

Oranga Tamariki Residence Visit

(OPCAT monitoring)

Epuni Care and Protection Residence

Visit date: s 9(2)(a) OIA 2020

Report date: 2 March 2021

Released under the Official Information Act 1982



MANAAKITIA Ā TĀTOU TAMARIKI

Children's
Commissioner

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Introduction

Purpose of visit

The purpose of this visit was to fulfil the international monitoring mandate of the Office of the Children's Commissioner (OCC), to monitor the safety and wellbeing of children and young people detained in secure locked facilities s 9(2)(a) OIA

carried out an announced monitoring visit to Epuni care and protection residence in Lower Hutt, Wellington.

The Children's Commissioner is a National Preventive Mechanism (NPM) under the Crimes of Torture Act (1989)¹. The role of OCC is to visit care and protection and youth justice residences to examine the conditions and treatment of children and young people, identify any improvements required or problems needing to be addressed, and make recommendations aimed at strengthening protections, improving treatment and conditions, and preventing ill treatment. For more information about the legislative context for our visits, see Appendix One.

Context

Epuni is a care and protection residence located in Lower Hutt, Wellington. It has 20 beds situated across two units, however the capacity of the residence is ten children and young people. Since our last on-site OPCAT visit in 2019, there have been changes in several key roles in the leadership team at Epuni. Within the last six months, a new Residence Manager, Team Leader Clinical Practice, Programmes Coordinator and Team Leader Operations have been appointed.

Children and young people at Epuni

At the time of our visit, there were nine children and young people living at Epuni. Their ages ranged from 12 to 16. A number of the children and young people had been in the residence for significant periods of time due to long delays in securing community placements. The longest placement for a child or young person at the time of our visit was 817 days.

Our monitoring processes

We were interested in hearing about the experiences of children and young people. We also wanted to understand the group dynamics at the residence. We used several methods to engage with children, young people and staff.

We conducted one-to-one interviews with children and young people who chose to talk with us. We also spent time observing children, young people and staff in the unit, sharing dinner and having informal conversations with children, young people and staff. This enabled us to see and experience after-school and evening routines.

¹ This Act contains New Zealand's practical mechanisms under the United Nations Convention Against Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment (OPCAT).

<https://www.occ.org.nz/our-work/monitoring/monitoring-work/why-we-monitor/>

As well as interviewing individual children and young people, we interviewed residence staff and external stakeholders, and reviewed relevant documentation.

For more information about our interviews and other information gathering processes see Appendix Two.

Our evaluation processes

In the past, the majority of our OPCAT reports have included a five or four-point scale. We used this scale to rate each OPCAT domain and to provide an overall rating for each residence.

We are currently reviewing our evaluation processes and are temporarily suspending the use of rating scales. We will be discussing our future rating system with Oranga Tamariki in February 2021 before finalising it. In the interim, we are using key descriptors – harmful, poor, good and very good – to describe our overall findings in relation to:

- the treatment of young people at the residence
- the conditions at the residence

Our reports will also provide summaries of the strengths and areas for development according to each of the OPCAT domains.

The table below lists the new descriptors used in our findings, describing their impact and our expectations for further action.

Finding	Impact for young people	OCC expectation
Harmful	Treatment and/or conditions that are damaging or hurtful for children and young people	Must be urgently addressed
Poor	Treatment and/or conditions that are not sufficient to meet the needs of children and young people	Requires improvement in the near future
Good	Treatment and/or conditions that are sufficient to meet the needs of children and young people	Must be reviewed regularly to ensure the standard is maintained and improved if possible
Very good	Treatment and/or conditions that work well to meet the needs of children and young people	Should continue subject to effectiveness. May also be beneficial in other residential contexts

Overall findings and recommendations

Overall findings

We identified three areas of 'very good' practice which works well to meet the needs of children and young people. The areas are:

- The kawa of holding a mihi whakatau upon admission and poroporoaki on departure from the residence.
- Children and young people are able to participate in regular cultural activities.
- Children and young people are familiar and involved in the development of their All About Me Plans.

We found two key areas that require urgent attention. These areas were identified as 'harmful' because they have a significant impact on the safety and wellbeing of children and young people. The areas are:

- Children and young people do not feel safe from others and/or themselves.
- The facility is run down and not fit for purpose.

We informed the leadership team at the end of our visit that these two areas needed to be addressed immediately.

Recommendations

Oranga Tamariki National Office	
We recommend that the Chief Executive:	
Rec 1:	Urgently finalises the plan for the closure of care and protection residences and provides full information about this plan to the Office of the Children's Commissioner.
Rec 2:	Prioritises support and resources to enable whānau, hapū and iwi and wider family groups to care for, or determine care for, their children and young people.
Rec 3:	Ensures that children and young people and their whānau are central to all planning and decision-making in relation to future care placements.
We recommend that the DCE Care Services:	
Rec 4:	Ensures a full refurbishment of Epuni begins immediately. This should be completed in consultation with children, young people, residence staff and stakeholders to ensure the environment is appropriate and meets the needs of those who live and work there. (Ref. page 12) (Ref. State of Care 2017, action 8)
Rec 5:	Continues to work in partnership with District Health Boards across Aotearoa New Zealand to establish and strengthen interagency management groups which support health and education services for children and young people in residences. (Ref. page 16)
Rec 6:	Ensures all new staff receive timely induction. (Ref. page 17)

Rec 7:	Supports the residence to ensure that any children and young people who are placed there are: <ul style="list-style-type: none"> • compatible in terms of their individual and group needs, and • able to be kept physically and emotionally safe within the residence environment. <i>(Ref. page 11)</i>
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Epuni Residence	
We recommend that the residence leadership team:	
Rec 8:	Continues to strengthen relationships with District Health Boards and community providers to ensure that children and young people can access the specialist mental health support they need. <i>(Ref. page 16)</i>
Rec 9:	Ensures staff continue to be trained in the knowledge and skills necessary to support and respond effectively to children and young people with complex mental health needs. <i>(Ref. page 18)</i>
Rec 10:	Ensures all kaimahi have both formal and informal opportunities to debrief after significant events and on an ongoing basis, as required. <i>(Ref. page 18)</i>
Rec 11:	Continues to focus on attracting, recruiting and retaining kaimahi Māori. <i>(Ref. page 20)</i>
Rec 12:	Increases the number of care staff on the floor to ensure staff and children and young people feel safe and supported, and staff can focus on the individual needs of children and young people. <i>(Ref. page 19) (Ref. State of Care 2017, action 15)</i>
Rec 13:	Continues to review all use of force to ensure the appropriateness of the action and uses these reviews as learning opportunities for staff. <i>(Ref. page 9)</i>
Rec 14:	Ensures when children and young people's rooms need to be searched, they are consistently informed beforehand of what is happening and why. <i>(Ref. page 9)</i>
Rec 15:	Continues to provide regular supervision, as per the Oranga Tamariki supervision policy and including cultural supervision for all staff. <i>(Ref. page 17)</i>

Progress on previous recommendations

Of our recommendations from our OPCAT report dated 18 November 2019, three had good progress, two had limited progress and one had no progress. For further details, see Appendix Three.

Domain 1: Treatment

Our monitoring of the Treatment domain includes examination of the relationships between children and staff, models of therapeutic care and behaviour management, and the quality of planning and interventions tailored to individual children and young people's needs.

Findings from our last reports

In our last OPCAT report dated 18 November 2019 we said:

- Staff had engaging and skilled interactions with children and young people
- Children and young people were supported to strengthen their connection to their cultural identity
- The Behaviour Management System did not meet the needs of children and young people
- Children and young people were not actively involved in the development and review of their plans.

In our COVID-19 report dated 11 June 2020 we said:

- COVID-19 lockdown deferred two transition plans, which was frustrating for children and young people.

Findings from this visit

Strengths

Children and young people have good relationships with staff

During our monitoring visit we saw many positive interactions between staff and children and young people. Examples included staff helping and encouraging children and young people to speak at the mihi whakatau and intervening to support children and young people who were becoming heightened. Children and young people we spoke with said they particularly valued some staff members, and all felt they could trust and talk to staff. Children and young people told us they really enjoy one-on-one time with staff they are close to.

Children and young people have opportunities to contribute at youth forum

On the evening of our visit, a youth forum was facilitated by staff whereby children and young people were encouraged to provide their ideas about what they would like to be different at the residence. Youth forum occurs monthly as one of the four core programmes. While most of the children and young people participated in the programme and it is encouraging that the forums are being held, a more child-centred approach to how they occur is needed. We observed that energy levels were low, the activity was not particularly engaging or interesting, and was set up far from where the children and young people were sitting.

Children and young people understand their All About Me plans

We heard from children and young people who were familiar with their plans and were able to talk about what was in them. We asked one young person to take us through their plan and they were able to explain the detail of it. It was clear they were familiar with their plan, had been involved putting it together and understood the content. The management team told us the All About Me Plans have 'widened the responsibility' so that the residence is now seen as part of a child or young person's overall 'journey' rather than the 'destination'. Staff hope that long stays in residence will reduce as a result of this shift.

From the plans we read during our visit, the involvement and role of whānau was clear. Reviews of plans occur at weekly multi-agency team meetings, where professionals, including education and health staff, are involved. Children and young people can also attend the last part of these meetings if they wish.

Children and young people experience both mihi whakatau and poroporoaki

We heard from staff and children and young people that the kawa at Epuni is to welcome and farewell children and young people to and from the residence through mihi whakatau and poroporoaki. This is an example of very good practice and something we encourage Oranga Tamariki to share across residences nationwide.

Areas for development

Large, secure residences are inappropriate for children and young people with complex mental health needs

In recent months, a greater proportion of children and young people with high and complex mental health needs have been placed at Epuni. Some had been in inpatient mental health facilities prior to being admitted to the residence, and several were on 24-hour observations. Staff told us they were worried about the impact of ten children and young people with the most complex needs living together in the same place. One staff member said the residence felt as if it was a ward on a mental health unit, without the appropriate environment and staff training to match the needs of the children and young people.

We are concerned the needs of children and young people are unable to be safely met through this model of care. The physical environment, along with staff ability to provide appropriate therapeutic care, are key to keeping children and young people safe as well as supporting and stabilising them before they return to the community. Oranga Tamariki must ensure that all placements meet the individual needs of children and young people.

"...If a young person gets put in here... the moment they walk in here their innocence just gets ripped away from them and tossed in the trash."

"And like I feel like I've got no future. Coz I've always felt like that, but this place just made it worse."

Children and young people experience lengthy stays

Long stays in Epuni and uncertainty about community placements remain an ongoing issue.

Some children and young people told us they feel they have been there too long. s 9(2)(a) OIA

Many children and young people did not know when they were going to leave residence, or where they were going when they did. Some had left and come back again after placement breakdowns.

We heard from staff there is a shortage of placements, within their communities, for children and young people to transition to. This results in extensive stays in the residence, placement breakdowns and children and young people feeling let down. Staff said recent transitions out of Epuni have happened very quickly and lacked good plans. Staff wanted to focus on using the time children and young people are at the residence to maximise the chance of successful transition. Staff ideas included developing community readiness through graded exposure to life outside the residence. Oranga Tamariki needs to reduce long stays at care and protection residences.

Children and young people say staff use force inappropriately

Most of the children and young people we spoke to said they did not feel staff were adequately trained in the restraint process. We spoke with children and young people who described feeling 'manhandled' and who had observed staff members 'picking up' children or young people when using force. Staff told us they have been restraining children and young people less than in the past and there is now a greater emphasis on de-escalation as an alternative to using force.

"It's kind of like manhandling how the people, the staff here, restrain... you know they get mad and they have to restrain, they take it too personally. Like how they're not supposed to. They're supposed to take it professionally."

Searches are occurring more frequently

Some children and young people are acquiring and hiding everyday objects to harm themselves.

As a result, there has been an increase in the need for staff to search their rooms, highlighting the serious safety concerns for children and young people currently at the residence. Children and young people have mixed experiences of staff searching their rooms. Some said staff

explained well what was happening and did not 'trash' their rooms s 9(2)(a) OIA, s 6(c) OIA

It is critical that children and young people are fully informed about what is happening during a search and able to maintain some privacy.

Domain 2: Protection system

Our monitoring of the Protection System domain includes examination of the safety of children and young people, and how well their rights are upheld.

Findings from our last reports

In our last OPCAT report dated 18 November 2019 we said:

- Children and young people were well supported when admitted to the residence
- Whaia te Māramatanga was administered well and worked well for children and young people
- A complaint made by a young person about sexual harassment from a peer did not have appropriate follow up and investigation
- Factual information was not being provided to children and young people by site social workers about their residential placements.

In our COVID-19 report dated 11 June 2020 we said:

- VOYCE Whakarongo Mai called each day.

Findings from this visit

Strengths

Most children and young people are informed about their rights

The majority of the children and young people we spoke to said they knew and understood their rights at the residence. Staff told us children and young people are given opportunities to learn about their rights through a monthly dedicated programme. However, some young people said some of their rights are not upheld. One young person said they had not been told about their rights.

"No one here has told me about my rights...they make me feel like I've got none."

Children and young people knew how Whaia te Māramatanga worked

It is encouraging children and young people understand and feel able to use Whaia te Māramatanga, however, we heard mixed views about whether the grievance system was useful. Some children and young people had seen changes, while others felt nothing had happened as a result of submitting a grievance.

There have been low numbers of grievances, with only four submitted in the March to June 2020 quarter. Staff said this may be due to the presence of grievance advocates and VOYCE Whakarongo Mai who visit the residence weekly to spend time with children and young people. We also heard the Grievance Panel visit the residence regularly.

Areas for development

Children and young people feel unsafe in the residence

Some children and young people we spoke with told us they did not always feel physically or emotionally safe at Epuni. They said they felt worried about being hurt as a result of bullying and fighting among their peers. s 6(c) OIA, s 9(2)(a) OIA

[REDACTED]

Staff also talked about their concerns for children and young people's safety at Epuni. Many staff told us they were worried about children and young people hurting themselves while at the residence, as serious self-harm was widespread and modelled by children and young people toward others. One staff member described feeling concerned a 'sentinel event' could occur. We also heard that in recent times staff were using the Hoffman knife, almost every week, to ensure the safety of children and young people. These safety concerns are causing harm to children and young people.

It was encouraging to hear Epuni management has declined some referrals to the residence because they felt it was not the most appropriate placement for the child or young person. This was due to the child or young person being incompatible with those already placed at Epuni and/or it was not possible to keep them safe within the residence environment.

"I do feel unsafe around other people or something and I just don't feel safe in this place."

Domain 3: Material conditions

Our monitoring of the Material Conditions domain includes looking at how the living conditions in secure residences contribute to children and young people's wellbeing, including, accommodation, internal and external environments, hygiene facilities, bedding and food.

Findings from our last report

In our last OPCAT report dated 18 November 2019 we said:

- The residence was run-down and negatively impacting the wellbeing of children and young people placed there.

Findings from this visit

Strengths

Children and young people are provided with high quality kai

Children and young people are provided with a variety of good food at Epuni and the chef ensures meals are well balanced. There are opportunities for children and young people to provide feedback on what they would like to eat, however we heard from some that they did not like the food all the time. We heard the chef tries to be approachable and regularly asks the children and young people what they would like to eat. They also have ready access to fruit and can have seconds if they would like. At mealtimes we heard several children and young people saying how much they liked the food.

Areas for development

The physical condition of the unit is harmful

Epuni needs to be refurbished. The units are dilapidated and not conducive to providing a therapeutic environment for children and young people. The furnishings are old and run-down, there is tagging, and the walls are stark and institution-like, particularly in the secure unit. One young person described secure as 'disgusting and ugly'. We also heard the couches in the main unit are more like benches and do not feel home-like. The high ceilings create an environment with poor acoustics, meaning the rooms are loud and echoey, which one young person told us they did not like.

We understand the National Office property team has taken the first steps in preparing to refurbish one unit. We understand this will happen in consultation with children, young people and staff.

"[it should be] more home-like, like the windows are alright but just the tagging I don't like."

Domain 4: Activities and contact with others

Our monitoring of the Activities and Contact with Others domain assesses the opportunities available to children and young people to engage in quality, youth friendly activities inside and outside secure residences and contact with their whānau.

Findings from our last report

In our last OPCAT report dated 18 November 2019 we said:

- Children and young people enjoyed individualised activities
- Children and young people were supported to have contact with their whānau.

In our COVID-19 report dated 11 June 2020 we said:

- Children and young people were able to use cell phones to contact their whānau
- Children and young people wanted more fitness activities.

Findings from this visit

Strengths

Contact with whānau occurs regularly

Children and young people have regular contact with their whānau through phone calls, video calls and face-to-face visits. While at the daily assembly meeting, we heard children and young people organising calls with whānau. We were told they can use bluetooth headphones when they speak on the phone to their whānau, which means they are able to have phone calls where they are most comfortable. An on-site flat is available so that children and young people can spend time when their whānau visit. We understand whānau are staying in the flat more often than when we last visited.

Children and young people are provided with a wide range of activities

Due to their complex mental health needs, it can be difficult to engage this group of children and young people in activities. Many of those currently placed at Epuni prefer one-to-one activities. Children and young people are provided with a range of opportunities for both on and off-site activities and the new Programme Coordinator is working to create programmes that are fun, as well as therapeutic.

While at school, children and young people access individualised programmes. The school also coordinates activities such as boxing, cooking and sex education programmes which many children and young people enjoy.

Children and young people have access to cultural programming

Māori cultural programmes are currently run twice a week. Recently children and young people have participated in activities such as making kawakawa balm, learning about matariki, and practising karakia, waiata and rakau. We heard from staff they have plans to teach children and

young people about the tikanga in preparation for a noho marae. Kaimahi Māori from each team work together to plan cultural programming.

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Domain 5: Medical Services and care

Our monitoring of the Medical Services and Care domain evaluates how well children and young people's health needs are assessed and met.

Findings from our last reports

In our last OPCAT report dated 18 November 2019 we said:

- A nurse and doctor were regularly on site, and referrals made to specialist services as required
- Care staff needed more support to follow children and young people's health plans.

In our COVID-19 report dated 11 June 2020 we said:

- The health team were able to carry out COVID-19 testing
- The nurse was available on-site and provided phone consults as well as face-to-face consults.

Findings from this visit

Strengths

Children and young people receive quality primary healthcare

Children and young people know how to access health services and were generally happy with the level of care they were receiving. There is a nurse on site full time who has good relationships with the children and young people. Additionally, a GP spends eight hours per week at the residence, over two days.

Medication dispensing has improved

Residence and medical staff have strong working relationships and work together to ensure children and young people are receiving the correct medication when they need it. There are several children and young people with high and complex mental health needs who are prescribed 'PRN' medications. These are designed to be dispensed 'as required' which means non-medical staff decide when to give them. Some of these medications are addictive and we observed young people repeatedly asking staff to provide them.

The TLOs and the Senior Practitioner have been key in providing training and oversight of children and young people's health plans at an operational level. All prescription medication is blister packed and two staff members must sign when they have given it to a child or young person. Daily medication audits are completed by the health team.

Area for development

Access to specialist mental health services is limited

Staff told us that it is often hard for children and young people to be seen by specialist mental health services because they exceed the threshold for community support but do not meet the requirements for inpatient care. This is exacerbated by Epuni being a national service with children and young people placed there from throughout the country, while District Health Boards are regional and are funded as such. This is a significant gap and it is essential these children and young people can receive the care they require.

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Domain 6: Personnel

Our monitoring of the Personnel domain assesses the quality, suitability and capacity of Oranga Tamariki staff to provide safe, secure, respectful care for children and young people, including processes for staff recruitment, selection, training, supervision and ongoing professional development.

Findings from our last reports

In our last OPCAT report dated 18 November 2019 we said:

- There were enough staff to meet the needs of children and young people
- Staff displayed positive behaviour towards children and young people and were receiving appropriate training
- Staff required more consistent and regular supervision
- Staff required more support to consistently follow children and young people's care plans
- Employment vetting processes were at times impacting the recruitment of staff with relevant life experience.

Findings from this visit

Strengths

Changes in the senior leadership team provide greater diversity

There have been several appointments to the senior leadership team from external agencies, such as health and education. Many staff told us this was exciting for them as the new appointments bring a variety of skill sets and different perspectives to the residence. Staff felt the knowledge and prior experience in the senior leadership team was well suited to the needs of the children and young people currently living at Epuni.

Supervision of care staff is improving

We heard from staff there has been a big improvement in the provision of supervision in the last 12 months. Care staff receive individual and group supervision with the TLOs. There are supervision contracts in place, and an agenda and action points for each session. Despite this, some staff feel that supervision is more administrative than reflective.

There is currently no cultural supervision available, however several staff told us the residence would be willing to fund this if they were to request it.

Areas for development

New staff have not received appropriate induction

Some staff told us they were concerned about the lack of induction for new staff. New appointments included several senior staff who had not worked for Oranga Tamariki before. We

heard some new staff have found it difficult to understand the Oranga Tamariki system and their place within it, without the foundation of induction to build upon.

Care staff are not adequately trained to care for children and young people with mental health needs

Residence staff at Epunu are supporting children and young people with some of the highest needs in the country. We heard that they are passionate and their 'hearts are in the right place', however staff told us they need further support to build a practice foundation. We also heard that in the past, some staff lacked professional boundaries, and this led to unsafe practice.

A number of staff, including care staff, told us they need significant upskilling to work with and provide care for children and young people with complex mental health needs. A psychologist visits the residence weekly to train care staff in trauma-informed practice and provide specialist advice. TLOs are also working shifts to help mentor, coach and support care staff on the floor.

Children and young people say staff use 'bribes'

Several children and young people talked about staff 'bribing' them to manage their behaviour. They said at times staff use 'threats' or 'bribes' to make them do things they don't want to do, for example using lollies to make them clean their rooms.

We heard from staff they regularly buy children and young people lollies, and § 6(c) OIA, § 9(2)(a) OIA [REDACTED] concerned about the amount of lollies being purchased for children and young people. § 9(2)(a) OIA [REDACTED]

[REDACTED] Children and young people have the right to access whānau. Making this dependent on their behaviour is unacceptable.

§ 9(2)(a) OIA, § 6(c) OIA [REDACTED]
[REDACTED]

Staff need additional support to manage traumatic events

It was clear from conversations with various staff that the nature and frequency of serious incidents occurring at the residence is causing staff distress and/or trauma. As discussed earlier, staff told us they have had to use the Hoffman Knife on numerous occasions. It is vital that staff are adequately supported to debrief, learn and reflect whenever they feel they need to. Debriefs should occur either individually or in a group, as decided by the staff member, to ensure they are able to unpack any issues fully and in a safe manner. One staff member suggested it would be useful to have an external person coming in to debrief staff in relation to serious incidents.

Staff numbers are insufficient for this group of children and young people

During our observations there was a period of time where no residence staff were present on the floor despite five children and young people as well as staff from OCC and VOYCE Whakarongo Mai being present. During this time staff were attending to individual young people's needs away from the main unit. Two young people were play fighting in the unit and there was no intervention from residence staff. It is important there are enough staff for children and young people to have one-to-one time and to be kept safe.

During our visit, several children and young people required constant observation to ensure their safety. We heard that this need for observation has resulted in staff attention being diverted and other children and young people missing out on activities, appointments and attention as a result. We also heard there has been a reduction in the availability of off-site activities and external appointments due to these safety concerns.

Staff told us a lack of staff with their full drivers' licence is sometimes a barrier to off-site activities. Several staff said care staff numbers are low and as a result non care staff work outside of their role to cover the shortage. We are aware that during our visit casual staff members were being interviewed and recruited.

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Domain 7: Improving Outcomes for Mokopuna Māori

Our monitoring of the Improving Outcomes for Mokopuna Māori domain assesses the residence's plans and progress for improving outcomes for mokopuna Māori, including the extent to which Māori values are embraced and upheld, and the relationships mokopuna are supported to have with their whānau, hapū and iwi.

Findings from our last reports

In our last OPCAT report dated 18 November 2019 we said:

- Partnership with mana whenua was positive
- Staff were being supported to build their cultural capability
- A plan was needed for the residence's actions regarding improving outcomes for mokopuna Māori

In our COVID-19 report dated 11 June 2020 we said:

- Kaimahi Māori had successfully been recruited.

Findings from this visit

Strengths

Epuni has a good relationship with Te Āti Awa

There is a good relationship between mana whenua, (Te Āti Awa) and Epuni and we were told the residence tikanga is well aligned with that of Te Āti Awa. There is iwi representation on the Grievance Panel and the Community Panel, however staff spoke about wanting more iwi involvement in the day-to-day running of the residence. Staff equally understood Te Āti Awa is a small iwi with limited capacity.

Areas for development

There is a shortage of kaimahi Māori

The majority of the children and young people placed at the residence at the time of our visit identified as rangatahi Māori. This was not matched by the proportion of kaimahi Māori working with them. Staff told us there is a heavy load on a small number of Māori staff. Management said they have been intentionally trying to attract, recruit and retain kaimahi Māori.

Staff want more guidance for working with mokopuna Māori

Kaimahi Māori discussed wanting more guidance, mandate and time to further develop the cultural competency of residence staff. We heard the rōpu team have not met for six months. There is a group that meets to develop Māori programming for children and young people, however kaimahi Māori want more time to undertake strategic, residence-wide planning.

Appendix One: Why we visit – legislative background

The Office of the Children’s Commissioner is designated as a National Preventive Mechanism (NPM) under the Crimes of Torture Act (1989). This Act contains New Zealand’s practical mechanisms for ensuring compliance with the United Nations Convention Against Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment (OPCAT). The convention was ratified by New Zealand in 2007. Our role is to visit secure youth justice and care and protection residences to examine the conditions of the residences and treatment of children and young people, identify any improvements required or problems needing to be addressed and make recommendations aimed at improving treatment and conditions and preventing ill treatment.

In addition, the Children’s Commissioner has a statutory responsibility to monitor and assess the services provided under the Oranga Tamariki Act 1989. Specifically, section 13(1) (c) of the Children’s Commissioner Act 2003, states that the Commissioner must monitor and assess the policies and practices of Oranga Tamariki and encourage the development of policies and services that are designed to promote the welfare of children and young people.

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Appendix Two: Interviews and information gathering

Method	
Individual interviews	<ul style="list-style-type: none"> • Children and young people (5)
Individual and group interviews	<ul style="list-style-type: none"> • Residence Manager • National Operations Manager- care and protection residences • Team Leader Operations • Case Leaders • Team Leader Clinical Practice • Care staff • Programme Coordinator • Grievance Coordinator • Ropu representative
External stakeholder interviews	<ul style="list-style-type: none"> • VOYCE Whakarongo Mai staff • Central Regional Health School teacher • [REDACTED] nurse • Grievance Panellists
Documentation	<ul style="list-style-type: none"> • 2019 Oranga Tamariki audit report • Grievance quarterly reports • Grievance files • Secure care register • Secure care log book • Young people's files – including Individual Care Plans and All About Me plans • SOSHI reports [REDACTED]
Observations	<ul style="list-style-type: none"> • Afternoon and evening observation of unit routines • Observation of shift handover • Observation of daily assembly

Appendix Three: Previous Recommendations

Previous recommendations from OPCAT report dated 18 November 2019:

For the National Office, Oranga Tamariki	
Rec 1:	The DCE Care Services ensures that while children and young people continue to be placed in care and protection residences, the physical environments are maintained to a high standard. <i>There has been no progress towards this recommendation. (Ref. page 12)</i>
Rec 2:	The DCEs Services for Children and Families North and South ensure that all site social workers provide children and young people, and their whānau, with clear, factual information about residential placements. <i>There has been good progress towards this recommendation. (Ref. page 8)</i>
Rec 3:	The DCE Care Services reviews the criteria and steps in the decision-making process when considering employing people with low level or historical convictions (where these convictions are not specified under the Vulnerable Children Act) to establish whether undue barriers are in place for appointment of residential staff. <i>We heard from the management team it has been quicker to employ staff.</i>
Rec 4:	The GM Care and Protection Residences continues to encourage the sharing of good practice at monthly leadership meetings between residences to improve outcomes for Māori, e.g. the use of whakapapa books. <i>We did not monitor against this recommendation.</i>
Rec 5:	The DCEs Services for Children and Families North and South ensure that planning for specialised placements suitable for children with complex needs begins as early as possible, so that long extensions to care and protection residence placements can be minimised. <i>We did not monitor against this recommendation, however heard it has improved.</i>
Rec 6:	The DCE Care Services reviews whether the current supervision policy is meeting the needs of residential staff. <i>There has been limited progress against this recommendation. (Ref. page 16)</i>
For the Residence	
Rec 7:	The Residence Manager and Leadership Team ensure that all care staff have regular access to training and coaching that supports them to consistently follow children and young people's health and care plans. <i>There has been good progress towards this recommendation. (Ref. page 14)</i>
Rec 8:	The Residence Manager and Leadership Team, along with the clinical team and the site social workers, ensure that children and young people have meaningful input into their review meetings and are fully involved in the development of their plans. <i>There has been good progress towards this recommendation. (Ref. page 7)</i>

Rec 9:

The Residence Manager, Leadership Team and kaimahi Māori partner with mana whenua to develop a plan with goals for improving outcomes for mokopuna Māori with time framed actions, including how to enable the recruitment of kaimahi Māori and embedding the use of tikanga in everyday practice.

There has been limited progress towards this recommendation. (Ref. page 18)

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