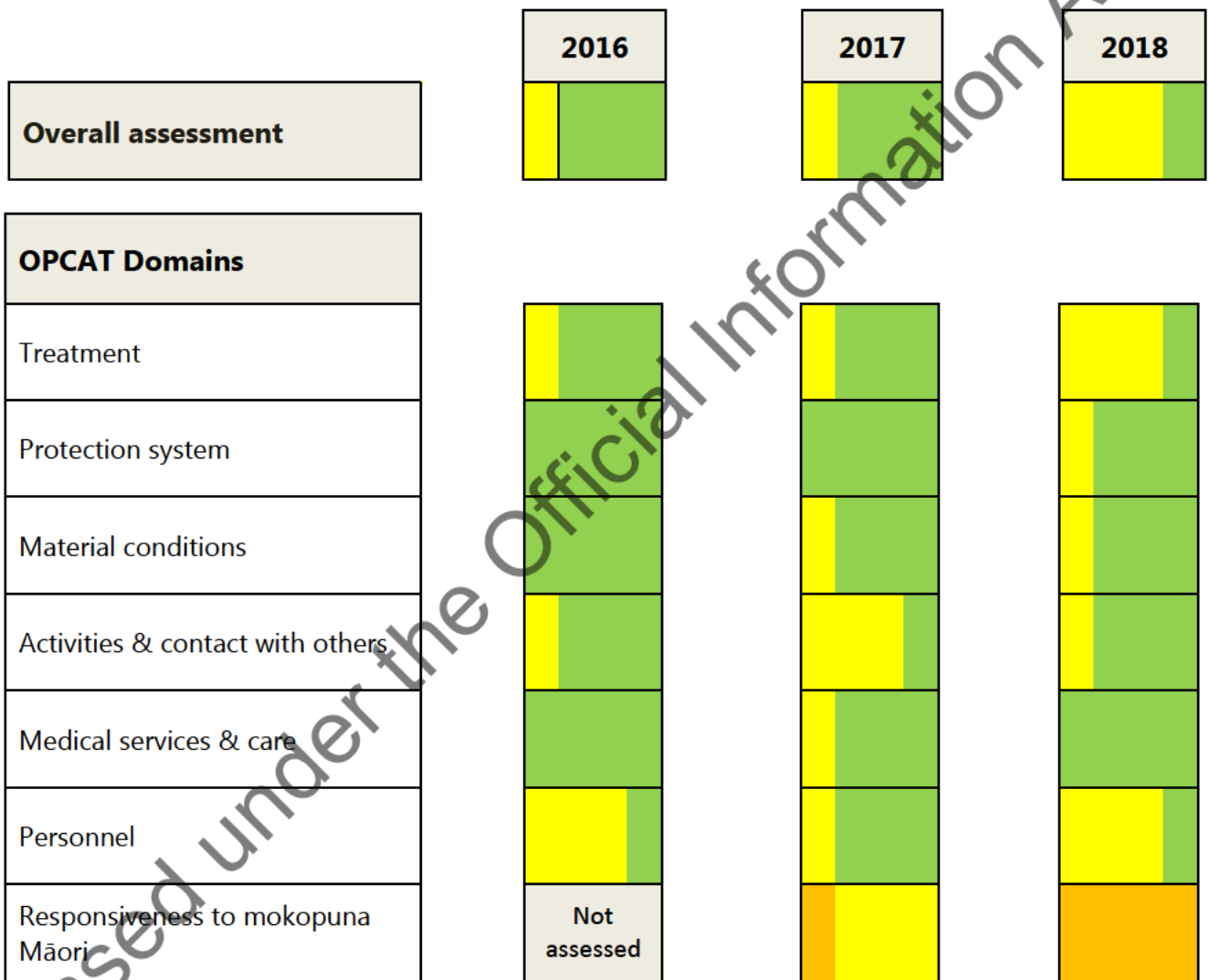



# Oranga Tamariki Residence Visit (Unannounced OPCAT Visit)

Final report - Te Oranga, Care and Protection Residence  
Christchurch


Visit date: s9(2)(a) OIA 2018. Report date: 4 June 2019



 Detrimental

 Minimally effective/weak

 Developing

 Well placed

 Transformational outstanding

Released under the Official Information Act 1982

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## Introduction

### Purpose of visit

1. On the [redacted], [redacted], [redacted], s9(2)(a) OIA [redacted] and s 9(2)(a) OIA [redacted] from the Office of the Children's Commissioner (OCC) conducted an unannounced monitoring visit to Te Oranga. Te Oranga is a care and protection residential treatment facility located in Christchurch. The purpose of our visit was to assess the services of Oranga Tamariki against the six domains relevant to our role as a National Preventative 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 with every monitoring visit, we also focus on the responsiveness to mokopuna Māori and the voices of young people. Mokopuna Māori will be referred to as our seventh OPCAT domain in this report.

### Structure of this report

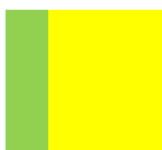
2. This report provides a brief trend analysis of the highlights and areas for development over our last three monitoring visits. The key findings from the current visit are then shared, and recommendations made for actions to address the issues identified.
3. The findings are described in more detail under each of the seven 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.
4. 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.

5. The ratings for each of the domains represent the overall rating for both the Residence and Oranga Tamariki National Office. There will be some elements within the domains that may apply to the residence only, to the sites, or to National Office. These will be made explicit throughout the report so that it is clear where any areas for development and recommendations sit.

## Context

6. Te Oranga is a care and protection residence in Christchurch that has capacity for up to 10 children and young people aged between 10 and 16 years. It was home to [REDACTED] young women and [REDACTED] young men at the time of our visit. [REDACTED] of the young people identified as Māori and [REDACTED] s 9(2)(a) OIA descent. There is a block of flats on site that is currently being renovated with the intention of using the flats to support some young peoples' transition from the residence. Te Oranga is surrounded by residential properties and recreational parks. It has good outdoor spaces available to the resident young people that provide them with ample space to run, ride bikes and be physically active.

## Key findings and recommendations



### Developing with well placed elements

7. Our overall 2018 rating for Te Oranga is *developing with well placed elements*. The young people we interviewed told us they feel safe, and we did not find any evidence of torture, or other cruel, inhuman or degrading treatment or punishment. However, the overall rating represents a regression from the previous OPCAT monitoring visits in 2017. The key changes are briefly outlined below.
8. There were downwards shifts in the ratings for four domains:

**Personnel** received a rating of *developing with well placed elements*. A key issue is that residence staff were under the misconception that there had been cuts to the residence's budget. Although this turned out not to be true, it was causing stress amongst the staff and raised concerns around the funding of activities for the young people. The lack of priority being given to individual staff supervision, including cultural supervision, is also a concern.

Positive developments related to personnel include a newly developed induction programme for staff and staff participation in a series of professional development opportunities to learn more about trauma-informed care.

**Treatment** received a rating of *developing with well placed elements*. The relationships between staff and young people are mostly positive and there is a sound model of therapeutic care in place. However, we found a number of treatment-related issues, including problems with the behaviour management system (BMS); insufficient support for young people to develop a sense of identity and belonging; infrequently run youth forums; and an incident where insufficient sleeping spaces in the secure unit led to staff considering using the time out room in the secure care unit as a bedroom.

**Protection system** regressed slightly to *well placed with developing elements*. This is due to the young people not knowing much information about their rights, for example that they have the right to receive visits from whānau or to wear their own clothes. Young people have a good understanding of the grievance process, which is well supported by the grievance panel and advocates.

**Responsiveness to mokopuna Māori** received a rating of *minimally effective*. Although the residence has worked with the school to facilitate some te ao Māori programmes and activities for young people, there is a lack of leadership to develop a vision, goals or strategic plan for improving the residence's responsiveness to mokopuna Māori. The residence has some connections in place with local iwi and Māori organisations, but these have not yet been utilised effectively to support young people's cultural journeys.

9. The ratings for two domains improved:

10. **Activities and contact with others** improved to receive a rating of *well placed with developing elements*. The residence works well with the school to ensure that young people have access to a range of interesting and engaging activities and programmes. The adventure based learning (ABL) programme is a particular favourite of the young people. The residence also makes significant efforts to facilitate young people's access to face-to-face visits from whānau. Young people's access to cultural activities remains limited.

**Medical services** received a rating of *well placed*. The improved rating reflects young people's improved access to District Health Board (DHB) funded specialist mental health services, brought about by the development of a new Children in Care (CIC) team, specifically for young people under the age of 13 years in state care.

11. One domain maintained its previous rating:

**Material Conditions** remains *well placed with developing elements*. Overall the residence is well kept with a pleasant indoor and outdoor environment. Food and meals are sufficiently varied and nutritious, but young people would like to have more of a say about the food they eat. There are also issues with the air temperature fluctuating between the different rooms and some rooms need refreshing.

12. The key strengths and areas for development are summarised below.

## Strengths

13. Te Oranga has many strengths. We found that young people at the residence:

- Have warm, caring and respectful relationships with staff
- Feel safe in the residence
- Know how to ask for help or support
- Know the rules and grievance process
- Like the interior of their bedrooms and classroom
- Learn new skills with the programmes and activities on offer
- Receive regular phone contact with their whānau
- Have good access to primary and specialist health care when they need it
- Have opportunities to engage in some te ao Māori activities, for example daily karakia and celebrations such as Te Wiki o Te Reo Māori.

## Areas for development

14. There are also many areas for development, including the need to:

- Review and improve the behaviour management system (BMS)
- Increase young people's opportunities to learn about their whakapapa and identity
- Give young people more opportunities to provide feedback and have a say in how the residence is run, including the food they eat
- Improve young people's understanding of their rights
- Fix the air conditioning unit to improve the temperature distribution
- Continue efforts to increase the frequency of young people's face-to-face contact with whānau and/or other loved ones
- Create more opportunities for young people to participate in te ao Māori activities and access cultural mentors
- Ensure there are sufficient staff levels to meet young people's needs
- Build staff cultural capacity and capability
- Improve staff access to regular, professional one-to-one supervision
- Develop a closer relationship with mana/tangata whenua
- Develop a vision, goals and strategic plan to improve responsiveness to mokopuna Māori within the residence.

## Recommendations

### For the residence:

15. We recommend that:

<b>Rec 1:</b>	The <b>residence leadership team</b> talks to care staff to review what practice they need to maintain their confidence in using MAPA restraints.
<b>Rec 2:</b>	The <b>residence leadership team</b> takes steps to increase the frequency of youth forums and ensures there are other regular opportunities for young people to provide feedback on the way the residence is run, including the food menu.
<b>Rec 3:</b>	The <b>residence leadership team</b> proactively consults with staff, young people and local iwi to develop goals and a strategic plan for improving responsiveness to Māori and implementing the practice standard, Whakamana te Tamaiti. This should include plans to: <ul style="list-style-type: none"><li>• Increase young people's opportunities to learn about their whakapapa;</li></ul>

	<ul style="list-style-type: none"> <li>• Increase young people’s access to cultural activities and mentors;</li> <li>• Build cultural capacity and capability; and</li> <li>• Further develop relationships with local iwi.</li> </ul>
<b>Rec 4:</b>	In the event that there are insufficient suitable sleeping spaces in the secure care unit, the <b>residence leadership team</b> ensures that the solutions considered to resolve the situation do not include using the time out room in the secure unit as a place for young people to sleep.
<b>Rec 5:</b>	The <b>residence leadership</b> team looks into and implements more creative ways to teach young people about their rights.
<b>Rec 6:</b>	The <b>residence manager</b> takes steps to address issues with the material conditions of the residence, including: <ul style="list-style-type: none"> <li>• fixing fluctuations in the air temperature across the rooms; and</li> <li>• refreshing run down furniture and walls.</li> </ul>
<b>Rec 7:</b>	The <b>residence leadership team</b> ensures that regular face-to-face contact with approved whānau and loved ones is built into young people’s plans and that proactive steps are taken to support whānau and loved ones to visit regularly.
<b>Rec 8:</b>	The <b>residence manager</b> clarifies with staff any misunderstanding about the need for the residence to be financially prudent (ie, that it does not mean funding cuts) and ensures that the reasons for any restriction of activities for either staff or young people are communicated transparently.
<b>Rec 9:</b>	The <b>residence leadership team</b> ensures there is a regular schedule of one-to-one professional supervision for staff. This includes showing leadership to promote the uptake of cultural supervision (which will be important to effectively implement s7AA of the Oranga Tamariki Act which comes into force on 1 July 2019).

### For Oranga Tamariki national office:

16. We recommend that:

<b>Rec 10:</b>	The <b>DCEs Care and Youth Justice Services</b> work together to review the effectiveness of the behaviour management system (BMS) and make improvements that: <ul style="list-style-type: none"> <li>(a) support young people to learn new behaviours and reach their goals; and</li> <li>(b) enable individual tailoring to better meet young people’s needs.</li> </ul>
<b>Rec 11:</b>	The <b>DCEs Care and Youth Justice Services</b> work together to develop a creative, engaging programme to teach young people in residences about their rights.



# Findings for each OPCAT domain

## Domain 1: Treatment



### Developing with well placed elements

17. Young people in the residence are generally treated well. The treatment of young people is moving forward in some respects, for example staff are: using fewer restraints; working in more trauma-informed ways with young people; and supporting young people's transitions well. However, other elements have gone backwards or not progressed for example: youth forums are inconsistent; the behaviour management system (BMS) is not working; and young people have insufficient opportunities to learn about, participate in, and feel proud of their culture. Overall, young people's experiences in the residence are of variable quality, and for this reason, the predominant rating for this domain is *developing*.

### Strengths

- **Positive relationships between staff and young people.** We observed warm and positive relationships between young people and staff. Young people told us that they have respectful relationships with the residence staff, and identified individual staff members they can talk to if they have any concerns. Staff expressed feeling a lot for the young people and reported that staff did a good job building relationships with young people.
- **Issues with staff favouritism addressed.** Steps had been taken at the residence to address staff favouritism towards particular young people. For example, a psychologist facilitated a staff group training, illustrating the power of favouritism and its effects on young people. Staff members who are not on shift are now encouraged to only come in for young people's farewells if they are willing to attend all of them. Team Leaders Operations (TLOs) expect to be on the floor more often to closely monitor the situation.
- **Sound model of therapeutic care.** Staff told us that they are working on introducing therapeutic programmes. The residence has adopted the neuro-sequential model of therapeutics (NMT, Bruce Perry), which is about the impact of trauma on brain development and behaviour. It looks at the age and stage the young people experienced the trauma and the impact of this on neuro-development. Interventions are

#### What young people said:

*"Staff are just trying to do their job. Most staff are quite awesome to us."* s. 8(2)(a) OIA

*"(Case leader) is awesome, I think she should get a million dollars from the Prime Minister."* s. 8(2)(a) OIA

*"You still get fed, you still get to see staff....you still get to do everything you do like in open unit but you're by yourself"* s. 8(2)(a) OIA

designed to address the lack of development that occurred at a particular age. The Team Leader Clinical Practice (TLCP) explained that the residence is still in the relatively early stages of adopting NMT. Case leaders work as brokers to refer young people to therapeutic interventions (delivered by specialist mental health services). The TLCP encourages care staff to keep it simple, reminding them to – regulate, relate, and reason – in relation to the young people.

- **Good support for transitions from care.** Staff explained that the length of time young people spend in residence has decreased (now about 6-8 months, down from 2-3 years), but there are still challenges with finding appropriate placements in a timely way. Young people are typically transitioned from the residence over a period of 3-4 weeks. Care staff who have good relationships with young people continue to support them after they leave the residence for up to three months. The residence has always sought to ensure that young people admitted to the residence are from the local area. This enables the residence to more effectively support young people's integration back into their local communities. At the time of our visit s 9(2)(a) OIA young people were from the local area.
- **Sound screening and assessment.** Young people have a variety of assessments upon arrival into residence. The on-site nurse administers a HEADSS (Home, Education, Activities, Drugs, Sexuality, Safety) assessment within 24-48 hours of admission, which includes a mental health and alcohol and other drug screen. Young people are also screened by the on-site Deputy Principal for education needs. The case leaders screen young people for suicidality (Kessler), behavioural strengths and difficulties (Strengths and Difficulties Questionnaire); and for adverse life events.
- **Quality planning and reviews.** Following screening and assessments, Individual Care Plans (ICPs) must be in place by 7 days post admission. Education staff said they appreciate the high quality ICPs that case leaders share with them. Operational plans are also developed promptly and shared with care staff. The operational plans show: young people's strengths, triggers, and other information that may be useful to help regulate young people. Transition plans are also developed for young people.

We heard from a case leader that it would be easier if all the different planning documents were consolidated into one plan for each young person. *"ICPs are a big piece of work that no one takes any notice of....ICPs are a residence document as opposed to a moving living document. I spend hours on them for what?" (Case leader)*

We are aware that national office is currently working to introduce 'one plan' with the new Care Standards and expect this should help to consolidate young people's plans and reduce paper work.

The plan for each young person is reviewed once a week at multi-agency team (MAT) meetings. We heard how staff from Health, Education and Oranga Tamariki work well

together at these meetings to review young people's progress and plan young people's transitions.

- **Use of restraints.** At the time of our visit, care staff were using Management of Actual or Potential Aggression (MAPA) as their primary method for de-escalating and restraining young people. We have been told that this method has a greater focus on prevention and de-escalating behaviours, compared with Non-Violent Crisis Intervention (NVCI). There was some suggestion that staff's increased success in de-escalating young people might have led to the less frequent use of physical restraints, and consequently less confidence in using MAPA restraints.

Care staff themselves reported that MAPA is a less effective than NVCI. When we discussed this with the TLO, he suggested that greater familiarity with MAPA restraints would enable care staff to become more confident and skilled in using MAPA restraints.

One of the care staff workers who provides MAPA training takes on the role of MAPA champion and emphasises to other care staff that physical force should only ever be used as the last resort. This is positive but it is vital that care staff are given sufficient training to ensure they are confident and effective in their use of MAPA restraints. We encourage the leadership team to talk to care staff about the practice they need to maintain their confidence and skills in the use of MAPA.

## Areas for development

- **Ineffective Behaviour Management System (BMS).** The BMS system is well understood by young people but it appears it is not working effectively. Staff reported that some of the BMS criteria (for reaching the next BMS level) are irrelevant. They spoke about the need to end the BMS system or alter it to suit individual needs. Reports from staff and young people suggest the points system is too complicated and that the relatively large age gap between young people makes it difficult to administer. The younger ones find it harder to get to BMS level 3 and therefore are more likely to miss out on outings, so end up being slightly disadvantaged by the BMS system. It is not being individually tailored to meet young people's needs and abilities. Staff suggested that young people's participation on outings should be decided on risk, not on their BMS level. We agree that the BMS system needs to be reviewed and improvements made to ensure it is meaningful for all young people.

### What young people said:

*"BMS is useless....they don't do it fairly, it doesn't work, they should change it."* [REDACTED]

*"There is heaps of restraints here, they are too hard, they shouldn't do that on little kids."*

*"BMS is shit, I had a good day but still got low points."* [REDACTED]

*"It's frustrating but I like it though."* [REDACTED]

*"I'm on level one, I don't care, it doesn't matter to me."* [REDACTED]

- **Identity and belonging.** The residence contracts a Māori worker through the school to support young people to engage in tikanga Māori and cultural activities, such as karakia, waiata and kapa haka. Young people learn their pepeha at school, but there are otherwise limited cultural activities in the residence. Young people told us they did not do much learning about their whakapapa. However one young person is supported by a s 9(2)(a) OIA staff member in the sharing of their s 9(2)(a) OIA culture.

We expect the implementation of the new practice standard, Whakamana te Tamaiti, to improve young people's opportunities to learn about, participate in, and feel proud of their culture, but at the time of our visit, there had been no specific training at the residence to support this practice standard.

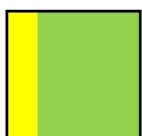
- **Lack of involvement of children and young people.** The residence runs a youth forum for all the young people to provide feedback on any aspect of their experience at the residence. We heard that the forum is supposed to meet weekly, however in practice has been inconsistent. The young people told us they would like a regular forum where they meet and discuss issues that are pressing.
- **Insufficient sleeping spaces resulting in staff considering the use of the timeout room in the secure care unit as a bedroom.** We were told about an incident in February 2018 where one young person was admitted to secure care. At the time, all secure care rooms were in use. Due to a lack of appropriate alternative sleeping options, staff prepared to use the timeout room in the secure care unit as a bedroom for this unsettled young person for the evening.

We understand that there had been some conversation about discharging a more settled young person from the secure unit to avoid using the timeout room as a bedroom, but this plan did not go ahead because the other young people in the secure unit were asleep.

Fortunately, the young person concerned did not end up sleeping in the time out room. However, we believe that it is inappropriate for staff to even consider using the time out room in the secure unit (or any other time out room for that matter) as a bedroom. The timeout room in the secure care unit is windowless, has a camera in it, and is rather 'grotty'.

It is important that staff work together as team when making difficult operational decisions. In this instance, in the absence of appropriate, alternative sleeping spaces, we think it would have been preferable to have discharged one of the more settled young people back to the main unit instead of ever considering using the timeout room in the secure unit as a bedroom.

## Domain 2: Protection system



Well placed with developing elements

18. Young people feel safe and trust staff to protect them from harm. The residence's rules and grievance process are well understood by young people. These are shared with young people at admission, and information about both are displayed around the unit. Regular opportunities to discuss the rules and the grievance process are provided at the youth forum and at daily unit meetings. Young people are shown the Whaia Te Māramatanga (WTM) grievance process video once a month and are familiar with members of the grievance panel and youth advocates. There was no indication from young people that they felt they could not use the grievance process. However, most of the young people we spoke to were not familiar with the phrase 'Whaia Te Māramatanga'.

### Strengths

- **Young people's understanding of the rules.** All young people we spoke to knew the rules of the residence. Different systems, including the BMS system and young people's weekly duties, support young people to know and understand the rules. The two young people who led our initial tour of the residence were able to articulate well the responsibilities they have for their rooms, their personal hygiene, and the residence rules.

- **Young people's understanding and use of the Whaia te Māramatanga grievance process.**

Young people are shown the WTM video, which explains the grievance process, about once a month. They understand the WTM process and are confident in using it. However, most young people were not familiar with the phrase 'Whaia Te Māramatanga'. More work is required to teach young people the name of the grievance process. The young people we spoke to told us they particularly like the suggestions box, as it gives them a chance to share their feedback and ideas.

- **Administration of Whaia te Māramatanga.** The grievance coordinator has a good appreciation of the importance of the grievance process. Inspection of the grievance register suggested investigations are generally sound and outcome letters to young people are adequate. We found evidence of suggestions being actioned, such as young people being allowed to have fish and chips or take-away meals once every five weeks.

#### What young people said:

*"When like something's gone wrong and you don't feel that's fair, you can put a grievance in and tell somebody else something's not going the right way."*

*"I made a suggestion about the crack in the swimming pool cause I got hurt and to have a takeaway night once a month which got approved."*

In the last quarterly report, nine out of nine grievances were investigated and processed within the 14 day timeframe.

- **Grievance panel.** Grievance panel members visit the residence at least once a month. Young people know who they are and understand their role. The grievance panel and grievance advocates meet quarterly together with the grievance co-ordinator and residence manager to discuss issues and concerns.
- **Grievance advocates.** Pleasingly, grievance advocates also visit regularly, often sharing a meal with young people. A grievance advocate was in the residence on one of the days of our visit. Young people know who the grievance advocates are and understand their role. The use of the grievance advocates to make complaints has been limited, mainly because the young people feel confident enough to complete the forms themselves or to ask a trusted staff member.

### Areas for development

- **Young people's lack of knowledge of their rights.** Young people did not understand their rights. One young person reported being worried that the younger children did not know their rights or how to speak up for themselves. Part 1 of the Oranga Tamariki (Residential Care) Regulations 1996 outlines the rights of young people in residences. We would expect young people to know at least some of these rights, for example that they have the right to receive visits from whānau, to wear their own clothes, or to have advocacy for a grievance. Although the residence occasionally runs a programme to remind young people of their rights, young people did not really understand the concept of 'rights' and were not able to talk about specific rights. We encourage the residence to find more creative ways of helping young people to understand their rights.

## Domain 3: Material conditions



### Well placed with developing elements

19. The physical environment of the residence is relatively well maintained, with some minor maintenance required on furnishings such as lounge suites, curtains and walls. Young people told us they enjoy being able to personalise their bedroom space. There is very little tagging in the residence. Most young people told us they enjoy the quality and quantity of the food.



Painted murals around the pool

### Strengths

- **Inside environment.** The space inside the residence is relatively pleasant. It features some nice murals on the walls, particularly in secure care.
- **Bedding.** We believe the mattresses and blankets we examined during our visit are sufficiently comfortable. We noticed most young people have two mattresses on their beds which has reportedly made their beds more comfortable to sleep in.
- **Food.** The food is generally healthy and tasty, and appears to be nutritious. On the first day of our visit, lunch consisted of coleslaw, ham, chutney, cauliflower and cheese, with a selection of fruit for dessert.

### What young people said:

"Food is ok, I get enough." [REDACTED]

"One of the cooks isn't that good." [REDACTED]

"(Secure care) it's not a nice environment, it's horrible in there. You have a toilet in your room. There's spiders and tagging and it's hot." [REDACTED]

Young people are surveyed twice a year on their food preferences and are given the option of ordering tuck shop on Saturdays. The kitchen staff create a five week menu

which restarts at the end of each five week cycle. The five week menu is changed twice a year, during summer and winter. Young people have varied opinions about the food, some not liking the quality or quantity. We encourage the residence to give more frequent opportunities to young people to provide feedback on the food.

- **Outside Environment.** The outdoor environment is well maintained and well laid out, with a nice natural green space between the residence and school. There is ample space for young people to participate in physical activities. An on-site swimming pool, which was under repair at the time of our visit, is available for summer months, and a gymnasium and a semi basketball court is available all year round. Some young people told us about the vegetable garden and their enjoyment of working in the garden.



*Residence yard and unit*

### Areas for development

- **Fluctuating temperature and need for refurbishment in some rooms.** The air conditioning unit still requires attention. The unit causes constant temperature fluctuations – potentially affecting the overall health and wellbeing of the young people. Staff reported that there are inconsistencies in temperature across the rooms within the residence.

On inspection, we noticed some old and stained cushions. One room had peeling paint and ripped curtains. One young person said there were spiders and tagging in the secure unit bedrooms.

- **Damaged swimming pool.** At the time of our visit, the swimming pool was being repaired. It had been out of use for some time over the summer months, causing issues amongst the young people. We were pleased to hear at a follow up meeting with Oranga Tamariki that the swimming pool had been fixed.



# Domain 4: Activities and contact with others



## Well placed with developing elements

20. Young people participate in a range of sporting, educational, recreational and vocational activities at Te Oranga. Most young people have regular phone access to their whānau, and the residence puts a lot of effort into supporting whānau visits. Nevertheless, face-to-face contact with whānau members or other loved ones remains varied. The main developing element is the need to improve young people’s access to cultural activities.

### Strengths

- **Young people’s participation in activities and programmes.** The school’s teaching staff and residence care staff work well together to support young people’s participation in programmes. A favourite with the young people is adventure based learning (ABL), which includes a range of outdoor activities such as surfing, climbing, abseiling and coast steering.

In addition to ABL, young people told us they enjoy a wide range of activities including baking, skateboarding, music, hair and make-up, dress-ups, gymnastics, yoga, skipping and community projects such as tree planting.

- **Therapeutic focus of activities.** As part of the residence’s therapeutic model (NMT), the TLCP described how she is aiming to make all programming therapeutic for young people. This requires scheduling many activities that involve repetition, rhythm or patterns, known to help develop the lower part of young people’s brains: yoga; diaphragmatic breathing exercises; skipping; hip hop dancing; art activities; cooking; knitting. The residence also now has a sensory room.
- **Education.** Young people told us they also enjoy a wide range of activities at school. Each young person has an Individual Education Plan (IEP) which follows them when they transition from the residence. Young people who attend the school at the residence are well supported with teacher aides and care workers. These resources enable a one-on-one focus with the young people.

During our visit, we were told that young people with ongoing needs will only be receiving support from Intensive Wrap-Around Service (IWS) or ORRS (Ongoing and Reviewable Resource Scheme) if they have previously had an assessment completed at their mainstream school. We encourage the residence manager to clarify with the on-

What young people said:

*“We don’t get to do much, they have to have enough staff and stuff.”* [REDACTED]

*“The teacher is so supportive, makes me enjoy being back in school.”* [REDACTED]

site education team if there is an issue getting children and young people at Te Oranga referred to the Ministry of Education's IWS or ORRS services.

- **Residence's efforts to support young people's contact with family and whānau.**

Young people are allowed to phone their whānau every second night for about 10 minutes a call, and approved whānau members or loved ones may ring the residence to talk to their young person daily if they like.

However, face-to-face visits with whānau are more varied in frequency. Some young people are happy about their regular contact with their whānau. Other young people are not receiving regular visits.

There are a range of challenges for whānau to visit the residence, a key barrier being distance. Fortunately, at the time of our visit, the whānau of s9(2)(a) OIA [REDACTED] For those whānau who live outside of the local area, the residence team provides assistance for them to visit, for example, by funding them for travel costs. There is also the option of organising a video conference call.

Other barriers preventing regular visits from whānau include time and funding. Whānau members are often dealing with different events in their lives and it can be challenging to organise a visit to the residence. The residence does its best to address barriers, for example by hiring a car for one young person's parent who did not own a car and funding an extension of that parent's stay.

Nevertheless, challenges remain to all young people receiving regular visits from whānau members. We understand that whānau members are at a different point in their journey and some do not wish to visit the residence. We heard that for the young people of these whānau, residence staff go out of their way to find the most significant person in the young person's life.

We encourage case leaders to continue to work with field social workers to find other suitable whānau members or friends so that no young person misses out on regular face-to-face contact with loved ones. We also encourage the residence to ensure that regular visits by approved loved ones are always built into young people's plans and to continue to play an active role in helping whānau members to overcome barriers to visiting the residence.



## Areas for development

- **Limited cultural activities.** At the time of our visit, there were some cultural activities available to the young people, mainly via an outsourced provider. These included waiata, kapa haka, and te reo Māori. Other cultural activities young people have participated in include Māori traditional games, harakeke weaving and a recent Matariki speech competition. Most of these activities have been run during the school holidays or Māori language week.

We were told that a Māori carver had been approved to teach the young people, but he turned out to be more expensive than expected, and limited resources and space had resulted in the project being put on hold. There was a general perception at the residence that budget cuts were negatively affecting the availability of several key programmes including kaupapa Māori programmes and those with tikanga Māori elements, such as ABL. This latter programme is currently funded by Education but requires care staff escorts to take the young people off-site.

Further investigation with Oranga Tamariki national office revealed that there had not actually been any budget cuts (see the domain Personnel for more details). We encourage the residence leadership team to increase young people's access to a wider range of cultural activities that young people can participate in on a regular basis.

- **Young people's limited access to cultural mentors.** Some staff actively support young people's cultural journey and aim to deepen young people's sense of identity and belonging. However, young people have limited access to cultural mentors and no access to a kaumatua or cultural advisor.

## Domain 5: Medical services and care



### Well placed

21. Young people have good access to primary health services. A nurse and a doctor are regularly on-site, and when needed, young people are taken into the community to access services such as dentists and optometrists. Young people's access to specialist mental health services has significantly improved with the development of the specialist Children in Care (CIC) team.

### Strengths

- **Young people's access to primary care services.** The young people told us they are happy with the health services available in residence. The health nurse, who is employed by **s9(2)(i) OIA** and contracted to Te Oranga, is at the residence two days a week. Within 7 days of a young person's admission, the GP conducts a general health check. A nurse coordinates the health care – dental, contraception, mental health, vision, hearing, and sexual health. At times, the residence manager may approve funding for a private health service if the need is urgent (eg, dental). Overall, the young people know how to access the on-site nurse and are satisfied with their access to health services.

*"Anything the kids need, they get; it is not up for negotiation."* **s9(2)(a) OIA** (Staff Member)

- **Administration of medication.** The residence has policies and procedures in place to guide the administration of medication to young people. With only eight young people in the residence at the time of our visit, we heard that the process is straightforward and there are no concerns. We were told that the staff who administer medication to young people have to first pass their training in how to administer the medication.
- **Young people's access to specialist health care services.** Young people have good access to specialist mental health and alcohol and other drug services. Within the last 6 months, the District Health Board (DHB) in Christchurch had developed a specialist mental health team for children in care called – the Children in Care (CIC) team. We heard how this team has improved access to specialist mental health services for young people under the age of 13 years. For young people 13 years and over, the nurse refers them to Child, Adolescent and Family Services, North (CAF). **s9(2)(i) OIA** visit the

#### What young people said:

*"...they come every Friday and Tuesday. If urgent, they will ring."*

**s9(2)(a) OIA**

*"Being here has helped me to look and feel healthier."* **s9(2)(a) OIA**

residence about once a week and provide alcohol and drug counselling to the young people.

Residence staff have opportunities to work closely with psychiatrists, psychologists, occupational therapists, and play therapists, all of which helps the young people to receive the appropriate specialist treatment.

On-site health staff are picking up previously non-diagnosed medical issues. We heard how the nurse recently picked up a young person with § 9(2)(a) OIA (not previously diagnosed) and referred him to the hospital for testing. It was later confirmed that the young person had § 9(2)(a) OIA

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## Domain 6: Personnel



### Developing with well placed elements

22. Staff model positive respectful relationships and are child-centred in their approach. Staff have received ongoing training in trauma-informed practice, and now reportedly have a good understanding of young people's triggers and behaviour. The regularity of staff supervision, including cultural supervision, needs to be improved and placed as a high priority.

### Strengths

- **Staff induction.** A newly developed three week induction programme named Te Waharoa has been implemented. The new induction programme provides a base level of training for all residence staff. It aims to promote safe practice and involves a mixture of training in: understanding trauma; responding to challenging behaviour; MAPA; the residence rules and regulations; and how to structure young people's days. The induction also involves time on the floor observing and learning. We believe this is an improvement on what was previously available.
- **Staff training.** Staff reportedly now have more awareness about trauma-informed practice. It was pleasing to hear how the TLCP spent about a year facilitating one hour sessions with care staff teams on their office days, talking about the key concepts of trauma-informed practice, how trauma impacts on young people's behaviour, and ways to respond effectively. Most staff had received MAPA training, with the exception of the casual staff.
- **Working relationship between clinical and care teams.** The relationship between the clinical and care teams seems to be positive most of the time. However, we did hear about some tensions between the two teams, particularly related to disagreements about who should accompany young people on off-site outings and appointments. This issue had arisen partly due to a perceived shortage of staff available to meet young people's needs (see below).

### Areas for development

**Miscommunication with staff.** While on our visit, we were informed of a significant cut in the residence's budget. Our interviews with different staff suggested they believed that a budget cut had impacted negatively on: young people's participation in off-site activities and programmes; the ability of the residence to offer kaupapa Māori activities such as carving; training opportunities for staff; and staff stress levels.

When we investigated further with National office, we found in fact that there had been no reduction in funding for the residence. To the contrary, the residence had spent more funding compared with the previous year, but there was a need to be financially prudent to avoid going over budget for the given financial year.

We believe the misunderstanding is due to the way the message was communicated initially to residence managers and then passed on further to TLOs and residence staff. We encourage the residence manager to clear up this misunderstanding with her staff. If there are other reasons that young people's access to off-site or cultural activities is restricted, these should be transparent to staff.

- **Insufficient staff levels.** Regardless that there had not actually been budget cuts, we found that staff levels are not sufficient to enable off-site activities as often as would be desirable. Young people told us about their wish to go on more off-site visits. It is upsetting for them to be denied off-site visits because there are not enough staff to accompany them.

It is also stressful for staff. When staff do go off-site, or when care staff call in sick, this puts more pressure on the care staff left 'on the floor'. During our visit, one member of the care staff team was on sick leave, leaving three care staff on the floor. Under these circumstances, if a young person requires individual attention to respond to challenging behaviour, or if any care staff accompany a young person off-site for a medical visit or other activities, the remaining number of staff can easily become insufficient to provide effective care for the young people.

- **Insufficient individual professional supervision.** Care staff receive group supervision on their office days, about once every 3 weeks. They also receive individual supervision with the TLO reportedly about once every 6-8 weeks. According to care staff, supervision is very inconsistent. s9(2)(ba)(i) OIA

The appointment of an additional TLO should have allowed both TLOs to share the case load of supervision for staff. They have positive intentions for increasing the frequency of individual supervision, but this has not yet translated into practice.

The TLOs recently completed a three day supervision training workshop and generally have an open door policy for all staff. It is positive that one TLO is now generally on the floor and available to coach care staff if necessary. The case leaders receive supervision from the TLCP once a fortnight.

- **Cultural supervision.** The residence manager reported that cultural supervision is available to staff who want it. To date, only one staff member has taken up the option. It is important for the leadership team to emphasise the importance of cultural supervision to all staff members. We believe there is an opportunity for the residence manager to place more importance on cultural supervision and to take a stronger leadership role in

supporting te ao Māori. This would enhance staff's knowledge and understanding from a cultural perspective and enable them to understand mokopuna Māori within a te ao Māori context.

Released under the Official Information Act 1982



## Domain 7: Responsiveness to Mokopuna Māori



### Minimally effective

23. We found that the leadership team at Te Oranga does not have a clear vision, goals or strategic plan to ensure that te ao Māori is a focus in the residence for both staff and young people. Young people have access to some cultural programmes and activities. However, there was no evidence of progress in improving responsiveness to mokopuna Māori since our previous visit, when we also recommended that a strategic vision for Māori be developed and implemented. For this reason, our rating for this domain is 'minimally effective'.

Given the soon to be implemented obligations of Oranga Tamariki under s7AA of the Oranga Tamariki Act 1989, which come into force on 1 July 2019, and the implementation, over the past year, of the practice standard, Whakamana te Tamaiti, it would be timely for the residence to consider creating a vision for implementing a te ao Māori focus, utilising the expertise of existing staff, young people and local Māori and iwi to develop a strategic approach.



*The ātea outside the whare "Puawai Te Ao"*

## Strengths

- **Use of tikanga Māori.** The daily use of karakia and waiata was evident in the residence and at the school. Guidance from the local Rūnanga has established a tikanga and kawa for the residence, with the practice of pōwhiri/mihi whakatau for young people and visitors to the residence. Recently, the residence was introduced to a six week Māori traditional games programme that was facilitated by Sport Canterbury.
- **Connection with local iwi.** The residence is guided by a local whānau s9(2)(a) OIA who are the kaitiaki (guardians) of the whare (house), Puawai o te Ao. This whare is used for whakatau (welcoming) and educational purposes. We were informed that a former staff member is assisting in navigating young people to their whānau, hapū, iwi and Rūnanga, with support by the s9(2)(a) OIA officer for Kai Tahu.

## Area for development

- **Lack of vision and goals for improving responsiveness to mokopuna Māori.** Following on from our 2017 monitoring visit where we recommended that the residence develop a strategic vision for incorporating te ao Māori perspectives into practice, it is clear that very little progress had been made, with no shift to implement a residence vision or goals for improving responsiveness to mokopuna Māori.
- **Lack of cultural capacity and capability.** There seems to be a heavy reliance on two staff members to source te ao Māori programmes. This highlights the importance of cultural capacity and capability building for all staff. At the time of our visit, there were few opportunities for staff to develop their cultural confidence and competence. We encourage the leadership team to play a greater role in finding ways to build the residence's cultural capacity and capability.
- **Partnerships with Māori need strengthening.** The residence currently has a relationship with the s9(2)(a) OIA who provide leadership in relation to the use of the whare/marae. However, the s9(2)(a) OIA are not invited to offer advice about cultural supervision or activities for the staff or young people. The relationship with local iwi Kai Tahu needs further development to assist with implementing cultural programmes and resourcing activities and guidance on te ao Māori.
- **Values not upholding Māori culture.** While there is some support for tikanga Māori, some staff told us that they feel kaupapa Māori is not valued at the residence. This is consistent with the lack of strategic planning to improve responsiveness to Māori.

### What young people said:

"Learned what karakia means to us, why we sing waiata. We also get taught our pepeha." s9(2)(a) OIA

"We don't learn much about Māori." s9(2)(a) OIA

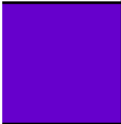

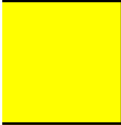
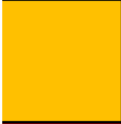
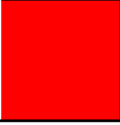
"Not really (opportunities to learn about te ao Māori), we just do maths, literacy, writing." s9(2)(a) OIA

## Appendix One: Why we visit (legislative background)

24. 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 Child, Youth and Family and encourage the development of policies and services that are designed to promote the welfare of children and young people.
25. 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

26. 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 Te Oranga included interviews with:

- Residence Manager
- Seven Young people
- Team Leaders Operations (TLOs)
- Team Leader, Clinical Practice (TLCP)
- Residential team (care staff)
- Clinical team (case leaders)
- Education team
- Kitchen staff
- Programme Coordinator

The following sources of information also informed our analysis:

- Visual inspection of the residence
- Last Oranga Tamariki audit report
- Programme planning documentation
- Grievance quarterly reports and electronic register
- Training register
- 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