



**Response from Oranga Tamariki to recommendations
from the Mana Mokopuna monitoring visit to:**

Epuni Care and Protection Residence

Visit date – September 2024

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Introduction

Epuni Care and Protection Residence (Epuni) is a 15 bed, Oranga Tamariki owned and operated care and protection residence for tamariki and rangatahi who have complex needs meaning a community-based placement is not appropriate for them at this time. The facility is located in Te Whanganui-a-Tara (Wellington).

On 4 September 2024, staff from Mana Mokopuna—Children and Young People's Commission (Mana Mokopuna) completed an unannounced one-day follow up visit to the facility. This visit is subsequent to their monitoring visit in April 2024.

Under the Oranga Tamariki Act 1989, the legal status which rangatahi are detained on remand at the home include:

- section 78 – Custody of child or young person pending determination of proceedings or in urgent cases, and
- section 101 – Custody orders.

The purpose of the follow up visit was to review progress on the Oranga Tamariki action plan for Epuni that had been developed to address concerns raised by Mana Mokopuna as a result of the April 2024 full unannounced visit, and to kōrero with mokopuna, kaimahi and external stakeholders regarding their experiences in the residence since the April 2024 monitoring visit.

Recommendations Summary

The follow-up visit OPCAT report for Epuni makes seven recommendations in addition to the recommendations made in April 2024. Oranga Tamariki accepts the recommendations.

We value the feedback we receive from Mana Mokopuna and use recommendations to make improvements. For this follow-up report, Mana Mokopuna acknowledged a number of improved areas since the April 2024 visit and made positive observations about the high quality of care mokopuna were receiving at the facility.

Oranga Tamariki is committed to strengthening practice as a priority and we continue to work towards ensuring consistent, quality practice, that is inclusive, collaborative, culturally responsive and meets the needs of tamariki and rangatahi. We are committed to achieving better outcomes for tamariki and rangatahi and we value the feedback and insights provided by Mana Mokopuna.

Recommendations	Status
1. Given the change in residence manager, continue to monitor Epuni progress closely and update the residence progress plan weekly.	Accepted
2. Provide specific TLO training as promised as a matter of urgency.	Accepted
3. Ensure there is an on-going commitment to regular training including specialised training to support mokopuna who have mental health needs, refreshers, and access to supervision for all kaimahi working at Epuni. Regular updates should be seen in the residence weekly progress plan.	Accepted
4. Ensure medication check sheets are reviewed weekly by the Quality Lead and that audit findings are recorded in the residence progress plan.	Accepted
5. Ensure reviews of use of force incidents are occurring, evidenced, and documented accurately and in line with the Care Regulations.	Accepted
6. A member of the senior leadership team at Epuni is involved in assessing new admissions for the residence to ensure mokopuna care needs can be met.	Accepted
7. The Secure Care unit and sensory room are refurbished with urgency.	Accepted

The responses to the follow-up visit Epuni OPCAT report recommendations are detailed in the remainder of this report.

Response to Recommendations

Below are our responses to the recommendations made in the Epuni OPCAT report.

Recommendation 1

Given the change in residence manager, continue to monitor Epuni progress closely and update the residence progress plan weekly.

Response

The Epuni action plan continues to be monitored and updated regularly to ensure progress continues. The plan supports the long term safe, effective and efficient operation of Epuni. The action plan is owned by the Residence Manager and the Senior Leadership Team (SLT), with national oversight.

This action plan is reviewed at weekly SLT meetings led by the Residence Manager, as well as monthly national Care and Protection Residence Manager meetings led by the Manager Residential Services Care and Protection.

This recommendation has been actioned and addressed.

Recommendation 2

Provide specific TLO training as promised as a matter of urgency.

Response

The recent Oranga Tamariki restructure established a new role of Training Lead in the Youth Justice Services and Residential Care (YJSRC) group. This role was recruited to and appointed in late November 2024. Alongside this, Oranga Tamariki has recently updated its week-long Team Leader Operations (TLO) training programme. This training focuses on the TLO role clarity; practice delivery and management (for example, trauma informed care); people leadership and experiential learning via case studies. It is intended to deliver the programme to TLOs/Team Leader Clinical Practice (TLCP) within the Care and Protection Residence network no later than May 2025.

The Manager Residential Services Care and Protection and the Residence Manager are developing a targeted schedule of training specific for the Epuni TLOs, commencing in February 2025. This will focus on management essentials and will align and support the broader training which will be delivered to all TLOs across the network.

There has been a focus on building the SLT as a team and embedding a positive leadership culture. Weekly SLT meetings alternate between a focus on business and operations, and a focus on team and leadership development. From this, Epuni has also identified the need to develop the Shift Leader function to support the delivery of consistent practice and management.

Epuni have introduced weekly Trauma Informed Leadership Training supported by the Clinical Psychologist provided through the Infant, Child, Adolescent and Family Service (ICAFS). This includes providing coaching for the TLCP to lead out a format enabling the team to consider particular needs of the rangatahi and consider how best to coach out the kaimahi to provide the optimum response.

The Manager Residence Operations and the Residence Manager have also provided a focus on how the TLOs work closer together as a team, reestablishing weekly TLO meetings. The first priority has been on a collaborative approach to managing unplanned leave across the residence.

It is anticipated that this recommendation will be addressed by the end of May 2025.

Recommendation 3

Ensure there is an on-going commitment to regular training including specialised training to support mokopuna who have mental health needs, refreshers, and access to supervision for all kaimahi working at Epuni. Regular updates should be seen in the residence weekly progress plan.

Response

Oranga Tamariki recognises the unique needs of tamariki and rangatahi placed in our residences, including those with complex mental health concerns, and we acknowledge the importance of working differently to support these tamariki and rangatahi.

For Epuni, allocated funding from Te Whatu Ora will provide two full-time equivalent specialist mental health clinicians to work within the residence. These roles will complement the services already provided at Epuni, including regular psychiatry input. Te Whatu Ora funding has already provided a Clinical Psychologist into Epuni over the past year and was established as an interim measure while a model of mental health care is advanced. The model is currently in its final stages of development. Access to the psychologist and what they have achieved at Epuni during 2024, has helped inform important aspects of the new model.

When the timing of the placement allows, the Clinical Psychologist, Primary Health Team and Epuni's clinical team review all available information to plan a collaborative response to both gaps in assessment information, but also appropriate immediate support and/or medication needs. This has included plans to review and, where appropriate, safely reduce levels of medication; specialist assessment requirements for example for conduct disorder or ADHD; intervention approaches such as ALERT (a sensory trauma-informed model).

Where appropriate each rangatahi is receiving individualised psychological or psychiatric support either from the Clinical Psychologist or from the wider multi-disciplinary team. The Clinical Psychologist works with the TLCP to develop individualised intervention plans for each rangatahi and these are available for all kaimahi to see. These intervention sheets are then used in the daily stand-ups and de-brief sessions to plan and/or reflect on particular rangatahi behaviours.

Training is an important element of our work at Epuni. However, for most of our kaimahi there are limits to its long-term effectiveness if the right day-to-day environment has not been provided as well as the time we can commit, given the operational nature of the service. We have therefore focused on how we can routinely provide coaching for our kaimahi in the moment. The Clinical Psychologist has therefore been providing a weekly session for most of SLT through the Trauma Informed Leadership Team meetings. These provide an opportunity to reflect on what we are seeing from individual rangatahi or within the group dynamics from a trauma-informed perspective and consider how we might change our response to provide more effective care. We have identified a need to extend this opportunity to our Shift Leaders and endeavour to have this in place by the end of February 2025.

We are working towards ensuring that all kaimahi receive consistent and regular supervision. The SLT have developed a monitoring system that reports on supervision on a monthly basis and is reviewed at SLT meetings. The reporting has enabled us to identify and work on areas where continued improvement is needed.

As part of our work to improve our approach to medication errors, training has been provided to all kaimahi on the role of specific medications, and why they are important for the rangatahi involved in relation to their hauora, and specific mental health issues. This is where we do see the increased importance of coaching and active learning moments, as training can provide useful knowledge, but can be limited in its longer-term effect. We ensure that the three weekly Office Day opportunities are used to reinforce key messages from any training provided.

We consider this recommendation addressed.

Recommendation 4

Ensure medication check sheets are reviewed weekly by the Quality Lead and that audit findings are recorded in the residence progress plan.

Response

Our primary health team provide daily feedback to all the SLT in regard to medications for all rangatahi and alerts us to all errors from each day. The Quality Lead undertakes weekly reviews of our medication provision which is aggregated into a monthly report considered by SLT at the beginning of each month. Where necessary, actions are incorporated into the residence action plan.

Medication errors continue to be an issue for Epuni, with the predominant errors related to missing the second signature. In response, a new approach was introduced to our provision of controlled drugs. This looked at our processes such as the signing requirements, tools and templates and, of course, training. A significant reduction in errors has been seen. This has included naming particular kaimahi as being responsible and providing active support to these kaimahi.

It was noted that medication issues were continuing, particularly through the school holidays. Upon reviewing this with our kaimahi, we believe that the disruption of the school holidays is a contributory factor as routines for getting up and having breakfast become more individualised. We have therefore established a roster for a member of SLT to be working each day with the Shift Leader to ensure that all medications are administered as required.

We consider this recommendation addressed.

Recommendation 5

Ensure reviews of use of force incidents are occurring, evidenced, and documented accurately and in line with the Care Regulations.

Response

Every single use of force is reviewed at a site level by Safety Interventions trained facilitators and CCTV footage is saved. The review identifies Safety Interventions techniques used, including any disengagements/non-restrictive techniques as well as holds/restrictive techniques. It also identifies whether low, medium or high-level techniques are used and if the use of force complies with the Oranga Tamariki (Residential Care) Regulations 1996. Additionally, the review has general commentary to describe the incident as observed on CCTV footage and importantly identifies if there is any further follow up required and to clearly define any actions to be taken.

CCTV footage from every use of force incident is also reviewed by the Manager Residential Services Care and Protection. This review may identify different or additional actions to be taken as follow up to the incident.

We consider this recommendation addressed.

Recommendation 6

A member of the senior leadership team at Epuni is involved in assessing new admissions for the residence to ensure mokopuna care needs can be met.

Response

Every admission to Epuni is considered on a case-by-case basis. This allows for an intensive assessment of the safety and wellbeing for each rangatahi to occur. The national Senior Advisor Care and Protection advises the TLCP, who is part of the SLT, of any potential new admissions to be considered. This includes providing the referral which covers the reason for referral, background and history of the young person being referred and the proposed plan for time in residence as well as the proposed plan post time in residence.

Should the TLCP, in discussion with other members of the team at Epuni, determine they believe care needs can be met then a pre-admission consultation is arranged with the site social worker and manager

to discuss in further detail the specific care needs of the young person. Consultation is also undertaken with the Clinical Psychologist and Vibe, our Primary Health provider.

If it is then determined the care needs can be met, arrangements will be made for the rangatahi to be admitted into Epuni. Information about Epuni, its programme structure and physical aspects of the site are shared with the young person, prior to arrival, to help understand what they can expect when they arrive at Epuni and during their stay.

The Residence Manager, Manager Residence Operations and the TLCP have put in place a meeting as we anticipate a transition out of residence to consider the dynamics of the rangatahi still in residence to establish what we consider might be the most suitable next admission (for example in terms of gender, or age, or type of need). This may not always be possible but offers Epuni the opportunity to be very clear about what is the safest option, considering the needs of all the rangatahi.

We consider this recommendation addressed.

Recommendation 7

The Secure Care unit and sensory room are refurbished with urgency.

Response

As noted in the report, Epuni has undergone a physical refresh in the intervening months between the April and September visits last year. This included painting the residence, replacing the carpet and installing new artwork.

Our focus now moves to addressing the conditions in secure care area and establishing a new sensory room. Mana Mokopuna observed during their visit that a new sensory room was being established within the school unit that could be used both during the day but also after school hours. This work is still progressing, but it is hoped it will be completed by March 2025. Arrangements are also being made to schedule time for the repainting of the secure care area, and our infrastructure team are working with Epuni to arrange timeframes for this to progress. It is anticipated that this work will be completed by March 2025.

We anticipate addressing this recommendation by the end of March 2025.