NEW HORIZONS

A Review
of the
Residential Services
of the

Department of Social Welfare

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October 1982

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TERMS OF REFERENCE

To review the role and function of existing
institutions including the provision and use
of secure accommodation, in the light of
current needs and practices in child care,
having regard to the need to use existing
facilities to the best possible advantage, and:

(a) identify any developments or improvements
in practices, resources, and facilities
necessary to meet present and future needs;

(b) suggest to the Director-General options for
change or development.

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GLOSSARY

Within this report reference is frequently made to administrative arrangement and practices by use of collective nouns. In order to make the report more explicit the following definitions should assist.

1. Regional Institution

The term regional institution refers to an institution which caters for the needs of a specified number of contributing districts, usually for short-term remand and assessment.

2. Traditional Model

This term refers to the earlier practices of the residential service which provided mainly for containment and parenting. In recent years there has been a steady development of the service towards the social work model.

3. Social Work Model

The Department's Residential Service aims to provide group care and planned individual treatment programmes for children and young persons whose community living standards have broken down or whose lifestyle is detrimental to their wellbeing and to enable them to return to their community. This is attained through the Social Work Model which is "needs" based rather than "deeds" based. Residential care is a social work resource within a community, which implies a partnership in planning and negotiation between field and residential social workers. It responds to the individual child. The indicator that brings the child or young person to notice in most cases, is the deeds. The social work response is to look at the "needs" by providing a protective environment that respects the dignity of the individual, promotes his/her physical and emotional wellbeing, and assists, encourages and motivates each individual to develop his/her potential.

4. Justice Model

This refers to the containment of the child or young person because of their behaviour or any crime they may have committed. Under the Justice Model the main reason for placing a child or young person in an institution is retributive. Punishment for what the child or young person may have done is of greater importance than what the child or young person may need to become an acceptable functioning member of the community.

5. Programme

When the word programme is used in the text it refers to planned activities. In no sense, at any time, should it be read as conveying that a child or young person is programmed.

6. CYP

This abbreviation is used to refer to children and young persons.

7. Regional Principal

Where this term is used in relation to organisation structure it refers to the proposed position of the person in each region who

carries the co-ordinating responsibility for all institutions in the area and is responsible professionally to the Director, Residential Services, Head Office and administratively to the District Director(s).

INTRODUCTION

Prologue

There are two main themes running through this report: an assessment of the current state of residential care of children and young persons (CYP) as provided by the Department of Social Welfare, and options for the future development of this service.

This first chapter constitutes an introduction to the report. The material is divided into the following sections:

1.1   A review of the rationale for residential care.

1.2   An overview of the role and function of institutional services currently provided by the Department, and

1.3   A summary of the overall options relating to the provision of residential care.

1.4   Findings.

The remaining chapters of this report review certain aspects of residential care that have been subject to recent public scrutiny. Social work practices within residential institutions are described in the next chapter. Management of the institutions, and of the Residential Services Section at Head Office, are considered next. Chapter four examines the financial and other resources available to the residential service, while staffing is considered in chapter five and facilities in chapter six. The rationale for, current use of, and options for further development of secure care (i.e. within secure units) are discussed in chapter seven. This is followed by a chapter on methods of promoting accountability within the residential service. Chapter nine concludes with a summary of the options available for residential care.

Disclaimer

This working party report does not purport to be either a scholarly review of the theory of residential care, or a thorough evaluation of each of the institutions operated by the Department of Social Welfare. The terms of reference for the working party precluded much discussion of family homes and of residential care provided in the private sector, though these were examined as possible options to replace departmental institutions. As indicated in this report, there has been a dearth of reliable management information on the operation of residential services, though this aspect has recently improved. Consequently, it has not been possible to discuss or compare performance of the residential care programmes currently operated by the department.

As instructed by the terms of reference this report does not make recommendations for any one particular plan for action, but presents those options which could be considered in constructing such a plan. However the working party has not hesitated from indicating those points where it believed the present situation was inadequate, and some change was essential.

The result of the working party review must be considered as a summary of the issues at stake in the development of residential care, together with some options to be considered, rather than a quantitative description of or prescription for the residential service.

1.1 THE RATIONALE FOR RESIDENTIAL CARE

Recent events in New Zealand (1) have led to the call for a reassessment of the institutional care provided by the Department of Social Welfare. Closure of some or all of these institutions is an option to be faced in any review. The fundamental questions to be addressed are what purpose is serviced by providing residential care for CYP, and whether the necessary care is best provided within any institution. This section examines the rationale for residential care.

There are arguments for and against the use of residential care. Critics focus on the institutional aspect of the care; and highlight personal, social and cultural deprivation that frequently accompany such service, and may lead to institutionalisation - the loss of capacity to function adequately outside the institutional boundaries. The generally high incidence of reoffending has suggested a low overall success rate for residential care, and the high costs of residential care make it a target for rationalised expenditure exercises.

On the other hand, it is not clear yet that the most appropriate indicators of 'success' in the residential service have been established. While it is acknowledged that this type of care is expensive it is restricted to the small number of CYP who have demonstrated (by their continued offending) the inability of less intensive care to meet their needs. Without a substantial increase in community tolerance of CYP offending, there does not seem to be a suitable non-institutional alternative to providing a residential service. A less expensive residential service is possible, though this would mean retraction from individual care and further emphasis on regimented institutional control.

Many writers and social work practitioners base their opposition to the use of residential facilities on the notion that children should be kept in their community, almost, it would seem, at any cost. In their research overview, Dinnage and Pringle (2) list this as a basic fallacy.

> "There is little basis for such sweeping rejection of residential homes. On the contrary, there is some evidence that certain children may find it easier to accept, or cope with, a larger, less intimate environment since it makes less intensive emotional demands."

The fact that investigation or treatment in a residential facility is recommended does not necessarily imply long-term removal from a child's own home or community. In a 1970 British Home Office report (3), the point is made that residential placements are

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(1) "Children and Young Persons Homes", the Report of the Human Rights Commission, 1982; and subsequent public controversy.

(2) DINNAGE AND PRINGLE - "Residential Child Care - Facts and Fallacies" Longmans, Green and Co. Ltd., London 1976.

(3) "Care and Treatment in a Planned Environment" Home Office Advisory Council on Child Care London 1970.

part of a community's provision for its children. There will be some who need only a short period, followed perhaps by partial residential care for a period. Some may need only partial residential care from the beginning and still others may need a longer period of fully residential care. In all cases, frequent interaction with home and community or origin, is seen as supportive to the intervention programme.

Proponents of residential care emphasise the capacity such care has to control some of the variables in the CYP environment, in order to focus the planned social work intervention in each case. Residential care is not care for its own sake, as there are many community alternatives to be canvassed for this function. Rather, it provides the setting for the intensive social work required by the CYP in such care. It must be admitted that residential social work may at times fall short of this ideal and can tend towards the custodial model because of inadequate resources within institutions. Nevertheless, the justification for residential care is its potential for individual casework with CYP who have demonstrated the need for such intensive assistance.

Experiments in Reduced Residential Care

There are three relatively recent examples of States seeking to eliminate the need for residential care for CYP who are troubled or troublesome. In Massachusetts, British Colombia and South Australia, decisions were taken recently to cease reliance on institutional care and direct the resources instead to community based programmes. Some follow-up evaluations, particularly in Massachusetts, seem to indicate that the brave experiments have not succeeded in eliminating the need for residential care and some writers point to the loss of powerful interventive means when the option of residential care is denied.

Even if these experiments had been less equivocal in the conclusions that could be drawn, it is doubtful whether such experience could be directly transferred to the New Zealand situation. Only a small number of the children coming to the notice and into the care of the Department of Social Welfare for assessment and treatment are taken into residential care. In contrast, 1980 figures show that of the 100,000 children in care in England and Wales about 40,000 were in residential care (4). An earlier 1975 report put the percentage much higher (5). In Victoria, Australia, in 1975, 70% of children in the care of the DSW were in institutions, with foster care virtually unknown. However, in the 1925 Child Welfare Act. New Zealand opted for community based care for the majority of the children coming into public care, and today only about 10% of the children under the Department's charge are in residential care facilities at any one time. Something less than 5% of children in care occupy places in extended care facilities.

Arguably, New Zealand has already gone as far as it is practicable in the direction of community alternatives to residential care. The statistics have been remarkably consistent and indicate that we manage to cope with the majority of disturbed and difficult children without putting them in institutions.

(4) BREARLY, Paul - "Admission to Residential Care" Tavistock Publications, London 1980.

(5) MOSS, Pela - "Residential Care of Children" in "Varieties of Residential Care Practice" edited by Tizard, Sinclair and Clarke; Routledge and Kegan Paul, London 1975.

The Clients of Residential Care

It has been emphasised that only a minority of CYP brought to the notice of the Department end up in residential care. Some critics would argue that these children have merely run out of luck, and are little different from their peers. The opposite view is that these children are demonstrably abnormally difficult. Dinnage and Pringle (loc cit) also list as a fallacy that the children in residential care are just like any others. If this were true, they argue, their care would present fewer difficulties. The British Home Office report referred to above (3) has the following to say about children who find their way into residential care:

"Many of the children may present symptoms of their disturbances in anti-social or aggressive behaviour, or they may be apathetic or withdrawn. They may have difficulty forming relationships with adults or other children; they may be unsettled, or lack concentration, which often can produce difficulties at school. Many may be unhappy and insecure, showing suspicion and lack of response to reassurance and demonstration of acceptance and affection. They are likely to show little confidence in adults who try to help them, and may seem to need to test the reliability of these adults by increasingly difficult behaviour or other more exaggerated symptoms of their disturbances."

The report goes on to argue that it is such children, the aggressive, the anti-social, the withdrawn, and the personality disordered, whose disturbances are such that particular investigation and treatment is called for, who will require residential care provision, with all the opportunities to focus specialist resources, which such care implies.

There is, we believe, an established need for residential care facilities in New Zealand to cope and to intervene effectively with such children.

What Residential Care May Provide

The Working Party set up under the chairmanship of Mr Peter M. Barclay, in Britain in 1980, at the request of the Secretary of State for Social Services, to enquire into the role and tasks of social workers, had this to say (6) about the goals for residential care:

"Residential care (including fostering) should be aiming to provide:

● A secure base of satisfying and enjoyable experience with sufficient choices and challenges to equip people for the demands of living independently (where this is a realistic possibility).

● Experiences which reinforce each individual's feeling that he matters; having, for example, a genuine voice in decision-making.

● Relationships with care-givers that are both warmly human and skilfully adapted to the circumstances of individuals.

(6)   'Social Workers: Their Role and Tasks' (the Barclay Report), National Institute for Social Work, London, 1982

● Boundaries which reflect the limits there are to self-expression and the right of others to respect and choice.

● Opportunities for friendships with fellow clients and other people of a resident's choice, both within and outside the establishment.

● Opportunities to be creative and to maintain or develop skills.

● The opportunity to explore and learn from the consequences of new experiences."

These goals are endorsed in this report. The British Working Party went on to say:

"Residential care is, in our view, most likely to be successful from the resident's viewpoint in the following situations:

● Where as far as possible the residents enter on their stay willingly;

● Where they are able to choose the home to which they go and have some experience of it before agreeing to enter it;

● Where existing residents are prepared for the arrival of a new resident;

● Where the stay and period in residence is planned and purposive;

● Where the place has a staff team who agree about what they are doing and are committed to it;

● Where the place has a relaxed relationship with the surrounding community;

● Where the staff are secure in themselves, aware of their own limitations, and have a wide range of interests and experience;

● Where a treatment method does not dominate the whole place to the exclusion of spontaneity, variety and normal life-events and reactions."

In so far as these comments are applicable to residential care of CYP, they are supported in this report.

Role Conflict in the Residential Service

Despite these goals and the considerable potential for providing intensive social work in a residential institution, too often residential care falls short of the ideal. One major factor in the conflict between ideal and reality in residential care is the considerable role confusion that exists both within the service and without.

The working party believes that the change of staff designations in residential care which took place in 1978 was of more than cosmetic significance. In effect, such change was a declaration of intent - residential care in the Department of Social Welfare was to be a social work service, rather than a custodial function and while the response to that declaration may be variable and

slow in some quarters, we believe the die is cast and that we should firmly reject a primary correctional emphasis in dealing with the CYP who enter departmental institutions.

One of our problems, however, is that while we might seek to work within a welfare or social work model, often community expectations are in conflict with this. Norman TUTT (7) puts it succinctly when he says that the conflict in residential care is two-fold: "the dilemma is one of custody versus rehabilitation, and punishment versus therapy".

The crucial conflict in any institution, he says, is that residential social workers are called upon to be agents of social control, in so 'far as they are the visible persons who deprive the child of liberty, freedom of will and customary environment, and are at the same time agents of therapy, who by fostering those relationships seek to apply the best knowledge of social science to the psychological and behavioural difficulties of their clients. Society, it seems, has expectations that residential care will control and correct, and there are punitive and retributive over-tones to this expectation, and at the same time society expects that adults should protect and care for children. Not only is there confusion in society generally about the role of residential care in the care continuum, but there is confusion within the profession itself. We, as a Department, need to be quite clear in determining whether ours is a welfare operation, or a justice operation. We need to decide whether it is the needs, or the deeds, of our children, which are the primary focus of our intervention.

New Horizons in Residential Care in New Zealand

The working party believes that the need for residential care of a small minority of CYP exists in New Zealand. It is convinced that such care should be provided within a welfare role rather than a punitive one (8).

Residential care firmly based on social work values and principles, constitutes a unique milieu both for investigation and for treatment. The planned environment, the close interdependance of staff and residents, the detailed knowledge each builds up of the other, and the opportunities residential care gives to deliver therapeutic intervention; all constitute a unique and very powerful method of helping. The ability of regional remand institutions to carry out the tasks of investigation and assessment under such intense pressure and to do the task so ably, let alone at all, indicates the potential of residential care.

We need a positive policy to inform New Zealanders about the nature of residential care and the sorts of children it seeks to help. We need to show that we respond to the problems of the community. We need to demonstrate how, so often, the Department is the agency of last resort, left to deal with the most difficult, intractable and damaged youngsters who have remained unaffected by, or have rejected, community based programmes. We need to educate the public about our statutory obligations to receive and care for CYP in all sorts of crisis situations, and that for a small but significant proportion of them only our residential care facilities enable us to undertake that reception and care effectively.

(7) TUTT, Norman; "Care or Custody", Agathon Press, New York, 1975

(8) For further discussion outlining the objectives of residential care, see Appendix III to this paper

1.2 AN OVERVIEW OF THE ROLE AND FUNCTION OF DEPARTMENTAL INSTITUTIONAL SERVICES

Having determined that there continues to be a requirement for residential care for CYP in New Zealand, the working party went on to examine the existing residential service with a view to indicate those areas where further development towards the ideal were possible and desirable. This section discusses the role and function of the 22 staffed residential care facilities currently administered by the Department of Social Welfare. These may be grouped under four headings:

National Institutions:	Kohitere, Kingslea, Weymouth, Hokio, Beck House and Holdsworth (being closed).
Remand/Assessment Centres:	Owairaka, Wesleydale; Bollard, Allendale, Hamilton Boys', Hamilton Girls', Epuni, Wellington Girls', Christchurch Boys', Dunedin Boys', and Dunedin Girls' Homes.
Reception Centres:	Cornwall Park, Tower Hill, Arbor House.
Group Homes:	Te¡Atatu and Opawa (being opened, November 1982).

A full list of institutions, giving open and secure capacities, and location is contained in Appendix I. A review of each institution was carried out, using standard headings, and these appear in Appendix II, grouped in the order listed above. The following is interpretive comment resulting from that review.

National Institutions

These institutions are established to provide extended care for that (relatively small) group of CYP, whose behavioural or emotional problems are such that community based living situations are not considered possible in the short-term. Apart from Beck House, all national institutions cater for either boys or girls in the 13-16 age group. Until recently (1 March 1982) admissions were controlled by Head Office. The national institutions have largely adhered to their roles as defined in the Residential Workers Manual, although there is variation as to what is meant by extended or long-term care. There is, for example, wide variation in the average length of stay at Kingslea and Weymouth, institutions which deal with basically the same client group but split on a geographical basis.

It is thought that the professional orientation of management at these institutions has a significant effect on length of stay. It is difficult to see the Department's social work service surviving without the contribution of Kohitere, Kingslea, Weymouth and Hokio. About Beck House, however, there are some questions raised. Apart from its isolation, and thus the difficulty of attracting specialist resources for special needs children, the wisdom of separating emotionally maladjusted children from the mainstream of children in care and from normalising community experiences warrants examination. This should not be regarded however as a reflection on the quality of work carried out at Beck House.

Remand and Assessment Centres

These institutions were established to provide remand, observation and assessment facilities, as well as short-term training as a preliminary to more permanent placement. Apart from Allendale Girls' Home which has undergone a recent role change, the Auckland homes function mainly as remand centres, with little opportunity, to provide meaningful assessments or undertake other than superficial social work intervention because of the demand for admissions. Similar pressures have been emerging for some time now, at the Hamilton Boys' Home and Epuni. These institutions have had to adapt and change to meet unforeseen pressures, and their survival is a credit to the men and women who staff them. As one moves south from Auckland the short-term institutions come closer to fulfilling the role defined in the Residential Workers Manual. Some role changes have evolved over recent years, though to date only one, Allendale, has official approval. Allendale now provides medium-term care for younger adolescent girls from the Auckland Region, and now seems to be moving into the vacuum created by the closure of Fareham House. At both Wellington and Dunedin Girls' Homes, there is growing accent toward a longer, medium-term stay for some girls, but it is understood that these are local initiations at this stage. By and large, the accent in the boys' homes is towards shorter stays. There is the possibility of some "role drift" occurring in residences not under great admission pressure, and Head Office should perhaps insist that local initiatives to provide terms of care beyond the 3 month period be submitted to it for approval or otherwise. In the days when boys' and girls' Homes were first established their remand function did not predominate as it does today. Proposals to mix remand and short-to-long-term training programmes, particularly under current resource provision, must be viewed with some misgiving and this certainly warrants further study.

Reception Centres

These facilities do not have a clearly defined role in the Residential Workers Manual, but are grouped with the Remand and Assessment Centres. They were established to provide shelter and assessment facilities for CYP of both sexes in need of care and protection. Only Arbor House continues to meet this role definition, with both Tower Hill and Cornwall Park developed along different lines in response to local needs. Tower Hill is increasingly being drawn into the remand and assessment category, providing a service for the younger age group that might otherwise have ended up at either the Hamilton Boys' or Girls' Homes. Cornwall Park is providing a service for a largely pre-school group, and has been effective in providing for special needs children awaiting adoption. While each of the reception centres seem to be doing a good job, questions are raised about our continued reliance on such facilities as reception centres in times of serious resource shortages, other high priorities for residential care, and overwhelming professional opinion that substitute family care is a better option for children in need of care and protection. There may be a case for confirming the role changes that have taken place at Tower Hill and Cornwall Park, or even giving all three centres entirely new roles, but this should only be done in the light of clearly established regional and national priorities.

Group Homes

These were established to provide extended care on a regional
basis for pre-adolescent children of both sexes. Only Te Atatu
is yet in operation, and has faced some early difficulties. It is
too early to review this fledging service, except to say that care
needs to be exercised to ensure that group homes cater for their
intended client group - those children who formerly went to
Holdsworth and Fareham. We support in principle the concept of
regionalised group homes to meet the extended care needs of
difficult youngsters in this age group, in facilities which provide
normalising experiences to a greater degree than the larger
residential campuses and greater opportunity to retain contact with
their families. It should be noted that group homes are not, and
were never intended to be, the answer to residential care provision.
They constitute a change of direction for the Department in
providing for the long-term treatment needs of a particular group
of youngsters only. The planned siting of the remaining group
homes should be carefully reconsidered, in the light of expected
future demand for residential residences. It may be that Auckland
has a more pressing case for a further such facility than any other
region.

Imposed Roles

The national institutions, group homes and reception centres are
protected from the sorts of pressures faced by the regional
institutions, which can and do result in imposed role changes.
It is evident that over recent years, the police, the courts,
departmental social workers, and the community at large, have
all imposed their own roles on regional institutions, and often
subjected them to harsh and unwarranted criticism for trying to
meet these conflicting role expectations. The police expect to be
able to deposit adolescents at many of the homes, at their own
discretion. Both police and the courts expect CYP to be controlled
and contained, and then to be available for future court sittings.
Where social workers are reluctant to investigate situations before
guilt is proven or admitted this often leads to lengthy remand
periods in custody. Social workers who use placement in the homes
as a casework interventive strategy for particular CYP, express
frustration that such functions are carried out alongside the
remand task. Certainly the community has containment expectations
of regional institutions, as attested by its reaction to absconding
episodes. The continuing practice of courts in remanding to
Social Welfare custody young persons who currently have a Justice
Department status (probation, ex-detention centres or youth prison)
only adds to the role mix and exacerbates the problems of regional
institutions. One is drawn inexorably to the conclusion that the
Department is no longer master of its own ship in respect of the
role and function of regional institutions. It has not managed to
control client inflow, and may not do so without further legislative
provisions, both to divert young offenders who have already been
sentenced to Justice Department facilities, and to further control
the actions of the police. The continued readmission to these
facilities of young persons who have had all the benefits of
extended care facilities at national institutions, but who continue
to offend, should also be reviewed.

Many people in the community expect our institutions, both the
remand/assessment and the treatment units, to undo the damage done

to CYP during their most important formative years. The CYP are often unruly and initially intractable and as well as being expected to control and contain them there is a naive expectation that institutions will bring about miraculous change. CYP who continue to offend, or remain unresponsive to parental and social pressures are labelled failures of the residential care system. The Department's own publication "Juvenile Crime in New Zealand" published around 1974, falls into this tortuous trap.

Management of Institutions

There are problems with both the management of, and management within, institutions.

Organisational Structure of Residential Services

Four institutions currently report to Head Office, seven to a regional director, nine to six different district directors, and one to a national institution principal. That is surely a recipe for uneven development and variable control, and the Residential Services Section in Head Office has the impossible task of overseeing and co-ordinating that service in addition to its responsibility for 162 family homes. The residential care operation is nowhere near as homogeneous as the field social work operation, both services have roughly equivalent staff numbers and yet the field service boasts 4 advisory officers to the one allocated for residential care. The problems of variable management of institutions, and some options for change of this situation, are developed in chapter 3.

Management within Institutions

In a number of our institutions there is real confusion between the functions of management supervision and operation. There are many examples where managers, usually assistant principals but some principals as well, directly supervise groups of operational staff. In several cases both managers and supervisors are leading shifts, and are little more than glorified residential social workers. There is an urgent need to educate incumbents in the nature of management and supervision roles, but the reality is that without an injection of additional or redirected resources at the supervisory and basic grade level only cosmetic changes are possible owing to the need to survive from day to day.

Secure Units

The uneven and pressured development of the Department's residential care facilities is nowhere more evident than in institution secure units. Fourteen institutions have secure units of one sort or another, with only one, Weymouth, having anything like an acceptable facility. Only four, Kohitere, Kingslea, Weymouth and Owairaka, may be considered as staffed, independant units. Most of the others have staffing attached to the main institution establishment for secure purposes, but they could not be regarded as "staffed units". The use of secure facilities is such an important aspect of this review, that a full chapter is devoted to it later in this report (chapter 7).

Accountability

In recent times, police, medical and legal disciplinary procedures
have been consistently criticised as essentially in-house reviews,
which may possibly be used to distort or conceal the true facts.
The Department of Social Welfare in its many functions is
challenged by, and must come to terms with, the many pressures
and interest groups which exist in the community. The days
when we all can be allowed to continue with essentially internal
checks and balances to guard the rights and entitlements of the
people we serve are over. It seems clear to us, particularly
following the Report of the Human Rights Commission on our
institutions, that the community will want to impose rules,
particularly in relation to the use of secure facilities. This
may be warranted in relation to the shift of public opinion in
recent years, and will probably ensure more safeguards and
protection for staff. but we would point out that the Prison
Service, operated by regulation, is not free of its share of
destructive criticism. Regulations could have the effect of
emphasising the custodial functions of our secure units and
eliminating the possibility of more therapeutic/clinical uses.
However, we accept that some independant oversight of the use of
close custody for CYP is probably timely, to protect both staff and
CYP, and we submit options later in the report (chapter 8) whereby
this oversight may be instituted, and still allow for flexibility
and development..

Resources

All helping agencies in the community, both in the state and
voluntary sectors, have been affected by resource shrinkage, and
have undertaken rationalisation and retrenchment programmes. Some
have clearly retrenched to save money, or at least to minimise or
redirect their expenditure, and expensive residential resources
are often a first casualty of these operations. Others have moved
away from areas of highly difficult work. This process has
accelerated somewhat since the Department of Social Welfare came
into operation in 1972. The Department of Social Welfare is
patently the agency of last resort, when it comes to dealing with
and providing for, the community's difficult youngsters. The
Education Department and the various health services and voluntary
agencies, have become increasingly selective over the years. In
the latter group, this has been despite the provision of facilities
from public funds by the Department.

The results of this retrenchment are the sorts of operational
difficulties being experienced at the present time, especially in
the regional remand and assessment facilities, at a time when our
own resources are not able to be expanded to meet the needs
generated. The Department needs to consider whether it is comfort-
able in this imposed role of agency of last resort, or whether it
needs to mount a positive campaign to encourage other agencies
including health and education authorities, to develop facilities
to cater for more of the CYP they currently refer to us, or to
develop facilities to which we may refer CYP who come to our notice
because of our statutory responsibilities, for the sort of
specialised help they might need. Government and private agencies
are "opting-out" of this potentially unrewarding work with
difficult young people, which involves heavy costs and expensive
staff resources. The effects of resource shrinkage on our capacity
to respond to these sorts of pressures are examined in this report
in chapter 4.

Cultural Concerns

There must be real doubt that the Department can ever meet the demands made to the Human Rights Commission, to require that adequate provision be made within its institutions for different cultural groups. By and large, the national institutions have in place various cultural and ethnic programmes which go some way toward meeting the need of individual CYP to become aware of, and acquire a sense of pride in their racial heritage. The regional remand and assessment centres cannot possibly mount programmes of this sort. Cultural programmes, of themselves, may be relatively unimportant. Awareness of and sensitivity and responsiveness to cultural difference is what is really required, and these are attitudinal, not programme, conditions. Since the remand function has become predominant in the northern regional facilities they are clearly seen by the community as part of the legal process, a process many will claim is insensitive to different cultural needs, aspiration and expression. The regional institutions run the risk of being unfairly damned by association, as do national institutions which have the task of preparing CYP's for life in communities which by and large ignore cultural difference. We need to be responsive to the needs of each individual coming into care, and this includes his or her cultural needs. Some of our statutory functions, however, may inhibit our ability to meet the need for different cultural expression in common facilities, or our capacity to respond in a variety of different organisational or operational ways. Many of the above statements would be regarded by our critics as pure rationalisation, aimed at avoiding the necessity to change. It might be helpful for the Department to enter into serious dialogue with protagonists and cultural leaders to canvas ideas as to how we might respond differently to the situations that face us, within the current statutory provision. If this is their true agenda for criticisms of the Department the results of such dialogue could be interesting and productive. If there are hidden agendas, we will at least become more aware of these and perhaps be in the position, for once, to take the initiative.

Summary

The residential services of the Department of Social Welfare are at the crossroads. They have developed unevenly, have been variably resourced, have been buffeted by community change, have suffered intense pressure, and now face a crisis of credibility and confidence, not only within the Community, but within the Department itself. The health and wellbeing of several senior officers, and the morale of many staff has been seriously affected by recent events. Only significant change, on several fronts, has the potential to renew the service and restore its credibility.

1.3   OPTIONS FOR THE PROVISION OF RESIDENTIAL CARE

The terms of reference specifically required the working party to suggest options for change or development. The working party had neither the time nor the resources to fully develop all of the options. However, five options for the enhancement of the residential service are outlined in Chapter 9. The options are considered under the following headings:

- The Role and Function of Institutions
- The Management of Residential Services

- Improved Accountability
- Development of Residential Services
- Legislative Changes

1.4 SUMMARY OF FINDINGS

Management Information

Although some management indicators have recently been developed, there is no systematic evaluation of residential programmes.

Indicators of Success in Residential Care

It is inappropriate to use further offending as the sole criteria in measuring the success or failure of residential care.

Use of Residential Care

New Zealand has a relatively low number of CYP in residential care.

Role Conflict

There is confusion amongst staff and the community as to whether residential care is expected to fill a social control or rehabilitation role for society.

Need for Residential Care

There is and will continue to be a need to provide residential care for a small but significant number of CYP.

National Institutions

Although national institutions have largely adhered to their defined roles, there are some significant variations in service delivery.

Remand and Assessment Centres

There is a diminishing demand for admissions from North to South and generally a corresponding increase in length of stay.

Reception Centres

The role of reception centres need to be reviewed.

Group Homes

For one particular client group, the group homes provide a facility closer to their own community than was previously possible.

Control of Admissions

Under present legislation, the department has no control over admissions to remand and assessment centres.

Organisational Structure of Residential Services

There is no uniformity in the present organisational structure of the residential services.

Management Within Institutions

There is confusion between the functions of management, supervision and operation.

Secure Units

There has been uneven development of secure facilities and provision of staff.

Resources

Shrinking resources have affected the ability of other agencies to continue in residential child care.

Chapter 2

SOCIAL WORK PRACTICES IN A RESIDENTIAL SETTING

Introduction

In this chapter an overview of social work practices used in
residential care is provided. The purpose of such practices is
summarised and the difference between the more modern approaches
and those belonging to the more traditional view of a residential
service are emphasised. This leads to a summary of the factors
that give rise to a wider than tolerable variation in the quality
of residential care, and the requirements for improvement in this
area.

In certain key areas of residential care the implications of a
social work approach are related to specific practices in the
residential setting. These areas are:

2.1	Admission Procedures
2.2	Control of Admissions
2.3	Discipline
2.4	Routine versus Regimentation
2.5	Punishment
2.6	Individual Dignity
2.7	The Child's Rights
2.8	Cultural Provisions
2.9	Visiting
2.10	Communications
2.11	Medical Examinations
2.12	Clothing
2.13	Work Programmes
2.14	Aftercare

Residential Social Work Programmes

Objectives:

The many social work programmes in use in residential care are not
described here. Each of them does, however, have the overriding
purpose of providing a situation in which children and young
persons who are identified as having difficulty functioning
'normally' within a community, are assisted to cope better. The
needs of the child are paramount. The focus is on a return to
the community. In the meantime residential care allows the physical,
social, intellectual and emotional environment to be more closely
controlled for those children who need it, than is possible in
non-residential social work.

Traditional versus Modern Social Work Methodology

In the past the residential service has identified more closely
with a regimented approach than developing a social work method.
Thus it has not always identified or provided fully for the
individual's needs. Many of the present residential programmes are
still to some extent under the influence of this traditional model,
which has generally been slower to change in the regional homes
than it has in the national institutions.

Two reasons for the slow pace of change are the need to survive
under high intake pressures, coupled with the remaining number of

residential staff who could still be described as benevolent custodians and controllers rather than specialised professional social workers. They tend to be less visionary and to perpetuate the traditional regime. However, with the development of common induction training and an increasing awareness of and desire to encompass the Social Work model there has been a gradual movement toward social work in residential care. The movement of the occupational groups into the Social Work sphere with the 1978 Residential Occupational Class Determination has also added impetus to this move.

Factors influencing Quality

Variation in the quality of the residential programmes and their relevance to a social work concept are caused, to a large extent, by the following factors:

- Lack of stated departmental policies and procedures
- Poorly established management objectives
- Lack of a professional knowledge base to provide a relevant specialised social work intervention programme.
- Charismatic management
- Conflicting expectations caused by the need to respond to an imposed custodial model.
- Lack of adequate staff numbers in some institutions
- Lack of appreciation of cultural factors
- Restrictions placed on the development of programmes by inadequate facilities.

Requirements for Improved Residential Programmes

The forgoing indicate an uneven development and standard in the programmes existing in our residential service. The provision of more effective programme standards within the service therefore requires:

- Clearly defined departmental policy including an updating of the Residential Social Workers Manual.
- An expansion of the staff training programme and management techniques.
- The provision of sufficient staffing with emphasis on the specialised staffing of secure units.
- The provision of adequate facilities particularly in the area of secure care.
- The further development of specialist resources and support
- The effective control of outside pressures caused by the admission of inappropriate cases.
- The development of good management objectives and an improved professional knowledge base.

SPECIFIC PRACTICES IN RESIDENTIAL CARE

2.1   Admission procedures

The investigative and therapeutic potential of residential
care often depends on the quality of the admission process.
We seem to have in New Zealand a wide range of both
reception practices and facilities.   Indeed the lack of
adequate facilities may be seen to have generated practices
which were at variance with good child care, in particular
the practice in the recent past of admitting all or the
majority of children through a secure unit. GUTRIDGE (1)
argues that the need (at admission) is to focus primarily
on the child - legally, professionally and morally.

> "The tasks facing a child coming into residential
> care have to do with mastering feelings first, about
> separation from parents; second, about going to live
> with strangers; third, about the possibility of
> separation happening again, and fourth, about the
> risks involved in getting too close to anyone new.
> The social work task is to help children to tackle
> their own tasks and to help the other people in their
> lives - those relinquishing them and those receiving
> them - to play their parts to the best of their ability
> for the child's sake."

The admission process is so important, and the body of
writing about the process is now growing sufficiently to
warrant the Department undertaking a study of ideal
conditions and practices for admitting children and young
persons to residential care.   Most writings share the view
that the welcoming attitude and warmth of staff, and the
degree to which ritual elements of processing are eliminated,
are the crucial factors in minimising any trauma on
admission.

Night and Emergency Admissions

To avoid the difficulties which can now arise when an
admission is made when only night staff are on duty
consideration should be given to providing a facility
within each region and possibly at the most suitable
institution for night or emergency admissions.   This
facility should not be associated with a secure block.
Such a move would effectively ensure that a CYP would not
just by routine be contained within security. Provision
would of course still remain for an admission to security
if that was considered to be correct placement.

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(1)   ADMISSION TO RESIDENTIAL CARE edited by Tom DOUGLAS,
      Tavistock Publications, London, 1980.

2.2. Control of Admissions

Admissions to Regional Institutions

There are a variety of statutory provisions under which
a CYP may be admitted to a residential facility.
Admissions may be arranged by the police or a social worker
or following a Court remand. In addition, a CYP may be
admitted as a temporary measure to provide emergency care
without legal action being taken. Principals of regional
institutions have a difficult task in determining the
correctness and appropriateness of admissions.

At present there is no consistent control over the
Police decisions to admit CYP. In some districts the
Police consult with field social workers to assist in
determining the placement of CYP while in others there
is no liaison. This variation in practice can have a
marked impact upon the number of admissions to a
regional institution.

The general attitude of the Police regarding release on
bail following arrest has a considerable bearing upon
the rate of admissions. Some 70% of all CYP appearing
before the Courts are arrested but a high proportion are
not released on bail or summons. These practices are
the main cause of the high number of admissions with
Court action pending or in process.

Another important factor is the attitude of Judges
when deciding to adjourn or remand a case. Some take
the view that if a parent is not present the CYP
should be remanded in custody. Field social workers
endeavour to overcome these kinds of attitude.

A significant proportion of admissions to regional
institutions are repeat admissions of state wards. In
these cases the CYP has been the subject of a
guardianship order, placed in the community, and the
placement has broken down usually with further offending.
If better initial assessment procedures were
established these CYP would probably be placed in long
term residential care at the outset and thereby the
number of repeat admissions would be reduced.

Admissions of the Older Offender

A significant problem faced by many of our regional
institutions is the requirement that they admit young
persons who are clearly beyond the resources offered by
the Department and who in fact themselves find such
placement belittling. This group is made up of young
persons who have previously been catered for by our

services and have later spent time in a Youth Prison
or on Corrective Training or are being assessed
for Probation.   If they re-offend and because of
age appear in the Children and Young Persons Court, the
Court tends to remand in Social Welfare Custody
pending final disposal of their case. Such a decision
requires the department to accommodate them and it is
only rarely that they will be returned permanently to
the care of the Director-General. In most cases their
presence in our institutions, whilst not only being
resented by the individuals themselves, is also completely
disruptive to the programme, the staff and the other
residents. Many are truculent and require a disproportionate
share of the institution staff resource to contain them and
minimise their detrimental effect on other residents.

Although co-operation and understanding is sought and
given by probation officers, police and courts until
such time as a change is made to the legislation our
institutions will be required to carry out this completely
counter-productive service.

It is considered that every endeavour should be made to
establish a system whereby before any CYP is admitted to
an institution the circumstances are considered and a
decision reached which is in the best interest of the CYP
and the institution advised in advance if the CYP is to
be admitted.

If the concept of consultation incorporated into the South
Auckland Community Care Scheme was extended to all Social
Welfare Districts even if the Community Care Scheme itself
is not fully implemented, only CYP who actually require a
residential care programme would be there.

Options for Control of Admissions to Regional Institutions

The working party suggests that the following options
for the control of admissions be considered :

● That the Director-General has dialogue with the
  Secretary of Justice in respect to the Justice
  Department providing a facility to contain those
  young persons who because of the nature of their
  offence, or their physical maturity, are required
  to be held in a secure situation for varying
  periods of time.

● That the Director-General advise the Minister of
  Social Welfare to discuss with the judiciary the
  appropriateness of an order remanding selected
  offenders to Department of Justice care, namely

  (a) Young persons who are or have been subject
      to supervision by a probation officer or
      served a sentence in a youth prison or a
      sentence of corrective training, or

(b) When in the opinion of the Judge the young
person by reason of physical build or
sophistication is to all intents and
purposes an adult.

2.3 Discipline

Discipline may be defined as a system of rules and
standards to promote both individual and group good conduct.
Supportive relationships fostered by staff, in an
environment which sets reasonable limits, are the
essential bases for good residential care practice.
The rules and standards must be clearly defined,
understood by staff and communicated to children.
Good disciplinary practice insists that consequences
of rule infraction be stated explicitly, be appropriate
to the person, and be activated without hostility.
All departmental institutions are currently preparing
Codes of Practice, and these are expected to be
completed by 31 March 1983. Head Office should ensure
that the codes are specific in relation to disciplinary
standards and consequences, and principals should
subject both their standards, and their practice, to
rigorous six monthly formal review.

2.4 Routine Versus Regimentation

Large group living situations need to be planned and
organised if they are to succeed. Routines need
regular review, however, to ensure that they remain at
the service of the individual and not the other way
round. Routines assist in the control process, by
ordering the environment, ensuring reasonable
predictability, and so on. When routines become rigid
and inflexible, however, the core of individual
personalities may be threatened. PITHERS [1] notes that:

"The problem (in residential care) is not that
control is exercised - that is obviously necessary -
but rather that vulnerable personalities are very
threatened when the prudent directions of staff are
elevated to the status of sacred principles."

He goes on to say that the demand for conformity is
profoundly unrealistic. Human personality is not so
simple or stable that it can be easily contained within
any set of rigid standards, and if it is, personality
will be distorted. There must be room for protected
experimentation if this is to be avoided.

It must be said that in several of our institutions, the
professional ideals stated above simply cannot be met,
because of the staffing provision and physical facilities.
Rigid inflexible routines are the inevitable consequences,
it seems, of inadequate levels of staffing.

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(1) PITHERS, David "Love Reason and Rehabilitation"
in Rehabilitating the Child in Care, edited by
G.E. Barrett.

2.5   Punishment

Children should not be admitted to residential care for
or as a punishment, and this needs to be firmly
communicated to the New Zealand public. Punishment,
defined as a retributive response to misdeeds, has no
place in the Department of Social Welfare's residential
care and treatment programmes. Punishment is often
arbitrary, full of emotion and essentially negative whereas
discipline can be negotiated, explicit, and potentially
positive in its application. Social work is more concerned
with needs than deeds, recognising that anti-social acts
are, more often than not, symptomatic behaviours. This
view should lead us to question residential communities
that focus inordinately on the current behaviour of their
residents, seemingly without the capacity to see this
within any sort of perspective. Focus on deeds almost
inevitably leads to regimes which are both coercive and
punishing.

2.6   Individual Dignity

The central tenet of social work, both a value and a goal,
is the worth and dignity of each individual person.
Everything we do in residential care should be tested
against this tenet. In the provision of clothing, food,
schooling, recreation, in allowing personal self
expression, in establishing routines and disciplinary
procedures, in undertaking assessment or treatment
programmes, and so on, we have a standard against which
our practices can be assessed and our decisions tested.

2.7   The Child's Rights

The Department of Social Welfare recognises that children
have rights. Children's rights are preserved when staff
define and accept a statement of their responsibilities
by codifying their practice and subjecting that code to
regular evaluative review. Management also has a
responsibility, we believe, to codify its practice in
relation to staff where practices in residential care
may be called into question. A more specific and
detailed statement about how such situations will be
managed than that embodied in Public Service Regulations,
may be called for.

2.8   Cultural Provisions

There is both a need and a right for all people to retain
and develop their cultural identity.

It is also necessary that cultural interests and differences
are appreciated and respected by those of other cultures
without there being any compulsion to encompass those
alternatives.

Members of the community interested in developing
cultural knowledge and responses in children and young
persons should be encouraged to participate in...
institutional programmes to assist with the cultural
growth and development of their own people and share in
developing in others tolerance for and a wider under-
standing of their heritage. It is doubtful whether
effective cultural provision can be made for children
in the very short-term remand and assessment centres.
Indeed some study is called for to determine whether
the whole concept of residential care is compatible with
New Zealand's minority Polynesian culture. Several
observations can be made at this point:

(i) Most Maori children entering residential care are
     not currently experiencing in the community any
     recognition of their cultural difference. If there
     were experiences the children were undergoing in the
     community, it would be a relatively simple matter
     to ensure continuity.

(ii) Attitudes of staff are more important than
     specific cultural programmes.

(iii) When a minority group in the community becomes a
     majority in our care facility and vice versa, there
     must be an experience of loss of esteem and
     cultural vulnerability. If we are unable to mount
     positive programmes to counter such depressive
     reactions, we should at least aim at not doing
     anything which will intensify such feelings.

In the same way that rules and routines must meet the
needs of the individual, standards and practices must
be sensitive of, and responsive to, cultural differences.

2.9   Visiting

The questions of who may visit (and who may not), when,
how frequently and for how long, are answered variably
all over the country. We can only state principles.

(i)   We seek to encourage contact between a child and
      his family, and so need to take positive steps
      to encourage and welcome visiting.

(ii) All institutions must have suitable facilities for
      caring for visitors, even to the provision of
      accommodation for out-of-town visitors. We should
      avoid facilities where staff need to act as guards.

(iii) Staff limitations more than anything else have led
      to practices which limit visiting times and numbers.

(iv) Within generous limits, parents and families should
      be able (and sometimes financially assisted) to
      visit at times which suit them.

(v)   The use of volunteers to assist with visiting programmes, including the child visiting his/her own home, should be investigated.

(vi)   Cultural definitions of who constitutes family, as defined by the parents, should be respected.

(vii) The practice of both parents accompanying their child on admission should be encouraged whenever possible.

2.10 Communications

The practice of mail censorship exists in several institutions but is not used in others. A study of facts and fallacies in respect of mail censorship is well overdue and is recommended to the Department, with a view to establishing a definitive policy.

2.11 Medical Examinations

We should firmly reject any suggestion of forced medical examinations for whatever purpose. Every effort should be made to encourage and persuade children to seek health care and freedom from communicable conditions, short of coercion or punishment for non-compliance. Institution principals should exercise discretion in the placement of children and young persons who are not known to be free from communicable diseases in food preparation areas, but this should be sensitively conveyed to the children and should not imply any coercion or punishment for failure to undergo examination. Institutions which have trained nurses on establishment have a distinct advantage in this respect, and consideration should be given to extending this provision to other institutions on a fee-for-service or a limited hours basis.

2.12 Clothing

Clothing standards, ownership, retention and replacement give considerable concern in residential services.

It has been well established that it is desirable for children and young persons to wear their own clothing and be responsible for it. This concept can be and usually is easily met in slower turnover long-term institutions but presents some difficulty in shorter-term residences particularly if they are catering for high numbers of remand type clients. This is because of standards of clothing which incoming clients possess and because the cost of providing individual wardrobes for the great majority who have nothing other than what they are wearing.

It is important that clothing for casual daily wear is not of uniform type although a consistent form, e.g. jeans and shirts are necessary where there is a high turnover and constant change. School uniforms may help in developing good responses toward schooling attitudes and atmosphere.

There should be no differentiation in clothing standards between wards and non-wards and there is no justification for different standards for those in secure units or for children or young persons who have returned from absconding or are under some form of restriction. Clothing standards in our institutions should reflect those of an average family in society.

2.13 Work Programmes

It would appear that "work training" within national institutions has not kept pace with changes in our society and at this stage its effectiveness and indeed need in some instances should be questioned.

The Kohitere work training programme for instance was designed to cater for 16 and 17 year olds whereas Kohitere is now catering in the main for 14 and 15 year olds.

It is reasonable to predict that high levels of unemployment will be part of our communities for the foreseeable future. This fact has already thrown into disarray institutionally based community work training. This has had a significant effect on the overall work training programme available at Weymouth, Kingslea and Kohitere to the extent that for many trainees alternative work training has had to be made available within the Institution. In particular, resources need to be available at Kingslea and Weymouth to cope with what looks to be more than a temporary phenomenon.

Consideration may need to be given to an ex gratia payment, equivalent to unemployment benefit, for those young persons who would otherwise be in community employment but who because of unemployment are required to work within the institution.

The role and resources of the Department of Labour in assisting the older unemployed resident needs to be clarified. The service provided seems to vary a great deal and delivery would often appear to be almost at the whim of a local controlling officer.

Attention needs to be focused on the suitability of some aspects of work training programmes. It would appear that some more relevant training opportunities need to be created. At the same time the review would need to include the possibility of translating some instructor positions from one speciality to another.

2.14 Aftercare

The social work required during the period following placement from the institution into the community is described as aftercare.

Within the residential service there has been a long held belief that aftercare has been less than adequate. Too often a period of Residential training has been seen as an end in itself and not part of a continuing social work process. In effect institutions have been seen as having the resources and ability to complete whatever social work input is required. This is patently not possible and often the individual's progress within a residential setting has been nullified by failure to give back-up support on his or her return to the community.

To some extent this has been caused by the failure of social workers to see residential care as only a part of the overall social work plan for an individual.

We see the "Planning for Children in Care" process helping to overcome this attitude. It is imperative that field and residential social workers combine to produce viable plans that include pre-entry, in residence, and aftercare components. If this type of realistic aftercare planning is not put in place as early as possible then the suitability of a residentially based care programme should be questioned.

To make this a more attainable goal, especially in the large urban areas, an option may be to have field staff specialise in the area of aftercare. Their task could be to utilise every resource available in the community to successfully complete the social work task.

Summary

Residential social work programmes and practices are moving away from traditional models and towards an individualised needs-related approach. There is still some distance between the ideal and its realisation, especially where a combination of pressures and circumstances hinder progress.

Attention has been drawn in "Children and Young Persons Homes", the recent report of the Human Rights Commission, to the area of practices in residential care. In this Chapter the need for some variation in practices has been expressed, but the general boundaries of what is acceptable within the social work model, and what is not, have been indicated. These outlines need to be delineated in each institution's Code of Practice, (discussed in chapter 8) and subjected to Head Office review.

SUMMARY OF FINDINGS - PROGRAMMES AND PRACTICES

Quality of Residential Care

The quality of residential care is affected by many factors but has resulted in uneven development within the service.

Admission to Residential Care

There is a wide range of admission practices and facilities which are sometimes at variance with good child care practice.

Control of Admissions

The department has little control over admissions to its institutions.

Admissions of Older Offenders

The admission of older offenders who have had a status with the Department of Justice is counter-productive.

Discipline

All group living situations require a system of rules and standards to ensure orderliness and good conduct.

Punishment

Admission to departmental institutions should not be used as a punishment.

Dignity

Each resident must be treated with dignity.

Children's Rights

All children have rights and when they are admitted to an institution, their rights can best be protected within a code of practice.

Cultural Provisions

There can be difficulty in some regional institutions in establishing what is an appropriate cultural programme.

Visiting

Regular contact between a resident and his/her family is encouraged, although some institutions have insufficient suitable facilities for visitors.

Communications

Some institutions continue to censor CYP mail.

Medical Examinations

The department has a responsibility to provide the opportunity for medical examinations.

Nurses

The provision of a nurse at some institutions should be extended, even on a part-time basis to all other institutions.

Clothing

All residents should be suitably clothed, but it is recognised that this can be a problem, particularly in regional institutions with a high turnover.

Work Programmes

Some institutions are able to provide varying amounts of work experience and with continued unemployment predicted, this area warrants further study.

After care

Good support, particularly for the first month or so after discharge is critical to ensure that gains made in residential care are not lost.

MANAGEMENT OF RESIDENTIAL SERVICES

Introduction

To provide a residential service which will fulfil departmental
objectives and statutory requirements, an appropriate management
structure is essential. This chapter briefly examines the ·
present structure and indicates some areas for development.

The working party considered several options for improved
management structures for the residential service and these
are summarised here.

Following this there is a discussion of the training needs of
management, and of evaluation procedures suited to the managerial
operations of planning, monitoring and allocating resources. The
chapter concludes with findings.

MANAGEMENT

(a)   Head Office

The present administrative structure at Head Office, below the
Assistant Director-General, Social Work, consists of the Divisional
Director of Social Work Operations, the Director of Residential
Services, and the Residential Services Section. This unit has a
Senior Institutions Officer, a Senior Residential Advisory Officer
and one clerical officer. Their role is to provide oversight and
direction for the 21 institutions throughout New Zealand together
with a general oversight of the 162 family homes.

In addition to the general responsibilities of the Residential
Services Section there is the requirement that regular
communication with the institutions be maintained, together with
regular visits by the Senior Residential Advisory Officer. The
work load is such that this support is insufficient and the present
arrangements almost ensure that local initiatives, or lack of them,
will lead to the development of crisis situations. To improve the
service to an acceptable level further advisory officer appointments
are required.

Other sections within Head Office impinge on the functions of the
Residential Services Unit. The Administration Division has
responsibility for arranging the necessary finances and staff
resources on the recommendations of the Social Work Division. The
Social Work Development Unit is expected to have an inter-
relationship with the Social Work Division. The Director,
Development Services, has responsibility for the provision of
financial subsidies to the private sector residential services
but has no formal direct link with the Social Work Division.

The links between these sections are somewhat nebulous and although
there is an expectation that consultation will occur there is no
position established to ensure co-ordination on a day to day basis.
We suggest that such a co-ordinating position be created within
the Residential Services Unit at Head Office.

(b)   District Office or Regional Office

The regional institutions are responsible to the local Director
or to the Regional Director, Auckland with the consequence that
there is a hit or miss oversight depending upon the expertise and

previous experience of the local Director. To the extent that this arrangement impairs the institutions' professional functions and responsibilities to neighbouring districts, it is less than desirable.

At the same time the local offices are required to service the institutions with stores, equipment, maintenance, salaries, staffing and clerical support. There is considerable variation in the standard of servicing provided and this is partially dependent upon the views of the administration staff as to whether or not their role is that of policing or enabling. This is considered to be such an important matter that the Director-General is asked to promulgate the respective role of the Administration Division and the Social Work Division in the provision of residential services.

(c) Within Each Institution

The management structure of institutions varies from those staffed with senior residential social workers (SRSW's) who have a management and professional social work supervision function, to those where the SRSW are simply higher status residential social workers, and those where there is no such staffing provision at all. There is a need to review the allocation of staff resources for these purposes to improve both management and social work supervision.

Principals are appointed to their positions without being given any specific training in management techniques though all have had previous experience at middle management levels. This situation results in a wide level of management variability. To a large extent principals have had to train themselves on the job, and this highlights the need for prior and ongoing management training programmes.

(d) Management Structure for the Residential Service

Four possible options for the management structure of the Residential Service were considered by the working party. These options were developed in tandem with options for the restructuring of the role and functions of the institutions.

(1) Retain the status quo:

   This option would see the continuation of the present four national institutions having direct access and accountability to Head Office. Regional institutions would continue to have a varying quality of oversight from their local Director.

(2) Regionalisation of Residential Services:

   Under this option, four Regional Principals would be appointed with responsibility for professional leadership, oversight, management and co-ordination of all institutions within his/her region. The regions would be:

   ● Auckland Region - The Regional Principal would be responsible to the Regional Director and based in the Regional Office, sharing clerical and administrative resources. The property supervisor could also be responsible to the Regional Principal.

- <u>Hamilton Region</u> - This would include the three present Hamilton institutions, retaining the same catchment area. The Regional Principal would be responsible to the Dir. Res. Ser. H.O. Consideration could also be given to creating an additional position of property supervisor to be based in this region. Clerical and administrative support would be provided from the Hamilton office.

- <u>Central Region</u> - This region would include the lower half of the North Island, including St John's Hill, Group Home and Beck House. The Regional Principal would be based at Kohitere or Palmerston North, or Wellington, and be responsible to the Director, Residential Services in Head Office. Again the property supervisor could also be responsible to the Regional Principal.

- <u>Southern Region</u> - The region would include all residential facilities in the South Island, with the Regional Principal being based at Kingslea and responsible to the Director, Residential Services, Head Office. The property supervisor could also be responsible to the Regional Principal.

(3) <u>Regionalisation as for above plus responsibility for EITHER all Family Homes OR selected staffed Family Homes</u>:

The management structure for this option would be the same as for (2) above. Additional clerical support may be necessary.

(4) <u>Direct Head Office Control of all Institutions</u>:

This option would have a similar management structure to national institutions under (a) above. Some administrative servicing would still need to be provided by some district offices under a contracted arrangement.

(e) <u>Staff Training</u>

Since the Residential Staff Training School has been in existence it has proved to be a very valuable resource without which the present standards would not have been achieved and should remain.

Another working party has been preparing proposals for a comprehensive training programme for staff when first inducted. If implemented that programme should improve general standards considerably. However, this would not cover the requirement for a management training programme for both present and potential middle and senior managers.

While courses are valuable in providing knowledge the art of management tends to revolve around the ability to make judgements and to compromise when appropriate. These skills can be developed by existing managers including those next in line as part of the management team, and this needs to be encouraged.

We suggest that the target date set at the recent Principal's Conference for the introduction of the proposed induction training programme be adhered to.

(f) <u>Evaluation</u>

Effective management depends on the provision of adequate

management information. Some statistics on each child and on
each institution are currently collected and analysed at Head
Office. Though there has recently been a welcome expansion in
the scope of analysis, the system is still undergoing development
and to meet the challenges of planning, resource allocation and
performance monitoring implied in the progressive options
contained in this report, there will need to be further review
of the provision of management information.

Some objectives for a fuller information system are discussed in
an appendix to this paper, and the options for using computer
analysis are outlined in the next chapter. Statistical returns
form the basis for evaluation and longitudinal studies, and are
described below.

(g)   Current Statistical Returns

Statistical returns prepared by institutions and forwarded to
Head Office at present fall into two categories:

(i)   Six monthly and annual returns of all children/young persons
       in residence as at 30 June and 30 November. This return is
       required as part of the 6 monthly national compilation of
       details of all children in care prepared by Head Office
       Statistics Section.

(ii)   Monthly returns of:
       ●   daily institution movements (e.g. nominal roll numbers,
           admissions, discharges, absence on leave etc., and
           number in institution at 6.30 am daily).

       ●   schedules of admissions and discharges (by name).

       ●   daily movements to and from secure - e.g. total
           admissions, discharges, numbers in secure at 6.30 am
           daily.

       ●   schedules of admissions and discharges to and from
           secure (by name).

These latter returns are forwarded to the Residential Services
Section for analysis and provide a source of monitoring of patterns,
pressures etc., within each residential facility.

Disadvantages of Present Systems

(i)   Overlap of present collection of statistics (i.e. the same
       information is supplied to both the Residential Services
       Section and Head Office Statistics Section).

(ii)   Lack of information on schedule of admissions, discharges
       regarding reasons for admission, race etc.

(iii) Monthly returns of movement do not provide information on
       individual children (e.g. details of absconding, home leave).

(iv)   The current returns do not provide sufficient timely useful
       and accurate information for institution Principals.

(v)   Uniform definitions (e.g. absconding etc.) do not apply and
       need to be negotiated.

(h) <u>Goals for Management Information</u>

The deficiencies in the current system of statistical returns can be overcome without substantial increases in the work input from residential institutions. However, any such development needs to be part of an overall information strategy, and to incorporate ongoing evaluation of programmes and institutions (including those in the private sector) and other research for improved residential care strategies.

The following goals for such an information system are suggested

(i) To know what is happening to each child in the residential care of the Department of Social Welfare; and to predict the best future strategy (facility, course of action) in the continuing care of that child.

(ii) To know what is happening in each programme of residential care for children and young persons; to assess the effectiveness of these programmes; to define the client groups most likely to gain from the programmes.

(iii) To know what is happening in each residential care facility of the Department of Social Welfare:

● practices (Social Work or otherwise)

● pressures

● management effectiveness

● professional development

(i) <u>Evaluation of Private Sector</u>

The private sector provides a large number of residential beds and approximately 40% of these are used for the placement of wards. It is considered that the evaluation of residential services would be incomplete without these facilities being included.

At present each private agency supplies monthly returns to District Offices when making capitation claims and these should be developed to provide the necessary information.

(j) <u>Head Office Management Structure</u>

Re-organisation of the Social Work Division within Head Office to include the Community Services section with the appropriate tasks of that section being handled by the Director, Residential Services and Director, Social Work Services would ensure closer and hopefully more effective co-ordination of the Department's and private sector facilities. Closer integration of the Social Work Development section with Operations would also result in better utilisation of existing staff and operation practices. This could be achieved by all sections Residential Social Work Services and Social Work Development being responsible through one Divisional Director.

Summary

Improved management is a necessary ingredient in any option for the development of the residential service. Particular emphasis must be placed on better management structure, advisory resources, training and information.

The working party acknowledges the considerable reviewing and restructuring that the Residential Services in Head Office have recently been able to achieve.

SUMMARY OF FINDINGS

Head Office Management

There are insufficient staff in the Residential Services Section, Head Office to ensure that the required level of professional leadership and oversight is maintained.

Principals' Lines of Responsibility

The present management structure impairs the institutions professional functions and responsibilities.

Training

There is a need for middle level and senior management training.

Evaluation

Current efforts at evaluation need to be developed further.

Statistics

The present method of collecting statistics needs to be reviewed.

Structure of Head Office Management

More effective co-ordination and improved utilisation of resources could be achieved by restructuring the Social Work Division in Head Office.

RESOURCES FOR RESIDENTIAL CARE

Introduction

The resources available to the residential service have an important bearing on the quality of care provided. The most significant resource is the finance allocated to the staff salaries, administration costs and the building programme. Any severe limitation on financial resources has a critical impact on the quality of other resources, and flows on to the overall quality of the service itself.

Other chapters in this report deal with staff, supervision, buildings and other facilities. In this chapter the role and possible development of a variety of other resources is considered, namely:

- Field Social Workers
- Specialist Services
- Educational Services
- Volunteers
- Community Alternatives to Residential Care
- The Private Sector
- Professional Support
- Computer Facilities
- Transport
- Furniture and Furnishings

The chapter concludes with a summary of findings.

FINANCE

Assessment of the current situation

Like other social services, residential care has not enjoyed the financial resources for optimum operation of the service. Overall funding of the service, in terms of the social work model, has been inadequate in relation to the number of children currently in residential care. This situation has arisen through the shift in commitment from a custodial and corrective model for residential programmes to one of an individual needs - related treatment of each child. Neither the historic staffing levels, appropriate to the custodial model, nor the buildings and facilities designed for such a role, are suited to operation within the social work model.

Modern practices require higher line, supervisory and management staff numbers than are currently the norm. In the past, girls' institutions have been more adequately staffed than boys' institutions and the pressure for increased residential social work staff is strongest in the latter. Correcting this imbalance, without destroying the capacity of girls' institutions to respond to the needs of the CYP in their care, would require a large and continuing financial commitment. Staffing of some presently unstaffed secure units would add to this commitment.

Though there is little evidence of a requirement for additional institutional residential capacity (number of beds provided), much of this capacity is poorly sited and of the wrong design to cope with both community and current departmental expectations. Even some of the more recently built facilities e.g. the secure block at Christchurch Boys' Home, are badly designed and inhibit proper social work use.

Other pressures on the departmental budget for residential care are likely to arise out of the implementation of some options contained in this report, such as increasing the Head Office management support.

Rationalisation

There are some substantial savings currently being made by the closure of no longer viable institutions. While further moves in these directions may be contemplated (e.g. the closure of one or more reception centres and the transfer of staff positions to other institutions, and also the diversion of some CYP into community care) the potential is not large for further savings without retrenchment of coverage.

Residential care for CYP provided in the private sector must be taken into account in any financial management of residential social work. Subsidy finance for private sector residential care is available at Head Office through the Director, Development Services, possibly without consultation between him and the Residential Services Section, thus there is potential for overlap of supply. The Child Care Co-ordinating Committees, currently operating on a pilot basis in Auckland and Dunedin have a role in co-ordinating provision of residential care. In some other centres the District Council of Social Services may have a similar function.

In assessing efficiency of operation within individual departmental institutions, Head Office staff have used comparative operating costs per bed. While commending this step the working party advocate:

- the use of the notional roll as the basis for comparison, rather than occupied beds, as this measure reflects more accurately the workload imposed by children in residential care;

- an extra loading for the comparative cost of residential care for children admitted for very short periods;

- the inclusion of all staff and administrative costs, including clerical and other services supplied by district offices.

The working party questions the current method of comparing the costs of residential care to other types of care. The current accounting system provides full costings for all national institutions, regional institution costings include most of the costs, but normally do not include administrative costs from district office. Alternative forms of care do not show the total costs e.g. family home care and foster care costs do not include the costs of field social worker salaries, or their transport, training and administrative support.

Options for Financing Residential Care

Three viable basic options emerge:

(a) Identification of residential care as an area warranting higher priority than at present, with a significant increase in financial allocation; some of this would need to be as a continuing commitment (e.g. for staff and professional resources).

Advantage: This option would provide better quality
                 residential care for the children currently
                 admitted to the Department of Social Welfare
                 homes.

Disadvantages: The cost would restrict development in other
                 areas of Department of Social Welfare activity.
                 There would also be a shortage of qualified
                 residential staff to fill the vacancies created.

(b) Maintenance of the status quo in terms of overall funding and
     coverage, seeking whatever benefit may be gained from further
     rationalisation and redeployment of surplus resources and the
     gradual phase-out of obsolete facilities.

Advantage: This option would not represent a substantial
                 increase in funding for residential services.

Disadvantages: Opportunity for improving residential care in
                 many areas that currently fall short of the social
                 work model, will be few. There will continue to
                 be potential for inadequate service.

(c) Maintenance of the present financial allocation for
     residential services but with more radical reallocation of
     resources and overall reduction in the numbers and categories
     of children accepted for residential placements.

     N.B.   Already New Zealand, in comparison with other
            countries, has a very low ratio of residential beds
            to CYP in care.

Advantages: This option would significantly improve the
                 residential service provided to the CYP admitted
                 to care. It would not lead to increased expenditure.

Disadvantages: The community would be expected to make provision
                 for a greater number of CYP currently in the
                 Department's residential care. This may lead to
                 pressure for accommodation elsewhere, e.g. in the
                 institutions of the Department of Justice,
                 Department of Health, Department of Education.

A fourth option, that of reducing the Department of Social Welfare
financial allocation to the residential service, and a consequent
reduced commitment to needs-related residential care, has not been
considered viable under present circumstances. It should be
noted that there is a risk of this option being taken by default,
as may be exemplified by the building programme for residential
services in the table below.

RESIDENTIAL SERVICES BUILDING EXPENDITURE

Financial Year	Amount Voted $(000)	Increase over previous year (%)	Average movement (1)* in building construction costs in the residential and commercial sector (%)
1977/78	2,400		+13.7%
1978/79	2,800	+16.7	+13.7%
1979/80	2,500	-10.7	+20.6%
1980/81	2,550	+ 2.0	+19.3%
1981/82	2,600	+ 2.0	+18.1%
1982/83	3,098	+19.2	N.A.

(1)* - Source: Building Industries Advisory Council cost index.

Had the amount voted for buildings for residential service fully reflected the average movement of building construction costs in each previous financial year, and taking the amount voted in 1977/78 as a base figure, the amount voted in 1982/83 would have been $5,272,000 : an increase of 70% over the current figure.

Field Social Workers

Residential work is part of the Social Work service and every effort should be made to ensure that the field and residential social workers see themselves as part of a team. Reinforcement of the philosophy behind the Planning for Children in Care programme will help to reduce the gap between the two services but much more is required for short-term admissions to regional institutions. Many children and young persons are being admitted to institutions without the residential staff being provided with any information by the field staff and without the field social worker visiting the children and young persons.

No Principal should accept a child or young person for medium or long-term placement without the documentation required (for 'Planning for Children in Care'). For short-term admissions the field social worker should provide the background information within 48 hours of admission.

Some field and residential social workers have a clear understanding of the role of the residential service as a resource to the field social work service and go to great pains to ensure that there is full participation in planning and consultation in all matters affecting the child. This standard of practice should apply to all staff.

Specialist Services

Psychological Services of the Department of Education, and the various medical/psychiatric facilities and services available to residential care are included here. Once again, provision throughout the country has been variable, and development largely dependant on local initiatives. The Department's recent initiative in establishing three positions of Clinical Psychologist in Auckland, Wellington and Christchurch is commended to the extent that these specialists are charged with organising and co-ordinating the delivery of specialist services to Social Welfare districts and institutions, rather than duplicating services which already exist in the community. Since the inception of these positions, reports indicate an improvement in service. It would be a shame to see such specialists totally absorbed into operational tasks - there are patently not enough of them to deliver an effective service that way. What they can and should be doing on our behalf, is storming the bastions of professional indifference and generating enthusiasm amongst psychologists and psychiatrists to work with offending and difficult children. The employment of Child Psychotherapists and Counsellors has proved an effective way of providing the delivery of specialist services to CYP. New Zealand's total resources of specialist psychiatric and psychological personnel is so limited that at best, we can hope only to expand such services on a fee-for-service basis. The fees struck must remain competitive and attractive.

The need for research in treatment approaches is generally accepted. We would encourage the Department to investigate the possibility of contracting for services in the areas of research, evaluation or introduction of new or refined treatment approaches. The Universities are a largely untapped measure of expertise, with teaching staff available, wanting to work within our treatment settings, not only to develop their own professional expertise but also with many consequential benefits to us.

Educational Services

It is not considered appropriate for the Department of Social Welfare to develop its own teaching services but rather institutions should aim at making better use of the sort of expertise and personnel available through the Special Education Division of the Department of Education. The 1981 Review of Schools and Teaching Services in Department of Social Welfare Homes, presents in detail the potential of this resource, and makes recommendations for change endorsed by this working party. The review highlights the availability of use of teaching services, and of teaching practice, throughout the country.

It is our belief that the Department of Social Welfare needs an officer with national responsibility for co-ordinating educational services and programmes in our institutions, and for liaison with the Department of Education in carrying our this co-ordinating function. The Department of Education is a huge bureaucracy, and provision for special education is very much on the periphery of their main activity. Within Special Education itself, Social Welfare Schools are relatively small business in relation to the needs of the deaf, the intellectually handicapped, the physically handicapped, the blind, and those children in the various health services. On the other hand, our schools can be an important part of our overall investigative and therapeutic thrust and we need some qualified person to manage and develop this resource nationally. The success of the recent appointment of a Senior Psychologist within the Department shows the benefit to be obtained by having a qualified person co-ordinating professional services. The Residential Services Section in Head Office should be strengthened by the establishment of an advisory position concentrating on educational services, and that a teacher with special education experience would be best qualified for such an appointment.

Volunteers

The use of volunteers in the residential service is to be encouraged while safeguarding the interests of the CYP by ensuring that appropriate vetting takes place. The volunteers should be used in such a way that the institution becomes a more acceptable part of the community.

Every effort should be made to have the residential services seen as being part of the wider community. To this end voluntary help should be encouraged and where possible and appropriate residential facilities should be made available to the community. Recreational facilities in particular can be used in such a way as to encourage community participation.

Community Alternatives to Residential Care

Because not all CYP remanded in the department's care require a residential placement, a pilot scheme has been introduced in South Auckland. Under the name "Community Care" the scheme provides for selected CYP to be fostered by Community Care givers for the period of remand. From the first six months experience between 30%-35% have been successfully placed in this way. Another unit is now being put in place to cover another section of Auckland.

The Intensive Foster Care Scheme was established as a pilot project in Auckland and Christchurch with the aim of providing intensive social work support for selected CYP in foster care who may otherwise require residential placement. The scheme has had staffing difficulties in Christchurch but the results from the two projects are encouraging.

These two efforts are commendable and we recommend that the Department actively encourages these and other initiatives as a means of arranging community placements as a complement to residential care. Adequate financial provision should be made for these developments.

Private Sector

The residential services provided by the private sector are seen as part of the total community response to the need for these services for CYP. The Department provides considerable subsidy finance for these services together with an advisory service. This latter service tends to be nominal but improvement with more advisory staff available would result in better co-ordination of all residential services. Other community groups could also be encouraged to provide allied residential services e.g. the Korowhai Trust-House for Maori girls subjected to incest.

A particular project which has been under negotiation for some time but which has been delayed by the town planning process is the proposal to place a facility on the John Waititi Memorial Marae. The unit would be funded by the Department but run by the Marae Management Committee. It will take up to 12 children mainly on short-term placements to enable the Marae to develop methods of treatment within their culture. Children from other cultural groups would not be excluded.

The possibility of arranging local placements in partially staffed family homes either operated by the Department or contracted out to the private sector merits further examination. Under this concept a standard family home arrangement would also include two rostered residential social workers to provide intensive support.

It is noteworthy that during the past fifteen years the availability of residential beds for children and young persons in the private sector has been dramatically reduced. It is unlikely that this sector will be able to take over a significant number of the CYP, in the residential care of the Department.

Professional Support

In order that the residential services continue to develop and become more professional, residential social workers need professional support and stimulation. The primary method of delivering such support and stimulation and ensuring accountability through the social work supervision process is elaborated in chapter 8 of this report. Other aspects of professional support are:

● Library facilities: Institutions need urgent help in some cases to establish and maintain reasonable resource material readily available to staff. The Head Office Library resources currently stretch to 3-5 books per institution per year and this is woefully inadequate. There may be alternatives to

buying books and having them replaced regularly if we were to enter into dialogue with organisations like the National Library Service or Universities.

- Periodicals: The Current Awareness Bulletin is an excellent resource the development of which is highly commended. A small range of periodicals for each institution, to be displayed to attract and generate staff interests, might be a helpful complement.

- Professional Organisations: Valuable lateral support, from people working in different aspects of the helping professions, can accrue to residential social workers who seek membership of bodies such as the New Zealand Association of Social Workers and the Residential Care Association.

- Overseas Experience: The Department should provide financial provision for at least one residential social worker to be dispatched annually for overseas exchange or observation visits, in line with the policy adopted by many other State organisations and private sector firms, who see such experience as developmental and contributing to professional and service growth. Such exercises should be task orientated and provide for the Department to derive benefit by gaining direct access to innovative programmes or developments in other countries.

- Overseas Expertise: The Department should consider the regular sponsorship of visitors to New Zealand, to undertake major conference input and lecture tour.

COMPUTER FACILITIES

Provision of comprehensive up-to-date and accurate summary statistics for management and programme direction purposes within residential facilities, and as an input to programme evaluation and service planning, is dependent on use of data processing. At present the statistical returns from residential facilities are manually processed at Head Office, and the returns from this initial development step have had a significant impact - not the least as an input to the analysis in this report. This trend in residential service management is to be encouraged.

A data processing programme for the Social Work Division is currently being designed, using the SPECTRUM methodology, and due for implementation in 1984. It would be unreasonable to expect that this system will in the short-term provide all the data processing that could be utilised in any monitoring or development of residential services, however in the medium and long-term it should provide the required service.

The Short-Term Development Option

An option for the Residential Services Section to consider is use of the Cumberland House Computer facility for providing a range of statistical summaries on a trial basis. These computer facilities are already in use by research, statistics and evaluation staff at Head Office and so a pool of expertise is available at low cost, for assistance in developing appropriate data analysis skills. Further, the Management Indicators project developed by the Administrative Division and the Social Programme Evaluation Unit would be a good model for residential services management information. Suggested objectives for this operation would be :

(a) development of summary statistics relevant to, and used by, institution principals;

(b) enchancement of data interpretive and evaluative skills at head office;

(c) design of appropriate data collection instruments, which would

- maximise useful data, and

- minimise work input in collecting these statistics

(d) design of appropriate routines and programmes for the analysis of data so collected, and which would be readily transferable once the Social Work system is in place.

The Microprocessor Option

Another option to be considered in the Residential Service, is the deployment of micro-computers to several or all institutions. Such machines are rapidly becoming the <u>sine qua non</u> of modern office management, and can offer the capacity to simplify social work and psychological assessments and develop educational skills as well as handle much of the routine record keeping, accounting and simple work-processing in a residential facility. Although present State Services Commission controls would limit the widespread development of this option in the short term, indications are that before long these machines will be widely available.

Suggested objectives for this option, should it be contemplated, would be :

(a)   choice of a simple but flexible machine that would encourage use yet be relatively inexpensive;

(b)   national development of appropriate programmes and routines, avoiding duplication and buying existing software "packages" where feasible;

(c)   development of a link with the national Department of Social Welfare network so as to complement the facilities available on that system;

(d)   co-operation with the Department of Education in the provision and use of educational computing facilities within residential institution schools;

(e)   development of educational programmes suited to the particular needs of C.Y.P. in the residential care of the Department of Social Welfare.

Transport

Some concern is felt at the type, standard and deployment
of vehicles used in the department's institutions. The
provision of large mini-bus type vans has been used to
meet the need for group transport and utility service. These
vehicles have too often been trade type vans with windows
and seats added and so are uncomfortable in ride and
inconvenient for access. In spite of being very basic
their economy is often very much in doubt.

In our institutions, transport of larger groups is necessary
and there are suitable 'mini-bus' type vehicles which, if not
clearly identifiable as government vehicles, can be used as
at present. The use of departmental insignia on all vehicles
based at institutions should cease.

Discussions with the Vehicle Allocations Committee need to
be entered into so that replacement vehicles specifically
designed for passenger transport are selected. Sufficient
numbers of these should be allocated to institutions to
enable them to carry our their responsibilities for
transporting residents. Where extra vehicles are indicated
differing sizes of suitable passenger vehicles should be considered
and so give a range of combinations and alternatives.

Furniture and Furnishings

Furnishing of institutions has traditionally been approached
with the lowest price for long wearing, functional, robust
items that will, however battered, continue to provide basic
service. Hence there are lounges which provide chairs made
by the prison service, dining room chairs that stack and can
have a quick wipe over of their fibreglass seats, floors of
polished vinyl and small carpet squares, walls with wipe-over
surfacing and sensible curtains that block out the light.
A small number of our institutions·have resisted this austerity
approach and the comparison is dramatic for, in many instances,
architecture lends itself to imaginative decor. The more
functional levels are more often considered acceptable in
boys' institutions, possibly because it is considered a
reflection of the New Zealand male image and possibly because
of the higher expectation of damage from boisterous use.

There is really no justification for these attitudes. It is
well established that children respond to attractive surroundings
and usually greater care is taken of the more pleasant items.
Where the choice and overall specification has been in the hands
of the people actually working in the setting, furnishings
have been of a more pleasing standard than when they are left
as an administrative stores decision without adequate
consultation.

There is a need for Principals, particularly of regional
institutions, and for stores officers to have a much wider
knowledge of purchasing procedures and regulations and a
better appreciation of the flexibility of these regulations.
Some expert help is available from literature and from
colour consultants and furniture manufacturers and this
advice should be sought where possible. Walls should be
papered in bright vinyl covering and often carpet is little
different in price to polyvinyl. Curtains should be chosen
to enhance the other furnishings. All of this is as an average
New Zealand family would approach their furnishing needs and
this must be considered an appropriate standard for
residential settings.

Recreational and Educational Equipment

Much of the modern educational equipment has a dual function
that enables it to be used in an entertainment-recreational
way. Good argument has established the acceptability of items
like video equipment and educational computers. These have
generally emerged past the desirable level and have become
accepted as important educational tools. The department could
well establish a standard list of appropriate equipment which
should be made available to all institutions.
General recreational equipment also fits into this category.
This area also suffers from uneven funding not least of all
because in districts regional institutions must compete for
these funds with family homes and foster care.

SUMMARY OF FINDINGS

Level of Funding

The current financial allocation is insufficient to carry out
the present range of residential functions within the
social work model.

Provision of Beds

The number of beds provided is adequate but locality and design
problems mitigate against their best use.

Rationalisation

Rationalisation to date has provided substantial capital and
operating savings.

Co-ordination with Private Sector

There is insufficient co-ordination in Head Office in respect of the development of residential care in the private sector.

Basis for Calculating Costs of Residential Care

"Occupied beds" does not provide an adequate measure of use of residential facilities. Administrative costs need to be measured consistently.

Admission Without Information

C.Y.P. are being admitted to regional institutions with no background information being provided or else it is inadequate.

Planning Children for Care

Placements of CYP in extended residential care without the Planning for Children in Care documentation are hindered by lack of goals and information.

Co-ordination Between Field and Residential S.W. Services

Need for consultation in all matters affecting the CYP.

Departmental Psychologists

The appointment of a Senior Psychologist and two Psychologists has improved co-ordination of the delivery of psychological services.

Research

There is a need for research in treatment approaches within residential care.

Co-ordination of Educational Services in Residential Institutions

There is a need for better co-ordination of educational services and programmes within residential care, and better liaison with the Department of Education.

Volunteers

Volunteers could be further used in the residential services.

Community Alternatives to Residential Care

Recent initiatives have been taken.

Private Sector

There is some limited scope for further participation by the private sector in residential services for CYP.

Library

The financial allocation for residential service resource publications is inadequate.

Professional Support

Development of residential social work services would be enhanced by regular contact with appropriate associations here and overseas.

Computers

Further development of residential management indicators requires computer processing.

Transport

The types of vehicle supplied are sometimes unsuitable.

Furnishings

Furnishings in a residential home need to be attractive and comfortable and related to the expectations of the average New Zealand household.

Equipment

Video equipment and micro computers are becoming established as essential educational resources.

STAFFING

Introduction

The success or failure of any residential care programme
hinges on the quantity and quality of the staff provided.
In this chapter, the levels of staffing currently provided
are compared with what are considered to be more appropriate
staffing levels. The staffing of secure units and the
shortage of supervisory staff receive particular mention
while allied to staffing levels is the question of
relativities and gradings. A summary of findings is
included at the end of the chapter.

RESIDENTIAL SOCIAL WORK

General

Changed expectations were placed on residential staff to
undertake social work within residential settings when the
occupational class was restructured. The consequent extension
of the residential social worker's role has placed
additional expectations and demands upon staff who already had
a wide range of responsibilities caring for the CYP in
residence and organising and implementing appropriate programmes.
The Department's planning for children in care scheme has also
placed additional demands on the residential social work staff
in the total social work task which, in the ideal situation, is now a
shared task between residential and field social work staff.

There is considerable variability in staffing numbers and gradings
throughout the residential service. Staffing at both a basic
grade and senior level is frequently insufficient to satisfactorily
implement the full range of responsibilities and for staff to
receive an acceptable standard of professional supervision as
well as supervision of their day to day activities. This is the
situation in some institutions where there is only sufficient
staff to care for the CYP in the institution and there is
insufficient staff to develop and implement individual programmes
for the CYP in residence.

In some institutions staffing levels are such that senior staff
are required to undertake operational responsibilities and are
therefore not able to fully exercise their management or
supervisory responsibilities.

Secure

Although a number of the institutions have full time secure staff
on their establishment, the reality is that in order to survive
and run a reasonable programme in their open units, many are
forced to withdraw the nominal secure staff and deploy them in
the open wing, servicing the secure unit on the run, i.e.,
half-hour checks and minimum programme. Not only do most of the
institutions consider that they are forced to compromise the

quality of their operations because of insufficient staffing
levels, it has also been common practice (because of the
larger groups in the open unit to be supervised) to use the
lowest graded (and usually least experienced) staff to
operate in the most sensitive and probably most difficult
section of the institution. Comment is made in chapter 7
that secure units with four or more beds should be staffed as
separate units.

Staffing Levels   -   Residential Social Work Staff

Throughout this report, there is comment on resource limitation
at critical points and social work staffing limitations are the
most obvious of these. The working party decided after a
review of current staffing levels to set some "ideal staffing
criteria", and apply these to the institution. The result was
a projected increase of staff totalling 223 positions. This
was clearly unattainable, so we devised a set of "realistic
criteria" which reduced the needed increase to 83. It is not
suggested that the residential service needs 223, or even 83,
new positions. Our analysis seemed to indicate that some
rationalisation of staffing in some institutions could be
achieved to enable some reduction of the additional social work staff
thought to be required. Rationalisation of the residential
service itself, options for which are given in other parts of
this report, could release further positions for reallocation.
We submit the following analysis :

(a)   Existing Social Work Staffing levels
       (Appendix VII   Table I)

There are clearly some critically understaffed institutions
(Epuni, Hamilton Boys', Hokio and Kohitere, for example) and
an example of strange staffing provision (Owairaka) where
supervisory positions have been established for basic grade
functions. In many institutions, Assistant Principals, instead
of being managers, carry out a supervisor's function along with
one or more Senior Residential Social Workers. Several
Principals and most Assistant Principals are rostered. Some
institutions (Kingslea, Hamilton Girls', Weymouth) have
virtually eliminated domestic staffing and created instead,
the required social work staffing levels. Others, notably
boys' institutions like Hokio, Hamilton Boys' and Epuni, have
retained several domestic positions. This is clearly an area
that warrants further study. The service is under-resourced
with supervisors (SRSW 322-110 and 322-112). If we were to
apply the field social work criteria of one supervisor to five
basic grade staff, we would need 49 supervisors for the 243
basic grade staff currently employed. At present there are
34 such positions. Many of the smaller institutions have two
managers (Principal and Assistant Principal) and no social work
supervisors. Some change in this situation could be
contemplated and is discussed later.

(b)   "Ideal" Social Work Staff Levels

An ideal criteria to staff the service was established
(social work staff only) as if starting from scratch. The
criteria are set out in Appendix VII and in the tables ¯
attached it is clear that would constitute massive increases
on current provision probably pricing the service out of
existence. In response to the need to remain viable and
realistic a modified set criteria was produced and is included
in the "Realistic" criteria set out in Appendix VII.

The result of applying these modified criteria is set out in
Table III. There would be an increase of 57 basic grade staff,
most of which would be applied to boys' institutions.
There would be an increase of two permanent relievers, but a
massive increase of 31 Senior RSW's. The number of
Assistant Principals would decrease by seven. The overall
increase in social work staffing levels would be 83. All
institutions other than the group homes, would have three
Senior RSW's, who would be rostered to promote full senior cover
and supervision of operational staff. Eight institutions would
relinquish their Assistant Principal positions. This is based
on the assumption that all institutions continue with the same
role and function as at present.

It is suggested:

(1)   That each Institution be required to review its reliance
       on ancillary¯ staffing, with a view to obtaining some
       resource shifts within institutions. Several of the
       boys' institutions seem to have room to move in this
       respect.

(2)   Any surplus resources from this review together with any
       which results from service-wide rationalisation, could be
       reallocated in the following suggested priority order :

       (a)   Increase from two to three, the Supervisors at Hokio,
              Beck House, Hamilton Boys', Epuni Boys', Wesleydale,
              Bollard, Hamilton Girls', Wellington Girls' -
              (eight positions providing Wesleydale A/P is
              disestablished).

       (b)   Increase basic grade staff at Kohitere, Hokio,
              Owairaka, Hamilton Boys', Epuni, Christchurch Boys'
              and Bollard Girls'.

       (c)   Disestablish Assistant Principal positions and establish
              Senior RSW positions where indicated in smaller
              institutions.

       (d)   Raise remaining basic grade levels.

       (e)   Appoint remaining supervisors (Senior RSW) where
              indicated.

Ancillary Staffing

No attempt was made to review ancillary staffing levels because of the wide variation in provision and use. This section of residential staffing warrants further urgent study. Some options which should be considered with this group of basically Domestic and General Services staff are :

(a) Contract as many services as possible to the private sector. We should question the value of employing staff for cleaning and laundrey services for example, when social work staffing levels are so low. The same could apply to mending, and buildings maintenance positions.

(b) Social work staff and CYP together, can accomplish much in the organisation and cleaning of living space. Basic to the residential social work task is interaction with CYP in the everyday events of life. Grinding, routine cleaning tasks such as scrubbing and polishing can be eliminated by the use of carpet. CYP can and should be taught to care for their own clothing, including basic mending tasks. Social skills programmes can be constructed around such mundane household routine jobs and give them the opportunity to provide constructive habit formations.

(c) Many purely domestic positions - e.g., cooks, gardeners, can with a little thought and reorganisation, offer employment instruction opportunities for young persons in residence. Such positions, regarded as instructors, offer an additional service within the institution and a complement to the social work effort.

GRADINGS

General

The gradings currently available for Principals of institutions are compressed because of pressure at both ends, i.e., the 322.112 supervisory grade is an established benchmark with field social workers 320.104 (new grades) while the top grading of 322.119 is currently used for the position of Director, Residential Services, Head Office, which is tied to its field equivalent, that of Director, Social Work Services.

Principles Related to Gradings

(a) There should be at least two grades between a Principal and his Assistant, in order to ensure adequate compensation for responsibility and to avoid almost certain promotion from Assistant Principal to Principal. This appears to be consistent with numerous other sections in the department.

(b)   Grading Criteria

     (i)   Available beds

     (ii)   Staff establishment

     (iii)   Throughput of Children and Young Persons

     (iv)   Degree of difficulty of Children and Young Persons (e.g. Beck House).

     (v)   Additional responsibilities (e.g. forest, plant and equipment and farm at Kohitere).

In addition to the above criteria, the working party considered that additional credit should be given to Principals of regional institutions which have a secure unit attached. i.e., Principals of group homes and reception centres should all be at the first level (322.113) with the grading of a Principal of a regional institution starting at the second level (322.114)

The table below sets out what are considered to be equitable and desirable gradings which are consistent with their current level of operation.

(N.B. Should the role and function of any institution be altered as a result of this report, gradings would obviously need to be reviewed).

		113	114	115	116	117	118	119
	Group Homes	P						
	Reception Centres	P						
(1)	Dunedin B.H. Dunedin G.H. Allendale G.H.		P					
(2)	Hamilton G.H. Wellington G.H. Wesleydale B.H. Christchurch B.H.	A/P		P				
	Beck House Hamilton B.H. Bollard G.H. Epuni B.H.		A/P		P			
	Hokio Owairaka Weymouth			A/P		P		
(3)	Kingslea				A/P (2)		P	
(3) (4)	Kohitere					A/P (2)		P

Notes:

(1)   Recognises the additional responsibility of a secure unit.

(2)   Wellington Girls' Home correctly comes into line with
        institutions with a similar throughput.

(3)   Both Assistant Principals' positions are graded the same,
        consistent with the structure in most district offices.

(4)   To ensure relativity with and between institutions, the
        Principal, Kohitere goes onto the top grade in the
        322 occupational class. This would require the
        Director, Residential Services, Head Office, to move
        into the 007.1 occupational class.

Staffing of Residential Services, Head Office

As reported elsewhere in the report, there is currently
insufficient staff within the Residential Services of Head
Office to monitor the various institutions and to evaluate
and develop the many aspects of residential care that this
report comments on. The working party considered it reasonable
that a further three advisory positions be created to enable
this work to be carried out at the depth required. This would
be consistent with the level of staffing for field Social Work
Advisers. An additional position for a trained teacher is also
considered necessary to enable improved co-ordination of the
teaching service within the schools attached to the institutions.

Sinking Lid

To date the department has clearly acknowledged the staffing
difficulties being encountered by almost all of the institutions
by not requiring a contribution to the sinking lid pool. It
should be appreciated that because of the rostered nature of the
job, it in effect requires three staff positions to maintain one
person rostered on duty in any one specific area of the
institution at any one time. The suggested increases in staff
coverage make no allowance for absorbing pressure from the
sinking lid policy.

Organisational Charts   -   Job Descriptions

At the present time there are some discrepancies in the
organisational charts for some institutions. It is therefore
considered necessary for all charts to be reviewed and
upgraded. Many job descriptions are also now out of date while
some positions do not have descriptions. A review of all
descriptions is therefore required.

Summary of Findings

Ability of Staff

Some staff have found it difficult to accept and adapt to
the changed role and job expectation following the
restructuring of the residential workers' occupational class.

Planning for Children in Care

This scheme has placed additional work on residential
social workers.

Provision of Staff

There is a variable level of staffing in institutions,
resulting in critical understaffing in many institutions.

Role Confusion

Because of insufficient staff, there is role confusion
between management, supervision and operations staff.

Secure Staffing

Secure units with four or more beds should be staffed as
separate units.

Domestic Staff

There is a need to review the present deployment of domestic
staff, particularly in boys' institutions.

Ancillary Staffing

Some rationalisation could be achieved by careful review.

Gradings

A review of gradings is warranted.

Head Office Staffing

Further positions are suggested for the Residential Services
section in Head Office.

Sinking Lid

The sinking lid has been applied lightly to the
residential services as a whole.

Organisational Charts and Job Descriptions

These need to be updated.

FACILITIES

Introduction

The physical environment provided for any residential
care programme has a significant effect on how the
CYP react to their new environment. It also influences
the ability of the staff to operate an appropriate programme.
This chapter examines some of the constraints of many of the
department's institutions, reviews the present facilities
and lists proposals currently under consideration by the
department. There is brief comment on the potential for
aggregating resources.   The chapter concludes with a list
of findings.

As indicated in chapter 1, the working party confined itself
to the department's residential institutions and did not
involve itself in the establishment and operating of
Family Homes and institutions operated by the private sector
and subsidised by the department. Further details on these
two aspects are included in the attached "Children in
Residential Care: A Base Document' (see Appendix IV).

General

The department currently operates 21 institutions with a
total open bed capacity of 738. The planned opening of a
Group Home at Opawa in November 1982 will increase the
number of institutions to 22 adding a further 10 beds to
the total capacity. (Holdsworth is not included in these
totals, but the St John's Hill Group Home which partly
replaces it, is included in these totals.)   For a full
list of institutions and their capacity, see Appendix I

There is a growing amount of evidence to show that the
facilities provided in residential care have a significant
bearing on the kind of behaviour that is generated within it.

> "The attempt to relate the problems and management needs
> of severely disordered boys and girls to physical
> surroundings is also being gradually carried beyond
> the endorsement of 'received wisdom'. This is a
> relatively well explored area ... and in the final
> analysis, buildings and the physical environment are
> simply aids to the management of the children. If they
> are well designed, they facilitate; if they are badly
> designed they impede, but do not finally determine the
> quality of the atmosphere and of the work that is
> carried out within them.   That crucial role is reserved
> for the children and the other human beings with
> whom they interact." (Hoghughi (1))

(1) Hoghughi in 'Troubled and Troublesome: coping with severely
     disordered children.'   Burnett Books, London 1978.

Because of the continuing development of residential child
care practice in recent years, many of the existing facilities
do not facilitate the management of and the programmes for the
CYP in residence because :

(a)   Conceptually many of our present facilities are
       out of date;

(b)   Inappropriate buildings - many of which have been
       adapted for institution use;

(c)   Poor building design, layout or materials used;

(d)   Poor location in relation to :

       (i)   Access for family contact;

       (ii)   Access for social work contact;

       (iii) Access to and for specialist support;

       (iv)   Relevance and purpose of the institution;

       (v)   Poor vehicle access and parking;

       (vi)   Effecting recruitment and retention of
              suitable staff;

(e)   Inadequate ground space or difficult contour.

All or any of the above can and do adversely affect the quality
of good residential care practice. There has been a tendency
over the years for the department to make do with facilities
that incorporate many of these unsatisfactory features. The
department's response may be attributable to fragmented and
spasmodic growth caused by varying expectations from the
community and other government departments, that the residential
service would provide only a custodial/parenting service. This
has been exacerbated by a lack of long-term planning and ill-
defined goals.

The acceptance of the social work model for residential services
and the resultant emphasis on relevant social work programmes
to attain that goal has highlighted these deficiencies. The
majority of the department's institutions have been purpose
built. Even in those cases there has been a tendency to "plan"
away from, and without sufficient consultation with the
professional users, who provide the environment, programme and
care, resulting in less than ideal facilities in a number
of cases.

Secure units, even when purpose built, demonstrate an alarming
degree of design influence toward the justice model. This tends
to make their use, as areas of social work intervention,
difficult without extensive additions, remodelling and ideally,
high staff coverage.

Recent Changes to Residential Facilities

In 1980, the Strathmore Girls' Home in Christchurch was closed with 27 beds, the very old building was badly in need of replacement. By making use of an 18 bed unit at Kingslea, the department avoided expenditure of $750,000 in providing a replacement facility.

The department closed Fareham House (24 bed extended care programme for girls 11 - 13 years old) in April 1981 and at the same time, announced its intention not to rebuild Holdsworth School, Wanganui, (58 bed extended care programme for boys 9 - 13). To replace both of these programmes, government approval was given to design and build five group homes, each to be co-educational catering for up to 10 children aged 9 - 13 years inclusive and to be located at Auckland, Christchurch, Wanganui, Hamilton and Lower Hutt. The first three group homes will be in operation by the end of 1982.

Because of continued underutilisation, the Palmerston North Girls' Home was closed in April 1982, with Wellington Girls' Home which was also underutilised, having sufficient spare capacity to provide a replacement service.

Earlier this year the 'Amorangi' adolescent support unit was opened in Masterton. It is a pilot project that provides for up to eight young persons in a supervised flatting situation as a half-way facility in preparation for independent living within the community.

Current Residential Facilities

The facilities currently in use to provide a residential child care resource to the department vary widely in size, location, design and age. While a brief standard assessment of each institution is included in Appendix II the following is a summary of the department's institutions.

(a)   **National**

The largest institution is Kohitere. Together with the farm and the forest, this facility represents a substantial investment. Being located close to a secondary town has some advantages, but it would be fair to say that if the department was setting Kohitere up today, it certainly wouldn't be located in Levin. The age, condition and utility of the buildings vary, but they only provide 'barrack' style accommodation, one large dining room and recreational/lounge space suitable for large groupings. At 110 beds, it is too large and has probably passed the optimum size for this type of facility. Only at considerable expense could it be converted to a co-educational facility. The secure unit is designed on the justice model. Both the new swimming pool and gymnasium are being well utilized by local community groups.

Both Weymouth and Kingslea are generally able to obtain good
utility from their buildings. An extensive rebuilding/
remodelling programme is well advanced at Kingslea, with
the social hall due for demolition and the secure unit still
needing rebuilding. Weymouth, which is now 10 years old, had
numerous design faults. Most of these have now been corrected
although the 20 bed units can comfortably cater for only
15 girls. Both institutions are well located from a national
point of view and with minor alterations, both could be
converted to co-educational use if desired.

The locality of Hokio has many advantages from an active
adolescent boy's point of view. It has disadvantages in terms
of retaining close family contact. The facilities at Hokio are
fairly basic and suitable for large group activities.
Redevelopment of the administration and kitchen/dining-room area
is required. The two secure rooms are unsuitable.

Beck House is structurally sound but some redevelopment is required
to the accommodation, storage areas and recreation facilities.
Surplus land is leased to a local farmer. Locality inhibits family
involvement and the recruitment/retention of specialist services.
A 'time out' room is provided but no secure rooms.

(b)   Regional

(i)   Boys

Two of the regional institutions, Owairaka Boys' Home
and Wesleydale Boys' Home were designed as Children's
Homes and not remand and assessment facilities for a
fairly high turnover. Both of these facilities are
well located and structurally sound but neither are
entirely suitable for their present role.
Wesleydale is the only residential facility operated
by the department but not owned by the department,
being leased from the Methodist Social Services,
Auckland.

Hamilton Boys' Home and Epuni Boys' Home are of the
same original design, although past alterations now
show minor differences. Hamilton Boys' has a 5 bed
semi-secure unit while Epuni Boys' has an improved
administration area. Both are well located, well
maintained and suitable for their purpose.

The facilities at the Christchurch Boys' Home are
generally unsuitable for its present role of remand
and assessment. The main building is old and must be
nearing the end of its economic life. The locality
is very good. The new secure unit is poorly designed.
Some funds have been provided to give the Dunedin Boys'
Home a facelift, but there are still major design
faults which severely impose on its usability. The
location is generally good but the contour of land
restricts recreational space and future development.

(ii)   <u>Girls</u>

Both Bollard Girls' Home and Hamilton Girls' Home
share the same design. They are both suitably located
and structurally sound. The secure unit at Hamilton
Girls' Home has been upgraded and redecorated while
the Bollard Girls' Home secure unit is very spartan
by comparison.

Although Allendale Girls' Home would make an ideal
'gentleman's residence, it is not particularly suitable
as a residence for 23 young girls. It is well located
in mature surroundings and well maintained. The secure
unit is generally inadequate.

Nearing the end of its economic life is the Wellington
Girls' Home. Although its location is good, it has
insufficient land. It is unsuitable for its present
function and planning for its replacement will need to
commence in the not too distant future. The secure
unit is generally suitable for its purpose.

The Dunedin Girls' Home is well located but has
insufficient suitable land. The main building does not
meet the current earthquake standards and needs to be
replaced. Initial investigation on a proposal for
its replacement has already commenced. The secure unit
is inadequate.

(iii)   <u>Reception Centres</u>

None of the three reception centres have completely
adequate facilities for their function. Cornwall Park
is not functional and is not well sited for younger
children. It is in a reasonable state of repair and
structurally quite sound. Tower Hill is also unsuitable
for its present purpose, being on three separate levels.
It has insufficient land and is on a poor site.
Arbor House was purchased as an interim measure until
the Newlands Reception Centre was built in Wellington.
The department has since supported the building of the
Home of Compassion in Wellington as an alternative,
resulting in a need to review the need for Arbor House.
It is generally functional, but lacks adequate recreational
facilities. It's locality has prevented a wider use from
the greater Wellington region.

(iv)   <u>Group Homes</u>

Group Homes were developed to replace the Holdsworth
and Fareham programmes. They are specially designed
for co-educational use. The first of the group homes
was opened at Te Atatu at the beginning of 1982 with
the second due to open at Opawa, Christchurch, in
November 1982. The third group home at St John's Hill
Wanganui, will open in the first quarter of 1983 after
renovations have been completed to the present
administration block at Holdsworth. In the meantime,

the Holdsworth programme has been phased down to operate from a former staff house on the Holdsworth property. The last two group homes, in Hamilton and Lower Hutt are planned for building towards the end of 1983.

Current Proposals Relating to Residential Facilities

A review of the department's Works Programme 1982/87 indicates the following substantial proposals:

- Owairaka - upgrading secure (1982/83)

- Marae Home, Auckland (1982/83)
  delayed due to Town Planning

- Group Home, Hamilton (1984/85)

- Beck House - additions, recreation room (1982/83)

- Beck House - swimming pool (1985/86)

- Kohitere - upgrading secure (1984/85)

- Epuni Boys' Home - upgrading secure (1983/84)

- Christchurch Boys' Home - additions (1982/83)

- Kingslea - rebuild secure (1983/84)

- Dunedin Girls' Home - rebuilding (1985/86)

The purchase of land and numerous projects costing less than $50,000 are planned in addition to the above list.

Other Proposals

A number of other proposals under consideration could also have a bearing on some of the present facilities.

(a)   Community Care

The initial pilot project is working well in the South Auckland area and is due to be extended to a further area in Auckland. Several other districts are also interested in developing the concept. A more detailed outline of the concept is attached to Appendix IV.

(b)   Camp Peek

Approval was given in the 1982 Budget to establish an outdoor pursuits facility. Located in the hills behind Levin, Camp Peek has accommodation for up to 16 residents. See Appendix IV for details.

(c) Intermediate Treatment

This form of intervention for at risk CYP is widely
used in the U.K. and North America. In 1980 the
department did consider a proposal to establish a
pilot programme in Christchurch, but did not proceed
because of the upkeep required of the buildings
that were available. Concern was also felt that
an entirely new client group might be created, thus
not reducing the client group already in residential
care. Additional detail on the concept of intermediate
treatment is contained in Appendix IV.

Aggregation of Resources

It is envisaged that, given the constraints on finance and
resources in the future, consideration will need to be given
to grouping of institutions to make better use of these limited
resources. There are two ways of accomplishing this :

(1) A grouping of institutions, where there are several
     residential units, possibly with differing roles, within
     a reasonable proximity of each other. It is important
     in this concept to ensure that lines of good communication
     and servicing are maintained. The fact that these units
     although serviced, as a whole, are not on a common
     property should not be conceived as being a limiting
     factor.

(2) Development of a campus concept with small compatable
     units each using a multi-functional set of resources
     grouped on a single property. The ultimate number of
     the residences would be restricted by the amount of land
     available. There is a capacity limit for the effective
     size of such campuses which would need further
     investigation if the concept was to be developed.
     Where possible this campus concept for new establish-
     ments would be developed so that there may be a sharing
     of :

     (a) Administration services;

     (b) Specialist support;

     (c) Ancilliary facilities such as playing fields,
          gymnasiums, swimming pools, etc.

     (d) Transport;

     (e) Specialist sporting equipment, e.g., canoes and
          confidence courses, (specialist electronics),
          video, computers;

     (f) Schooling;

(g)   Work experience facilities;

(h)   Secure Units;

Some of the above could be achieved immediately if
the concept of regional administration was developed.

Summary of Findings

Existing Facilities

A number of the existing facilities are unsuitable for their
present role and function.

Recent Changes

Three institutions have been closed in the last two years
with a fourth currently being phased out. Three group homes
have been, or are being developed to replace some of the
bed capacity lost as a result of these moves. Two further
group homes are planned. A pilot adolescent support centre
has recently opened in Masterton.

Current Proposals Relating to Residential Facilities

Provision has been made in the department's 1982/87
Works Programme to upgrade or replace some of the present
facilities.

Other Proposals

The department has several proposals in place that should
affect the pressure being felt in some institutions.

SECURE CARE

Introduction

The provision of secure unit facilities within the residential
service is a development that has been given considerable
scrutiny by the working party. This chapter outlines the
historical background to the use of this facility, the
rationale for current practices and a review of usage.
This leads to the development of some objectives for better
design and operation of secure units and a discussion of
the available options.

As the use of a secure facility is a practice which severely
limits the freedom of a CYP, the working party considers it
wise to establish some basic rules for this use. A section
of this chapter outlines some principles to be embodied in any
such rules, and ways in which these may be reviewed. The
chapter concludes with a summary of findings relating to
secure care.

Background

Historically the Industrial School system provided a secure
environment for all CYP placed in state care. The implementation
of the Child Welfare Act in 1925 withdrew that provision so that
the Child Welfare Division of the Department of Education
then had no provision for locking up CYP other than in the old
Department of Justice facilities at Kingslea. Most CYP appeared
before the Courts by summons while the older more serious
offender was remanded to a prison. That practice continued for
30 years until the odd secure room was established in some of
the Department's institutions. Once that occurred the provision
was found to be inadequate because every possible method of
breaking out by CYP was explored and exploited. This led to
the establishment of facilities which were more secure,
although without any master plan or overall policy guiding their
gradual development.

In more recent years, particularly since the passing of the
1974 Children and Young Persons Act, the flow of CYP into our
institutions has increased markedly. Fifteen years ago less than
5% of CYP were remanded in custody compared with the 43% today.
It is somewhat ironic that the provision for custody in the
Children and Young Persons Act was intended to make it more
difficult to place CYP in custody, yet the reverse has occurred.

A factor in the current pattern of use of secure care is the
legal requirement for the Department of Social Welfare to
readmit into residential care some young persons who have already
proven that these homes cannot meet their needs, and who are too
disruptive to the functioning of the 'open' institutions where
they are placed. Residential staff have little alternative in
such situations to the practice of holding these young persons
(usually on remand) in secure care. Staff role confusion is
a major hazard.

At the same time the courts still tend to remand a proportion of young persons in police custody to the prison service because of the Department of Social Welfare's lack of capacity for holding all such young persons. This raises the question whether or not the prison service should normally provide for the secure remand requirements of all those young persons who have previously made District Court appearances.

The Rationale for Secure Units

The requirement for secure care can be considered from the view point of each interest group :

    (a)   the CYP who is admitted to secure care

    (b)   the general public

    (c)   law enforcement officials

    (d)   professional social workers, psychologists and psychiatrists

    (e)   the Department of Social Welfare.

(a)   **Children and Young Persons admitted to secure care**

In this country there appears to be a small number of CYP who, for their own safety or for that of their community, need to be detained in a more secure environment than that provided in the 'open' part of our residential facilities. At the same time CYP undergoing some planned treatment programmes need to be in controlled environments, which are better provided in secure units than in the 'open' part of the institution.

(b)   **Attitudes of the General Public**

Community attitudes to secure care for CYP fluctuate from group to group and over time, from being seen as entirely necessary and appropriate to the view that it is unduly restrictive and possibly harmful to the CYP. These fluctuating patterns of change in attitude have been recorded in Britain[1] and elsewhere. Community pressure for a reduction in numbers of children in residential care in Canada have resulted in partially successful programmes reducing numbers of children and youths in secure care along with reductions of numbers overall in residential care [2]. These experiences have been paralleled elsewhere in America and Australia.

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1.   Millam, Spencer, Bullock & Hosie "Locking Up Children: Secure Provision within the Child Care System" 1978.

2.   Ministry of Community and Social Services, Ontario 1981.

Before concluding that similar declines in numbers of CYP in secure care in New Zealand may be achieved, it is worth noting that Massachusetts with a population of 5.5 million, in 1971, moved to close all of its residential care services (including secure care) for children, and by 1977 had reverted to secure care for 114 youths and was planning to increase this capacity to 256. Community based alternatives could not cope.[3]

(c) **Attitudes of Law Enforcement Officials**

The police and courts have an expectation that serious offenders and persistent absconders will be 'contained' when placed in residential care, occasionally implying or stating that secure care would be appropriate to the case.

Such expectations for containment, if they go no further, imply that the Department is assumed to be operating primarily in a custodial role.

(d) **Attitudes of Professional Social Workers, Psychologists and Psychiatrists**

In the same way as the residential option is a resource open to the field social worker for a minority of clients, the secure unit is a resource available to the residential social worker. Apart from the custodial function for difficult remand cases, the secure unit is able to be used to meet other professional needs :

- defusing or settling a CYP

- protecting a CYP from himself or herself

- protecting a CYP from others

- planned treatment programmes

- behaviour modification

Such use of the secure unit lies within the social work model and treatment may be supervised or conducted by visiting psychologists or psychiatrists.

(e) **Department of Social Welfare Policy**

Under section 69 of the Children and Young Persons Act 1974, the Director-General is required to establish and maintain a range of institutions to cater effectively for the variety of special needs of CYP coming into his guardianship or care. Secure units are one type of facility within this provision.

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3. Ministry of Community and Social Services, Ontario 1981.

The Department of Social Welfare has accepted over
recent years that secure care is necessary, though only
for a specified minority of CYP. Two general principles
underly this acceptance :

(i)   that CYP whose needs can be met elsewhere,
      or whose behaviour can be contained by a
      less restrictive alternative are not admitted
      to secure care, and (also)

(ii) that secure care is restricted to the minority of
      CYP who may benefit from this setting.

The Department has been faced with the need to strike a
balance between the demand for secure facilities to provide
a custodial function and the requirement for a residential social
work resource. Like other bureaucratic organisations it has
generally been unable to respond quickly enough to emergency
needs and pressures in residential care, so that it has reacted
to change rather than planned for development. As an example
the recently built secure units at the Christchurch Boys' Home
were designed to operate only in the 'justice' (custodial)
model, and are unsuitable for other residential social work
purposes.

For residential social workers the role confusion inherent in the
varying expectations of society and attitudes of law enforcement
officials, together with the design of the secure facilities
generally in use, is not much allayed by the lack of explicit
departmental directions on the use of secure care. For a
variety of reasons only a very general outline is provided, it
being left to individual principals to produce their own
guidelines. Consequently, both instructions and practice vary
widely.

Current Capacity of Secure Facilities

At present 14 out of 21 residential institutions have secure
accommodation ranging in size from two to nineteen rooms.
Most of these secure facilities were designed for remand use and
are only suited to short term stays. Kingslea, Weymouth and
Kohitere are able to provide with varying suitability of secure
units, longer term programmes of secure care for selected CYP.
It has been found that only by providing a small secure unit
for the very disturbed or difficult behaviour of some CYP taken
into residential care can the remainder of the institution
be run as an 'open' unit.

Total capacity is 98 beds, though this would be reduced by 12
if doubling up in some secure units was avoided. It has been
suggested that this capacity is somewhat higher than optimum
because of our population distribution, our institutional
locations and our predilection for single-sex facilities.

Duration of ·Secure Care

The usage and length of stay in a secure unit is generally determined by :

- the degree of disturbance and behaviour difficulty displayed by a CYP;

- the seriousness of cases of misconduct within the institution;

- the likelihood of persistent absconding;

- the seriousness of offending prior to admission.

The number of admissions to secure units and average length of stay in these units for the years 1978 to 1982 are as follows:

Duration of Admissions to Secure Care: All Department of Social Welfare Residential Institutions: 1979-1982(part)

Admission for Period Longer than	1979	1980	1981	1982 (first 9 months only)
1 day	2,523	2,102	1,681	1,691
1 week	357	343	239	239
2 weeks	137	106	104	67
1 month	40	24	21	15
Average stay	3.7 days	3.8 days	3.4 days	3.3 days

This information needs to be treated with a degree of caution. For example, some residents are placed in a secure unit only during the night and are involved in the open institution during the day. Neither the semi-secure admission numbers at Weymouth nor those at Hamilton Boys' Home are included in the above figures. In addition, because of the differing functions and objectives of the various institutions, it is potentially misleading to compare the figures for one institution with those for another.

Suitability of Existing Secure Facilities

With the exception of Weymouth, secure units are prevented to a varying extent from fully operating in a social work model. There are three main factors :

    (a)   design;

    (b)   inadequate staffing numbers;

    (c)   incompatability of the remand (justice) and treatment functions.

(a)   Design

Most of the present secure units were designed on the justice
model (containment only) with very short stays in mind. The
provision of essential facilities such as separate rooms for
eating meals and suitable recreational space is inadequate in
many of the present secure units. Toilets are also provided in
some secure rooms where the CYP sleeps. Privacy ranges from
none to substantial. The Working Party considers that though
not all secure rooms need toilets, some still do, even if the
units are fully staffed. Alterations should be organised to
ensure that toilet privacy can be achieved.

Departmental policy favours the provision of one bed to each
secure room, and the working party concurred with this aim.
Implementation would result in the loss of nine secure beds
at Owairaka and three at Christchurch Boys' Home, with some
improvement in flexibility for residential social work use.

Remodelling of secure facilities is currently planned at Kohitere
and Epuni and rebuilding at Kingslea. While upgrading of other
secure facilities may be desirable the working party saw no
need to increase the present ratio of secure beds to open beds
apart from the three proposals already mentioned.

(b)   Staffing

A number of institutions have full time secure staff on their
establishment. Many principals are forced to withdraw these
staff to assist with running a reasonable programme within the
'open' unit, and substitute servicing of the secure unit 'on the
run', i.e. half hourly checks and minimum programmes. A further
common practice has been the deployment of lower graded and least
experienced staff in the secure unit, reserving the more capable
staff for the open unit where larger groups require supervision.

It is therefore considered essential that all secure units with
four or more beds should be staffed as independent units to
enable the development of more adequate and appropriate
programmes.

(c)   Role Conflict

There is a clear, (although usually only implied) expectation from
the courts, police and society, that when CYP are remanded in
Department of Social Welfare custody, they will

     (i)   be available at court for their next appearance, and

     (ii) not abscond.

If the department is to operate on the social work model, there
is a degree of conflict present.

Options for Development of Secure Care

Options available for the development of secure care are :

(i)   Retain the status quo, with its inherent role
        conflict and some unsatisfactory facilities -
        thus minimising additional expenditure in this
        area. More specific instructions for secure
        care, and closer monitoring, would however be
        indicated.

(ii)   Abolish secure units and operate either

    (a)   completely open institutions - thus
            abdicating the custodial role and some
            potential for residential social work
            treatment in secure care, or

    (b)   completely closed institutions - thus
            emphasising the custodial role, even for
            those for whom this is inappropriate, and
            requiring massive alterations.

(iii)   Develop regional secure facilities for social work
        treatment in secure care, and retain local units
        for remand and other custodial purposes. (Note
        that this is already operational in Weymouth,
        Kohitere and Kingslea. Current demand would
        not justify an additional regional secure facility
        in Hamilton.)

(iv)   Develop regional containment facilities only,
        eliminating other secure units - thus concentrating
        on the custodial model.

(v)   Staff all present units of four or more beds and
        further develop social work model usage.

(vi)   Develop a national special needs unit.

(vii)   Develop co-educational secure units.

(viii) Discussion with the Secretary for Justice concerning
        the older, sophisticated, young person.

(ix)   Discussion between the Minister of Social Welfare
        and judiciary concerning older offenders.

Several of these options are mutually compatible. Further options
relating to the safeguards for the use of secure care are
discussed below, and in chapter 8, Accountability.

Safeguards to the Use of Residential Care

To prevent abuse of secure unit facilities and safeguard
residential staff operating within the institutions, the
working party has put foward the following options :

(a)   the appointment at each residential institution
       of an independent person to act, if required, on
       behalf of any CYP admitted to secure care,
       in pursuit of a principal's review of the
       admission - this appointment is further discussed
       in chapter 8, Accountability - and also

(b)   (i)   the development of rules for the use
              of secure facilities, subject to regular and
              independent review, or

       (ii)   the promulgation of regulations covering
              the use of secure care.

(c)   the monitoring of all admissionsto secure units by
       Head Office staff, with the requirement that no
       admission for more than 28 days be permitted
       without prior Head Office approval.

The alternative, of taking no action, was not considered a
viable option. The development of rules (or regulations)
to govern the operation of secure care is discussed in more
detail in the next section.

RULES TO GOVERN THE OPERATION OF SECURE UNITS

The working party considers that clear and unequivocal rules,
about the use of secure units, which are subject to regular
independent review, need to be developed as a matter of urgency.
As each institution's provision and usage of secure units is
different to a greater or lesser extent, it is suggested that
the department issue to institutions, a set of principles
relating to the use of close custody and have institutions
respond, at a date to be set by the Director-General, with a
detailed set of instructions for secure use, for ratification.

It is hoped that the Department can avoid regulative control
of its use of close custody because regulations may have the
paradoxical effect of eliminating some of the potentially
productive and therapeutic uses of secure care. Instead, we
should aim for clearly defining our use of close custody, and
subject that definition to regular judicial review.

The working party recommends the following guiding principles:

(1)   General Principles relating to the use of Secure Units

       (a)   The well-being of the CYP shall be the first
              concern.

(b) Planned induction of a CYP to an Institution which has secure facilities should include a familiarisation of the concept of secure care, and under what circumstances it might be used.

(c) The use of close custody must be regarded as a significant departure from normal provision for young persons, and an exceptional departure for children.

(d) Placement of a CYP in close custody will remain a professional, rather than a judicial decision.

(e) The parameters of professional decision-making in relation to close custody use, will be defined by each institution, and such definitions will be submitted for approval, and at least annual review, by an independant judicial authority appointed by Government.

(f) A complete current set of the principles and instructions governing the use of close custody must be displayed prominently in the duty room and/or secure unit. duty room.

(g) The senior staff member responsible for the secure unit, must regularly review with unit staff, the policy and instructions governing close custody use.

(h) Work within secure units must be based on the Social Work model, and specific on-going training is to be provided for staff working in this difficult and sensitive area.

(i) Staff deployed in secure unit work, are to be selected on the basis of their sympathy with, and acceptance of, the instructions developed. Principals are to ensure that personal and specialist support is readily available to them.

(2) General Principles relating to Admission

(a) Admission to close custody does not, of itself deprive any CYP of access to any service provided by the institution as a whole, nor does it imply punitive programmes, or the exclusion of association or communication with other people.

-(b) Delegation to admit young persons to close custody will not devolve below the SRSW (322-112) level of authority, or the Assistant Principal, where no SRSW positions exist.

(c)   Delegation to admit children to close custody
      will not devolve below the Assistant Principal in
      any institution.

(d)   Except that, admissions to regional institutions
      between the hours of 2200 (10 pm) and 0630
      (6.30 am) may be admitted to secure by the
      receiving officer, after consultation with the
      on-call approving officer.

(e)   The CYP has the right to know on admission to
      secure, the reason for admission, and the likely
      course and duration of close custody.

(f)   On an admission that is longer than 15 minutes,
      i.e., admission to secure, not time out, the
      CYP is to be informed in writing, at an age-
      appropriate level, of his/her rights in close
      custody, including the right to initiate a Principal's
      review which when requested must be within 24 hours
      of the placement, or to formally challenge the
      justification for confinement. The CYP is to be
      informed that arrangements can be made for an
      advocate to act on his/her behalf, such advocates
      to be appointed for each institution, by the
      Minister. Staff are to assist the CYP in the
      exercise of those rights.

(g)   The admission procedures must protect the dignity
      of the CYP. There are however, necessary safeguards
      which must be recognised that ensure the physical and
      medical safety of the CYP, other residents and
      staff.

(3)   General Principles relating to the Post-Admission process

      (a)   In providing nurture, protection and treatment, no
            person or institution shall impose a greater
            restriction on freedom to the CYP than is necessary
            to achieve those objectives.

      (b)   All decisions relating to admission to, treatment in,
            and discharge from, close custody, are to be subject
            to automatic and regular review by a designated
            Senior Officer, who does not have direct responsibility
            for the day to day operation of the secure unit.

      (c)   All placements in close custody are to be subject to
            daily review by a designated Senior Officer, of not
            less than Assistant Principal grading. Placements
            which are planned to, or do reach 14 days are to
            be reviewed by the Principal, and those which seem
            likely to exceed 28 days, must be approved by Head
            Office.

(d)   Solitary confinement, defined as isolation for
        punitive reasons, inside a secure unit, is not
        permitted.

FINDINGS RELATED TO THE USE OF SECURE CARE

Requirement for Secure Care

Secure care for CYP in residential institutions is required
for a variety of preventative and social work treatment reasons.

Inappropriate admissions

Admissions to Department of Social Welfare residential care of
young persons who have previously made District Court appearances
are inappropriate, and result in pressure on secure units.

Role models

Operation of a residential Social Work model for secure care is
hindered by the expectations of law enforcement officials and
some members of the public (who see a justice model as being
appropriate); the level of staffing in many institutions;
and the design of most secure facilities.

Current Capacity

Current capacity of 86 beds (with the avoidance of doubling up)
is adequate. Doubling up is unsatisfactory.

Usage of Secure Care

Both numbers admitted and duration of secure care are moderate,
though they require continual monitoring.

Design

In most cases the design of secure facilities is less than
optimum. Not all rooms need toilets - those that have them
should have toilet privacy.

Staffing

Staffing of many secure units is less than adequate.

Safeguards

There is an urgent need for safeguards in the use of secure care to be put in place, and be seen to be operating.

Rights of the CYP in secure care

The CYP in secure care has rights and should be enabled to exercise them.

ACCOUNTABILITY

Introduction

All societies have their mores and values, some of which are
enshrined in legislation to ensure adequate protection for
individuals and groups. In todays society there is a
growing demand from substantial sections of society for increased
accountability, particularly Government and its various agencies.
This chapter reviews the various provisions already in place to
ensure reasonable levels of administrative and professional
accountability and suggests several additional safeguards that
could be put in place.

Professional Accountability

The social work profession fully accepts the need for account-
ability at several levels - (a) careful use of resources;
(b) to their agency goals; (c) to the profession - its ethics
and standards; (d) to themselves in terms of their personal
values; (e) 'to individual clients; (f) and to the wider community.

Current Levels of Accountability

All public servants are subject to varying levels of oversight
from a range of regulatory agencies including:

- Parliament
- Minister
- State Services Commission
- Treasury
- Ombudsman
- Human Rights Commission
- Race Relations Conciliator
- Head of Department

In addition, residential staff in the Department of Social Welfare
are accountable to the Director-General in the following ways:

(a) Visits by numerous Head Office Staff

(b) Formal visits and inspection reports by Advisors

(c) Principal's annual report

(d) Monthly statistical returns

(e) Incident diary

(f) Regular social work supervision

(g) Planning reviews for CYP

(h) Progress reports for CYP

(i) Placement reports for CYP

(j) Codes of Practice

(k) Residential Workers Manual

(l) Auckland Regional Office - Director Residential Services.

(a) **Visits by Head Office Staff**

A variety of staff from Head Office visit the institutions for a variety of reasons. Some visits could be considered to be more of an exercise in public relations, but most visits are to review a specific aspect of the residential operations. This system provides a steady flow of visitors who are able to listen to the Principal and staff and, where appropriate, take up matters arising with appropriate people in Head Office.

(b) **Formal Visits and Reports by Advisors**

For many years, detailed inspections of the operations of an institution were carried out rarely because of insufficient staffing in Head Office. With the appointment of a Senior Residential Advisory Officer in 1980, teams of Advisors (Residential and Social Work) have inspected and produced a detailed report on each institution. Having only one residential advisory position in Head Office does not provide the manpower required to visit institutions as frequently as is necessary. The establishment of additional postions is considered to be necessary to ensure that professional leadership and oversight of the institutions is obtained.

(c) **Principals Annual Report**

The Department currently requires each Principal to provide an annual report on the institution which he manages. Reports are expected to have a common format to ensure that essential points are covered, while allowing sufficient scope for Principal's to express their primary concerns.

(d) **Monthly Statistical Returns**

The details of the return are set out in Chapter 3. This review has identified the need to further develop the collection of statistical data, however, it is noted that the monthly returns have been a valuable tool in monitoring each institution including secure units.

(e) **Incident Diary**

Each institution is required to keep a set of diaries which record on a daily basis all the various facets of life in an institution. These diaries provide useful information for many people including:

- Principal
- District Director (regional institutions)
- Head Office personnel
- Visiting Committee
- Ombudsman
- Public Service Appeal Board
- Researchers

(f) **Regular Social Work Supervision**

One of the basic and most important tenets of professional

social work practice is the requirement that staff undertaking
social work receive regular personal supervision. This
practice provides the means whereby a social worker, within
the supervision process is able to share and consult with his
supervisor, about the cases for which he is responsible, the
diagnosis and management of the problems and possible future
intervention strategies. The process allows a worker, together
with his supervisor, the opportunity to examine the worker's
own role within the casework relationship and his/her own
personal and professional growth and development.

The process brings accountability and provides an environment
for learning and development. All Principals are expected to
ensure that all residential workers are supervised on a regular
basis. Because of the shortage of supervisory staff in some
institutions (see Chapter 5 - Staffing) not all staff receive
the desirable level of supervision.

(g) Planning and Reviews for C.Y.P.

A system of 'Planning for Children in Care' and 'Planning
Reviews' became departmental policy for all CYP coming into
care after 1 July 1981. The part played by residential
social workers at the planning stage and in carrying out
the plan, reinforces the integral nature of the two areas
of social work and makes each to some extent accountable to
the other. The inclusion of or consultation with residential
social work staff in planning meetings for CYP who are likely
to need residential care is considered to be essential.
Reviews for CYP in residential care also require a residential
social work input. The Review Panels which have been established
to monitor these plans, have a community representative who,
together with the Assistant Director (Social Work) review
annually each plan that is in operation.

(h) Progress Reports for C.Y.P.

Reports on the progress of CYP in residential care are
provided at about three monthly intervals from national
institutions. These reports contain a review of background
and progress made to date, with an assessment of future needs
and how they can best be met. Parts of these reports may be
included in a social workers report to the Court. A number
of institutions have adopted the practice of providing a copy
of the report for a residents parents.

(i) Placement Reports for C.Y.P.

Except for the very short stay admissions in regional
institutions, residential social workers also provide reports
relating to the planned placement of CYP into community
placements.

(j) Code of Practice

A proposal requiring all institutions to develop a detailed
Code of Practice has been developed over the last year,
culminating in all Principals at their bi-annual conference
in September 1982 making a commitment to prepare a Code of
Practice by 31 March 1983. The code is to be consistent with

the objectives established for the Social Work Division
and the Residential Services in particular (see Appendix
III). All codes are to be approved by Head Office. The
effectiveness of the code is to be reviewed at not less
than 6 monthly intervals.

The working party is in agreement with the Principals
Conference in openly acknowledging that CYP have rights.
However, from experience overseas, a paradoxical effect
usually occurs when attemps are made to enshrine additional
freedoms for CYP into regulations and/or legislation. A
Code of Practice sets out clearly the responsibilities of
staff as a statement of intention in relation to their work,
particularly when working with CYP.

We note that several institutions have already developed a
Code of Practice and concur with the proposal that all
institutions be required to develop, operate and evaluate
a code.

(k) Residential Workers Manual

All residential staff have free access to a copy of the
Residential Workers Manual. It is noted that many sections
of the manual are now out of date and a complete re-write is
indicated. This is seen by the working party as being an
urgent task which should be completed prior to the
implementation of the Official Information Act which becomes law
on 1 April 1983. Additional staff will be required if the
task is to be completed by that date and to the standard
required. It is noted that amendments have not been
provided for the current Residential Workers Manual because
there have been insufficient staff who have had other more
pressing priorities to attend too.

(1) Auckland Regional Office - Director Residential Services

A position of Director, Residential Services was established
with the setting up of the Auckland Regional Office. The
D.R.S. is responsible for the overall co-ordination, management,
professional and programme development for all of the
institutions in the Auckland region. There have been
difficulties in filling this position but a recent appointment
should provide for closer oversight and support of the
residential service.

Visiting Committees

Under Section 70 of the Childrens and Young Persons Act 1974, the
Minister of Social Welfare appoints suitable people from the local
community as a Visiting Committee for each of the Departments 21
institutions. Some Visiting Committees have been responsible for
several institutions.

Under subsection (2) any member of the Visiting Committee may:

(a) "Visit from time to time the institution in respect of
which the committee is appointed; and

(b) Enter and inspect any part of that institution; and

(c) Examine the state and condition of any child or young person in that institution; and

(d) Communicate with any child or young person in that institution or with any member of the staff of that institution".

The role of the Visiting Committee therefore is to ensure that through visits, inspections and contact, the CYP in residential care receive an acceptable standard of care in suitable surroundings. It is noted that some Visiting Committee members have not managed to keep a sustained level of interest in the institution for which they have responsibility. Because of this, changes are considered necessary under Section 70(4) to ensure more regular visits are conducted and that the role and function of Visiting Committees is clearly defined.

(a) Each institution to have a separate Visiting Committee of not less than 2 members.

(b) To establish clear guidelines relating to their function and role.

(c) To ensure that regular visits take place.

(d) To require annual reports from each Visiting Committee.

Additional Accountability Considered to be Desirable

(a) JUDICIAL REVIEW OF RULES GOVERNING USE OF SECURE UNITS

We believe that, as a result of the H.R.C. Report, the community through its legislation, may wish to impose Regulations on the use of secure units. In considering this possibility, the working party seeks to retain maximum flexibility for the Department in the use of close custody, and at the same time, be seen to be subject to independant review. Accordingly, we recommend the following:

- Establish Departmental principles governing close custody use

- Require Principals to define their local instructions governing secure unit use and operation

- Request Government to appoint an independant person (preferably a member of the judiciary) to approve, and review at least annually, both the rules pertaining to close custody, and the operation of secure units.

(b) Advocates for C.Y.P.

Because of the potential credibility gap engendered by purely in - house reviews of placements in secure units, the working party supports the appointment of advocates (possibly from the legal profession) to each institution which has a secure unit. This should ensure that any CYP in a secure unit could request that independent advocate to speak for him/her if any review of placement requested.

(c) Brochures

Very few of our institutions have adequate brochures which provide suitable background information for either CYP being admitted or their parents. Efforts need to be made to arrange the production of suitable brochures. (See Appendix IX).

SUMMARY OF FINDINGS

Head Office Staffing

To provide effective oversight and planning additional staff are required for the Residential Services section in Head Office.

Principal's Annual Report

There needs to be a greater degree of flexibility in the format of their annual report.

Planning and Reviews

Residential workers need to be fully involved in the planning and review processes.

Code of Practice

Each institution is now required to develop a code of practice.

Residential Workers Manual

This manual is incomplete and partially out of date.

Visiting Committees

There is a need to review the role and function of Visiting Committees.

Judicial Review of Rules Governing the Use of Secure Units

The development of a review system relating to the use of secure units is advocated.

Advocates For C.Y.P.

The appointment of independent advocates is supported.

OPTIONS FOR RESIDENTIAL CARE

Introduction

In this chapter the various options for enhancement of the residential service are brought together in summary form. These options are expanded elsewhere in the text or in supporting documents. The options are considered under the following headings:

    9.1   The Role and Function of Institutions
    9.2   The Management of Residential Services
    9.3   Improved Accountability
    9.4   Development of Residential Services
    9.5   Legislative Changes

9.1 THE ROLE AND FUNCTION OF INSTITUTIONS

1. No change to present roles and functions.

2. Retain the present general purpose National and Regional Institutions and Group Homes but cease to operate special facilities such as Beck House and the Reception Centres, reallocating the resources released.

3. Retain the present general purpose national and regional institutions and group homes and redefine the roles of Beck House and reception centres in order to provide more comprehensive regional facilities.

4. Investigate the feasibility of converting to co-education multi-purpose care in both national and regional facilities, in order to minimise duplication of facilities, and the necessity to move CYP long distances from their communities.

5. Require each of the four proposed regions to provide a full range of remand/assessment, and treatment facilities for both sexes. Some new facilities would be required, and some would become surplus, given no change to present intake.

6. Require each of the four regions to provide, within existing resources, remand/assessment facilities, and some treatment facilities for both sexes. This recognises that some national beds will need to be retained because of limited physical resources in some regions and oversupply in others.

9.2 THE MANAGEMENT OF RESIDENTIAL SERVICES

Options for the development of the management structure of the Residential Service are:

1. Retain the status quo.

2. Reorganisation of the residential service into four geographic regions:

        ● Auckland
        ● Hamilton
        ● Central
        ● South Island

This would entail appointing regional principals and

reallocating resources within and among these regions.

3. Regionalisation, as for 2, with the addition of either:

    (a) Control of all family homes, or
    (b) Control of selected staffed family homes, to pass
        to the regional principal.

4. Direct Head Office control of all institutions outside the
Auckland Region (and any subsequently created region). This
would entail the appointment of advisory bodies to co-ordinate
services in other areas.

Head Office

Restructure the Social Work Division to bring the Community
Services section, Residential Services, Social Work Development
Unit and Social Work Services under the control of the Divisional
Director, Social Work Operations. This would improve the
co-ordination with the private sector as well as ensure that
restricted resources are used to best advantage.

9.3 IMPROVED ACCOUNTABILITY

In this section various options open to the Department of Social
Welfare in relation to improving accountability within the
Residential Service will be summarised. These are viewed from the
levels of the accountability of the department to the community,
and the Child in Care; the various institutions to head office and
their controlling district offices, and the staff to management
within an institution.

Options for improved accountability

1. Department to Community

The Departments accountability to the community could be improved
by adopting the following ·options:

(a) Code of practice - The provision of a code of practice
covering each institution. This code of practice not only
would be a statement of clients rights, relating to his/her
stay in the institution, but sets out clearly the
responsibilities of staff as a statement of intention in
relation to their work.

(b) Review of admission procedure - A review would establish
what practices are to be avoided, and what attitudes and
practices among staff should be encouraged. It could cover
aspects such as avoidance of ritual admission process, and
make sure the dignity of the individual is maintained.

(c) Practices relating to admission to, and use of Secure Units
Options that could be considered are:

(i) The provision of regulations for the use and control of Secure Unit.

(ii) An alternative option is for the Department to provide a set of principles relating to the use of Security and have individual Principals respond by providing a detailed set of instructions to the D.G. These would be subject (yearly) to a judicial review.

(iii) The provision of an advocate to each institution with a Security Unit to act on behalf of the child, if so requested.

(iv) On admission to secure care the C & YP to be informed in writing of his/her rights.

(d) <u>Visiting Committees</u> - an option would be to have the role of Visiting Committees redefined to improve the effectiveness of their monitoring role.

(e) <u>Public relations</u> - The Department produce a brochure on each institution. This option would allow for details of each institution's role and philosophy, and be available to clients, interested parties, and the general public.

2. <u>Accountability of Residential Institutions to Head Office</u>

Options that would improve accountability of residential institutions to Head Office include the following:

(a) <u>Management by Objectives</u> Accountability at all levels within the service, but particularly of institutions to Head Office, would be strengthened by the adoption of management by objectives. Although not described in this report the process is well documented elsewhere (1).

(b) <u>Head Office Resources</u> Options include:

- An increase in the number of advisory staff available to institutions for consultation about residential care.
- An expansion of statistical, evaluative and research methods.
- A requirement for all placements in long term residential care exceeding one year, for all other residential placements exceeding three months, and all placements in Secure care exceeding 28 days, to have prior Head Office approval.
- A review of instructions to principals relating to annual reports.

(c) <u>Institutional Resources</u> Options include:

- A rewrite of the residential service manual.
- Management and professional training for existing and potential principals.

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(1) Eg. Peter McMahon, <u>Management by Objectives in the Social Services</u>, Ottowa, 1981

3. Accountability of Residential Institutions to District Offices

No options for improvement of this aspect emerged. If the option of either a regional or a national management structure for residential care is adopted, there would be reduced professional accountability to the local director in some regional institutions; however, this should result in professional accountability on a par to that existing between the institution and other district offices within its catchment area.

4. Accountability of Staff to Institutional Management

Options that would improve accountability of residential service staff within an institution include:

(a) Improved Staff Supervision

- An increase in the number of supervisory staff available in institutions
- Steps to ensure supervisory staff were not absorbed into basic staff functions.

(b) Adoption of a Code of Practice for Residential Care

(c) Planned Admissions

- Adoption of Planning for Children in Care model for all long term admissions
- Improvement in assessment, progress and placement reports

(d) Secure Admissions

- Daily review of all admissions to secure
- Preparation of Local Instructions for Secure Care, and independent review
- The provision of an advocate for persons in secure care, where so requested.

9.4 DEVELOPMENT OF THE RESIDENTIAL SERVICE

The Working Party considers that progress towards the further development of the social work model is not an option but a definite goal to which all residential services must strive. This statement precludes the maintainence of the status quo because the present staffing levels, allocation of staff, facilities and location of institutions will not permit the required development of the service in the social work model.

Control of Admissions

The demand for services has a major effect particularly on regional institutions. Options that could be developed are:

(a) the further development in urban areas of 'community care'

(b) the Police releasing more CYP on bail or summons following arrest

(c)   the diversion of those who have experienced Department of Justice status to Department of Justice facilities.

(d)   that restriction be placed upon the use of section 43 CYP Act to reduce the number of remand orders made by the Courts

(e)   improvement of initial assessment processes with diversion to more appropriate placement at the outset could reduce the readmission rate

(f)   the provision of partially staffed family homes in selected areas to provide local remand and assessment facilities and back-up resources for CYP who have experienced long term care

(g)   further encouragement for private agencies to develop complimentary facilities in local areas to take remand cases

(h)   continue to support and possibly extend the proposal for a facility on a Marae

(i)   examine the possibilities for day attendance assessment and treatment centres as an alternative to residential care

(j)   examine the possibility of improved dialogue with Department of Education with a view to increasing the establishment of alternative schools

(k)   consider further support for field social workers and community groups working through community development and family support with a view to preventing the need for residential care placement.

New Programmes

A number of new programmes are included in the report

    (a)   Marae Home
    (b)   Camp Peek

Alternatives

Numerous alternatives alluded to in the report include

    (a)   Contracting to private sector
    (b)   Intermediate Treatment
    (c)   Day Attendance

9.5 LEGISLATIVE CHANGES

(a)   There will be some pressure placed of the Department of Social Welfare to treat CYP on remand, as a special custody category, in the same way that adults on remand are kept separate from convicted adults. As the Department of Social Welfare institutions are not corrective or retributive facilities, but are service orientated we can see no grounds for discrimnating against CYP on remand, in the provision of any educational, recreationa , medical and social services they may have need of. Consideration should be given to seeking legislative provision charging the Director-General of Department of Social Welfare, with providing for CYP on remand, and the services and facilities and entitlement of CYP in his care.

(b) The word 'detention' used in section 43 of the Act,
     needs to be clarified and defined

(c) The proposed amendment to section 43 has the potential to
     increase the number of admissions to institutions, or
     allow for the indiscriminate use of residential facilities
     by Police. The Police, like Social Welfare, should be
     required to use the least restrictive alternative in meeting
     the custody needs of the arrested CYP and ways need to be
     considered to encourage Police use of bail provision, or
     to avoid arrest and use summons provisions (eg Require Youth
     Aid consultation before prosecution).

(d) Section 69 of the main Act allows the DG to establish
     institutions. There is no specific legislative authority
     provided for establishing secure units, even though this
     is implied. We were uncomfortable about the situation, but
     as the Working Party did not have access to legal advice,
     we raise the matter now so that the situation does receive
     consideration, particularly in the light of International
     Covenants.

(e) Section 70 may need amendment to require Visiting Committees
     to carry out specific functions, and to require some minimal
     visiting frequency.

APPENDIX I

*These are National Institutions - all others are Regional Institutions

Name of Institution	Location	Capacity Open	Semi Secure	Secure	Teachers	Purpose	Principal
Bollard Girls' Home	Auckland	30		4	2	Remand and short term care girls 10-17	Mr K. Woods
Allendale Road Girls' Home	Auckland	23		3	2	Remand and short term care girls 10-17	Miss J. Hough
Owairaka Boys' Home	Auckland	43		18	2	Remand and short term care boys 14-17	Mr A. Ricketts
Wesleydale Boys' Home	Auckland	24			2	Remand and short term care boys 10-14	Mr T. Waetford
Cornwall Park Reception Centre	Auckland	20*			1	Short term care pre-school and primary school children (*12 beds, 7 cots and 1 basinette)	Miss L.M. Johnston
Weymouth Girls' School ✗	Manurewa	60		19	6	Long term training girls 13-16	
Te Atatu Group Home	Auckland	10			1	Co-educational long term care 9-13	Mr D. Horsefield
Hamilton Girls' Home	Hamilton	30		4	2	Remand and short term care girls 10-17	Mr W. Benson
Hamilton Boys' Home	Hamilton	42	5	4	3	Remand and short term care boys 10-17	Mr C. Chibnall
ver Hill Reception Centre	Hamilton	22			N.A.	Short term care primary school children	Mr M. Simmonds
John's Hill Group Home (Opening May 10 1983)	Wanganui	10			1	Co-educational long term care 9-13	Mr A. McLean
or House	Greytown	16			N.A.	Short term care pre-school and primary school children	Mr W. Smith
ck House	Eskdale Napier	24			3	Long term training school boys 9-13 years	
kio Beach School	Levin	60		2	7	Long term training boys 12-14	Mr T.K. North
itere	Levin	110		12	8	Long term training boys 14-17	Mr P.T. Woulfe
Boys' Home	Lower Hutt	42		4	3	Remand and short term care boys 10-17	Mr M. Howe
gton Girls' Home	Wellington	36		4	2	Remand and short term training girls 10-17	Mr A. Morrison
hurch Boys' Home	Christchurch	29		5	2	Remand and short term training boys 10-17	Mr B. Zygadlo
	Christchurch	75		13	8	Long term training girls 14-17 and remand and short term care girls 13-17	Mr M. Doolan
Home	Christchurch	10			1	Co-educational long term care 9-13	Mr J. Dunlop
n Girls' Home	Dunedin	16		2	N.A.	Remand and short term training girls 10-17	Mr V. Milner
edin Boys' Home	Dunedin	18		3	N.A.	Remand and short term training boys 10-17	Mr K. McCullough

APPENDIX II

CONFIDENTIAL

KOHITERE

1. UNIT:

(a) Age - Varies - from 40 years plus

(b) Condition - Variable

(c) Size - 110 plus 12

(d) Usability - Facilities provide for too large groupings - "barrack style" eg. dining/sleeping facilities.

(e) Costs - $17,398 per provided bed. 91% usage

2. FUNCTION: (Is it meeting)

(a) Role - RWM D8

(b) Needs - Meeting needs of community but less able to meet individual needs - in Social Work model.

(c) Professional Needs - Developing Social Work model

3. SECURE:

(a) Facilities (adequacy) - Inadequate - 'Justice model'

(b) Usage - Usage varies - from closed to full

4. STAFFING:

(a) Professional -
  (i) Management - Good structure - Principal, 2 A/P's and Counsellor are non-rostered. Significant proportion of qualified staff.
  (ii) Social Work - Social work staff insufficient.
  (iii) Secure - Insufficient

(b) Other -
  (i) Domestic - adequate for institution but additional demands (RSTS and Student Unit) create difficulties.
  (ii) Night - 5 staff but no 'on the job' supervision.
  (iii) Ancilliary - Adequate extensive operational cover.

5. DEVELOPMENT:

(a) Head Office - Secure unit development and alternative programme development.

(b) Principal - Review of service delivery.

6. ASSESSMENT:

Indispensable facility - but further development of Social Work model envisaged. Locality prevents ease of family contact.

KINGSLEA

1. **UNIT:**

(a) <u>Age</u> - Mainly post war W.W. II with several new buildings

(b) <u>Condition</u> - Generally good with exception of hall and secure

(c) <u>Size</u> - 75 plus 13

(d) <u>Usability</u> - Excellent

(e) <u>Costs</u> - $25,796 per provided bed. 85% usage in extended care
75% usage in short-term

2. **FUNCTION:** (Is it meeting)

(a) <u>Role</u> - RWM D12 and D11

(b) <u>Needs</u> - S.T. Predominantly but accent towards longer term
E.T. Accent towards longer stay

(c) <u>Professional Needs</u> - Meets needs at a high level through having adequate resources.

3. **SECURE:**

(a) <u>Facilities (adequacy)</u> - Inadequate

(b) <u>Usage</u> - High because of therapeutic use. Combination of containment and clinical use.

4. **STAFFING:**

(a) <u>Professional</u> - (i)   <u>Management</u> - Good structure - Principal, 2 A/P's and Counsellor are non-rostered.

                     (ii) <u>Social Work</u> - Acceptable ratio

                     (iii) <u>Secure</u> - Good ratio

(b) <u>Other</u> - (i)   <u>Domestic</u> - Meets need
(ii) <u>Night</u> - Supervisors provided
(iii) <u>Ancillary</u> - Adequate but could be developed. Has adequate clerical/admin support staff.

5. **DEVELOPMENT:**

(a) <u>Head Office</u> - Continued development of facility

(b) <u>Principal</u> - Continued development of facility
Possibly day assessment
Planned use of volunteers

6. **ASSESSMENT:**

Social Work operation. Multi purpose with potential for further development. Has reached optimum size.

WEYMOUTH GIRLS' HOME

1. UNIT:

(a) Age - 10 years purpose built

(b) Condition - Good - satisfactory

(c) Size - 60 plus 19

(d) Usability - Design faults - units designed for 20 only.
Functions well with 15. Well positioned, plenty of land.

(e) Costs - $25,160 per provided bed. 80% usage

2. FUNCTION: (Is it meeting)

(a) Role - D5

(b) Needs - Meets long-term admission need of catchment area

(c) Professional Needs - Social Work model but needs further development.

3. SECURE:

(a) Facilities (adequacy) - 3 units, superior facility with options. Well appointed (eg. gym access, ancilliary areas).
Needs facelift.

(b) Usage - Hostel 4 (Medium secure) used constantly. Fluctuating use of maxi (sometimes takes Bollard overflow).

4. STAFFING:

(a) Professional - (i) Management - Management and supervisor functions are distinct. Non-rostered Principal and A/P. Rostered SRSW's.
(ii) Social Work - Sufficient - generous but deployment raises questions. High sick leave level.
(iii) Secure - Thought to be adequate and supervised.

(b) Other - (i) Domestic - Good - as Kingslea
(ii) Night - Double cover - supervised
(iii) Ancilliary - Clerical and typing services, gardeners, 3 Instructors. Good use of Fee for Service.

5. DEVELOPMENT:

(a) Head Office - Under review as part of Auckland Region.

(b) Principal - Weymouth Development plan - assessment system for Region.

6. ASSESSMENT:

Has not fulfilled the role initially established for it. Query lack of high goals. Lends itself to future development in terms of function and/or programme. Potential for multi-purpose use.

HOKIO BEACH SCHOOL

1. UNIT:

(a) <u>Age</u> – Varies from 20 – 60 years

(b) <u>Condition</u> – Some (eg. admin) reaching end of 'life'.

(c) <u>Size</u> – 60 plus 2

(d) <u>Usability</u> – Good – but limited by large groupings and 'barrack style'.

(e) <u>Costs</u> – $12,559 per provided bed. (admin costs in Kohitere)
    95% usage

2. FUNCTION: (Is it meeting)

(a) <u>Role</u> – RWM D9

(b) <u>Needs</u> – Not meeting needs – constant waiting list

(c) <u>Professional Needs</u> – Based on educational and activity model

3. SECURE:

(a) <u>Facilities (adequacy)</u> – Inadequate

(b) <u>Usage</u> – Limited – also uses Kohitere

4. STAFFING:

(a) <u>Professional</u> –   (i)   <u>Management</u> – Non-rostered Principal Rostered A/P. Inadequate for function and size.

(ii) <u>Social Worker</u> – Insufficient.

(iii) <u>Secure</u> – Not staffed.

(b) <u>Other</u> –   (i)   <u>Domestic</u> – Generous

(ii) <u>Night</u> – Double night cover – not supervised.

(iii) Not used to best advantage. Low 'fee for service'.

5. DEVELOPMENT:

(a) <u>Head Office</u> – 'Status quo'

(b) <u>Principal</u> – 'Status quo'

6. ASSESSMENT:

A variety of options need to be considered to overcome problem of delays in admission. Has provided good service in the past. Locality prevents ease of family contact.

BECK HOUSE

1. UNIT:

(a) <u>Age</u> - About 50 years

(b) <u>Condition</u> - Structurally sound but some remodelling of dormitories needed. Additional facilities being added.

(c) <u>Size</u> - 24 - no secure

(d) <u>Usability</u> - Less than adequate

(e) <u>Costs</u> - $21,414 per provided bed. 86% usage

2. FUNCTION: (Is it meeting)

(a) <u>Role</u> - RWM D6 (reserved) - no description of role

(b) <u>Needs</u> - Predominantly - but location inhibits family involvement - specialist services.

(c) <u>Professional Needs</u> - A good Social Work model

3. SECURE:

(a) <u>Facilities (adequacy)</u> - N.A. - but lockable 'time out' room

(b) <u>Usage</u> - N.A. - high usage of 'Time Out' room

4. STAFFING:

(a) <u>Professional</u> - (i) <u>Management</u> - Non-rostered Principal. Rostered A/P and 2 SRSW'S. Less than desirable.

(ii) <u>Social Work</u> - Staffed at model rate but effectiveness lessened by rostering of A/P.

(iii) <u>Secure</u> - N.A

(b) <u>Other</u> - (i) <u>Domestic</u> - Good coverage

(ii) <u>Night</u> - Single night cover - not supervised.

(iii) <u>Ancilliary</u> - Good - good use fee for service!

5. DEVELOPMENT:

(a) <u>Head Office</u> - Continue present usage

(b) <u>Principal</u> - Co-ed - integrated with schools for Maladjusted. Possibility of providing regional service.

6. ASSESSMENT:

Good Social Work model - but query locality and isolation of maladjusted group in one facility.

OWAIRAKA BOYS' HOME

1. UNIT:

(a) **Age** – 57 plus recent additions

(b) **Condition** – Structurally sound, well maintained

(c) **Size** – 43 plus 18

(d) **Usability** – Less than adequate – not suited to present requirements (childrens' home model dislocated campus). Well sited, plenty of space.

(e) **Costs** – $20,750 per provided bed. 95% usage.

2. FUNCTION: (Is it meeting)

(a) **Role** – RWM D12

(b) **Needs** – Meets the needs, under pressure. Heavy accent towards remand and classification aspects.

(c) **Professional Needs** – Less than desired, due to restriction. Some development towards social work model.

3. SECURE:

(a) **Facilities (adequacy)** – Improved, but requires further refinements. Two beds/room – Justice model.

(b) **Usage** – High usage: direct to secure, but admissions and returns 40% processed through adjacent admission unit.

4. STAFFING:

(a) **Professional** – (i) **Management** – Non-rostered Principal, A/P specialist roster, A/P has a training role. Management and supervision separate. Supervisors have been absorbed into operations.

(ii) **Social Work** – Inadequate

(iii) **Secure** – Adequate for containment only

(b) **Other** – (i) **Domestic** – Adequate

(ii) **Night** – Double night cover, no supervision in both areas, no seniority.

(iii) **Ancilliary** – OK, including 1 clerical, 2 escort personnel – (Regional office establishment).

5. DEVELOPMENT:

(a) **Head Office** – No plans beyond upgrading of secure (nearly complete)

(b) **Principal** – Secure development – programme
                                     – use
Reduction in intake to provide a longer term role in the social work model. Improved staff training.

.../

OWAIRAKA BOYS' HOME ...

6. ASSESSMENT:

Provides an essential service, which is meeting heavy demands.
This inhibits social work model. Could be improved by regional
reorganisation of institutional resources.

WESLEYDALE BOYS' HOME

1. UNIT:

(a) **Age** - 35 years plus - purpose built as a children's home, but not present use.

(b) **Condition** - Satisfactory

(c) **Size** - 24 - no secure

(d) **Usability** - Open dormitories, supervision difficulties. Good locality/grounds.

(e) **Costs** - $19,404 per provided bed. 100% usage

2. FUNCTION: (Is it meeting)

(a) **Role** - D12 RWM

(b) **Needs** - Children as opposed to Young Persons. Copes with needs by overloading.

(c) **Professional Needs** - Traditional but some movement recently.

3. SECURE:

(a) **Facilities (adequacy)** - NIL - Significant use of Owairaka Secure, some transfers to Hamilton Boys' Home.

(b) **Usage** - N.A.

4. STAFFING:

(a) **Professional** - (i)   **Management** - Non-rostered Principal. Rostered A/P and SRSW (this latter position inappropriately graded). Less than desirable.
      (ii) **Social Work** - Inadequate for number carried. High Maori staff ratio
      (iii) **Secure** - N.A.

(b) **Other** - (i)   **Domestic** - Adequate
      (ii) **Night** - Double - no supervision
      (iii) **Ancilliary** - NIL - clerical position approved.

5. DEVELOPMENT:

(a) **Head Office** - Development of J. Waititi Marae to ease pressure.

(b) **Principal** - Open unused wing - extra 24 beds to cope with overflow and develop medium term care.

6. ASSESSMENT:

Essential service meeting heavy demands. Demand limits development of social work model. Has had significant difficulties brought about by pressure of activity and management/supervisory role confusion in the allocation of staff by the Department.

BOLLARD GIRLS' HOME

1. UNIT:

(a) Age - 11 years purpose built

(b) Condition - Structurally sound. Good locality, adequate grounds.

(c) Size - 30 plus 4

(d) Usability - Suitable for purpose - but has some design faults.

(e) Costs - $23,472 per provided bed. 102% usage.

2. FUNCTION: (Is it meeting)

(a) Role - RWM D12

(b) Needs - Meets the needs under pressure. Heavy accent towards remand and classification aspects.

(c) Professional Needs - Less than desired, due to restriction. Traditional but some movement towards social work model.

3. SECURE:

(a) Facilities (adequacy) - 4. Spartan. Needs development

(b) Usage - High usage. Up until recently admitted direct to secure. Has been over-crowding.

4. STAFFING:

(a) Professional -   (i)   Management - Non-rostered Principal. A/P rostered. 2 SRSW.
                    (ii) Social Work - Not adequate.
                    (iii) Secure - Sufficient but is drawn off into other areas creating deficiency.

(b) Other -   (i)   Domestic - Adequate
                    (ii) Night - Double cover unsupervised
                    (iii) Ancilliary - OK Clerical and gardener 27 hours Fee for Service. 2 escort officers.

5. DEVELOPMENT:

(a) Head Office - 'Status quo'

(b) Principal - Develop staff wing into working girls' hostel. Would like to see pressure reduced to enable movement towards social work model.

6. ASSESSMENT:

Provides an essential service which is meeting heavy demands. This inhibits social work model. Could be improved by regional re-organisation of institutional resources.

HAMILTON BOYS' HOME

1. **UNIT:**

(a) <u>Age</u> - 24 years - purpose built

(b) <u>Condition</u> - Good - undergoing redecoration

(c) <u>Size</u> - 40 plus 5 (semi) plus 4 (secure)

(d) <u>Usability</u> - Suitable for purpose

(e) <u>Costs</u> - $15,345 per provided bed. 88% usage

2. **FUNCTION:** (Is it meeting)

(a) <u>Role</u> - RWM D12

(b) <u>Needs</u> - Meeting needs - accent on short term

(c) <u>Professional Needs</u> - Developing emphasis on assessment

3. **SECURE:**

(a) <u>Facilities (adequacy)</u> - Adequate - just

(b) <u>Usage</u> - 40% admissions through secure - frequent use for short periods.

4. **STAFFING:**

(a) <u>Professional</u> - (i) <u>Management</u> - Non-rostered Principal Rostered A/P and 2 SRSW's. Less than desirable.

(ii) <u>Social Work</u> - Less than desirable. Has 62 hours peak time support staff.

(iii) <u>Secure</u> - Not staffed.

(b) <u>Other</u> -   (i) <u>Domestic</u> - Satisfactory
(ii) <u>Night</u> - Double night cover - not supervised.
(iii) <u>Ancilliary</u> - Sufficient - including clerk. Has escort duty officer for the region.

5. **DEVELOPMENT:**

(a) <u>Head Office</u> - 'Status quo'

(b) <u>Principal</u> - Development of assessment programme. Development of staff wing for extended care unit. Development of group home on campus.

6. **ASSESSMENT:**

An essential service meeting heavy demands - but demands limit development of social work model. Despite this some innovative developments.

ALLENDALE GIRLS'; HOME

1. **UNIT:**

(a) <u>Age</u> - About 80 years

(b) <u>Condition</u> - Structurally sound. Good locality, adequate grounds. Poor vehical provision.

(c) <u>Size</u> - 23 plus 3

(d) <u>Usability</u> - Some deficiency in design

(e) <u>Costs</u> - $20,561 per provided bed. 97% usage

2. **FUNCTION:** (Is it meeting)

(a) <u>Role</u> - Medium term care

(b) <u>Needs</u> - Administrative decision

(c) <u>Professional Needs</u> - Real endeavours made to develop a social work model.

3. **SECURE:**

(a) <u>Facilities (adequacy)</u> - 3 rooms - not suitable.

(b) <u>Usage</u> - Some overflow from Bollard. Some admissions from Te Atatu. Also used as time out.

4. **STAFFING:**

(a) <u>Professional</u> -   (i)   <u>Management</u> - Rostered Principal and A/P No supervisory staff.
             (ii)   <u>Social Work</u> - Insufficient. .
             (iii) Not staffed

(b) <u>Other</u> -   (i)   <u>Domestic</u> - Adequate
             (ii)   <u>Social Work</u> - Double night cover - no supervision.
             (iii) <u>Ancilliary</u> - Gardener. Some Fee for Service Excellent Community involvement.

5. **DEVELOPMENT:**

(a) <u>Head Office</u> - 'Status quo'

(b) <u>Principal</u> - Continue present role

6. **ASSESSMENT:**

Providing a good service which is developing well into the Social Work model.

HAMILTON GIRLS' HOME

1. UNIT:

(a) Age - 12 years - purpose built

(b) Condition - Excellent order

(c) Size - 30 plus 4

(d) Usability - Suitable for purpose - but has some design faults.

(e) Costs - $17,477 per provided bed. 70% usage

2. FUNCTION: (Is it meeting)

(a) Role - RWM D12

(b) Needs - Meets needs - appropriate to role

(c) Professional Needs - Traditional

3. SECURE:

(a) Facilities (adequacy) - Sufficient - exceptional facilities

(b) Usage - All admissions through secure (special needs unit)

4. STAFFING:

(a) Professional -
    (i) Management - Non-rostered Principal. Rostered A/P and SRSW (this latter position inappropriately graded).
    (ii) Social Work - Good Social Work coverage
    (iii) Secure - Secure staffed by 3 ARSW's

(b) Other -
    (i) Domestic - Adequate
    (ii) Night - Double night cover - no supervision.
    (iii) Ancilliary - Nil - use of "fee for service".

5. DEVELOPMENT:

(a) Head Office - 'Status quo'

(b) Principal - Staff wing - used for D.S.W. staff training purposes. This wing capable of re-development. Some under utilised beds could be made available to Auckland.

6. ASSESSMENT:

An essential resource capable of further development. Excellent facilities - programme operates on traditional lines.

EPUNI BOYS' HOME

1. **UNIT:**

(a) <u>Age</u> - 24 years, purpose built.

(b) <u>Condition</u> - Good

(c) <u>Size</u> - 42 plus 4

(d) <u>Usability</u> - Suitable for purpose

(e) <u>Costs</u> - $16,504 p.a. per provided bed. 77% usage

2. **FUNCTION:** (Is it meeting)

(a) <u>Role</u> - RWM D12

(b) <u>Needs</u> - Predominantly

(c) <u>Professional Needs</u> - Fluctuating admission pressures affect ability to operate social work model.

3. **SECURE:**

(a) <u>Facilities (adequacy)</u> - Poor and badly sited

(b) <u>Usage</u> - 75% admissions through secure also uses Kohitere secure to cope.

4. **STAFFING:**

(a) <u>Professional</u> - (i) <u>Management</u> - Non-rostered Principal Rostered A/P and 2 SRSW's. Less than desirable.

(ii) <u>Social Work</u> - Less than desirable. Has 62 hours peak time support staff. Social Work staff required to do all court escorts.

(iii) <u>Secure</u> - Not staffed.

(b) <u>Other</u> - (i) <u>Domestic</u> - Sufficient

(ii) <u>Night</u> - Double night cover not supervised

(iii) <u>Ancilliary</u> - Adequate ancilliary and clerk.

5. **DEVELOPMENT:**

(a) <u>Head Office</u> - Examination of provision of secure facilities

(b) <u>Principal</u> - Not known

6. **ASSESSMENT:**

Meeting heavy demands which limits development of social work model.

WELLINGTON GIRLS' HOME

1. UNIT:

(a) Age - About 60 years

(b) Condition - Nearing end of economic life

(c) Size - 36 plus 4

(d) Usability - Unsuitable for purpose. Location suitable. Inadequate land.

(e) Costs - $18,185 per provided bed. 68% usage

2. FUNCTION: (Is it meeting)

(a) Role - RWM D12

(b) Needs - Accent towards longer stay. Considerably under utilised.

(c) Professional Needs - Meets need of D12 but developing towards medium term.

3. SECURE:

(a) Facilities - Suitable for need. Also has time out facility separate 2 rooms.

(b) Usage - 50% admissions through secure

4. STAFFING:

(a) Professional - (i) Management - Non-rostered Principal Rostered A/P and 2 SRSW's. Less than desirable.
(ii) Social Work - Good ratio - Staffed at model rate.
(iii) Secure - Staffed and supervised by A/P.

(b) Other - (i) Domestic - Good coverage
(ii) Night - Double night cover - no supervisor.
(iii) Ancillary - Very good use of fee for service.

5. DEVELOPMENT:

(a) Head Office - No immediate plans to develop present facilities but continuing need for role in the area.

(b) Principal - Working girls' hostel
Co-ed proposal

6. ASSESSMENT:

Good progress towards social work model. Facilities place some restriction on ability to fully implement. Developments arising from under utilisation need further examination.

CHRISTCHURCH BOYS' HOME

1. UNIT:

(a) Age - Main building over 80 years plus additions during last 25 years.

(b) Condition - Fair, good location.

(c) Size - 29 plus 5

(d) Usability - Rabbit warren - unsuitable for purpose

(e) Costs - $16,733 per provided bed. 76% usage

2. FUNCTION: (Is it meeting)

(a) Role - RWM D12

(b) Needs - Predominantly but accent towards shorter term

(c) Professional Needs - Slowly developing towards social work model.

3. SECURE:

(a) Facilities (adequacy) - New but serious design faults which limit usefulness.

(b) Usage - Very low - Principal's attitude and design faults

4. STAFFING:

(a) Professional - (i) Management - Principal and A/P rostered.
(ii) Social Work - High use of relief, extra 62 hours CAA for peak hour relief.
(iii) Secure - Not staffed (affects (ii))

(b) Other - (i) Domestic - Over supplied
(ii) Night - No supervisor
(iii) Ancilliary - Good

5. DEVELOPMENT:

(a) Head Office - Proposal to build administration block. Structural report on main building being prepared.

(b) Principal - Not known

6. ASSESSMENT:

Good community relations. Has resource limitations. Operates along traditional lines somewhat behind current developments elsewhere.

DUNEDIN BOYS' HOME

1. **UNIT:**

(a) <u>Age</u> - 35 years

(b) <u>Condition</u> - Structurally sound but layout limitations. Poorly sited.

(c) <u>Size</u> - 18 plus 3

(d) <u>Usability</u> - Severe limitations

(e) <u>Costs</u> - $23,262 per provided bed. 97% usage

2. **FUNCTIONS:** (Is it meeting)

(a) <u>Role</u> - RWM D12

(b) <u>Needs</u> - Predominantly

(c) <u>Professional Needs</u> - Developing towards Dunedin Girls' Home model.

3. **SECURE:**

(a) <u>Facilities (adequacy)</u> - Has limitations

(b) <u>Usage</u> -

4. **STAFFING:**

(a) <u>Professional</u> - (i)   <u>Management</u> - Principal and A/P rostered.
                          (ii) <u>Social Work</u> - High use of relief
                          (iii) <u>Secure</u> - Not staffed (affects (ii))

(b) <u>Other</u> -   (i)   <u>Domestic</u> - High ratio being reviewed
                          (ii) <u>Night</u> - No supervisor Double cover
                          (iii) <u>Ancilliary</u> - Good use of CAA

5. **DEVELOPMENT:**

(a) <u>Head Office</u> - Under review

(b) <u>Principal</u> - Seeks improved facilities
                       Co-ed school

6. **ASSESSMENT:**

Working towards social work operation. Provides reasonable service to the community.

DUNEDIN GIRLS' HOME

1. **UNIT:**

(a) <u>Age</u> - 80 years, plus new 10 years

(b) <u>Condition</u> - Fair, good location but limited in land area

(c) <u>Size</u> - 16 plus 2

(d) <u>Usability</u> - Has limitations (not purpose built)

(e) <u>Costs</u> - $29,008 per provided bed. 94% usage

2. **FUNCTION:** (Is it meeting)

(a) <u>Role</u> - RWM D12

(b) <u>Needs</u> - Predominantly

(c) <u>Professional Needs</u> - Meets need

3. **SECURE:**

(a) <u>Facilities (adequacy)</u> - Not adequate, Limitations : (Design and location, Insufficient capacity)

(b) <u>Usage</u> - Regular. Also periodic use of Kingslea secure

4. **STAFFING:**

(a) <u>Professional</u> - (i) <u>Management</u> - Principal and A/P rostered.

                     (ii) <u>Social Work</u> - High use of relief

                     (iii) <u>Secure</u> - Not staffed (affects (ii))

(b) <u>Other</u> - (i) <u>Domestic</u> - Adequate

                     (ii) <u>Night</u> - No supervisor Double cover

                     (iii) <u>Ancillary</u> - Adequate

5. **DEVELOPMENT:**

(a) <u>Head Office</u> - Under review

(b) <u>Principal</u> - Hostel unit
                     Co-ed school
                     Community involvement

6. **ASSESSMENT:**

Social work operation with some innovative features but with resource limitations.

CORNWALL PARK RECEPTION CENTRE

1. **UNIT:**

(a) **Age** - Very old. 80 year approximately.

(b) **Condition** - Structurally sound - reasonable state of repair

(c) **Size** - 12 beds, 7 cots, 1 bassinet = 20 beds

(d) **Usability** - Not very functional - not purpose built. Numerous sampling outhouses. Little outside recreational area available. Site not good for toddlers - busy road.

(e) **Costs** - $17,731 per provided bed. 62% usage

2. **FUNCTION** (Is it meeting)

(a) **Role** - RWM D12

(b) **Needs** - Mostly pre-schoolers - not original Reception Centre target group. Has special needs adoption role.

(c) **Professional Needs** - Kindergarten and good therapist support. Parenting function from D.S.W. staff with exception of some older children.

3. **SECURE:**

(a) **Facilities (adequacy)** - N.A.

(b) **Usage** - N.A.

4. **STAFFING:**

(a) **Professional** - (i) **Management** - Rostered Principal and A/P. No Social Work Supervisory staff.
   (ii) **Social Work** - Adequate with support from therapists/additional input. Under a job sharing formula.
   (iii) **Secure** - N.A.

(b) **Other** - (i) **Domestic** - Adequate
   (ii) **Night** - Double cover - no supervision
   (iii) **Ancilliary** - Good use of Fee for Service.

5. **DEVELOPMENT:**

(a) **Head Office** - Under review

(b) **Principal** - No proposals - but Principal new. Mother/child admissions.

6. **ASSESSMENT:**

50% of admissions from Auckland Social Welfare District (Not Regional). Other community care option developing and more desirable. Role of Reception Centre need review.

TOWER HILL RECEPTION CENTRE

1. **UNIT:**

(a) <u>Age</u> - 50 years plus

(b) <u>Condition</u> - Fair condition

(c) <u>Size</u> - 22 - no secure

(d) <u>Usability</u> - On 3 levels - structurally unsuitable. Insufficient land - poor site.

(e) <u>Costs</u> - $16,083 per provided bed. 86% usage

2. **FUNCTION:** (Is it meeting)

(a) <u>Role</u> - RWM D12

(b) <u>Needs</u> - Minimally fulfilling original role. Meeting additional needs.

(c) <u>Professional Needs</u> - Parenting role - but with developing social work treatment.

3. **SECURE:**

(a) <u>Facilities (adequacy)</u> - No secure - but occasional use of Boys' Home and Girls' Home secure.

(b) <u>Usage</u> - N.A.

4. **STAFFING:**

(a) <u>Professional</u> - (i) <u>Management</u> - Rostered Principal and A/P.

(ii) <u>Social Work</u> - Inadequate Social Work staff -

(iii) <u>Secure</u> - N.A.

(b) <u>Other</u> - (i) <u>Domestic</u> - Barely adequate

(ii) <u>Night</u> - Double night cover - no supervision.

(iii) <u>Ancilliary</u> - Nil - no 'fee for service' Availability of D.S.W. therapist - based near institution.

5. **DEVELOPMENT:**

(a) <u>Head Office</u> - Under review

(b) <u>Principal</u> - Development of recreational facilities. Confirm change of role.

6. **ASSESSMENT:**

Is moving into a social work model. Facilities unsuitable. Needs further review of this programme given the presenting client population while acknowledging good quality of present work.

ARBOR HOUSE RECEPTION CENTRE

1. UNIT:

(a) Age - About 60 years

(b) Condition - Generally good condition

(c) Size - 16 No secure

(d) Usability - Functional apart from no internal recreation area. Locality prevents wider catchment area usage.

(e) Costs - $20,351 per provided bed. 75% usage

2. FUNCTION: (Is it meeting)

(a) Role - RWM D12

(b) Needs - Accent towards longer stay. Review of role and usage is required.

(c) Professional Needs - Nurture work is well done and some assessment is now included.

3. SECURE:

(a) Facilities (adequacy) - No secure

(b) Usage -

4. STAFFING:

(a) Professional - (i)   Management - Principal and A/P rostered
                   (ii) Social Work - More than adequate

                   (iii) Secure - N.A.

(b) Other -   (i)   Domestic - Adequate
                   (ii) Night - Single night cover and social
                         work staff required to sleep in on roster.
                   (iii) Ancilliary - Adequate

5. DEVELOPMENT:

(a) Head Office - Under review

(b) Principal - Not known

6. ASSESSMENT:

Concept of reception centres need to be very carefully reviewed.

TEATATU GROUP HOME

1. **UNIT**:

(a) **Age** - 1 year

(b) **Condition** - Excellent

(c) **Size** - 10 (11)

(d) **Usability** - Good design. Some materials not sufficient

(e) **Costs** - Not known

2. **FUNCTION**: (Is it meeting)

(a) **Role** - 12 months 9-13 years co-ed

(b) **Needs** - Developing

(c) **Professional Needs** - Developing

3. **SECURE**:

(a) **Facilities (adequacy)** - N.A. (Has time out)

(b) **Usage** - N.A.

4. **STAFFING**:

(a) **Professional** - (i) **Management** - Non-rostered Principal. No A/P. Management and supervision lodged with one person.

(ii) **Social Work** - Good ratio.

(iii) **Secure** - N.A.

(b) **Other** - (i) **Domestic** - Only 1 residential assistant and relief.

(ii) **Night** - ? 5 days a week plus on-call

(iii) **Ancilliary** - N.A.

5. **DEVELOPMENT**:

(a) **Head Office** - 'Status quo'

(b) **Principal** - 'Status quo'

6. **ASSESSMENT**:

(a) Developing

(b) With hindsight staff appointed would have benefited from some significant experience in a residential setting.

(c) Suggest possibility of an external source approving admissions for say first 12 months.

(d) Explore possibility of closing for period to enable (b) above to be completed.

(e) Ensure set admission.

(f) Criteria is complied with. Foster greater liaison with other residential services in Auckland.

WORKING PAPER CLARIFYING OBJECTIVES OF RESIDENTIAL CARE

1. **What business are we in?**

   Social work which is 'needs' based (welfare model),
   rather than 'deeds' (justice model).

   Residential care is a social work resource within a
   community, which implies a partnership in planning and
   negotiation between field and residential social workers.

2. **What are we responding to?**

   To the individual child rather than the family group.
   The indicator that brings the CYP to our notice in most
   cases, is the 'deeds'. The social work response is to
   look at the 'needs' rather than the 'deeds'.

   This may imply some conflict between community expectations
   and social work practice.

3. **What do we want to achieve?**

   (a) **Objectives for Social Work Division**

   To make provision for effective social work services for
   CYP who need care, protection or control and who are or are
   at risk of becoming, deprived, neglected, disturbed, ill
   treated or offending against the law and to promote the well
   being of families and communities. (We assume a 'needs'
   based social work resource).

   (b) **Objectives for Residential Services**

   PREAMBLE:

   Section 69 Children and Young Persons Act 1974, provides
   for the establishment of a range of residential facilities
   to cater effectively for the variety of special needs of
   children and young persons coming into the care of the
   Department.

   The objective of the residential service is:

   To provide group care and planned individual treatment
   programmes for children and young persons whose community
   living situations have broken down or whose lifestyle is
   detrimental to their well-being and to enable a return to
   their community.

   This objective is to be realised by:

   1. Providing a protective environment that respects the
      dignity of the individual, and promotes his/her
      physical and emotional well-being;

   2. Assisting, encouraging and motivating each individual
      to develop his/her potential;

   3. Providing nourishment, shelter, clothing;

4. Providing quality standards of health care, educational, cultural, recreational and vocational experience;

5. Planning in association with the resident and all other significant persons a treatment programme, which involves other professionals where indicated;

6. Regularly reviewing and evaluating the effectiveness of the programme and the clients' readiness for return to their community;

7. Encouraging the development of self control by setting clear behavioural limits and providing discipline in a constructive manner;

8. Using close custody in cases of proven need for the purposes of containment, observation and treatment;

9. Providing a service based on the professional standards, achieved through ongoing training and staff supervision;

10. Regularly evaluating residential child care practice, taking into account research material and professional standards

We want to achieve:

1. Correct diagnosis of need as part of a social work plan;

2. Matching to appropriate individual, professional and management needs;

3. Select the appropriate intervention;

4. Having selected a planned intervention, some attempt should be made to measure progress;

5. Need to know when to stop and then to actually stop;

6. Develop 'bridging' care (prior to discharge and after care);

7. Good management;

8. Accountability to the community

4. Regional Institutions

(a) Needs that CAN be met in residential care:

1. Crisis intervention;

2. Nurturing (nourishment, culture, recreation, clothing, education, shelter, health);

3. Neutral environment (refusal to be reactive);

4. Planned intervention;

5.   Assessment;

6.   Containment (including secure care);

7.   Behaviour management;

8.   Specialist services;

9.   Counselling (re court appearances etc.);

10. Time out for child;

11. Time out for community;

12. New experiences;

13. Work experience;

14. Community contact;

15. Family work;

16. Phased return to community.

(b) Needs that CANNOT be met by Regional institutions:

1.   Family life experience

2.   Keeping siblings together

3.   Develop long term substitute relationships

4.   Liberty in total

5.   Punishment for offending behaviour, as required by the community.

6.   Substitute for community placements

7.   Long term treatment interventions

8.   Long term educational needs of I.H.C. children

9.   Flexible, individual choice programmes

10. Safe shelter care protection for the CYP who is disturbed or who has been offended against.

11. Protection for minority individual - CYP who is different

12. The older offender, who has already been through DSW institutions or Department of Justice (probation, youth prison, corrective training).

5. National Institutions

(a) Needs that CAN be met by national institutions:

1.   Nurturing

2.   Neutral environment

3. Planned intervention

4. Assessment

5. Containment (including using secure as part of a clinical intervention programme).

6. Behaviour management

7. Specialist services

8. Time out for child

9. Time our for community

10. New experiences

11. Work experiences

12 Community contact

13. Work with families

14. Draft of intervention strategies

15. Ongoing supportive social work relationships in a planned environment.

16. Ongoing supportive social work programme

17. Safe shelter care protection (in some cases)

18. Sophisticated offender intervention (excluding those who have been through Department of Justice system).

19. Phased return to community.

(b) Needs that CANNOT be met by national institutions:

1. Family life experience

2. Keeping siblings (family) together

3. Substitute for community placements

4. Protection for child who is 'different'

5. Total liberty

6. Punishment of offending behaviour, as required by community.

7. Educational need of I.H.C. children.

General

• Review Panels could/should specifically cover length of stay in institution, e.g. 3 months for Regionals
12 months for Nationals

• Some attempt could/should be made to attempt to predict an appropriate time span required for the successful completion of their individual treatment intervention.

CHILDREN IN RESIDENTIAL CARE

A BASE DOCUMENT

September 1982

<u>Introduction</u>

<u>PART I</u>

1. An examination of the reasons why Children and Young Persons come into care, the manner in which they come into care, the volume of admissions to care, the existing resources both community and departmental, and the current situation in relation to the children in:

   (a) residential care
   (b) family home care
   (c) foster care
   (d) voluntary agency care

2. Children come into departmental care basically for two reasons
        either the parents are unable or unwilling to perform their parental duties or
        the child has offended in a manner suggesting the need for temporary or permanent removal from the custody of the parents or guardians.

3. In 1981, 12,942 children appeared before the Children and Young Persons Court. Of those 901 were placed under the guardianship of the Director-General of Social Welfare by order of a District Court Judge. As at 30 November 1981, there were 6,852 children under the care and control of the department. (5,760 under guardianship, 583 by virtue of an agreement with the parents and 509 on court remand, postponement, warrant etc.)

   In addition nearly 3523 children spent some time in regional short stay institutions, the majority either on a legal warrant pending appearance in court or as the result of a court decision to remand in custody pending assessment and further hearing.

   In total during 1981 2962 children were in departmental custody on remand/adjournment and those not placed in a departmental institution would have been placed in a Family Home or a foster home. 75% were adolescents 13-16 years of age.

   The majority of children coming into care do so as a result of Police action. Many children are apprehended for offences against property or the person, some are summonsed to appear in Court while others are immediately placed in D.S.W. custody under a warrant pending a court appearance. Social workers may also remove children from the care of parents or guardians by use of a warrant pending a court hearing.

4. The number of children being placed under the guardianship of the Director-General is not increasing. It remains at around 7% of all those appearing before the C & Y.P Court. The number of children coming into care temporarily on warrant or remand also seems stable, but is considered high. Towards the middle of the 1970's quite extreme pressure was felt in the department's regional institutions from the volume of admissions. Apart from the opening of Wesleydale Boys Home in Auckland which gave essential relief to Owairaka Boys Home by taking the boys under 14 years of age, the Department has had no extra bed facilities added to its resources with the exception of three secure beds at Christchurch Boys Home. The Christchurch Girls Home was badly in need of replacement and by separating the shelter care cases from the difficult older girls, the department was able to close a 27 bed institution and replace it by using an existing resource at Kingslea with a lower bed capacity (18) and fewer staff.

5. As a result of assessment of our resources in Auckland and Hamilton, the regional areas where the greatest volume of children come into care, the department undertook a study over several weeks of all children coming before the courts and of those coming into departmental care. The study was set up to enable the department to know if there are particular reasons why some children come into care while others do not, and to ensure that those who do come into care do so for valid reasons, and not because of practices or attitudes either within the Courts, the Police or Social workers which may not give due emphasis to the wellbeing of the child who is being dealt with. The initial results of the study are being treated with caution because some information is missing in critical areas.

6. The task of caring for children in need is one traditionally shared between the State and the community, but with some notable exceptions, the voluntary agencies have been withdrawing little by little from this task and over a period of 20 years the percentage of the total of all children in care who were placed with voluntary agencies dropped from 50% to 20%, refer "Church Social Services" - a report of an enquiry into Child Care Services 1977.

   A number of factors were advanced for these changes, but two in particular appeared to have played an important role:

   (a) the preference shown by some voluntary agencies to direct their efforts into preventive work rather than residential care and for a role in the care of the aged rather one of caring for the child.

   (b) the continuing escalating costs of residential care which make it extremely difficult for organisations to meet expenses, particularly staff salaries while the inflexible nature of a residential operation makes it very difficult to change traditional roles and functions.

7. These changes have resulted in the Department of Social Welfare having to accept a greater share of the load, which inevitably includes working with the more difficult and disturbed children. A further complicating factor has been the changes in recent years in Mental Health legislation, and the placement of psychiatric hospitals under Hospital Board control. It is now much more difficult to have disturbed children admitted to, and retained by a psychiatric hospital, which again places strain on the resources of the Department of Social Welfare.

Residential Care

8. Early in 1973 the department's research unit did a projection of the number of residential beds needed by the department in the 1980's, given that the rate of increase in juvenile offending and guardianship orders would continue. At that time a doubling of institutional resources was predicted. In fact the following increases have occurred.

Regional Beds	- Boys	- plus 22 (Wesleydale Boys Home Auckland)
	Girls	- plus 6
	Boys/Girls	- plus 16 (Arbor House Reception Centre)
	Girls	- minus 17 (Palmerston North Girls Home)
National Beds	- Boys	- plus 22 (Beck House)
	Girls	- minus 24 (Fareham House)
	Girls	- minus 12 (demolished)
	Boys/Girls	- plus 10 (Te Atatu Group Home)

N.B.: Holdsworth (58 beds) due to close end of 1982 and to be replaced by five Group Homes, (Opawa 1982, St John's Hill 1983, Naenae 1983/84, Hamilton 1983/84).

9. With few exceptions the residential beds of the Department are under heavy and continuous pressure. Both in the regional and national institutions the average length of stay has shortened. The regional institutions providing for remand and assessment have altered their programmes to permit a much faster throughput, but this may not always be to the ultimate benefit of the children. It does however enable the department to cater for a much greater number of children without an increase in beds. The pressures however have necessitated extra staff on establishments, and the department has been concerned at the increased use of secure facilities which were never built to cope as admission units for such large numbers. At the present time the department is keeping a very close eye on the use of secure facilities and where possible has been making use of the other available accommodation for new admissions.

The national institutions continue under pressure with the exception of Holdsworth which seems to function at about 2/3 capacity. This institution will phase out in 1983 and the rebuilding of the 60 bed complex at about $2.5 m will be avoided. The closing of Fareham House with 24 beds for girls, means that a total of 84 long term beds will have been closed, and these will be replaced by 5 x 10 bed group homes, regionally based.

10. The department welcomed the opening of 'Glenburn', a 32 bed facility for disturbed younger children to be operated by the P.S.S.A. Auckland; The decision by Catholic Social Services to close 'Marycrest' also with 32 beds at Te Horo, which had been relinquished by the Sisters of the Good Shepherd will place additional pressure on the department's institutions. Both the community and the department benefit when voluntary agencies successfully mount innovative residential programmes.

There are some voluntary residential facilities which are under-utilised, and this usually results from a variety of factors. Wherever possible the department offers its professional advice and assistance, but some agencies are slow to alter in order to more effectively meet the needs of a changing society.

From 1966 to 1980 the proportion of children in care who have been cared for in the community in one way or another has been around 80%, but in 1980 at 82.4% it exceeded 82% for the first time.

For those in residential care over that period of time the percentage has been around 60-40 with the department having the greater share. The percentage in residential care in 1980 was the lowest in any year from 1966-1980 (incl.) and at 1214 was a drop of 243 from the high of 1457 in 1977.

Family Home Care

11. In 1965 4% of children in departmental care were in Family Homes. Six years later it was 8%. In 1977 this proportion had grown to 10% and in 1980 reached 13%.

The role of each Family Home within any social welfare district is determined by the Director. Its flexibility and capacity means that an average of 6-8 beds are available to the area, and the guarantee of access to beds is very important to the social work team.

During 1981 an average of 783 were in residence in departmental Family Homes each day of the year, involving 3302 individual children.

12. A Family home may cater for a group of children with many divergent needs, but at present 64% of all children in residence in Family Homes are adolescents. This reflects the difficulty in finding suitable or any foster home placement for this age, group which quite often has exaggerated developmental problems coupled with behaviour disorders and anti-social attitudes and tendencies.

13. If Family homes were not available the majority of these children would have to be cared for in residential facilities at about five times the cost. The fact that Family Homes are not staffed is of economic advantage to the department, and emotional advantage to the children in care, who often can relate in a more relaxed way to their care givers than if they were departmental officers working rostered hours.

14. The department's works programme for Family Homes is aimed at placing these resources in those areas where the greatest need still exists e.g. metropolitan Auckland, and in the secondary towns so that the task of child caring can be spread throughout the entire N.Z. community. Within the next 5 years the department hopes to have achieved its immediate goal in this respect. At the present time the department is well on the way to completing a comprehensive review of the Family home system of child care because it is appreciated that this is a vital part of our resources, from which must be gained the maximum benefits while its development is protected, and potential fully realised.

(c) Foster Care

15. During the 1966-1980 period the % of those in fostercare has dropped from 47% to a steady 41%. Many reasons may be advanced for this decline, but changes in lifestyle, the pattern of women's involvement in the work force, the unwillingness of people to board adolescents and the growth of Family homes enabling more appropriate placements to be made, have been contributing factors.

The department recently announced the results of a survey of fostercare, and further examination of the results and on going study is required.

16. For over 50 years fostercare has been the mainstay of our child caring service and will continue to be so. To improve the quality of care, the department now has a specialist fostering officer, has implemented new programmes for planning for children incare, and welcomes the growth of the Foster Care Federation as a voluntary group committed to the betterment of fostercare in N.Z.

17. Finding suitable foster homes has never been easy and often involves many hours of work with little result. The department has engaged an advertising agency to develop attractive material which can be used in publicising the need for foster homes. This material is now available for use in a national campaign. It is imperative that the department explore every avenue to find additional foster home placements for adolescents.

(d) Voluntary Agency Care

18. Although the numbers of wards in the residential care of voluntary agencies has dropped, the percentage has remained constant at 40% since the substantial increase in capitation payments following the 1977 report on Church social services.

The opening of Glenburn, the P.S.S.A. 32 bed residential for disturbed younger children in Auckland is welcomed, as this will inevitably reduce the pressures made on D.S.W. facilities.

PART II

The relationship between foster care and family home care and between family home care and residential care. Is the use of each alternative justified? Are there effective ways of using the less staff intensive resources, while still giving an equal standard, and possibly more appropriate form, of care.
The Social Evaluation Unit has been active in providing additional information in this area that will assist in future planning.

19. Twenty five years ago a child in care was placed either in foster care, or in an institution. If a child could not be placed in a foster home, a placement in residential care was the only alternative.

    Today the Family home offers the middle ground between a foster home and a residential bed, offering the best of both types of placement - the foster mother in a small group facility, which departmental officers have access to as of right.

20. The 7000 children in care have a wide variety of needs and place many demands on the resources of the community in caring for them. They range in age from infancy to almost adulthood, some need shelter care while others are extremely difficult, anti-social and aggressive with a long history of delinquent behaviour.

    Some children by their needs, and behaviour and attitude readily suggest that they can be assisted by placement in a foster home. The big question often is whether there is a suitable foster home available to meet the needs of the child. A willing foster mother and an available bed is not the only criteria, as the lifestyle of the family, its social class, religious attitudes and expectancies will determine the likelihood of the foster family meeting the needs of a particular child for whom a foster placement is sought.

21. Children who have been badly damaged by their life circumstances often indicate their deep seated anxieties by atrocious behaviour, and an unwillingness to accept either fostering or Family home placement. Many need the more impersonal atmosphere of an institution where relationships are not so threatening. They may also need the 24 hour presence of staff who are paid to put up with their behaviour and who can persist until the child is able to make a more satisfactory adjustment. For many children in this category a residential placement may be the first time for a lengthy period that any form of discipline has been exercised over them and this may produce reactions which are not pleasant.

22. The group of children placed in Family homes have a need for a foster placement, often of a special kind, with people who have a greater than average level of tolerance and good humour, plus the ability to quickly get alongside an ever changing population. Some children ultimately will be placed in foster homes, while others will move into residential beds, while some will because of their circumstances remain in Family Homes.

23. The department believes that the use of each alternative is not only justified but within each group endeavours are being made to widen the scope and depth of each resource. Training for foster parents hopefully will ensure that good foster parents are not lost to the department through inability to cope with the task and at the moment an advertising agency is preparing suitable material to assist in creating a greater awareness of the need for foster parents and of the rewards such can bring to a fostering family. Effective placements necessitate the availability of choice so that social workers may select the family most likely to meet the needs of the child to be placed. At times little or no choice is available.

24. The department considers that by extending the Family home system of care, an increasing emphasis has been given to the placement of children in the less staff intensive facilities. If the 783 children who resided in Family homes each day of 1981 had been placed in residential units, not only would the costs have been at least 5 times greater, but an extra 490 staff would have been needed, with capital expense in excess of $20 m. As evidenced by the standard of care given, this commitment of staff and capital would not have been justified.

25. For some time the department has been concerned about the number of children coming into temporary care on warrant, adjournment or for assessment. The results of the survey which has been conducted in Auckland may assist the department in finding ways to avoid the continuing pressure, and if the pressures are to continue, to look for equally effective but less costly and possibly more appropriate forms of care (refer to comments in Part 5 re Marae Home). The South Auckland Community Care scheme has already been put in place to screen some admissions to regional institutions. A significant number of children have avoided an expensive and inappropriate residential placement through this programme.

PART III

The role and function of Family Homes

26. Family Homes fulfil a variety of needs for care but these fall into four main classes:

   (a) Children or young persons requiring short-term care in localities where there are no institutional facilities. These may be:

(i) Wards of the Director-General recently placed under guardianship and awaiting permanent placement in private foster homes.

(ii) Children or young persons in Social Welfare custody pending a Court appearance.

(iii) Wards who are in between foster homes or work placements and are awaiting another.

(iv) Wards from country areas who are visiting larger centres for some reason e.g. for medical treatment.

(v) Wards in transit from one district to another.

(vi) Children or young persons from families in temporary distress who require emergency accommodation.

(b) Children or young persons in need of long-term care but for whom an institutional or private foster home placement would be inappropriate. Such children or young persons need the kind of care which can be provided only in a family group.

(c) Young persons, who are about to or have already begun working and who need a supportive environment for a time until they establish themselves.

(d) Young persons discharged from the department's long term training institutions or on placement from Department of Education special schools.

27. Because the Family home is a departmental residence, and foster parents agree to take which ever children the department chooses to place in their care, it is a very necessary resource in meeting the many divergent needs of children which vary from time to time and district to district.

Apart from the situations listed above, the Family home is often used to place a child who is in police custody and who must by law be placed in D.S.W. custody within 24 hours and for the group of itinerant children who move about the country, either come into conflict with the police, or present themselves seeking assistance.

In areas where there are no residential facilities the Family home often provides an acceptable placement for children on remand, and the availability of these placements avoids unnecessary long distance travel to regional institutional facilities.

Twenty four Family homes have been designated as "special purpose" with a view to keeping large families of children together rather than have them split up.

A significant reduction in the turnover of Family home foster parents has been achieved in the last couple of years. This has probably been achieved by better selection, improved training and support and better financial·provisions.

PART IV

The role and function of the Departments Reception Centre's

28. The department has three Reception Centres located in Auckland, Hamilton and Greytown. Prior to 1965 the Child Welfare division operated Receiving Homes in the major centres of population catering for boys 0-10 years of age and girls from 0-17 years. The age range was an impossible one, particularly so when the Receiving Homes became, more and more, facilities for difficult and disturbed adolescent girls, which meant that the needs of the younger shelter care children were badly overshadowed. In 1965 Girls Homes specialising in the needs of the adolescent were created and the department had plans to establish further Reception Centres to replace the shelter-care function in Auckland, Palmerston North, Wellington and Christchurch.

29. Many of the younger children coming into care are in need of a period of adjustment while their circumstances are sorted out and plans made for their future, whether this means return home or placement elsewhere. Often professional assessment is needed. The department must be in a position to meet the needs of children in the younger age group 0-10 years, but it does not believe that this is a task which the department must undertake alone.

   The proposals for Wellington, Christchurch and Palmerston North have not been proceeded with. The Home of Compassion in Wellington is a newly built 32 bed facility and is capable of offering the service. In Christchurch, the department has an 8 bed facility leased from the P.S.S.A. (it had been empty for two years) and is providing the service and combining with voluntary agency childrens' homes as required. Porirua has also embarked on a pilot scheme of using a Family Home in a similar manner.

30. In Auckland and Hamilton the size of the population and the number of children in need, suggests that there is a need for such facilities, but in Auckland the department has had discussions with the Methodist Social Services regarding the possibility of children in the 5-10 year age group being cared for in an existing group home facility. This agency is now taking children and in the light of experience may wish to enter into a contract with the department to provide such a service. Tower Hill Reception Centre in Hamilton, with good community support services is able to deliver a very effective service to a large catchment area but in the main caters for the needs of greater Hamilton.

31. The reception centre at Arbor House, Greytown is the smallest of the three operated by the department, and was opened in 1970 to offer a service until such time as the proposed centre in Newlands, Wellington became available. With the cancellation of this proposal in favour of the Home of Compassion the department has been monitoring the use of Arbor House, and it is apparent that the centre is used predominantly by the Wairarapa community. Since the opening of the Wellington Home of Compassion early in 1982, no noticeable effect has been detected on the use of Arbor House. It may be possible for the type of service being given by this institution to be delivered equally effectively through the use of foster care or family home beds, and the department will pursue this possibility.

The role and function of Regional Institutions

32. The Children and Young Persons Act 1974 requires the department to provide a range of facilities to meet the immediate and emergency needs of children who are in difficulty with their families, communities or the law. To meet its obligation the department has 12 facilities in the larger centres of population serving large catchment areas. In the main they provide for the 10-17 age group and the majority of cases are on police warrant or remand at the time of admission, although they also provide for wards who may need a short term placement pending return to the community or placement in a more long term facility.

33. The six Boys Homes during 1981 dealt with 2077 admissions and the number of admissions each year has continued to increase although last years was only slight.

    The seven Girls Homes had 1141 admissions compared with 1329 the previous year, continuing a recent trend of declining admissions for girls. Palmerston North Girls Home was closed in May 1982 because the daily bed occupancy had fallen to a most uneconomic level, and Wellington Girls Home was able to provide the same service, with resultant savings in excess of $300,000.

    With boys offending at a much higher rate than girls one might expect to see a greater disparity in the number of boys and girls admitted to regional facilities, but it is obvious that many difficult girls are admitted to the regional resources as a measure of control for short periods.

34. During 1980 the Strathmore Girls Home in Ferry Road, Christchurch was closed. With 27 beds, the very old building was badly in need of replacement. By removing the shelter care function to a Family home and to voluntary agencies the department was able to use an existing 18 bed facility at 'Kingslea' and this has avoided expenditure of about $750,000. So far the blending of the short and long term functions in one institution has proved to have more advantages than disadvantages and the department is watching the development with interest. The department is currently considering the feasibility of a similar arrangement at Weymouth.

The Girls Home in Dunedin was found to have 4 beds more than needed and by slight re-organisation two staff were able to be deployed elsewhere. The capacity is now 14 beds, but the unused beds could be reactivated if necessary.

Both the Palmerston North Girls Home and the Wellington Girls Home had been operating on low numbers. Because Wellington Girls Home had a secure unit and a school, it was decided to close Palmerston North Girls Home in view of the continuing underutilisation and ongoing high costs.

Bollard Girls Home and Hamilton Girls Home which were built from the same basic plan are well used, with Bollard having a much higher bed occupancy because it is often over capacity. Auckland city has a second girls home in Allendale Road, and between the two facilities they are able to cope with most situations. In order to provide a more appropriate residential programme for a selected number of girls Allendale is now operating a longer term programme. There is an obvious need in Bollard for an admission unit to cope with the near 500 admissions a year, and the department is looking at existing staff accommodation and re-organisation as a means of providing essential services without the need to add extra buildings.

Kingslea seems reasonably well suited in size and appointments to serve the catchment area centred on Christchurch for girls.

35. The six Boys Homes tend to be under the greatest pressures, the numbers of admissions, the degree of sophistication of many of the boys, their attitudes to authority and their offences, all tending to make the staff task a very demanding one. In Auckland the department has leased Wesleydale Boys Home from the Methodist Social Services since 1976 and the availability of 24 beds has relieved the intolerable pressures on Owairaka. Between the two institutions there are just on 1000 admissions a year. It is hoped that the newly established South Auckland Community Care scheme will enable a reduction in admissions to be achieved.

There are a further 20 beds available in Wesleydale, but the department has firmly resisted the temptation to staff and use them. The age group dealt with in Wesleydale and Allendale Girls Home will be catered for in the Family home unit proposed for the John Waititi Memorial Marae, (see Part 5(i) of this review) and it is hoped that future developments of this nature may avoid the need to commission extra beds.

Meantime, while the lease of Wesleydale is available to the department, the proposal for a Boys Home in South Auckland has not progressed. It would probably be most beneficial to have one located there but the capital costs of such a move when Wesleydale is able to provide the needed accommodation not very far away means that a move South can be postponed.

Hamilton, Lower Hutt and Christchurch Boys Homes seem very full to capacity most of the year. They seem to just cope with the flow of children and no extension of bed capacity is envisaged. The department may well have to provide admission facilities in future away from secure areas, but any such provision is seen as offering an extra dimension rather than extension of bed capacity. The department is also examining the role of the secure unit at Kohitere in Levin and whether or not its function should be extended to provide regional remand facilities and also cater for the serious violent offenders, this could result in changes for Lower Hutt Boys Home.

The Dunedin Boys Home is now the most inadequate facility the department has, but attempts to have the unit upgraded and extended have come to nothing. In the mean time, some funds have been made available to enable some essential upgrading to be completed. Discussions have been held to try and resolve the most appropriate and economical way of providing a service in the far South, while at the same time looking at the condition of the Dunedin Girls Home which we have been told by M.O.W.D. has little useful life left. A paper is currently being prepared to enable this to be further considered.

36. The general picture in relation to most regional institutions is one of consolidation, and utilisation of existing facilities to the best advantage, rather than extension. The needs of both the Hawkes Bay and Wanganui-New Plymouth are being kept in mind, but at this stage the department has no clear plan of how the future needs of these areas will be met. In many ways however it appears uneconomical to provide nearly all the facilities in the lower half of the North Island, within greater Wellington.

The role of National Insitutions.

37. During April 1981 the department closed Fareham House at Featherston, a 24 bed residence providing extended care beds for the younger disturbed girl aged 11-13 1/2 years. It was felt that the costs of the Fareham programme and any dividend from it, would not justify the institution remaining open. Disposal action has been taken. The department also announced its intention not to rebuild Holdsworth School in Wanganui - a 60 bed complex for boys aged 9-13. Holdsworth will be phased out in two steps during 1982-83.

This leaves the department with five major residences for extended care, treatment and training, for the group of most difficult boys and girls in the country, who have proved to be beyond community care or any placement previously attempted by the department.

Beck House, Napier with 24 beds caters for the 9-13 year old, very disturbed boy and is nearly always full to capacity. It has been open since 1977 and has taken some of the children previously inappropriately admitted either to Holdsworth School, or to a psychiatric hospital.

Hokio Beach School, Levin is used for the 12-14 age group of boys and is always full with a waiting list. The waiting list has plagued the department for years and in part is caused by a group of about 10 boys who are on the verge of attaining 15 years of age towards the end of their stay and who could not be expected to adjust to an outside school for about one school term. The department is hopeful that the development of Camp Peek (see Part 5(f)) may provide an acceptable alternative programme for this group, thereby overcoming a long standing problem. An extension of beds at Hokio is considered unnecessary.

Kohitere, the training centre for the older delinquent boys 14-16 years, also at Levin, has open capacity for 110 boys and 12 beds in the secure unit. It runs at about the 100 level but this is considered to be too high and the Principal would like to see the number reduced to about.90. Should the secure unit of Kohitere have an expanded role, it would be beneficial to reduce the size of the total complex and again the development of Camp Peek (see Part 5(f)) could prove to be the key to such a development.

Holdsworth School, at present is a large 60 bed complex with all bedroom accommodation upstairs in one block. The original plans for its replacement envisaged 3 x 20 beds "Weymouth" units but experience over 8 years has shown these units have a comfortable capacity of only 15. If the department was planning to rebuild Holdsworth on its existing site 4 x 15 bed units would most likely be favoured. Units of this number and size in one complex however are very costly to staff and whereas the existing staff is 30, 4 units would need 51 staff.

38. With the closing of Fareham House and Holdsworth School, 84 beds for extended care will have been lost. The department has no other facility to cope with this group aged 9-13 years and it is intended to place these children in 10 bed Group Homes with regional rather than national catchment. The 5 units will give a replacement of 50 beds, with greater flexibility, more ideally located for continuity of care involving the family, with a quicker turnover of residents. The total staff requirement of 40 (8 each) will compare favourable with the existing staff of Fareham and Holdsworth, (46) 3 teachers, a saving of 6 residential staff, more than 20 staff if Holdsworth had been rebuilt in one complex on a unit basis. The capital savings are probably of the order of 40%.

PART V

An assessment of the effect on future accommodation needs.

Planning for Children in Care

39. Monitoring of the Pilot Schemes for the above programme leads to an expectation that there could be as much as a 10% drop in the numbers of children coming into care or about 100 children per year.

The expectation that planning will lead to more effective case work generally a further 5% drop in the number of children needing residential care is not unreasonable.

Proposed Changes in adoption legislation

40. Any changes in adoption legislation are unlikely to affect in any significant way the need for accommodation of the children concerned.

Changes in Children and Young Persons Legislation

41. A draft Bill has been presented to the House and it is anticipated that it will be passed this session.

An amendment is proposed to Section 41 of the Principal Act relating to the obtaining of a Social Workers report before any order is made. The amendment removes the compulsory requirement to report and substitutes a provision for reporting -- 'may report to the Court and will do so if required by the Judge'. By no longer requiring a report in all instances, the number of occasions children or young persons will need to be remanded in Social Welfare custody will potentially be reduced.

An amendment to Section 43 of the Principal Act would enable the Police to release a child or young person without bail, or deliver him to the custody of parents/guardians in the case of most offences punishable by imprisonment, not just those punishable by 3 months imprisonment or less. The effect of the change should result in many more children being released on bail, rather than being held in D.S.W. custody pending a court appearance.

A change to Section 36 (i)(j) of the Principal Act preventing a young offender who has been dealt with as an adult in the District Court from being subsequently treated as a young person and returning to D.S.W. care has been considered but rejected as unacceptable at this juncture.

No accurate assessment can be made of the total effect these changes will have on the demands made in departmental residential beds, but it is obvious that the changes will reduce demand.

Community Care Programme

42. When the J teams were abolished the Department was able to make available three social workers to operate a trial scheme in South Auckland in an effort to provide an effective filter between the community and residential care placements.

In essence, a child or young person being proposed for admission to a short term care unit in Auckland is screened by the community care unit, to test the need for a residential bed, to look at the possibility of alternative community placement and where this is warranted, to make the arrangements.

The scheme began on 1 April 1982 and up to 30.6.82 169 cases had been referred to it. 52% of referrals were subsequently admitted to residential care while 48% were retained in the community.

The department is about to extend the concept into the Auckland Social Welfare district to test it further. As South Auckland and Auckland itself provide nearly 70% of all admission to the regional units, a reduction of 40% or more could produce very worthwhile results in reducing the demands on our residential facilities.

Child care co-ordinating committees

43. These committees, in Auckland and Dunedin, were appointed by the Minister in 1980 to serve for a four year period. They are intended to improve co-ordination between the State and voluntary sectors and in particular to ensure the economic use of resources. Indications during the first six months of the committees functioning suggest that they will act as an independent voice in seeing that future accommodation needs are fully assessed and balanced against existing resources.

Contracting out the care of Wards to voluntary agencies

44. The department has finalised its proposals concerning the contracting out of the care of wards to voluntary agencies, and it appears that such arrangements would most likely affect children suitable for foster placements. If the care of these children was taken over by a voluntary agency, this would reduce the workload of departmental social workers, and possibly reduce demands for beds in departmental Family homes. It would be unlikely to reduce demand for institutional beds although it is possible that voluntary agencies could become interested in caring for children who need residential care, and if such care were contracted out to the agency this again would reduce demand on D.S.W. resources.

Other alternatives - e.g. Camp Peek concept

45. Please refer to Appendix (1)(f). The department now has approval under new policy to proceed with this scheme.

Intensive foster schemes

46. The two Intensive Foster Care Schemes based in Christchurch and Auckland Regional will, when a further social worker is appointed, cater for 40 children or young people in foster homes who would by virtue of their difficult/disturbed behaviour normally have their needs met in an institutional setting.

This four year pilot scheme has been in operation for 2 years and early indications are that it is fulfilling its purpose, in providing a positive, closer family unit for some of our most disturbed youngsters. Currently there are 34 children in the scheme. An annual evaluation is completed in conjunction with the Foster Care Association. A report covering the background of the scheme and the first two years of operation is to be published shortly. Experience to date indicates that some of the youngsters have avoided the need to come into residential care but considerable difficulty has been experienced in placing adolescents in foster homes.

Intensive neighbourhood support schemes

47. Please refer to Appendix (1)(h).

Placing Family homes either on or in association with a marae

48. Because so many children coming into care are Maori, it is appropriate to encourage the Maori people to become more involved in the care of these children. The majority of Maori children who are fostered, are in pakeha homes, while the department's residential units may have in excess of 70% Maori children as an average daily roll.

Since 1980 discussions have been held with the Committee of the John Waititi Memorial Marae in Auckland. An agreement is being worked towards and the objective of the committee is to provide a resource in the western suburbs of Auckland which could cope with younger children 10-14 years, who have been remanded in D.S.W. care for from 4-12 weeks. This is the age group customarily dealt with at Wesleydale Boys Home and Allendale Girls Home. The eight bed unit could cope with about 50-60 youngsters a year depending on their length of stay. Because of town planning difficulties with the Waitemata City Council, finality of the proposal appears to be still some way off.

The department is hopeful that this Family home will not only prove a successful addition to the child care resources of the Auckland region, but that it may also be an encouragement to other Marae committees to make a similar commitment to the future well being of children in care. The programme could well be applied not only in the main urban areas, but also in secondary areas where there are no residential facilties and children now have to betransported many miles to be accommodated. Potentially this is a most exciting step, and the 1982/83 works programme allows for this unit to be built. While it is a little early to predict what effect such a policy could have in the long run, five of these units based around metropolitan Auckland could result in about 1/5 of those now cared for in residential units being cared for within a caring Marae setting. The cost would be considerably reduced and the method of care, hopefully more appropriate.

Day versus residential assessment
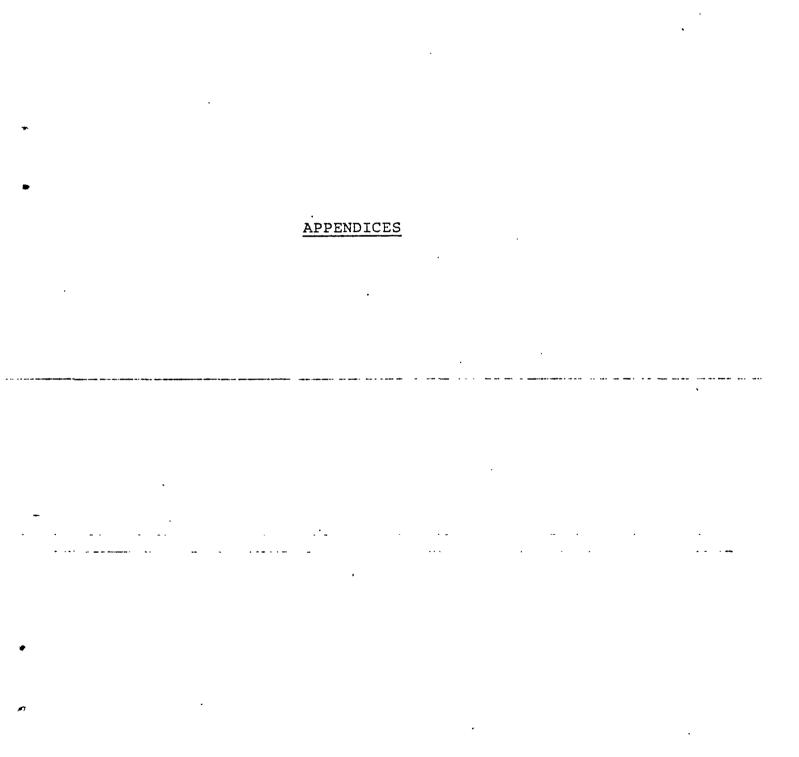
49. Please refer to appendix (1)(j).

Intermediate treatment involving activity, education, skills development, recreation on a day, evening or weekend attendance basis.

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50. Refer to Appendix 1 (k).

Summary

51. The department has always acknowledged that caring for children under the guardianship of the Director-General, is a task most appropriately shared with the wide general community and with voluntary agencies. The emphasis placed on fostering, since 1925 has been maintained, however for several years finding suitable long term foster homes for adolescents has been an increasingly frustrating task for social workers. The department's own Family Homes with a capacity of about 1000 beds have a daily occupancy of nearly 800, of whom 65% are adolescents.

52. Acknowledging that residential care is very costly and staff intensive the department continues to examine the reasons why children are placed in residential care. The department is seeking changes in the law which will reduce the need for residential placements, and a variety of alternative practices are being considered, planned or implemented with a view to future reduction of demand. It is emphasised however that considerable reduction in demand is necessary before staff savings become a possibility.

53. The department closed Fareham House a 24 bed unit providing extended care for difficult girls aged 11-13 years and is now preparing to phase out Holdsworth School in Wanganui, a 60 bed unit providing for the younger pre-delinquent and difficult boy aged 9-13 years. A new emphasis is being placed on keeping younger children nearer to their home communities and families wherever this is desirable and possible, and the closure of Holdsworth means that this large facility which was expensive to staff and operate will not be replaced as was previously envisaged.

54. An examination of the Department of Social Welfare works programme for the period 1982-87 shows the desire to completing the network of Family Homes that have been developed over the last 25 years. The five 10 bed group homes which will be regionally based replace the 84 beds lost by the closing of Fareham and Holdsworth. The department has no proposals for additional beds and all institutional building is either to add or upgrade much needed administrative and support facilities, or to replace existing buildings which are long overdue for renewal.

55. The department will complete a detailed study of the place, value and justification of its three Reception Centres, and continue negotiations for alternative, equally acceptable form of care, particularly in the larger centres of population.

56. The partnership between the department and the voluntary agencies is necessary and to be encouraged. The voluntary agencies are to be assisted in any endeavour to introduce innovative programmes which either keep children out of residential care, or make this kind of care available to children who would otherwise come into departmental custody.

57. Many of the developments outlined in Part 5 of this review will come into effect given time and resources. It is safe to predict that their combined influence should result in a reduced demand for residential care.

58. The department has not resolved the dilemma of making adequate provision for the small number of very violent and dangerous offending children and young persons placed in the care of the Director-General. There is no existing accommodation suitable for such a task.

APPENDICES

An assessment of the effect on future accommodation needs of:-

(f) Other alternatives, e.g. Camp Peek concept

As part of a range of treatment programmes for young offenders, one of the alternatives which is mentioned in overseas literature is the development of facilities along the lines of 'Outward Bound' courses. The essential feature of such courses is that they expose the participants to a short, sharp burst of intense physical activity in a wide range of outdoor pursuits with the aim of developing self-confidence, self-reliance and self-image. These types of programmes, in the form of 'Outward Bound Schools' or 'Outdoor Pursuits Centres' have become increasingly popular in the training of young persons generally and are becoming more accepted as part of secondary school curricula .

Over the last decade, training programmes of this type have been operated in a number of countries as part of the range of treatment programmes available for young offenders. Those programmes which have been evaluated have in general received encouraging reports in the criminological literature. A study by Kelly and Baer (1968) which compared rates of recidivism of delinquent boys on different Outward Bound type courses with those undergoing traditional treatment programmes found that for some young offenders a programme of physical challenge is a desirable alternative to institutionalisation. The study suggested that action oriented adolescents may respond better to action programmes than the more traditional cognitive-oriented counselling approaches.

The Department in 1977 experimented with such a course at Camp Peek, a Departmental facility in the hills behind Levin. The course, a six week pilot scheme in outdoor training for a group of 16 young offenders drawn from boys recently admitted to Kohitere, aimed to provide an alternative to the more traditional long-term training provided at Kohitere. The overall goal of the six week course was "to develop self-sufficiency and self-confidence, to build physical fitness, and to develop positive social relationships through a programme of outdoor pursuits based at Camp Peek." Outdoor activities included canoeing, bushcraft, mountaineering, and rock climbing, with emphasis being placed on training and experience in community activities. On completion of the course, participants were placed directly into placement situations in their home districts. .

While any evaluation of such a scheme must, because of the smallness of the sample, be tentative at best, subsequent follow-up of the participants in terms of re-offending within a 15 month period following discharge from Camp Peek indicated there was no significant difference in offending behaviour when compared to that of Kohitere Trainees. This would tend to suggest that the shortened time in care and the programme at Camp Peek compare favourably with those of Kohitere.

In view of the apparent success of this type of approach,
the Department during 1978 offered both long (up to six
weeks) and short term courses (one to two weeks) to a
wide range of client groups.

Potential Benefits and Savings of such an Approach

The present average period a boy resides in Kohitere is
10 months and Hokio 13 months. The proposed throughput
of a facility such as Camp Peek (if it were established
as an ongoing operation) in a 10 month period would be at
least three and possible four intakes of 16 boys each, a
total of either 48 or 64. The annual throughput of Kohitere
is 145-150 boys and Hokio 60 boys. It may be possible to
divert 1/4 or 1/5 of these boys to the alternative programme.
It is also likely that boys at present held in Boys Homes
or Family Homes could be recommended for the shorter alternative
of a Camp Peek experience.

The release of about 16 boys who would qualify for admission
to Hokio would make it possible to reduce the waiting list
which extends up to three months, and reduce the pressure
on Boys Homes, particularly Wesleydale, Owairaka, Epuni
and Hamilton.

The economic benefits would be derived through a lower cost
per child per year (preliminary estimates suggest 1/2 - 2/3
cost of normal treatment programme depending on throughput),
and a lessening of pressure and less demand for more resources
in Boys Homes. Depending on the number of courses needed
each year, Camp Peek when fully operative could offer a
number of short term courses for children resident in many
Social Welfare institutions, and be made available to the
community. The Department is currently considering the
establishment of an alternative programme at Camp Peek as
a matter of priority.

(h) Intensive Neighbourhood Support Schemes

In April 1979, the Department for Community Welfare in
South Australia introduced a scheme, named the Intensive
Neighbourhood Care Scheme, aimed at providing rehabilitative
care for young people who have offended and who cannot return
home.

As an alternative to institutional placement, the scheme
uses specially recruited, trained, and paid care-givers in
the community to provide intensive supervision and support
to young people who

>   (i)   are young offenders who would normally be remanded
>   in custody but can cope in an intensive (virtually 24
>   hour) personalised care situation for a period of up
>   to 28 days pending final determination of their case
>   by the Court (INC Remand Care), or
>
>   (ii) young offenders who could not cope with normal
>   foster or family placements but who require intensive,
>   personalised care and supervision on a one-to-one
>   basis over a longer period (Support Care - for a period
>   of three to six months).

Under the scheme, Remand Care families or care-givers are
paid $14.00 a day while those providing Support Care receive
$18.00 a day. More recently, a third category of young
people has been included under the scheme - INC for adolescent/
teenage girls.

Preliminary indications point to the success of this kind
of approach. Between February and November 1979, 80 placements
were made under the scheme (44 in Remand Care and 36 in
Support Care). Of these, 12 broke down (6 Remand placements
and 6 Support placements). Payment of the care-givers is
seen as an essential aspect of the scheme, as is the training,
on-going support and back-up at times of crises which needs
to be given and be readily available to those providing the
care. In November 1980, the Department for Community Welfare
introduced as another of a range of services available to
young offenders and as an alternative to institutional care,
an Intensive Personal Supervision Scheme. This scheme
aims to provide community detention for youths who would
otherwise be placed in secure care, or who are granted
conditional accelerated release from secure care. Each
youth is asked to nominate a suitable person from whom
they would like to receive intensive community supervision
for a maximum of 10 hours per week while they reside in
their own home (if suitable) or some other community
placement. If the person is considered suitable a programme
is drawn up involving the Community Supervisor, the Community
Welfare Worker (the equivalent of a DSW Social Worker), and the
youth. The programme includes conditions and specific

behavioural goals. The supervisors from the community
are paid $4.50 per hour. As yet, no specific figures relating
to the success or otherwise of the scheme are available.

The intensive neighbourhood support schemes described
above are essentially designed to provide family or community-
based care and support as an alternative to institutional
care for young offenders. As such, they would appear in
the South Australian context to be acheiving their aim.
Adelaide has a population of approximately 1 million
people. The Department for Community Welfare has been able
to reduce its institutional facilities to two - a 40 bed
institution for boys and a similar capacity facility for
girls and very young children.

Potential Benefits and Savings of such an
approach in New Zealand

The Department is currently giving consideration to the
introduction on a pilot basis of an Intensive Neighbourhood
Care type of scheme in New Zealand. The Director of Social
Welfare in Lower Hutt has been asked to investigate and report
on the feasibility of setting up such a scheme in his
district, centred on the Epuni Boy's Home and aimed primarily
at providing Remand Care. It is envisaged that suitable
candidates for the Intensive Neighbourhood Care scheme
would be diverted from the Boy's Home into the INC scheme,
with perhaps from 1/5 to 1/4 of potential admissions being
diverted in this way.

Epuni currently has an average annual throughput of 330 boys.
With a pool of 20 care-givers, it is envisaged that between
50 and 60 young persons could be catered for in this way, at
a total cost for one year of approximately $80,000 (on the
basis of each care-giver being paid $12.00 a day). The
average daily cost in terms of staff salaries alone of
keeping a young person in one of the Department's Boy's or
Girl's Homes currently ranges from $27 to $64 a day,
depending on the size of the institution and whether a
Boys or Girls Home.

An intensive neighbourhood care scheme would provide care
at approximately one half of the cost of comparable
institutional care, and would have the advantage of keeping
the young person within the community rather than removing
him from it.

(J) Day versus residential assessment

In New Zealand (as in Great Britain) the observation and
assessment function has, in respect of the majority of
children and young persons coming to official notice, been
carried out in the residential setting - primarily in Boys
and Girls Homes and in Reception Centres. The appropriate-
ness of this type of approach has come under increasing
scrutiny and question in the social work literature,
both in terms of the cost involved and the appropriateness
of removing children from their natural environment in
order to undertake this process.

Day assessment, or assessment of the child or young person
in his own home and neighbourhood (spending short periods
either on a day or residential basis at an "assessment
centre" or in a residential setting where necessary), has
been suggested as a more preferable and realistic alternative
for the majority of children and young persons who currently
are taken into residential care for assessment purposes.

In Great Britain, the 1969 Children and Young Persons Act
made provision for the setting up of "facilities for the
observation of the physical and mental condition of children
in the care of the relevant authorities and for the
assessment of the most suitable accommodation and treatment
of these children". In compliance with this legislation,
assessment centres (mainly residential with school
facilities attached) were established in most counties.

The British experience has shown that the cost of
establishing and running such centres (as with residential
accommodation for children in New Zealand) is extremely
high. In Great Britain, the expected number of care
staff in assessment centres is around 15/16 for 30 children,
with about 3/4 teachers. For a 40 hour week, the ratio
works out to about 1 staff to 5 children (excluding
domestic and manual staff). While the ratio in respect
of Boys and Girls Homes in New Zealand would be lower,
it does emphasis the heavy commitment in terms of staff
resources that is required for institutional/residential
care. The British experience has in addition shown
that a large proportion of children admitted to assessment
centres (80% in one study) are not in fact admitted
primarily for assessment although they may need some
amount of observation; that many tend to be placed
before a formal assessment is completed; that the
centres tend to act as "clearing houses" and in some
cases are used as "dumping grounds"; and that while
many of the children who come into care do have
problems, not all have the type of problem which can
be diagnosed and treated in a residential setting.
While a certain amount of residential assessment and care
will always be required, it should be reserved for those
who really need it. As Dinnage and Kelmer Pringle (1977)
comment:

> "Institutional placement for children should be
> considered only for children in need of therapeutic
> experience. This type of placement is for children
> with emotional disturbances which prevent them from
> functioning at home or in the community."

Day assessment, where the child or young person remains
in his natural environment (home, school, and local
neighbourhood) and is assessed in this setting by a team
of specialists, has a number of practical advantages:
it enables a more realistic diagnosis of a child's problems
and provides a setting for positive family assessment;
such a team operating in the community can function
without a large number of the normal residential back-
up resources; disruption of the child's life by removal
into residential care is minimised; the observation and
assessment data thus obtained is likely to be of more
relevance in remedying any problems that exist; such a
process constitutes preventive primary care in that the
assessment team is working with relevant local agenices
directly, thus helping to facilitate an active problem-
solving approach to the current difficulties; and finally
it could be anticipated that the long-term involvement of
such a team in the community could lessen the reluctance
of social workers and other helping persons/agencies
to request _ assessment since this would no longer
mean, of necessity, a residential placement.

In New Zealand, residential placement currently means that
the assessment is carried out in the context of a group
of children, takes place in a situation where the child
is subject to the influence of a peer group and peer
sub-cultures, and where rostered staff operate the
institution which is usually a single sex facility. While
residential assessment will probably always be required
for some children whose home environment is unable to
sustain them, it has been suggested that this should
apply to only a relatively small number of children.
Where such residential assessment is deemed necessary, it
has been suggested in the literature that :

    (1)   such assessment should be carried out in
         small units comprising a maximum of 6 children

    (2)   that such units should have an equal sex
         ratio of staff and children

    (3)   that only if the normal school environment
         fails to maintain the child should residential
         education be considered, and

    (4)   that the assessment unit should be based in
         the child's community with unit staff maintaining

close liaison with significant people in the
child's life.

Potential benefits and savings of day assessment.

The potential benefits of moving towards a day assessment
approach (in terms of cost and the other advantages outlined
above) are such that it would seem to make good sense to
move in this direction. Such a course would potentially
ease the continuing heavy pressure on the department's
short-term remand/assessment residences, the expansion
of which will need to be considered if alternatives to
insitutional placement cannot be found.

(K) <u>Intermediate treatment involving activity, education, skills development, recreation on a day, evening or weekend attendance basis.</u>

Intermediate treatment as a concept had its origins in the United Kingdom. It was a reflection of the social and political concerns and changes of the 1960's which saw a growing awareness of deprivation and disadvantage at a time when delinquency was a major media and political concern. A time of changing social values, children were seen as essentially being deprived and victims of their social environment, in need of care and treatment rather than control and punishment. Thus emphasis was given to promoting the welfare of children by helping them and their families in the community; of young offenders being similarly treated in the community in facilities that were also available to non-offenders; and of providing a family social work service as an antidote to delinquency. Mention of "intermediate forms of treatment" was first made in a revised 1968 White Paper, "The Child, the Family, and the Young Offender." The intention was that the child should be treated as a member of his community, with others of his own age (not all of whom need necessarily be delinquent), and that while willing participation of the child in the treatment was desirable, it might sometimes be necessary to have compulsory powers available. The 1968 White Paper saw intermediate treatment as having a community and peer group focus within the context of a family-oriented social work agency.

The statutory framework for intermediate treatment _{in the U.K.} was provided for in the 1969 Children and Young Persons Act. This legislation saw intermediate treatment as a sentencing option available to the Courts and as a statutory responsibility of social service departments. Intermediate treatment in the Act was presented as:

(1) a sentence available to the Courts following successful criminal or care proceedings for children or young persons up to the age of 17;

(2) a measure which could be added as an additional clause to supervision order;

(3) the additional clause gave discretion to the supervisor, as the representative of the local authority or the probation service, to require the supervisee to attend a facility of intermediate treatment;

(4) the facility had to be of a type approved by the Secretary of State for Social Services, and had to be listed in the Regional Planning

Committee's scheme for intermediate treatment;

(5)   it was the responsibility of the Local
       Authority to make money available for intermediate
       treatment.

Subsequent legislation (the Criminal Law Act 1977) made
provision that a child or young person can be required
to attend a facility of intermediate treatment for up to
90 days (there previously being a distinction between 30
and 90 day orders) and allowed that a child who fails to
comply with the requirements of a supervision order,
including the intermediate treatment conditions, made
following criminal (not care) proceedings may be fined or
be required to attend an attendance centre with the requirements
of the original order still continuing.

Intermediate treatment was thus a product of its time and
was envisaged as a legislative, a social work, and a
community response to delinquency and deprivation. Its
development in the United Kingdom has varied widely,
depending on who has attempted to develop it, with
what resources, and under the aegis of which agency. The
Department of Health and Social Security in a 1972 guide
to intermediate treatment defined it as "a flexible and
discriminating use of the community's resources", having
the aim of enriching the child's environment and assisting
his development. This was seen as being acheived by
bringing the child into contact with a new environment,
of giving him opportunities to form new relationships, and
to allow for the development of new interests.

In practice, a wide variety of interpretations has been given
to the scope and potential of intermediate treatment,
resulting in a diversity of intermediate treatment programmes
(with diverse goals) having been tried. Most programmes
have, however, contained, in varying degrees, elements
of activity, education, skills development, and recreation
on a day, evening, or residential weekend attendance basis.
The programmes have had varying degrees of success.
In some cases, the validity and creditibility of
intermediate treatment has been questioned. Criticisms
that have been levelled, particularly at some of the
early programmes, have been that they have been too short
lived and not particularly relevant to the young person's
everyday life - that they have been composed of artificial,
social worker selected peer groups rather than natural,
neighbourhood-based friendship groups. A response to this
latter criticism has been that intermediate treatment
programmes have, in the United Kingdom, been placed more
in the neighbourhood context: of increasing use in the
programmes of volunteers recruited from the local neighbourhood,
of the use of local facilities, locally based community service

projects, and detached youth work. Allied to this has
been a trend to provide a more intensive intermediate
treatment programme by offering a more intensive treatment
package to the young person (in terms of time, impact
and effect). Day care, alternative schooling, and short-
term focussed residential care have been included in intensive
intermediate treatment programmes, which in turn has led
to the emergence of intermediate treatment centres.

The underlying philosophy behind intermediate treatment
has been summed up by Jones and Kerslake in "Intermediate
Treatment and Social Work" (1979) as follows:

> "Intermediate treatment, however, continues to be
> concerned with adolescents in trouble; they may be
> delinquent and they may be deprived. The task
> for intermediate treatment is to reduce the
> various way in which these young people are "at
> risk": "at risk" of continued offending, of
> continued deprivation, of reception into care, or
> of penal confinement. It attempts to counter
> deprivation, delinquency and disturbance through
> programmes based on counselling and diversion.

> This may include elements on control, challenging
> the adolescent's picture of himself (and the picture
> others have of him) and offering an alternative
> self-concept, and also rehearsing new, less
> troublesome, but still rewarding, behaviours."

The same authors go on to say:

> "If nothing else, intermediate treatment as an idea,
> and the responsibilities placed on local authorities
> by the 1969 Act to develop intermediate treatment,
> has achieved the not inconsiderable success of
> encouraging some (but not enough) social work
> agencies and social work training courses, to look
> again at how a more effective community-based social
> work service can be provided for adolescents.
> It has also required that this service should attempt
> to consider, and to dovetail with, other community-
> based services and resources for young people. This
> is a theme....which reflects our own thinking
> about intermediate treatment as 'an umbrella term
> for a wide range of both actual and potential
> community-based provision for adolescents (and
> children) who are deprived or who are more "at risk"
> of getting into trouble than their contemporaries'."

Potential benefits and savings of such an approach in New Zealand

The Department is in general support of the view that
its social work policy should move firmly and quickly
in the direction of finding ways to divert "at risk"
children and young persons away from institutional care.
Intermediate treatment as an additional form of inter-
vention appears to have the potential to do this,
and at considerably less cost than full institutional
care. The Department at the end of 1980/beginning of
1981 explored the possibility of establishing an
intermediate treatment facility in Christchurch, based
on the former Girls Home premises, to cater for children
and young persons who, for reasons of truancy or other
behaviour problems, appeared to be failing in the normal
school system or in the community. The intention was
to provide them with an alternative, highly structured
and individualised programme in an effort to effect
their integration into the community and into the normal
school situation where appropriate. The programme
(which would have initially catered for up to 10-12 children),
aimed to provide an educational and social programme
individually designed to ensure early stimulation
and rewards to provide successful experiences to the
child or young person. Because of the unsuitability
of the proposed premises, the proposal was not
proceeded with. However, the Department is keen to
test out the concept of intermediate treatment in
practice, seeing it as an additional form of
intervention having the potential to help children and
young persons at risk of coming into full residential
care.

WORKING PAPER OUTLINING OPTIONS FOR RESTRUCTURING

OPTION 1 - RETAIN STATUS QUO

Advantages:

1. No re-organisation

2. Districts probably won't be upset

3. Avoids the cost of change

4. Currently working well in some areas

5. National institutions have adequate access to resources

6. Avoids possible conflict with P.S.A.

7. Entrepreneurial Principal can still act independently

9. Potential for excellence for individual institutions

Disadvantages:

(a) Structure

1. Poor accountability, variable administrationm uneven resource allocation, uneven resource share.

2. Potential for further disaster (repetition of H.R.C.)

3. Inhibits fair resource allocation (squeaky wheel)

4. Inhibits professional development

5. Creates two separate services (regional/national) (male/female)

6. Unresponsive to community change

7. Inadequate Head Office resources (buildings, support, staff)

8. Regionals vulnerable to local DSW pressures

9. Potential for poor development

10. Limited potential for staff training and development

11. Distance to specialists. Costs of inefficient operations.

(b) Kids

1. Removed from community of origin

2. Breaks family contact

3. Inhibits family work

4. Reintegration problems for child - school, work etc.

5. Separation of field and residential social workers

6. Clogging up - Hokio

7. Lack of clear policy guidelines

8. Costs of moving children

9. Limited ability to respond to cultural needs

10. Inability to provide appropriate intervention for all
    potential clients at the time that it is required.

11. Limited residential placement options

12. Inhibits planning for children in care process.

OPTION 2 - <u>DEVELOP RESIDENTIAL SERVICES BASED ON FOUR GEOGRAPHIC
            REGIONS</u>

Divide country into 4 Regions - Residential Services, each with
a Regional Principal.

<u>OBJECTIVE</u>: Each region to endeavour to provide, as near as
possible, a full range of residential services (i.e. burn up own
smoke).

	AUCKLAND	HAMILTON	CENTRAL	SOUTH
Number of Institutions -	7	4	7	5

<u>Task of Regional Principal</u>:

1. Professional support
2. Appointments
3. Resource allocation
4. Co-ordination of services
5. Staff training
6. Administrative support (buildings etc.) clerical

The nucleus of a regional management team is already on site
i.e. resource shift within Residential Services only. Each region
is to be responsible to the Director, Residential Services, Head
Office.

<u>Advantages</u>:

1. Equalisation of resource share to districts

2. Resource shifts possible within regions

3. Social work model more attainable

4. Standardised control and management and development

5. Should be possible within present resources

6. The 4 Regional Principals together with Residential Services,
    Head Office could provide effective quality control (National
    review team).

7. Greater opportunity for staff training and development (see also 2 above).

8. Wider range of local social work options

9. Greater ability to specialise (reduction of role confusion)

10. Greater ability to provide multi-purpose facilities

11. Possibility of bringing skills in management plus co-ordination

12. Nucleus of full formal regionalisation.

Disadvantages:

1. Dominance of larger regions

2. Duplication of some specialist services

3. May not be possible within present staff levels

4. Possible reaction of:

   field service)
) _ loss of control of regional
   district) institutions by district office.
       administration)

5. Create a management vacuum

6. Forecloses options for regionalisation.

OPTION 3 - INCLUDES OPTION 2 PLUS INCLUDING ALL FAMILY HOMES

OBJECTIVE: To bring all residential services of DSW within the region which is clearly under one administration.

- excludes foster homes
- includes Community Care Scheme

Advantages:

1. Provide unified residential approach

2. Better planned utilisation, i.e. development of specialist units.

3. Greater flexibility

4. Improved standards

5. Makes better provision for engagement and training of family home foster parents.

6. Administration:

   - Better maintenance supervision
   - Better and more equal provision of equipment
   - Reduces variation in interpretation of various provisions.

Disadvantages:

1. Problems with distance from regional base

2. Problems with the emergency admission needs

3. Unnecessary clog-up of regional management .

4. Removes an immediate social work resource

5. Removes responsibility for social worker decision and action for placement.

6. Some family home foster-parents need 'on the spot' supervision and support.

7. Reaction of directors.

This option was considered and two other sub-options emerged:

(a) Devolution of Head Office functions re F.H. to region
(b) Regional control of selected F.H. for specific purposes

OPTION 3 (a) - INCLUDES OPTION 3 PLUS DECENTRALISATION OF HEAD OFFICE FUNCTIONS TO REGIONS

Delegation of existing Head Office planning/control of family homes to Regional Principals.

Advantages:

1. Improved response to local/regional needs and usage

2. Overall management in regional hands includes:
    (a) Signing family home foster parent agreements
    (b) Screening of recommended applicants
    (c) New developments

N.B. District Offices would contract for the immediate supervision of family homes.

OPTION 3 (b) - INCLUDES OPTION 2 PLUS SELECTED STAFFED FAMILY HOMES

(a) OBJECTIVE: To provide initial short term remand assessment facility where appropriate to avoid removal from local community.

1. POSTULATED that a facility could be provided where there is a known and continuing need established by Regional Principal.

2. CONTROL by Residential Principal for the regions.

3. SERVICES contracted to the district who will be responsible to Regional Principal.

4. STAFFING foster parents retained as present. Employment of residential social work staff to undertake the tasks of

assessing and management of CYP.

Need to examine any overseas model.

Admissions approved by district (as is currently done).

(b) Advantages:

1. Localised service

2. Increased range of options

3. Diverts some children from residential care

4. Better utilisation of present family homes.

5. Closely approximates the social work model

6. Wider dispersion of residential social workers leading to increased interaction between them and field social worker, particularly in the secondary centres.

(b) Disadvantages:

1. Professional isolation of residential social work staff

2. Supervision of staff

3. Additional family homes may be required.

OPTION 4 - ALL INSTITUTIONS REPORTING DIRECT TO HEAD OFFICE

Advantages:

1. Replaces the anomalous accountability in regional institutions

2. Reduces distinction between national/regional facilities and formalises reporting lines.

3. Allows improved development, planning and accountability

4. Advantage over Option 2 - would involve minimum resource shift and avoid management vacuum.

5. Improved standardisation of functioning and services, new role development etc.

6. Enables rationalisation (Advisory Committee has input)

7. Similar possibilities to regional (Option 2) advantages, but with size limitations.

8. SUB-OPTION to contract out servicing tasks to District Offices

9. Allows flexibility to move easily to full regionalisation should it occur at a later stage.

10. Precursor to regional residential structure and more attainable in the short to medium term.

Disadvantages:

1. Centralisation of power (Wellington view)

2. Some seniority problems in Head Office will result in need for extra resources/gradings.

3. Variable standard of servicing remains a possibility (although contracting may help resolve).

4. Reactions of field/district administration

In addition to the above options, the following could operate
in conjunction with any of the above options:

    (a)   Further development of the Community Care scheme
    (b)   Contracting to other agencies
    (c)   Development of new programmes e.g. Camp Peek, Intermediate Treatment, Day Attendance etc.

APPENDIX VI
A REGIONAL PROPOSAL

AUCKLAND REGION

Catchment Area   Present Auckland Region plus Whangarei and Kaitaia.

Smoke Generated   At present the Auckland·institutions are receiving 1564 admissions per annum on a short-term basis. In addition a proportion of intake is placed in the community or in family homes particularly in the Whangarei and Kaitaia districts. The introduction of "Community Care" in South Auckland is enabling further community placements.

This annual intake in region requires medium to long-term placements for 50 girls of Weymouth category; 50 boys Kohitere; 20 boys Hokio; 40 girls Fareham/Weymouth to Allendale; 20 boys/girls Holdsworth/Fareham on the present throughput.

Facilities Available

Weymouth	60 beds	+ 19	Secure
Allendale	23 "	+ 3	
Te Atatu	10 "		
Wesleydale	24 "	with potential for + 24	
Owairaka	43 "	+ 18	
Bollard	30 "	+ 4 with potential for + 8	
Cornwall Park	Space for 16 beds		

Possible Use of these Facilities

Weymouth   - Current type intake from Wesleydale Owairaka and Bollard for remand/assessment.

Wesleydale   - Medium/Long-term - Hokio/Holdsworth equivalent - if second wing included in accommodation.

> Owairaka   - Medium/Long-term - Kohitere
>
>   equivalent
>
> Bollard   - Medium/Long-term - Weymouth
>
>   function
>
>   - To include use of Hostel wing
>
> Cornwall Park - Medium/Long-term - Weymouth
>
>   function
>
> Allendale &
>
> TeAtatu   - Continue current use

These uses would require an indepth study and would be possible only
if the present short-term intake could be reduced by at least 40%.
However, there is the possibility that a high proportion present
long-term placements could be accommodated within the region. Such
usage, if it were possible and practicable would cater for most of the
present through put only and would allow no provision for any
increase in numbers.

In addition, it seems clear that a proportion of both boys and
girls requiring med/long-term placements would need to be placed
outside the region.

Future Developments

The provision of partially staffed family homes would put in place
a much needed placement option which would help to cover gaps in
the above changes in use.

The present through put assumes that most current needs for med/long-
term placement are being met but there is a short fall for boys.
Thus re-organisation of the Auckland residential facilities as
postulated would indicate that all needs for placement could not
be met within the Auckland region. However, this short fall could
be accommodated at Hokio and Kohitere.

The projected placement of a facility on the John Waititi Memorial Marae would also add to the available options.

REGIONAL POSSIBILITIES

SOUTH ISLAND

Catchment Area
Whole of the South Island, possible exception of Blenheim District Office because of transport difficulties. Effectively Nelson, Greymouth, Christchurch, Timaru, Dunedin and Invercargill District Offices.

Intake
(Based on 1981 figures)

Short-Term (ie. under 3 month stay)

	Boys	Girls
Children	NIL	NIL
Young Persons	380	207
TOTALS	380	207

Long-Term (ie. National Institutions)

	Boys	Girls
Children	9	3
Young Persons	31	34
TOTALS	40	37

Comment on Present Facilities

(i) Dunedin facilities do not lend themselves to running major long-term programmes, in their present form. Proposal would be for them to retain their present function of short-term Remand and Assessment for their present catchment group.

(ii) Christchurch has good facilities for both long and short-term care. Some major role redesignations would be necessary to provide long-term care for boys. There are a total of 125 beds plus 18 secure available overall, distributed between 3 Institutions.

Possibilities Worth Further Consideration

(i) **DUNEDIN**   (a) Boys and Girls' Homes have to retain present function of short-term care and assessment ie. under 3 months, and resist attempts to develop longer-term programmes under current resource provision.

(b) Dunedin Girls' has capacity for an additional unit for 6 girls, which could be staffed to provide medium - longer term care for girls, divesting a small number from Christchurch.

(c) Possibility of leasing a Dunedin Group House off P.S.S.A. could provide up to 10 medium - long-term beds.

Summary   Dunedin has potential capacity for current short-term intake _plus_ up to 16 longer-term beds, which would need additional staff resources.

(ii) **CHRISTCHURCH** (a) Christchurch Boys' Home to convert to long-term care for boys 14-17, except the Kohitere/Hokio programmes. Capacity up to 30, with additional 4-5 in hostel type annex.

(b) Group Home - Provide 10 beds for 9-13 years boys and girls.

(c) **Kingslea**

Keller House - Continue 18 short-term beds. Gives 12-16.

Howard House - Up to 26 beds for short-term boys 12-16.

Scotford House - 18 beds long-term girls

Pedder House - 16 beds long-term girls. (Potential for these 2x8 bed units to provide for different extended care groups. eg. a younger boys' group 13-14 years).

Family Home - 5 extended care beds - girls. It should be noted that under such a proposal, the present secure facilities would be totally inadequate, and we would require something in the region of a 6-8 bed co-ed remand unit, and a 10-12 bed co-ed intensive care unit.

Possible Future Developments

(i)   Kingslea length of stay could be significantly reduced by supervised flatting on hostel facilities in both Christchurch and Dunedin. Staffed family homes a real possibility.

(ii) The location of the 3 group homes yet to be built needs to be reviewed in the light of overall bed numbers identified in the exercise.

CONCLUSION:

South Island could become autonomous.

CENTRAL REGION

Catchment Area

North of Cook Strait to a line including New Plymouth across to and including Napier and Hastings.

Current Demand

At the present time the "in-put" into the national institutions from the central region is as follows:

Kingslea	–	25%
Kohitere	–	30%
Hokio	–	25%
Beck House	–	75%
Holdsworth	–	

These percentages when related to the admissions to all national institutions for the years 1979/1980/1981 produce the following 'inflow':

	1981	1980	1979
Kohitere	45	51	51
Hokio	12	12	13
Kingslea	11	16	16
Weymouth	12	20	18
Beck House	8	6	6
Holdsworth	14	18	16
	102	123	120

When analysed in age groups the regions national institution placement needs are:

	1981	1980	1979
Girls 13-15 years	23	36	34
Boys 12+-15 years	57	63	64
Boys 10-12 years	14	18	16
Boys 9-13 years	8	6	6

(Beck House Criteria)

Current bed availability in the region is:

Kohitere	—	90
Hokio	—	60
Beck House	—	24
Proposed Group Home	—	10
		182
plus —		94 short-term beds
		276

Short-term beds available are:

Epuni Boys' Home	—	42
Miramar Girls' Home	—	36
Arbor House	—	16
		94

There is clearly an excess of beds in the region. Some beds, even with the closure of Arbor House, could therefore be made available nationally.

Future Possibilities

(i) Arbor House

Abandon current reception centre function and possibly use as a co-ed medium term care facility for 12-13 year olds (14 beds approx) currently held in Miramar and Epuni. Location though inhibits ready employment of suitable staff and also availability of specialists.

May need as alternative, to consider closure and reallocation of staff positions.

(2) Epuni Boys' Home

Need to syphon short-term remands via - either a Community Care Scheme and/or, remand facility at Kohitere. The effect of Community Care Scheme in Lower Hutt etc. and the viability of this

not known because of size of catchment area. Need also to
look at the possible screening off of ex-Kohitere boys and ex-justice
Department boys from Epuni admission. Epuni could then be
primarily a remand/assessment medium-term facility for boys or
a remand/assessment facility (co-ed) thereby keeping medium-term
care needs for girls to Miramar Girls' Home.

(3) Kohitere

A facility possibly for all boys 11-15 years old for the region
(long-term). Thus 75 approximately, beds would be used for this
purpose - allowing 15-20 beds for national use. Current facility
would make co-ed difficult.

The above use would then fill Hokio for possible use by girls
(long-term) - 23 beds, plus younger boys 9-11 years. Some beds
may also be available at Hokio for girls from other regions.

(4) Beck House

We question the need to provide a separate facility for youngsters
in this facility. The siting of institution is a disadvantage and
limits the availability of specialists. The current use of Beck
House by the region is approx 8 beds. This number in the future
could be accommodated either at Hokio or Kohitere.

HAMILTON REGION

Catchment Area

Gisborne, Taumaranui, New Plymouth, Hawera, Rotorua, Taupo, Whakatane, Tauranga, Paeroa, Hamilton, Tokaroa.

Smoke Generated

Admissions in this area are:

	M	F
0-9	49	20
10-13	75	35
14+	361	194
TOTALS	485	249

Those moved on to long-term are: (approx)

	M	F
10-13	16	3
14+	25	13
TOTALS	41	16

This would generate a short-term requirement for:

	M	F
10+13	9	4
14+	44	24
TOTALS	53	28

Under 10 year olds are seen to be within the family home community care area.

Facilities Available

1. Tower Hill Reception Centre. 20 beds barely suitable for current age group of up to 13. Not suitable for older children, could concentrate on the 10-13 age group.

2. Boys' Home of 40 plus secure. Very suitable for short-term care of boys or girls, not very suitable for co-ed. Could adapt to mid or long-term care if the care was within the schooling age group.

3. Girls' Home of 30 plus secure. Very suitable for current use of short-term care of girls. Could adapt to either sex or co-ed fairly easily and to long-term if in the schooling age groups.

Totals presently available

Tower Hill   - 20 beds   co-ed   suitable 10-13 only

Boys' Home   - 40 beds   single sex   suitable part long-term

ages 10+, 14+ at school.

Girls' Home - 30 beds   single or co-ed   suitable part long-term

aged 10+ as long as at school.

Short-term beds required are less than available for 10-13 age groups. 14+ beds adequate supply. Some spare capacity available if Tower Hill concentrates on 10-13 age group. No long-term care currently provided within the region.

Practical Possibilities

(a) Tower Hill to absorb all 10-13 short-term and including making some provision for long-term ie. those whose schooling needs can be provided for in the community.

(b) Boys' Home to continue in present mode. Five to six beds released by Tower Hill function would become long-term with extra staff support. Disadvantaged by inability to separate from basic short-term groups.

(c) Girls' Home to continue in present mode. Three to four beds released by Tower Hill available with some current spare capacity - (5-6) for long-term care, with extra staff support. Disadvantaged by inability to separate from basic short-term groups.

(d) Those not provided for but requiring long-term training would have to be placed in facilities in other regions. These would be mainly boys and in the 13+, 14+ age groups.

Possible Developments

(a) Group home - currently proposed for region. Roles clearly defined- would release some Tower Hill beds.

(b)   Redundant staff wings.

(i)   Boys' Home - developmental proposals for up to 12 - ideally 10 beds of either sex but not co-ed have been presented. This would reduce the need for long-term beds - particularly suited to ages 12-14.

(ii) Girls' Home very suitable for either long-term units or working girls' hostel up to 8 beds either sex but not co-ed.

(c)   Community care in South Auckland form applicable for reduction of short-term bed needs generated by the Hamilton area for the 2-14 day remand cases which would make available about 2 beds in the Boys' Home and 1 in the Girls' Home.

(d)   Contracting Out would be limited to Salvation Army facilities. The Nest taking Tower Hill's younger children but not able to cope with 10-13 age group. Hodderville Boys' Home could take a small number of extended remands and some less complicated long-term boys.

Comment

It is anticipated that extended care of some boys from the region would have to be supplied by the current national facilities at Kohitere and Hokio.

Summary

Hamilton Region is unable to absorb all generated residential care needs without a major building programme. With some re-direction of resources and some minor internal development it could cope with all remands most extended care of girls and most of the extended care of boys in the 10-13 age group and some only of the 14+ age group.

CRITERIA FOR IDEAL STAFFING LEVELS

(i)   Management, Supervision and Operations would be kept
      separate. No appointee should be expected to carry
      more than one of these functions.

(ii) Managers (Principals and Assistant Principals) should
      not be rostered.

(iii) Child contact ratio should be set at 1:8. i.e.,
      One staff member on duty for each eight children
      in residence.

(iv) Permanent relievers for basic grade staff should
      be set at the ratio of 1:7 for national institutions
      (who are able to get staff away on leave during
      home leave periods) and 1:6 for Regional Institutions.

(v)   Secure units of four or more beds should be staffed,
      with a child contact ratio of 1:4, and a minimum
      of two staff on duty at any one time.

(vi) The above child-contact ratios should be established
      on the basis of 85% of available beds - an occupied
      bed average. Should occupancy exceed the child
      contact ratios, relief would be employed. This is
      seen as a relatively cheap option to establish
      peak time cover.

(vii) There should be one Supervisor for every five basic
      grade staff.

(viii) There should be one Manager (Assistant Principal) for
      every five Supervisors or unit equivalents
      (e.g. Domestic Supervisor).

REALISTIC SOCIAL WORK STAFFING LEVELS

We modified the ideal criteria as follows :

(i)   Management, Supervision and Operation separate.
        This produced top-heavy senior staffing levels
        in smaller institutions in the ideal model. For
        such institutions, we would recommend the disestablishment
        of Assistant Principal positions and the establishment
        of three Senior RSW positions. This would make the
        Principal sole manager, and provide three supervisors,
        one for each shift of basic grade operations. We
        reluctantly concur also, that such Senior RSW's in
        small institutions should be established at the lower
        322.110 grade, because of the low number of basic grade
        staff, although we would have preferred a common 322.112
        Supervisor grade throughout the residential service
        (the lowest field supervision grade is 320.104, equivalent
        to 322.112).

(ii)   Principals, and Assistant Principals where they exist,
        should not be rostered.

(iii)   Child contact ratio should be set at 1:12.

(iv)   Permanent relievers should be set at 1:8 for all
        institutions.

(v)   Secure units of four or more beds should be staffed with
        one person shifts for up to seven beds, two person shifts
        for eight or more, three person shifts for 12 or more.
        Unstaffed secure unit beds should be added to open beds
        when considering staffing levels.

(vi)   Ratios should continue to be applied to 85% of
        available beds.

(vii)   There should be one supervisor for each seven
        basic grade staff.

(viii) There should be one manager (Assistant Principal,
        or Principal in smaller institution) for each
        seven supervisors or unit equivalent.

(ix)   Group homes should continue with existing staffing
        provision, until fairly tried.

TABLE I: EXISTING SOCIAL WORK STAFFING LEVELS

INSTITUTION	CAPACITY	LINE STAFF	RELIEF	SUPERVISOR	A/P	PRINC.	TOTAL	COMMENT
KOHITERE	110	12	3	5	2	1	29	
SECURE	12	6						
KINGSLEA	75	24	5	5	2	1	46	
SECURE	13	9						
WEYMOUTH	60	20	7	4	1	1	42	
SECURE	19	9						
HOKIO	60	7	2	2	1	1	13	
SECURE	2	0						
BECK HOUSE	24	6	1	2	1	1	11	
OWAIRAKA B.H.	43	3	2	6	1	1	20	
SECURE	18	6						
HAMILTON B.H.	40	3	1	2	1	1	11	
SECURE	9	3						
EPUNI B.H.	42	3	1	2	1	1	11	
SECURE	4	3						
CH'CH B.H.	29	3	1	0	1	1	9	
SECURE	5	3						
DUNEDIN B.H.	18	3	1	0	1	1	9	
SECURE	3	3						
WESLEYDALE	24	6	1	1	1	1	10	
BOLLARD	30	6	2	2	1	1	18	
SECURE	4	6						
ALLENDALE	23	6	1	0	1	1	9	
SECURE	3	0						
HAMILTON G.H.	30	9	2	1	1	1	17	
SECURE	4	3						
WELLINGTON G.H.	36	6	2	2	1	1	15	
SECURE	4	3						
DUNEDIN G.H.	16	6	1	0	1	1	9	
SECURE	2	0						
CORNWALL PARK	20	6	1	0	1	1	9	
TOWER HILL	22	6	1	0	1	1	9	
ARBOR HOUSE	16	6	1	0	1	1	9	
TE ATATU G.H.	10	6	0	0	0	1	7	
OPAWA G.H.	10	6	0	0	0	1	7	
TOTALS		207	36	34	21	21	319	

TABLE II: "IDEAL" SOCIAL WORK STAFFING LEVELS

INSTITUTION	CAPACITY	85%	LINE	RELIEF	SUP	A/P	D.	TOTAL
KOHITERE	90	77	29	6	9	3	1	60
SECURE	12	11	9	1	2			
KINGSLEA	75	64	24	4	6	2	1	49
SECURE	13	11	9	1	2			
WEYMOUTH	60	51	21	3	5	2	1	49
SECURE	19	17	12	2	3			
HOKIO	60	51	20	3	5	1	1	30
SECURE	2	2	0					
BECK HOUSE	24	21	8	1	2	1	1	13
OWAIRAKA	43	37	15	3	4	2	1	42
SECURE	18	16	12	2	3			
HAMILTON B.	40	34	15	3	4	1	1	33
SECURE	9	8	6	1	2			
EPUNI	42	36	15	3	4	1	1	33
SECURE	4	4	6	1	2			
CH'CH B.H.	29	25	12	2	3	1	1	28
SECURE	5	5	6	1	2			
DUNEDIN B.H.	18	16	9	2	3	1	1	16
SECURE	3	3	0					
WESLEYDALE	24	21	9	2	3	1	1	16
BOLLARD	30	26	12	2	3	1	1	27
SECURE	4	4	6	1	1			
ALLENDALE	23	20	9	2	3	1	1	16
SECURE	3	3	0					
HAMILTON G.H.	30	26	12	2	3	1	1	27
SECURE	4	4	6	1	1			
WELLINGTON G.	36	31	12	2	3	1	1	27
SECURE	4	4	6	1	1			
DUNEDIN G.	16	12	6	1	3	1	1	12
SECURE	2							
CORNWALL	20	17	9	2	3	1	1	16
TOWER HILL	22	19	9	2	3	1	1	16
ARBOR HOUSE	16	14	6	1	3	1	1	12
TE ATATU	10	9	6	1	2	0	1	10
OPAWA	10	9	6	1	2	0	1	10
TOTALS			342	60	95	24	21	542

TABLE III: REALISTIC SOCIAL WORK STAFFING LEVELS

INSTITUTION	CAPACITY	85%	LINE	RELIEF	SUP	A/P	P	TOTAL	
KOHITERE	90	77	21	4	5	2	1	42	
SECURE	12	11	9						
KINGSLEA	75	64	24*	5	6	2	1	47	HOUSE STRUCTURE DOES NOT
SECURE	13	11	9						PERMIT REDUCTION
WEYMOUTH	60	51	18*	4	5	2	1	42	HOUSE STRUCTURE DOES NOT
SECURE	19	17	12						PERMIT REDUCTION
HOKIO	60	51	15	2	3	1	1	22	
SECURE	2	2	0						
BECK HOUSE	24	21	6	1	3	1	1	12	
OWAIRAKA	43	37	9	3	4	1	1	30	
SECURE	18	16	12						
HAMILTON B.	40	34	9	2	3	1	1	22	
SECURE	9	8	6						
EPUNI	42	36	9	2	3	1	1	19	
SECURE	4	4	3						
CH'CH B.H.	29	25	6	2	3*	0	1	15	* 322.110
SECURE	5	5	3						
DUNEDIN B.	18	16	6	1	3*	0	1	11	* 322.110
SECURE	3	3	0						
WESLEYDALE	24	21	6	1	3*	0	1	11	* 322.110
BOLLARD	30	26	9	2	3	1	1	22	* DEGREE OF DIFFICULTY
SECURE	4	4	6*						
ALLENDALE	23	20	6	1	3*	0	1	11	* 322.110
SECURE	3	3	0						
HAMILTON G.	30	26	9	2	3	1	1	19	
SECURE	4	4	3						
WELLINGTON	36	31	9	2	3	1	1	19	
SECURE	4	4	3						
DUNEDIN G.	16	12	6	1	3*	0	1	11	* 322.110
SECURE	2	2	0						
CORNWALL	20	17	6	1	3*	0	1	11	* 322.110
TOWER H.	22	19	6	1	3*	0	1	11	* 322.110
ARBOR H.	16	14	6	1	3*	0	1	11	* 322.110
TE ATATU	10	9	6	0	0	0	1	7	
OPAWA	10	9	6	0	0	0	1	7	
TOTALS			264	38	65	14	21	402	

STATISTICAL, EVALUATIVE AND RESEARCH
OBJECTIVES

In this working paper objectives for a suitable information
base for the residential service are suggested. The
objectives are related to three possible areas of
investigation :

- the individual history of any child
  in residential care

- the various social work programmes in
  use within the residential service

- the various residential institutions
  operated by the Department of Social Welfare

The rationale for collecting statistics on each child is that
the child, being admitted to the residential care of the
department, is the responsibility of the Director-General.

Such records, if aggregated with those of other children,
should provide an up-to-date summary or profile of
patterns of admission and practices in institutions
(e.g. average length of stay, types of admission, use of
secure) against which the treatment of any particular child
may be assessed.

They should also enable an overview of programmes within
residential care, and the functioning of individual facilities
(e.g. a plot of notional rolls).

Much of the information collection envisaged in meeting the
objectives suggested below is already collected in the daily
records of each institution which is summarised and
forwarded to Head Office monthly. It appears that there is
scope for rationalisation of monthly and half-yearly returns,
and removing duplication of some returns. Other advantages to
the institutions would be the provision of regular summary
statistics of operation, automatic collation of a nominal list
each June and November, and other management indicators.

Files on each child would be retained, for more detailed information
(as required). By collating summary statistics that identify
major milestones in the child's stay in residential care by
date (admission, court appearance, absconding, admission and
discharge from secure), an index of the file would be effectively
produced. Other evaluation and longitudinal studies would be
facilitated by the availability of this data.

Suggested Objectives

1. Data on each child in the residential care of the department should be collected on the following :

   - circumstances and demographics at admission

   - treatment profile (including admission to secure

   - circumstances and placement on discharge

2. Key milestones should be identified by date and, where appropriate, time of day to allow :

   - calculation of time durations

   - access to the case file for full details

3. Data should be forwarded regularly for analysis and review, to extract :

   - average and maximum (or minimum) durations to be monitored by the institution and by head office staff.

   - data to be input to any evaluation of institutional studies of residential care and client outcome monitoring.

4. Summary data on all institutions to be available regularly to all principals and head office staff as management indicators of programme and institutional effectiveness.

5. A rationalisation and reduction in the burden of data collection, together with increased timeliness, relevance and accuracy of any summary statistics produced.

Every residential care programme

Rationale for programme evaluation: The purpose of evaluation is to measure, as far as is possible, the extent to which any residential programme meets the objectives of the Department of Social Welfare, and the needs of the CYP admitted to residential care. This should enable management and social workers to foster the more effective programmes and select the most appropriate clients in each case, and vice versa.

Thus each programme should be evaluation, using appropriate criteria, for effectiveness in assisting clients and meeting departmental and community objectives.

Suggested Objectives for Programme Assessment

1. Data should be collected that would answer the following questions:

   - Who is admitted to the programme?

     . under what criteria?

     . demographic description of client

   - What does the programme do?

     . aims and objectives of the programmes

     . description of programme in operation

     . numbers served and time and resources expended

     . limitations imposed by environment

   - Who administers the programme?

     . institution, staff involved

   - What criteria of effectiveness are specified?

   - How well are these criteria met?

     . what difference does the programme make to the child, and to the community?

2. Periodical review of each programme, to determine what place it should have in Department of Social Welfare residential practices.

3. Updating of programme procedures (e.g. categories of CYP best suited to the programme, optimum duration of programme and resource allocation).

4. Providing an input into residential services training (induction and in-service), and the department's developmental planning and building programmes.

5.   Monitoring of individual district office use of each
      residential care facility and providing guidelines to
      enable field social workers to select the most
      appropriate intervention (residential or otherwise) in
      each individual case.

All residential facilities

The rationale for assessment for individual institutions is
that it is required for effective departmental management of
these resources, and the planning of future development to
provide the best match of facilities with requirements
within imposed resource restraints.

In addition to the data collected on each CYP under the
residential care of the department and the data on programme
objectives and effectiveness, use would be made of all
available financial management information, and staffing,
lands, buildings and other resource allocations and use.

Some of this information, when analysed, would be of direct
utility to management staff in the institutions. However,
much of the analysis and review would be of more direct
concern to regional managers and/or advisory groups and to
head office staff. The information should allow the transfer
of resources to meet needs within a region, or to indicate which
facilities have spare capacity to offer districts with problems
arising out of a high demand for residential facilities. Any
expansion or contraction of the service may be rationally
planned on the basis of the overview provided by the data.

Suggested Objectives

(1)   Integration of financial, resource and individual
      case record data to provide an overview of residential
      care facilities.

(2)   An evaluation of the cost-effectiveness of different
      types of residential programmes, and of each
      institution overall.

(3)   Management information and performance indicators for
      principals and staff in each institution.

(4)   Information at regional or head office level as an input
      to:

              -   planning

              -   development of resources

              -   staff training

              -   quality control

(5)   An information basis for full accountability at all levels
      within the residential service.

BROCHURES

It is considered that brochures should be produced for each institution for distribution to each admission and also to interested parties, or the general public. It is desirable that such brochures should be in a bright, colourful, and informative format. This brochure should be produced, after consultation with individual institutions by fine arts or journalist students and printed by the Government Printer.

Such a brochure should include the following points :

1. A welcome

2. The function of the institution

3. Any rules

4. The duties, rights and responsibilities that come from being in the institution - including :
   How to make contact with the senior staff
   or Principal for a personal interview.
   Make contact with the Visiting Committees.
   How to address staff.

5. What the children and young persons can expect in respect to programme, support, and help from the RSW staff.

6. An explanation of the part the secure unit (if one exists) plays in the overall social work plan within the institution.

7. Description of the school or activity centre covering type of activity and philosophy of the school or activity centre.

8. An indication of the range of recreation work, or work experience activities available within the institution or other community contacts which may be in operation.

9. Visiting - who may visit and when.

10. Communication rights in respect to phone contacts and inward and outward mail.

11. Normal dress and use or storage of personal clothing.

12. The use or storage of personal effects

The brochure should be written in terms and language that can be easily understood. It should indicate the philosophy of the institution and engender a spirit of hope.

<u>Training Section</u>

It is desirable that information about each institution
be collated in an audio visual form that can be used to :

> (i)   Give new admissions a knowledge and
>   security in their acceptance of their
>   admission.
>
> (ii)   Be of value in informing CYP proposed
>   for admission to other institutions.
>
> (iii) Be used in staff training for trainee
>   residential staff.
>
> (iv)   Be used in staff training for social work
>   staff likely to send CYP to the residence.
>
> (v)   Be helpful to parents who are concerned
>   about a proposed placement.

Initially this concept would suit the slide/tape
format but as video equipment becomes more available
it should be seriously considered.

Date Due			
7/6/93			
-4 NOV 1993			
16 APR 94			
0 3 SEP 1994			
29/3/96			