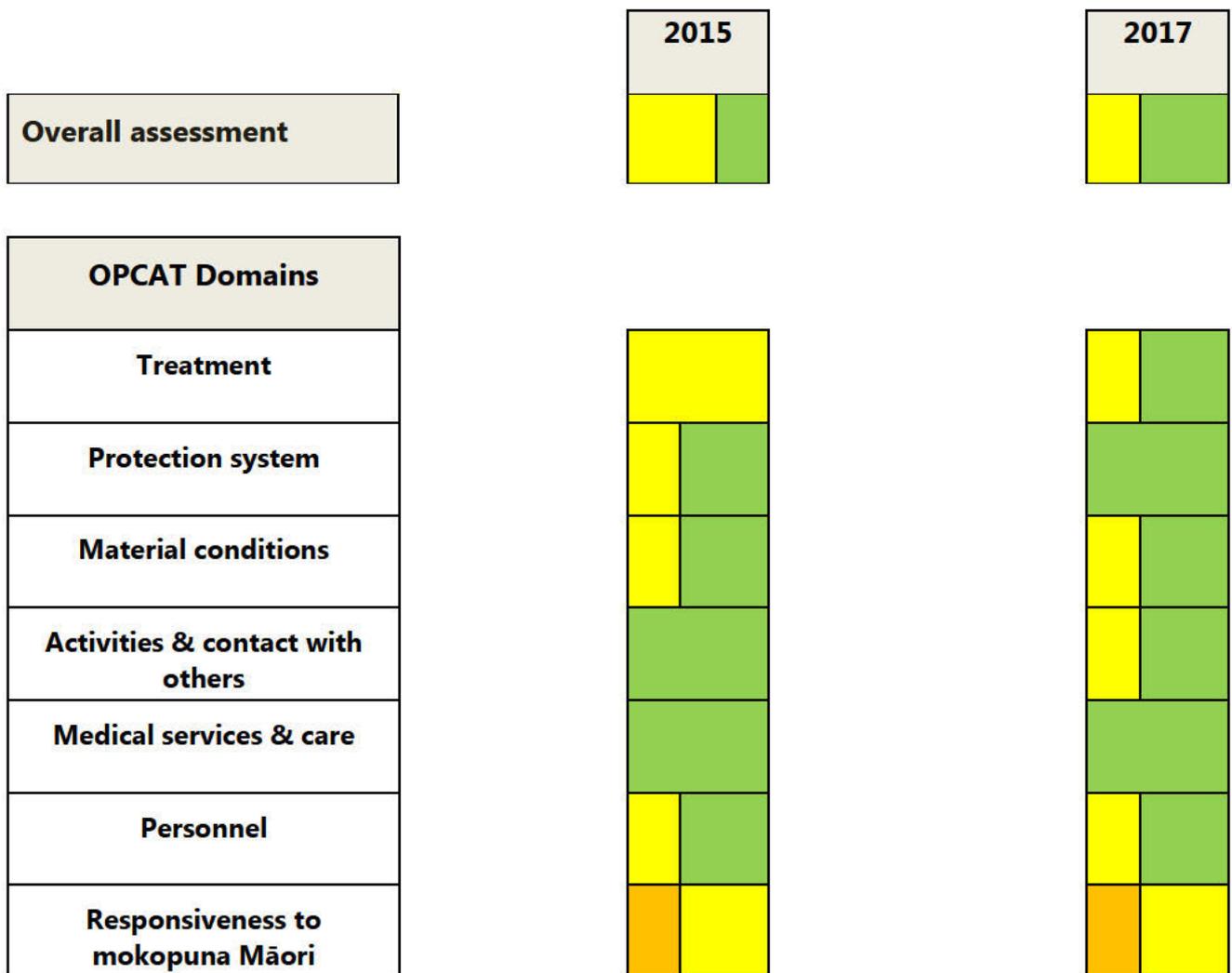


Oranga Tamariki Residence Visit (Unannounced)

Epuni (CP), Wellington

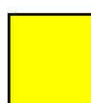
Visit date: 9(2)(a) 2017. Report date: 17 November 2017



Detrimental



Minimally
effective/weak



Developing



Well placed



Transformational/
outstanding

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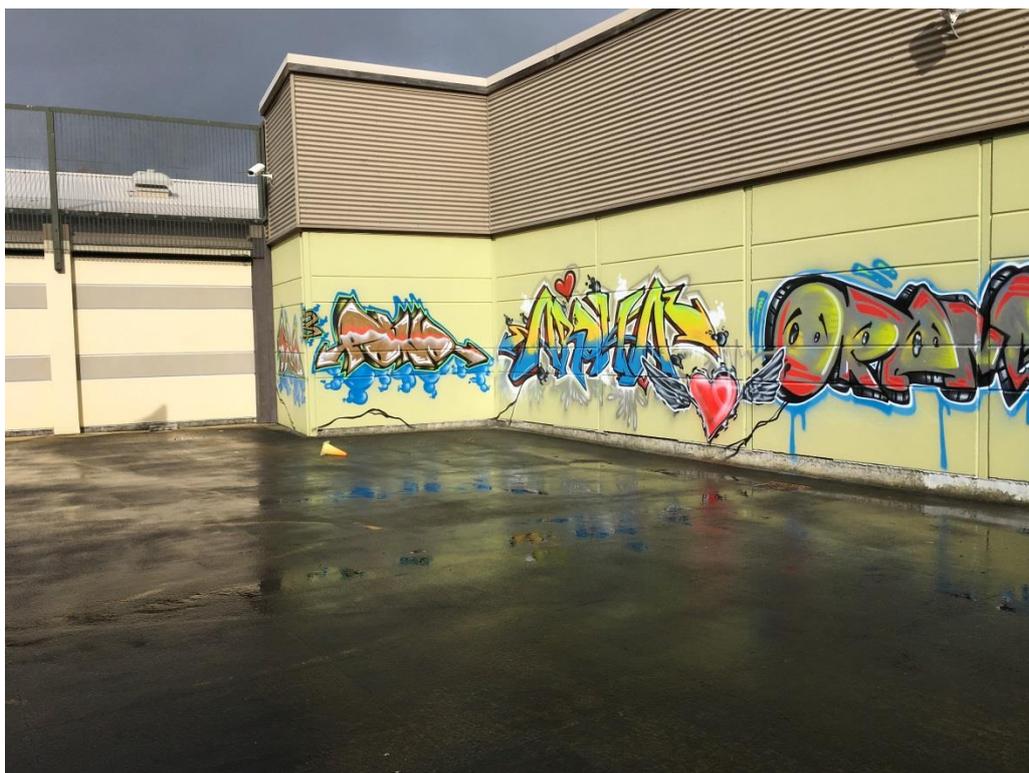


Photo 1. Epuni internal courtyard – Oranga Tamariki pillars – *Pono, Aroha, Oranga*

Introduction

Purpose of visit

1. On [redacted] 9(2)(a) 2017, [redacted] 9(2)(a) (principal advisor), [redacted] 9(2)(a) (senior advisor) and [redacted] 9(2)(a) (senior advisor) from the Office of the Children’s Commissioner (OCC) conducted an unannounced monitoring visit to Epuni care and protection residence, Wellington. The purpose of our visit was to assess the quality of Oranga Tamariki’s services against the seven domains relevant to our role as a National Preventive Mechanism (NPM) under the Optional Protocol to the Convention Against Torture (OPCAT – refer to Appendix 1 for more detail). These domains are: treatment, protection system, material conditions, activities and contact with others, medical services and care, personnel, and responsiveness to mokopuna Māori.

Structure of this report

2. This report shares the findings from our visit to Epuni and makes recommendations for actions to address the issues identified. For the convenience of readers, we first list our key findings and recommendations. We then describe our findings for each domain.

3. 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.

Context

5. Epuni is a small, 10 bed care and protection residence for male and female children and young people aged between 9 and 16 years. Epuni is based in a suburban street in Lower Hutt, Wellington where it blends well with the community surrounds due to the well-kept lawn, mature landscaping plants, and low wooden fencing.



Photo 2. Aerial view of Epuni care and protection residence

6. Our last monitoring visit to Epuni was two years ago in December 2015. We have not included the ratings for an even earlier visit in 2014, because at that time, we were using a different rating scale for the OPCAT domains. Since our last visit, there has been a change of residence manager. The current residence manager was previously the residence manager at Te Maioha o Parekarangi in Rotorua. At the time of our visit he had been appointed in this new role at Epuni for approximately one year.

Key findings and recommendations



Well placed with developing elements

7. Our overall rating for Epuni is 'well placed with developing elements'. We assessed the residence as well placed for six out of seven domains. Young people are safe from harm and there is no evidence of torture, or other cruel, inhuman or degrading treatment or punishment.

Trends

8. The overall OPCAT rating for Epuni has slightly improved since our last visit.
9. The 2015 visit highlighted that a major strength of the residence was in the cohesive and collaborative leadership team which included Health and Education. The latest visit showed that this has been maintained.
10. Unfortunately, a major area for development, which has not improved since the 2015 visit, is the lack of a clearly articulated vision for the residence, and the lack of a plan to strengthen cultural practice for the benefit of mokopuna Māori.

Overall, the pattern of results is similar to our previous visit, with minor shifts in a few domains.

11. Two domains improved:
 - **Treatment.** This domain showed the biggest improvement due to the recently implemented admission process into secure and the improved relationships between young people and staff.
 - **Protection system.** This domain improved due to a significant increase in the residence's compliance with the investigation timeframes of Whaia Te Maramatanga.
12. One domain deteriorated:
 - **Activities and contact with others.** This domain received a lower rating due to phone contact being removed for young people because of bad behaviour.

Strengths

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

- Are treated well by staff;
- Have excellent access to health services;
- Have a good level of contact with their family and whānau;
- Have a good understanding of the complaints system, Whaia Te Maramatanga;
- Have a variety of opportunities to express their views and suggestions; and
- Have chances to participate in a range of activities and programmes.

Areas for development

14. The key areas for development are:

- Young people have a range of plans (eg, individual care plan, operational plan, education plan, transition plan, health plan) that are not well integrated with each other;
- There is no overarching therapeutic model of care consistently guiding staff practice at the residence;
- Supervision is infrequent and staff do not understand what to expect in supervision;
- There is a lack of responsiveness to mokopuna Māori.

Recommendations

The recommendations below sit alongside and are consistent with the recommendations and action points we gave in our **State of Care 2017** report.

A. FOR NATIONAL OFFICE

Rec 1: Oranga Tamariki national office embeds an overarching therapeutic model of care that can be consistently applied within all existing care and protection residences **(as per State of Care action point 2)**.

We would expect this therapeutic model to support the residence in their ability to meet the new care standards, when they are implemented, and to be adapted as necessary within the context of changes for care and protection residences set out in the Expert Advisory Panel (EAP) report and currently being planned by national office.

Rec 2: Oranga Tamariki national office ensures the supervision standard in the new practice framework is understood by residence staff and that residences have the capacity to implement this standard **(as per State of Care action point 17)**.

B. FOR THE RESIDENCE

Rec 3: Pending future changes national office make for secure care and protection residences, the residence leadership team makes sure that staff understand their residence's purpose for children and young people, the strategy for achieving this purpose, and how it relates to any therapeutic model of care being adopted by the residence **(as per State of Care action point 2)**.

Rec 4: To improve understanding of young people's progress and priorities, the residence's leadership team works towards integrating the range of plans designed to identify and support young people's needs, into one overall plan.

Rec 5: The residence's leadership team takes immediate steps to address the residence's lack of cultural capacity and capability to connect mokopuna Māori to their culture. We suggest the residence's priority action should be to develop relationships with mana whenua **(as per State of Care recommendation 2 and action point 18)**.

In consultation with mana whenua, some concrete actions could include:

- Recruiting suitably experienced and qualified Māori staff;
- Building staff understanding and use of the principles of Te Toku Tumoana;
- Ensuring responsiveness to Māori is highly placed in the overall strategic planning of the residence.

Findings for each OPCAT domain

Domain 1: Treatment



Well placed with developing elements

15. Young people in the residence are treated well. They have positive relationships with staff and have a variety of forums to have their 'voice' heard. The residence's leadership team has focused on improving staff engagement with young people and the appropriate use of secure care. While young people understand the Behaviour Management System (BMS) well, further work is required for young people to fully understand the recently introduced changes to BMS rewards. Further development is also required in rationalising the number of plans for young people so these can be better understood and measured. Finally, an overarching model of care is yet to be implemented at the residence.

Strengths

- **Relationship between staff and C&YP.** Staff are well engaged with the young people, including the residence manager who spends time 'on the floor'. Young people told us they have positive relationships with staff in both the care and clinical teams, and they rated some staff members 10/10 when asked 'what are staff like?' One thing young people would change would be to talk with the residence manager individually as well as in a group.
- **Use of restraints and secure care.** Several staff told us that Epuni has the lowest use of force of all residences. While the use of secure has increased, time in secure has decreased because:
 - Staff see it as an opportunity for young people to 'reflect and reset' and once the conditions for secure care no longer exist to return them to their unit.
 - The process for admitting young people into secure has been strengthened - by ensuring that approval is sort from a Team Leader Operations (TLO).
 - TLOs are working with care staff to ensure they understand the regulations relating to the use of secure care.

What young people said:

9(2)(a) – *he is the manager. He is cool.*

Just a bit frustrating because I don't know how long I am going to be in here for.

(BMS) - You can earn wearing make-up.

(Secure) - You get reviewed twice a day until you're ready to come out. I've only been in there once for just the night. Good to reset and get away from all the peers.

- **Quality of interventions.** There has been a focus on supporting care staff to move from the old 'control and contain' approach to a more child-centred approach. The residence manager talked about taking a 'high risk, high rewards' approach. By this he meant giving young people opportunities to interact with the community outside Epuni in order to test their readiness to live in the community. The recent appointment of a full time programme coordinator supporting the care teams with programme development has enabled the care staff to spend more time engaging with the young people. Nursing staff confirmed that they see care staff engaging more with young people and, correspondingly, young people opening up to staff more.
- **Involvement of children and young people.** Young people have a range of forums for having their voice heard, including:
 - Multi Agency Team meetings (MAT);
 - Unit forums in the morning and evening each day;
 - Conversations with care staff, TLOs, case leaders, and the residence manager.

The residence manager told us young people will also be involved in the upcoming residence strategic planning process. One tangible result of suggestions by young people is the graffiti mural in the courtyard, representing the six pillars of Oranga Tamariki.



Photo 3. Internal courtyard – Oranga Tamariki pillars – *Tamariki*

- **Reviews.** Young people's plans are reviewed at least once a month during MAT meetings. Young people talked about going to their MAT meetings where they are involved in discussing their plans with the group.

Areas for development

- **Behaviour Management System (BMS).** While young people have a good understanding of the BMS, they reported that there is no real difference in incentive between levels 1, 2 and 3. Some staff stated that the BMS system is not working, for example *"not a lot the young people can get from BMS. The DVD gets broken, music and movies aren't getting updated"*. When we fed this back to the residence leadership team, they told us they had made changes to the BMS rewards based on young people's feedback, but that this had only happened two weeks ago and had yet to be fully socialised and embedded with young people and care staff.
- **Quality of assessment and planning.** While there are a number of plans (eg, individual care plan, operational plan, transition plan, education plan, health plan) to support young people, these don't appear to be well integrated or always current. This makes it hard for those working with young people, and the young people themselves, to understand the priorities in the plan or the progress made.
- **Model of therapeutic care.** Epuni has previously provided training to staff in at least two models of therapeutic care. However staff are unclear about whether any overarching model is guiding their practice.
- **Transitions out of residence.** There is still insufficient support from young people's Oranga Tamariki sites for young people transitioning out of the residence. Staff talked to us about the huge lack of appropriate placements for young people when leaving the residence and that it is often left up to the residence staff to find customised placements. We know that Oranga Tamariki is currently working to enhance the range of care options and we are hopeful we will see more care options developed for young people transitioning out of the residence during the next year. We look forward to being kept closely in touch with the development and design work in this area.

Domain 2: Protection system



Well placed

16. The protection system at the residence is working well and young people experience a robust admission process. Although this is largely outside of the residence's control, we share concerns that were raised by staff regarding the impact of having a bigger proportion of older, 'street wise' young people being admitted into the residence, some of whom are dual status Care and Protection, and youth justice, young people. This can have a negative impact on particularly more vulnerable children and young people who can feel frightened and play along with the negative behaviours suggested by their peers.

Strengths

- **Admission to residence.** The residence does the induction/admission process well. During the induction process, young people are given information booklets about the residence and are buddied up with another young person to show them around.
- **Young people's understanding of the rules.** Young people are told about their rights, the rules of the residence and the grievance process (Whaia te Maramatanga) at admission. They are then reminded about the rules and grievance at regular intervals.
- **Administration of the Whaia te Maramatanga complaints process.** For the last two quarters the residence has been 100% compliant in meeting the required investigation timeframe of 14 days. The 'suggestions' part of the process gets forwarded to the Leadership Team for actioning.
- **Young people's understanding and use of the Whaia te Maramatanga complaints process.** Young people have a good understanding of how to make a complaint and the escalation process.
- **Grievance panel.** The grievance panel is very visible to young people because they go into the residence every Tuesday night to meet the young people and stay for dinner. A few months prior to our visit, there had been a dispute between the residence manager and grievance panel about the panel's right to view Closed-Circuit Television (CCTV)

What young people said:

I made a complaint – it got sorted.

Yeah they explained the rules.

Said that there's secure admission – a secure place. Said that there's not allowed to be any assaults.

I feel safe and know-how and who to tell.

(Whaia Te Maramatanga) - You can ask your peers or staff for help to write it.

footage. This was due to a difference in interpretation of the regulations and has now been sorted out. The residence manager informed us that, in the future, grievance panel members will have access to all CCTV footage to enable them to complete their investigations.

- **Grievance advocates.** A significant achievement is that grievance advocates are also very visible to young people and visit individually on a weekly basis (Wednesday).

Areas for development

- **Protection for vulnerable young people.** Staff raised concerns about the changing cohort of young people within the residence. They told us they have more older, 'street wise' young people with dual care and protection and youth justice issues being admitted. Until the older cohort of more 'street wise' young people can be housed separately, we encourage the residence to find ways to minimise the exposure of vulnerable young people to this group.
- **Young people's feedback during the Whaia te Maramatanga complaints process.** Even though complaints are investigated within the set timeframes, staff need to ensure that young people understand the process timeframes.

Domain 3: Material conditions



Well placed with developing elements

17. The physical environment of the residence is child-friendly, well maintained, and staff are proactive in addressing sub-standard conditions. The food is nutritious and of good variety, however some young people suggested that the food portion size could be bigger.

Strengths

- **Inside environment.** Inside the residence was clean, tidy and relatively graffiti free. This was largely due to the residence staff being proactive in addressing minor issues with the building conditions. When the residence knows that a young person is being discharged, they log a job two days before for a complete refresh of the bedroom and it is done before another young person enters.
- **Bedding.** Young people get new bedding when they arrive which they can take with them when they leave the residence.
- **Outside environment.** The residence has large grass areas young people are able to use for recreation. However, due to the large quantities of rain over the last few months, young people have been restricted to the concrete courtyard.

What young people said:

In response to being asked how the residence could be better -
Less locks on the doors.

Kai here is "all good". Sometimes they don't make enough. Can ask for more but kitchen gets locked – everything is locked.

Proper toilets and showers – they sometimes go cold. You have to flush the toilet for the hot water to turn on.

The rooms are cold and sometimes they are hot. I don't like it.

Areas for development

- **Food.** The food is nutritious and there is sufficient variety. However, some young people told us that there is not enough and that they are still hungry at bedtime. The TLOs thought the food portion sizes were reasonable for young people of their age and size, however other staff reported that the young people get only one serving even if they want 'seconds'. The residence manager has spoken to the chef about this and the result is that he will be baking more at the beginning of the week and supplying more fruit to the young people.

- **General condition of the building.** The building is old and some areas are no longer fit for purpose. There are water leaks in some parts of the building when it rains during strong winds, difficulties ensuring all areas are consistently heated, and the air conditioning is an old system which needs regular maintenance.

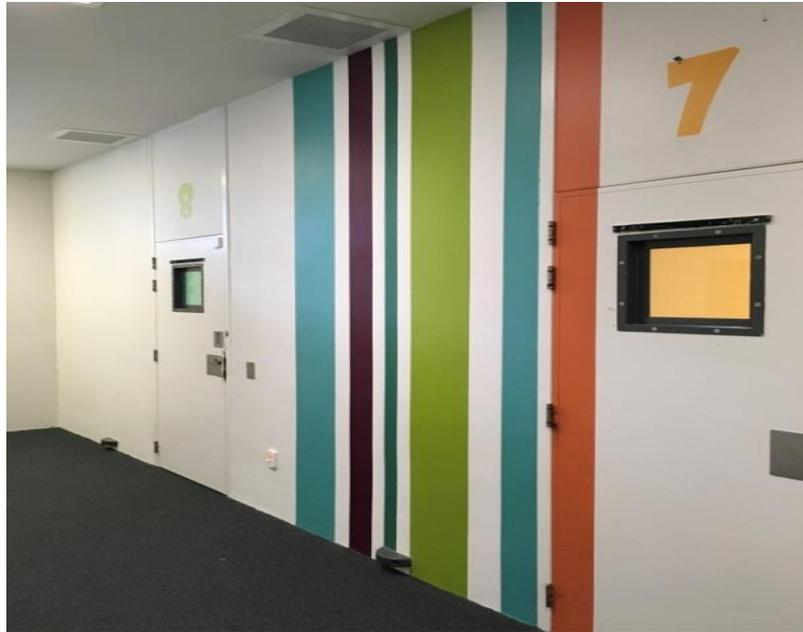


Photo 4. Unit corridor outside bedrooms



Photo 5. Secure care working space

Domain 4: Activities and contact with others



Well placed with developing elements

18. Young people participate in a range of recreational and educational activities with a residence focus on testing young people in the community environment. Young people have good access to their families and whānau.

Strengths

- **Young people's participation in activities and programmes.** There is a good range of school off-site visits. Education staff understand that young people are entitled to off-site visits and have built them into their curriculum. Young people go to boxing, mountain biking and swimming. A memorandum of understanding (MOU) has recently been signed between the residence school, the 9(2)(i) Community Trust, and Oranga Tamariki in relation to a new community gardens initiative. The residence is working with local Māori and Māori staff members regarding naming the garden. Lawn mowers have been purchased so the young people can develop new skills and engage with the local community through mowing the lawns of local churches and other community groups.
- **Internal programming.** A new full time programme coordinator has just been recruited. The programme coordinator develops the programme plans with the care team during their office days, held once every three weeks. The programmes are individualised to different young people and include life skills, suicide prevention, drugs and alcohol, and community engagement.
- **Young people's contact with family and whānau.** Family and whānau can visit young people on any day of the week. Family visits are organised through the clinical team. Some whānau might turn up 'out of the blue' and staff are relaxed and flexible about how long whānau stay, and will do dinner and lunch for whānau if they are there at the time. Young people can make phone calls to their site social workers at morning tea or lunchtime and call their whānau after dinner. Ten minutes is allocated to each call,

What young people said:

School is good because I got to start my NCEA credits.

Sometimes no phone calls for bad behaviour of others.

Would like to go go-carting or get my nails done.

My mum comes to visit every Tuesday and my Nan comes in every Thursday except when they are busy. I ring my nan every Thursday and my granddad every Friday.

Epuni has good off-sites for boxing, biking and swimming.

Looking forward to going for a dive with Panapa.

however young people can have longer if other young people are not waiting. The residence manager provides support for whānau to come and visit the young people by way of petrol vouchers, flights, and accommodation. A residence goal is “we want young people to be where they belong, with their family”.

Areas for development

- **Phone contact.** Staff mentioned that there had been a big culture shift from the old ‘control and contain’ environment, however some staff still lapse into this old approach. This was highlighted when one young person told us that a staff member removed phone contact from all the young people for one night because some young people were not following instructions. We think it is inappropriate for all young people to be punished in this way.
- **Education content pitched at an individual level.** In conversations with young people, a number of them stated that the school work was too easy. We noted too, that there did not seem to be any specific Māori learning in the school timetable. We suggest the residence leadership team talks to the on-site education team about these matters to see what can be done to address them.

Domain 5: Medical services and care



Well placed

19. Young people have good access to both primary and specialist health services. This means that young people's health needs are properly identified and addressed.

Strengths

- **Young people's access to primary care services.** The young people have a positive relationship with on-site health services. There are three nurses available on-site and a General Practitioner (GP) visits twice a week.

The health team have provided training for care staff on administering medication to the young people. The shift leader appoints two staff each shift to be responsible for medication administration and sign-off. The two staff decide between them who will administer the medication and both must sign-off that the medication has been administered.

Young people are taken off-site for routine dental appointments and as required for optometrist appointments. Audiology tests are provided on-site for the young people.

Health staff told us that due to improved communication between themselves and the care teams, there has been a significant reduction in young people's cancelled health appointments.

- **Young people's access to specialist mental health and alcohol and other drug (AOD) services.** The young people have good access to mental health and AOD services. The residence holds fortnightly meetings to review young people's medication and behaviour. These meetings are attended by the mental health psychiatrist, mental health nurses, VIBE nurses and GP, TLCP, case leaders, and psychology intern.

Even though access to specialist mental health services is largely outside the control of the residence, we encourage Oranga Tamariki and Health to take a more joined up approach to meeting the needs of young people with complex behavioural, emotional and mental health needs.

What young people said:

I'm talking to my psychologist about ways to help me.

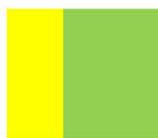
When the staff come in smelling like smoke sometimes is hard coz I just want one.

It's easy to see the doctor and nurse if I want.

Areas for development

- **Transfer of health information.** Information sharing related to young people's medical records can be a challenge. We were told that NZ Health database information can take a week or more to reach the Oranga Tamariki regional hub, frequently leaving their health information out-of-date. This delay can affect the young people's ability to receive timely medical requirements. We suggest that Oranga Tamariki national office speak to Health to address this issue.

Domain 6: Personnel



Well placed with developing elements

20. Staffing levels are sufficient to provide adequate care to children and young people. This has been greatly enhanced through a significant reduction in the levels of unplanned leave and sick leave taken by staff. There is good communication within the leadership team, however the frequency of supervision for staff is insufficient.

Strengths

- **Staff levels.** We were told that unplanned leave and sick leave levels have reduced significantly. The residence is currently fully staffed, ie no vacant positions.
- **Staff induction and training.** Most staff are on board with the new direction of being child-centred and trauma-informed. A physiologist intern helps out by delivering some training in trauma-informed care, as arranged by the residence manager. Staff have also received training in a strengths based model called 'Circle of courage' to support a consistent approach.

What young people said:

There are staff I can trust to talk to.

Some staff are 10 out of 10, some are 5. More 10's than 5's.

Care staff receive internal training from other staff within the residence. However, they believe that they would benefit from training on a range of topics offered through Oranga Tamariki.

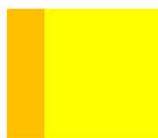
The introduction of the new Programme Coordinator role has allowed TLOs to spend more time coaching care staff as they no longer have primary responsibility for young people's programming.

- **Staff communication.** There is good communication within the leadership team which has a relatively flat structure. All relevant reports are shared. However, some staff outside the leadership team reported that they were not receiving some of this information.
- **Staff culture.** The TLOs are working to change the old culture of staff only being spoken to when they are in trouble. Nursing staff rated morale at 7 out of 10, and reported that a year ago morale would have been 4.5-5 out of 10. TLOs also suggested that morale was higher than in the past.

Areas for development

- **Staff supervision and coaching.** Care staff have weekly 1-1 meetings with the TLOs however there is a lack of clinical supervision where staff have opportunities to reflect on their practice. Care staff suggested that there is a lack of clarity regarding what supervision should include, what good supervision looks like and what staff would find most helpful.
- **Strategic planning.** Staff do not yet have a shared vision or a collective strategy for reaching their vision. However, the leadership team has discussed the process they will use to develop a strategic plan for the residence.

Domain 7: Responsiveness to mokopuna Māori



Developing with minimally effective elements

21. The residence's responsiveness to mokopuna Māori is very much in the developing phase. The residence is reconnecting with local Māori through cultural activities with the young people and the newly formed Community Liaison Committee.

Strengths

- **Residence's relationship with mana whenua and Māori social service organisations.** The residence has formed a Community Liaison Committee which will have two Māori representatives on it. The residence leadership team is currently re-connecting with local Māori to gain their input into renaming the community garden and the residence.

What young people said:

Māori 9(2)(a) yrs - *I speak Māori and play the guitar. There should be more cultural programmes like Hangi, music, diving, and hunting.*

Māori 9(2)(a) yrs - *They don't do nothing for my culture.*

Areas for development

- **Residence's vision for mokopuna Māori.** The residence does not currently have any clear vision or strategy to improve outcomes for mokopuna Māori. Planning is underway to ensure that the residence's strategy incorporates actions to improve responsiveness to mokopuna Māori.
- **Residence's cultural capability building.** There is only one permanent and three part-time Māori staff members at Eponi. The full time member is a care team worker who has the added responsibility of providing cultural advice and supporting other staff to respond appropriately to Māori. This includes holding relationships with local Māori and promoting the residence's valuing and use of tikanga Māori. The residence leadership team understands that it is not ideal for one staff member to carry this work load and that improving responsiveness to Māori should be a shared responsibility.
- **Young people's participation in cultural activities and programmes.** There is currently some isolated, case-by-case, cultural work happening with the young people through the case leaders. Young people's interest in participating in cultural activities may be identified during the admission process, but only if young people specifically ask for it. The Programme Coordinator is currently organising cultural activities like bone carving, flax weaving, taiaha, and kapahaka for the young people.

Appendix One: Why we visit (legislative background)

22. The Children's Commissioner has a statutory responsibility to monitor and assess the services provided under the Oranga Tamariki Act 1989. Specifically, section 13(1) (b) of the Children's Commissioner Act 2003, states that the Commissioner must monitor and assess the policies and practices of Oranga Tamariki and encourage the development of policies and services that are designed to promote the welfare of children and young people.
23. 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

24. 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 Epuni included interviews with:

- Residence Manager
- Young people x 6
- Team Leaders Operations (TLOs)
- Team Leader of Clinical Practice (TLCP)
- Care (or residential) team
- Clinical team
- Education team
- Health team
- Māori staff
- Kitchen staff
- Programme Coordinator

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
- Residence management reports (for three months prior to the visit)
- Training register (for 12 months prior to visit)
- 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