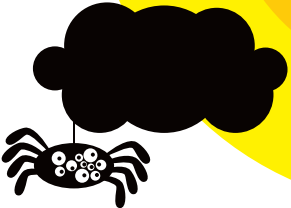
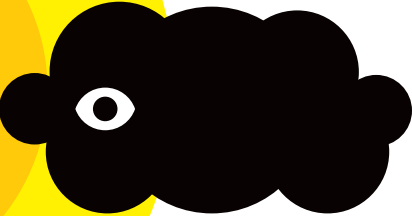
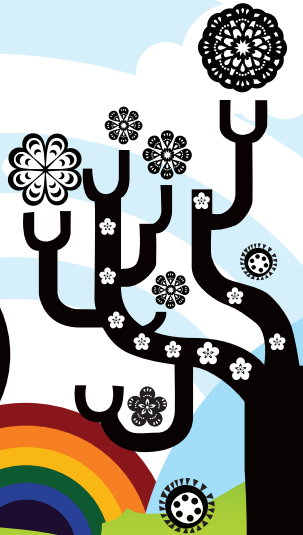


FROM
PAIN
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CHILDREN'S
HEALTH
CAMPS



WE
KNOW





EVERY
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THE
ISOLATED
VULNERABLE
CHILD
KNOWS



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ADULTS ARE

UNAVAILABLE



LEFT-GUTTER



RIGHT-GUTTER



UNRESONSIVE



THE WORLD IS



UNSAFE



WE
KNOW
THE
STORY
OF
STRUGGLES
WITH



IN-THESE-TIMES

WE-THAT-Y

READING-TOGETHER

SOCIAL-CUES

SOCIAL-RELATIONSHIPS

ATTACHMENT

LEARNING

SELF-REGULATION



EVERY
VULNERABLE
CHILD
HAS
A
STORY
YET
TO
BE
TOLD



THE STORY STARTS WITH...

hope



physical and
emotional
care

PROFOUND RELATIONSHIPS



time
to
learn



time
to
grieve

attunement



regulation

HEALING THAT PROVIDE

safety and security



**limits
and
boundaries**



THE STORY ENDS WITH



**enduring
recovery**



**enjoyable
achievement
and learning**

**healthy and
hopeful
relationships**

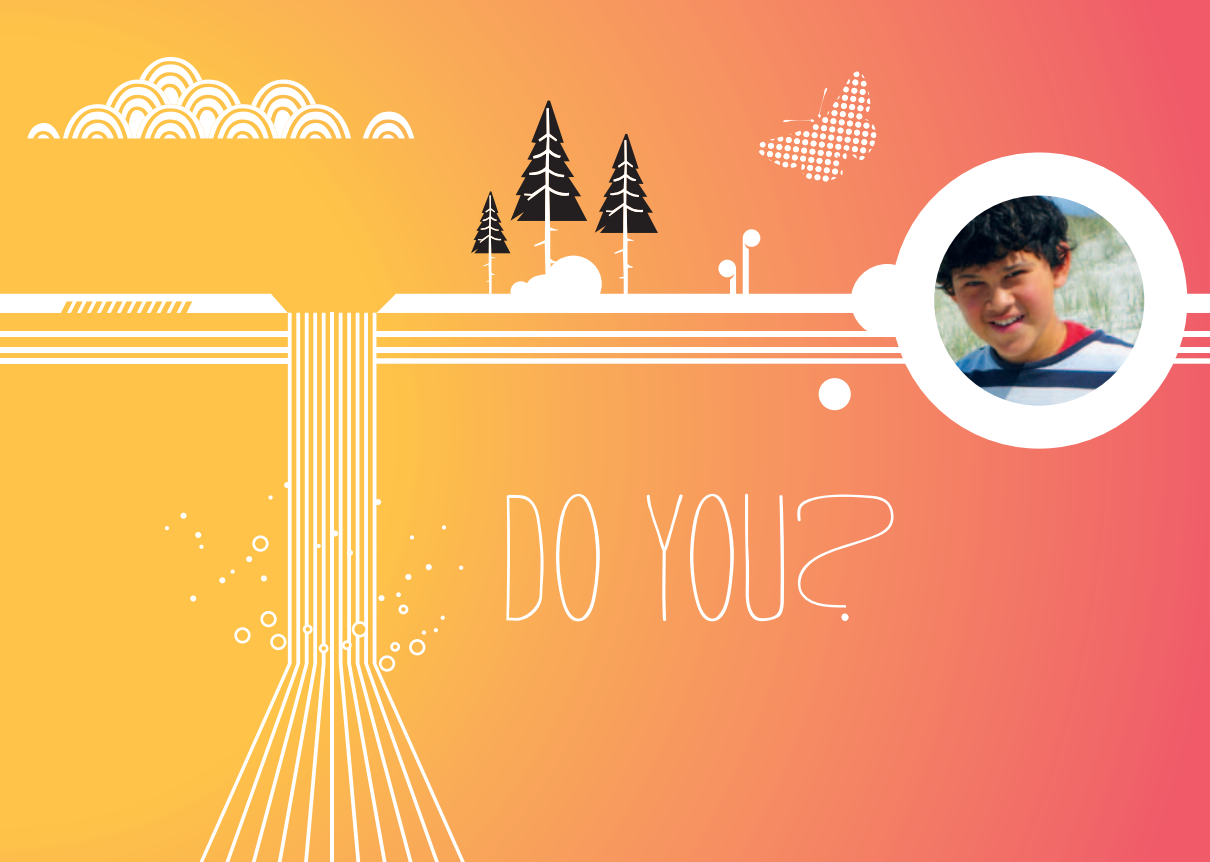


**warm and
loving
family life**





WE KNOW THE
STORY OF WHAT
WORKS TO BUILD
RESILIENT LIVES.



DO YOU?

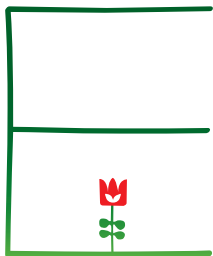


EVERY
ONE OF US HAS
THE POWER TO PROTECT.



WILL YOU?

20.21 MESSAGE FROM THE CHAIRMAN



nga matawaka o te motu, tena koutou katoa. All groups throughout the land, greetings to you all. It is with great pleasure that I present the annual report of Te Puna Whaiora Children's Health Camps for the year ended 30 June 2011.

Working alongside many dedicated partners, Te Puna Whaiora has one of the most important and rewarding responsibilities in our country – creating stronger communities through ensuring the safety and wellbeing of some of New Zealand's most isolated and vulnerable children and their families.

The task is a challenging one, as society faces a number of emerging issues. As we are all aware, these issues include increasing poverty, family and community violence, abuse of drugs and alcohol, and rising unemployment and crime rates. Sadly, what we are less aware of is the increasing number of children and young people suffering the impact of prolonged exposure to these issues, which result in significant damage to their emotional, physical, psychological and social wellbeing and development.

In 2010–11, Te Puna Whaiora continued to provide healing supports and practical services to ensure the safety and wellbeing of these “hurt” children and young people. This included supporting their

parents and collaborating with their schools in order that these “children in pain” have the opportunity to develop positive and meaningful connections with their family, community and culture. Happy, hopeful relationships with adults are the first marker of their recovery from the trauma they have experienced.

Over the past year, we have worked hard to enhance our partnering relationship with Child, Youth and Family, resulting in the signing of a 5-year partnering agreement between the parties. Our agreed work schedule for the year enabled us to contribute to improving outcomes for vulnerable children in kinship care or the care of the State and extended our important work to assist families raising a child with a disability. Our thanks to Child, Youth and Family for their faith in us and for funding and supporting the exploration of enhanced ways of working with our most vulnerable children and families.

Strong and resilient children, youth, families and communities are the heart of our great country and the key to New Zealand’s bright future. To our staff and the countless individuals from community organisations and agencies who have worked hard to support our work, thank you. Every day, you keep our communities safe and help our children, young people and families succeed. We commend your commitment and



Whoever we are, wherever we live, these rights belong to all children under the sun and the moon and the stars, whether we live in cities or towns or villages, or in mountains or valleys or deserts or forests or jungles. Anywhere and everywhere in the big, wide world, these are the rights of every child.*

tremendous partnership. Together, we are united in supporting positive outcomes for children, young people and families in New Zealand.

Our 5-year strategy is to continue to evolve and grow our mission to better meet the needs of our most vulnerable children and to secure our long-term sustainability. We plan to achieve this by focusing on four main areas of development: creating sustainable resources; promoting effective leadership; growing our people; and telling our story.

In Te Puna Whaiora's core service, our mission is to enable children and young people to recover from life trauma and to learn how to enjoy life and achieve their potential. We do this through the provision of therapeutic residential care and education, together with family and network support.

This approach is known as integrated systemic therapy, which is a form of group living and learning modelled on healthy relationships and adapted to the developmental needs of children and young people struggling with the effects of life trauma.

Te Puna Whaiora is committed to continuing to provide therapeutic residential care, and we continue to work hard to ensure this model of

care is safe, effective and sustainable. In these “therapeutic communities”, described by us as “children’s villages”, we operate a model based on the principles of therapeutic community life where the care culture is intrinsically linked with the education culture. The provision of effective psycho-social support and therapeutic education requires that our residential social workers and teachers plan and work closely together in an integrated model of care.

During the year, the Minister of Education indicated her intent to close the health camp schools and establish an education service for children attending our children’s villages under the governance of Te Puna Whaiora. We welcome this exciting development and see it as a great opportunity to strengthen and improve the integration of care and education in the best interests of children.

Throughout the country, we have seven regional facilities resourced to provide therapeutic residential care and education. Auckland, Gisborne and Rotorua have all been rebuilt since 2004, and this year, we completed much-needed refurbishments of the facility at Otaki and a completion of previously unfinished interior design and furnishing at Auckland.

There is still a need for further capital developments at our Northland regional facility in Whangarei and our Central Otago/Southland facility at Roxburgh. Currently, about 97% of our operational income is from government contracts, with only 3% from voluntary sources. Government contract funding does not even come close to funding capital assets and is nowhere near sufficient to allow us to develop plans for funding upgrades and/or funding a cycle of facility replacement over the longer term. It also makes it difficult for us to invest in improving or developing our current range of services.

In order that we can continue to build on 90 years of pioneering success, we need to increase our capacity to raise capital funds. In 2010, we invested in recruiting a specialist fundraiser with the aim of exploring our capacity to raise funds to enable a long-term development programme. The economic climate meant that funds were difficult to raise, but there was some considerable success in a short timeframe. At this time, we were unable to continue to fund the role, but based on our learning from this project, we are now planning to set up a sustainable fundraising focus over a longer period.

We continue to believe that our cause is powerful enough to attract substantial philanthropic and trust funding, but we must learn to tell our story and raise awareness of our services and their success if we are to make this happen. The Board will also continue to do what it can to create the funds needed by continuing our successful track record in competent asset and investment planning and management.

Clearly, the biggest challenge and achievement in this year has been to come to terms with the closure of our Christchurch regional facility due to structural damage caused by the February earthquake.


We are now well into our recovery phase, and we have a clear plan focused on enabling us to continue our support to children and their families in Christchurch over the coming months and years when they will need us more than ever. We are likely to be without a facility to provide residential care and education in Christchurch for up to 2 years, but the Board is absolutely committed to a full rebuild of the facility, and our team is continuing to work with the children and families referred in their schools and homes.

We are so very fortunate that we have a strong partnership through our Kaumatua Koro Pita Mason with Te Runanga o Nga Maata Waka, who, on learning of our plight, offered us the use of facilities at Nga Hau E Wha National Marae as a temporary base for our services. The aroha and manaaki our team have received from Matua Norm Dewes and his team have been priceless.

Naturally, no discussion of the past year in Christchurch can fail to identify the devastating earthquakes of September and February as having a major impact on all our children and families, our staff and the communities in which they work. It is testament to the resilience and commitment of our staff that, following both the September and February quakes, despite all having significant damage to their homes, they were out checking on children and families engaged with our services and supporting them to recover from the trauma. The team members in Christchurch, under the leadership of Mark King, are most definitely our heroes of the year.

The aftermath of the earthquakes has demonstrated that Christchurch has many friends. One amazing development has been that potato growers around the world are pulling together to help rebuild the Children's Health Camp in Christchurch. The World Potato Congress has set up a fund to help rebuild the camp. Allan Parker, President and CEO of World Potato Congress, contacted us to say that the congress feels deep affection for Christchurch and its people as Christchurch hosted their international congress in 2009. After the earthquakes, they wanted to do something to help, and the formation of this fund is their way of contributing to the rebuild. We want to thank Potatoes New Zealand who made this possible. With the Potato Congress's support, we will rebuild, we will be stronger and we will have forged new friendships and good memories in the process.

I would like to take this opportunity to thank every member of Te Puna Whaiora Board and Kahui Kaumatua, our iwi partners Te Runanga o Nga Maata Waka in Christchurch, Te Runanga o Raukawa in Otaki and Te Runanga o Turanganui a Kiwa in Gisborne. To every member of our

 **Understand** that all children are precious. Pick us up if we fall down, and if we are lost, lend us your hand. Give us the things we need to make us happy and strong, and always do your best for us whenever we are in your care.*



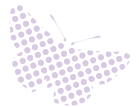
dedicated staff and our supporters and stakeholders, from our patron Governor-General Lt Gen Rt Hon Sir Jerry Mateparae through to the people and organisations in our communities that work alongside our service every single day, please accept our deep gratitude for the work you do on behalf of our most isolated and vulnerable children. You demonstrate every day the key message of this report – we all have the power to protect, we all have the power to heal a hurt mind. Thank you for using your power to do this.

Te Puna Whaiora is still a nationwide movement created by the people for the people. I am tremendously proud of the results we achieve and the support we enjoy from the communities we serve. Evidencing the outcomes of our work and continuing collaboration with others is critical to our success, and I am determined that Te Puna Whaiora will continue to do this effectively.

Tena koutou, tena koutou, tena tatou katoa.



WAYNE CHAPMAN
BOARD CHAIRMAN





© **All children** should be allowed to live and to grow... and grow... and grow... and grow... until we are grown up and can decide things for ourselves.*

KEY FACTS AND STATISTICS

Te Puna Whaiora Services provided:

98,980

hours of social work services in the community.

44,069

residential days.

60

schools were provided with a school social worker.

630

schools were provided with an outreach social work service.

Te Puna Whaiora services received

Our capacity to help turn young lives around is stronger today than it has ever been since Children's Health Camps first started operating in New Zealand in 1919. Since then, around 268,000 New Zealand children have accessed Children's Health Camp services.

1919

3,301 new referrals for the year and worked with

4,430

children and their families throughout the year.

Over 1,700 referrals were made to other services.

99% of referral agents and 98% of schools surveyed were satisfied with the services provided and the outcomes achieved, and of these, 95% and 73% respectively were highly satisfied.

98% of parents surveyed in the last year said they were satisfied with the services provided and the outcomes achieved, and of these, 92% were highly satisfied.

"Thank you for saving my children, my marriage and my life." **Mother** "This family was on the brink of separation. The household was hostile and full of anger, with the parents constantly bickering. The mother had a poor perception of her daughters and was constantly yelling and screaming. She used offensive and belittling language. She said the Health Camp gave her children back. They now have fun together as a family, and she enjoys spending time with her children. She said she no longer yells at her children. Her husband had never taken them away on a family holiday because she was always screaming and the children were completely out of control. Her husband has just booked their first family holiday. One of the girls told her father that she loved him for the first time." **Staff member** "It was beneficial to be at the village with my sons. It was great to work through some historical issues as well as gaining tools to be able to work through tough times for the boys and myself." **Parent** "I found the experience of staying in the village as a family awesome, especially learning routines, boundaries and limits. The staff were very supportive. My interaction with my boys has been a lot better, and I have learnt about resources in the community. The village cook was very supportive and taught me how to prepare and cook meals. I still have my moments but appreciate the on-going support." **Parent** "Your staff were great, friendly and approachable – and I was involved every step of the way." **Parent** "I'm not alone." **Parent** "I now feel a little more relaxed and confident with my parenting skills." **Parent** "The social worker was honest and straightforward. We need more like her." **Parent** "The social worker would talk about our issues and come out with the right answers for what we wanted. She has a good way of coming across, it is simple talk that is broken down, it's honest." **Parent** "I trusted and felt safe because of the social worker because I was able to understand what she was saying and she made every effort to help me with my issues. I feel my social worker was compassionate about the work she did for us." **Parent** "My social worker helped me with the issues that I had and followed up with us all to see how we were at home and at school." **Child** "My social worker was very professional and felt more like talking to a friend who made me comfortable." **Parent** "The social worker helped when needed and was quick to respond." **Parent** "My social worker is a cool kind of person that always makes you feel good." **Parent** My social worker was brilliant. She listened, encouraged and offered a plan to help our family." **Parent** "It was wonderful to have someone to talk to about my daughter, and I had some real 'light-bulb' moments during discussions with my social worker. I am very grateful for the support we received and cannot praise her enough." **Parent** "In nearly all cases, the intervention had positive outcomes, with feedback from families very positive." **Teacher** "I think the quality of the personnel and the relationships they are able to make are critical."

“We find our social worker **outstanding**. This service has a **major impact on our school** and enables us to offer a variety of supports for the student and their family.” **Teacher** “Our field worker has done an **outstanding job to support** us. Feedback from families has been very positive.” **Teacher** “I think you all are doing a fantastic job with my son. Within a week, I know he has made a **huge improvement with his learning, social skills and his health**. I can see my son has become very active. Our **mentor** has taught us some valuable aspects in being parents. She reminded us that **we forgot we used to be kids once**, and her teachings have made a huge **positive impact** on the way we are as parents, changing our ways of raising our son. **Thank you so much**, you have saved our home.” **Parent** “I would like to truly and deeply express my **thanks and gratitude** to you for such a magical and interesting 4 weeks at Maunu Health Camp.” **Child** “Thank you for having me there. I enjoyed staying there. **It was so cool.**” **Child** “At first, I did not want to stay, but in the end, I did not want to go. **I liked everything about health camp.**” **Child** “He has settled really well and is working extremely hard. I am very proud of him – especially with his reading and class contribution.” **Teacher** “We totally admire your **commitment** to the work. **The training and knowledge you have to recognise their needs**, the ‘care plan’ you set up for each child, **the teaching, love and care** you give them, the follow-ups you do long after they have returned home all made it obvious that you are able to make such a **big difference** in their lives. It was very **heart-warming** to learn so much about the health camp and **to know that such a wonderful place exists**, not only to help the children referred to you, but also to work with the families.” **Supporter** “Thank you very much for the furniture. I couldn’t believe my eyes. **You actually made my day**, far out, you guys are amazing.” **Parent** “The boys are doing wonderful, my son wants to attend camp again. One day, I say, ahaha.” **Parent** “The results I’ve seen at home are **amazing and** couldn’t have happened without the help of staff at the camp. The programmes you have in place have definitely **helped my children tremendously**, and I would like to thank you all for that.” **Parent** “I would like to **commend** your service and staff and thank you for the **excellent communication and professionalism** that your agency offers.” **Referral agent** “It is a pleasure to deal with an agency that is so well organised and reliable.” **Referral agent** “Your staff are friendly, warm and **professional.**” **Teacher** “He came back to school with more confidence in himself. He is now more willing to take part in group activities and offer ideas. He is also more **confident** with his peers.” **Teacher** “**Keep up the great job** you guys are doing. I know she loved health camp and got heaps from it.” **Teacher** 🌸

EVERY CHILD WHO COMES TO US HAS A STORY TO TELL.



A story of their distress

64%

of children are assessed as medium to high risk

52%

of children are exhibiting alienation and rebelliousness

48%

of children are displaying anti-social behaviour and hyperactivity

93%

of children are diagnosed with chronic health, mental health or developmental disabilities

52%

have two or more chronic health, mental health or developmental disabilities

87%

have a chronic mental health or developmental disability



**A story of their
exposure to risk
in their family
and community**

42%

come from single parent homes, and 32% live with caregivers who are not their parents

68%

of parents are on a benefit, and 46% are struggling with socio-economic disadvantage

41%

of parents had low educational achievement

62%

of families live in communities where there are poor housing conditions, neighbourhood

crime and violence, a lack of attachment and social and cultural discrimination



A story of their school's inability to protect them from harm

43%



of children were failing at school

35%

of the children's schools were having difficulties managing the child's behaviour

43%

of children were experiencing peer rejection/ bullying at school

A story to tell across all cultures

52%



of children and families receiving services were Maori, 39% were NZ European, 6% were from Pacific

cultures and 3% were from other cultures including Indian, South-East Asian, Asian, and other European



**A story to tell
no matter
what age**

8%

of children are
5 to 7 years old

40%

of children are
8 to 10 years old

52%

of children are
11 to 13 years old

**A story to tell
whether you are
a boy or a girl**

62%

of children were
male

38%

of children were
female

OUR VISION AND STRATEGIC INTENT

BUILDING RESILIENT LIVES



The New Zealand
Foundation for Child
and Family Health and
Development – Te Puna
Whaiora is committed
to a vision of building
resilience in the lives of
children and their families.

Our mission is to enable New Zealand's most vulnerable children to be seen and heard, live in safety and have their dreams and hopes nurtured.

Our strategic intent is to ensure lasting outcomes for all vulnerable children using a partnership approach with every organisation active and interested in making New Zealand a safer, healthier and happier place for our children.

Te Puna Whaiora provides a range of services and programmes based on current research and our own experience working with children and families over the last 9 decades. Our services and programmes are child centred, family driven, solution focused, collaborative, individualised, culturally competent and community based.

The concept of "village" underpins our practice. This is a therapeutic community model that builds on child and family strengths and highlights team cohesiveness and mutual respect. Members of the therapeutic community include children and young people, parents, their school, field social workers, mentors, residential social workers, school social workers and other services and agencies involved with the child and family. Each child and family brings their own unique knowledge and skills to the journey of healing, recovery and reconnection to each other, to their school and to their community.

Te Puna Whaiora serves the child and family as a supportive partner in the process of:

- assessing needs and strengths
- regaining hope and motivation
- developing insight and aspirations
- making plans
- achieving dreams.

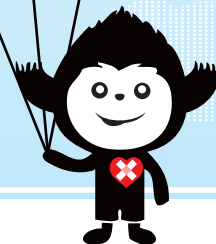


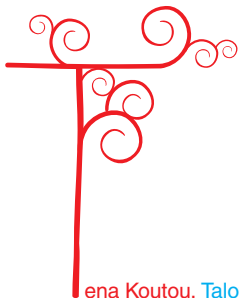
An important goal of Te Puna Whaiora services is to partner with families and community stakeholders to support, maintain and enhance our most vulnerable children's lives in the homes, schools and communities they belong in. We believe that both families and local communities are strengthened in this process. Our services include home-based social work services, school-based social work services, an out-of-home residential service for children and/or families, child and family mentoring, respite services for grandparents and foster parents and, more recently a new "Family Friends" service and involvement in the disaster recovery efforts in Christchurch. All of our services are designed to enhance family life and enable children to experience safe, healthy, hopeful relationships with adults.

Programmes provided by Te Puna Whaiora include family development programmes such as Te Puawai, Keeping the Magic Going, Stepping Out, and Family Return on Investment (Family ROI). Programmes for children and young people include Kidzacool, Seasons for Growth, Storm Birds, Journey of Hope, Kids with Incredible Potential (KIP), Healthy Heroes and a variety of other programmes that address the individual health, education and social needs of children.

We seek the following measurable outcomes from all of the services we provide:

- Child development achieved.
- Parenting capacity improved.
- Use of resources maximised.





ena Koutou, Talofa Lava, Kia Orana, Fakaalofa Lahi Atu, Malo e Lelei, Bula Vinaka, Taloha Ni, Greetings.

Te Puna Whaiora is committed to a vision of building resilience in the lives of children and their families. Our mission is focused on enabling the story of New Zealand's most isolated and vulnerable children to be told so that their needs can be seen, heard and acted on. This ensures they can live in safety and, through healthy, hopeful relationships with adults, they can have their dreams and goals nurtured and reach their full potential.

The theme of this annual report is that “we know” how to protect children and how to heal hurt minds. The question remains: Will we as a nation commit to doing it? New Zealand has an increasing number of isolated and vulnerable children whose future is in serious jeopardy. Approximately 3,000 of these children aged 5 to 12 years are referred to our services every year.

Many of the children Te Puna Whaiora journeys with have been “traumatised”. By this, we mean that their experience of the world and, in particular, their relationships with adults have often been harmful to their wellbeing and development.

Each of these children referred to us has a story to tell – an early life experience that causes them intense feelings of shame and isolation, of feeling unloved and unworthy, leading to beliefs that adults cannot be trusted, adults cause harm and pain and the world is unsafe.

These are the stories of harm we listen to daily, and we believe that, as a nation, it is imperative we develop a deeper understanding of what our most vulnerable children are experiencing and how it results in damage to their physical, psychological, emotional and social wellbeing. Over this past year, we have focused on better articulating and developing our therapeutic culture and social work practice so that we can find better ways to enable these “children in pain” to heal and recover from the consequences of their harmful experiences and make a real impact on reducing the causes of that harm.

We often describe our relationship with children and their families as a journey – a journey on which, along the way, they are provided with safety, a chance to tell their story, consistent kindness, high expectations, experiences of an alternate mirror of the self and the world, increasing mastery of the self and the world and, significantly, an experience of being involved in creating the solutions to what is harming their wellbeing and development, as individuals and as a family. It is a journey that takes them from a vulnerable isolated place to an empowered and connected place.



Teach us all to read and write and teach us well so we grow up to be the best we can at whatever we wish to do. Take care of our Earth – the flowers, the trees, the rivers, the seas – and teach us how to care for it in our turn.*

So what is the early life experience of these children referred to us? At the heart of their experiences are relationships with adults who, for whatever reason, struggle to relate well.

How many of us truly understand that over-harsh parenting or neglectful/inattentive parenting result in a sense of insecurity in a child that can seriously limit brain development and make learning and self-regulation difficult?

How many of us realise that, if the parent or caregiver of an already insecure child responds to their child's exploration of what is acceptable or unacceptable behavior with excessive emotion and/or physical or emotional punishment, the child becomes overly shamed? That without the chance to repair/restore the relationship with the adult, the child learns that inappropriate behaviour causes endless distress and to do the right thing out of fear of punishment, not from an understanding of right and wrong? Such a child learns shame about self, not about actions. Never having experienced empathy, they never develop the ability to empathise and cannot read others or “mentalise”, and this, in turn leads to misunderstanding of social cues and difficulties with social relationships.

On the other hand, how many of us realise that, if the parent or caregiver of an already insecure child responds to their child's exploration of what is acceptable or unacceptable behaviour in a neglectful or inattentive way (i.e. no attention to danger or unacceptable behaviour), the child learns no limits, never experiences a healthy sense of shame and so becomes under-socialised? These children also have no experience of how to repair and restore relationships as they have no drive to do so and also find the concept of right or wrong confusing.

Our most isolated and vulnerable children are these children. They are best characterised as children whose early experiences have overly shamed or under-socialised them. They are often “pathologised” or “blamed” for behaviour resulting from the impact of their early experience and become more and more isolated and traumatised, the result of which is they form a view of self as unlovable and unworthy; a view of adults as unavailable, neglectful, rejecting and unresponsive; and a view of the world as unsafe. Why are we surprised they struggle with the world and how to operate in it?

What do these children need from us if they are to heal and recover? How do they make that journey from isolation to connection? These children need an experience of profoundly healing relationships that provide physical and emotional care, attunement, safety, security, regulation, and limits and boundaries. This is what will lead them to learn self-regulation and enable the development of the capacity to “mentalise” or read others, to feel and express empathy and to have a conscience about their actions.

This provision of profoundly healing relationships is at the heart of the theoretical underpinning of Te Puna Whaiora's services and why we continue to advocate strongly for therapeutic residential care and education, together with family and network support. This form of group living and learning modelled on healthy relationships and adapted to the developmental needs of children and young people struggling with the effects of life trauma is the most effective treatment for healing their pain and learning to think positively about themselves and the world.

A number of years ago, we recognised our significant transformation from a health service to a social service and adopted social work as the professional framework that would underpin our practice. This was because being social workers would focus us on relationships and connection, centering our practice firmly in the social world and reducing any tendency to isolate and pathologise traumatised children. We welcome the move to require compulsory registration of social workers as we believe it will contribute to greater protection of our most isolated and vulnerable children and their families.

Our strategic focus on “growing our people” is focused on developing the professional workforce, in particular, preparing for compulsory registration of social workers; gathering new ideas from research and training, which are key to the quality and effectiveness of our therapeutic work; and restructuring our field social work teams in order to reduce caseloads and enhance therapeutic relationships between our staff and the children and families we serve. We have also been looking for opportunities to place our field social workers away from our facilities and better integrate them into local communities, where they can more intensively support the children, families and their networks to sustain healthy and hopeful connectedness.

Staff who work directly with children in the therapeutic community setting are provided with relevant training that offers a theoretical base for their therapeutic work and enhances their clinical judgement about the needs of the children and how best to meet those needs. We have also established the importance of enabling professional staff to enrol in ongoing academic study, thereby increasing expertise across the organisation and enhancing our ability to influence the sector’s response to traumatised children.

Along with the achievements of our core service, we continue our important on-going provision of our social worker in schools and field worker in schools services. In Christchurch, we recognise that the children and families we journey with have higher rates of pre-existing trauma-related mental health and psycho-social challenges and so are at greater risk of developing on-going problems following the



 **All** children shall have time to play and time to rest when we are tired.*

earthquake and its aftermath. For this reason, we continued to have two dedicated social workers working as part of the earthquake response team and to give priority to children and families in Christchurch.

Our Christchurch team has shown extraordinary courage and commitment to our vision and mission in an enormously challenging environment and are focused on achieving a permanent legacy of healing, improved coping skills, new learning and enhanced community linkages for children and families. They are doing this through the provision of practical problem-solving with families that enable them to maintain or restore safe, secure and stable home life for children by identifying real needs and linking children and families to community resources, disaster relief services and/or being part of the solution using our practical family support personnel. Educating and supporting families to develop their understanding of disaster reactions, how to manage on-going stress, how to restore routines and relationships and how to maintain physical and mental health has been paramount. Although we have no residential facility in Christchurch, the team is operating in over 70 schools and working in children's homes before and after school and at weekends providing much needed support to traumatised children and families using a range of respite options and offering a range of recovery and resiliency-building programmes such as Storm Birds, Seasons for Growth, Healthy Heroes and Family Return on Investment.

This year, we have also been working with our partners Child, Youth and Family trialling some new innovations designed to achieve lasting solutions to the needs of our most vulnerable children and their families, and we are pleased to report the trials are showing promise.

One trial responded to a need for a whole family approach when a family appear to have strong attachment to each other but have become so isolated and fearful that it appears no one can help and the only solution appears to be to place all the children in care. This trial involved providing support for the family using the therapeutic community model over a period of nearly 6 months. Their experience of group living and learning based on healthy relationships and adapted to the learning and developmental needs of the mother and her children did bring about significant changes in the development of family

relationships, behaviour and wellbeing of both mother and children, and although we were unable to prevent the children ultimately being placed in care, we did prove that the approach works and has enormous potential in cases such as this if we can intervene early enough.

The other trial was in response to an identified need for supporting families under stress due to the burden of care experienced with a child/young person who has a chronic health condition and/or mild to moderate disability. These families experience challenges in accessing appropriate support and respite services, and a number of families are being referred to or are self-referring to Child, Youth and Family for support and assistance as a result.

The aim of the service is to empower the family and reduce their stress levels with regard to caring for their child/young person. Provision of a recruited and trained volunteer “family friend” can provide support and also potentially become a long-term friend for the family.

The trial is on-going at this time and aims to build or create what happens in most extended natural

Allow us to say our own prayers in our own words, whether in churches or temples, synagogues or mosques, chapels or shrines or any other place a prayer may be said to our own God. And let us sing and dance and dress in the ways of our own people.*



family structures, with complex enduring relationships and a sense of belonging. It is not intended to be an on-going service that provides respite or therapeutic care. Rather, the project will act as an enabler to support a family to strengthen its connections, its competency and its independence. Feedback on this community development approach to meeting the needs of families and preventing the need for State intervention or care is really exciting, with stories of immediate impact on the wellbeing of all members of the family.

This government has launched a discussion paper to give people and communities a say on how New Zealand can protect abused, neglected and disadvantaged children. We would like to encourage everyone to get involved in the debate and make a submission on issues you feel strongly about. This is one way you can contribute to the healing of hurt minds and protecting our children from further abuse and neglect and the trauma that results from this.

Te Puna Whaiora plays a strong and successful role in this arena, and we hope to continue to bring greater understanding of the needs of our most isolated and vulnerable children and how to work successfully to protect and heal them.

Every day, I am inspired by our loving, compassionate and dedicated staff, Board, Kahui Kaumatua, partnering agencies and community organisations. My warmest thanks to you all for your incredible caring and commitment to the people we serve. It is a privilege to work with you. Together, we will continue to protect our children, heal hurt minds and create enduring recovery. Ko te herenga waka, he hakawhitiwhiti korero, he hakawhitiwhiti hakaaro, e uu ko te maramatanga. Where canoes are tethered together, dialogue is exchanged, thoughts are provoked, and enlightenment comes forth.

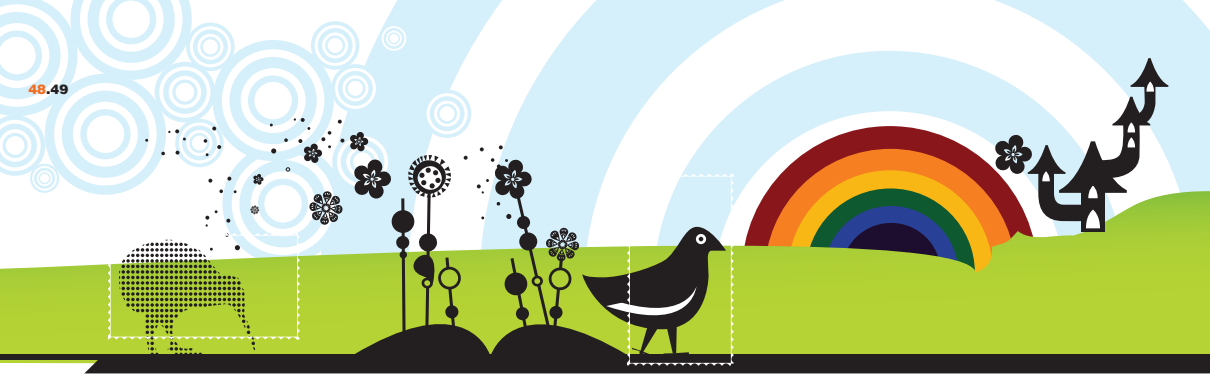


DR FIONA INKPEN
CHIEF EXECUTIVE

 **Do** your best to let everyone know that, wherever we are, wherever we are, wherever we are, wherever we are, wherever we live, these are the rights of every child.*



*Extracts from book **FOR EVERY CHILD** published by Red Fox in association with UNICEF 2002.



ENDANGERED SPECIES

Ten cents from each stamp goes to Te Puna Whaiora Children's Health Camps. To order call 04 472 0101.





SUMMARY FINANCIAL STATEMENTS

FINANCIAL STATEMENTS

for the year ending 30 June 2011

These summary financial statements were authorised for issue by the Foundation Board of Trustees on 5 September 2011.

Notes: To the readers of the summary financial statements of the New Zealand Foundation for Child and Family Health and Development.

The information in these summary financial statements has been extracted from the full financial statements authorised for issue by the Board of Trustees on 5 September 2011. The full financial statements were prepared in accordance with New Zealand generally accepted accounting practice. They comply with New Zealand equivalents to International Financial

Reporting Standards and other applicable Financial Reporting Standards, as appropriate for public benefit entities. The full financial statements were audited by Ernst & Young, and an unqualified opinion was issued on 5 September 2011. These summary financial statements have been examined by the auditor for consistency with the full financial statements and an unqualified opinion issued. The summary financial statements do not provide complete information and should be read in conjunction with the full financial statements, which can be obtained by contacting the New Zealand Foundation for Child and Family Health and Development – Te Puna Whaiora Children's Health Camps, PO Box 12 547, Wellington.



INDEPENDENT AUDITOR'S REPORT

To the Trustees of Children's Health Camps – The New Zealand Foundation for Child and Family Health and Development (the "Foundation").

The summary financial statements on pages 49 and 52 to 63, which comprise the summary statement of financial position as at 30 June 2011, the summary income statement, summary statement of comprehensive income, summary statement of changes in equity and summary cash flow statement for the year then ended, and related notes, are derived from the audited financial statements of the Foundation for the year ended 30 June 2011. We expressed an unmodified audit opinion on those financial statements in our report dated 5 September 2011. Those financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required for full financial statements under generally accepted accounting practice in New Zealand. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the Foundation.

This report is made solely to the Foundation's Trustees, as a body, in accordance with the Trust Deed. Our engagement has been undertaken so that we might state to the Foundation's Trustees those matters we are required to state to them in our report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Foundation and the Foundation's Trustees as a body, for our work, for this report, or for the opinions we have formed.

Trustees' Responsibilities

The Trustees are responsible for the preparation of summary financial statements in accordance with FRS-43 Summary Financial Statements.

Auditor's Responsibilities

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with International Standard on Auditing (New Zealand) (ISA(NZ)) 810 Engagements to Report on Summary Financial Statements.

Other than in our capacity as auditor, we have no relationship with, or interest in, the Foundation.

Partners and employees of our firm may deal with the Foundation on normal terms within the ordinary course of trading activities of the business of the Foundation.

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the Foundation for the year ended 30 June 2011 are consistent, in all material respects, with those financial statements, in accordance with FRS-43.

Ernst & Young

5 September 2011
WELLINGTON



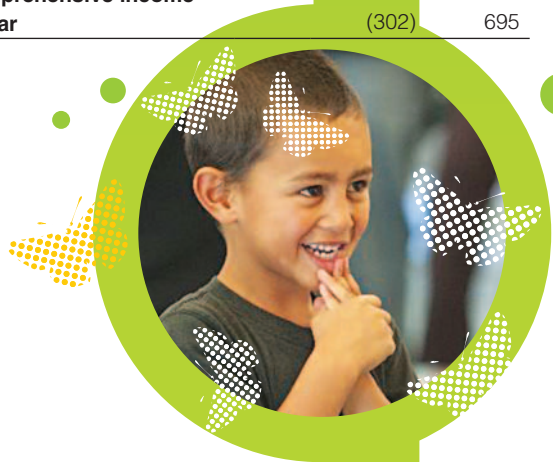
SUMMARY
INCOME
STATEMENT
FOR THE
YEAR ENDED
30 JUNE 2011

	NOTES	2011 \$'000	2010 \$'000
Income			
Contract with Ministry of Social Development		14,436	14,097
Other contracts		2,088	1,623
Other income		1,026	682
Realised/unrealised gain on investments		1,072	1,013
Realised/unrealised gain on derivatives		58	-
Total income		18,680	17,415
Less expenses			
Other expenses	3	18,072	17,464
Realised/unrealised loss on derivatives		-	31
Total expenses		18,072	17,495
Net profit/(loss)		608	(80)



SUMMARY
STATEMENT OF
COMPREHENSIVE
INCOME
FOR THE
YEAR ENDED
30 JUNE 2011

NOTES	2011 \$'000	2010 \$'000
Profit/(loss) for year	608	(80)
Other comprehensive income		
Revaluation gain/(loss) on land and buildings	(910)	775
Other comprehensive income for the year	(910)	775
Total comprehensive income for the year	(302)	695



SUMMARY
STATEMENT
OF CHANGES
IN EQUITY
FOR THE
YEAR ENDED
30 JUNE 2011

	RETAINED EARNINGS \$000	REVALUATION EARNINGS \$000	Total \$000
At 1 July 2010	22,478	17,630	40,108
Net profit/(loss)	608	-	608
Other comprehensive income	-	(910)	(910)
Total comprehensive income	608	(910)	(302)
Transfer of revaluation reserve to retained earnings	24	(24)	-
At 30 June 2011	23,110	16,696	39,806



SUMMARY
STATEMENT
OF CHANGES
IN EQUITY
FOR THE
YEAR ENDED
30 JUNE 2010

	RETAINED EARNINGS \$000	REVALUATION EARNINGS \$000	Total \$000
At 1 July 2009	22,156	17,257	39,413
Net profit/(loss)	(80)	-	(80)
Other comprehensive income	-	775	775
Total comprehensive income	(80)	775	695
Transfer of revaluation reserve to retained earnings	402	(402)	-
At 30 June 2010	22,478	17,630	40,108



SUMMARY
STATEMENT
OF FINANCIAL
POSITION
AS AT
30 JUNE 2011

	2011 \$'000	2010 \$'000
Current assets		
Cash and cash equivalents	702	627
Other current assets	385	500
Total current assets	1,087	1,127
Non-current assets		
Long-term investments	8,984	7,875
Property, plant and equipment	32,065	33,188
Intangible assets	145	186
Total non-current assets	41,194	41,249
Total assets	42,281	42,376





Less liabilities

Total current liabilities

Total non-current liabilities

Net assets

Represented by:

Revaluation reserves

Retained earnings

Total equity

2011
\$'000

2010
\$'000

2,475

2,268

-

-

39,806

40,108

16,696

17,630

23,110

22,478

39,806

40,108

For and on behalf of the Board of Trustees who authorised the issue of these summary financial statements on 5 September 2011.

WAYNE CHAPMAN
CHAIRMAN

DR FIONA INKPEN
CHIEF EXECUTIVE

SUMMARY
STATEMENT OF
CASH FLOWS
FOR THE
YEAR ENDED
30 JUNE 2011

	2011 \$'000	2010 \$'000
Cash flows from operating activities		
<i>Cash was provided from:</i>		
Contract income	16,598	15,704
Other income	1,028	656
	17,626	16,360
<i>Cash was applied to:</i>		
Payments to suppliers and employees	15,634	15,186
Other payments	454	104
	16,088	15,290
Net cash inflow/(outflow) from operating activities	1,538	1,070
Cash flows from investing activities		
<i>Cash was provided from:</i>		
Sale and maturity of long-term investments	-	3,100
Sale of property, plant and equipment	8	25
	8	3,125





	2011 \$000	2010 \$000
<i>Cash was applied to:</i>		
Purchase of property, plant and equipment	1,467	4,142
	1,467	4,142
Net cash outflow from investing activities	(1,459)	(1,017)
Cash flows from financing activities		
<i>Cash was applied to:</i>		
Finance lease repayments	4	7
Net cash outflow from financing activities	(4)	(7)
Net increase/(decrease) in cash held	75	46
Opening cash brought forward	627	581
Closing cash carried forward	702	627

NOTES TO THE FINANCIAL STATEMENTS

1. Reporting Entity

The summary financial statements presented here are for the reporting entity Children's Health Camps – The New Zealand Foundation for Child and Family Health and Development “the Foundation”, a Charitable Trust incorporated under the Charitable Trusts Act 1957.

2. Summary of Significant Accounting Policies

Current Year and Comparative Figures

The current reporting period is the 12 months from 1 July 2010 to 30 June 2011. Both the functional and presentation currency of the Foundation is New Zealand dollars (\$). All values are rounded to the nearest thousand dollars (\$000) unless otherwise stated.

Basis of Preparation

These are summary financial statements of the Foundation and comply with New Zealand FRS 43 and NZ generally accepted accounting practice as it relates to summary financial statements as appropriate for public benefit entities. The Financial statements have been prepared on a historical cost basis, except for land, buildings, derivatives and long-term investments, which have been measured at fair value.

Cash and Cash Equivalents

Cash and cash equivalents in the balance sheet comprise cash at bank and short-term deposits with a maturity of 3 months or less that are readily convertible to known amounts of cash and that are subject to an insignificant risk of changes in value.



Contract Income

Contract revenue is recognised and measured at the fair value of the consideration received or receivable to the extent it is probable that the economic benefits will flow to the Foundation and the revenue can be reliably measured.

Salaries and Wages

Gross salaries and wages payable to Foundation employees are recognised as expenses, with the deductions from the employees' salaries for board and lodgings separately recognised as revenue.

Property, Plant and Equipment

Land and buildings are measured at fair value based on periodic valuation as performed by external independent valuers, less accumulated depreciation on buildings. Valuations are performed at least triennially, but more periodically where there are indications that the value may have significantly changed since the last valuation.

Property, plant and equipment are recorded at historical cost, including costs directly attributable to bringing the asset to its working condition, less any accumulated depreciation and any accumulated impairment losses. Such cost includes the cost of replacing parts that are eligible for capitalisation when the cost of replacing the parts is incurred. All other repairs and maintenance are recognised in profit or loss as incurred.

Investments

Investments and financial assets in the scope of NZ IAS 39 Financial Instruments: Recognition and Measurement are categorised as either financial assets at fair value through profit or loss, loans and receivables, held-to-maturity investments or available-for-sale financial assets. The classification depends on the purpose for which the investments were acquired. Designation is re-evaluated at each financial year end, but there are restrictions on reclassifying to other categories.

The Foundation classifies its investments as financial assets at fair value through profit or loss at initial recognition. The fair value of a financial asset on initial recognition is normally the transaction price. Subsequent changes in fair value are taken to profit or loss as investment income or loss.

3. Total Expenses

	2011 \$000	2010 \$000
Staff related	12,342	11,548
Operating services and supplies	1,943	2,087
Other expenses	1,623	1,255
Loss on derecognition of assets	44	613
Administration costs	548	584
<i>Depreciation:</i>		
Buildings	727	671
Plant and equipment	213	189
Motor vehicles	344	265
Furniture and fittings	161	99
Computer equipment	127	147
Leased assets	-	6
Total depreciation	1,572	1,377
Total expenses	18,072	17,464

4. Related Party Transactions

The Foundation records that the following Trusts have been set up in whole or part to support the Children's Health Camp movement.

- The Children's Health Camps Charitable Trust (CHCCT).
- The Glenelg Children's Health Camp Charitable Trust (GHCCT).

The Trusts are related parties as some of the Trustees are also Foundation members and/or the Foundation was the principal settler of the relevant trust. No related party debts have been written off or forgiven during the year.

5. Capital Commitments

	2011 \$000	2010 \$000
Southern Hospitality	18	-
Parthia Records Management	10	-
	<hr/> 28	<hr/> -

6. Contingencies

There are no contingent liabilities as at 30 June 2011 (2010: nil).

THANK
YOU



Champions Club

Brian Shepherd – BCS Signs,
Gisborne

Children's Health Camps
Charitable Trust

Community Trust of
Wellington

D B Judds, Gisborne

Deb Bell

Dunedin Rotary Club

Glenelg Children's Health
Camps Charitable Trust

Heni Materoa Trust, Gisborne

Horticulture New Zealand

Leaderbrand, Gisborne

Lions Foundation, Rotorua

Mangatu Blocks
Incorporation, Gisborne

Masonic Lodges of the
Auckland District

Matrixx Consultants Ltd,
Tauranga

Microsoft New Zealand

New Zealand Post

NZ Lotteries Grant Board

Pak N Save, Gisborne

Potatoes New Zealand

Rotorua District Council

Rotorua Energy Charitable
Trust

Ruba Café, Gisborne

Salvation Army, Gisborne

Sky City Hamilton

Special Rigs for Special Kids

St Vincent de Paul, Gisborne

Tech Soup

The Bay Trust

The Canterbury Community
Trust

The Lion Foundation

The Southern Trust

Trust Waikato

Turners and Growers

Waiora @ Workplace,
Gisborne

Women's Institute, Gisborne

World Potato Congress



Friends Club

Bay City Boxing Club

Dunedin Rotary

Eastland Group, Gisborne

Enterprise Motor Group,
Gisborne

Fruit in Schools

Gillies Electrical, Gisborne

KickStar Breakfast

Lions Club of Whangarei

Lotteries Commission,
Northland

Nortec, Whangarei

NZ Refining Company

Plastic Box, Botany

Redwood Trust

Robin Wilkins

Save the Children NZ

Westpac Wellington

ZEALANDIA: The Karori
Sanctuary Experience



Supporters Club

Alexandra Primary School

Alexandra Red Cross

Alexandra Sub-branch of

Save the Children Fund

Alexandra Women's Institute
Craft Group

Alison Gilbert, Brookfields
Lawyers

Allanton Country Women's
Institute

AMO Kellar

Arthur Hensley Trust

Atlantis Backpackers

Awapuni Inner Wheel Club,
Palmerston North

B Bernard

B G & R B Ormiston

Bev Handisides

Bill Holden Landscapes,
Rotorua

Blockhouse Bay Garden
Club

Brunton Family

Catholic Women's League of
Our Lady Star of the Sea
Howick

Cavendish Carpets, Rotorua

Central Pharmacy, Rotorua

Christchurch South Lions

Cobblestone Charm, Rotorua

Craig & Liz Harper

Cromwell Branch Rural
Women New Zealand

Dave & Marie Kenchington
De Wit Family

Dennis Lowden, Kiwanis

E Reid

East Invercargill Rural
Women

Eastern Southland Machine
Knitters Club

EB Millton Trust

EDC Whangarei

Edna Smart

Elaine Nelson, Rotorua

Endeavour Community Trust

Eveline Women's Institute

Exquisite Total Image,
Rotorua

Farmers East Tamaki

Frucor Beverages Ltd

Gary & Sandra Coppard

Geoff Powell, Kiwanis

Gisborne Countdown

Gisborne Paper Plus

Goodmans Contractors
Limited

Graham & Kerry Russell

Grandparents Raising
Grandchildren, Rotorua

Grant & Debi Sowter

Grant and Cooke Surveyors,
Gisborne

Grasmere Women's Institute

Grassroots

Harvey Norman, Rotorua

Hazel Joll

Help 4 U

Howick Ladies Friendship
Club

Howick Trefoil Guild

Inner Wheel Club of
Pakuranga and Howick

Inner Wheel Club, New
Plymouth North

J G Matthews

J P & M M Garden

Jacqui & Malcolm Sherlaw

Janefield Women's Institute

Jo Pollock

John Ilott Community Trust

Kaitao Middle School

Kapiti Women's Institute,
Paraparaumu

AND YOU...

Kate Aitkinson

Kiwanis Clubs of the
Auckland District

KLM Joinery, Rotorua

Lions Club of Ashburton

Lions Club of Kapiti Pakeke
Inc.

Lions Foundation, Tokoroa

M Gibson & Family

Makarewa Lions Club

Mamaku Bark, Rotorua

Margaret and Huia Clarke
Trust Fund

Mark Hall, Gasmark

McPherson Consumer
Products, Auckland

Mike Steiner Interior
Designs, Rotorua

Miss A Van der Voort
Molyneux Aquatic Centre

Mrs Hazel Grant

Mrs Joyce Thwaites

Mrs Margaret Winsloe

Mrs Mary Cournane

Mrs Norma Warwick

Ngati Hine Health Trust

Nicola & Callum Murdoch

Otaki Women's Community
Club

Otautau Lions Club

Oxford Sporting Trust

Pak N Save Botany

Pakuranga's Fabulous
Volunteers

Parent and Family
Counseling

Pat Lawson

Peter & Ngaire Scott

Phyllis Barnett

Probus Clubs from the
Auckland District

Redwood Trust, Rotorua

Reynolds Family

Rotary Auckland District

Roxburgh Swimming Club

Royal Commonwealth
Society Canterbury Ltd

Shade Makers

Sir John Logan Campbell
Residuary Estate

Southern Light Community
Centre

Southland Area Machine
Knitting Society

St Andrews Women's
Church

St Marks Church Opawa

St Martins Presbyterian
Church

Steph, Pete and Navahoe

Sunshine Rotary Club,
Whangarei

Taieri Spinners and Weavers

Taupo Quilters

Te Runanga o Ngati Porou,
Gisborne

Ted Grandi Estate

The Church of the Latter
Day Saints, Kensington

The Eric Hathaway
Bridgman Trust

The Jesze Family

The Pakuranga Lodge 416

The Wednesday Bike Boys

Times Newspaper Howick
and Pakuranga

Tomahawk Country
Women's Institute

Town and Country Quilters
Group, Levin

Trees For Canterbury

TriEx Workplace Health and
Safety

Trotak, Gisborne

Urban Green, Limited,
Rotorua

Variety Bash, Northland

Variety Bash, Northland

Variety Club, Auckland

Viscount Plastics
Christchurch

Waiariki Institute of
Technology

Waikanae Country Women's
Institute

Waikanae Lions Club

Wainakarua Women's Institute
Wellington Central Women's Institute
West Otago Lions Club
Whangarei Federation of Women's Institutes
Whangarei Rotary Club
Whitcoulls, Auckland
Whitcoulls, Rotorua
Whitford Women's Institute
Women's Institute, Matamata
Women's Institute, Rotorua
Woolston Craft Group



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Air New Zealand
ASB
Bank of New Zealand
Barnardos
Bidvest

Breaden McCardle Chubb
Bruce Cottrill
Buster Curson
Capet Holdings
Child Matters
CNZN Limited
Colliers International (Christchurch) Ltd
Comfort Hotel Wellington
Connect NZ Limited
cpi® Crisis Prevention Institute, Inc., USA
CSC Buying Group
David Patten
DELL
Dobbins Office Furniture Ltd
Employers Chamber of Commerce Central
Enabling NZ Ltd
Ernst & Young
Family ROI, USA
Fonterra
GEON Group
Good Grief, Australia
Graeme Horsley Limited
GSB Supply Corp

Harrison Grierson Consultants Ltd, Christchurch
Hertz Rent a Car Ltd
Horticulture New Zealand
Hui Cleaning
Insight
Iron Mountain
Izard Weston
Kapiti District Council
Kiwi Express
Lake Roxburgh Lodge
LeasePlan
Loo & Moore
Marsh Insurance
Matthew F McClelland
National Resource Centre for Youth Services (University of Oklahoma)
NeedANerd
New Zealand Couriers
Office Max
Office of the Commissioner for Children
OnePath
Profile Global Ltd

Programmed Property Services
PSA
Quality Bakers
Quality Hotel Wellington
Reclaiming Youth International, USA
Render-Vue
Ricoh
Seasons for Growth NZ National Network
Senate Communications Counsel
Southern Cross
Southern Hospitality
Talent Propeller
Taxi Charge NZ Ltd
Team Network
Telecom
The Families Commission
The Office of the Children's Commissioner
The Urban Lounge
Ventura Motor Inn Rotorua
Watts & Hughes
Welman Technologies Ltd
Westpac

Te Puna Whaiora Services

NGA MIHI MO TO MANAAKITANGA MAI

NATIONAL OFFICE

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230 THORNDON QUAY

WELLINGTON

NEW ZEALAND

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MĀUNU WHANGĀREI.....09 . 437.9050

PAKURANGA AUCKLAND.....09 . 534.4017

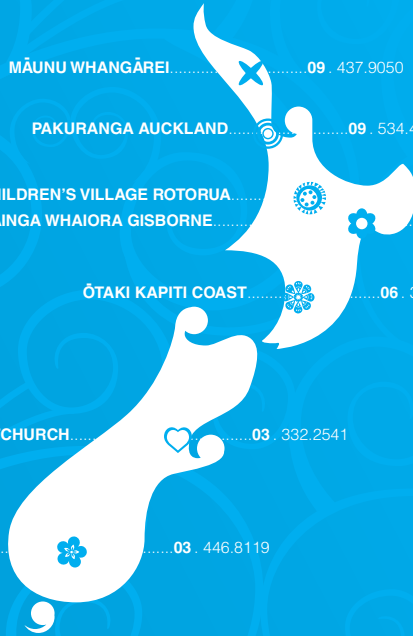
CHILDREN'S VILLAGE ROTORUA.....07 . 345.9097

TE KĀINGA WHAIORA GISBORNE.....06 . 867.5614

ŌTAKI KAPITI COAST.....06 . 364.8069

TE PUNA WHAIORA CHRISTCHURCH.....03 . 332.2541

ROXBURGH OTAGO.....03 . 446.8119



EVERY ONE OF
US HAS THE
POWER TO
HEAL A HURT
MIND.



Te Puna Whaiora
CHILDREN'S HEALTH CAMPS

THE NEW ZEALAND FOUNDATION FOR
CHILD AND FAMILY HEALTH AND DEVELOPMENT