

Review of provision of care in Oranga Tamariki residences:**Report of the Ministerial Advisory Board****Context**

The Oranga Tamariki Ministerial Advisory Board (the Board) was established in early 2021 to provide the Minister for Children with advice and assurance in relation to the current operations and performance of Oranga Tamariki. The key areas set out in the Board's terms of reference are:

- relationships between Oranga Tamariki and families, whānau, hapū, iwi, and Māori;
- professional social work practices; and
- organisational culture.

The Board's initial report, *Te Kahu Aroha*, covered these areas in relation to care and protection. *Te Kahu Aroha* means the cloak of love. We believe this is an appropriate metaphor to guide Oranga Tamariki forward, in partnership with Māori collectives and communities. It is through working in partnership that we can collectively ensure that all our tamariki are cloaked in love, nurtured and protected so that they thrive and grow up as strong and loving providers and nurturers of future tamariki and mokopuna. This kaupapa underpins the approach we intend to apply throughout our two-year term as the Oranga Tamariki Ministerial Advisory Board.

Request for the Board to undertake a focused review of residences

In parallel with finalising *Te Kahu Aroha*, the Minister for Children wrote to us on 5 July 2021, requesting that we:

'... visit all Oranga Tamariki Care and Protection and Youth Justice Residences for the purpose of assessing and reporting back on the care, safety and treatment provided to the children and young people who are residents.'

The Minister specifically sought advice to strengthen the quality-of-service provision and to address any identified systemic concerns. This report sets out our assessment and advice in response. These align with our recommendations in *Te Kahu Aroha*. In particular, we see strong alignment with the need for re-professionalisation of the Oranga Tamariki workforce. We also see a critical need to strengthen the care system across government as the needs of tamariki in residential care require specialist support from a number of agencies, reflecting our recommendation in *Te Kahu Aroha* to utilise the Oranga Tamariki Action Plan to bring collective government effort together. And we see a strong link with our recommendation from *Te Kahu Aroha* to build stronger internal audit and monitoring functions within and across Oranga Tamariki so that any emerging issues are quickly identified and acted on before they can become systemic.

REVIEW INTO PROVISION OF CARE IN ORANGA TAMARIKI RESIDENCES

The Board undertook a focused review to explore whether there are systemic issues across institutional residences. We did not investigate operational issues at individual residences; any operational issues that were brought to our attention were referred to Oranga Tamariki to be appropriately addressed.

It is important to note that the Board is mindful that many tamariki and rangatahi have had positive experiences, in whole or in part, in their stays in the residences. Some children acknowledge that the residences have helped stabilise and even save their lives. However, the Board has seen their task as identifying ways to improve outcomes from residential care for more tamariki and rangatahi. Accordingly, we highlight in this report some gaps that should be addressed in the near term and, where there is already evidence of effective planning or action, opportunities to accelerate progress.

We have kept this review focused on the four Oranga Tamariki care and protection residences (noting there is also an additional residence, managed by Barnados under contract to Oranga Tamariki, providing the harmful sexual behaviour residential treatment programme) operated specifically to provide intensive care to tamariki and rangatahi with particularly acute needs, and the five youth justice residences under which rangatahi are detained into the care of Oranga Tamariki. We provide more detail on our approach to visiting each of the residences, a brief background to the residences and why they are needed in the attached appendix. Broader issues in youth justice and in care provision more generally will be investigated as part of our ongoing work programme, and as highlighted in the next steps we identified as our priorities in *Te Kahu Aroha*.

Overall assessment of care in institutional residences

Our overall assessment in response to the Minister's request is mixed. This is because there are significant and persistent gaps in the provision of consistent and child-specific care and treatment options provided at some (but not all) of the residences. It is also clear that the residences are not adequately supported in a coordinated way by Oranga Tamariki. This is in terms of both the maintenance of their physical environments and in having the right mix of specialisation and skills in the residential workforce. There are plans to undertake a programme of new builds to broaden the range of residential care options, move some of these options into the community and to refresh the residential offering. However, these plans are not yet adequately resourced, and it is not clear that the programme for rebuilding the range and provision of residential care is a high-enough priority for Oranga Tamariki. These gaps are amplified by an absence of the necessary recruitment, induction and training programmes required to support the residential workforce to be ready to meet the acute and complex needs of tamariki and rangatahi in the residences, regardless of the physical space the residences offer.

We believe these gaps to be due, at least in part, to residences being side-lined from the mainstream focus of Oranga Tamariki. This has meant that attempts made by residence management (both site and national) to highlight the challenges they face and to obtain support to address them have been deprioritised at the national office level.

At the same time, we note there is evidence of action and commitment to address these matters at both the level of individual residences themselves and by their national managers. We consider these commitments should be adequately resourced and prioritised urgently, so gaps can be bridged immediately, with changes being integrated into ongoing service provision and practice. Moreover, two of the residences show that service provision can be excellent even under current settings - we believe Te Poutama Ārahi Rangatahi residence in Christchurch (operated by Barnados to provide the harmful sexual behaviour programme), and the Puketai care and protection residence in Dunedin show what high performing residences can look like. In providing each tamaiti in their care with an individualised therapeutic care plan and associated behaviour management strategy that reduces the need for restraint and use of secure units, and with evidence of strong audit and compliance oversight coupled with robust documentation processes and strong cultures of accountability and supervision, these two residences appear to offer a model to build from. They give us confidence that with the right support and prioritisation in place, improvements in performance of the residences should become visible over the coming 18 months. We note also that measures are currently under design to improve the options in terms of number and physical environments of the residences, and we consider these plans should be accelerated. As part of our regular reporting to the Minister, we will be monitoring progress to ensure these improvements are on track.

Structure of this report

In this report and accompanying appendix, we set out how we reached these views. We also provide our advice on what actions we think need to be implemented or accelerated over the next 18 months of our term, as well as for the longer term.

The areas we identify for immediate attention are:

1. the significant unmet demand for acute care places and the urgent need for more options for secure therapeutic care;
2. the need for a workforce that is purposefully matched to this demand, and to support those tamariki and rangatahi that are in residential care;
3. the need for more national-level support for residences, including for national standard operating procedures and with recruitment, induction, training and supervision;
4. the opportunity to refresh the grievance process so it is fit for purpose to support ongoing improvements to residential care;
5. the need to provide a holistic and therapeutic approach for each tamaiti in the care of the residences, as well as in the broader care system, with regular monitoring and assurance in place to ensure a culture of continuous improvement.

1) *There is significant demand for acute care places – and insufficient existing options for placements*

It is important to understand that places offered within the four care and protection residences reflect current capacity of the system to support tamariki with acute and complex needs, and are not a measure of demand for this level of care. Referrals for a bed within an Oranga Tamariki care and protection residence are made by site social workers

to the National High Needs Hub. The average waiting time once a referral has been accepted by the hub is 14 days (tamariki on the waiting list are essentially waiting for another resident to leave). The majority of referrals made to the National High Needs Hub are not accepted, so the number of placements cannot be taken as a proxy of the number of tamariki who need acute care, and neither is the volume of demand measurable from referrals made.

Our engagement with site managers, supervisors and social workers as we prepared *Te Kahu Aroha* confirms they operate on the basis that residences almost always operate at full capacity. Front-line staff understand there is little chance of a bed being available and many have given up making referrals for support. Sites attempt to find other placement options, but we are told that the only placement options actually available are motels - or even staying overnight at Oranga Tamariki site offices with social workers. Searching and securing placements for young people who have acute and complex care needs takes place in a context where, not only may no appropriate places be available, but social workers are already managing heavy caseloads as well as other expectations that arise from unfilled vacancies at sites, and other organisational deadlines and reporting obligations.

Meanwhile, we understand care and protection residences are under relentless pressure from being continuously at full capacity. Residential staff say they struggle to access specialist services for young people, to get ahead of the needs of tamariki or to have the time necessary to reflect on their practice and plan the changes they wish to see. There is not enough time or space to recruit, induct and train to the needs of the young people in their care, and supervision within residences is not able to be prioritised. This is a significant issue considering the tamariki and rangatahi in residences need the most purposeful and reflective therapeutic care.

We believe these gaps highlight that the shortage of placement and treatment options for tamariki presenting with high and complex needs, and potentially at imminent risk of harm, is a pressing and immediate issue. While we acknowledge that, as currently structured, the residences are not ideal physical environments for tamariki, both now and into the future the first priority must be for tamariki to have appropriate options for a safe place to go where risk of imminent harm to themselves or others can be appropriately managed.

We understand plans to develop new purpose-built and therapeutic-based establishments are well-advanced for both care and protection and youth justice. The move to improved physical environments is necessary and welcome, but the building and appropriate staffing of new residences will take time. We understand the best-case scenario, assuming adequate resourcing and consents are secured, is from mid-2022 for the start of building through to 2026 for completion of the full suite of new secure therapeutic care options. If adequate funding is not secured, timeframes and the range of new premises that are possible will be negatively impacted.

In addition, we are advised the legislation is being reviewed to ensure an appropriate legal framework is in place for the provision of secure therapeutic care in residences. This review needs to proceed over the coming year or there could be risks of delays in being

able to improve secure therapeutic care options, even if the new builds go ahead under the best-case scenario. Meanwhile, any reduction in residential placement options is problematic. Simply closing or decreasing bed capacity of existing residences places both site staff and the young people who need those placements now and in the near term at heightened risk.

2) *Support the residential workforce with development of specialist skills*

The provision of appropriate specialist care requires a higher prioritisation for the needs of the residences and care placements than is afforded to the residences currently. While the physical environments of residences can be expected to improve over the coming years, new buildings do not in themselves guarantee better outcomes for tamariki. Changes to physical environments will need to be accompanied by changes in the service provision operating model, as it is critical that the staff working in residences have the appropriate skills, expertise and specialisation to provide dedicated care for both tamariki presenting with high risk of harm to themselves or others, and for youth justice rangatahi. This means the right skills need to be recruited, induction processes need to be fit for purpose, and training needs to be targeted and ongoing, with strong and committed supervision consistently provided to enable continuous improvement in these challenging environments. We therefore turn now to consider whether the workforce has the range and mix of skills, qualifications and expertise necessary to meet the needs of the tamariki and rangatahi in the residences.

We understand that for some while (including for a number of years prior to the establishment of Oranga Tamariki), the residential workforce for both care and protection and youth justice residences has been made up of a majority of roles labelled variously as 'residential youth workers', 'youth workers', 'care workers' or 'residential workers'. It is not clear that there is a shared definition or requirement for what these role labels mean in terms of qualifications, skills and experience. The job description for youth workers in residences, for example, does not require a minimum level of qualification or experience. There is no one approach to recruiting, inducting and training staff that are employed at residences, or in providing ongoing and committed supervision so staff have the opportunity for reflective supervision and are able to keep learning and improving in order to best meet the complex needs of tamariki and rangatahi in their care. (More detail on the makeup of the residential work force is provided in the appendix.)

While we are convinced that the workforce in the residences is comprised of many individuals who are highly committed and passionate about helping tamariki and rangatahi in need of dedicated care, the range of skills, experience, and depth of specialisation on offer is not strong enough to provide the holistic, therapeutic care that tamariki and rangatahi with complex needs require in order to be safe and able to shift back into community care as soon as feasible. It is also not clear all residential staff are adequately aware of their specific obligations under the legislative and regulatory framework, or are supported to fulfil them. Strong induction, training and supervision programmes are required to overcome the lack of specialisation and ensure adequate knowledge of legal requirements. It is clear the residences are not supported adequately to provide nationally

consistent programmes, and therefore the degree to which induction, training and supervision happens depends on the capacity of the individual residence.

As previously noted, we believe the residences have slipped from the mainstream attention they should receive from Oranga Tamariki. This means they have not received the support they need to deliver consistent recruitment, induction, training and supervision. It has also impacted in other ways: for example, it seems the residential workforce has been unintentionally impacted by the rise in pay rates for registered social workers at sites, but which has caused inequity for experienced and qualified staff at residences. This is because their pay bands have been surpassed by other social worker role pay bands, leaving experienced case leaders at residences being generally paid less than their social work equivalents at sites. This, we are told by residences, has resulted in a loss of qualified social workers and case leaders from residences to sites, further impacting ability to appropriately train and supervise the residential workforce.

Our prime recommendation to address these workforce challenges is, as recommended in *Te Kahu Aroha*, that a social sector workforce plan is urgently needed. We appreciate Cabinet has accepted this – as with all – recommendations from *Te Kahu Aroha*, and that Oranga Tamariki has been tasked with developing the recommended workforce strategy in the coming months. This should explicitly include ensuring the residential workforce has the right mix of skills and specialisation, the residence workforce is appropriately valued at Oranga Tamariki at a national level, and is trained and skilled for the levels of specialised care needed. Moreover, a culture of accountability, supervision and reflection needs to be led from the top and across the residences.

While the workforce strategy is being built, we consider there are some actions that can be taken to complement the development of the workforce strategy. These are that Oranga Tamariki should:

- standardise the job titles and requirements for the current range of residential / care/ night/ youth worker roles, and specify what qualifications and training need to be met over the first year of employment so they can fulfil their role appropriately.
- work with relevant tertiary providers to develop a range of options to enhance specialist skills. This could help support all residential workers along planned skills development pathways, commensurate with the needs of the tamariki and rangatahi in their care. This should also provide options to recognise the experience residential staff already bring with them.

3) *More national-level support is needed for residences*

We believe these workforce issues have been apparent at the national office level of Oranga Tamariki for some time, but as already noted, consider residences have not been adequately prioritised with resourcing, guidance or support with a tailored operating model to address them. This is despite it being generally accepted that residences have to support the most vulnerable and at risk tamariki and rangatahi, and that more options to

support these tamariki are needed in order to reduce pressure on site social workers. Moreover, care services have themselves identified the need to shift to a new practice operating model to complement the future new builds, but feel they have not received the resourcing or prioritisation to enable this practice shift to commence.

It seems to us that part of the reason for the absence of a strategic or supportive approach for the residences is because of the absence of nationally standard operating procedures and protocols supporting and highlighting the work of the residences, meaning they have been left to work out their own approach individually. This has been the case for over a decade. We heard at each of the residences that the lack of a national framework is frustrating and has left each individual residence having to individually interpret and implement the mix of general policies and practice standards set out by national office, and to work out their own staffing mix.

We have been assured there is work in place to develop clear and supporting national standard operating procedures, with a staged development over the coming year. This is a positive move which we support and will be monitoring progress with. However, we think it needs to be clearly stated that, regardless of current plans, the absence of national standard operating procedures over the last decade represents a significant gap at the national level and reflects that the residences have not been prioritised as the needs of the tamariki within their care necessitates they should be. We believe it also reinforces that there has been an absence of strategic planning as to how Oranga Tamariki will support core cohorts into the future. This aligns with our finding in *Te Kahu Aroha* that there needs to be clarity of who and what Oranga Tamariki exists for and what the overarching vision and purpose of Oranga Tamariki is.

We are also aware that work is underway to review the legislative framework for the residences, as part of 'Bill Two' being advanced for the 2022 legislative work programme. Understanding you are being briefed on this by Oranga Tamariki, our comment at this stage is to reinforce that the legislation and supporting regulations need to be fit for purpose for the future provision of a range of best practice secure residential care options. We therefore endorse ongoing review of the legislative and regulatory framework so that it is fit for purpose to support a shift to a broader range of residential care options. This is noting that changes to the legal framework would also require targeted training to ensure a robust understanding of the legal framework, including Secure Care Regulations and Care Standards Regulations. This should include an updated legal framework and training in the most advanced de-escalation techniques and the use of restraints as a last resort.

More support for implementation of best practice and enabling policies is needed

Together with what we heard at residences, we reviewed the large raft of procedural policies and practice guidelines set out in the Oranga Tamariki Practice Centre to support implementation of the Oranga Tamariki (Residential Care) Regulations 1996. While these generally seem adequate in terms of content, many lack specific reference to the regulations that underpin them, so it is not clear they are specifically intended to support residences to fulfil the regulations. Moreover, it is not clear that national office monitors whether the policies on the practice centre are actually implemented. Nor does it

proactively support the residences to understand the regulations and their obligations under them.

We think the residences should be able to expect this level of support from national office. However, when discussing the need for support in understanding practice changes and legislative requirements at both sites and residences, we heard consistently that frontline staff feel overwhelmed by the volume and scope of changes and need more regular guidance to adapt them. For example, some noted the workshop-style training provided in support of the roll-out of the Māori-centred practice shift was a useful way to support the frontline to understand what and how they need to change aspects of practice, as well as clarifying what national office expectations were.

The Professional Practice Group (PPG) of Oranga Tamariki is responsible for designing best professional practice standards and helping the frontline of Oranga Tamariki to understand and implement them. They maintain the Practice Centre on the Oranga Tamariki intranet, and this site is regularly updated with refined or new practice policies. The PPG undertakes an annual review of each residence, and these capture both positive areas to build on and opportunities for improvement. We were explicitly told, however, by both care and protection and youth justice residential leaders that there is little to no follow up or guidance from PPG as to how to make these changes, or checks that the changes are in fact being made. This is despite the main functions of PPG being self-described as to 'Drive consistent professional practice among both social workers and other people in the children's workforce' and to 'Build and implement quality assurance processes across Oranga Tamariki'.

Moreover, while quality assurance (QA) is an important aspect of PPG's work, QA should not be on practice alone or about the residences in isolation. Rather, it should look across the care system as a whole to check it is working to best meet the needs of tamariki. One of our overarching findings in *Te Kahu Aroha* was that internal oversight and monitoring of practice within Oranga Tamariki is weak and needs to be strengthened. As with our *Te Kahu Aroha* recommendation to strengthen the professionalism of Oranga Tamariki social work and care, we restate here the need for strengthened oversight and monitoring of practice.

We recommend while current work to consider the organisational structure and culture of Oranga Tamariki is underway, the opportunity should also be taken to include development of an assurance function that monitors across Oranga Tamariki care provision. There is a need for dedicated quality assurance across the care system so gaps are not being identified reactively, and only once a specific issue in care has surfaced.

4) Grievance process

Tamariki and rangatahi in residences have a statutory right to access the grievance procedure to lodge complaints as set out in the Oranga Tamariki (Residential Care) Regulations 1996. This allows for tamariki and rangatahi placed in residences to raise concerns and have their complaints addressed.

During our visits, the inflexibility of the grievance process within residences was raised several times. To lodge a grievance, a written complaint needs to be lodged by tamariki

REVIEW INTO PROVISION OF CARE IN ORANGA TAMARIKI RESIDENCES

and rangatahi into one of the secure letter boxes provided in each unit of a residence for this purpose. These boxes are cleared daily, and each grievance is investigated by a Team Leader of Operations. The complainant is then advised of the outcome of the investigation and asked to sign a form to say they understand the outcome, and if it is 'sorted' or 'not sorted' for them. If the complainant is not happy with the outcome of the investigation, they can refer this on to the independent Grievance Panel for review/re-investigation.

A Grievance Panel is in place for each residence, with three main roles. These are:

- 1) to monitor the residences' compliance with the grievance procedure;
- 2) to review or re-investigate any complaints referred to them by complainants; and
- 3) to provide quarterly reports to the stakeholders providing their opinion on whether the residence has been compliant with the grievance schedule, and if any investigations have been carried out by the Panel.

Grievance Panel membership comprises at least two members from the community and at least one from mana whenua. Panel members are Ministerial appointments, with vacancies filled as they arise. The roles are advertised publicly, with nominations sought from the Minister and their Caucus colleagues, and from Te Puni Kōkiri, the Office of Ethnic Communities, the Office for Disability Issues, the Ministry for Pacific Peoples and the Ministry for Women. Candidates are selected on their ability to engage effectively with tamariki and rangatahi, to apply a child-centred approach, on their responsiveness to te ao Māori, and on their ability to apply critical thinking to interviews and investigations.

The Grievance Panels' quarterly reports are sent to the Children's Commissioner, the Principal Youth and Principal Family Court Judges, and to the Chief Executive of Oranga Tamariki. However, it seems that, as with practice oversight discussed in the proceeding section, there is a lack of accountability within Oranga Tamariki as to who is responsible for addressing any systemic issues and for ongoing improvements to the mechanics of the grievance process to ensure it is child centred.

We consider there is a need for significantly strengthened coordination and clarity of accountability of the grievance process within Oranga Tamariki. We understand that panel members are appointed 'at the Minister's pleasure' and therefore have unlimited tenure, with vacancies filled as they arise. These matters should be considered within work to strengthen the overall Oranga Tamariki complaints process. There are, meanwhile, changes that could be made immediately to strengthen the grievance process to ensure it is more accessible and trusted by the tamariki and rangatahi it needs to work for. These changes could be relevant for tamariki and rangatahi in residences and for those in the broader care system. We suggest immediate steps could be taken to improve the accessibility of the process for young people (for example so that they are not required to hand write their complaint). We also suggest nation-wide consistency needs to be applied to the application of the grievance procedure across the residences and for serious complaints to be investigated independent of the residence. We further recommend a review of Grievance Panels to ensure they are optimising the opportunity for oversight of complaints and consistency in processing these across the residences. This review

should include whether there should be limited tenure of members, and options to ensure the structure of the panels are still fit for purpose.

We make these recommendations because we know the importance of an efficient and trusted grievance process so that young people feel they have agency in how they are treated, and so that every opportunity to improve operations is identified and able to be acted on as soon as possible.

5) *A holistic and therapeutic approach is needed for each tamaiti*

Residential care is part of a system that should be providing holistic and integrated therapeutic care. While there are aspects of care provided in residences that are discrete to the residential experience (for example, provision of secure care), much of the underlying care te tamaiti receives should be provided holistically by the whole Oranga Tamariki system and from across the broader government system. Residences should not be viewed as where tamariki go to be contained but where they receive dedicated and bespoke specialist support, and are actively supported to transition back into more general care as soon as they are ready to do so.

This includes that there should be continuity of care for te tamaiti before, within care and protection residences, and beyond transitions back out to whānau or community care. For youth justice residents, there should be agreement between youth justice and sites as to who the lead social worker is where they are dual clients of both, and there should be one agreed plan for each tamaiti that supports them throughout their journey with Oranga Tamariki. And as previously noted, there should be quality assurance across the care journey that consistent and appropriate care is being provided matched to the needs of te tamaiti.

Currently, however, the system within Oranga Tamariki does not offer seamless support for tamariki and rangatahi moving through care. While policies clearly state who is responsible for consistency for tamariki and rangatahi in care (for example, the 'Working with tamariki and rangatahi in residences' policy states all relevant carers must meet and agree 'which social worker is responsible for leading the plan, and this must be recorded'), a theme that came through from virtually every residence we visited was that once in care, the rest of the Oranga Tamariki system steps back. This is as te tamaiti is assumed to be safe for now and is no longer a priority for the rest of the system, which has high caseloads and unmet demand to urgently address.

We consider residential care should be providing holistic and integrated therapeutic care matched to the needs of each tamaiti. This is not likely to be enough to sustain positive change for tamariki, however, unless the care that is provided is consistent across the system. This extends beyond Oranga Tamariki. We heard consistently from residences that they need more help and more specialist services from agencies with responsibilities to tamariki, particularly the Ministry of Education and the Ministry of Health. This could be, we were told as an example, through more use of a multi-disciplinary team approach as a practical way to build interagency service and practice delivery.

REVIEW INTO PROVISION OF CARE IN ORANGA TAMARIKI RESIDENCES

Tamariki need all responsible agencies to work together to overcome barriers in the delivery of the system's shared and individual responsibilities to tamariki and whānau. A committed multi-disciplinary approach is required at the very least. We believe our third overarching recommendation in *Te Kahu Aroha* is directly relevant to this challenge. The establishment of the Oranga Tamariki Governance Board should help prevent emerging issues from becoming systemic, and help ensure agencies work together for consistency in care. We hope the development of the Oranga Tamariki Action Plan will start to address this as quickly as possible and will be watching closely how this develops, while the Oranga Tamariki Governance Board is established over 2022.

In addition to these overarching comments, we consider that some more immediate changes could help. In order to support a more coordinated systems' approach and provide specialist care matched to the needs of each tamaiti, and in alignment with development of a workforce strategy, Oranga Tamariki should as soon as possible:

- Ensure every residence has a current agreement with DHB Mental Health Services and with the Ministry of Education Regional Manager that sets out agreed service obligations and expectations for accountability for and provision of services to young people living in residences.
- Ensure a service provision outcome framework is in place outlining the skills and support every tamaiti (and their whānau) can expect to have on transitioning out of a residence, for example what educational achievements they should have made (including NCEA), progress towards a drivers' licence, bank account, and IRD number if age appropriate, and what the ongoing care plan is and how this aligns to the plan agreed at the most recent Family Group Conference.

We heard also about the importance of having appropriate placements and support available when the next stage of care is needed, including entering and exiting residences and then across the broader care system. This is an aspect we plan to pick up in the next of phase our work programme. Consideration of care requires comprehensive review, looking across the care that should be provided by Oranga Tamariki and other agencies, and by Māori collectives and in the community, to ensure there is an adequate range of care and placements available to meet the needs of all tamariki and rangatahi in the care and protection system.

The system around high performing residences needs to work together so the investment made in appropriately supporting tamariki and rangatahi in residences is not then dispersed by lack of ongoing support once out of the residence. Therefore, as well as addressing residential-specific matters, there is a need for Oranga Tamariki to ensure the work of the residences is placed and managed firmly within an integrated care approach by Oranga Tamariki and by partners, when they are the lead caregiver. We will be exploring opportunities to enable an integrated care approach as part of our next work programme.

Summary of recommendations in this report

To summarise our main observations and recommendations in this report, we consider that:

- There is a shortage of placement and treatment options for tamariki presenting with high and complex needs, and who are potentially at imminent risk of harm to themselves and/or to or by others. This is a pressing and immediate issue. The first priority for these tamariki and rangatahi must be that there are appropriate options for them to have a safe place to go, where the risk of any harm to themselves or others can be appropriately managed. This means plans for new residences should be accelerated so that the range of options for residential care is expanded and more placements are made available over the coming years. It also means that current residences must be adequately supported, as they will be needed at existing capacity at least until a full suite of new residential care options are in place, if not in addition to the new builds for the long term.
- As recommended in *Te Kahu Aroha*, a social sector workforce plan is urgently needed. The workforce strategy that Oranga Tamariki is developing in response to this recommendation should explicitly include ensuring the residential workforce:
 - has the right mix of skills and specialisation
 - is appropriately valued at Oranga Tamariki
 - is recruited, inducted, trained and skilled for the levels of specialised care needed at the residences
 - has a culture of accountability, supervision and reflection led from the top and across the residences.
- While the workforce strategy is being built, there are some actions that can be taken more immediately which we think will help. These are that Oranga Tamariki should:
 - standardise job titles and requirements for the current range of residential / care/ night/ youth worker roles, and specify what qualifications and training need to be met over the first year of employment so they can fulfil their role appropriately
 - work with relevant tertiary providers to develop a range of options to enhance specialist skills for staff.
- The work underway to develop national standard operating procedures should proceed at pace.
- The review of the residences' legislative and regulatory framework should continue as a priority so that the framework is fit for purpose to support a shift to a broader range of residential care options, and noting that changes to the legal framework would also require training to ensure a robust understanding of the legal framework amongst all staff.
- A strong assurance function that monitors delivery and consistency in care provision across Oranga Tamariki should be established.
- With regards to the grievance process, there is a need for significantly strengthened coordination and clarity of accountability, and:

REVIEW INTO PROVISION OF CARE IN ORANGA TAMARIKI RESIDENCES

- nation-wide consistency in implementing the grievance process needs to be applied across the residences, with serious complaints being investigated independent of the residence it was made against
 - immediate steps should be taken to improve the accessibility of the grievance process for young people (for example, not requiring complaints to be handwritten)
 - a review of the structure of the Grievance Panels is needed to ensure the roles remain fit for purpose and are being utilised to the best of their ability.
- Holistic and integrated therapeutic care matched to the needs of each tamaiti should be consistently provided across the system, from within Oranga Tamariki and from all agencies with shared responsibilities. A committed multi-disciplinary approach is required at the very least. The development of the Oranga Tamariki Action Plan is an important opportunity to drive a shared systems approach to care.
 - Meanwhile, in order to support a more coordinated systems approach and provide specialist care matched to the needs of each tamaiti, and in alignment with development of a workforce strategy, Oranga Tamariki should, as soon as possible:
 - ensure every residence has a current agreement with DHB Mental Health Services and with the Ministry of Education Regional Manager that sets out agreed service obligations and expectations for accountability for and provision of services to young people living in residences
 - ensure a service provision outcome framework is in place outlining the skills and support every tamaiti (and their whānau) can expect to have on transitioning out of a residence.

Appendix

Background to the residences and why they are needed

Care and Protection residences provide care for tamariki aged between nine and 17 years old with some of the most complex care and protection needs if their safety to be ensured. These tamariki and rangatahi have been assessed as having or exhibiting behaviour/s that puts them or others at acute risk. We heard about the trauma and circumstances some of these tamariki have endured; the needs of these young people are significant and complex, and access to specialised treatment (for example, specialised mental health services) must be prioritised for them.

Specifics of the residences

- There are four care and protection residences offering a maximum of 33 places in total across the country. In addition, there is one residence of eight placements that Barnados manage under contract to Oranga Tamariki.¹
- In parallel with the four care and protection residences, there are five youth justice residences; these are established under Section 364 of the Oranga Tamariki Act 1989 (the Act).
- The Act (Interpretation section) defines a *residence* as 'any residential centre, family home, group home, foster home, family resource centre, or other premises or place, approved or recognised for the time being by the chief executive as a place of care or treatment for the purposes of this Act'. This includes 'any place of care or treatment, so approved, whether administered by the Crown or not'.
- Under section 364(1) of the Act, the chief executive has the authority to establish and maintain 'residences of such number and type as in the opinion of the chief executive may be required for the purpose of providing for the care and control of children and young persons to whom this section applies, and, in particular, shall endeavour to establish a sufficient range of residences to cater effectively for the variety of special needs of such children and young persons.' The Act further stipulates that when 'deciding the number, types, and range of residences to be established and maintained, the chief executive must consider establishing a sufficient number, sufficient types, and a sufficient range of community-based residences to be available

¹ In addition to the Oranga Tamariki beds, we understand there are a small number of beds available in hospitals, for patients held under the [Mental Health \(Compulsory Assessment and Treatment\) Act 1992](#) (the Mental Health Act) also, though this allows patients to be held only under very specific conditions and for very specific time periods.

for children and young persons who are detained in the chief executive's custody under [section 238\(1\)\(d\)](#)'.

- This is a broad definition of residence and includes placements of tamariki who are in the care of the Chief Executive of Oranga Tamariki and are placed with whānau and community organisations. In this review, we have been focused on the four Oranga Tamariki care and protection residences operated specifically for that purpose, and the five youth justice residences. We will review broader care issues in the fuller range of placements as part of our ongoing work programme.
- In terms of demand, the youth justice residence system responds to police and court flows. Youth justice residences must have capacity at short notice (for example following a police operation).
- The average stay in youth justice residences is 40 nights on remand, or three to four months under a youth justice sentence (though stays may be longer under a sentence imposed under the Corrections Act sentence).²
- There were 669 individual admissions between 1 July 2020 and 30 June 2021, and at any one time, there were approximately between 90 and 110 rangatahi detained in the youth justice residences. The majority of youth justice rangatahi are in the community rather than in residences.

Workforce details in the residences³

- Tamariki in care and protection residences are supported by 129 FTEs and a pool of casual staff.
- Rangatahi detained in youth justice residences are supported by 628 FTEs and a pool of casual staff. For both types of residences, 24-hour care and oversight is provided.
- The majority of staff at residences are 'youth', 'care' or 'night' workers (referred to as 'youth workers' in the next two bullet points). Other staff employed at residences include social workers, practice, case and team leaders and quality leads, however registered social workers make up less than four percent of the overall residential staff workforce.
- The care and protection residential workforce comprises 63% youth workers, and 8% case leaders or social workers. The remaining 29% consists of the management team, support staff, and specialist staff.
- Similarly, the youth justice residential workforce comprises 70% youth workers and 6% case leaders or social workers. The remaining 24% consists of management team, support staff, and specialist staff.

² In the 12 months to 30 June 2021

³ As of 30 June 2021

Where we went:

As you requested, we visited each residence:

- *Te Oranga* (Christchurch) care and protection residence on 29 June 2021
- *Epuni* (Lower Hutt) care and protection residence on 1 July 2021
- *Korowai Manaaki* (Auckland) Youth Justice residence on 6 July 2021
- *Te Poutama Ārahi Rangatahi* (Barnados, Christchurch) Care and Protection residence on 8 July 2021
- *Puketai* (Dunedin) Care and Protection Residence on 9 July 2021
- *Te Puna Wai o Tūhinapō* (Christchurch) Youth Justice residence on 19 July 2021
- *Korowai Manaaki* (Auckland) Youth Justice residence on 22 July 2021 (second visit)
- *Whakatakāpōkai* (Auckland) Youth Justice residence on 22 July 2021
- *Aufua le Taeao/ Emerge Aotearoa* (Auckland) community remand home on 23 July 2021
- *Kāhui Whetu - Māngere and Otara* 'spokes', also on 23 July 2021
- *Te Au rere* (Palmerston North) Youth Justice residence on 28 July 2021
- *Te Whare Awhi* (Palmerston North) Oranga Tamariki Youth Justice remand/transition home also 28 July 2021
- *Te Maioha o Parekarangi* (Rotorua) Youth Justice residence, on 5 August 2021.

How we approached our review

At each residence we were shown around and had opportunities to talk informally with the young people residing there. We held round table discussions with staff, working through a range of questions with them.

The main body of our report outlines the views we formed in response to the answers to these questions.

What we heard

We heard from staff and young people about a range of the challenges and opportunities they see. We have grouped these under four main themes.

- 1) consistency and professionalism of care in residences
- 2) the need for a holistic and therapeutic approach from across Oranga Tamariki matched to the needs of each tamaiti
- 3) the need for specialist support from other agencies with all the right agencies working together overcoming the current barriers between delivery of their shared and individual responsibilities to tamariki and whānau
- 4) whether appropriate placements and support are available when the next stage of care is needed.

Consistency and professionalism of care in residences

There was general agreement that tamariki and rangatahi in residences have very complex needs, and require a trauma-informed approach in their therapeutic care. However, we heard there is a lack of specialisation of care and in the mix of the residential workforce. For example we were told at different residences:

- 'Care is specific – tricky and complex set of relationships between child and care giver. Really complicated and a specialism.'
- 'There's a massive gap. Very important – would like to know what the workforce planning is at Oranga Tamariki. It's not coordinated and it's not a strategic. And its skilled work!'
- 'When I first started all workers were social workers, now the strategy is more youth workers. There needs to be more of a balance. In my opinion de-professionalisation is a deliberate strategy and the workforce is now primarily unqualified. There is an inconsistent approach to supervision, continuous training and development. I think supervision across the whole organisation is a challenge. It's good here. We have a reflective framework which creates good practice.'

The Oranga Tamariki system and the need for a holistic and therapeutic approach across Oranga Tamariki matched to the needs of each tamaiti

There was general agreement from those we spoke with in residences that there needs to be a focus on providing seamless therapeutic support that is matched to the needs of te tamaiti, and considering that outcomes for tamariki require organisational boundaries to be overcome.

Residence workers stressed that, for the sake of te tamaiti, they take the approach of providing whatever support they can rather than awaiting the right parts of the system coming to the aid of te tamaiti; they stressed that they want to be better skilled to be able to do so, particularly in mental health needs and trauma informed practice: for example: '90% of our young people have trauma but there's a fine line between formal diagnosis and behaviour/needs'.

The need for specialist support from other agencies with all the right agencies working together overcoming the current barriers between delivery of their shared and individual responsibilities to tamariki and whānau

While there was a clear view that the system within Oranga Tamariki needs to be more seamless and with consistency in implementing one agreed plan to support te tamaiti, there was an even more palpable sense in what we heard that the urgent help of other agencies is needed but that residences give up waiting and do what they can to fill systemic gaps in provision of care, especially mental health care and disability services, themselves:

- 'We get very little support from multi-agencies – both for young people and staff. We are trained in trauma informed care but not specifically mental health. We

REVIEW INTO PROVISION OF CARE IN ORANGA TAMARIKI RESIDENCES

actively seek training and have often funded ourselves to upskill to meet diverse needs. At least of three of our young people should be in disability services but we seem to be a catchment for all. Don't have Youth Mental Health in [this city]

- 'Our staff are experts in behaviour management however young people have complex needs. If disability and mental health pathways were available, then the majority of them should really be there'.
- 'Staff are not trained in mental health here. We are not employing those with mental health experience. Young people are safe here, there is a capacity issue at mental health. Mental health system predicated on diagnosis and notoriously difficult. We seem to be a catch all for Police as well as mental health'.

We heard that also the relationship with DHBs is not what it needs to be at all sites, and can depend on individual relationships, and that it can be 'Very difficult to get referrals and hard to get assessments through DHB'. There was also understanding expressed that other agencies are under pressure also and acceptance that there is a lack of capacity across the system.

Whether appropriate placements and support are available when the next stage of care is needed

A number of residence workers shared their view that they feel they are treated by the rest of the system as a holding pen, and that the focus of site social workers moves off these tamariki once they are seen as contained within a residence and no longer in immediate risk of harm to themselves or others. But residential staff are also concerned that there is a push is to shut them all down, just when the care needs of tamariki are more complex than ever and there is increasing demand. For example, we heard from one residence that 'We've heard the goal is to shut us down!'; and from another 'There is a place for residential services in this organisation. It might look different to how it is now, and we are not static'.

We also heard in our engagement for *Te Kahu Aroha* that, from site social workers' perspective, it is very hard to know how to get tamariki into the residential care they at times believe is needed. We heard for example:

- 'Placements are a huge problem – when rangatahi can't go home, but we don't have a place for them to stay. We are left to either make a risky decision or it's a motel. Residences are too far away, and getting them into a residence is nearly impossible'.

And we heard there are gaps in the transitions out of care also:

- 'There should be a template as it should not take 6-12 months. Very frustrating. It's about availability of placements but also the capacity of social workers to respond. Sites are variable. When kids stay for a while [in residences], we achieve some fantastic results, and we make sure we capture all the positive stuff and potential in CYRAS. Discharge process is not nationally standardised. Attachments and

REVIEW INTO PROVISION OF CARE IN ORANGA TAMARIKI RESIDENCES

relationships formed – we maintain care contact after they've left us – entirely on their terms and always professional.'

- 'We would like to see better options for young people to be community-ready. My blue-sky wish would be more placements and people transitioned well into them'.

These views have informed our findings and recommendations in the main body of our report. We thank the residential staff for sharing their frank views, and for continuing to apply themselves in trying to make a difference in this difficult space.