
	Full-time in paid work (30 or more hours per week).....	1
	Part-time in paid work (under 30 per week).....	2
	Full-time unpaid work (30 or more hours per week)	3
	Part-time unpaid work (under 30 hours per week)	4

Looking for work or unemployed.....	5
Full-time student	6
Part-time student	7
Looking after home and family.....	8
Retired.....	9
Beneficiary.....	10
Other.....	98

Q72	ASK ALL	Code
	OS CODE	
	Has caring for this child impacted your employment situation...? [MA]	
	Hardcopy Instruction: Please circle <u>all</u> that apply	
	Yes – I reduced/ limited my hours	1
	Yes – I resigned from my job.....	2
	Yes – I changed jobs.....	3
	No	4
	Other (please specify)	98
	Don't know	99

Q73	ASK ALL	Code
	OS CODE	
	Has caring for this child impacted where you live...? [MA]	
	Hardcopy Instruction: Please circle <u>all</u> that apply	
	Yes – bought/ rented a bigger house	1
	Yes – moved in with family/ whānau	2
	No	3
	Other (please specify)	98
	Don't know	99

Q74	ASK ALL	Code
	Which of the following best describes how well your total income meets your everyday needs for such things as accommodation, food, clothing and other necessities? [SA]	
	Hardcopy Instruction: Please circle <u>one</u> answer	
	Have more than enough.....	1

Have enough money	2
Have just enough money	3
Do not have enough money	4
Prefer not to answer.....	99

Q75 ASK ALL

For each of the five statements, which is closest to how you have been feeling over the last **two weeks**?
[SA]

Probe: Please select one answer for each of the 5 statements

Hardcopy Instruction: Please circle one answer for each of the 5 statements

	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
(R1) I have felt cheerful and in good spirits	1	2	3	4	5	6
(R2) I have felt calm and relaxed	1	2	3	4	5	6
(R3) I have felt active and vigorous	1	2	3	4	5	6
(R4) I woke up feeling fresh and rested.....	1	2	3	4	5	6
(R5) My daily life has been filled with things that interest me	1	2	3	4	5	6

ATTITUDES TO CARING AND CHILDREN –SHOW TITLE ON SCREEN AND HARDCOPY

Q76 ASK ALL

RANDOMISE STATEMENTS ONLINE

Finally, we'd like to know your thoughts about becoming a caregiver.

To what extent do you agree or disagree with the following... [SA]

Hardcopy Instruction: Please circle one answer for each of the 10 statements

	Strongly disagree	Disagree	Mixed feelings	Agree	Strongly agree	Don't know/ Can't say
(R1) I think I can make a positive difference in the life of a child by being a caregiver	1	2	3	4	5	99
(R2) Being a caregiver is a personally rewarding experience.....	1	2	3	4	5	99
(R3) Managing a child's behaviour is difficult.....	1	2	3	4	5	99
(R4) My family is happy to have an extra child living with us.....	1	2	3	4	5	99
(R5) Being a caregiver makes it difficult for me to meet my other family or work responsibilities	1	2	3	4	5	99
(R6) Being a caregiver has a negative effect on my relationship with other family members.....	1	2	3	4	5	99
(R7) Being a caregiver is very stressful.....	1	2	3	4	5	99
(R8) I have the financial resources to adequately care for a child in my home	1	2	3	4	5	99
(R9) It is important for a child in care to keep in contact with their whānau	1	2	3	4	5	99
(R10) I trust the authorities to do the best for children and young people in their care	1	2	3	4	5	99

And last of all we have some questions about how the information you've provided will be used

Q77 ASK ALL

It is likely that more research will be carried out with caregivers through Oranga Tamariki. For example, Oranga Tamariki might want your opinion on some things they are thinking of doing to try to make improvements for caregivers. Are you willing to provide your contact details so you can be contacted and invited to take

Code

part in further research?

Hardcopy Instruction: Please circle one answer

Your contact details will only be used to invite you for future research being conducted on behalf of Oranga Tamariki.

Saying yes now does not mean you have to take part, it just means you may be invited to take part.

Yes.....	1
No.....	2

IF Q77=2 SKIP TO Q79

Q78 IF YES TO FUTURE RESEARCH I.E. Q77=1

If you said yes, please fill in your contact details below

Name: _____

Phone number: _____

Email address (please provide if you have one): _____

Q79 ASK ALL

The purpose of this survey is to make improvements based on caregivers' feedback, some of which may be quite specific to you.

Are you happy for your name to be linked to the survey information you have provided and be made available to researchers in Oranga Tamariki?

If you select no, please be assured that we will not share any results with Oranga Tamariki that will identify you or any children in your care. [SA]

Hardcopy Instruction: Please circle one answer

Yes.....	1
No.....	2

Code
1
2

Q80 **ASK ALL**

We would like your permission to combine the survey information you have provided here with other routinely collected government data held by Statistics New Zealand. Any information that could identify you will be removed after the survey data has been linked and the linked data can only be used by authorised researchers for research purposes. Do you consent to your personal information and survey results being provided to Statistics New Zealand and linked to other routinely collected government data? [SA]

Hardcopy Instruction: Please circle one answer

Yes.....

Code

1

No.....

2

Q81 **ASK ALL**

NO REQUIREMENTS ON ANY OF THE BOXES

ADD LINK TO THE TERMS AND CONDITIONS

If you would like to enter the prize draw, please provide your contact details below so that we can contact you if you are the winner of the \$250 Prezzy© card or one of the 10 family fun passes (worth \$50).

Please be assured that these details will only be used to contact the winner of the prize draw.

Terms and conditions for the prize draw can be found [here](#).

Name:.....

Phone number:.....

Email:

Q82 **ASK ALL**

DO NOT CODE

ALLOW TO MOVE ON WITHOUT ANSWERING

And finally if you would like to comment on any of the areas covered in this survey that you have not had a chance to, please write them below.

Thank you very much for taking part today, we really appreciate your time and feedback. Oranga Tamariki plans to share high level survey results with you in April, along with information about what they are going to propose to do differently to meet your needs.

If you have any questions or would like to contact us, please call us on 0800 400 402 or email Adrienne.pointer@nielsen.com.

Invite letter

14 February 2019

<Addressee's Name>
<Address Line 1>
<Address Line 2>
<City> <postcode>

Kia Ora <named respondent>,

How can we support you better?
Me pēhea mātou te tautoko ake ia koe kia pai ake tou haerenga?

Up and down the country, caregivers like you are providing safe, stable, loving homes to thousands of tamariki and rangatahi. You're all valued members of the Oranga Tamariki team, and it's our job to ensure you're getting the support you need throughout your caregiving journey.

We would like to hear from all Oranga Tamariki caregivers, whether you have a current child in care or have recently left the caregiver journey. The survey will take about 15 - 20 minutes depending on how much you write.

This survey will give us the baseline data we need to measure the impact of the support we provide. It's also an opportunity for you to tell us what else you think we should be doing differently. We'll share the high level results with you in April, along with more information about what we're going to do differently to meet your needs in line with your feedback.


As an acknowledgement of your time once you've completed the survey you choose to go in the draw to win a \$250 Prozy® card* or one of 10 family fun passes (worth \$50 each).

If you have any questions about the survey, please contact Nielsen (the independent research company running this survey) on 0800 400 402. For any questions that relate directly to your role as a caregiver please contact your Caregiver Social Worker or call Oranga Tamariki on 0508 227 377. We're here to help you 24/7.

We really do value your feedback, and I'd like to thank you for taking the time to share your thoughts with us.

Janet

Janet Smart
General Manager
Caregiver Recruitment and Support | Oranga Tamariki



We have provided a paper copy of the survey; however, you can complete it online instead.

1. Go to:
WWW.NL.SN.ONLINE/CAREGIVERS

2. Enter the user name and survey code shown here:
User name:
<username>
Survey code:
<survey code>

3. Click >>

*Terms and conditions can be found at www.nlsn.online/caregivers
Prozy® cards can be used anywhere credit cards are accepted.

FREQUENTLY ASKED QUESTIONS

Why was I invited to take part in the survey?

Oranga Tamariki are interested in finding out if caregivers are getting the support they need. You are on their database as someone who is currently, or has recently been, a caregiver of a child under the care of Oranga Tamariki.

If this is incorrect please contact Nielsen on 0800 400 402 so your details can be removed.

I don't want to complete this survey. How can I stop communication regarding this survey?

That is OK – the survey is voluntary. We would like to hear from all Oranga Tamariki caregivers because each family/ whānau has a different experience. But, if you would like to be removed from the survey list, please call Nielsen on 0800 400 402.


I am no longer a caregiver. Is this survey relevant to me?

Yes, your views are important. As well as current caregivers, we would also like to hear from people who have experienced the caregiver journey, but are no longer an active caregiver for Oranga Tamariki.

Why does the website address provided on the first page of this letter not take me to the correct web page?

You may have incorrectly typed in the address which is: **WWW.NL.SN.ONLINE/CAREGIVERS**

Or, you may have inserted the link into the search box rather than the address bar on the website browser. Using the **address bar** works better.



If you continue to have difficulties then please call 0800 400 402.

Will my answers be kept confidential?

Yes, please be assured that no data that could identify you or your tamariki will be used in any reports on this research. Nielsen, an independent research company, is conducting the survey and will only give information that will identify you to Oranga Tamariki if you say they can. Nothing you say will be passed on in a way that identifies you unless you ask for this to happen.

I have received a letter but my partner/another Oranga Tamariki caregiver in my household has not. Can they also answer the survey?

We have sent out one letter per household. If there is more than one caregiver in your household please answer the survey about your shared experiences.


I know another Oranga Tamariki caregiver (not in my household) and they have not received a letter. Can they answer the survey?

We intend to invite all Oranga Tamariki caregivers to give their feedback on how Oranga Tamariki is supporting them. If they have not received an invitation to complete the survey by the 13th of February please have them contact Nielsen on 0800 400 402.

Can I change my response?

If you would like to change one of your responses please call 0800 400 402.

Reminder letter



21 February 2019
 <Addressee's Name>
 <Address Line 1>
 <Address Line 2>
 <City>, <postcode>

Kia Ora <named respondent>

How can we support you better?

Me pēhea mātou te tautoko ake ia koe kia pai ake tou haerenga?

Recently, we sent you a survey asking about your journey as an Oranga Tamariki caregiver. You are a valued member of the Oranga Tamariki team and we would still like to hear about your experiences with the support you are given to care for your tamariki and rangatahi. You have until 3rd March to return the paper copy of the survey or complete online using the instructions in the grey box.

We provided a paper copy of the survey with our last letter; however, you can complete it online instead.

1. Go to:
WWW.NLSN.ONLINE/CAREGIVERS

↓

2. Enter the user name and survey code shown here:

User name:
<username>

Survey code:
<survey code>

↓

3. Click >>


This survey will give us the baseline data we need to measure the impact of the support we provide. It's also an opportunity for you to tell us what else you think we should be doing differently. We'll share the high level results with you in April, along with more information about what we're going to do differently to meet your needs in line with your feedback.

As an acknowledgement of your time once you've completed the survey you go in the draw to win a \$250 Prezy® card* or one of 10 family fun passes (worth \$50 each).

If you have any questions about the survey, please contact Nielsen (the independent research company running this survey) on 0800 400 402. For any questions that relate directly to your role as a caregiver please contact your Caregiver Social Worker or call Oranga Tamariki on 0508 227 377. We're here to help you 24/7.

We really do value your feedback, and I'd like to thank you for taking the time to share your thoughts with us.

Ngā manaakitanga,



Janet Smart
 General Manager
 Caregiver Recruitment and Support | Oranga Tamariki


FREQUENTLY ASKED QUESTIONS

Why was I invited to take part in the survey?
 Oranga Tamariki are interested in finding out if caregivers are getting the support they need. You are on their database as someone who is currently, or has recently been, a caregiver of a child under the care of Oranga Tamariki.
 If this is incorrect please contact Nielsen on 0800 400 402 so your details can be removed.

I don't want to complete this survey. How can I stop communication regarding this survey?
 That is OK – the survey is voluntary. We would like to hear from all Oranga Tamariki caregivers because each whānau/family has a different experience. But, if you would like to be removed from the survey list, please call Nielsen on 0800 400 402.

I am no longer a caregiver. Is this survey relevant to me?
 Yes, your views are important. As well as current caregivers, we would also like to hear from people who have experienced the caregiver journey, but are no longer an active caregiver for Oranga Tamariki.

Why does the website address provided on the first page of this letter not take me to the correct web page?
 You may have incorrectly typed in the address which is:
WWW.NLSN.ONLINE.COM/CAREGIVERS
 Or, you may have inserted the link into the search box rather than the address bar on the website browser. Using the **address bar** works better.



If you continue to have difficulties then please call 0800 400 402.

Will my answers be kept confidential?
 Yes, please be assured that no data that could identify you or your tamariki will be used in any reports on this research. Nielsen, an independent research company, is conducting the survey and will only give information that will identify you to Oranga Tamariki if you say they can. Nothing you say will be passed on in a way that identifies you unless you ask for this to happen.

I have received a letter but my partner/another Oranga Tamariki caregiver in my household has not. Can they also answer the survey?
 We have sent out one letter per household. If there is more than one caregiver in your household please answer the survey about your shared experiences.

I know another Oranga Tamariki caregiver (not in my household) and they have not received a letter. Can they answer the survey?
 We intend to invite all Oranga Tamariki caregivers to give their feedback on how Oranga Tamariki is supporting them. If they have not received an invitation to complete the survey by the 13th of February please have them contact Nielsen on 0800 400 402.

Can I change my response?
 If you would like to change one of your responses please call 0800 400 402.

Pre-notification letter for email version

13th January 2019

<Addressee's Name>
<Address Line 1>
<Address Line 2>
<City>, <postcode>

Kia Ora <named respondent>

How can we support you better?

Me pēhea mātou te tautoko ake ia koe kia pai ake tou haerenga?

We greatly appreciate the care you provide to children and young people as a caregiver. It's really important to us that you're getting the right level of support, and shortly you'll receive an invitation by email to take part in a caregiver satisfaction survey.

Caring for a child in need is so important and can be very fulfilling. As you'll know, it can also come with many challenges. We want to find out if you're getting the support you need, what's working well for you, and what we can do better.

What's involved?
Soon you'll receive an email invitation from Nielsen, an independent research company. The email will include a link to an online survey which will take around 12 to 15 minutes to complete.

How was I chosen?
We want to make sure everyone has the chance to have their say, which is why we're inviting all Oranga Tamariki caregivers to take part. We want to hear from people who have only recently started caring for a child, as well as those of you who've been caring for a child for a while. If you've recently stopped being a caregiver, we'd still really appreciate your feedback so that we can learn from your experiences.

Why should I take part?
We want to do the best we can for *taupaki* and *taupaki* in our care, and the information will be used to help make sure we provide the right support to our caregivers. We'll share the results with you and tell you about any changes we plan to make based on the feedback we receive. To thank you for your time, you'll be entered into a prize draw for a **prizzy card to the value of \$250 and 10 family fun passes (worth \$50 each)**.

Is my information private?
Yes. Your answers are confidential and the way we report our results will protect the privacy of you and your *whānau*.

Do I have to complete the survey?
We want to hear from as many of our caregivers as possible to ensure our results accurately reflect your collective views. The survey is **voluntary** and you're under no obligation to complete it. If you don't wish to receive the survey, please let us know by contacting Nielsen on 0800 400 402 or by emailing Adrienne.pointer@nielsen.com. You can also use these contact details if you have any questions.

Thank you for reading this letter. We hope you can find time to complete the survey.

Ngā mihi

Janet Smart
General Manager
Caregiver Recruitment and Support

FREQUENTLY ASKED QUESTIONS

Why was I invited to take part in the survey? Oranga Tamariki are interested in finding out if caregivers are getting the support they need. You are on their database as someone who is currently, or has recently been, a caregiver of a child under the care of Oranga Tamariki. If this is incorrect please contact Nielsen on 0800 400 402 so your details can be removed.

How do I complete the survey? Nielsen will send a survey invitation by email in the first week of February with instructions on how to access the survey. If you do not receive an email, or have recently changed your email address please contact Nielsen on 0800 400 402.

I don't want to complete this survey. How can I not get any more communication regarding this survey? That is OK – the survey is voluntary. We will not send you any more postal mail as part of this survey; all further communication will be via email. If you would like to be removed from the survey emailing list, please call Nielsen on 0800 400 402.

I am no longer a caregiver. Is this survey relevant to me? Yes, your views are important. As well as current caregivers, we would also like to hear from people who have experienced the caregiver journey, but are no longer an active caregiver for Oranga Tamariki.

Will my answers be kept confidential? Yes, please be assured that no data that could identify you or your *taupaki* will be used in any reports on this research. Nielsen, an independent research company, is conducting the survey and will only give information that will identify you to Oranga Tamariki if you say they can. Nothing you say will be passed on to the social worker of your *taupaki* in a way that identifies you unless you ask for this to happen.

I don't use my email address/the Internet. Can I do this survey offline? We have paper copies of the survey available. To have one sent to you please call Nielsen on 0800 400 402.

I have received a letter but my partner/another Oranga Tamariki caregiver in my household has not. Can they also answer the survey? We have sent out one letter per household. If there is more than one caregiver in your household please answer the survey about your shared experiences.

I know another Oranga Tamariki caregiver (not in my household) and they have not received a letter. Can they answer the survey? We intend to invite all Oranga Tamariki caregivers to give their feedback on how Oranga Tamariki is supporting them. If they have not received an invitation to complete the survey by the 13th of February please have them contact Nielsen on 0800 400 402.

What if I have other questions? Please contact Nielsen on 0800 400 402.

Email invite

Subject: Oranga Tamariki Caregiver Feedback Survey

Kia Ora <Named respondent>,



Recently, you were sent a letter in the mail to tell you about a survey that we are conducting on behalf of Oranga Tamariki. The survey is open until the 6th of March and we would like to hear from you.

This survey will give us the baseline data we need to measure the impact of the support Oranga Tamariki provides caregivers. It's also an opportunity for you to tell us what else you think they should be doing differently. Oranga Tamariki will share the high level results with you in April, along with more information about what they are going to do differently to meet your needs in line with your feedback.

We would like to hear from all Oranga Tamariki caregivers, whether you have a current child in care or have recently left the caregiver journey. The survey will take about 15 minutes depending on how much you write. You have until the 6th of March to give your feedback.

As an acknowledgement of your time once you've completed the survey you can choose to go in the draw to win a \$250 Prezzy® card or one of 10 family fun passes (worth \$50 each).

Please [click here](#) to begin the survey

If you have any questions about the survey, please contact Nielsen (the independent research company running this survey) on 0800 400 402. For any questions that relate directly to your role as a caregiver please contact your Caregiver Social Worker or call Oranga Tamariki on 0508 227 377. We're here to help you 24/7.

Ngā maoakitanga.

Catherine Hinder
Senior CSE
Consumer Insights, Nielsen

Janet Smart
General Manager
Caregiver Recruitment and Support, Oranga Tamariki

Email reminder #1

Subject: Oranga Tamariki Caregiver Feedback Survey



Kia Ora <Named respondent>.

Recently, we invited you to participate in a survey we are conducting about the support Oranga Tamariki provides to caregivers like you. The survey is open until the 6th of March and we would like to hear from you.

This survey will give us the baseline data we need to measure the impact of the support Oranga Tamariki provides caregivers. It's also an opportunity for you to tell us what else you think they should be doing differently. Oranga Tamariki will share the high level results with you in April, along with more information about what they are going to do differently to meet your needs in line with your feedback.

We would like to hear from all Oranga Tamariki caregivers, whether you have a current child in care or have recently left the caregiver journey. The survey will take about 15 minutes depending on how much you write.

As an acknowledgement of your time once you've completed the survey you can choose to go in the draw to win a \$250 Prezzi® card or one of 10 family fun passes (worth \$50 each).

Please [click here](#) to begin the survey

If you have any questions about the survey, please contact Nielsen on 0800 400 402. For any questions that relate directly to your role as a caregiver please contact your Caregiver Social Worker or call Oranga Tamariki on 0508 227 377.

Ngā manaakitanga.

Catherine Hinder
Senior CSE
Consumer Insights, Nielsen

Janet Smart
General Manager
Caregiver Recruitment and Support, Oranga Tamariki

Email reminder # 2

Subject: Oranga Tamariki Caregiver Feedback Survey – Closing Soon



Kia Ora <Named respondent>,

The chance to give your feedback to Oranga Tamariki about the support they provide caregivers like you is closing soon. You have until the 6th of March to answer the survey.

This survey will give us the baseline data we need to measure the impact of the support Oranga Tamariki provides caregivers. It's also an opportunity for you to tell us what else you think they should be doing differently. Oranga Tamariki will share the high level results with you in April, along with more information about what they are going to do differently to meet your needs in line with your feedback.

We would like to hear from all Oranga Tamariki caregivers, whether you have a current child in care or have recently left the caregiver journey. The survey will take about 15 minutes depending on how much you write.

As an acknowledgement of your time once you've completed the survey you can choose to go in the draw to win a \$250 Prezzy® card or one of 10 family fun passes (worth \$50 each).

Please [click here](#) to begin the survey

If you have any questions about the survey, please contact Nielsen on 0800 400 402. For any questions that relate directly to your role as a caregiver please contact your Caregiver Social Worker or call Oranga Tamariki on 0508 227 377.

Ngā manaakitanga,

Catherine Hinder
Senior CSE
Consumer Insights, Nielsen

Janet Smart
General Manager
Caregiver Recruitment and Support, Oranga Tamariki

