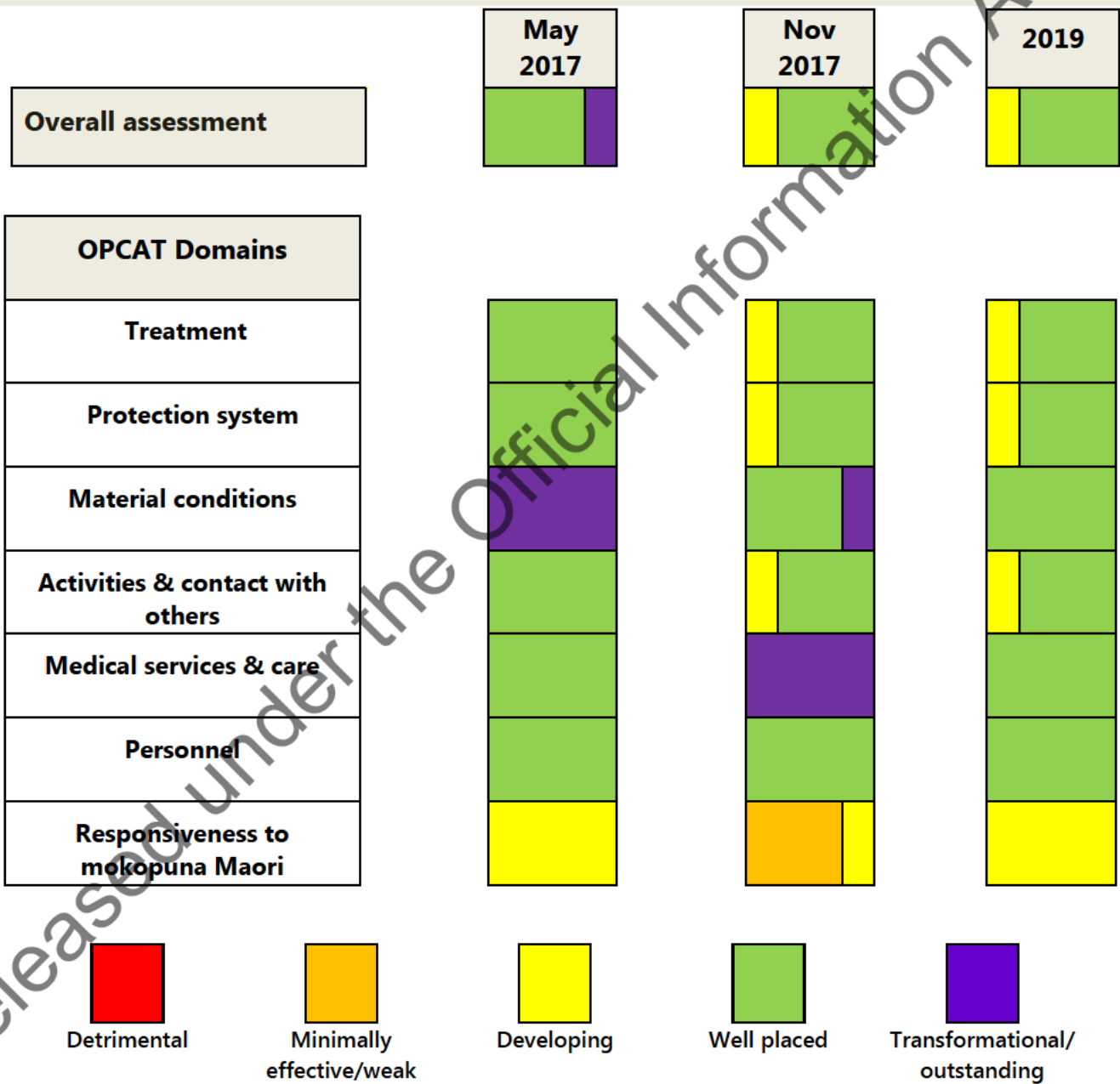


Oranga Tamariki Residence Visit (Unannounced OPCAT Visit)

Puketai Care and Protection Residence, Dunedin

Visit date: s 9(2)(a) OIA 2019. Report date: 29 April, 2019



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Introduction

Purpose of visit

1. On s 9(2)(a) OIA 2019, s 9(2)(a) OIA and s 9(2)(a) OIA from the Office of the Children's Commissioner (OCC) conducted an unannounced monitoring visit to Puketai, Care and Protection Residence, Dunedin. The purpose of our visit was to assess the quality of Oranga Tamariki's services against the seven domains relevant to our role as a National Preventive Mechanism (NPM) under the Optional Protocol to the Convention Against Torture (OPCAT – refer to Appendix 1 for more detail). These domains are: treatment, protection system, material conditions, activities and contact with others, medical services and care, personnel, and responsiveness to mokopuna Māori.

Structure of this report

2. In the context of our OPCAT visits, we use Mana Mokopuna principles and resources to engage children in conversation about their experiences in the residence. Mana Mokopuna supports our monitoring to put a stronger focus on: (a) children's experiences, and (b) Māori beliefs and social structures. The information from interviews with children sits alongside our assessment of the residence's compliance with the six OPCAT domains. For more information on our Mana Mokopuna approach, see our website. <http://www.occ.org.nz/our-work/mana-mokopuna/>
3. This report shares the findings from our visit to Puketai, and makes recommendations for actions to address the issues identified. For the convenience of readers, we first list our key findings and recommendations. We then describe our findings for each of the six OPCAT domains.
4. For each OPCAT domain, we provide a statement that summarises our overall finding for that domain. We then highlight, in a text box, children's experiences and voices under their relevant Mana Mokopuna principle. This helps to show how children's experiences under the Mana Mokopuna principles relate to the OPCAT domains. Finally, we provide the evidence for our overall domain finding as a list of strengths and areas for development.
5. We briefly outline the legislative background to our visit in Appendix 1. Appendix 2 contains information about the interpretation of ratings. We describe the interviews we conducted and the information we accessed in Appendix 3.
6. At the time of our visit, all of those placed at Puketai apart from s 9(2)(a) OIA were under 13. Therefore we have referred to all children and young people we spoke to as 'children'.

Context

7. Puketai is a Care and Protection Residence and has eight beds for children. It is located in Andersons Bay, Dunedin and sits within a residential housing area. It shares a boundary with a local primary school and has no fences surrounding its facilities.
8. Due to the nature of the residence environment, Puketai is perceived as providing a more appropriate environment for younger children. Consequently, children are often placed at Puketai at significant geographical distance from their whānau, hapū and iwi connections. The residence would like to be used as a regional resource in order to support children from the local area.
9. At the time of our visit, there were six children placed in the residence, [redacted] from the North Island, [redacted] from Nelson and [redacted] from Dunedin. Their ages ranged from 9 to 13. Two of the children had been in the residence for over eight months. Another had spent time in and out of both the residence and the region's supervised group homes. Three others had been in the residence for periods ranging between three weeks and thirteen weeks.
10. All the children living in the residence at the time of our visit had complex needs. One child had additionally high needs. Many of the children placed at Puketai residence require highly skilled, specialist care by trained mental health and disability practitioners, as well as support to deal with trauma and drug and alcohol addictions.
11. There have been several changes in leadership roles at Puketai over the last year, particularly in the role of Team Leader Clinical Practice (TLCP). The TLCP role was filled by a long term secondment during the year until a permanent appointment could be made. Once the appointment of the TLCP was confirmed a short term secondment was put in place to cover this role until the successful applicant could commence due to a delayed start date.

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Photo: Entrance to main residence building



Photo: Pool room

Key findings and recommendations



Overall Rating. Well placed with developing elements.

12. Our overall rating for Puketai is well placed with developing elements. This is the same overall rating as for our 2017 OPCAT report. Children are safe from harm and there is no evidence of torture, or other cruel, inhuman or degrading treatment or punishment.
13. Overall, the residence is providing good quality day to day care for all children in its care. The children whose length of placement fits within the 6-8 week policy parameters for care and protection residences, receive a short, focused assessment, are supported to settle and have their needs identified and catered for effectively.
14. However, once children have their initial 6-8 week residential placement period extended, a number of factors affect the residence's ability to meet these children's specialised needs on a longer term basis. There are particular challenges with accessing the externally provided therapeutic programmes to which many children at Puketai previously had access. This is because the ongoing length of their stay is now less certain, so providers are reluctant to offer longer term therapeutic interventions that may not be completed before the child leaves the residence.
15. Another issue is the challenge of maintaining sufficient face to face contact between children and their whānau, when whānau live a significant distance away from Dunedin. Some children told us they felt isolated and homesick and were missing their whānau. In addition, staff told us that whānau can become frustrated by ongoing uncertainty around their children's care arrangements. This makes it difficult for residence staff to establish productive, trust-based whānau relationships on behalf of the children they care for.
16. In principle, OCC fully supports the 2018 placement policy for care and protection residences which sets the expectation for a time-limited 4 – 6 week stay. We appreciate that the policy has been put in place to prevent placement drift and is based on the premise and expectation that local care and protection sites will identify suitable whānau or community based care placements, within this time frame.
17. In practice, however, finding whānau or community based placements, with caregivers who have sufficient skills and experience to care for this group of children, remains a challenging task for local sites and can take considerable time. As a result, many placements at Puketai are being extended beyond the 6-8 week time limit, resulting in the set of unintended consequences outlined above (paragraphs 14 and 15).

18. Our monitoring assessment identified that the residence has many strengths. All young people experience:

- Warm, caring relationships with staff
- Opportunities to participate in activities they enjoy
- Access to learning about their culture
- Healthy kai
- A pleasant, bright environment and personal spaces
- Meaningful engagement in education
- Good primary health care
- Assessment and treatment for additional health needs
- Access to a comprehensive grievance process
- Support to learn about their behaviour and strategies to change

19. We were impressed with the level of therapeutic care and sensory environments created at Puketai to help children calm themselves and self-regulate their own behaviour. Despite the challenges current placement timeframes and long-distance placements present, staff continue to role model positive relationships with all the children.

20. At the time of our visit, a new Team Leader Clinical Practice (TLCP) was about to take up her position. Residence management told us that the key priority for the new TLCP would be to provide clinical leadership and direction for staff across the residence. An important focus will be the residence's approach to providing tailored therapeutic care, particularly for children whose placement in the residence has been extended.

21. In addition to the challenges outlined in Paragraphs 14 and 15 above, we identified a number of other areas for the residences' development:

- More formal opportunities for children's voices to be heard
- Supporting children to fully understand their rights
- Involvement of children and whānau in their plans
- Ensuring trauma informed practice is applied in the use of secure and restraints
- Further contact with whānau and friends.

- Further development of partnerships with mana whenua
- Supporting the experience of mokopuna Māori with tikanga and reo

22. There has been an encouraging improvement in the rating for **Responsiveness to Māori** since our previous OPCAT visit in 2017, with a shift from Minimally Effective to Developing. Ratings for **Treatment, Protection System, Personnel** and **Activities and Contact with others** have remained the same as for our 2017 OPCAT report. The ratings for **Material Conditions, Medical Services and Care** have each changed by one rating level. See appendix 2 for an interpretation of ratings. A shift in a rating from outstanding to well placed means that practice has been maintained at a strong level but is no longer significantly out of the norm.

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Recommendations

For the Deputy Chief Executive Care Services, Oranga Tamariki

Rec 1:	Maintain an intensive focus on developing community based and whānau placements, suitable for children with specialised and complex needs, so that extensions to care and protection residence placements can be minimised (State of Care 2017, Material Conditions Domain, Action 11)
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For the Residence Manager and Leadership Team

Rec 2:	When there is a need for a placement extension beyond the 6 – 8 week placement policy, ensure transition planning for children and young people maintains traction. Ensure these children and young people have timely access to the services and therapeutic interventions they need and when there are barriers to meeting children's needs which cannot be resolved locally, escalate promptly to national office so additional support and resources can be mobilised.
Rec 3:	Reinstate regular group meetings with children to provide formal opportunities for: <ul style="list-style-type: none"> • children to share their thoughts, ideas and concerns to the residence • staff to ensure children understand their rights and Whaia te Māramatanga
Rec 4:	Provide accessible formal opportunities for children and their whānau to engage with their plans regularly, so that they are informed about their goals and progress while in the residence
Rec.5:	Develop a clear internal clinical programming plan for children who are likely to remain at the residence for an extended period of time while a suitable placement is identified
Rec 6:	Provide further access to whānau and friends both in person and using video conferencing
Rec 7:	Continue to evaluate use of the secure care unit and physical restraints, to ensure the implementation of trauma informed practice and introduce a de-briefing process for the child following a restraint.
Rec 8:	Within the context of Section 7AA of the Oranga Tamariki Act 1989, further strengthen the residence's partnerships with local iwi and mana whenua. to support staff responsiveness to mokopuna Māori (State of Care 2017, Recommendation 2)
Rec 9:	Incorporate into the residence's cultural development plan, actions to support tamariki who are fluent in te reo Māori me ona tikanga (State of Care 2017, Recommendation 2; Responsiveness to Maori Domain, Action 18)

Findings for each OPCAT domain

Domain 1: Treatment



Rating: Well placed with developing elements

23. Children in the residence are generally treated well. They have positive relationships with staff and feel supported and respected. The residence provides some opportunities for children to learn about their identity. Children have a strong desire to learn more. The residence is implementing a trauma-informed model of care and provides an environment to support children to stabilise. Where children's placements are extended the systemic issues discussed in paragraphs 14 and 15 above, have an effect on both the quality of planning and children's access to longer term therapeutic interventions.

Children's experiences

Whanaungatanga: Children experience positive relationships with most staff. Most children have someone on staff they can talk to.

"(Staff) are nice and kind and I respect them"

"I love (key worker) She is really nice, she doesn't huck anything...

She promised us and she didn't break it"

"Most of the staff here are really good they really care about you and I feel like they are listening to you"

Strengths

- **Staff relationships with children.** We observed genuine, warm and respectful relationships between staff and the children in the residence. All children told us about positive interactions with staff. Three of the four children we spoke with said they have a staff member they can talk to.
- **Use of secure care and restraints.** The residence is trying to limit the use of secure care. All four children we spoke with, told us they understand why they had needed to spend time in the secure care unit, for their own and others' safety. One child spoke about strategies they had learned to calm themselves while in secure care. The use of secure

care is well documented. Staff have all had Management of Actual or Potential Aggression (MAPA) training. Children do not experience physical restraints frequently.

- Model of therapeutic care.** The residence has a trauma informed model of care which sits alongside the Oranga Tamariki Practice Standards. Staff are able to clearly articulate the role they have in supporting tamariki to settle, assessing their needs, re-engaging them and re-establishing positive regard. Several elements of the residence's approach to care support this, including the stable, consistent responses of staff and working in accordance with each child's operational plan. The residence has reviewed its care model and incorporated some elements of kaupapa Māori knowledge, to support tamariki Māori to feel safe and respected. One young person told us they had been supported to make positive changes and had observed their peers also making change while in the residence. Staff should be encouraged to continue to embed the principles of the Trauma Informed Model across all aspects of their practice.

Children's experiences

Kaitiakitanga: Children understand some attempts to support them to change. They need ongoing support to help them fully understand the purpose of interventions.

"I actually feel like I've changed a bit and woken up... getting back to my normal self"

"Sometime (don't) have a go at the little things and not putting it down (BMS)"

"(BMS) is good because it helps you with your behaviour"

- Behaviour Management System (BMS).** Following a review, the BMS has been adapted, to better meet the needs of those younger children in the residence with more complex needs. The system has been simplified and made more timely. The BMS level for each child is assessed twice daily. Each assessment provides an opportunity for children to move between levels. These decisions are based on staff consensus at the end of each shift. Rewards are mainly privileges, such as access to a privileges room and outings. Two children were able to describe in detail the desired behaviours this system is targeting for all children. One child told us they are not always sure why they have moved between BMS levels. Some children have more individualised behaviour management programmes, such as sticker charts or timetables. This is a good practice which is intended to be more transferrable to everyday family life when the child leaves the residence. Further individualisation of goals and support, so children can learn individual strategies to manage their own behaviour would further support this system to become fully strengths based and achievable.

- **Assessment and planning.** The residence is aiming to achieve a more consistent approach by Case Leaders to Individual Care Plans. They are focused on making plans easier for children to understand. The Operational Plans for children are thorough and provide the information care staff need to know, in order to meet the needs of each child. Children appear to be well involved in developing their care plans at the beginning of their stay at the residence. The clinical team operate an open door policy, so children can readily approach them to address any concerns they may have, during their time at Puketai.
- **Identity and belonging.** Children have opportunities to learn more about their identity. They told us that they had been learning about te reo Māori and tikanga from one of the programme co-ordinators at the residence. All the children we spoke to had a strong desire to learn more about their culture. At the time of our visit, one of the children in the residence already had a strong sense of their identity as Māori, being fluent in te reo Māori and having a history of attending kura kaupapa Māori. They were being supported by residence staff to be a leader in the residence setting. Staff have a positive attitude to cultural development, which is led and modelled by the residence manager. Staff are building on their knowledge and use of te reo Māori me ona tikanga. During our visit, staff identified further opportunities and ways they could practice whakawhanaungatanga with tamariki. Their ideas included staff sharing more with tamariki about where they are from. We look forward to these practices being more evident at our next visit.

Areas for development

- **Children's voice.** In the past, regular weekly meetings provided a forum for children to have their say on life in the residence. More recently these meetings have not been happening regularly. Children in the residence are consulted on some specific changes, such as changes to décor, however there are few formal opportunities for children to have their voice heard and for staff to communicate important information.

Children's experiences

Whakapapa: Children wanted to learn more about their identity and culture.

"(Staff member) teaches us a lot, like te reo"

"They don't teach me much about me"

"I've learned lots... like Māori words from (other YP)"

Children's experiences

Rangatiratanga: Children and their whānau don't always feel they have a say in their plans.

"There's things that I'm good at that people don't want me to do"

"They said I was allowed phones but when I got here and found out we weren't allowed phones I got really angry"

"People don't listen to my whānau"

- Planning and reviews.** Children were not able to tell us about their goals and plans. Some children told us their site social workers did not give them honest information about where they were going or what the residence environment would be like. All four children we spoke to, said that their whānau were not listened to. As discussed in paragraphs 14 and 15 above, when the length of a child's placement is extended multiple times, the lack of clarity around their future can be frustrating for children and their whānau. Multi Agency Team (MAT) meetings, where a child's Individual Care Plan is updated, now occur every week. This enables staff to regularly review progress and expedite transition processes. However the shorter time period between meetings means there is less progress to report. This can become a difficult and frustrating experience for children. As a consequence, most of those currently in the residence prefer not to attend these meetings until a transition plan is in place. Staff do speak informally with children about their plan. However, an effort needs to be made to make these meetings more accessible and relevant to children, so they feel able to participate in the more formal reviews of their progress and goals. This is an area the residence told us they will be prioritising, once the new TLCP is in their role.

- Therapeutic interventions.** Due to the factors discussed in paragraphs 14 and 15, the longer term therapeutic interventions that need to be provided by specialised mental health practitioners are not able to be accessed for children at Puketai. When children's placements extend beyond the initial settling period, the clinical team use their own resources, applying the therapeutic tools they know about to assist these children. The distance children are placed away from whānau and the time periods between whānau visits, also make it difficult for staff to implement child centred interventions involving whānau. Proactive support is needed from National Office and from the residence's leadership team, especially the new TLCP, to help staff develop a clear clinical programming plan for children remaining in their care beyond the 4 - 6 week settling period.

Children's experiences

Kaitiakitanga: Children understand some attempts to support them to change but find others difficult.

"(Restraints) Instead of grab me just tell me stop and I will stop"

"(Secure) You feel lonely and you feel sad that there's nowhere to go and you can't talk really"

"(Secure) is for other people's safety so people don't have to see them do that stuff and so they don't hurt anybody"

- Use of secure care and restraints.** In the period immediately prior to our visit, one child experienced frequent placements in secure care, sometimes being re-admitted to secure for short periods within the same day. This child has particularly complex needs and

behaviour, sometimes intentionally seeking the use of secure as a quiet space. This use of secure can add to a child's already significant trauma. Two children told us they would like more opportunities to calm down elsewhere, before being taken to secure. Two of the four children we spoke to, said that they would like staff to talk to them more before using a restraint. Staff recognise that it would be beneficial for the child, if they introduced a process to debrief with them after using a restraint. This will enhance their trauma informed practice by supporting both staff and children to identify triggers that if responded to early, could prevent the need for restraints. A stronger implementation of the trauma informed model of care is needed to ensure consistent use of appropriate therapeutic responses. This has been identified as a priority for the new TLCP when they start and will support children by enabling a reduction in the use of secure care and restraints.



Photo: Artwork and Child-friendly communication

Domain 2: Protection system



Rating. Well placed with developing elements

24. The grievance process is being followed well within the residence. However, children need further reminders and support to fully understand the Whaia te Māramatanga process, in addition to their rights and the rules and regulations of the residence.

Strengths

- **Admission.** Children undertake a comprehensive admission process. As appropriate, this takes place gradually over a couple of weeks, as the child settles and engages with these processes.
- **Child friendly information.** There are bright, child friendly posters around the residence giving information about the Whaia Te Māramatanga process and about regulations and responsibilities. Children have helped to design this information. It is presented in a way that is appealing and supports children to understand. Simplifying written information further and finding other creative ways to communicate important information, such as videos, would also help children with complex needs to understand their rights and the expectations of the residence.
- **Administration and use of the Whaia te Maramatanga process.** The Whaia te Māramatanga process is introduced to children as part of their admission, including use of the video explaining the process. Children told us they would feel safe using Whaia te Māramatanga. The correct grievance process is being followed and staff endeavor to support children to understand the outcomes of decisions.
- **Grievance advocates.** Advocates visit the residence regularly. They are usually students at Otago University which means some changes as students finish their studies. Children who have been in the residence for longer periods use this service regularly, asking for particular advocates to support them to make a grievance.

Children's experiences

Rangatiratanga: There was variation in how familiar children were with the grievance process and how they felt about it.

"Staff here are pretty good at helping you fill out the form"

"I'm not too sure what happens after I make the WTM"

"I've seen a video"

"They told me and then ticked we've told her it"

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- **Grievance panel.** The grievance panel visits the residence regularly and panel members get to know the children well. They are easily able to complete their role. The tangata whenua position is currently vacant and recruitment is underway to fill this position.
- **Safety.** None of the children we spoke with told us they felt unsafe at the residence. However, given the role of the residence in supporting tamariki with highly complex needs, there are often children living there who have dysregulated behaviour that upsets others.

Areas for development

- **Children's understanding of their rights and Whaia te Māramatanga.** Despite a comprehensive admission process, three of the four children we spoke to were unsure about their rights. It is important that children are supported to know their rights, such as their right to communication with their whānau, and to have an expectation their rights will be upheld. One child told us that they were told their rights and had Whaia te Māramatanga explained when they first entered the residence but nothing was repeated afterwards. Only one of the four children we spoke to appeared to fully understand Whaia te Māramatanga. Returning to regular weekly meetings could provide a forum for further reminders and discussion of rights and explanations about Whaia te Māramatanga.

Children's experiences

Kaitiakitanga: Children feel mostly feel safe. However, differing past experiences influence how safe they feel.

"I'm safe"

"I get scared wherever I am. I was bullied when I was 7... so I have a fear that people will hurt me all the time"

"(Other YP) is always getting me up at night cos he's always angry... yelling the place down it's annoying"

Domain 3: Material conditions



Rating. Well placed

25. Healthy kai is available to children and the residence caters well for special dietary needs. Some would like more choice about the kai they are given. The residence environment is on the whole bright and well furnished. Children are able to personalise how they decorate their rooms. There are several spaces children can use to self-regulate and the secure unit has been updated. However, the most useful self-contained room in the secure unit has concrete walls and is a stark and challenging environment. The residence's material conditions are consistent overall with our last visit and therefore well placed.

Children's experiences

Kaitiakitanga: Most children enjoy the food provided and their personal spaces in the residence. Most also find the environment of the secure care unit difficult.

"Some of the meals are better than in a restaurant"

(The kai) is perfect"

"They need to have food I like, like spicy Asian food. I made a suggestion to buy pizzas but it didn't happen"

"Trust me you would never wanna go (to Secure), that is the worst with concrete floors and walls"

Strengths

- **Inside environment.** On the whole, the residence is well furnished and decorated. Communal spaces feel clean and there has been an effort to choose furnishings that are home-like. The residence is continuing to consult children and ensure they have a say, for example they are now allowed to choose their own curtains as well bedding. Mattresses and furnishings in bedrooms are well maintained. A two bedroom flat above the residence provides a comfortable space for whānau members to stay when they visit. A small number of whānau members can be accommodated here. If larger whānau visit,

they are supported with accommodation in the local area. Within the main unit, two chill-out areas are available for tamariki to access independently. There is another area available for tamariki to use, dependent on staff permission. These spaces are provided to support tamariki to self-regulate. Attempts have been made to make the environment in the secure unit conducive to supporting children to calm, within the limitations of the building. The hallway to secure has been decorated with a pleasant mural, as have several of the rooms. However, the room that is used when children are most at risk, because it is self-contained with a toilet, is the least comfortable room for them to be in, due to small windows that let little natural light through and the concrete walls. Unfortunately these are structural issues which the residence is not able to change, so the residence uses it as little as possible.

- **Outside environment.** There are several outdoor spaces tamariki are able to use around the main residence blocks, including a playing field, tennis court, basketball court and vegetable garden and greenhouse. There is no swimming pool and the residence instead takes some children out into the community for swimming. The residence does not have external fences. Members of the public can walk through the residence and once outside in the open grounds, children are able to walk around the community when appropriate or attend community events such as the local school fair. Due to the lack of fences, those children deemed to be at risk of absconding are assessed in the moment as to whether it is appropriate for them to be outside the main residence. The main residence building is a secure, locked space.
- **Food.** Most of the children enjoy the kai that is provided by the residence. A 'National Heart Foundation' tick, rating the food as healthy has been maintained. The residence has its own herb gardens and also won a tunnel greenhouse through a gardening magazine competition. Children who express an interest are able to help in the gardens, growing food they can eat. Children also have an opportunity to participate in cooking on Friday evenings. The residence caters well for those who are vegetarian. Two of the four we spoke to, would like to have more of their preferred familiar food as part of the menu. Opportunities to discuss the menu could be included in the weekly forum meetings.



Photo: Kai

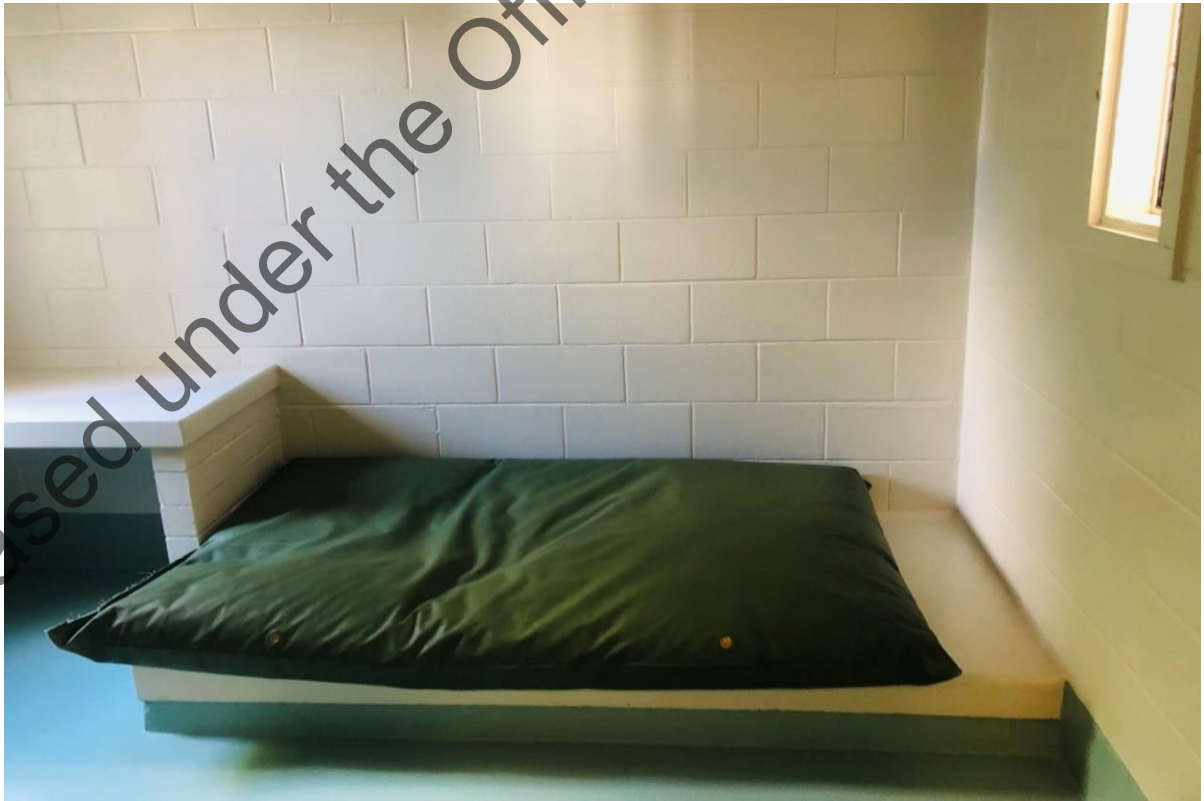


Photo: Room in secure unit

Domain 4: Activities and contact with others



Rating. Well placed with developing elements

26. Children participate in a range of group activities both on and off site. Group activities which support children to learn to interact with each other are being prioritised currently. There are opportunities to connect with the community in some off-site activities. An engaging education programme is being offered to children. As most children being placed in Puketai are not from the local area, their access to visits from whānau is not as frequent as the children would like.

Children's experiences

Mātauranga: Children are mainly happy with their education and the range of available activities.

"Lots to do"

"They should let the children explore what they are interested in to keep us ticking over"

"(I am) getting back to my education and stuff. When I was offending I didn't really go to school that much"

"I look forward to school the most, the teacher is like my nan"

"I don't want to go to this school cos it doesn't really show Māori"

Strengths

- **Children's participation in activities and programmes.** The residence is currently changing from a focus on individualised programmes to group programmes. Their aim is to support children at the residence to build a sense of connectedness and develop skills in relating to each other. There are two programme co-ordinators for the residence. One has a focus on kaupapa Māori activities such as a Poly Club and another on more general programmes such as team touch rugby. There are a variety of activities offered on and off site. Off site activities such as waka ama provide opportunities to connect with the local community and mana whenua. Children with high needs and a serious risk of absconding are often unable to access off site activities. These risks and challenges need to be mediated in order to provide more opportunities for children to go off site. Three of the four children told us there were enough activities available that interested them.

- **Education.** An engaging education programme run by Kingslea school is provided at the residence. A comprehensive educational assessment is provided for children as part of their induction at Puketai. Three of the four children we spoke with, talked positively about their experiences of education while at Puketai. They said they were supported to connect again with learning after becoming disengaged from education. The residence is continuing to trial a satellite class for students outside the residence who need similar levels of support to engage with education.
- **Children's contact with family and whānau.** Children at Puketai are able to contact their whānau by making regular phone calls.. The residence works to overcome the barriers to whānau visiting, such as providing accommodation and support with food if needed. They also support children to manage difficulties in their relationships during these visits. Some children are able to leave the residence to visit their whānau.

Areas for development

- **Further access to whānau and friends.** All the children we spoke to told us they would like more time in person with their whānau. The distance children are placed from their whānau presents challenges to arranging kanohi ki te kanohi visits. The uncertainty of timeframes when placements are extended, further exacerbates their feeling of isolation. Two of the four children we spoke with, talked about the difficulties of not having access to their own cellphone and social media and the impact that has on their relationships with friends outside the residence.
- **Education support in te reo Māori.** One child we spoke to had come to the residence from a history of Māori medium education. Their schooling while at the residence has been focussed on supporting their learning in English. Uncertainty around the length of their placement at Puketai meant they had not been able to access support from the local Māori immersion Kura. Additional support is needed to further the learning and development of children with a strong background in te reo Māori me ona tikanga. We would like to see this included in the residence's cultural development plan.

Children's experiences

Whanaungatanga: Children would like to have more face to face contact with their whānau.

"Talking on the phone is ok but I want to see (my whānau)"

"I had a day visit with my nan on Christmas Day"

"All my friends are probably like 'where are you what are you up to?' " (due to lack of social media access)

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Domain 5: Medical services and care



Rating. Well placed

27. Children have good access to both primary and specialist health services. The level of care remains high quality. Initiatives that were new at our last visit have been maintained and normalised. However, accessing external, longer term therapeutic interventions for specialist mental health needs is challenging for those children whose residential placement is extended.

Strengths

- Children's access to primary care services.** The residence provides good access to primary care services. All children have a nursing assessment completed within 72 hours after they transition to the residence. They are also seen by a GP within 7 days.
- Specialist physical health services.** While children are at the residence, hearing, vision and dental assessments are completed. The residence makes funding available to access specialist treatment while children are in their care. Occupational Therapy and Speech and Language Therapy services are also contracted on a needs basis. A sensory screen is completed for all children when they enter the residence and referrals for further assessment and support for sensory needs are able to be made. Children told us that they had good access to health care and were happy with their health in the residence.
- Children's access to specialist mental health and alcohol and other drug (AOD) services.** The residence has continued to strengthen its collaborative relationships with the local community mental health services. A psychiatrist regularly visits the residence, providing assessments and review of the medication prescribed to children. The psychiatrist also provides supervision for staff around specific children's mental health needs. There is access to services that meet the needs of children with AOD dependencies, including a service specifically targeted for Māori.

Children's experiences

Kaitiakitanga: Children experience good access to health services.

"My health's good"

"The nurse always comes here"

"The nurses are pretty good with giving medicine and sorting things out for me if I need them"

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Areas for development

- **Children's access to specialist mental health services.** As discussed in paragraph 15, longer term external therapeutic mental health services are currently not able to be accessed, due to uncertainty about the length of extended placements at Puketai and for many children, the distance from whānau and home.



Photo: Artwork

Domain 6: Personnel



Rating. Well placed

28. Staff role model positive relationships to children and treat them with respect. There is low staff turnover and the leadership team and staff have good relationships and support each other well. Supervision is accessed by all staff and cultural supervision is now available to leadership team.

Children's experiences
Kaitiakitanga: Children experience mainly positive relationships with staff and modelling of respectful relationships.
<i>"I feel safe with most staff here"</i>
<i>"Everyone (Staff and YP) shows respect to one another, they welcome us no matter who you are"</i>

Strengths

- **Staff behaviour.** The central importance of relationships is modelled from the leadership team and displayed by all the care staff we observed. Children spoke about the ways staff role model respectful behaviour.
- **Staff levels.** There is low staff turn over within the main care teams at the residence. Staff showed a positive attitude to their work and had good internal relationships. Due to the high needs of some of the children, increased staffing levels will be required to ensure more consistent access for children to activities outside the main residence building.
- **Staff development.** Staff feel well supported by their leadership and within their teams. They access internal and/or external supervision and Professional Learning and Development opportunities. Formal cultural supervision is available for the leadership team and informally some Māori staff members take a role in mentoring others, in their journey to build their cultural confidence.

Domain 7: Responsiveness to mokopuna Māori

Rating. Developing

29. The residence is progressing a plan to increase its responsiveness to Māori. The manager is leading a culture of willingness to learn more about how to support mokopuna Māori. In order to move to a rating of well placed, the residence needs to: embed this learning so that it becomes an integral part of practice; strengthen relationships with mana whenua; and provide more opportunities for children to connect with their whakapapa.

Strengths

- Residence's vision and goals for mokopuna Māori.** A comprehensive cultural development plan with time-framed goals and actions has been established. This is regularly updated. It was good to see the first steps of this plan being achieved in order to improve the residence's responsiveness to Māori. A Rōpū has been established which is open to staff of all cultures who want to contribute to the practice of engaging and empowering tamariki Māori.
- Cultural supervision:** Regular cultural supervision is in place for the leadership team. This supports the ongoing progression of meeting the aims in the cultural development plan. Part of this has been to identify practical actions that will make a difference for tamariki Māori. This willingness to develop the residence's cultural practice is being led by the residence manager and supported by staff.
- Building cultural capability.** Many of the leadership team are completing *He Papa Tikanga*, a tikanga course through Te Wānanga o Aotearoa. They are supporting each other in their learning and spoke positively about the difference this has made to their understanding. There is a plan for all residence staff to access this training in 2019. The residence manager aims both to recruit strategically and enable current staff to use their strengths. A youth worker with strengths in and knowledge of te ao Māori is mentoring staff to embed their learning in their practice.

Children's experiences

The majority of children at the residence are Māori. They have some opportunities to learn more about their culture but would like more.

Whakapapa

"I like being Māori"

"I'm really good at Māori but I haven't been learning here"

"We do karakia but that's normal you should always do karakia... when you wake up, when you go to sleep... (gave examples throughout the day)"

Areas for Development

- **Partnerships with Māori.** The residence's partnerships with local iwi and mana whenua have been a long term area of focus. A history of the local area is being developed, in consultation with mana whenua and others, to create a resource for tamariki. The intention is to develop their sense of connectedness with where they are living. However, the deepening of the relationship with mana whenua is progressing too slowly to benefit tamariki currently in the residence. At present, the residence relies on informal connections, dependent on a few staff, rather than established relationships with mana whenua, that are fully embedded across the whole residence. Further investment in these partnerships, as well as all staff deepening their connections with mana whenua, will make the relationship more meaningful for tamariki at Puketai.
- **Connection to whānau, hapū and iwi.** The distance that tamariki Māori are being placed away from their whānau, hapū and iwi makes it difficult to sustain and strengthen these relationships. Supporting children to connect more regularly with their whānau will help to enable these whakapapa connections to be sustained in a way that is safe and tika.
- **Practising tikanga.** The residence is taking steps to practise tikanga more, such as when welcoming new staff to the residence. Tamariki Māori we spoke with were proud to be Māori. At the same time, they had a strong desire to have opportunities to learn more and to express their identity. To progress the residence's responsiveness to Māori, tikanga needs to be embedded as an integral part of all staff's practice. Extending whakatau to whenever a new child enters the residence will provide further opportunities for tamariki to practise tikanga within a whānau like environment. This will also support tamariki to understand and develop connections with each other and with staff. There are many opportunities available throughout everyday life in the residence to implement staff cultural learning. For example, children told us they would like to have karakia throughout the day, to make them feel safe. We look forward to seeing tikanga and reo embedded more deeply within the residence's practice when we next visit.






Appendix One: Why we visit (legislative background)

30. The Children's Commissioner has a statutory responsibility to monitor and assess the services provided under the Oranga Tamariki Act 1989. Specifically, section 13(1) (b) of the Children's Commissioner Act 2003, states that the Commissioner must monitor and assess the policies and practices of Child, Youth and Family and encourage the development of policies and services that are designed to promote the welfare of children and children.
31. In addition, the Office of the Children's Commissioner is designated as a National Preventive Mechanism (NPM) under the Crimes of Torture Act (1989). This Act contains New Zealand's practical mechanisms for ensuring compliance with the United Nations Convention Against Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment (OPCAT), which was itself ratified by New Zealand in 2007. Our role is to visit youth justice and care and protection residences to ensure compliance with OPCAT.

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Appendix Two: Interpretation of ratings

32. The Table below provides a quick reference to the meanings of ratings given in the report.

Rating	Assessment	What it means
	Transformational/outstanding	Exceptional, outstanding, innovative, out of the norm
	Well placed	Strong performance, strong capability, consistent practice
	Developing	Some awareness of areas needing improvement; some actions to address weaknesses, but inconsistent practice; pockets of good practice
	Minimally effective/weak	Low awareness of areas needing improvement; lack of action to address weaknesses; significant concerns exist
	Detrimental	Actively causing harm, negligent, ignoring, rejecting, undervaluing, undermining practice

Note: For more detail on the meanings of each rating, or the individual sub-domains assessed, refer to our evaluative rubric: <http://www.occ.org.nz/assets/Publications/RUBRIC/Evaluative-Rubric-FULL.pdf>

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Appendix Three: Interviews conducted and information accessed

Our visit to Puketai included interviews with:

- Residence Manager
- Children (4/5)
- Team Leader Operations (TLO)
- Team Leader of Clinical Practice (TLCP)
- Care team
- Clinical team
- Health team
- Education team
- Programme Coordinators
- Grievance Co-ordinator
- Grievance Panel Chair
- Cultural Supervisor

The following sources of information also informed our analysis:

- Visual inspection of the residence
- Last CYF audit report
- Grievance quarterly reports
- Grievance files
- Training register
- Minutes of Rōpū
- Children's files at the residence (including Individual Care Plans and Operational Plans)
- Secure care register, secure care log book

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