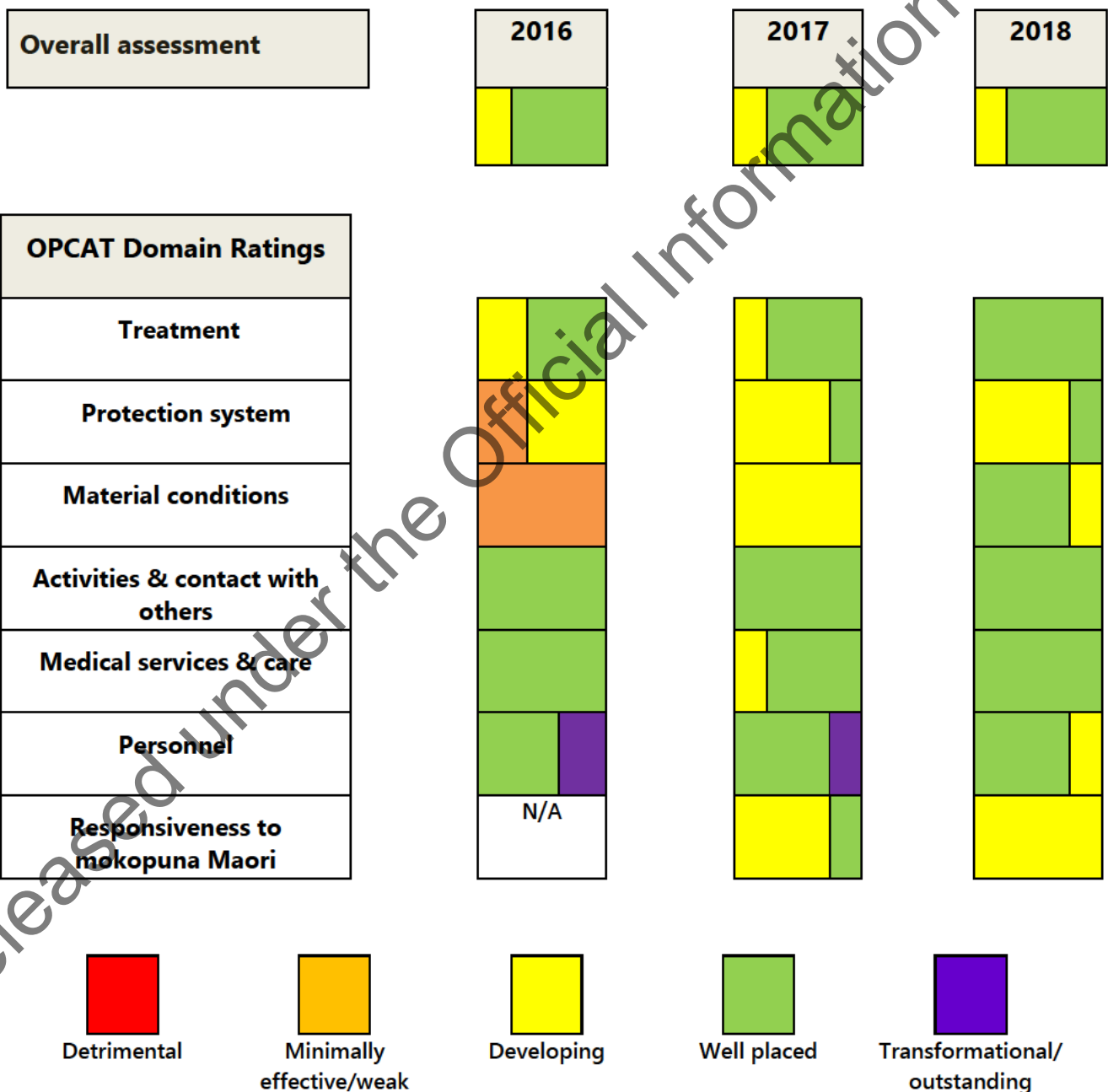


Oranga Tamariki Residence Visit (Announced OPCAT Visit)

Whakatakapokai Residence (Care and Protection), Mangere

Visit date: s9(2)(a) OIA 2018. Report date: 27 May 2019



Released under the Official Information Act 1982

Contents

Introduction.....	3
Key findings and recommendations.....	6
Findings for each OPCAT domain.....	10
Domain 1: Treatment.....	12
Domain 2: Protection system.....	17
Domain 3: Material conditions.....	19
Domain 5: Medical services and care.....	23
Domain 6: Personnel.....	25
Responsiveness to mokopuna Māori.....	27
Appendix One: Why we visit (legislative background).....	27
Appendix Two: Interpretation of ratings.....	30
Appendix Three: Interviews conducted and information accessed.....	31



Introduction

Purpose of visit

1. On the [REDACTED] [REDACTED] [REDACTED] [REDACTED] from the Office of the Children's Commissioner (OCC) conducted a pre-arranged monitoring visit to the Whakatakapokai care and protection residence in Mangere, Auckland. The primary purpose of our visit was to assess the quality of Oranga Tamariki services against the six 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, and personnel. As per every monitoring visit, we also assessed the residence's responsiveness to mokopuna Māori.
2. However, given that the residence was about to undergo significant change with the proposed shift to a hub and spoke model of community based residential care, we also monitored under the mandate of the Children's Commissioner's Developmental Monitoring mandate, Section 13 (1) (c) of the Children's Commissioner Act 2003.

Structure of this report

3. This report shares the findings from our visit to Whakatakapokai and makes recommendations for future actions to address the issues identified. These recommendations are presented in accordance with both our OPCAT and Developmental Monitoring mandates. This is because the nine recommendations relate to both the 'hub' of the proposed hub and spoke care model (which we understand will have the ability to provide secure care when required, so will continue to be monitored under our OPCAT mandate) and the group homes, which we would in future expect to monitor under our general monitoring mandate. For this transitional visit, we partnered our OPCAT mandate with the Commissioner's Developmental Monitoring mandate under Section 13 (1) (c) rather than with our general Monitor and Assess mandate under Section 13 (1) (b). This was because, at the time of our visit, decisions confirming the shift into the new hub and spoke model of community based residential care had not been finalised and plans for change were still in development.
4. For the convenience of readers, we first list our key findings and recommendations. We then describe our findings for each of the OPCAT domains. For each OPCAT domain, we provide a statement that summarises our overall finding for that domain. Supporting evidence is then listed as 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.

Context

6. Since 1973, there have been youth residential facilities on the site, beginning with a girls' hostel. In 1990, the site was home to young people under both care and protection and youth justice orders. In 2004, Whakatakapokai became a solely care and protection residence for young people. In 2006, an upgrade took place and brand new units were opened, with a capacity for 20 young people.
7. At the time of our visit, four young people s9(2)(a) OIA were placed in the residence.
8. Since our last OPCAT monitoring visit in October 2017, there has been a change of residence manager. The current residence manager was previously Team Leader Operations (TLO) at Whakatakapokai.

9. While this report was being drafted, Oranga Tamariki was in the process of consulting with staff and finalising decisions about the future of the residence. It was proposed that a substantial change towards a community based model of care would take place from February 2019. Whakatakapokai would no longer be used as a secure residence facility. In its place, the Taonga Whetu Unit, adjacent to but outside the residence's secure fence, would become the 'hub' for a new 'hub and spoke' model of care. The two 'spokes' would be Oranga Tamariki's existing staffed community based group homes. The intention is for culturally informed services to be foundational to the new model.
10. We understand that the new care model is being designed to provide tailored care for young people whose highly complex care and protection needs mean they require a very intensive level of therapeutic assessment and care, before they are able to return to their own whanau and/or community. We are informed that the hub will provide care from 24 hours up to a maximum of 5 days. The hub will provide specialised care in an open home-like setting. One of its rooms will have the option of becoming secure, in the special circumstances that such security is required to protect the safety of a young person. The two staffed group homes will provide care for 6 – 12 week periods.
11. Given the likely imminent transition of the current secure Whakatakapokai residence into this new community based non-secure model of care, we have framed our recommendations to inform the design and implementation of these new care arrangements.

Key findings and recommendations



Well Placed with Developing elements

12. Our overall rating for Whakatakapokai is well placed with developing elements. This is the same rating the residence received following our last two OPCAT monitoring visits in December 2016 and October 2017. There have been some positive shifts in several domains, while a number have maintained their previous rating and two have shifted downwards. The young people we interviewed told us they were safe and we did not find any evidence of torture, or other cruel, inhuman or degrading treatment or punishments.

13. There has been an improvement to the ratings for two domains since October 2017:

- **Treatment**, received a rating of *well placed*. This is a positive shift upwards from last year when they received a rating of *well placed with developing elements*. The change in ratings is reflective of the significantly improved culture of care, including the child centred philosophy, now evident among the staff at Whakatakapokai. Staff present as highly motivated to always do the very best for young people. This was clearly affirmed by what young people told us. Young people are safe and feel that they have a voice. They are given opportunities to engage with both internal and external service and programme providers, who are helping them to learn new behaviours and coping strategies.
- **Material conditions** has shifted from *developing* to *well placed with developing elements*. The outside environment is welcoming and inviting. The grounds are reasonably kept with bright coloured furniture, outside sports courts, a well maintained pool and a well-equipped gymnasium that young people like to use. The inside environment is warm, dry and comfortable. The bedrooms are brightly decorated with 'Kiwiana' wall decals and areas where young people can place their personal items and photos. Food and meals are appreciated and young people are able to feedback daily to the kitchen about their meals.

14. Four domains maintained the same rating as at October 2017:

- **Protection systems** remains *well placed with developing elements*. Young people participate in regular daily meetings to discuss their needs, rights and Whaia te Maramatanga. The grievance panel are very active and make regular visits to the residence, meeting with young people and the Grievance Coordinator. However, there are still no Grievance Advocates at Whakatakapokai, although contact has been

made with the VOYCE Whakarongo Mai team, seeking assistance and support for young people.

- **Activities and contact with others** remains *well placed*. Young people are given many opportunities to engage in a variety of activities that keep them physically active and learning new things. Contact with whanau is encouraged and well supported by the residence.
- **Medical services and care** remains *well placed*. The relationship between the medical care staff and the residence has helped to maintain this rating. Young people have easy access to medical care. They told us they know where to go and who to see, when they need a health service.

15. Two domains are receiving a lower rating this year, than in 2017:

- **Personnel** has shifted from *well placed* to *developing*. All staff model pro-social behaviours and demonstrate a huge amount of respect for each other. However, at the time of our visit residence staff were engaged in a substantial consultation process, regarding the proposed transition from a traditional model of institutional care towards the new community based 'hub and spoke' model of care. As a result, many staff reported that they were experiencing significant stress. We recognise that anxiety and stress is a natural human response to major change, especially at the point in the change cycle just prior to decisions being made and when staff are uncertain about exactly what the proposed changes may mean, both for them and the children they care for, it was evident from the staff's conversations with our team that issues relating to change and transition were impacting negatively on their morale in a variety of ways.

Staff also expressed concerned about what they perceived to be unintended negative impacts for children and young people, arising from the implementation of the 4 – 6 week care and protection residence placement policy. They were concerned that there was no longer time to complete many activities they had previously carried out to the benefit of the young people. Related to this, they were uncertain about their roles going forward and how best to meet children and young people's needs. While acknowledging that the changing environment was focused on improving services for the children and young people they cared for, it was clear that at the time of our visit staff were worried about the pace and nature of change and this was impacting morale.

It is a significant strength for the residence overall, that staff told us their professional working relationships had not been adversely affected. We also were impressed to hear that staff continued to receive regular professional supervision throughout this time.

- **Responsiveness to mokopuna Maori.** This domain has shifted down from *well placed with developing elements* to *developing*. Young people continue to participate in Maori cultural activities particularly through Kingslea school. The residence promotes and celebrates Matiriki, Te Wiki o Te Reo Maori and Waitangi Day each year. Staff are still struggling with the impacts of Taonga Whetu no longer being used as a 'step-down' option for children and young people as they transitioned out of the residence. They told us the unit had provided cultural guidance for the residence as a whole, in relation to kaupapa Maori practices and activities. The residence management team told us they would like to see elements of the Taonga Whetu kaupapa Maori practices to be embedded through the new care model. They are also keen to work towards more involvement and partnerships with mana whenua, linking young people and the residence with local iwi. Establishing the new hub and spoke model of care, with the hub based at Taonga Whetu, would give staff the opportunity to put these intentions into action.

Strengths

16. The residence has many strengths. We found that young people at the residence:

- Have warm, caring and respectful relationships with staff.
- Experience fairness and consistency in how staff interact with them.
- Feel safe
- Know how to ask for help or support
- Learn new skills with the programmes and activities on offer
- Learn new strategies for coping with their personal challenges
- Know their rights
- Have opportunities to make suggestions and to voice their concerns safely
- Like the interior of their bedrooms and classrooms
- Can enjoy damage free spaces around the residence
- Enjoy the use of their pool and gymnasium
- Have an opportunity to give feedback about their food and menu
- Know they can make daily phone calls
- Experience contact with their whanau
- Believe that they are making academic progress
- Have access to health care when they need it
- Observe professional staff relationships

- Engage in Maori activities and celebrations such as Te Wiki o Te Reo Maori.

Areas for Development

17. We also identified a number of areas for development which, if addressed as part of the design and implementation of the new care model, will strengthen outcomes for young people:

- Providing staff with additional and specific professional development opportunities, so they can have a well-informed response to complex diagnosis and needs of the young people.
- Modifying plan templates to record when and how young people and their whanau are engaging with their plans.
- Forming a closer relationship with Kingslea school to support young people and staff.
- Building a closer working relationship between Oranga Tamariki sites and the residence to ensure better 'child-centred' information sharing and communication and consistently support successful transitions.
- Ensuring young people in the new 'hub' and group homes have ready access to advocacy.
- Encourage and support all young people in the future hub or the group homes to access Whaia te Maramatanga and/or the Oranga Tamariki complaints system.
- Forming a closer relationship with mana whenua.
- Improving programmes and activities that are responsive to mokopuna Maori.

Recommendations

The recommendations shaped from the findings of this final monitoring review for Whakatakapokai, are offered under the Office's OPCAT and Developmental Monitoring mandates, with the intention of informing and supporting the successful design and implementation of the new 'hub and spoke' model of community based residential care.

We have the following recommendations for the General Manager Care and Protection Residences, the Residential Manager and their Leadership Team, as the residence and its staff transition into the new 'hub and spoke' model of care. We have linked these recommendations to the recommendations and action areas in the May 2017 State of Care report 'A focus on Oranga Tamariki secure residences' recognising that they will continue to apply to the 'hub' within the proposed new hub and spoke model of care:

- Rec 1** **In the design of the new community based hub and spoke model of care we recommend that Oranga Tamariki:**
- i. Ensure that staff continue to, receive on-going guidance, training, supervision and support tailored to their needs, so they can successfully adapt to and implement, the new approach to delivering care services (State of Care, May 2017, Action Area 2, 16, 17).
 - ii. Enable all clinical and care staff teams across the 'hub' and the 'group homes' to have further access to professional development on the specific needs presented by the young people they care for, so they can provide inclusive and supportive environments that decrease potential outbursts and reduce the harm associated with these disorders. These needs include: Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder (State of Care, May 2017, Action Area 4, 13,14).
 - iii. Ensure that clear standards are in place for timely, accurate and reciprocal child-centred information sharing and collaboration between the all parts of the new care arrangement and Oranga Tamariki sites; and with Kingslea School (State of Care, May 2017, Action Area 3).
 - iv. Look to incorporate successful elements of the Taonga Whetu programme into the care, activities and programmes carried out within the new model of care ('hub' and group homes), to support mokopuna Maori (in accordance with Section 7 AA) and (State of Care, May 2017, Recommendation 2, Action Area 18).

- v. Enable the new 'hub' and the group homes to have a maintenance budget or resources on hand to address graffiti and damage in a timely manner, maintaining the aspiration for a welcoming, home-like environment (State of Care, May 2017, Action Area 9).
- vi. Continue to ensure there is a strong collaborative working relationship between Oranga Tamariki sites and the new hub and spoke model of care, to support effective 'child-centred' information sharing and communication to enable successful successful transitions (State of Care, May 2017, Action Area 3).

Rec 2: Modify both operations and individual care plan templates, to record when and how young people and their whanau are participating in and engaging with their plans (State of Care, May 2017, Action Area 3).

Rec 3: Ensure all staff support young people to access the Whaia te Maramatanga (hub) and/or Oranga Tamariki complaints process (group homes), (State of Care, May 2017, Action Area 7).

Rec 4: Meet with VOYCE Whakarongo Mai team to discuss provisions of support for young people regarding the Whaia te Maramatanga and complaints processes (State of Care, May 2017, Action Area 7).

Findings for each OPCAT domain

Domain 1: Treatment



Well placed

18. Overall, young people in the residence are treated well and have warm, respectful and positive relationships with staff. This supports young people with their inherent desire to belong and enables them to feel purposeful, needed and loved. Our review of residence documentation, our observations and the range of interviews with staff and young people, highlighted the strengths and areas for development listed below.

Strengths

- **Relationship between staff and young people.** We observed warm, positive and responsive relationships between staff and young people. Young people told us they liked most of the staff and that they found the residence a safe place to be. With low numbers (four) young people in residence, staff have maintained their duty of care for young people in a professional manner. The care staff are recognised by the case leaders, as 'quality, young, energetic staff we need to invest in'. They have excellent relationships with young people and staff alike.

What young people said:

People listen to me here... I like it when they don't compare me to others...coz I am my own person.

"We are proud of the simple things, the small achievements with young people. I love the rapport we have with the kids, kids are looking for relationships, this can be the first secure attachment that they have had" (Care staff member).

- **Use of physical restraints.** Staff told us that having fewer young people in residence has resulted in lower numbers of restraints each month. When restraints did occur, staff members were able to recognise and respond to the situation quickly and efficiently, diffusing the situation. One young person told us they understood why they had been restrained, saying they felt it was justified and safely executed.
- **Te Patiki (Secure Unit)** Staff told us that they found the smaller numbers of young people easier to manage and there was more time for staff and young people to interact and maintain positive relationships. One young person, who has a variety of behavioural disorders, experienced the secure unit as a quiet, low stimulus

environment. The main unit environment was challenging for ██████ as ██████ found it more difficult to self-regulate and manage ██████ own behaviours around other young people.

What young people said:

I wanted to stay there (in secure) because I didn't want to be out there (in the unit), it's so full on".

Quality of assessment and planning. At Whakatakāpokai, young people have a variety of assessments such as cognitive, speech language therapy, sensory, drug and alcohol, educational and mental health assessments. Education provides an individual learning plan (ILP) that all staff can refer to, so they understand the best ways to engage, interact with and teach young people. Health assessments ensure that young people are able to have their overall wellbeing evaluated, to ensure that outstanding medical or health issues are identified early and addressed. The Individual care plans (ICP) show that staff are involving the voice of the young person. The operational plans showed a comprehensive review of past and current issues with support and interventions designed to help manage young people safely.

- **Quality of therapeutic programmes and interventions.** Staff professional development has included therapeutic care, evidence based programmes and interventions such as Cognitive Behaviour Therapy (CBT) and Dialectical Behaviour Treatment (DBT). These programmes have enabled staff to implement prevention first strategies and early intervention approaches, helping young people make sense of their world and learn how to best navigate opportunities and challenges. Essential life skills for young people, including cooking, personal hygiene, relationships and money management, are taught, to enhance key competency skills that grow resilience and self-management. Young people have the opportunity to engage with outside health providers aimed at providing specific help and support and interventions. A speech language therapist visits regularly to carry out assessments, encouraging staff to be actively engaged with learning about better ways to communicate with young people.

- **Monitoring of young people's progress.** Weekly multi-agency team meetings (MAT) provide an opportunity for progress reports and future transition plans to be discussed and actioned. Young people's cases are reviewed every Thursday at the weekly MAT meetings. Invited to these are the site social worker; case leader; onsite practice leader; key worker; onsite health coordinator and education staff. Child-centred decisions are made about whether it is in the child or young person's best interests to attend, at that time. These meetings discuss the young person's progress and inform any update to their plans. Transition is a recurring agenda item, with an

emphasis on preparing for quality transition out of the residence for the young person and their whanau.

- **Behaviour Management System (BMS).** The system is working well for young people and they feel that staff use the points system in a fair and consistent way. One young person would like the rewards to be more consistent with their experience at a Youth Justice residence, which had Rebel Sports and The Warehouse vouchers. The BMS was well presented on colourful posters in the unit, displayed in both English and Maori.
- **Involvement of young people.** There are a number of opportunities for young people to participate in decision making and planning during their time at Whakatakakopai. Regular afternoon meetings give young people an opportunity to discuss or ask questions of each other and staff, in a safe space.
- **Relevant learning that supports mokopuna Maori.** Kingslea school provides students with cultural learning and opportunities that support them to find out who they are, where they belong and carry out research pertinent to their whakapapa, hapu and iwi. On the day we visited, the school had invited the §9(2)(a) OIA curator to visit. He showed young people Maori artefacts to inform their research into Maori history.

What young people said:

§9(2)(a) OIA
[Redacted text]

Areas for development

- **Understanding complex needs.** All young people come to residence with their own complex diverse needs and life experiences. Sometimes, these needs can be the catalyst for misunderstandings and conflict. We interviewed a young person who was diagnosed with attention deficit hyperactivity disorder (ADHD) and post traumatic distress disorder (PTSD). At times, the Team Leaders Operations (TLOs), care staff and youth workers were at a loss, on how best to respond to a young person's impulsivity and hyperactivity. Understanding the complexities around known diagnosis and how this can potentially impact on other already vulnerable young people, requires staff to have specific knowledge. Additional professional development on specific identified needs such as these, would further increase staff capacity to provide calm, predictable environments, and to decrease the frequency of incidents.

- **Recorded involvement with young people on their plans.** When interviewed, two young people said that they were unsure where they were up to with their plans. One also mentioned that they had not been asked to contribute to their plan and would like this opportunity. It would be helpful to identify within the recorded plans, the times and dates when consultation has taken place with the young person. This would be a visible reference point and would also be a reminder to ensure that young people have been consulted and kept informed about their plans.
- **Recorded involvement of whānau on young people's plans.** Staff said that the Individual Care (ICP), Operational (OP) and Individual Learning plans (ILP) were shared with whānau, however the level of their involvement with or consultation about the plan was unclear in the written plan. Staff told us that where possible, they consulted with whānau as the plan evolved. A collaborative plan with whānau would include their voice and the voice of the young person, throughout the steps in consultation and writing up of goals. A specific column for whānau input, with date of consultation, would then guide recording of what support is required for whānau. It would also note their aspirations for their tamaiti and their expectations for the support he/she is receiving from the residence. This would also ensure that transitional plans beyond the residence, would also have the voice of the young person and whānau throughout.
- **Inclusion of Kingslea School staff and programmes in wider residence.** The staff at Kingslea school would like to be more involved in the residence as a whole. They would like to see residence and education staff training together and sharing ideas about the young people. Kingslea staff would also like to be invited to future residence powhiri/whakatau or cultural occasions to support young people.
- **Transitions from Oranga Tamariki to Residence and beyond.** Whakatakāpokai staff highlighted the importance of a clear, purposeful and careful transition plan that is developed and implemented from the time the young person enters the residence. According to staff, the main thing hindering successful transitions for young people is the lack of collaboration, communication and planning between Oranga Tamariki site staff and residence staff. Sharing of information from site to residence at admission has been challenging. Staff report that information can be either vague or incorrect and this impacts on how quickly they can stabilise the young person or make contact with whānau. They told us that one of their young people thought he was going shopping and was surprised when his social worker then brought him to Whakatakāpokai. This story was verified, when our team interviewed the young person concerned. This kind of unhelpful and unsafe practice makes preparation and settling in support very difficult for the young person and staff. Young people need

to feel ready and well prepared for their transition into a residence. If it is an emergency placement or there is evidence of serious risk that the young person will abscond before arrival at residence, a safe and respectful plan needs to be made to manage the situation. This need to be informed by both site and residence staff and the young person needs to be told what is happening at the earliest opportunity, to ensure the best possible admission process.

Released under the Official Information Act 1982

Domain 2: Protection system



Well placed with developing elements

19. A young persons' initial admission into Whakatakapokai Residence is an opportunity to learn about their rights and know how to access and use the Whaia Te Maramatanga (WTM) process. Planned daily afternoon unit meetings give young people the voice to discuss how things are going for them at the residence.

Strengths

- **Admission to residence.** Over the first two weeks after admission to the residence, young people are put through a series of assessments, interviews and information sessions to help them become partners in what happens for them while resident at Whakatakapokai.
- **Young people knowing their rights.** Young people knew about their rights. The staff at Whakatakapokai regularly speak with young people about their rights, at their weekly unit meetings.
- **Young people's understanding and use of the Whaia te Maramatanga (WTM) complaints process.** The grievance and suggestion WTM process are explained to young people on admission into the residence. The box for grievances and suggestions is located in the hub of each unit. The Grievance Coordinator is on hand, to support young people to write a grievance or suggestion when required. According to staff, it is mainly girls that use WTM. Currently the residence is looking at creating their own video to help young people (especially young men) better understand and engage with the grievance and suggestion processes. They recognise that a visual representation would have greater appeal for the young people.
- **Grievance panel.** The grievance panel visit weekly to check on young people and spend time forming relationships with them. The panel have a positive relationship with the Grievance Coordinator who is always accessible and available to discuss young people's concerns. The grievance panel would also like to involve the VOYCE

What young people said:

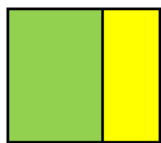
"I use it (WTM) all the time. It gives me a chance to say what I want to say and I always speak my mind no matter what and I always try to justify fairness. Since I have been here I've done about 25 grievances...It usually makes it through to the grievance panel and they come to see us and sometimes the management".

Whakarongo Mai team for the young people as there are currently no Grievance Advocates at the residence.

Areas for development

- **Grievance advocates.** There is a lack of youth advocates at Whakatakopokai. The Grievance Coordinator always tries to make herself available for young people to help them submit their grievance or suggestion, however the residence needs to find an independent solution to this challenge. Consultation with VOYCE Whakarongo Mai is underway and will need to remain an important focus through the transition into the new 'hub and spoke' care model.
- **Whaia Te Maramatanga.** According to staff and WTM logs, boys are less likely to use this process based on fear that they are seen as being 'snitches'. The girls in residence are using this process often and feel that they are being heard through it. Staff need to give regular reminders and encouragement for the young people, especially the young men, so they feel able to use WTM safely and can feel listened to, acknowledged and that they have a voice in their living circumstances. This focus will need to be maintained, during the transition into the new care model.

Domain 3: Material conditions

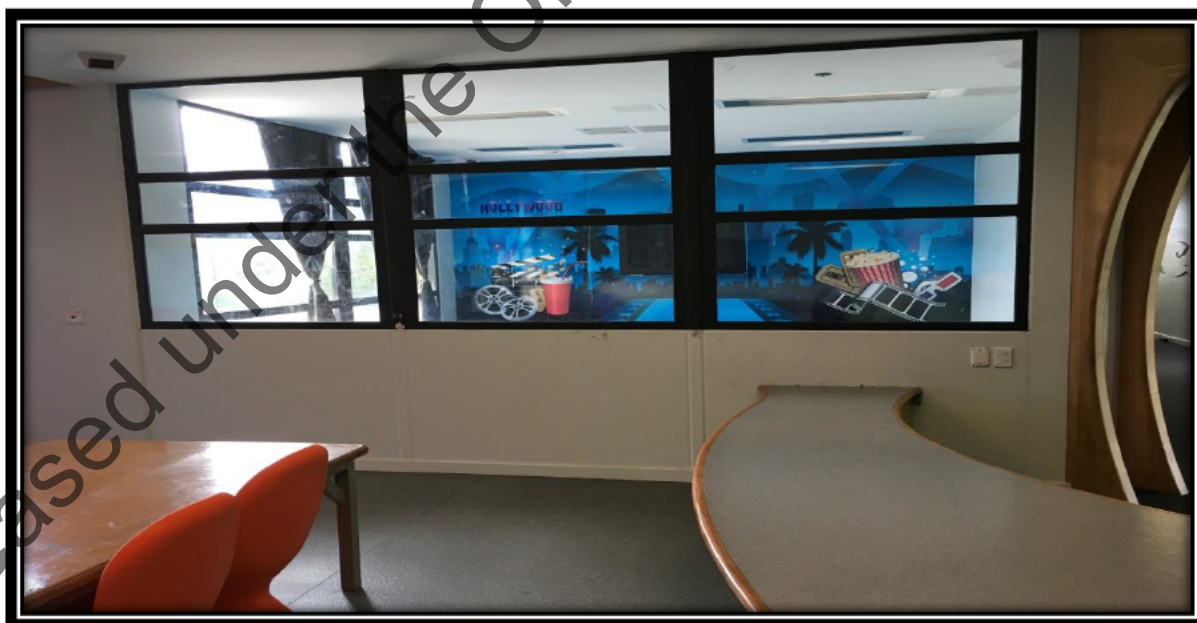


Well placed with Developing elements

20. The physical environment, both inside and outside, was mostly warm, comfortable and well maintained. The school was the most colourful part of the residence. It had aesthetically pleasing classrooms and learning environments, with art work from young people displayed. There were some areas of the residence that had graffiti and etchings that could easily be removed, covered or replaced, if the residence had ready access to resources to make this happen in a timely fashion.

Strengths

- **Outside environment.** There are large open green spaces with colourful picnic tables and a vegetable patch with well kept trees. A large central open space with basketball and netball courts and a residence pool, create an adequate play area for young people.
- **Food.** The menu is varied and young people enjoy the variety that is available. The kitchen staff ask for regular feedback from young people through a feedback sheet.

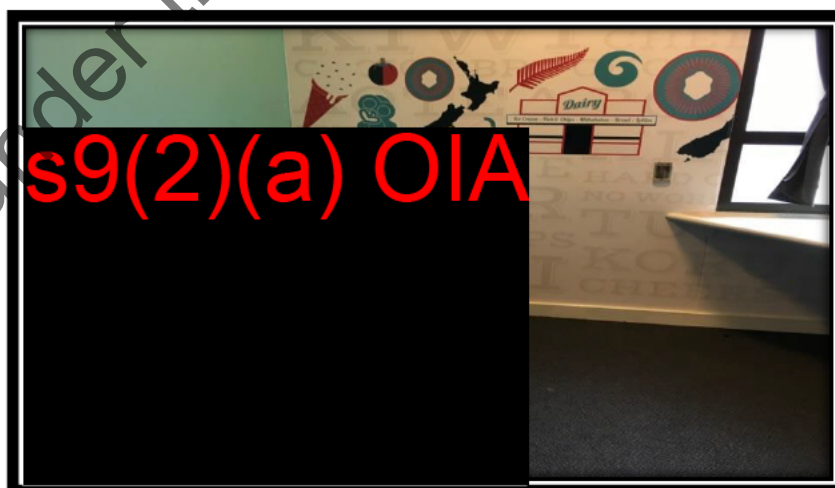


Exceptional Learning Environments. Kingslea school provides a colourful, inviting and vibrant learning environment for young people. Young people commented on

how they enjoyed being in this environment and for one young person, it was the thing that she missed the most when she was in the Secure Unit. Young people's work is proudly displayed throughout the classrooms, with every wall covered with colour, posters and materials to ensure that no graffiti is visible. In the classrooms there is an area for sensory support, in the form of a hammock.



Interior Decals in bedrooms. The interior 'kiwiana' decals in young people's bedrooms helped to make the rooms feel more homely and colourful. The rooms have enough space to display their favourite things, with wall space to put pictures up if they want to. The residence had consulted with young people about the sort of things they would like, and the decals were tailor made by a local supplier.



Young people helping to create a shared environment. Young people had helped to create a Halloween themed wall within the hub. It showed excellent artistic skills and planning to produce a well-designed feature wall.



Areas for Development

- **Inside environment.** Most of the interior of the buildings were reasonably tidy, however there are a few areas that would be better with a fresh coat of paint or an upgrade in furniture.



- **Regular cleansing and refreshment required in the time out room.** As this very small room is used when young people are at their most vulnerable, it makes sense that the room is refreshed regularly to ensure graffiti and other damage is removed. This is important to avoid the room taking on a life and impact of its own, through showing scars and stories of past vulnerable moments for other young people in the residence.



Secure Unit upgrade. The secure unit table and walls had etchings and graffiti. An upgrade of furniture with a coat of paint would restore the environment to a well used and positive space where young people can reflect, discuss and learn ways of dealing with conflict.

Released under the Official Information Act 1982

Domain 4: Activities and contact with others



Well placed.

21. Young people participate in a range of cultural, recreational, sporting, educational and vocational activities at Whakatakapokai. Most young people have regular access to their whanau.

What young people said:

We get to learn about it (Maori culture) in school. Yesterday a museum person came in with all that stuff (Maori artifacts from the museum) it was solid. He taught me how to use the Maori instrument on a string, you pull it and it spins fast and you blow on it. The patu was like hundreds of years old.

Strengths

- **Young people's participation in activities and programmes.** With lower numbers of young people to care for, staff have been able to put more focus on programmes and opportunities for young people. Essential life skills take priority in ensuring that young people are able to leave the residence knowing how to take care of themselves. Staff run programmes and offer projects that celebrate culture throughout the year such as Easter, Waitangi Day, various language weeks such as Te Wiki o Te Reo Maori, ANZAC, Matiriki and Christmas. Kingslea school also offers ABL (adventure based learning) opportunities that see the young people enjoy off site trips and learning opportunities. Sports and exercise such as swimming are also a much loved past time for residents at Whakatakapokai.
- **Young people's contact with family and whānau.** Most young people with the exception of s9(2)(g) OIA said that they had regular contact with their whanau. s9(2)(a) OIA
[REDACTED]
[REDACTED]
[REDACTED] have contact with her immediate whanau.

Areas for Development

We did not identify any areas for development in this domain.

Domain 5: Medical services and care



Well placed.

22. The residence has a good working and professional relationship with the Health staff. The medical team meet quarterly with Residence Manager to ensure that the care of young people continue to be of a high standard.

Strengths

- **Young people's access to primary care services.** The onsite health team assess and ensure that young people are at their healthiest when they arrive and leave Whakatakopokai. Young people are very good at knowing how to access their services and are not afraid to make appointments.
- **Training for staff.** Health staff have been able to provide some training for care staff to help improve their "health literacy" so they can better monitor the health needs of young people. The health team are very happy to provide more professional development in the future as required.

What young people said:

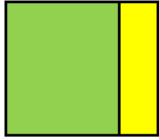
"We all go to medical, they give us what we need".

"We ring the nurses ourselves and ask to make an appointment for whatever we need. They're good".

Areas for Development

We did not identify any areas for development in this domain.

Domain 6: Personnel



Well placed with developing elements

23. Smaller numbers of young people to care for, has supported staff practice to keep young people safe and engaged in relevant activities. The positive working relationships between care and clinical staff mean that young people receive a continuity of care that is child centred and tailored to their needs. However, a changing organisational context including proposals for a shift in the residential care model and a 2018 policy limitation on length of stay in care and protection residences was impacting on staff morale across the residence at the time of our visit.

Strengths

- **Staff induction and training.** There is a thorough induction for new staff and the TLOs and TLCP regularly to refresh and review staff training where needed. There is a strong staff training programme, including trauma informed training such as Dialectical Behaviour Treatment (DBT), Cognitive Behaviour Therapy, Brainwave, Managing Self Harm and Suicidal Behaviours, Resilience, and Strengthening Engagement.
- **Working relationship between clinical and care teams.** We consistently heard from the staff that they support each other with the work they are doing with young people. The ICP and OP plans are clear and consistent and help to support communication about young people across all staff.
- **Supervision.** Staff supervision is regular, happening predominately in group sessions during the team's three weekly office days. Individual supervision was offered, however staff prefer supervision in their respective teams. Specific supervision techniques and processes are used to ensure everyone has a voice. Staff feel confident and safe to talk about their practice.

Areas for development

- **Shorter care time frames.** Staff pride themselves on wanting to do the very best for the young people, from when they arrive at the residence through to when they leave their care. They were clear that in their view, the shortening of the maximum length of young people's admissions to care and protection residences, with a four to six week limit, has made their work more intense and stressful. They feel that four weeks does not allow them sufficient time to: cater sufficiently for young people's specific needs; build meaningful relationships; induct and assess young people fully; research whanau ties; and provide young people with the support they need to successfully transition out of the residence. Staff told us they were concerned that there was no longer time to complete many activities they had previously carried out to the benefit of the young people. Related to this, they were feeling uncertain about their own roles going forward and how best they might meet children and young people's needs in this changed context.
- **Impact of shift to new care model.** At the time of our visit, many staff at the residence were struggling to see the benefits and understand the rationale for change at Whakatakapokai. Many were feeling undervalued and weary of change. Some said that they would welcome change if they were given more information and provided with greater opportunities to engage and evolve with the changes as they happen. All staff are supportive of the current residence manager, and have praised how well he has tried to navigate the residence transition.

These Personnel findings suggest that, as the traditional Whakatakapokai institutional model of care and protection residential care is phased out and staff transition into the new 'hub and spoke' care model which is based on purposeful intervention with shorter timeframes, on-going guidance, training, supervision and support will be needed to help them understand the evidence and reasoning behind new expectations, learn new skills and approaches to care and adapt their practice accordingly

Responsiveness to mokopuna Māori



Developing

24. Overall the residence needs to significantly improve its responsiveness to mokopuna Maori. We were told during our visit, that the closing of the adjacent culturally informed Taonga Whetu programme some time ago, has had a significant impact on how well the residence has continued to meet the needs of mokopuna Maori. An intentional and prioritised plan for cultural development is required, to ensure the new 'hub and spoke' care model can be implemented in the culturally informed way that is required, in accordance with implementation from 1 July 2019 of the new Section 7AA of the Oranga Tamariki Act. While we have given a *developing* rating for this visit, knowing there is a strong intention to establish the new care service in a culturally informed way, if on our next monitoring visit to the hub and group homes (later in 2019), development is not evident, we expect that a lower rating of *minimally effective/weak* would be likely.

Strength

- **Residence's valuing and use of tikanga Māori.**
A whakatau with Tainui kawa was our first engagement at Whakatakāpokai residence. A young person from the residence sat on the paepae and engaged in our whakawhanaungatanga session. Your people led us through the whakatau, with the support of two very competent Maori staff members.

Areas for Development

- **Residence's relationship with mana whenua and Māori organisations.**
Whakatakāpokai residence respects the place that Tainui hold as iwi and mana whenua. Up until a couple of years ago, the local marae would come into the residence and work with the young people, but since then, due to the marae losing its funding, this engagement has stopped. The residence needs to find ways to re-engage with iwi and mana whenua. It's vital that a partnership is re-established, to enable stronger ties between iwi and Maori organisations in their region, ensuring a

What young people said:

s9(2)(a) OIA

[Redacted content]

relationship between the new care services (the hub and the group homes) and mana whenua. This relationship, together with internal cultural leadership, staff training and development, will be foundational to ensuring the provision of cultural advice, guidance and support, as well as cultural programmes and experiences, for the benefit of mokopuna Maori.






Released under the Official Information Act 1982

Appendix One: Why we visit (legislative background)

25. The Children's Commissioner has a statutory responsibility to monitor and assess the services provided under the Children, Young Persons and Their Families Act 1989 (CYP&F 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 Oranga Tamariki and encourage the development of policies and services that are designed to promote the welfare of children and young people.
26. 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.

Appendix Two: Interpretation of ratings

27. 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 for the individual sub-domains assessed, refer to our evaluative rubric: <http://www.occ.org.nz/assets/Publications/RUBRIC/Evaluative-Rubric-FULL.pdf>

Appendix Three: Interviews conducted and information accessed

Our visit to Whakatakapokai included interviews with:

- Residence Manager
- Young people
- Team Leaders Operations (TLOs)
- Team Leader of Clinical Practice (TLCP)
- Care team
- Clinical team
- Health team
- Education team
- Māori Rōpū team member
- Kitchen staff

The following sources of information also informed our analysis:

- Visual inspection of the residence
- Residence profile
- Last CYF audit report
- Grievance quarterly reports and electronic register
- Training register (for 12 months prior to visit)
- Residence's panui- s9(2)(a) OIA 2017
- Young people's files at the residence (including Individual Care Plans and Operational Plans)
- Secure care register, secure care log book, and unit log books