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HEALTH CAMP SCHOOLS:
ISSUES REPORT

June 1999



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HEALTH CAMP SCHOOLS: ISSUES REPORT

1 Introduction

The Education Review Office's special investigation of *Te Kura Hauora* (the children's health camp school at Rotorua) highlighted difficulties arising from the separation of services between the Ministry of Health and the Ministry of Education with respect to health camps and health camp schools.

To investigate whether these difficulties were symptomatic of more widespread problems, ERO carried out on-site reviews of the other health camp schools. As a result, ERO's concerns were found to have a much wider application.

ERO's reviews identified serious issues about the contractual arrangements that govern the operations of the schools, and the effectiveness of the Crown's investment in health camp schools. These issues are summarised in this report.

2 Background: The Children's Health Camp Movement

The *Health Camps Movement* began in 1979. The establishment of the camps was motivated by the belief that the health of malnourished children could be improved at minimal cost through camping outdoors.

Over the years the movement has undergone significant changes in response to Government policy and the changing social conditions of New Zealand. Fewer children are being referred to health camps for physical health reasons. The majority of children are now put forward for admission because of behavioural problems and/or some dysfunction in their family situation.

There are currently seven health camps situated in Whangarei, Auckland, Rotorua, Gisborne, Otago, Christchurch and Roxburgh. Each camp provides short term residential care and programmes for varying numbers of primary school children (28-80). The average stay is six weeks, although this may vary according to the type of camp. Camps also provide parenting programmes to some parents of the children in their care.

At the local level, each health camp is managed by a camp manager and has its own community-based advisory committee. At the national level, camps are managed by the *Children's Health Camps Board* which is an independent organisation with its own legislative base. The Board comprises the chairpersons of the seven advisory committees. Board members work in conjunction with their Executive Director.

The Health Funding Authority contracts for the numbers and types of camps to be held each year at each health camp. The management structure for health camps is currently undergoing change.¹

The Ministry of Education provides each camp with a school. The school buildings are maintained by the Ministry, which pays a rental for the use of the land to the Health Camps Board. School staff are employed and managed on each site by the school's own board of trustees.

The composition of health camp school boards of trustees is determined by the Minister of Education and is similar to that for other schools. In place of parent representatives, up to five members are appointed by the Minister. *The Children's Health Camps Act 1989* requires each health camp committee and health camp school board of trustees to exchange two members to facilitate communication between camp and school.

Each board of trustees receives operational funding designed to provide for the educational needs of the children while they attend the camp. Health camp schools, like all other schools, are required under the National Education Guidelines to teach the New Zealand Curriculum.

During the time they are in the health camp, most children follow an individual educational programme. Some health camp schools provide a variety of special programmes targeted at the special needs of children.

3 Issues

ERO's on-site investigations indicated that most health camp schools are well governed and managed by informed and competent trustees and principals. Many of the issues raised by ERO in its individual reports are site specific and are matters for individual boards of trustees of the health camp schools to consider.

However, some issues were identified that extend beyond the sphere of responsibility of individual boards of trustees and raise questions about the overall role and purpose of health camps and their schools, and the appropriateness of their current operating environment.

It was reported to the ERO in the course of this investigation that the Health Camps Board is no longer operating according to the Children's Health Camps Act 1989. The appointment of the Executive Director has reduced the role of the health camp committees from a management role to an advisory role. The Executive Director now manages the camps and the camp managers. The Executive Director is seeking support for amendments to the Children's Health Camps Act, further changes will result if this is successful.

These include:

- the contractual relationship between health camps and schools;
- the selection criteria for admission to health camps (and consequently to schools);
- the organisation of the curriculum and other requirements placed on health camp schools; and
- financial risks to the Crown arising from its current investment and annual expenditure on health camp schools.

The contractual relationship between health camps and schools

ERO's investigations of health camp schools indicate that the quality of the relationship between the health camp and the school is critical in contributing to outcomes for students and the overall effectiveness of health camps and their schools.

There are no specific guidelines for the management of the relationship between camps and schools. At all but one site the camp and the school have worked collaboratively to develop protocols to ensure consistency of practice throughout the camp. In some cases the school board and the camp committee have formally adopted the protocols as joint policy. Collaborative working relationships have been achieved as a result of the initiative and commitment of the two organisations, not as the result of contractual arrangements or accountability structures.

At one site, there has been a long-standing lack of cooperation between the camp manager and the school principal which has had a serious impact on the quality of education delivered to students. At other sites, while the relationship is now working well, difficulties have arisen in the past.

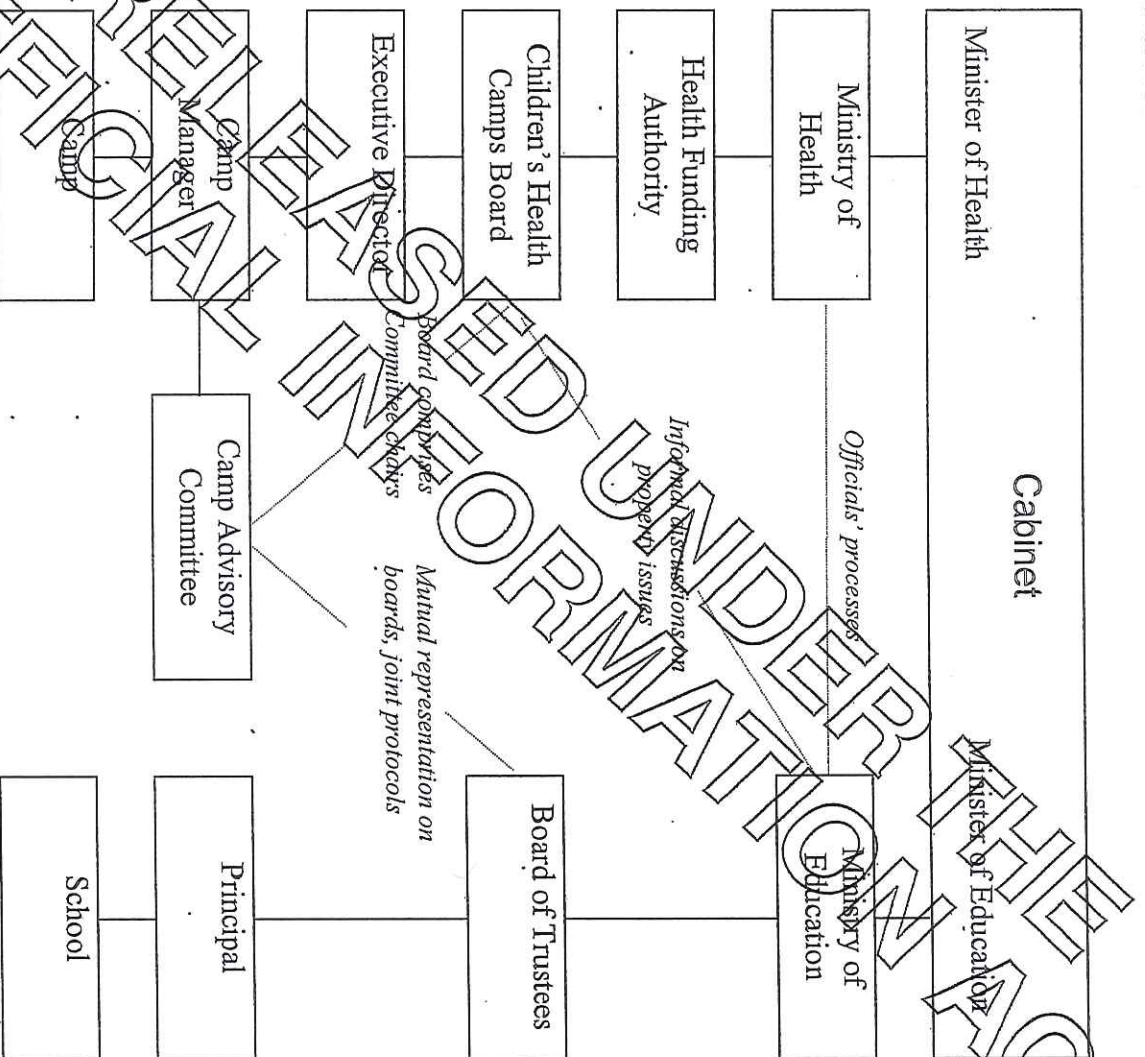
Under current contractual arrangements there is no single mechanism to hold camp managers and school principals accountable for their performance against a set of common objectives. This creates the risk that difficulties in working relationships may arise again in the future.

The lack of a formal mechanism to coordinate health camps and their schools reflects the fact that they are subject to different legislation, different forms of accountability and different purchasing arrangements.

Schools operate under the provisions of the *Education Act 1989*, provide services purchased by the Ministry of Education and are governed by their boards of trustees. Health camps operate under the *Children's Health Camps Act 1989*, are managed by the Executive Director of the Health Camps Board, and provide services purchased by the Ministry of Health through the Health Funding Authority.

The relationships between these organisations are shown in the diagram below.

Organisations with an interest in the operation of health camps and schools



The relationship between the organisations with an interest in the operation of the health camps on the one hand and schools on the other is not defined in a contractual way. This creates difficulties when organisations with a legitimate interest are not involved in decisions which affect them.

ERO's investigations indicate that the Health Camps Board and Ministry of Education sometimes make decisions about individual camps and their schools without involving the camp committees and school boards of trustees.

For example the school board of trustees at Pakuranga Health Camp reports that it was not party to negotiations between the Health Camps Board and the Ministry about the possible relocation of the camp. The lack of information and consultation from the Health Camps Board has created uncertainty over the school's future and has impacted on the board's long-term planning and self-review process.

Selection for admission to health camps

Difficulties arising from the separate funding and accountability structures are complicated by the lack of a clear consensus about the purpose of health camps and their schools, or the health and education objectives they are intended to achieve. This is reflected in the wide range of criteria used as the basis for selecting students to attend the camps.

Each camp has developed its own selection criteria according to the priorities agreed to between the camp and the Health Funding Authority.² In most cases camps have established joint systems with schools for collaboratively selecting students to attend the camps. All camps have clear referral systems that require comprehensive information to be provided by the person or agency making the referral.

However, significant differences are apparent in the processes used by different camps to select students who are referred to them. Several camps use a process to categorise students according to their level of need. One camp excludes all students who have significant behavioural needs. This process results in a proportion of students not being accepted into the camp. Other camps work towards accepting all children who are referred to them.

Several health camp schools report that there has been a reduction in the number of girls referred for admission to health camps and an increase in the number of boys, especially those with severe behavioural problems.

Changes in the pattern of referrals and the different selection criteria used mean that children's health needs are addressed inconsistently by the camps. Whether or not children are admitted to health camps is determined less by their health circumstances than by other factors including the geographical area in which they live.

² The replacement of the four regional health funding authorities by a single organisation may, in time, lead to more consistency in the selection criteria, but this has not yet occurred.

No long term records are kept which demonstrate the effectiveness of health camps. In some ways this is not surprising since the purpose of health camps is not clearly defined. As a result there is no basis on which to decide whether or not they are successful.

The changing social climate and health needs of children since the health camp movement began raises the question of whether health camps have changed in appropriate ways.

Requirements on schools

The lack of clarity about the purpose of health camps and schools is reflected in the conflicting demands placed on schools with respect to the organisation of the curriculum.

In order for schools to play a role in addressing the identified needs of their students, their educational programmes should be developed in parallel with those of the camp.

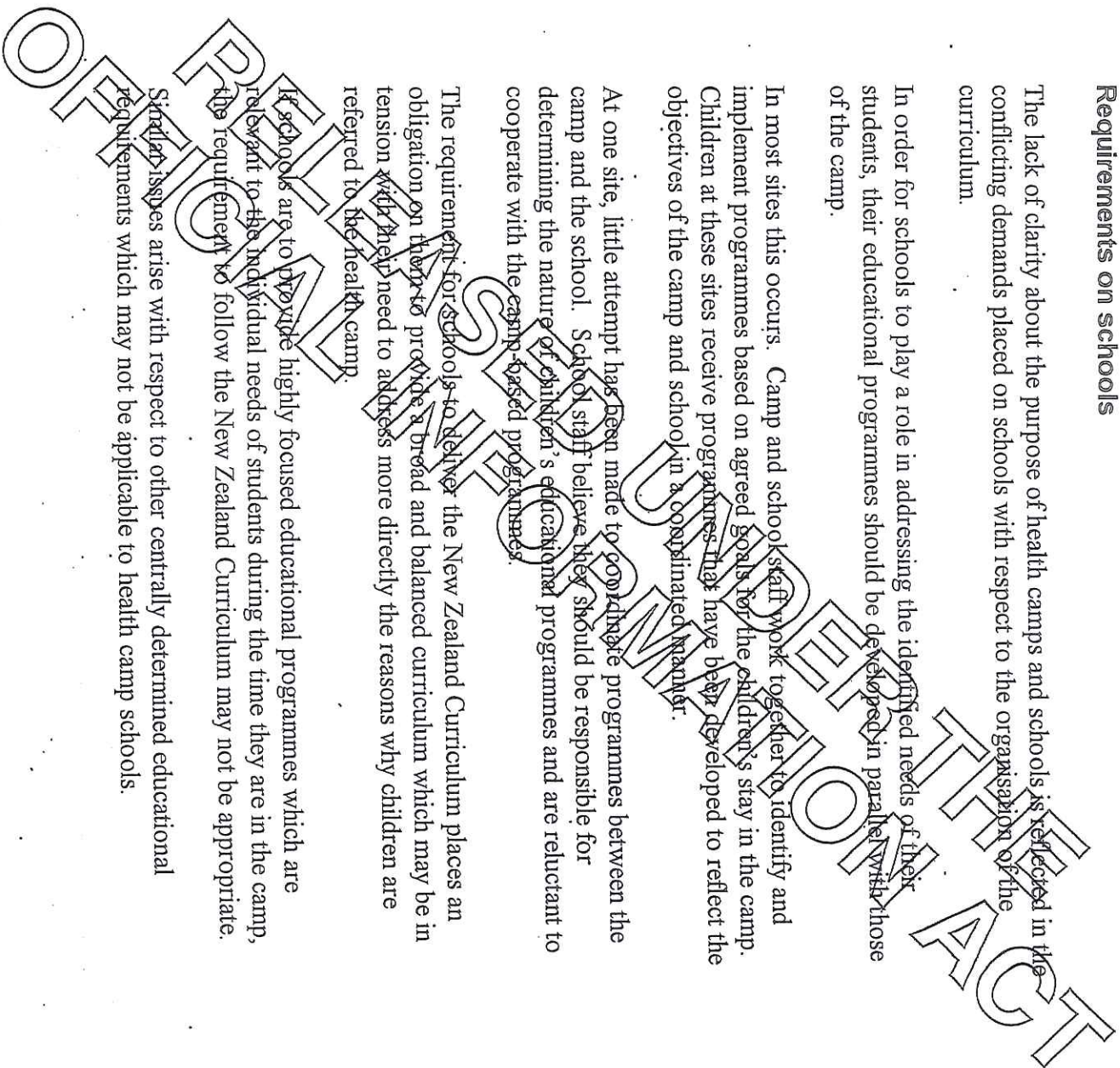
In most sites this occurs. Camp and school staff work together to identify and implement programmes based on agreed goals for the children's stay in the camp. Children at these sites receive programmes that have been developed to reflect the objectives of the camp and school in a coordinated manner.

At one site, little attempt has been made to coordinate programmes between the camp and the school. School staff believe they should be responsible for determining the nature of children's educational programmes and are reluctant to cooperate with the camp-based programmes.

The requirement for schools to deliver the New Zealand Curriculum places an obligation on them to provide a broad and balanced curriculum which may be in tension with their need to address more directly the reasons why children are referred to the health camp.

If schools are to provide highly focused educational programmes which are relevant to the individual needs of students during the time they are in the camp, the requirement to follow the New Zealand Curriculum may not be appropriate.

Similar issues arise with respect to other centrally determined educational requirements which may not be applicable to health camp schools.



- o The four term year. Given that most health camps are of six weeks' duration, the introduction of the four term year is having a significant impact on their operations. Different sites have responded in different ways. One site has reduced its camp length to five weeks with two back-to-back intakes each term. Another continues to provide six week camps during term time even though this involves a large amount of "down time" and adds considerably to camp costs. A third continues to operate six week camps but extends some of these into the school holidays.

- o Board of trustee appointments. Another issue is the appropriateness of the board of trustee structure to health camp schools. Health camp schools do not have a clearly identifiable parent community and, as a result, appointments are made by the Minister of Education. In some schools this has led to delays in appointments.

- o Suspension procedures. Questions were raised during ERD investigations about the ability of health camp schools to suspend or expel students according to the provisions set out in the *Education Act 1989*, given the impact this has on the operation of health camps as well as schools. ERD's investigations have highlighted the need for school boards to develop joint procedures with camps with respect to suspensions and expulsions, rather than operating independently.

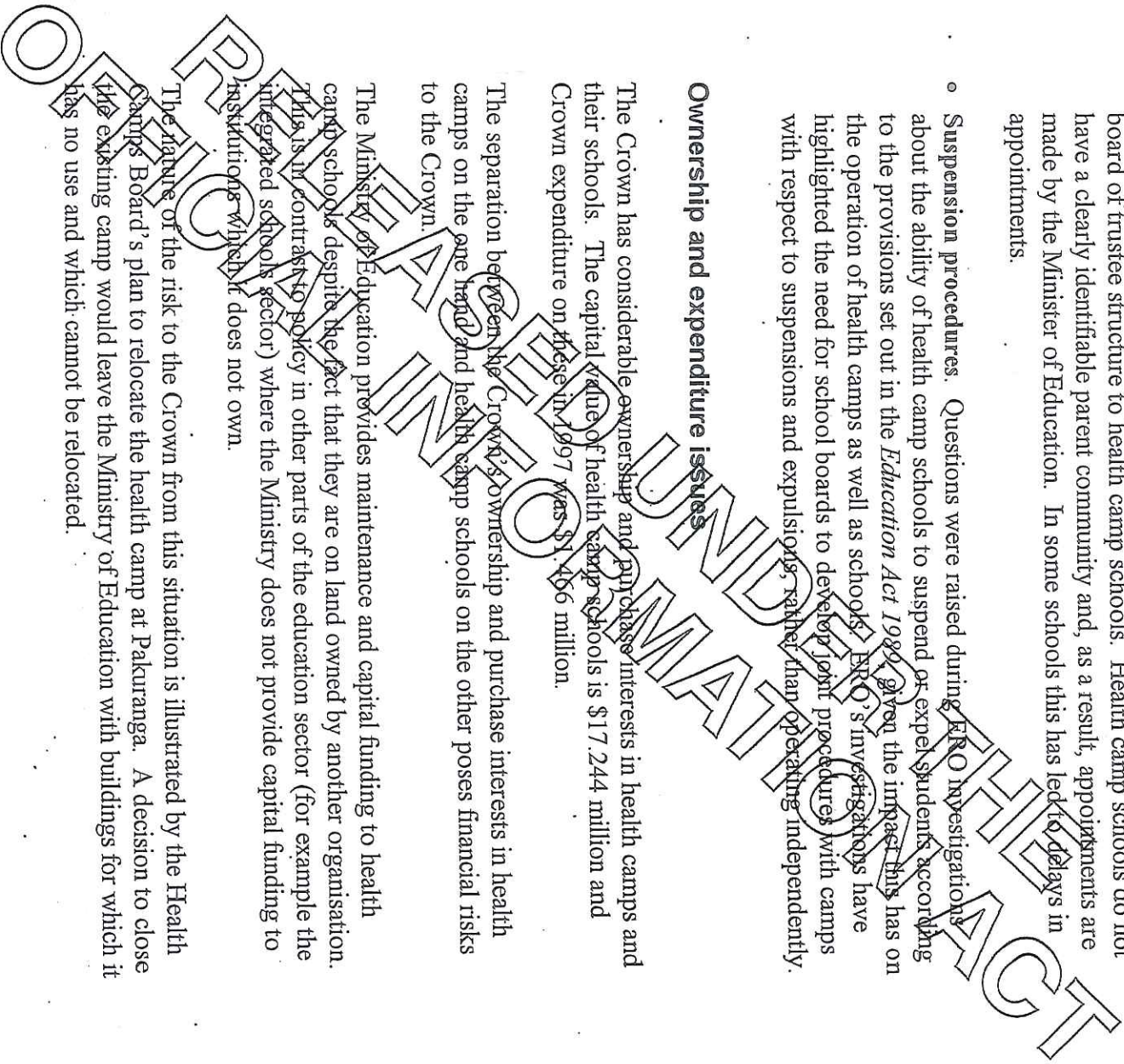
Ownership and expenditure issues

The Crown has considerable ownership and purchase interests in health camps and their schools. The capital value of health camp schools is \$17.244 million and Crown expenditure on these in 1997 was \$1.466 million.

The separation between the Crown's ownership and purchase interests in health camps on the one hand and health camp schools on the other poses financial risks to the Crown.

The Ministry of Education provides maintenance and capital funding to health camp schools despite the fact that they are on land owned by another organisation. This is in contrast to policy in other parts of the education sector (for example the integrated schools sector) where the Ministry does not provide capital funding to institutions which it does not own.

The nature of the risk to the Crown from this situation is illustrated by the Health Camps Board's plan to relocate the health camp at Pakuranga. A decision to close the existing camp would leave the Ministry of Education with buildings for which it has no use and which cannot be relocated.



Complications can also arise where the camp and school share resources such as water and power. At some sites, there have been disputes over the apportionment and payment of expenses for shared facilities. This highlights the potential for difficulty when there are two separately funded and accountable organisations on one site.

The Crown purchases educational services for children in health camp schools from two schools at once. The relatively short length of time children are at health camp and the fact that their home schools need to incur most of their fixed costs regardless of whether children are present make it difficult to devise an appropriate expenditure transfer mechanism. Nevertheless the current arrangements represent a significant cost to the Crown and reflect the lack of integration between policies for health camps (and their schools) and the Government's overall education policies.

The increasing number of children with severe behavioural problems raises the question of the adequacy of overall Crown expenditure on health camp schools. Specific issues highlighted in the course of ERO investigations were the appropriate staffing ratios in health camp schools and the fact that children's special education resources are not transferred with the child when they attend a health camp school.

4 Conclusions

This paper has raised a number of issues where the integration between health camps and their schools creates risks to students and to the Crown, both as purchaser of the services on behalf of the students and as the owner of the assets of health camp schools.

While some of the issues could be addressed through improved performance management and communications systems, this would not solve the central problem which is the lack of a clear consensus about the objectives of health camps and their schools.

At many sites relationships are currently working well, but this is due more to the commitment and initiative of individuals than to the organisational structure.

In considering the future of health camp schools, the first task should be to agree on the objectives of health camps. Once these objectives have been defined, then both camps and schools should be structured around them.

Any new contractual arrangements and accountability structures will have limited effect if they are applied solely at the level of the individual camp and school. The coordination difficulties highlighted in this report are reflected at many different levels and arise ultimately from the separation of responsibilities between the Ministry of Health and the Ministry of Education.

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Following agreement about the objectives of health camps, it needs to be decided which government agency has overall responsibility for their operation. This will enable consistent accountability structures and coordination processes to be set up at each level.

In the light of changing patterns of referral, the original health objectives of the camps may no longer be appropriate. The high use of camps by children with behavioural difficulties suggests that they could instead have a role to play as part of the Government's special education policies. However, this would be contrary to the current direction of the Government's *Special Education 2000* initiative, which is towards meeting the needs of children with behavioural difficulties within their schools and communities. In many respects health camps now play a role which is more closely aligned to the Government's social cohesion and family support objectives.

However, the needs of children cannot always be categorised neatly into educational needs, health needs and social needs. There is a high correlation between factors such as educational disadvantage, poor health status and poverty, and consequently an overlap between the Government's education, health and social objectives. Health camps may be well placed to meet more than one objective at once, especially for children experiencing multiple disadvantages.

In ERO's view, the overall role of health camps and their relationship to the Government's wider policy priorities need to be considered in a coordinated manner by a range of education, health and social agencies.

It is important to ensure that the requirements of education legislation do not restrict the ability of health camps to deliver programmes that meet children's identified needs. For example, since children attend health camp schools for a short period of time only, the requirement to deliver a "balanced curriculum" may not be appropriate. Consideration should be given to whether some of the provisions in education legislation should be changed for health camp schools.

It may also be appropriate to consider whether, rather than depending on schools to meet all the educational needs of their students, health camps should be able to purchase educational programmes from other providers. This would allow camps to purchase more tightly focused programmes for some children from specialist providers and would also reduce the financial risks to the Crown highlighted in this report.

As children attend health camps for a few weeks only, there is a relatively limited opportunity for camps and schools to make a difference to their health status or educational achievement. It is important that this short length of time is used to maximum effect. This requires a shared sense of purpose and clear understanding of respective responsibilities by those individuals and organisations jointly charged with identifying and meeting children's needs.



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17 September 1999

Howard Fancy
Secretary for Education
Ministry of Education
Private Box 1666
WELLINGTON

Dear Howard

Te Kura Hauora Health Camp School: Discretionary Review

The confirmed report of the discretionary review of Te Kura Hauora Health Camp School has been sent to the Chairperson of the Board of Trustees and to the Minister responsible for the Education Review Office. I am also sending you a copy which is attached.

The report includes a recommendation that the Minister of Education exercise his authority under section 107(1)(a) of the Education Act 1989 to dissolve the Board of Trustees and that he direct the Secretary for Education to appoint a person to act as a commissioner in place of the Board.

I have also sent a copy of the report to the Hon Max Bradford in whose electorate the school is located.

I will also send a copy directly to Kathy Smith.

Yours sincerely

Karen Sewell

Karen Sewell
National Manager Reporting Services
for Chief Review Officer



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CONFIRMED
DISCRETIONARY REVIEW
REPORT

TE KIRIHANORA

September 1999

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TE TARI AROTAKE MATAURANGA

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COMMUNITY PACK Attached

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CONFIRMED DISCRETIONARY REVIEW REPORT:
TE KURA HAUORA

1 BACKGROUND

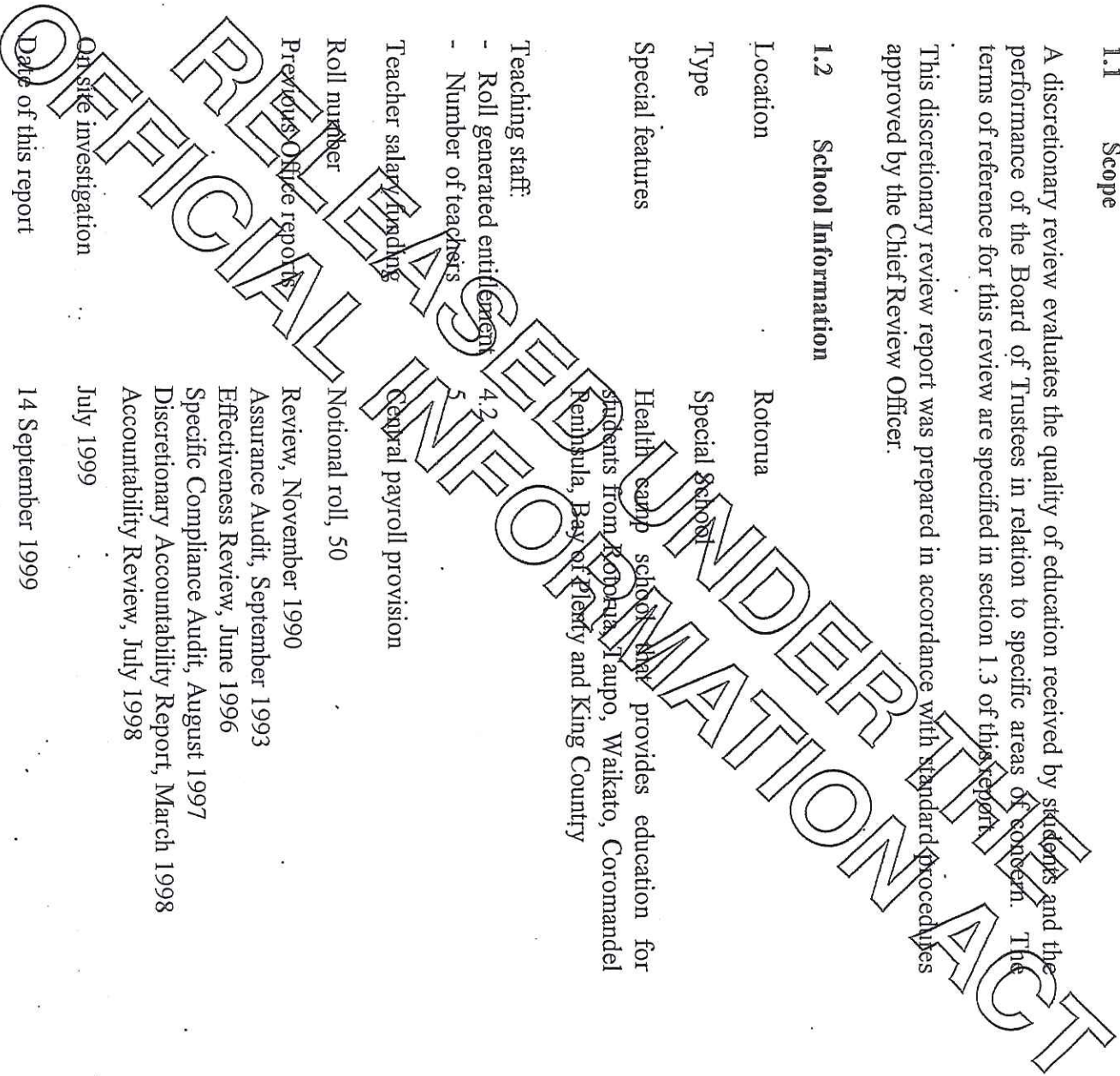
1.1 Scope

A discretionary review evaluates the quality of education received by students and the performance of the Board of Trustees in relation to specific areas of concern. The terms of reference for this review are specified in section 1.3 of this report.

This discretionary review report was prepared in accordance with standard procedures approved by the Chief Review Officer.

1.2 School Information

Location	Rotorua
Type	Special School
Special features	Health camp school that provides education for students from Rotorua, Taupo, Waikato, Coromandel Peninsula, Bay of Plenty and King Country
Teaching staff:	
- Roll generated entitlement	4.2
- Number of teachers	5
Teacher salary/funding	Central payroll provision
Roll number	National roll, 50
Previous Office reports	Review, November 1990 Assurance Audit, September 1993 Effectiveness Review, June 1996 Specific Compliance Audit, August 1997 Discretionary Accountability Report, March 1998 Accountability Review, July 1998
On site investigation	July 1999
Date of this report	14 September 1999



1.3 Terms of Reference

This discretionary review is based on an evaluation of the performance of the board of trustees in relation to the following areas of concern, as identified in the July 1998 accountability review report.

- 1.3.1 the extent to which the board of trustees is complying with governance requirements and exercising its authority to manage the school effectively,
- 1.3.2 the adequacy of accountability structures within the health camp school and the effectiveness of protocols between school and camp management,
- 1.3.3 the effectiveness of the board's personnel management policies and procedures,
- 1.3.4 the adequacy of the board's financial management policies and procedures,
- 1.3.5 any other matters relevant to the governance, management and operation of the school, including the management of staff and students.

2 SUMMARY

This is the seventh review of *Te Kura Hauora*, the Princess of Wales Health Camp School, since 1990. Five of these reviews have been conducted within the last three years because of serious problems with the governance and management of the school.

Despite ongoing training and Ministry of Education support, the board is not fulfilling many of its governance obligations. The board lacks vision and strategic direction and does not have adequate systems for monitoring its own performance. Personnel management systems are not being effectively implemented and the board is continuing to experience serious financial problems.

The recently developed common protocols for managing student behaviour do not provide a basis for shared programme development and implementation. Consequently, there is a lack of coordination between programmes in the health camp and the health camp school. This is limiting the effectiveness of behavioural intervention programmes at *Te Kura Hauora*. This situation is particularly serious in view of the fact that an increasing proportion of students attending *Te Kura Hauora* are presenting significant behavioural difficulties.

Despite recent improvements to relationships between personnel at the health camp and the health camp school, the situation remains fragile. This is because current relationships depend on individual initiatives and good-will, rather than on clear contractual undertakings. Consequently, there is an ongoing risk that relationships will breakdown again in the event of future crises.

This report identifies a number of risks to students and to the Crown. The most significant of these stem from the separation of responsibilities between the Ministry of Health and the Ministry of Education with respect to health camps and health camp

schools. Until this situation, which has been identified in previous Education Review Office reports, is addressed, the difficulties currently being experienced at *Te Kura Hauora* are unlikely to be resolved.

3 FINDINGS

3.1 The extent to which the board of trustees is complying with its governance requirements and managing the school effectively

The board is not complying with a number of its governance requirements. Some important policies lack clear implementation guidelines and have not been ratified or signed. The board's development plan lacks clear objectives, lines of responsibility, costings, timelines and reporting schedules. Consequently, trustees have no framework for long-term financial planning. The board lacks systems for monitoring its own performance. Trustees are not, therefore, in a position to monitor the extent to which the board is meeting its legislative obligations or the requirements of the *National Education Guidelines*. The board's personnel management systems lack sufficient rigour for trustees to be able to effectively monitor the performance of the principal and staff at *Te Kura Hauora*. Furthermore, the board is experiencing serious financial management difficulties and is currently operating from a position of negative public equity.

Trustees are generally of the view that the present administrative structures and funding arrangements applying to the health camp and *Te Kura Hauora* are hindering the board in its governance role. As a result, the board remains reactive and has not established a vision for the school. This is particularly evidenced by the lack of priorities and development objectives in the board's development plan. As a consequence, the principal is effectively undertaking a number of strategic planning and monitoring functions that would normally be undertaken by the board.

Since the 1998 Education Review Office report, the board has reviewed its charter to incorporate the *National Education Guidelines (NEGs)*. Policies and procedures have been appropriately classified to reflect the *National Administration Guidelines (NAGs)* and the board has developed an annual cycle of policy review. However, these initiatives have not improved the board's performance, as they have not been translated into a rational governance framework.

3.2 The adequacy of accountability structures within the health camp school and the effectiveness of protocols between school and camp management

The principal operates a number of accountability mechanisms within the school. Classroom programmes are monitored and the principal, in consultation with staff, has produced a staff professional development schedule for the year. Staff have also started to report to the board on curriculum implementation. However, these accountability structures are of only limited value due to the lack of formal accountability to the board.

The board, principal, and camp manager report that working relationships between *Te Kura Hauora* and the health camp have improved since the last review. There is more regular formal and informal communication between camp and school staff and the appointment of a camp psychologist has significantly improved cooperation between the school principal and the camp director and between camp and school staff. Any improvements to relationships are very tenuous, however, as they depend on the initiatives and good-will of individuals, rather than on clear contractual obligations.

Staff at *Te Kura Hauora* and at the health camp have developed shared protocols with a view to providing greater consistency regarding the overall management of student behaviour. However, these protocols do not provide a basis for shared programme development and implementation. Consequently, behavioural intervention programmes at *Te Kura Hauora* are less than optimally effective. This situation is particularly serious in view of the fact that an increasing proportion of students attending *Te Kura Hauora* are presenting significant behavioural difficulties.

Programmes should be designed to maximise behaviour change across both the health camp and the health camp school. In order to achieve this *Te Kura Hauora* and health camp staff should jointly develop protocols for identifying target behaviours and implementing specific intervention strategies in both settings. Behaviour change should be monitored through commonly agreed processes and criteria and there should be more coordinated follow-up when students return to their home schools.

Key factors underpinning the difficulties at *Te Kura Hauora* were identified in the 1998 Education Review Office *Health Camp Schools Issues Report*. These included a lack of specific guidelines or common contractual arrangements through which camp managers and school principals are held accountable for their performance. The differential legislation, accountability and purchase agreements under which health camps and health camp schools operate further exacerbates these coordination difficulties. Given the history of difficulties at *Te Kura Hauora*, it is unlikely that the recently introduced protocols will address the inherent structural inconsistencies identified in the 1998 *Health Camp Schools Issues Report*.

3.3 The effectiveness of the board's personnel management policies and procedures

The board has developed personnel management policies and procedures consistent with Ministry of Education requirements. There is, however, a lack of rigour in the way that these are implemented in the school. Teacher performance is not appraised against clear performance indicators, and appraisal judgements lack sound evidential support. The status of teachers' personal reports is not clear and these are neither dated nor signed.

The 1998 appraisal of the principal's performance lacked performance indicators and was not sufficiently specific to enable assessment of the extent to which objectives had been achieved. The principal's performance objectives were not prioritised or specifically linked to the school development plan. Consequently, the board is not in a position to monitor the performance of the principal or to establish ongoing development priorities for the school.

Staff are not specifically appraised on their specialised knowledge or skills in the area of applied behaviour change. The board's performance management systems are not, therefore, identifying teacher development needs in this important area of the operations of the school. Furthermore, a lack of measurable data is limiting the board's ability to evaluate the effectiveness of the school's behavioural programmes.

3.4 The adequacy of the board's financial management policies and procedures

The board is experiencing serious financial problems. The auditors have expressed major concerns about the ongoing viability of the school. The audit opinion of June 1999 highlighted a critical need for the board to address the financial crisis facing the school, as it was operating from a position of negative public equity. The auditors also drew attention to the fact that they had made the same comment last year, but that the board had been unable to rectify the situation.

The board's financial difficulties are constraining the quality of the school's provisions for learning. Curriculum expenditure has been severely limited and the 1998 staff professional development programme was cut back significantly. The board is not operating a long-term maintenance or asset replacement programme. Trustees also report that the board lacks sufficient funds to repair vandalism around the school.

Despite recent improvements to the board's budgeting and reporting systems, the underlying financial difficulties remain. The board is in debt to the Ministry of Education and is operating from a position of negative public equity. Trustees lack confidence in the ongoing financial viability of the school and doubt that they will be able to independently resolve the serious problems facing the board.

3.5 Other matters relevant to the governance, management and operation of the school

The difficulties identified at Te Kura Hauora exemplify the fragility of the present administrative and professional structures and the risk of disfunctionality when working relationships break down. The fundamental issue is the separation of responsibilities between the Ministry of Health and the Ministry of Education. Until this matter is resolved, the issues identified in this report will continue to pose serious risks to students and to the Crown.

The severity of behavioural difficulties in some camp intakes reflects changes to the student population for which health camps were originally established. This signals a possible need for the Ministry of Education to review the fundamental purpose of health camp schools in light of the changed student population that they now serve.

The 1998 Education Review Office *Health Camp Schools Issues Report* questioned the appropriateness of the requirement for health camp schools to comprehensively implement the national curriculum statements. Whilst it is good practice to treat students with behavioural difficulties in educational settings, the majority of students referred to health camp schools are presenting predominantly behavioural problems. It would, therefore, seem appropriate for staff to prioritise the treatment of students'

behavioural difficulties, and for the Ministry of Education to review the requirement for staff to comprehensively implement all areas of the national curriculum statements.

The 1998 *Health Camp Schools Issues Report* identified financial risks to the Crown arising from its current investment and annual expenditure on health camp schools. In addition, the behavioural composition of certain camp intakes presents serious health and safety risks. The principal's report to the board of trustees of May 1999, for example, described sexual abuse by a student, a student being run over whilst running away from the camp and a serious attack on a teacher. These incidents were partially attributable to the high number of students with serious behavioural difficulties in that intake, and partially to the lack of coordinated behaviour management policies and procedures between the health camp and *Te Kura Hauora*. If the health camp and *Te Kura Hauora* are to continue to provide for students with serious behavioural problems, it is imperative that working relationships between camp and school staff be more formally structured and consolidated.

4 CONCLUSION

Students attending *Te Kura Hauora* receive educational programmes of an adequate quality. However, programmes are not providing maximum benefit to students, as they are not coordinated with those provided by the Princess of Wales Health Camp. The effectiveness of programmes is also constrained by a lack of shared vision or common objectives.

The separation of responsibilities between the Ministries of Health and Education presents a situation in which the board's current difficulties are unlikely to be resolved. This, together with the board's problems of governance in all areas of its operations, the lack of adequate protocols between the health camp and *Te Kura Hauora*, and the board's serious personnel and financial difficulties, represent significant on-going risks to children and to the Crown.

5 RECOMMENDATION

The Education Review Office recommends that:

the Minister of Education exercise his authority under Section 107 (1) (a) of the Education Act to dissolve the Board of Trustees of *Te Kura Hauora* and direct the Secretary for Education to appoint a person to act as a commissioner in place of the board.

Signed

Charlene Scotti

Area Manager

for Chief Review Officer

14 September 1999



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TO THE COMMUNITY OF TE KURA HAUORA

A discretionary review evaluates the quality of education received by students and the performance of the Board of Trustees in relation to specific areas of concern as identified during a previous accountability review or as raised with ERO.

This is a summary of our latest report on Te Kura Hauora.

This is the seventh review of *Te Kura Hauora*, the Princess of Wales Health Camp School, since 1990. Five of these reviews have been conducted within the last three years because of serious problems with the governance and management of the school.

Despite ongoing training and Ministry of Education support, the board is not fulfilling many of its governance obligations. The board lacks vision and strategic direction and does not have adequate systems for monitoring its own performance. Personnel management systems are not being effectively implemented and the board is continuing to experience serious financial problems.

The recently developed common protocols for managing student behaviour do not provide a basis for shared programme development and implementation. Consequently, there is a lack of co-ordination between programmes in the health camp and the health camp school. This is limiting the effectiveness of behavioural intervention programmes at *Te Kura Hauora*. This situation is particularly serious in view of the fact that an increasing proportion of students attending *Te Kura Hauora* are presenting significant behavioural difficulties.

Despite recent improvements to relationships between personnel at the health camp and the health camp school, the situation remains fragile. This is because current relationships depend on individual initiatives and good-will, rather than on clear contractual undertakings. Consequently, there is an ongoing risk that relationships will breakdown again in the event of future crises.

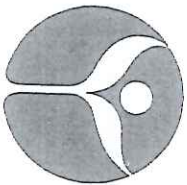
This report identifies a number of risks to students and to the Crown. The most significant of these stem from the separation of responsibilities between the Ministry of Health and the Ministry of Education with respect to health camps and health camp schools. Until this situation, which has been identified in previous Education Review Office reports, is addressed, the difficulties currently being experienced at *Te Kura Hauora* are unlikely to be resolved.

When ERO has reviewed a school we ask the board of trustees to let us know how they intend to manage any difficulties set out in their report (copies of which are available from the school or ERO). We also encourage boards to inform their community of any follow up action plan. You should talk to the board or principal if you have any questions about this summary, the full report or their future intentions.

Signed

Charlene Scotti
Area Manager
for Chief Review Officer

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OFFICIAL INFORMATION ACT



1024/04/532/5

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CHILDREN'S HEALTH CAMPS BOARD
Te Puna Whaiora

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P.O. Box 12-547, Telephone (04) 472-0101, Fax (04) 472-0166

Patron:
His Excellency the Right Honourable
Sir Michael Hardie Boys GNZM GCMG
Governor-General of New Zealand

G19

Mary Sinclair
Project Manager Schools Support
Ministry of Education
P O Box 1666
WELLINGTON

Dear Mary,

**PRINCESS OF WALES CHILDREN'S HEALTH CAMPS SCHOOL -
TE KURA HAUORA**

I appreciated the opportunity to meet with you yesterday and to take part in the telephone conference that included you and me with John Taylor and Mary Sinclair (on our end of the telephone) and Murray Carr, Ann Clarke and occasionally Heather Colby (from Hamilton) if my notes are correct.

I have since read the Confirmed Discretionary Review Report: Te Kura Hauora dated 14 September 1999. I have drawn to your attention the ERO paper Health Camp Schools: Issues Report June 1999. There is little of substance in either above-mentioned ERO reports that the Children's Health Camps Board would be in substantial disagreement with.

It is obvious that the relationship between health camps and health camp schools is not ideal (particularly in Rotorua). In Rotorua it is unsatisfactory.

I am writing to Howard Fancy to advise that I am keen to agree with you the policies and procedures that will have a professional and measurable relationship firmly established between the Ministry of Health and the Children's Health Camps Board.

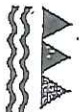
I am available at your earliest convenience to meet and discuss the way ahead.

Ron Turner
Executive Director

Respectfully,

22 September, 1999

BOARD MEMBERS:
MAUNU CHILDREN'S HEALTH CAMP
PAKURANGA CHILDREN'S HEALTH CAMP
PRINCESS OF WALES CHILDREN'S
HEALTH CAMP
TE KAINGA WHAIORA CHILDREN'S
HEALTH CAMP
OTARIKI CHILDREN'S HEALTH CAMP
CLAREMONT CHILDREN'S HEALTH CAMP
ROXBURGH CHILDREN'S HEALTH CAMP



MINISTRY OF EDUCATION
Te Tihanga o te Mātauranga

29 September 1999

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Mr David Freyne
Chairperson
Te Kura Hāuora Board of Trustees
47 Jarvis Street
Rotorua

Dear Mr Freyne

Notice of Direction under Section 64A of the Education Act 1989

The recent review by the Education Review Office, dated 14 September 1999, indicated that your Board was experiencing significant financial problems and that the auditors have major concerns about the ongoing viability of Te Kura Hāuora. The board is therefore not meeting, or is unlikely to meet, its statutory obligations.

Therefore, under Section 64A of the Education Act 1989, I am directing your Board of Trustees to engage, for three months from 29 September 1999, the services of a financial manager to provide the Board with financial advice and assistance. Mr David Taylforth, Chartered Accountant, Rotorua would be acceptable to me for that purpose.

In order for Mr Taylforth to provide appropriate assistance, I recommend that your Board use the attached contract to engage Mr Taylforth. The schedules to the contract specify the tasks that Mr Taylforth should undertake.

Mr Taylforth must have joint signing authority on the school bank accounts together with the school principal. All expense commitments, including salaries, must have the approval of the financial manager. The Ministry expects that your board will co-opt Mr Taylforth as a member of the Board.

This section of the Act requires your Board to comply with this direction and to pay the fees and reasonable expenses of Mr Taylforth. The Ministry will provide financial support to you for Mr Taylforth's services until the financial position of the school can be established. When this is known the Ministry will review what support the board requires to strengthen the education delivery at the school.

Yours sincerely

Howard Faney
Secretary for Education

