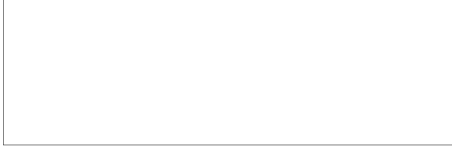




30 SEP 2016



Dear

On 20 June 2016 you emailed the Ministry on two separate occasions requesting, under the Official Information Act 1982, information regarding Youth Justice Residences. On 19<sup>th</sup> June 2016, you were provided with contextual information regarding the State of Care report and the reasoning behind the Te Puna Wai ō Tuhinapo Youth Justice Residence receiving a detrimental rating from the Children's Commissioner.

All Child, Youth and Family Residences provide safe and secure environments for children and young people in care. The Ministry has undertaken several reviews of the operations of Te Puna Wai ō Tuhinapo as a result of concerns raised by individuals in relation to the safety and well-being of residents and staff. Te Puna Wai ō Tuhinapo has also had a number of Residence Managers over the past two years. This can be partly attributed to staff development through secondment opportunities that have arisen.

As a result of the concerns identified, the Ministry, through Child Youth and Family, undertook an improvement plan at Te Puna Wai ō Tuhinapo, with the purpose of strengthening the safety and wellbeing of staff and young people at the Residence. This plan had the oversight of a governance group that met regularly to monitor the plan's progress. By creating a more effective working environment, the Ministry can better meet the needs of the young people at the Residence, and their families.

Child, Youth and Family had previously identified concerns about Te Puna Wai ō Tuhinapo prior to the report published by the Office of the Children's Commissioner. The subsequent action plan to address these concerns was provided to the Office of the Commissioner for Children who agreed with the actions being taken.

Earlier this year, the Government announced that it will be introducing major state care reforms and a complete overhaul of Child, Youth and Family to improve the long-term outcomes for New Zealand's most vulnerable children. These reforms include the establishment of a new agency, the Ministry for Vulnerable Children, Oranga Tamariki, and a new child-centred operating model, with a greater focus on trauma prevention and early intervention. Dedicated teams are currently developing service design and legislative amendments to implement the Government's reforms.

Please find enclosed the following fifteen documents which led to the Te Puna Wai ō Tuhinapo Youth Justice residence receiving a detrimental rating from the Office of the Children’s Commissioner.

	<b>Title</b>	<b>Date</b>
1.	Te Puna Wai ō Tuhinapo - Memo	5 September 2014
2.	Notes from Te Puna Wai ō Tuhinapo Meeting	16 October 2014
3.	Te Puna Wai ō Tuhinapo - Memo	7 November 2014
4.	Te Puna Wai ō Tuhinapo – Memo	19 December 2014
5.	Proposed safety review of Te Puna Wai ō Tuhinapo Youth Justice Residence – Memo	23 December 2014
6.	Te Puna Wai ō Tuhinapo Safety – Memo	8 January 2015
7.	Te Puna Wai ō Tuhinapo Youth Justice Residence Operational Governance Group and Agenda	June 2015 – January 2016
8.	Te Puna Wai ō Tuhinapo Short Term Action Plan	July – December 2015
9.	Te Puna Wai ō Tuhinapo Youth Justice Residence Operational Governance Group Terms of Reference	20 July 2015
10.	Safety and Security Principles between Te Puna Wai ō Tuhinapo and Kingslea School – Memo	17 August 2015
11.	Overview of achievements since the beginning of the Te Puna Wai ō Tuhinapo Governance meetings	14 September 2015
12.	Request for Update on Residential Services Issues	1 October 2015
13.	Te Puna Wai ō Tuhinapo Youth Residence – Health and Welbeing Project Plan	Undated
14.	Te Puna Wai ō Tuhinapo Youth Residence – Health and Welbeing Workshop 1	Undated
15.	Te Puna Wai ō Tuhinapo Youth Residence – Health and Welbeing Plan	Undated

Certain staff names and contact details are withheld under section 9(2)(a) of the Official Information Act in order to protect the privacy of natural persons. The need to protect the privacy of these individuals outweighs any public interest in this information.

Some information is withheld under section 9(2)(g)(i) of the Official Information Act in order to protect the effective conduct of public affairs through the free and frank expression of opinions. I believe the greater public interest is in the ability of individuals to express opinions in the course of their duty. The following two documents are also withheld in full under section 9(2)(g)(i) of the Official Information Act:

- ‘Staff Safety Survey’ dated August 2015
- ‘Staff Safety Survey’ dated December 2015

As per the Ministry's e-mail of 8 September 2016, the Ministry is unable to provide you with statistics regarding secure care and staff restraints without substantial manual collation. This information is held within logs at each residence and is not stored electronically meaning it would require a manual review of log. As such, the second part of your request is refused under section 18(f) of the Official Information Act. The greater public interest is in the effective and efficient administration of the public service.

Audit reports of each Youth Justice residence are available on the Ministry's website at the following link: <http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/monitoring/residential-care-inspection-report/index.html>

Child, Youth and Family are committed to working with Residences to help its vulnerable children and young people thrive. When children and young people are placed in a Residence, their safety and security is imperative. On occasions, it may be necessary for a child or young person to be placed in a secure care environment in order for them to be safe. Entering secure care is the highest form of intervention available within the residence. It is not a punishment and before the use of secure care, it is expected that a wide range of interventions are used or considered such as the use of de-escalation strategies.

When a child or young person is in secure care, Child Youth and Family's focus is on providing more support to help them work towards understanding their behavior or working through strategies to keep themselves safe; this occurs through intensive activities and interventions.

The principles and purposes of the Official Information Act 1982 under which you made your request are:

- to create greater openness and transparency about the plans, work and activities of the Government,
- to increase the ability of the public to participate in the making and administration of our laws and policies and
- to lead to greater accountability in the conduct of public affairs.

This Ministry fully supports those principles and purposes. The Ministry therefore intends to make the information contained in this letter and any attached documents available to the wider public after ten working days. The Ministry will do this by publishing this letter and attachments on the Ministry of Social Development's website. Your personal details will be deleted and the Ministry will not publish any information that would identify you as the person who requested the information.

If you wish to discuss this response with us, please feel free to contact [OIA Requests@msd.govt.nz](mailto:OIA_Requests@msd.govt.nz)

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or 0800 802 602.

The Ombudsman  
Office of the Ombudsman  
PO Box 10-152  
Wellington 6143

Yours sincerely



Murray Edridge

**Deputy Chief Executive, Child Youth and Family**

# memo

A service of the Ministry of Social Development

s 9(2)(a) OIA Privacy of Natural Persons

To: Nova Salomen, General Manager Residential and High Needs Services  
From: [redacted], A/Residence Manager Te Puna Wai o Tuhinapo  
Date: 05 September 2014  
Security level: IN CONFIDENCE

## Te Puna Wai o Tuhinapo

Action: For approval

This memo provides an update on a number of events that occurred recently at Te Puna Wai o Tuhinapo Youth Justice Residence in Christchurch.

### Background

Over the weekend of 22 August 2014 – 24 August there were several incidents of concern at Te Puna Wai o Tuhinapo.

s 9(2)(a) OIA Privacy of Natural Persons

Section 9(2)(a) Privacy of Natural Persons

All of these incidents were reviewed and formal investigations are underway with respect to 2 of these incidents. On the 01 September a consult was held with s 9(2)(a) Nova Salomen and s 9(2)(a) to discuss the operational priorities for Te Puna Wai o Tuhinapo. This then informed a short term plan to assist in working towards some longer term change.

The priorities identified were:

- Strengthening Operational Practice, particularly around engagement, recognising triggers, and de-escalation techniques when young people are in a heightened sense of anxiety. This includes ensuring that the NVCI model is applied in all crisis situations.
- Professional and Planned Care, ensuring our systems reflect the competency level on site with regard to searches, use of stich gowns and administering of medication.

- Leadership and Direction, ensure consistency of approach and messaging amongst the leadership team. Enhance understanding of escalation and risk management procedures.

An immediate plan has been proposed (see Appendix 1). The actions required are aimed to provide confidence that the site is adequately equipped to manage future situations. This plan is subject to review and amendment depending on its progress.

**Recommendation:**

I recommend that you:

**Note** the contents of plan

**Approve** the recommended short term plan

Agree / disagree

**9(2)(a)**

**A/Residence Manager Te Puna Wai o Tuhinapo**

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APPENDIX 1

Short Term Plan for Te Puna Wai o Tuhinapo

Timeframe	Actions/Deliverable	Responsibility
<p>Strengthening Operational Practice – Week 1</p>	<ul style="list-style-type: none"> <li>• Review NVCI database to confirm current competency of care staff members.</li> <li>• Confirm availability of National Manager Clinical to deliver guidelines on the use of Suicide gowns to staff.</li> <li>• Contact learning and development to discuss delivery of Operational Practice training to all care staff.</li> <li>• Schedule Operational Practice training.</li> <li>• Review “Searches” training package developed by Practice Leader.</li> <li>• Review Structured Day content with an emphasis on unit routines.</li> <li>• Review training data base to check staff have been trained in the medication administration procedures.</li> <li>• Confirm training day content for next three months and include NVCI refresher session, suicide gown, medication administration procedures and operational practice</li> <li>• Deliver workshops for care staff on the operational requirements as they relate to “searches” and medication procedures.</li> <li>• Review site high risk client register to ensure intensive plans are in place to assist staff to manage behaviours of young people.</li> <li>• National Manager Clinical will deliver workshop to leadership team on guidelines for use of suicide gowns</li> <li>• First NVCI refresher training commences on 16 September. Remaining workshops to run 23 &amp; 30 September</li> </ul>	<p>Residence Manager</p>
<p>Professional and Planned Care</p>	<ul style="list-style-type: none"> <li>• Review all young people’s files to identify court and non-association orders to ensure risks are mitigated when planning residence wide programmes and</li> </ul>	

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	<p>activities.</p> <ul style="list-style-type: none"> <li>• Work with on-site health team to identify all young people on controlled medication to ensure and role in delivery of training for staff.</li> <li>• Confirm structured day programme includes grievance procedure and rules and regulations</li> </ul>	
<p>Leadership and Direction</p>	<ul style="list-style-type: none"> <li>• Implement site risk register using ministry template.</li> <li>• Weekly SPLAT minutes to be disseminated to TLO group.</li> <li>• Daily Operations TLO to inform other TLO's with regard to site movements.</li> <li>• High risk cases to be a standing item for weekly Management meeting.</li> <li>• Contact Learning &amp; development to confirm availability of residential specific workshops for team leader group</li> <li>• Ensure leadership presence on site for staff with decision on YJ Residential Review pending</li> </ul>	

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**Present:**

<u>s 9(2)(a) OIA Privacy of Natural Persons</u>	Paul Nixon, Chris Polaschek,
-------------------------------------------------	------------------------------

**Purpose**

The purpose of the meeting was to provide some immediate feedback to the GM Residential and High Needs Services about the high level of risk that had been identified at Te Puna Wai in particular in relation to secure care.

The inspection team from the Office of the Chief Social Worker had begun the fieldwork element of their inspection as of the 13<sup>th</sup> October 2014.

**Risks identified**

*Secure*

- A significant number of admissions to secure do not meet the criteria for secure admission
- Neither daily reviews or manager reviews are happening as required
- 3 young people who have been in secure since September who have not had their retention reviewed, these are therefore illegal detentions
- Significant use of rotation within secure – so young people confined in their rooms to limit the numbers of young people associating within the secure unit
- One young person has been in secure since the 9<sup>th</sup> September, and was discharged from Te Puna Wai from the secure unit to a caregiver
- Examples throughout the year of young people who had stayed for a significant period of time within secure
- 3 young people have been identified as having been stripped for the purposes of being placed in a suicide gown in secure
- It is not unusual for the secure unit to be 'full' with either 7 or 8 young people admitted; it is therefore being used to manage behaviour and as a separate unit
- Young people are not part of the daily review of their admission
- TLC has not seen it as their role to visit young people in secure, therefore another check and balance is missing

*Leadership*

- There have been significant changes in the leadership and a lack of permanent contracts
- There have been 6 different residence managers in the last 2 years, and many of those have been acting positions

- s 9(2)(a) OIA Privacy of Natural Persons
- s 9(2)(g)(i) Free and Frank
-

- s 9(2)(g)(i) Free and Frank

#### *Management of young people*

- The culture of the residence and management of the young people's behaviour is one where staff see themselves as needing to be seen to 'win' situations with young people
- Secure care is being used as a punishment for young people's behaviour
- There are different models of practice within each unit and no consistency of approach
- There have been incidents of inappropriate use of force
- Non-NVCI approved methods of restraint have been used
- There are repeated references in the records to young people 'going to the ground' during restraints

#### *General*

- Issues around the 'mothballing' have generated further uncertainty within the staff group

#### **Discussion**

All members of the meeting agreed the significance of these concerns and other contextual issues were raised:

- There has been insufficient attention to the basics of care within Te Puna Wai
- Concern about the lack of safe checks and balances around the use of secure
- If the admission to and review of secure is tightened up, there is a real question about staff ability to manage young people within the units
- Need for immediate action in relation to secure
- The cultural and leadership issues are deeply entrenched problems that will not be fixed quickly
- Need to consider the appropriateness of disciplinary action where young people have been held in secure with no retention
- There have been a number of action plans to address the issues in Te Puna Wai over the last 18 months, however, the problems, difficulties and tensions remain despite efforts to address them

#### **Action**

s 9(2)(a) OIA Privacy of Natural Persons

- TLOs remain able to admit a young person to secure, but all decision require ratification as soon as practicable by   who will also provide oversight of the daily review, and management review process
- Secure process to comply with regulations with immediate effect
- Consideration to be given by RHN services to the provision of external oversight and review of the secure admission process
- Chris P,   to immediately review current action plan in place to see what is preventing required impact
- Meeting to reconvene at the beginning of next week to review progress –   to convene

9(2)(a)

9(2)(a)

# memo

s 9(2)(a) OIA Privacy of Natural Persons

A service of the Ministry of Social Development

To: Nova Salomen, General Manager Residential and High Needs Services  
From: [redacted] A/Residence Manager Te Puna Wai o Tuhinapo  
Date: 07 November 2014  
Security level: IN CONFIDENCE

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## Te Puna Wai o Tuhinapo

This memo provides an update on the progress of the remedial plan already in place for Te Puna Wai o Tuhinapo Youth Justice Residence in Christchurch and to outline the response to the feedback given by the Audit team on 17 October 2014.

### Background

Following several incidents at Te Puna Wai o Tuhinapo has been the subject of a remedial plan that was developed as a way to address concerns about the Residence's ability to meet its safety and care obligations for young people.

This plan centred around strengthening operational practice in the areas such as the use of force, searches, the administering of medications, the use of suicide gowns and the responsiveness of the Grievance process. There was also a focus on the ability of the leadership team to identify and manage risk across the site.

Subsequent to this plan an annual Audit was done which revealed several areas of non-compliance and a concern about the ongoing wellbeing of young people placed at Te Puna Wai o Tuhinapo.

On the 17 October a meeting was held with [redacted] Chris Polaschek, [redacted] [redacted] Paul Nixon and [redacted] to outline the concerns of the audit team and to formulate a pathway forward that could provide assurances that young people were safe at Te Puna Wai o Tuhinapo, particularly with regard to the use of secure care. There was an immediate undertaking by the Residence Manager to address these concerns. In the first instance there was an undertaking that no admissions to secure care would take place without the approval of the Residence Manager.

The Te Puna Wai o Tuhinapo senior leadership team met after the audit feedback and started the process of understanding the concerns and discussing a way forward for the site. There was a strong desire to work our way out of this situation and to make the required changes and importantly to hold each other to account. There was a strong view that in order to influence behaviour change there needed to be a strong and consistent leadership voice and a desire to keep staff accountable. The leadership team was committed to

developing systems that measured a level of accountability. The leadership team also committed to modelling behaviour that supported the focus on the care of young people. This included what they say and what they do.

**Actions to date from previous plan:**

**Timelines:**

NVCI refresher training to all staff

Completed

Searches training to all staff

Completed

Administering of medications training to all staff

Completed

Use of Stitch Gowns and suicide prevention training to leadership team

Completed

Use of Stitch Gowns and suicide prevention training to floor staff

2 Weeks

**Plan to address Audit concerns:**

Concern Timeline	Actions	Responsibility
Secure Care In place  January 15	The leadership team were responsible developing an agreed process both for admissions and reviews of young people placed in secure care. They gave an undertaking to promulgate to their teams the grounds for admission into secure care and the new process. A followup session was also done with staff by the Residence Manager outlining the feedback from the Audit team and the expectations that exists with respect to the new process. Monitoring of the secure care placements is done by the Team Leader in charge of the secure unit who is required to report daily to the Residence Manager about compliance with the agreed process.  Request Audit representative to give independent feedback on compliance with secure care regulations.	Residence Manager
Use of Force In place  Ongoing	A sample maximum of 10 per month use of force incidents will be reviewed through video footage by Practice Leader to ensure compliance with policy and to report back to Manager and TLO group.  NVCI focus scheduled into Office day training calendar.	Practice Leader
Grievances In Place  In place  In Place In PLace	Administration of the Grievance process has been given to staff who understand the regulations and can be a single point of contact for the Grievance Panel.  All Greivances are allocated by the Residence Manager and are returned to the Residence Manager once investigation completed.  The TLO group are the only staff charged with doing investigations  Grievances are a standing item on the weekly Management	Residence Manager

	meeting agenda.	
Professional Standards	The Case Leader team has been advised of the audit feedback and have worked to develop a strategy to improve compliance.	Team Leader Clinical
Next Month	[redacted] is scheduled to provide training to the team about the urgency of needing practice shift around the development of ICP's.	
In Place	Admin process has been enhanced to ensure accurate care status and any FGC obligations are recorded in the Residence Admission Sheet. This should provide a reference for Team Leader Clinical to check that the required plans form part of the ICP.	
In Place	Team Leader Clinical to do a monthly Audit of ICP's to ensure required documentation and plans are evident. Team Leader to share results with Residential Manager and TLO team.	
Leadership	Residence Manager has undertaken to share results from the monitoring systems in place monthly so that the Leadership Team is aware of progress and are working collectively to address deficits as they are identified.	Residence Manager
In Place		
Developing	Residence Manager would like to develop a process that develops leadership down to the shift leader group that recognises their skills but also sets clear expectations for that group as front line leaders of practice.	

These plans are ongoing with a view to further refine as it progress. The focus for the leadership group is on challenging current practice when required and to foster a culture that has the rights of young people clearly at the centre. The leadership team also needs to stay vigilant in using the monitoring systems put in place to be able to either confirm that we are on track or to take action to address any concerns. The leadership team is endeavouring to develop an environment of trust and accountability.

**Recommendation:**

I recommend that you:

**Note** the contents of plan

**Approve** the recommended short term plan

Agree / disagree

s 9(2)(a) [redacted]

A/Residence Manager Te Puna Wai o Tuhinapo

<b>memo</b>		s 9(2)(a) OIA Privacy of Natural Persons
To:	Nova Salomen, General Manager Residential and High Needs Services	
From:	[redacted]	Manager Operational Support
Date:	19 December 2014	
Security level:	IN CONFIDENCE	

## Te Puna Wai o Tuhinapo

Action:	For Approval	19 December 2014
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This memo provides you with a proposed change process for Te Puna Wai o Tuhinapo aimed at improving its ability to respond to vulnerable children and young people.

### Background

Following a series of serious incidents in 2013, a plan was developed to:

- strengthen leadership capability,
- improve practice,
- develop programming for children and young people,
- build an effective working relationship with the unions.

The substantive residence manager s 9(2)(a) [redacted] returned to the residence to implement the plan.

In August 2014 a further series of incidents occurred over a weekend period which identified:

- leadership decision making and risk management issues,
- critical staff practice issues in relation to use of force, non-violent crisis intervention and searches.

A short term plan was implemented to ensure appropriate escalation of risk and to provide assurances that the noted critical areas of practice were being improved.

In October 2014 the residence was the subject of its annual Residential Care Regulations Inspection and numerous high and medium risk non-compliances were identified.

As a result of the Residential Care Regulations Inspection outcome, immediate action was taken to address identified high risk areas pending the development of a plan focussed on ensuring the provision and maintenance of high standards of care to children and young people.

Achieving and maintaining the required standards of care necessitates both short and long-term input.

Te Puna Wai o Tuhinapo leadership team are preparing a short-term plan that will address the practice recommendations contained within the current Residential Care Regulations Inspection Report. Focus is on code of practice, minimum standards and foundation work.

The longer-term plan aims to improve the health and well-being of staff and their environment with an expectation that practices and processes will improve, ultimately affecting the outcomes for children and young people. This plan, which focuses on a mixture of technical skills, interpersonal skills and leadership skills, is to be actively supported by the wider Residential and High Needs Services team with specialist input from a MSD Lead Organisational Development Advisor.

The longer-term plan framework is attached.

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# The Wellbeing of Te Puna Wai o Tuhinapo

## When vulnerable staff work with vulnerable families

9(2)(g)(i) Free and Frank

The following need to be considered as givens:

- Building a well performing residence relies on staff wellness for optimal residence functioning.
- The enabling environment for skilled residential practice stretches back to National Office.
- All staff understand and know how to apply the residence's non-negotiables.
- No specific 'change' trigger is necessary other than the GM RHNS determining that change is warranted.
- The reason for change should be to improve the health of the residence and its people.

### A focus on staff wellbeing and creating a healthy environment

The focus on staff wellbeing is consistent with discussions happening in other jurisdictions and it appears timely with the wider MSD Building Blue initiative that we consider developing a wellbeing strategy for residential staff.

By improving the health and wellbeing of residential workers and their environment, there would be an expectation that practice would improve ultimately affecting the outcomes for children, young people, families and the community.

Adopting a wellbeing strategy is a key way to bring about improved practice and outcomes. This is not simply a culture change, but a refocus on staff as the real assets of the residence.

### Leading the development of a healthy practice environment to support improved child and young person outcomes

The Leadership team needs to lead changes which promote a positive residence culture and a focus on the 'enabling' environment for improving the quality of performance and practice.

A change process focused on seven overarching elements / key enablers will support the development of the behaviours and culture required:



- External assessment
- Sufficient resourcing
- Staff inclusion
- Focus on leadership
- Relationships and functioning
- Personal change
- Active and visible sponsorship

## **Key enabler focus**

### **1. External assessment**

A high degree of assessment and surveillance means actions have to lead to visible change.

- External assessments (OCC, SWQA etc.) provide an objective starting point for targeting change.
- One residence to assess another residence with support from RHNS.
- Utilise the recently developed self-assessment framework as this covers all broad aspects of residence well-being and functioning.

### **2. Staff inclusion**

With the exception of the residence's non-negotiables, change must proceed with staff by way of conversation not instruction.

- Competency of the managerial and supervisory leaders to be assessed early on in this change process and post assessment and successful completion of a focused development plan, the managerial and supervisory leaders should then be confident in the continued backing of the RHNS team s 9(2)(a) OIA Privacy of Natural Persons
- Make sure that it is safe for staff to voice concerns and safe for the leadership to hear these concerns and act on them. The creation of a safe environment will help to maintain transparency.
- Including staff in 'the way it is done' at Te Puna Wai will have clear benefits as staff will be able to identify the important aspects of change for them, and it will increase the focus on the practice environment and the supports they need in order to carry out their roles (see appendix 3 for MSD Lead Organisational Development Advisor input).
- Staff to propose their own model of staff representation, with the aim of reaching a consensus for both staff and the leadership team on how many and who they are.

### **3. Sufficient resourcing**

Appropriate personnel resourcing (values, skills, knowledge) will increase the momentum of change.

- Fill vacancies with capable staff as a priority, mindful of the domino effect this can have.
- RHNS to consider their active 'on site' support.
- If intensive support does not produce the change required, intensely address poor performance, with active support from HR services.

#### 4. Focus on leadership

An intense focus on leadership capability will help target change at the layers behind the front line.

- s 9(2)(g)(i) Free and Frank

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- Team Leaders to deliver key messages and actively support the engagement of staff in the change process.
- The well-being of staff and residence leadership must not be ignored.
- Develop a residence specific protocol to aid skilful navigation of any cultural dynamics.

#### 5. Relationships and functioning

Time spent on staff relationships and residence functioning will lead to a real understanding of the change required.

- Provide the staff collective with a noho marae experience, and set a kawa to guide relationships and communication at the residence – resolution of philosophical differences (see appendix 3 for MSD Lead Organisational Development Advisor input).
- Recognise and protect the use of personal skills, interests and networks when leveraging off these for the work of the residence, particularly in relation to Māori staff, and provide supports as necessary.

#### 6. Personal change

Tackling change at the personal level could increase the likelihood that change is real and sustainable.

- Focus is on involving everyone at the residence in leaderful behaviour, with such behaviour being based upon the 4 (c's) - collective, concurrent, collaborative and compassionate (see appendix 2 for descriptions and see appendix 3 for MSD Lead Organisational Development Advisor input).
- The ADKAR model (developed out of the Prosci research – see Appendix 1) provides a useful guide to achieve staff buy-in and engagement in the change process – ADKAR stands for:

We help New Zealanders to help themselves to be safe, strong and independent  
Ko ta mātou he whakamana tangata kia tū haumarū, kia tū kaha, kia tū motuhake

Awareness (that change is required)  
Desire (to make change)  
Knowledge (of how)  
Ability (to make changes)  
Reinforcement (for change to become habit)

## 7. Active and visible sponsorship

GM RHNS's direct involvement means inaction is not an option.

- A key best practice principle is for an active and visible sponsor
- The approach taken to bring about change is grounded by this best practice sponsorship principle.
- Sponsorship matters; a fact confirmed by both the qualitative and quantitative findings in Prosci's research report, *Best Practices in Change Management – 2014 Edition*. Study participants in Prosci reported active and visible sponsorship as the most important contributor to success for the eighth consecutive study. It was cited three times more frequently than any other contributor in Prosci's research. In times of change, employees look to senior leaders for commitment, priorities and direction. A leader's buy-in and active and visible support directly translates to employee adoption and usage. When senior leaders abdicate or disappear once a change is launched, employees notice.
- The quality of sponsorship is the greatest predictor of project success or project failure. (Prosci 2014)

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## Appendix 1:

### Prosci's best practice change principles

In 1998, 102 change practitioners shared what works and what does not when managing the people side of change, resulting in Prosci's first report, just 32 pages long. Now, Prosci's *Best Practices in Change Management – 2014 Edition* contains over 250 pages of actionable findings that are full of tips, suggestions and lessons learned.

822 change practitioners from around the globe shared their experiences and insights in Prosci's 2013 study, the eighth since 1998. The results of this study, along with Prosci's previous seven studies, are part of the compendium report, *Best Practices in Change Management - 2014 edition*. This report is the largest body of knowledge available on change management – providing concrete actions for current practitioners. The 2013 study addressed new research areas including measurement, metrics, reinforcement/sustainment and integration with change management. It also added depth to existing sections like methodology, sponsorship, resistance, communications and training.

One question Prosci asks in every study is: "What has been the single greatest contributor to the success of your change management program?"

The top seven contributors identified in the 2013 study were:

1. active and visible executive sponsorship
2. structured change management approach
3. dedicated change management resources and funding
4. frequent and open communication about the change and the need for change
5. employee engagement and participation
6. engagement and integration with project management
7. engagement with and support from middle management.

The data also shows that better change management practices drive higher levels of employee adoption and usage of a solution, and therefore greater benefit realization. Four items on the list contribute directly to employee adoption and usage, while the other three provide structure to how change management is applied on the project or initiative.

## Appendix 2

### The 4 'Cs'.

**Collective** leadership means that everyone in the organization can serve as a leader; it is not dependent on any one individual to take over.

**Concurrent** leadership means that not only can many staff serve as leaders, but they can do so at the same time. No one, including managers, leaders and supervisors, needs to stand down when others are making a leadership contribution.

**Collaborative** leadership means that everyone is in control of, and can speak for, the entire team. All staff engage in a mutual dialogue to determine what needs to be done and how to do it, and together they pitch in to accomplish the work.

**Compassionate** leadership means that staff commit to preserving the dignity of every single member of the team, meaning that they consider each individual whenever any decision is made or any action taken.

Joe Raelin, *Creating Leaderful Organisations: How to Bring Out Leadership in Everyone* (Berrett-Koehler)

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### Appendix 3

#### MSD Lead Organisational Development Advisor input

##### The Givens:

- The entire residence leadership team is involved in the development of the plan, to literally get them working together as one team and to create as much personal buy-in to it as possible as this will increase the likelihood of a strong implementation.
- Current residence leadership team does not necessarily know what a really well operating residence looks and feels like so it is vital to include others in critiquing the draft plan to gain as many perspectives in its development as possible (i.e. those residence managers who have best practices in their current residences, others who are knowledgeable about what a well-run residence looks and feels like and young people as appropriate).

##### The Process:

A series of workshops on site, with work done in between them:

**Workshop 1:** Brainstorming what's working well now that we can build on, what's not working that we need to rectify, what aren't we doing that we should be doing

Development of a 1<sup>st</sup> draft of a long-term plan

**Workshop 2:** Sharing the 1<sup>st</sup> draft, refining it, brainstorming possible actions for implementing under each key area

Development of a 2<sup>nd</sup> draft plan and actions for sharing with others for their input

**Workshop 3:** Reviewing feedback/input from others, finalising the plan and actions for implementation

Currently looking at using the 'maturity model' as the vehicle for presenting the plan - an example of the maturity model is attached.

For Te Puna Wai, the columns would show the starting point of the residence, what progress looks after say 6 months, 12 months, and 18 months, what the end point looks like, and most importantly, what the outcomes/impact of reaching the end point will mean for children and young people and the rows would detail each of the seven key enablers.



# memo

s 9(2)(a) OIA Privacy of Natural Persons

To: [redacted] Residence Manager  
CC: 9(2)(a) [redacted] Manager Health, Safety and Security  
9(2)(a) [redacted] Senior Security Adviser  
9(2)(a) [redacted] Risk & Assurance Regional Consultant  
From: 9(2)(a) [redacted] Advisor Health and Safety  
Date: 23 December 2014  
Security level: IN CONFIDENCE

## Proposed safety review of Te Puna Wai o Tuhinapo Youth Justice Residence

### Background

On Thursday 18 December 2014 we met to discuss safety practices at Te Puna Wai o Tuhinapo Youth Justice Residence (TPW) based on recent statistics from SOSHI. While SOSHI numbers for TPW were higher than other residences, there needed to be a better understanding of why this was and if the high numbers reflected a better reporting culture rather than a systemic problem per se.

### Discussion

It was noted that:

#### Staff levels

- Staffing levels are currently down 11 positions across TPW despite being at near capacity for beds. There was a proposal to relocate the female unit to another residence and a recruitment freeze was put in place and staff numbers decreased during this period. However, the unit is now staying at TPW, but the staff numbers have not increased to their original numbers.
- In response to the low staff levels, it is the intention to put administration staff on the floor to help cover the shortages over the holiday period, starting 2 January. While Non-violent Crisis Intervention training has been provided. We recommend that additional safeguards be put in place to ensure the safety of this person such as a clear and thorough induction of expectations and practices on the floor by a senior residence worker; having a buddy to assist engagement with the young people and ensuring she is not isolated with young people on the floor.

### Accommodation risks

- Access to the exposed sprinkler heads by young people in care is causing on-going concern due to damage and safety risks with slip hazards on the wet lino. National Office Property Team are aware of the flooring problems at Te Puna Wai and are currently working with 9(2)(a) to resolve those issues.

Property were currently looking into the flooring situation, but cost concerns had been expressed with regard to the potential to replace exposed sprinkler heads with recessed heads, which have not been triggered since they have been installed earlier in the year.

- Concerns were raised about the suitability of recent fixtures such as the poorly riveted lock on the storage unit by the swimming pool (parts later used as weapons) and the slip resistance of the lino used in the units.

### Additional issue

- Some staff did not fully appreciate the value of the Site Safety Plan as it was not considered relevant alongside other systems such as the daily operations plans.

### Proposal

It is proposed that:

- A joint review of safety practices at TRW is undertaken in February. At an earlier meeting 9(2)(a) Risk & Assurance Regional Consultant, offered assistance in monitoring safety risks across the South Island.

A collaborative visit by Health Safety and Security with Risk Assurance will provide a unified approach to the review of Health Safety and Security practices at Te Puna Wai. A combined visit will reduce disruption to staff and residents.

HSS will coordinate with R&A to synchronise the proposed work programme for the review. The scope of the review is yet to be confirmed, but indicatively it is likely to cover:

- What practices are currently used to communicate and monitor staff safety?
- How staff members differentiate between the residence daily operations plans and the site safety plan for incident responses?
- How incidents are investigated to establish injury causation?
- How injury causation is communicated to staff to mitigate any identified risks?

#### 1. Property concerns be raised with the Property team

- HSS will work with the Property team to discuss the building and maintenance concerns that were discussed at the meeting.



# child, youth and family

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<b>To</b>	All Te Puna Wai o Tuhinapo staff	<b>Date</b>	08 January 2015
<b>CC</b>			
<b>From</b>	s 9(2)(a) OIA Privacy of Natural Persons		
<b>Security Level</b>	UNCLASSIFIED		

## STAFF SAFETY

<b>Action</b>	Information only
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- There has recently been some concerns brought to my attention by respective unions. I have met with both unions and have reflected on their feedback. The primary concern expressed has been for the safety of staff. There are inherent safety risks in working in a custodial setting so safety was identified as a priority. There was absolute agreement by those at the meetings that safety is a priority and that the responsibility for maintaining safety across the site rests with everybody.
- All staff need to conduct themselves in a way that promotes safety. That means that what staff say and how they act needs to enhance safety. Decisions that are made need to consider the potential safety risk for staff and to mitigate these as much as possible. The other issue that needs to be considered when making these decisions is whether or not they compromise the rights of young people. Any decision that compromises the rights of young people brings us into conflict with the regulations.
- The leadership group onsite are critical in the decision making process but can only make informed decisions if they are provided with the relevant information. That could potentially come from any staff member. No staff can be silent when it comes to safety if we are to create a safe culture. My expectation is that if staff identify a potential safety risk that they seek to resolve it immediately. If they are unable to resolve it then they should escalate the matter. I will be meeting regularly with representatives to

specifically discuss safety issues to ensure that there is a growing confidence in the level of safety.

s 9(2)(a) OIA Privacy of Natural Persons

Manager Te Punawai o Tuhinapo

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