

## Epuni Care and Protection Residence

### OPCAT Monitoring Report

Visit date: 16-18 April 2024

Report date: July 2024



# Kia kuru pounamu te rongo

## All mokopuna\* live their best lives

- \* Drawing from the wisdom of Te Ao Māori, we have adopted the term mokopuna to describe all children and young people we advocate for, aged under 18 years of age in Aotearoa New Zealand. This acknowledges the special status held by mokopuna in their families, whānau, hapū and iwi and reflects that in all we do. Referring to the people we advocate for as mokopuna draws them closer to us and reminds us that who they are, and where they come from matters for their identity, belonging and well-being, at every stage of their lives.



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# Introduction

## The role of Mana Mokopuna – Children and Young People’s Commission

Mana Mokopuna - Children and Young People’s Commission (Mana Mokopuna) is an independent advocate for all children and young people (mokopuna) under the age of 18 and for those who are care-experienced, up to the age of 25. Mana Mokopuna advocates for children’s rights to be recognised and upheld, provides advice and guidance to government and other agencies, advocates for system-level changes, and ensures children’s voices are heard in decisions that affect them.

Our organisation is a designated National Preventive Mechanism (NPM) as per the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman, Degrading Treatment or Punishment (OPCAT).

The New Zealand legislation relating to OPCAT is contained in the Crimes of Torture Act (1989). The role of the NPM function at Mana Mokopuna is to visit places where mokopuna are detained:

- Examine the conditions and treatment of mokopuna.
- Identify any improvements required or problems needing to be addressed.
- Make recommendations aimed at strengthening protections, improving treatment and conditions, and preventing ill-treatment.

### About this visit

Mana Mokopuna conducted an unannounced visit to Eponi Care and Protection Residence (Eponi) on 16-18 April 2024 as part of its NPM monitoring visit programme. The objective of our OPCAT Monitoring as a NPM is to prevent ill-treatment in all places where mokopuna are deprived of their liberty by regularly monitoring and assessing the standard of care experienced in these facilities.

### About this report

This report shares the findings from the monitoring visit and recommends actions to address any issues identified. The report outlines the quality of mokopuna experience at the facility and provides evidence of the findings based on information gathered before, during, and after the visit.



## About this facility

<b>Facility Name:</b>	Epuni Care and Protection Residence, operated by Oranga Tamariki
<b>Region:</b>	Te Whanganui-a-Tara (Wellington)
<b>Operating capacity:</b>	<p>20 bed capacity - the maximum capacity at Epuni is 20 beds, with a current maximum safe operating capacity of up to 15 beds.</p> <p>Epuni is made up of two units that house both tāne and wāhine together. These units contain bedrooms, bathrooms, a dining area, kitchen, television room, courtyards and rooms for mokopuna to regulate their behaviour and have phone calls. There is an additional area designated for Secure Care.</p> <p>There were 8 mokopuna on-site at the time of the visit.</p>
<b>Status under which mokopuna are detained:</b> Sections 78 and 101, Oranga Tamariki Act 1989, orders under the Care of Children Act 2004.	

At the outset of this report, Mana Mokopuna – Children and Young People’s Commission acknowledges the historic abuse of mokopuna which has occurred at Epuni as substantiated through the proceedings of the Royal Commission of Inquiry into Abuse in Care and Faith-based Care. We acknowledge the mokopuna who have been victims of this past trauma and harm experienced at Epuni and its lifelong repercussions on their wellbeing.

Mana Mokopuna is very mindful that the current Epuni Care and Protection Residence remains on the site of the original Epuni home. Both whānau and kaimahi Māori shared with Mana Mokopuna the impact intergenerational trauma has had on them, either working at the facility or when whānau who have experience themselves of living at Epuni, visit their mokopuna currently residing at the facility. Mana Mokopuna acknowledges the reflections shared with us through this most recent monitoring visit.

## Key Findings

Mana Mokopuna found no evidence of cruel, inhumane, degrading treatment or punishment (ill-treatment) during the visit to Epuni. However, Epuni is in need of an urgent ‘reset’ to allow time for the changes identified in this report to be made and therefore improve mokopuna experiences at the residence.

On arrival, Mana Mokopuna was met by the acting residence manger. This manager had been in the role for three weeks and described the residence as being in a state of transition. There had been a high kaimahi turnover since the 2023 visit, which had been unsettling for the few kaimahi remaining in the residence. The acting manager has a mandate to build capability across the leadership team at Epuni and put in place a plan to address practice fundamentals, workplace culture, and to support the process of recruiting more kaimahi. Kaimahi said they



were feeling optimistic about the upcoming changes and hoped they could be maintained, as the working conditions kaimahi experienced in the years prior had been less than ideal.

The recommendation Mana Mokopuna made to Oranga Tamariki immediately following the monitoring visit was to halt admissions into Epuni to give kaimahi the chance to reset, retrain, and re-energise, with a focus on the care and safety of mokopuna. Oranga Tamariki acted swiftly on this recommendation and put a plan in place to address initial concerns raised by the Mana Mokopuna. The concerns that led to Mana Mokopuna making this immediate recommendation are formally documented in this report.

### **Areas of concern:**

- There was a lack of consistent leadership which has contributed to a poor workplace culture. Some kaimahi are hopeful the leadership team can promote positive change to the working environment.
- Staffing issues were in a critical state, with a number of kaimahi working long or double shifts to cover a staffing shortfall. Some kaimahi shared examples of leave applications being declined and kaimahi said they feel the pressure to come into work when they are sick.
- Supervision and wellbeing support for kaimahi was not prioritised and kaimahi are struggling with burn-out.
- Kaimahi lack specialist training to care for mokopuna with very high and complex needs. Kaimahi want training in how to work with mokopuna with neurodiversity and mental health challenges.
- The practice by some kaimahi has the potential to lead to harm. Examples included:
  - A default by some kaimahi to punitive practice measures such as secure care. Secure care was used regularly at Epuni. Between August 2023 and March 2024 there were over 190 admissions into secure care.<sup>1</sup> A large proportion of these admissions related to mokopuna harming each other or harming/ attempting to harm kaimahi.
  - Record keeping was sub-standard evidenced by not noting the legal grounds for admission into secure care, a lack of detail in incident reporting, and little to no use of force review documentation.
  - Verbal sexualised behaviour was going unaddressed by some kaimahi. This included comments made towards female kaimahi and female mokopuna by male mokopuna.

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<sup>1</sup> Information obtained from Epuni residence during the on-site visit.



- There was a lack of line of sight between kaimahi and mokopuna. Mokopuna assaulting each other was a frequent occurrence.
- Mokopuna were not always aware that they were being placed into Epuni or that it was a secure care facility. This is concerning, as mokopuna are not having a say in decisions that affect them.
- Mokopuna had not been engaged in a full day of education during the school week for some time due to safety concerns from teachers and a relationship breakdown between Oranga Tamariki and the Central Regional Health School.
- The basic health needs of mokopuna were not always being met. Examples include:
  - Mokopuna were not always receiving medical attention when they were hurt. Mana Mokopuna was provided with information of mokopuna not receiving head injury checks at hospital promptly, and of a mokopuna only receiving medical attention once a nurse arrived on-site and after mokopuna complained of pain following a restraint. A mokopuna needed to go to the hospital following this incident.
  - Errors with medication were occurring regularly which included mokopuna not receiving prescribed medication at all or on time.
  - Kaimahi outlined issues with infection control, which can cause conditions such as scabies to, at times, spread between mokopuna.
  - There was a lack of cohesion relating to assessments and accessing up to date medical information for mokopuna. This is an issue especially for mokopuna from outside of the Wellington area.

#### **Areas of opportunity:**

- Whānau contact was prioritised and the Epuni leadership team go out of their way to support whānau visiting their mokopuna.
- There is further opportunity to connect and strengthen relationships with Te Āti Awa, embed tikanga, te reo Māori and mātauranga Māori into everyday operations, and incorporate kaupapa Māori based programmes for mokopuna.
- At the time of the visit there was a pilot to improve the residence grievance system. This involved mokopuna being able to record their complaint as a voicemail to a pre-programmed phone number, rather than using a paper-based method.
- Mokopuna had good access to independent advocates.



## Recommendations

### 2024 Systemic and National Office focused Recommendations

As a result of the findings of our OPCAT monitoring visit in April 2024, Mana Mokopuna makes the following recommendations:

	Recommendation
1	Urgently cease new admissions into the residence to allow kaimahi time to train and reset the residence culture. (This recommendation was made immediately to Oranga Tamariki in April 2024).
2	Establish a plan that outlines tangible actions with timeframes to focus on during the residence reset. Core areas of work are to develop a therapeutic, trauma-informed model of care and ensure mokopuna are safe in the residence.
3	Target the recruitment of new kaimahi by prioritising applicants that are qualified in either social work or have relevant youth-centred experience, in order to build a therapeutically focused workforce.
4	Ensure national training packages include (in addition to the current content) the day-to-day fundamentals of working with mokopuna in residence such as managing behaviours, note taking, incident reporting, and medication dispensation.
5	Review the infection control policy to ensure it is being followed by all kaimahi working in residences.
6	Urgently review the agreement between the Ministry of Education, Oranga Tamariki and the Central Regional Health School to ensure mokopuna have full access to a comprehensive education whilst at Eponi residence.
7	Work with Health New Zealand Te Whatu Ora to develop a model of care and referral process that is prompt and comprehensive to meet all health needs of mokopuna in residences.

### 2024 Facility Recommendations

	Recommendation
1	Reinstate leadership team meetings that focus on connection and re-setting the workplace culture with a focus on mokopuna care and safety.
2	Ensure kaimahi have access to professional clinical and cultural supervision, with time to attend during their shift.
3	Provide training refreshers to all kaimahi that include kaupapa such as keeping line of sight, grounds for secure care admission, incident reporting and the fundamentals of





	Recommendation
	building relationships with mokopuna including those with very high and complex needs.
4	Conduct a review of the use of Secure Care within the residence. In particular the grounds cited for admission and the use of Regulation 48 of the Residential Care Regulations <sup>2</sup> .
5	Continue to build and strengthen the relationship with Te Āti Awa and work together to improve outcomes for mokopuna and whānau Māori.

## Concluding Observations from the United Nations

In February 2023, the United Nations Committee on the Rights of the Child ('the UN Committee') released its Concluding Observations<sup>3</sup> for New Zealand's sixth periodic review on its implementation of the Children's Convention<sup>4</sup> and how the Government is protecting and advancing the rights of mokopuna in Aotearoa New Zealand.

In August 2023, the United Nations Committee Against Torture also released Concluding Observations<sup>5</sup> for New Zealand's seventh periodic review regarding the implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment<sup>6</sup>.

Many of the recommendations from both sets of Concluding Observations are directly relevant to aspects of treatment experienced by mokopuna at Epuni which Mana Mokopuna has found during this monitoring visit in April 2024. Where relevant, these are highlighted throughout the body of the report.

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<sup>2</sup> [Oranga Tamariki \(Residential Care\) Regulations 1996 \(SR 1996/354\) \(as at 01 July 2023\) 48 Confinement to rooms of children and young persons in secure care – New Zealand Legislation](#)

<sup>3</sup> Refer CRC/C/NZL/CO/6 [G2302344 \(3\).pdf](#)

<sup>4</sup> [Convention on the Rights of the Child | OHCHR](#)

<sup>5</sup> Refer CAT/C/NZL/CO/7 [G2315464.pdf](#)

<sup>6</sup> [Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment | OHCHR](#)



## Report findings by domain

### Personnel

This domain focuses on the relationships between staff and mokopuna, and the recruitment, training, support and supervision offered to the staff team. In order for facilities to provide therapeutic care and a safe environment for mokopuna, staff must be highly skilled, trained and supported.

#### Staffing levels are critical and mokopuna care is impacted.

Epuni operates two units within the residence, with one full shift team consisting of four kaimahi per unit. Kaimahi told Mana Mokopuna that the minimum kaimahi to mokopuna ratios are regularly not met, and the number of kaimahi available to work during the allocated shifts is an issue. Mana Mokopuna found this information to be consistent with shift note documentation in the unit logbooks, with records showing there were at times only two staff members allocated to each unit. This issue was also identified by the acting residence manager, who in their first week in the new role needed to support an understaffed shift and help make up the four-person team required.

The lack of appropriate staffing numbers impacts on the care mokopuna receive on a day-to-day basis. Kaimahi said it was difficult for shift teams to plan, prepare, and implement aspects of the daily routine, such as meaningful activities during the day, off-site programmes, or to spend enough quality time with mokopuna on a one-on-one basis. Many kaimahi expressed that these are ways they can best support mokopuna towards positive outcomes, however they simply do not have the ability to work in this way a lot of the time due to the critical staffing levels.

Kaimahi regularly extend their work hours to longer shifts or work double shifts to help mitigate staffing shortages. Kaimahi said there is an unfair expectation that they will work these extra hours and, in some cases, feel pressured to work even when they are unwell and should be using sick leave.

Working long hours and multiple back-to-back shifts negatively impacts on individual kaimahi wellbeing as the workload fatigue builds up and results in burnout. Working in this way is not a sustainable solution or safe for mokopuna, kaimahi, or for the wider operation of the Epuni residence. Kaimahi told Mana Mokopuna that kaimahi are feeling burnt, out which leads to good kaimahi looking for new employment opportunities with better working conditions.

*"We are losing good staff because they are getting tired."  
(Kaimahi)*



## Recruitment needs to be a priority and targeted to attract high quality kaimahi.

Mana Mokopuna recognises that the recruitment strategy for Epuni is driven centrally by Oranga Tamariki National Office. Many kaimahi spoke to barriers in this process which have a direct impact on the residence operations. These included significant wait periods for police checks and vetting, as well as reference checks for new applicants, which anecdotally were taking up to eight weeks to complete. Due to these delays, kaimahi gave examples of prospective kaimahi withdrawing applications as they found employment elsewhere before the Oranga Tamariki recruitment process was complete. Many kaimahi said the residence is losing the opportunity to employ experienced workers due to the current recruitment process.

Kaimahi who Mana Mokopuna spoke with also highlighted the numerous vacancies<sup>7</sup> which had not been filled for some time. Kaimahi explained there is only a small pool of contingency kaimahi and this is not sufficient to cover annual leave, unforeseen sickness, or whānau related leave such as tangihanga (traditional Māori funeral). Mana Mokopuna was also given examples of kaimahi not turning up for shifts with no communication or rationale given to their team leaders. This was a significant contributor to the overall staffing issue at the residence.

Some kaimahi said that the struggles with staffing resulted in substandard care for mokopuna. Multiple kaimahi said that contingency kaimahi did not have the specialised training or skills to work with very high and complex need mokopuna, and that the generally low numbers of permanent kaimahi was having a significant impact on the consistency and stability of care experienced by mokopuna living at Epuni.

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Mokopuna are entitled to a high standard of care.<sup>8</sup> The relationship between staff and mokopuna should always be professional and be focused on the well-being, culture, and needs of mokopuna residing in the facility.<sup>9</sup> Due to insufficient staffing levels, Epuni kaimahi are not always able to provide mokopuna with the level of care to match their individual needs.

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## The leadership team had worked in silos which led to a lack of transparency and accountability.

Mana Mokopuna was told about the inconsistency and disconnection within the leadership team at Epuni. Concerns were raised by kaimahi to the leadership team regarding a lack of

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<sup>7</sup> At the time of the visit there were 22 vacancies for Epuni.

<sup>8</sup>[Oranga Tamariki \(Residential Care\) Regulations 1996 \(SR 1996/354\) \(as at 01 July 2023\) 3 Right to professional and planned standards of care – New Zealand Legislation](#)

<sup>9</sup>[Oranga Tamariki \(Residential Care\) Regulations 1996 \(SR 1996/354\) \(as at 01 July 2023\) 3 Right to professional and planned standards of care – New Zealand Legislation](#)



accountability and transparency as well as a lack of clarity of roles and responsibilities across all operational levels of the residence. A lack of action to address these concerns has led to kaimahi working in isolation or in siloes and has created an unhealthy work environment and culture. This culture is well embedded and will take some time to address. There was still a clear division in the leadership team with reports that some kaimahi were taking time to adapt to a new acting manager.

Mana Mokopuna spoke with the various leadership team members who shared that the leadership roopu had not met for over five months, and that this had only been re-activated since the acting manager had arrived. Individual hui with leadership team members and the acting manager had also been set up in an attempt to reconnect and re-energise the team. Some kaimahi expressed hope with this reinvigorated approach because they had found themselves working in isolation, and in some cases, creating their own work programmes without direction. Multiple kaimahi across all residence operations said isolation and disconnection within the wider leadership group had caused tension, not only at management levels, but between managers and kaimahi working directly with mokopuna. This has created uncertainty in the clarity of roles, responsibilities, and functions for all kaimahi working in the residence.

Kaimahi shared frustration around the lack of clarity and leadership from their leadership team, outlining historic inconsistencies in direction, processes not being followed, and issues being raised with no resolution or outcome. Multiple kaimahi also spoke about perceived favouritism between some of the leadership team and some kaimahi, resulting in the belief that some kaimahi are treated differently. This has led to an unhealthy team culture across the residence and an identified challenge for the current acting manager to resolve.

Mana Mokopuna sees there is an opportunity to develop a cohesive leadership team with a collective goal and purpose due to the new energy and approach being introduced by the current management team. Creating a positive work environment should help to support the establishment of good practice and care for mokopuna living at Epuni and improve the ability to support positive outcomes for mokopuna to prepare them for a return home.

## The establishment of wellbeing support and supervision for all kaimahi is necessary for a culture reset.

Kaimahi work alongside mokopuna who present a range of high and very complex care needs, which includes those with youth justice involvement (despite Epuni being a Care and Protection residence not a Youth Justice residence). This includes mokopuna who are in need of care and protection as defined under s14(1)(e) of the Oranga Tamariki Act 1989<sup>10</sup> and Mana Mokopuna were advised there were some mokopuna in the facility at the time of the visit who

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<sup>10</sup> This definition under s14(1)(e) applies to mokopuna between 10 and 14 who have committed offences of a sufficient number, nature or magnitude to cause concern for their wellbeing.



had appeared in the Youth Court and were on various status of bail or remand.<sup>11</sup> Some kaimahi told Mana Mokopuna they are not equipped to deal with the needs of some mokopuna who are living within Epuni. When this is coupled with kaimahi fatigue and burn out, it is creating an unsafe environment for both mokopuna and kaimahi. Kaimahi stressed the unsafe environment related to not only physical safety, but also their own mental wellbeing. Kaimahi said some days it's just about "getting through shifts without incidents" and acknowledged this is not a good mindset to have.

Kaimahi shared that their wellbeing impacted on their sense of morale and that at times they felt hopeless as well as unsupported and undervalued by their previous management team. Most kaimahi who spoke with Mana Mokopuna knew how to access counselling and support through the Employee Assistance Programme (EAP),<sup>12</sup> but said they have little chance to access the support when working long shifts and navigating time with their own whānau. Kaimahi said they did not have the ability to attend professional or cultural supervision whilst on shift.

Professional supervision is critical to maintaining practice standards and a high-quality service for mokopuna. It can help translate and embed new knowledge into operations and provide a solid platform from which to grow practitioners' skills, abilities and ethical understanding within their profession.<sup>13</sup> At the time of the monitoring visit, kaimahi at Epuni did not have the ability to develop their thinking and strategies for working with mokopuna or look after their own wellbeing. This is contributing to a stagnant and under-performing workforce, who as one kaimahi said, are "in survival mode". This is filtering down to mokopuna care experiences as units were often unsettled and dysregulated because many kaimahi did not have the motivation and energy levels to re-direct behaviours before they escalated.

Mana Mokopuna recommends that kaimahi supervision is prioritised and there is allocated time during shifts for this to occur on a regular basis.

## Kaimahi training needs to be appropriate, intensive, and a priority to lift practice standards.

Many kaimahi Mana Mokopuna spoke with reiterated that kaimahi across all areas of operations lack experience, with many having under two years' experience working at Epuni and little prior experience working with mokopuna. Many new kaimahi rely on more experienced kaimahi to role model good practice and to show them how to de-escalate and re-direct mokopuna behaviours. However, the more experienced kaimahi are burnt out and not able to fulfil this role. Due to this lack of direction, kaimahi said the simple tasks that aren't covered in their induction training like note taking, accurate recording, programme planning,

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<sup>11</sup> Some mokopuna in Epuni at the time of the visit were on s238(1)(b) and s238(1)(d) statuses and had appeared in the Youth Court. They were at Epuni pending outcomes of the FCG and Court proceedings.

<sup>12</sup> [EAP Services Limited](#)

<sup>13</sup> [What Is Professional Supervision? It's Positive & Enabling \(xn--khuvision-5bb.co.nz\)](#)



or working pro-actively with mokopuna are not being done and new kaimahi have to find their own way. Kaimahi also said training in specialist topics such as neurodiversity and adolescent mental health is becoming a critical need and this is currently a major knowledge gap for kaimahi working at Epuni. Kaimahi said the new kaimahi often struggle to connect with mokopuna and as one explained, if kaimahi cannot connect with mokopuna, it becomes very hard to set boundaries and limits with them. Kaimahi said most kaimahi mean well and try and do the right thing by mokopuna, but that good intentions alone are not enough to keep themselves and mokopuna safe or meet the often high and very complex needs of mokopuna in Epuni.

*“Kaimahi need to understand [conditions like] FASD<sup>14</sup> so they can understand the whakapapa of behaviour.”*

*(Kaimahi)*

Mana Mokopuna saw some on-site training occurring during the visit. Training is scheduled every Tuesday and consists of a facilitated training and an overview of activity programmes with the Programme Co-ordinator. The training at the time of the visit was conducted by the Training Coordinator, who was delivering a three-day onboarding training for permanent and casual kaimahi. Training included topics on the National Care Standards, children’s rights, safety, and practical aspects of working in the units with mokopuna.

Mana Mokopuna was also told that there is a plan being led by Oranga Tamariki National Office to temporarily reduce the number of mokopuna living at Epuni to allow one of the units to be a dedicated training facilitation space. Dedicated training for all kaimahi, whether they are new or experienced, will help with the practice and culture reset required for this residence. It is essential that training is appropriate in focus to equip kaimahi to meet mokopuna needs and that it is sustained over time to lift practice standards.

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<sup>14</sup> Foetal Alcohol Spectrum Disorder.



## Treatment

This domain focuses on any allegations of torture or ill-treatment, use of seclusion, use of restraint and use of force. We also examine models of therapeutic care provided to mokopuna to understand their experience.

### Staff practice lacks consistency and sometimes compromises safety.

Mana Mokopuna found most kaimahi working at Epuni were genuinely passionate about caring for mokopuna. Mana Mokopuna observed some good practice, however this was not consistent across all teams, with some kaimahi displaying concerning behaviour and sub-standard practice.

Mana Mokopuna spoke with kaimahi who had varying years of experience, who shared it was not uncommon for new kaimahi working with mokopuna to have little to no experience working with youth generally, but particularly those with very high and complex needs.

Kaimahi outlined poor practice was occurring within Epuni such as:

- Some kaimahi lack the ability to connect with mokopuna in their care and default to punitive practice, resulting in high rates of secure care admissions.
- Record keeping was substandard with kaimahi outlining a lack of rationale for secure care admission as a particular concern. Kaimahi said that often the legal grounds for the admissions are not clear and there have been cases where mokopuna names on letters to lawyers and whānau (advising of the admission into secure care) had not been edited and were incorrect. Mana Mokopuna also noted a lack of detail regarding the legal grounds for admissions in the secure care register.
- Incident reporting was sometimes inaccurate. There was concern from many kaimahi that incidents are under-reported due to a lack of training around completing documentation. This includes not always completing use of force reviews that should always occur after restraint holds have been used on mokopuna.
- There had been two recent incidents of excessive use of force by kaimahi on mokopuna that required Human Resources intervention. Mana Mokopuna requested to review use of force documentation, however, was not provided with this information during or after the visit.
- There were regular medication errors, including missed doses of prescribed medications and a lack of a second signatory on medicine records.
- A lack of line of sight between kaimahi and mokopuna, which was putting mokopuna at risk of harm. This is difficult to achieve when there are only two kaimahi on shift and the ratio of kaimahi to mokopuna was sometimes two kaimahi to seven mokopuna.





- Kaimahi not addressing sexualised comments made by mokopuna towards female mokopuna and female kaimahi. Kaimahi also detailed occasions where mokopuna were allowed to walk around common areas of their unit in just their underwear or a towel.
- Kaimahi trying to be friends with mokopuna and not addressing negative behaviours to enable, as one kaimahi said, an “easy shift”.

Inconsistent expectations and treatment across shift teams is contributing to mokopuna becoming heightened, as expectations and treatment of them keep changing depending on the kaimahi on shift.

## Secure Care is used regularly at Epuni.

The isolation and seclusion of mokopuna goes against their human rights.<sup>15</sup> There is strong international advocacy for the seclusion of all mokopuna in all settings to cease immediately. International research<sup>16</sup> labels the seclusion of mokopuna as harmful and a practice the New Zealand government has been questioned about during numerous formal reviews by various United Nations treaty bodies. Mana Mokopuna supports zero seclusion practices.

The Committee against Torture, the Subcommittee on the Prevention of Torture and the Committee on the Rights of the Child note that the imposition of solitary confinement, of any duration, on children constitutes cruel, inhuman or degrading treatment or punishment or even torture.<sup>17</sup>

The Concluding Observations released by the United Nations Committee Against Torture on 26 July 2023 recommends New Zealand should immediately end the practice of solitary confinement for children in detention.<sup>18</sup>



*Bedroom and common area in secure care*

Kaimahi shared that the lead up to Christmas 2023 was a very stressful time in the residence due to the staffing shortage and the impending holiday season. Secure care admissions data

<sup>15</sup> A/ HRC/28/68, para 44

<sup>16</sup> Examples include: [Seclusion - an overview | ScienceDirect Topics](#), Nowak, M. (2019). *The United Nations global study on children deprived of liberty- online version*. United Nations, Hales, H., White, O., Deshpande, M., & Kingsley, D. (2018). Use of solitary confinement in children and young people. *Crim. Behav. & Mental Health*, 28, 443.

<sup>17</sup> A/ HRC/28/68, para 44

<sup>18</sup> CAT/C/NZL/CO/7 para 38(h)





from August 2023 to March 2024 detail over 190 admissions into secure care.<sup>19</sup> Around 65% of these admissions occurred between December 2023 and March 2024. A large proportion of the admissions related to mokopuna harming each other or harming/ attempting to harm kaimahi. In addition to the secure care admissions, individual mokopuna were confined regularly to their bedrooms and were only allowed to come out on strict rotation timeframes.<sup>20</sup> Many mokopuna spent multiple hours (cumulative total time over the month) alone confined to their bedrooms whilst in secure care.<sup>21</sup> During August and September 2023 the average length of time mokopuna spent confined to their room, which may span multiple admissions into secure care, was over 250 total minutes per mokopuna. December 2023 had an average over 350 total minutes per mokopuna.

## Mokopuna relationships with each other can be strained.

Mana Mokopuna observed mokopuna interactions with each other in the units. There were instances of hostile behaviour and bullying of one another, which sometimes escalated into verbal altercations and Mana Mokopuna witness an occasion when a verbal altercation occurred between two mokopuna, which escalated with mokopuna trying to physically fight each other. There were instances where some kaimahi de-escalated situations quickly and intervened appropriately to keep mokopuna safe, however, there were also other occasions when there was minimal intervention from kaimahi to prevent situations from escalating resulting in mokopuna being verbally bullied by others. Examples of this observed on the visit involved a mokopuna being bullied about their weight who then chose to have meals in their room. On another occasion mokopuna were heard discussing and making fun of the personal hygiene of another mokopuna.

Kaimahi said that when they have fully staffed shifts, there is more opportunity to de-escalate behaviours positively by using the outside courtyards, one-on-one engagements, and the gym. However, some kaimahi were able to link staffing struggles with escalated mokopuna behaviours and the regular use of secure care employed by kaimahi during those times.

## The residence reset needs to focus on establishing a therapeutic model of care.

There are good examples of therapeutic models of care already embedded in a care settings in New Zealand. Mana Mokopuna recommends Epuni investigate the therapeutic model of care currently operating at Puketai Care and Protection residence and then utilise in-house kaimahi experience to develop a model that can be adapted for Epuni. Puketai uses the

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<sup>19</sup> Data obtained from Epuni residence on the visit.

<sup>20</sup> Regulation 48 Residential Care Regulations 1996.

<sup>21</sup> Data obtained from Epuni residence during the on-site visit. August 2023 – January 2024 Epuni monthly data reporting.



Relational Learning Framework<sup>22</sup> model, and has on-site access to occupational therapists, and behaviour management and social work specialists, which if used in Epuni, could help to turn the residence around and support the development of an environment that positively supports mokopuna and empowers their whānau.

Some kaimahi in Epuni could demonstrate elements of trauma-informed and therapeutically based ways of working with mokopuna. This included reacting quickly to escalating behaviours, speaking in calm ways with mokopuna, keeping calm under pressure, and listening to mokopuna to find out what the cause of the issue was. There were also high-level reminders for kaimahi regarding the 'Window of Tolerance'<sup>23</sup> displayed around the residence. However, therapeutic practice was not consistent across kaimahi working with mokopuna and the Epuni reset needs to prioritise trauma-informed ways of working across all operation levels.

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<sup>22</sup> [Relational Learning Framework for professionals - Fostering Futures](#)

<sup>23</sup> [Your Window of Tolerance | Emotion-Regulation Skills \(mi-psych.com.au\)](#)



## Protection Systems

This domain examines how well-informed mokopuna are upon entering a facility. We also assess measures that protect and uphold the rights and dignity of mokopuna, including complaints procedures and recording systems.

### Mokopuna are not always involved in transition planning into and out of Epuni.

Referrals to Epuni residence are assessed by the Oranga Tamariki National Office team. Once confirmed, the National Office team informs Epuni of the referral and case leaders then make the necessary arrangements for mokopuna arrival. Mokopuna should be well prepared to come into a secure facility and part of this preparation includes Epuni case leaders sending an admission booklet to the Oranga Tamariki site social workers to complete with and for mokopuna. However, this is not always happening and Epuni kaimahi did not have an official admission pack to give to mokopuna when they arrive on-site.

In some cases, mokopuna were not being informed of their placement at Epuni before arriving. Kaimahi told Mana Mokopuna of a situation where a mokopuna was flown to Wellington and transported to Epuni without that mokopuna knowing where they were travelling to. Social workers withheld information from the mokopuna due to a fear they would run away if they knew they were being placed in a secure Care and Protection facility. Mokopuna have a right to know where they are going and have input into their transition plan.<sup>24</sup>

Mana Mokopuna understand social workers sometimes mitigate risk of mokopuna absconding by choosing to give limited information when a change of placement is required. However, more needs to be done to keep mokopuna thoroughly involved in their plans and supported to participate in decision making affecting them.

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Social workers are required to provide appropriate transition supports and ensure a positive care transition experience for mokopuna under section 74 of the Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018<sup>25</sup>. This includes providing information on their placements prior to their transition date and providing sufficient monitoring and support during their care transition.

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Many kaimahi said that planning for mokopuna to leave residence is also difficult and a lack of suitable community placements plays a significant role in the length of stay in secure residences that mokopuna experience. Kaimahi shared with Mana Mokopuna that mokopuna

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<sup>24</sup> Regulation 66 Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018 and Regulation 3(3) Oranga Tamariki (Residential Care) Regulations 1996.

<sup>25</sup> [Oranga Tamariki \(National Care Standards and Related Matters\) Regulations 2018 \(LI 2018/111\) \(as at 01 May 2023\) 74 Monitoring and support during care transition phase – New Zealand Legislation](#)



timeframes for their stay at Epuni have become longer, with extension requests becoming frequent and an ideal length of stay moving from six weeks to three months. The challenge to find suitable community-based placements for mokopuna is understood as a national challenge across most Oranga Tamariki facilities, including Epuni, with limited funding for specialist placements also playing a part in timely transitions.

Mana Mokopuna was given examples of mokopuna losing placements in specialist settings with community-based partners due to budget constraints and transitions being rushed when extensions to remain at Epuni were declined. In these cases, mokopuna were returned home with little wrap-around support for them or their primary caregiver, and protective factors, such as enrolment in suitable education courses and health and social support agencies, did not always happen.

Transition supports need to be comprehensive before, during and after secure residence stays to enable positive outcomes and mokopuna successful return to the community. Mana Mokopuna suggests Oranga Tamariki investigate the use of their specialist community-based homes<sup>26</sup> that are fully resourced with trained kaimahi, to use as a transition home to help mokopuna and their whānau in their transition from a secure care facility back home and into the community.

## Epuni was trialling a new way to record mokopuna complaints.

At the time of the monitoring visit, Epuni was trialling a new grievance<sup>27</sup> process where mokopuna use a phone message service to make a complaint. Mokopuna request a phone from kaimahi and can record a message using a pre-programmed set of numbers and options. Mana Mokopuna asked mokopuna if they have used the new process and some mokopuna shared they have made several complaints using the new system, however, have not yet seen results from those complaints. When Mana Mokopuna asked what the nature of the complaints were, mokopuna responded with “I don’t snitch” and did not say what the complaints were about. Mokopuna then proceeded to say that that not everyone makes complaints because it’s seen as snitching.

Mokopuna who had used the new process said that it is not great and that they would much rather talk to a real person. Kaimahi at Epuni also shared that the phone process was arduous and, in one case, a mokopuna left a message that took kaimahi at National Office over two and a half hours to transcribe. Kaimahi said that in the month prior to the Mana Mokopuna monitoring visit, Epuni had received 77 complaint messages and that transcribing all messages required a huge amount of resource. In some cases, no message was left or messages were

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<sup>26</sup> There are two community-based homes connected to the Epuni residence that could be utilised as a ‘step down’ facility for those exiting secure care. These are run in conjunction with mana whenua Te Āti Awa.

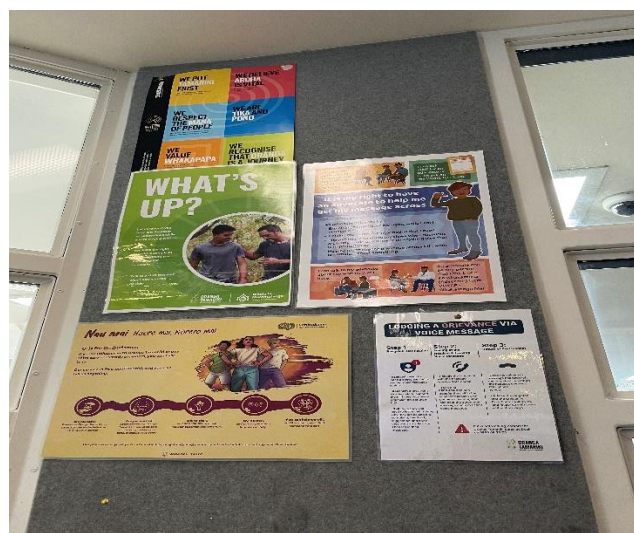
<sup>27</sup> The complaint or grievance system for all residences is called Whaia te Maramatanga. [Participation of tamariki — providing information, ensuring understanding and incorporating their views | Practice Centre | Oranga Tamariki](#)



hard to understand. Despite this, Epuni kaimahi felt that exploring new ways to make the grievance system more accessible is a positive step. Kaimahi were pleased to see some mokopuna engaged in the grievance process and using it as a way to advocate for themselves. Mana Mokopuna were pleased to see a pilot to make the complaints system more accessible for mokopuna at Epuni, however strongly encourage Oranga Tamariki to seek the input from mokopuna and their advocates to inform changes to the system going forward.

## Mokopuna had regular access to independent advocates.

Independent youth advocates are available through VOYCE Whakarongo Mai (VOYCE)<sup>28</sup> who are an independent advocacy organisation supporting mokopuna in care. How to contact VOYCE was clearly displayed in the units so mokopuna knew how to contact an advocate.



*Example of a notice board with information for mokopuna*

VOYCE kaimahi visit Oranga Tamariki residences regularly. They visit Epuni every Monday and work towards building rapport with mokopuna in order to offer support in navigating issues related to mokopuna wellbeing whilst in care. VOYCE advocacy support at Epuni residence begins as soon as mokopuna are admitted, using an opt-out model that requires mokopuna to request if they no longer wish to use the service. This is the consistent approach used for all residences operated by Oranga Tamariki.

Mokopuna have a right to access an independent complaints system and have help from advocates to formulate feedback regarding their experiences in care.<sup>29</sup>

<sup>28</sup> [VOYCE - Whakarongo Mai - advocacy for children with care experience](#)

<sup>29</sup> [United Nations Rules for the Protection of Juveniles Deprived of their Liberty | OHCHR](#) Articles 75-78



## Material Conditions

This domain assesses the quality and quantity of food, access to outside spaces, hygiene facilities, clothing, bedding, lighting and ventilation available to mokopuna. It focuses on understanding how the living conditions in secure facilities contribute to the well-being and dignity of mokopuna.

Epuni had been refurbished, but more needs to be done to make it feel like a mokopuna friendly environment.

Mana Mokopuna was told that the residence had recently been refurbished, however many kaimahi suggested that you would “never know” given the current state of the facility. Soft furnishings and walls were covered in tagging and graffiti, there was rubbish on the floors, and resources looked old and outdated. The overall feel of Epuni was that it was institutional and run-down.



*Inside corridors and break-out spaces*

The refurbishment which took place between May and September 2023 focused on re-carpeting the residence and adding new furniture and artwork or graphics on the walls. Many kaimahi reiterated that Epuni is an old facility and with that comes old building problems like heating and ventilation systems that need replacing. The gym also had moisture issues and there was some building maintenance that needed to happen to ensure it complies with current Building Code regulations. Kaimahi want to involve mokopuna in decisions about how to make their spaces feel more friendly and used examples of seeking their input regarding artwork and duvet covers in the future, so that bedrooms in particular feel more homely and personal. Kaimahi said that budget constraints limit what can happen in terms of aesthetics of the building, and that there were long lead-in times between jobs being identified and funding filtering through from Oranga Tamariki National Office to complete them.





## Mokopuna had access to the outside and various areas to play.

Mokopuna were able to access outside courtyards, a swimming pool, gym and a grassed area with rugby posts. Mana Mokopuna saw these areas used by mokopuna during the on-site visit. Kaimahi said that the pool is not heated and gets very cold. Mokopuna confirmed this by asking to get out of the pool after only a short time using it.



*Fenced courtyard, indoor swimming pool and gym.*

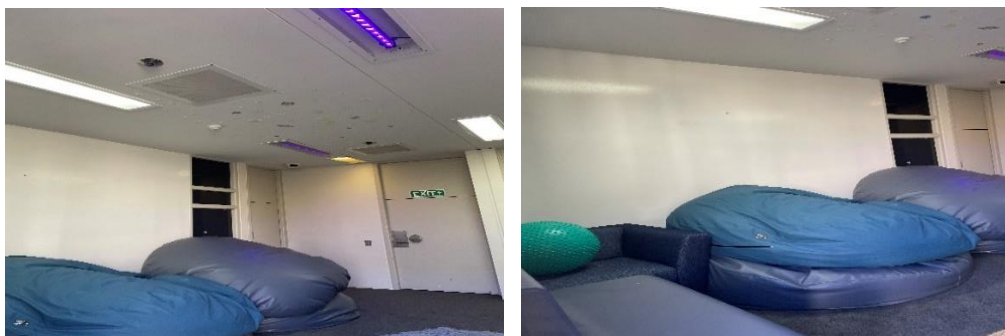
Mokopuna were also supported to access activities in the community. There were regular off-site visits planned that included going to the local mall, ten-pin bowling, and the cinema. Mokopuna were able to do this with both kaimahi from the residence and whānau when they came to visit.

## The sensory room lacked therapeutic input and is not a preferred option for mokopuna.

Given the high and complex needs of mokopuna living in Epuni, having designated spaces for them to de-escalate, self soothe and regulate are extremely important. These areas give mokopuna a chance to practice calming techniques discussed in their plans or advised to them by professionals<sup>30</sup>. However, break out areas in Epuni lacked therapeutic input and are characterised as sparse, with some being covered in graffiti, which is not conducive to mokopuna self-regulating. The dedicated sensory room is also accessed via the Secure Care area and consists of a purple light, stick on stars on the ceiling, and some scattered beanbags. Whilst it is best practice to have a sensory room for mokopuna to help self-soothe, mokopuna did not like accessing the sensory room via the secure care entry and did not find the room particularly therapeutic or calming. Both kaimahi and mokopuna said they prefer to access the outdoor spaces or the gym when needing to de-escalate behaviours.

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<sup>30</sup> Professionals can include, but are not limited to, psychologists and mental health nurse practitioners.



*Sensory room at Epuni*

## Infection control needs to be a priority for group living.

Mana Mokopuna was told by multiple kaimahi that there had been instances of scabies being transferred between mokopuna since the last visit. Kaimahi said they had been disappointed with a lack of infection control policies and a lack of awareness from the care team regarding practical solutions to stop the spread of illness. Kaimahi said that simple things like having antibacterial soap available to all, as well as cleaning linen regularly, would go a long way to ensuring mokopuna stay well and that viruses are contained.

Mana Mokopuna recommends Oranga Tamariki reviews its infection control policy and ensure it is followed by all kaimahi working in residences. Policy implementation must be reviewed regularly to increase practice compliance.





## Activities and access to others

This domain focuses on the opportunities available to mokopuna to engage in quality, youth friendly activities inside and outside secure facilities, including education and vocational activities. It is concerned with how the personal development of mokopuna is supported, including contact with friends and whānau.

### Whānau contact was prioritised for mokopuna whilst at Epuni

Mana Mokopuna found whānau contact and connection with mokopuna at Epuni to be outstanding. Mokopuna staying at Epuni were able to make regular phone calls and video calls to whānau as well as receive regular visits face-to-face. Visits from whānau can take place at the facility or mokopuna were able to go off-site with whānau to spend quality time together regularly.

Epuni financially supports whānau who live outside of the region to visit their mokopuna and has very good accommodation facilities to house visiting whānau if overnight accommodation is required. Epuni monthly data reports show data recorded of whānau contact, video calls and phone calls between whānau and mokopuna, which evidenced contact was regular.

External residence professionals and whānau also shared that the Epuni case leader team was supportive and maintained regular communication, providing updates and progress of mokopuna whilst at Epuni.

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Mokopuna have the right to see their whānau regularly when in state care as outlined under section 10 of the Oranga Tamariki Residential Care Regulations<sup>31</sup> and Article 9 of the UN Convention on the Rights of the Child<sup>32</sup>. Epuni leadership make every effort to ensure all mokopuna, regardless of where they come from, can exercise this right. Connection with the local community and their whānau encourages young people to feel included and part of a caring and protective environment that will love and guide them and increases their chance of a better transition back into community.

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### Mokopuna have a right to education that is tailored to their needs and abilities.

Central Regional Health School provides the education component at Epuni. Teachers understand the complexity of needs mokopuna at Epuni have and work towards providing

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<sup>31</sup> [Oranga Tamariki \(Residential Care\) Regulations 1996 \(SR 1996/354\) \(as at 01 July 2023\) 10 Rights to visits and communications with family and other persons – New Zealand Legislation](#)

<sup>32</sup> [Convention on the Rights of the Child | OHCHR – Article 9](#)



mokopuna with life skills that extend beyond the residence to set them up well for their return to community. The teachers emphasised the need for a therapeutic and educational approach to learning and work hard to tailor education plans to meet holistic learning needs. Teachers spoke about ensuring basic skills are grounded and able to have practiced application, for example, teaching mokopuna to tell the time before moving on to how to read a bus timetable. Teachers also reiterated the need to positively engage mokopuna in education, as many had not attended school for some time or had negative experiences before coming into Epuni.

However, Mana Mokopuna was told there is a significant relationship breakdown between Oranga Tamariki and Central Regional Health School. Epuni kaimahi shared that on some occasions mokopuna were only receiving one or two hours of education a day and on the other hand, the Health School explained that Epuni care teams were not equipped to support teachers to deliver a full five hour school day.

On the other hand, Central Regional Health School kaimahi said that Epuni kaimahi were short on the shift numbers needed to support the learning environment and were burnt-out or tired. The school kaimahi said that due to this, residence kaimahi were struggling to maintain a safe and positive unit dynamic. Mokopuna had assaulted each other and regularly threatened teaching staff.

Oranga Tamariki kaimahi outlined they were in continuous communication with the Ministry of Education and the Central Regional Health School to work through the operational issues identified as barriers to mokopuna attending a full school day. It was clear that mokopuna at Epuni are not accessing and experiencing their right to education to the extent they should be.

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Mokopuna have a right to an education as per Articles 28 and 29 of the UN Convention on the Rights of the Child. Mokopuna living in Epuni are not currently receiving this full entitlement due to a breakdown in the partnership between Oranga Tamariki, the Ministry of Education and the Central Regional Health School.

The Oranga Tamariki Action Plan stipulates the need for the Ministry of Education and Oranga Tamariki to have cross-agency plans prioritising the needs of mokopuna in care.<sup>33</sup>

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Mana Mokopuna recommends a refreshed partnership agreement between Oranga Tamariki, the Ministry of Education and Central Regional Health School, regarding expectations and deliverables, is completed and implemented urgently to ensure mokopuna at Epuni receive their right to education.

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<sup>33</sup> [Education \(in care\) | Oranga Tamariki Action Plan](#)



## Mokopuna need extensive, meaningful activity programmes to occupy their time.

In the absence of a regular five-hour school day, the reality at the time of the monitoring visit is that Eponi kaimahi must be creative to occupy mokopuna time. Mana Mokopuna observed interactions between kaimahi and mokopuna across different shifts and units with some kaimahi utilising their strengths to build relationships with mokopuna through activity. Mana Mokopuna observed a tukutuku panel engagement where one kaimahi shared how they use tukutuku panel and taonga Māori to connect mokopuna with their identity, teach new skills, and use the time weaving tukutuku panels to discuss anything that was going on for mokopuna. Mana Mokopuna saw how mokopuna were positively engaged in this activity and were able to explain and demonstrate how tukutuku works, what the patterns mean, and how much they enjoy the activity. There was also good engagement with sport activities that involved basketball and touch rugby. Some mokopuna did use the cold swimming pool however, this was for very short periods of time during the cooler months.



*Courtyard with exercise equipment and area with basketball hoop.*

However, Mana Mokopuna also saw mokopuna who were bored or disengaged, with some kaimahi only promoting activities based on screen time, including watching YouTube or playing video games. Whilst these activities provide a form of entertainment which can be positive when included amongst a wider programme of activities, this appeared to be a regular occurrence, with missed opportunities for kaimahi to develop and implement meaningful programmes aligned with mokopuna needs and aspirations and focussed on mokopuna development and recreation. Kaimahi also said that the content of music videos watched on YouTube and TikTok are not always appropriate for mokopuna. Examples included videos that glorify gang affiliation and derogatory language. Daily unit logbooks examined by Mana Mokopuna showed a reliance on screen-based activity to fill large chunks of time during the day, with one kaimahi saying that the 'Console Programme' spanned several days for several hours.



There were times during the monitoring visit that mokopuna appeared bored and some mokopuna became negative. Mana Mokopuna observed mokopuna picking on and bullying others, pushing boundaries with kaimahi, and threatening or attempting to throw punches at one another.

Mokopuna need to be meaningfully occupied to positively use their energy and develop positive relationships between themselves and with kaimahi. Kaimahi highlighted resources at Epuni that could be used better to occupy mokopuna. These included making use of the kitchen for a food programme as well as using the maara (garden) attached to one of the units as an opportunity to explore therapeutic programmes moving forward. Mana Mokopuna looks forward to seeing these ideas operationalised so that mokopuna can build their life and the skills needed to transition out of Epuni.



## Medical services and care

This domain focuses on how the physical and mental health rights and needs of mokopuna are met, in order to uphold their wellbeing, privacy and dignity.

### Mokopuna basic health needs are not always met at Epuni.

VIBE Hutt Valley Youth Health Trust (VIBE) is the primary health care provider at Epuni and has provided the residence health service since 2008. VIBE kaimahi were open in sharing their struggles to support Epuni kaimahi to provide the very best primary health care for mokopuna residing in the residence. The VIBE health care team outlined the following concerns which they have also shared with Oranga Tamariki National Office:

- Residence kaimahi did not always seek medical advice in a timely manner when mokopuna were harmed. The health care team gave examples of head injuries not being promptly treated by hospital after hours teams because Epuni kaimahi had not taken them.
- There were times when injuries to mokopuna had not been addressed after force had been used to restrain them. The health team said they do not review the use of force incidents when mokopuna are restrained and therefore are often unaware of injuries until mokopuna complain of pain while they are present at the facility.
- Health care plans were often not followed and prescribed medications are not being given at the right times. The health team and Epuni monthly reporting indicated there are many medication errors made by Epuni kaimahi dispensing medication, with medication errors for January 2024 totalling above 70. There is significant risk to mokopuna when prescribed medication is not given to the correct mokopuna, not given on time, or not given at all.
- There is a lack of continuity of care for mokopuna who are from outside of the Wellington region. VIBE highlighted barriers such as being unable to access previous assessments completed under different district health boards and the inability to connect mokopuna and their whānau to local resources once they have transitioned out of Epuni. This lack of cohesion in service provision is resulting in 'churn' and mokopuna either returning to Care and Protection or Youth Justice residences.
- Due to personal safety concerns at Epuni, VIBE had reduced clinic hours (some VIBE kaimahi have resigned from working in Epuni) and now work in pairs when seeing mokopuna. VIBE highlighted times they have been verbally abused and intimidated by mokopuna and that residence kaimahi have done little to help. VIBE also reported an increase in sexualised behaviours displayed by mokopuna and for their own professional safety, they do not see mokopuna alone.



VIBE kaimahi also reported an increase in the complexity of mental health issues and neurodiversity of mokopuna coming to Epuni. VIBE kaimahi explained that a group setting for some mokopuna is not appropriate and that some residence kaimahi are ill-equipped to deal with an often diverse mix of mokopuna needs. VIBE kaimahi gave examples of loud 'gangster' rap music being played and mokopuna with FASD retreating to the corridors and then "kicking off" because of sensory issues they cannot control and the loud aggressive music causing dysregulation. Another example given was of mokopuna detoxing from methamphetamine on admission and struggling with various symptoms. Kaimahi said that for some mokopuna, seeing these incidents was exposing them to more trauma in addition to what they had come in with, and for mokopuna experiencing the distress, residence kaimahi could not meet their physical or mental health needs.

VIBE was clear in its recommendations for intensive kaimahi training so that residence kaimahi have all the skills needed to care for mokopuna. Mana Mokopuna has ongoing concern about the level to which mokopuna are experiencing their right to health in Epuni, given the range of findings related to their health needs.

Epuni needs to have a clear therapeutic model of care that is supported by Oranga Tamariki and Te Whatu Ora, adolescent mental health teams, and a purposefully designed service to provide the necessary supports for mokopuna in a Care and Protection residence setting. Comprehensive training will also provide a safer, less intimidating environment for all. All mokopuna at Epuni should be able to be safe and have their full health needs met.



## Improving outcomes for mokopuna Māori

This domain focuses on identity and belonging, which are fundamental for all mokopuna to thrive. We note commitment to Mātauranga Māori and the extent to which Māori values are upheld, cultural capacity is expanded and mokopuna are supported to explore their whakapapa.

### There was a historical connection to Epuni for some kaimahi, whānau, and mokopuna.

Mana Mokopuna found a significant number of kaimahi and mokopuna Māori had intergenerational admissions to Epuni residence. Multiple kaimahi shared there were historical connection to the facility through family members being in state care and living at Epuni. Many kaimahi said past whānau experiences are a significant part of why they work at the residence, which is to support mokopuna through their journey, especially mokopuna Māori.

Many whānau of mokopuna living in the residence also had historic connection to the facility. Kaimahi shared that one whānau visit meant a parent, who was previously a resident at Epuni, felt traumatised having to return to visit their mokopuna. The intergenerational trauma impacting on whānau Māori is a reality for many connected to Epuni and highlights potential areas where additional psychological support needs to be provided.

### Development opportunities for mokopuna Māori.

Epuni residence is located within the rōhe (area) of Te Āti Awa and whilst historically there has been interactions between Iwi and Epuni residence, Mana Mokopuna identified the potential to deepen links with Iwi, in order to strengthen Māori approaches and models of care for mokopuna Māori within Epuni residence.

Mana Mokopuna visited Te Awe community home that is connected to Epuni residence<sup>34</sup> and found that tikanga and kaupapa Māori approaches to care for mokopuna were practiced and led by mana whenua kaimahi. There is an opportunity to share knowledge and approaches to care for mokopuna between the residence and community homes.

Mana Mokopuna was privileged to take part in a poroporoaki (leaving ceremony) for a mokopuna transitioning out of Epuni residence. The poroporoaki was attended by various kaimahi across teams at Epuni as well as manuhiri (visitors) from VOYCE Whakarongo Mai. Mana Mokopuna were invited to join the poroporoaki and observed speeches by kaimahi and

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<sup>34</sup> Community-based homes are often connected to both Care and Protection and Youth Justice residences to provide a 'step down' option for mokopuna to transition out of a secure residence. Community-based homes form part of the continuity of care strategy for Oranga Tamariki.



mokopuna farewelling their friend and mokopuna. This was followed with kai shared by mokopuna, kaimahi and manuhiri.

Mana Mokopuna were told that it is tradition for mokopuna exiting Epuni to receive a taonga and this mokopuna was wearing a beautiful pounamu gifted to them by the Epuni residence whānau.

The poroporoaki was a great demonstration of tikanga and Māori cultural practices involving mokopuna Māori. Epuni also has a beautiful marae located on the grounds of the residence with carvings and artwork created by local Iwi and whānau Māori across Aotearoa. Mana Mokopuna saw examples of kaimahi bringing their mātauranga and whakapapa with them to work, including doing harakeke (flax) weaving and were observed speaking te reo with mokopuna. However, the frequency of these practices was dependent on certain kaimahi being on shift meaning there is inconsistent cultural practice. Kaimahi said that the marae and mātauranga of kaimahi Māori is not being used to its full potential.

The newly appointed Programme Coordinator outlined their ideas around developing mokopuna Māori specific programmes and activities, as well as connecting with external providers and non-government organisations, to create learning and development opportunities for mokopuna. Kaimahi said that the idea of kaupapa Māori activities and programmes being a reality at Epuni was providing hope that the residence could be culturally responsive and inclusive.

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The integration of te ao Māori practices and mātauranga Māori within the residence gives effect to Article 2 of Te Tiriti o Waitangi, which guarantees Māori protection of all taonga, including language and customs. Oranga Tamariki needs to prioritise this and support kaimahi to realise their potential and expand opportunities for mokopuna at Epuni.

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# Appendix One

## Progress on 2022 recommendations

The following table provides an assessment of the recommendations made by Mana Mokopuna for the previous full monitoring visit at Epuni carried out in May 2022. Mana Mokopuna acknowledges that work on systemic recommendations is led at the Oranga Tamariki National Office level. The progress detailed here relates only to the day-to-day operations of this particular facility.

### 2022 Systemic Recommendations

	2022 Recommendation	Progress as at April 2024
1	Develop a therapeutic model of care for Care and Protection residences which aligns with trauma informed practice and Te Tiriti o Waitangi.	<b>No progress.</b> Progress documented at the 2023 follow up visit stated there was little evidence of a consistent therapeutic model of care for Care and Protection residences. As noted in this 2024 visit, there are pockets of good practice noted across Aotearoa with particular reference to Puketai Care and Protection residence in Ōtepoti. For Epuni, on this visit, there was little evidence of a therapeutic model of care or demonstrations from kaimahi of being trauma-informed in their practice. This systemic recommendation has been renewed for this report.
2	Review the grievance process to be independent and impartial.	<b>No progress.</b> The Whaia te Maramatanga grievance process is still dependant on kaimahi either giving mokopuna paper forms to fill in, or in the case at Epuni, a pre-programmed phone, through which mokopuna can leave a voice message. Messages and paper forms are still reviewed by Oranga Tamariki staff and not independent of the agency. Mana Mokopuna would like to see this recommendation progressed and work under the Manaaki Kōrero workstream fast tracked.
3	Develop and implement a workforce strategy to address appropriate staffing levels, recruitment and training in all residences.	<b>Limited progress.</b> Staffing levels for residences generally is critical. Mana Mokopuna acknowledge efforts to recruit new kaimahi, however the experience levels of these kaimahi varied and in some cases it is noted new recruits had little to no experience working with mokopuna with very high and complex needs. On immediate recommendation from Mana Mokopuna directly after this April 2024 visit, Oranga Tamariki instigated a plan to re-set the residence to allow time to embed training for kaimahi currently working there and to provide breathing space for them to reset culture and practice fundamentals. The reset also includes on-boarding additional kaimahi, who when thoroughly and comprehensively trained, should provide adequate staffing numbers for the residence.
4	Ensure all placements into Care and Protection residences are appropriate and staff are trained and able to work with mokopuna who have very high and complex needs.	<b>Limited progress</b> Training has been an on-going issue as was noted in the 2023 follow-up visit. The issue remains for this 2024 visit with kaimahi continually saying they are not adequately equipped to meet the needs of all mokopuna admitted into Epuni. A kaimahi training related systemic recommendation has been renewed for this report.



## 2022 Facility Recommendations

	Recommendation	Progress as at April 2024
1	Ensure all Individual Care Plans are maintained to a consistent standard and with mokopuna and whānau involvement.	<b>Good progress.</b> There was limited progress noted at the 2023 follow up visit, however, the care plans reviewed on this 2024 visit were thorough and detailed. There is still limited evidence of whānau input or involvement and it is critical that kaimahi receive specialist training in order to be able to carry out actions in care plans consistently and effectively.
2	Fix the technical phone issues and allocate a private room for mokopuna to use for making and receiving calls.	<b>Good progress.</b> Mokopuna and whānau reported good contact with each other and mokopuna did not raise they had issues with privacy for their phone calls.
3	Provide regular supervision for all staff, including cultural supervision.	<b>No progress.</b> Despite good progress being noted during the 2023 follow up visit, kaimahi on this 2024 visit said they did not have access to supervision, there was no time for them to engage with EAP services, and that they felt burnt out working long hours and multiple double shifts.
4	Refurbish the sensory room.	<b>Limited progress.</b> The sensory room had been refurbished, however still lacked therapeutic resource and kaimahi knowledge of how to use the room. The area is accessed via the entrance to Secure Care which is not de-escalating for mokopuna. Mokopuna said they prefer to utilise outside spaces and the gym.
5	Take appropriate action to address staff behaviour that is inappropriate and does not adhere to the Code of Conduct of the residence.	<b>Some progress.</b> After the 2022 visit, work around the Code of Conduct was completed. However, in between the 2023 follow up visit and this 2024 visit, allegations regarding kaimahi inappropriate conduct resurfaced and led to a Review of Residences and remand homes (The Oranga Tamariki Rapid Review). Work needs to continue to ensure kaimahi are aware of their obligations and can provide a high quality of care for mokopuna in Epuni. Mana Mokopuna did not observe harmful kaimahi practice that would constitute ill-treatment, however some concerning practice was noted and management noted the need to re-set practice fundamentals.

## On-going follow up of concerns raised

Following our April 2024 OPCAT monitoring visit, as a result of our immediate recommendations to Oranga Tamariki, a temporary hold on mokopuna admissions to Epuni was implemented by Oranga Tamariki. An action plan was developed by the Residences and Homes Senior Leadership Team in Oranga Tamariki to support the immediate and long-term safety for the care of mokopuna in the facility. Mana Mokopuna has since this visit taken further specific steps to ensure accountability for the recommendations made, and Oranga Tamariki has taken steps to keep Mana Mokopuna informed of actions taken. The following outlines key actions to ensure on-going accountability for practice at Epuni:

- An action plan was provided to Mana Mokopuna by Oranga Tamariki on 24 May 2024, outlining key priority areas including lifting leadership capability, strengthening practice and training, recruitment, increasing mechanisms to support safety of mokopuna in the facility, improving the conditions of the facility, rebuilding and maintaining relationships with key stakeholders, and targeted quality assurance. Mana Mokopuna had the opportunity to provide feedback on this action plan.
- The OPCAT Monitoring Team Manager and the Chief Children's Commissioner meet with the Oranga Tamariki Deputy Chief Executive for Residences and Homes on a monthly basis. These hui serve as an opportunity for Mana Mokopuna to seek updates on the progress occurring in relation to OPCAT monitoring recommendations, including in relation to Epuni. Fortnightly hui between Mana Mokopuna and Oranga Tamariki's External Monitoring Team provide the opportunity for more specific updates on the progress occurring in the residence.
- Since writing this report, Mana Mokopuna conducted a one-day unannounced visit to Epuni on 4 September 2024 to assess the progress made to address concerns that were raised out of the April 2024 monitoring visit. A brief summary report for this September visit will be published on the Mana Mokopuna website in November 2024.



- Mana Mokopuna continues to closely monitor and review the data received from Oranga Tamariki related to Epuni, to track progress, findings, and highlight concerns to be addressed in real time with Oranga Tamariki.
- Mana Mokopuna's OPCAT Monitoring Team is committed to re-visiting Epuni within a six-month timeframe, to continue to follow-up on any concerns and assess progress against our recommendations and Oranga Tamariki's Epuni action plan to ensure the safety of mokopuna in the residence.

**Medication Errors:**

- During the follow-up visit on 4 September 2024, Mana Mokopuna was advised that new process and procedures have been implemented to ensure practice is in line with the National Care Standards and regulations.
  - This has included installing secure safes in each of the units to store medication, and a shift leader or Team Leader Operations is required to provide the second signature when administering medication to mokopuna.
  - Daily audits are also being conducted by the residence Quality Lead in addition to checks the VIBE health team already do. This has significantly reduced the medication errors that are occurring.



# Appendix Two

## Gathering information

Mana Mokopuna gathered a range of information and evidence to support the analysis and develop findings for this report. These collectively form the basis of our recommendations.

Method	Role
Interviews and informal discussions with mokopuna (including informal focus groups) with mokopuna	
Interviews and informal discussions with kaimahi and external stakeholders	<ul style="list-style-type: none"><li>Acting Residence Manager</li><li>Manager Residence Operations</li><li>Team Leader Support Services</li><li>Team Leader Clinical Practice</li><li>Youth Workers</li><li>Kaiwhakaako</li><li>Case Leaders</li><li>Team Leader Operations</li><li>VOYCE – Whakarongo Mai Kaiwhakamana</li><li>Grievance Panel</li><li>Central Regional Health School</li><li>VIBE Health</li><li>Whānau</li><li>Oranga Tamariki Social Workers</li><li>Infrastructure staff based at National Office</li></ul>
Documentation	<ul style="list-style-type: none"><li>Grievance quarterly reports</li><li>Secure Care register</li><li>Daily unit logbooks</li><li>Mokopuna Care Plans and All About Me Plans</li><li>Serious Event Notifications</li><li>Incident reports</li><li>Report of Concerns</li><li>Admission Checklist</li></ul>
Observations and engagements with mokopuna	<ul style="list-style-type: none"><li>Unit routines</li><li>Education in the classroom</li><li>Mealtimes</li><li>Activities on-site</li></ul>