

## Epuni Care and Protection Residence

### OPCAT Monitoring Report

Visit date: 10-12 March 2025

Report date: June 2025



# Kia kuru pounamu te rongō

## 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 wellbeing, at every stage of their lives.

Please note that in this report, for clarity, we use the term 'mokopuna' to describe a group of young people, and 'tamaiti' for an individual.



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# Introduction

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

Mana Mokopuna - Children and Young People's Commission 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. As of 01 August 2025, the Children and Young People's Commission is replaced with the Children's Commissioner (Mana Mokopuna – Children's Commissioner), due to legislative change. This changes the governance structure of our organisation, while retaining the same mandate and functions. 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 torture, cruel, inhuman, degrading treatment or punishment.

## About this visit

Mana Mokopuna conducted a full unannounced visit to Epuni Care and Protection Residence (Epuni) between 10-12 March 2025 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.

As per our usual process, our initial findings are reported at facility and Oranga Tamariki national office level in real-time following this monitoring visit.



## 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. A draft report is available for stakeholders to review three months after the onsite visit has concluded.

## 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>  | 20 bed capacity - the maximum capacity at Epuni is 20 beds, with a current maximum safe operating capacity of up to 15 beds. 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 nooks for mokopuna to regulate behaviour and have phone calls. There is an additional area designated for Secure Care. There were seven mokopuna on-site at the time of the visit, including one new admission. |
| <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 State Care and in the Care of Faith-based Institutions. 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 that intergenerational trauma has had on them, either working at the facility or when whānau who themselves have experienced living at Epuni, visit their mokopuna there. Mana Mokopuna acknowledges the reflections shared with us through this most recent monitoring visit.

## Key Findings

Mana Mokopuna found no evidence of cruel, inhuman, degrading treatment or punishment (ill-treatment) during the visit to Epuni.



### **Areas of concern at the time of this OPCAT monitoring visit in March 2025:**

- Epuni recently experienced a turbulent period of instability, including a high turnover of kaimahi and several mokopuna admissions who were presenting with very complex mental health needs and challenging behaviours.
- Secure care is being used to manage mokopuna behaviour and admissions do not always meet legal grounds.
- Secure care still requires an urgent refurbishment
- The current staffing ratios do not match the complexity of support needed by some mokopuna.
- Some kaimahi reported working double shifts regularly and casually employed kaimahi are rostered on most shifts.
- There is a lack of engagement from field social workers with mokopuna and kaimahi at Epuni.
- Kaimahi want more support, resourcing, training and external supervision, particularly around the fundamentals of working in residence such as secure care and facilitating programmes.
- The TLO's have still not received the national TLO training that was promised in 2024.
- Some mokopuna are experiencing lengthy placements in Epuni and are not always being well-informed of their care plans.
- Mokopuna and whānau need to be included and involved in their care.
- There continues to be high rates of medication errors occurring for the residence.
- Mokopuna said access to the outdoors is limited and that they want more offsite visits in the community.

### **Areas of opportunity:**

- A permanent residence manager is due to be appointed after a long period of instability. This will hopefully result in a clear strategic direction for Epuni and consistency in practice expectations.
- The proposed shift leader development plan provides opportunities to upskill and support shift leaders and TLO's at Epuni.
- Mokopuna are aware of their rights and have good access to advocacy.
- Collaboration with external providers such as Central Regional Health School, Vibe Health and CAMHS has improved and is having a positive impact for mokopuna at Epuni.
- The fixed-term psychologist at Epuni had a positive impact on mokopuna, and the funding granted from CAMHS for two designated kaimahi provides opportunity to enhance the care of mokopuna and meet their therapeutic needs.
- Mokopuna have good access to primary healthcare.
- There is opportunity to embed more cultural practice and mātauranga Māori through the incorporation of a cultural model of care.



- Mokopuna are well engaged in education.
- There is opportunity to review the kai provided to mokopuna to ensure there are healthy and balanced options.

## Recommendations

### 2025 Systemic and Oranga Tamariki National Office

#### Recommendations

|   | Recommendation   |
|---|--|
| 1 | Urgently implement the Team Leader Operations training that has been promised and outlined in OPCAT monitoring reports in 2024.  |
| 2 | Ensure social workers are developing transition plans for mokopuna early. Plans need to detail comprehensive wrap around supports for mokopuna and whanau, to ensure mokopuna do not remain in secure residences longer than necessary.                    |
| 3 | Review the staffing ratio need at Epuni to ensure there is adequate 1:1 support available for mokopuna with very high and complex needs.   |
| 4 | Review recruitment and development within the workforce strategy for residences, to ensure that all kaimahi onboarded have the right attributes for the role and develop skills to work effectively with mokopuna who have high and complex support needs. |
| 5 | Ensure social workers adhere to their practice responsibilities <sup>1</sup> for mokopuna and minimum contact visits as per Oranga Tamariki Policy <sup>2</sup>  |

### 2025 Facility Recommendations to the Epuni Residence

#### Manager

|   | Recommendation   |
|---|--|
| 1 | Urgently refurbish the secure care unit.   |
| 2 | Ensure kaimahi receive specialised training in mental health, neurodiversity, and trauma informed practice to ensure appropriate and high quality care for mokopuna.                             |
| 3 | Implement a schedule of meaningful, culturally inclusive programmes for mokopuna outside of the structured school day and ensure kaimahi receive training on how to facilitate these programmes. |
| 4 | Ensure all kaimahi working directly with mokopuna have access to regular, external professional supervision in line with Oranga Tamariki supervision Policy <sup>3</sup> .                       |
| 5 | Invest in support for kaimahi to build cultural competency in tikanga, te reo and mātauranga Māori to better support mokopuna Māori.   |

<sup>1</sup> [Allocating a key worker and co-worker | Practice Centre | Oranga Tamariki](#)

<sup>2</sup> [Visiting and engaging with tamariki and rangatahi in care | Practice Centre | Oranga Tamariki](#)

<sup>3</sup> [Professional supervision | Practice Centre | Oranga Tamariki](#)



# 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>4</sup> for New Zealand's sixth periodic review on its implementation of the Children's Convention<sup>5</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>6</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>7</sup>.

Both of these sets of observations included recommendations to New Zealand relating to upholding the rights of mokopuna Māori.

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 observed during this monitoring visit in March 2025. Where relevant, these are highlighted throughout the body of the report.

## OPCAT Monitoring Engagements with Epuni

### Timeline of Events over the past two years

- April 2024 full OPCAT monitoring visit
- September 2024 one day drop in OPCAT monitoring visit
- March 2025 full OPCAT monitoring visit

### Detail of Events

Prior to this full OPCAT monitoring visit, Mana Mokopuna OPCAT monitoring team has been keeping a watching brief on the Epuni residence, following concerns raised during the full unannounced visit undertaken by the team in April 2024. We continue to review data and document trends for the residence to inform future lines of enquiry under our OPCAT mandate.

Mana Mokopuna conducted an unannounced one-day 'drop-in' visit to Epuni on 4 September 2024 to review progress on the Oranga Tamariki action plan that had been developed specifically for the residence following our April 2024 visit, to address concerns raised in our report. Mana Mokopuna OPCAT monitoring drop-in visits are designed to provide a

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<sup>4</sup> Refer CRC/C/NZL/CO/6 [G2302344 \(3\).pdf](#)

<sup>5</sup> [Convention on the Rights of the Child | OHCHR](#)

<sup>6</sup> Refer CAT/C/NZL/CO/7 [G2315464.pdf](#)

<sup>7</sup> [Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment | OHCHR](#)





temperature check for a facility and to build on the information we are receiving from documentation reviews.

Our March 2025 full OPCAT monitoring visit was designed to again follow up on previous recommendations made in 2024 and to kōrero with mokopuna, kaimahi and external stakeholders about their experiences at Epuni to prevent harm for mokopuna.



# 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.

### The residence has come out of a turbulent period

Upon arrival to the residence, Mana Mokopuna was told that the residence had been experiencing a turbulent period, which included a significant turnover of kaimahi, a shortage of experienced kaimahi, instability in leadership team and mokopuna presenting with challenging behaviours and mental health needs. Some of these challenging mokopuna behaviours involved assaults between mokopuna and toward kaimahi. During this particularly turbulent time there was a high use of force and secure care in the residence. Mana Mokopuna was told that several kaimahi at the residence chose to terminate their employment with Oranga Tamariki due to the lack of consistent leadership expectation, direction, and support to navigate through a particularly tough time.

In the six months prior to the visit, there were fewer than 25 secure admissions during September, October and December 2024<sup>8</sup>. However, during November 2024, January and February 2025, secure admissions doubled, with approximately 50 secure care admissions occurring in January 2025 alone. Additionally, during January and February 2025 there were over 100 instances of mokopuna being confined to their rooms in secure care under regulation 48<sup>9</sup>, compared to previous months where there had been less than 20 documented uses of the regulation.

Mana Mokopuna was informed that incidents and subsequent measures were mostly centred around particular mokopuna, and much of the staff turnover that had occurred was from this period. It was emphasised to Mana Mokopuna that the residence had now become much more settled and kaimahi expressed feeling like they were 'finally coming out the other end' of a turbulent situation. With the residence feeling like it is more settled, kaimahi shared that they have the ability to reflect on practice during the difficult months with the aim of improving practice and care for mokopuna in the future.

### The absence of a permanent manager had an impact

There has been a revolving door of acting Residence Managers at Epuni, with different approaches to residential operations and varying leadership styles. At the time of the visit, the residence had been without a permanent manager for some time and there was a different

<sup>8</sup> Data obtained from Epuni residence during the on-site visit.

<sup>9</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](#)



acting manager in place since our follow-up visit in September 2024. Kaimahi raised the impact of this with us, noting that it felt like Epuni had been stuck in a cycle of changing expectations which was confusing and stressful for kaimahi to navigate. Kaimahi spoke positively about the previous acting manager, noting positive changes coming to fruition, and hoped that this would continue when a permanent appointment was made to the residence manager role.

The current acting manager also spoke about the challenges of this situation. Whilst some kaimahi were wary of having a new manager and their ability to provide the changes needed, other kaimahi said they had faith in the current leadership. Kaimahi said what makes a positive difference is leaders being visible in the unit, actively participating with mokopuna, not shying away from having tough conversations, and leading by example rather than having one standard of practice for kaimahi and another for themselves. These were qualities the current leadership team displayed.

Mana Mokopuna was informed that a permanent manager was in the process of being appointed at the time of the visit and like kaimahi, we look forward to seeing how the residence progresses under permanent leadership.

### Workforce levels should reflect and meet mokopuna needs

There were conflicting reports from kaimahi and the leadership team around staffing levels and kaimahi to mokopuna ratios in the residence. Kaimahi said they felt under-resourced and struggled to manage mokopuna needs. Many kaimahi also reported instances of having to work double shifts to make up the shift numbers. While many kaimahi expressed wanting the best for mokopuna, staffing levels were an ongoing issue that made this difficult to achieve, and mokopuna also commented on this.

*"The residence is short staffed, [and this] reflects on us due to dynamics on the floor.*

*It's not fair"*

*(Mokopuna)*

Conversely, the leadership team reported the residence as fully staffed. They acknowledged some kaimahi were away on leave but emphasised that Epuni had the required staff to mokopuna ratio for the number of mokopuna they were caring for. Several kaimahi said they had been asked by their leadership team to stop complaining about staffing numbers, which they said had an impact on them by diminishing their experiences and the reality they are facing day-to-day with feeling under-resourced.

*"The moment my passion starts to dwindle is when I rock up [to work] and there's only three staff on"*

*(Kaimahi)*

Some mokopuna who were at the residence at the time of the visit needed dedicated care and 1:1 focused attention in order to meet their particular needs. Despite the number of mokopuna in the residence being lower than capacity, there were particular mokopuna whose needs and complexities were high. There was little opportunity for kaimahi to work with these mokopuna 1:1, which in turn negatively impacted upon kaimahi ability to manage overall unit dynamics.



An example of this which Mana Mokopuna witnessed during the visit included mokopuna kicking furniture and the Perspex hub windows because they were frustrated, and kaimahi were pre-occupied at the time looking for missing scissors. Other mokopuna then started posturing with others and raising their voices to kaimahi. This situation took kaimahi considerable time to get under control.

It is important that the designated workforce reflects the support needs of mokopuna, and that the standard operating procedures are regularly reviewed in order to ensure mokopuna care needs can be met, particularly for those with very high and complex presentations.

## Kaimahi wellbeing needs to be a priority alongside the provision of adequate training and support

Many kaimahi were eager to talk to our team about the period just before our monitoring visit and the effect it had on them as individuals. This period included assaults on kaimahi by mokopuna, double shifts and the regular use of casual staff. Kaimahi described this time as a period of low morale. During our monitoring visit, some casual kaimahi were working almost full-time, which mokopuna confirmed, stating that a particular kaimahi (casual employment) was on shift most days. Kaimahi expressed currently feeling stretched because of the very high and complex needs of the mokopuna in the residence and the lack of experienced kaimahi to take care of them. Collectively, these circumstances led to some kaimahi not feeling safe or not wanting to be at mahi. Kaimahi said that what kept them going through this period was the support they received from their team members.

*"I wouldn't be able to do this job without my teammates backing me up, looking out for one another"*  
(Kaimahi)

Mana Mokopuna heard from some kaimahi that they wanted the best for mokopuna but needed more training, on-going support, recognition for the work they do, and access to external supervision. Kaimahi emphasised these things would help prevent burn-out, enhance staff wellbeing and retention, and support kaimahi to be consistent in their practice with mokopuna<sup>10</sup>. Some kaimahi expressed feeling like awahi (support) was lacking from the leadership team when it came to their wellbeing, saying there was not always opportunity to feed back about their experiences across their different roles.

At the time of our visit, supervision was being provided by their Team Leader Operations (TLOs)<sup>11</sup> through check-ins, alongside cultural supervision by the residence Kaiwhakaako<sup>12</sup>. Kaimahi noted that it was important for them to have access to supervisors who were qualified

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<sup>10</sup> [Professional supervision | Practice Centre | Oranga Tamariki](#)

<sup>11</sup> [team-leader-operations-pd-160518.pdf](#)

<sup>12</sup> The Kaiwhakaako role is essential to building cultural capacity amongst kaimahi, supporting a shared vision and goals for mokopuna Māori, and upholding the kawa (Māori protocols) and tikanga (traditional Māori customs) of the residence.



to meet their support needs and were independent of the residence, so they could kōrero freely.

TLOs themselves were still awaiting training that had been urgently recommended after our April 2024 visit and promised by Oranga Tamariki. Kaimahi felt their induction does not adequately prepare them for the realities of the TLO role, and they desired a more hybrid approach with theory and practical skills applied in unison.

At the time of the visit there was a shift leader development plan being proposed to build capability and develop connection among shift leaders, to role model consistent practice across the care teams. Positively, the proposal encompassed seven topics, such as leadership styles, good shift planning and safety for kaimahi and mokopuna during two week learning cycle blocks with opportunities for ongoing reflection and feedback.

External staff, including education providers, shared that they have noticed an improvement in communication and practice with the shift leaders, and they shared positive experiences including clear communication, collaborative leadership and role-modelling to other kaimahi during mokopuna classroom time.

When kaimahi are well supported, they are better able to care for mokopuna, so it is important that their needs and concerns are prioritised and addressed. Mana Mokopuna looks forward to seeing the implementation of both TLO and shift leader training and understanding the impact this has for kaimahi working with mokopuna during our next OPCAT monitoring visit.

### Collaborative relationships with externals and stakeholders are essential

Building strong relationships with external stakeholders and services has a significant impact on the quality of mokopuna care in the residence. Mana Mokopuna was pleased to see efforts being made to improve relationships between Oranga Tamariki, health, and education providers, in the best interests of mokopuna in Epuni. We observed collaborative practices and more effective communication that appeared to be strengthening these relationships, with noticeable positive outcomes for mokopuna.

Kaiako<sup>13</sup> (teachers) working with mokopuna in Epuni did note to our team the difficulty in delivering education during the months prior to our March 2025 visit. They told us that a decision was made by Central Regional Health School to close school a week early in Term 4 of 2024 due to safety concerns. Kaiako said they felt unheard by Oranga Tamariki when they voiced their safety concerns both for kaiako and for mokopuna. Central Regional Health School requested ongoing health and safety meetings going into 2025 to ensure a safe working environment for their kaiako. The nurses from VIBE<sup>14</sup> Health also had to take safety precautions during this time, only working on a two to one ratio with mokopuna and initiating the use of

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<sup>13</sup> Central Regional Health School run education at Epuni.

<sup>14</sup> [Vibe](#)



cross-body bags to ensure they could safely carry medication, phones and keys through the residence to prevent mokopuna from attempting to take them.

The introduction of a dedicated psychologist from Health New Zealand - Te Whatu Ora for a contracted period was something that was highlighted as extremely positive by kaimahi across all operations of the residence. Kaimahi said having this resource helped them engage in a trauma-informed and mokopuna-responsive manner when supporting mokopuna in the residence. The residence looks forward to an ongoing relationship with Health New Zealand - Te Whatu Ora, which at the time of the visit was actively recruiting two dedicated Child and Adolescent Mental Health Service (CAMHS) kaimahi specifically for the residence.

Mana Mokopuna supports collaborative relationships between the residence and external stakeholders as this ultimately leads to a holistic approach and better outcomes to meet the needs of mokopuna. We commend and encourage the increased focus on specialist psychological support for mokopuna in the residence and urge this to continue, to support mokopuna rights to the highest attainable standard of health and to ensure mokopuna mental health and wellbeing needs are met.

### There is a desire for greater social worker presence and engagement

Kaimahi and mokopuna shared concerns about the quality and regularity of engagement from Oranga Tamariki site social workers with mokopuna in Epuni. Kaimahi felt as though these social workers do not make enough of an effort to engage with residence kaimahi working directly with mokopuna. Some kaimahi said that contact and communication with mokopuna could be inconsistent.

*"Haven't had a social worker come in since last year, for the kids it's like nobody cares, feels like we're a holiday programme for social workers"*  
(Kaimahi)

It was clear that residence staff did not feel that they and the Oranga Tamariki site social workers are part of one team wrapped around mokopuna in Epuni. Many kaimahi spoke to feeling as though social workers used Epuni as a babysitting service and an opportunity for a 'holiday' from mokopuna in their caseload that are deemed challenging to manage or have more complex needs. Some kaimahi said that it appeared not all Oranga Tamariki site social workers have a good understanding of how residences run. Before admission to Epuni, mokopuna were also often not told they were coming into residence by their social workers, or were told they would only be staying in Epuni for a short period of time, yet ended up having extended stays. Whilst some mokopuna did say they had good experiences with their social workers, some mokopuna also spoke about their social workers not being so great and didn't find them helpful or communicative.

*"Social worker is s\*\*\*... doesn't listen to me, [or] what I want"*  
(Mokopuna)



Additionally, mokopuna noted that they were being supported by VOYCE Whakarongo Mai<sup>15</sup> with problems they were having with their Oranga Tamariki site social workers, with some mokopuna making a formal complaint and others saying their social worker did not visit them every eight weeks, despite this being the understanding they had of the frequency of visits they should receive from their social worker whilst they are in care. Some whānau also expressed experiencing a lack of quality social work practice when their child was in Epuni.

*"Social worker doesn't provide updates – I have to call her – they only call when they want me to fund something"*  
(Whānau)

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To align with Article 12<sup>16</sup> of the UN Convention on the Rights of the Child and the articles of Te Tiriti o Waitangi<sup>17</sup> (particularly Article 2), improved engagement with and advocacy for mokopuna at Epuni is required from Oranga Tamariki social workers. Social workers must actively involve mokopuna in decision-making to ensure their rights and cultural needs are fully met. Mokopuna have a right to participate in and have full knowledge of decisions about their care. This includes when they are required to move to new placements.

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<sup>15</sup> VOYCE - WHAKARONGO MAI

<sup>16</sup> Article 12 and 2 [Convention on the Rights of the Child | OHCHR](#)

<sup>17</sup> [The three articles of the Treaty of Waitangi – Nation and government – Te Ara Encyclopedia of New Zealand](#)



## Treatment

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

### Restrictive practice at Epuni

Between the months of November 2024 and the end of February 2025 there was a high level of restrictive practice used on mokopuna in Epuni, particularly in terms of the use of secure care and regulation 48.<sup>18</sup> During the time of our OPCAT monitoring visit, Mana Mokopuna was told by kaimahi that the admissions into secure care had reduced, however, operational data provided by Oranga Tamariki indicated there was still a high use of secure care. Mana Mokopuna observed the use of secure care on two occasions during our visit, and also observed searches being undertaken on the visit. A tamaiti who was newly admitted into the residence during the time of our visit had a planned transition into the residence through secure care prior to being admitted into the main unit. During the visit we also observed a tamaiti being admitted into secure care by kaimahi as there was a belief expressed by kaimahi that they were concealing a pair of scissors in their clothing.

During our visit, Mana Mokopuna observed a number of kaimahi who were uncertain how to admit mokopuna into secure care. They also lacked knowledge about what area of the Oranga Tamariki legislation the admission would fall under – which is crucial to be clear on the grounds under which mokopuna are admitted into secure care. This highlights the importance of kaimahi training, both at the foundational and ongoing level, particularly when dealing with the legal considerations around secure care and mokopuna treatment.

*"Secure care – always in there for 3 days, no retention<sup>19</sup> when they keep us longer."  
(Mokopuna)*

Mana Mokopuna was told by kaimahi that the use of regulation 48 in Epuni does not always meet the grounds legislated under The Residential Care Regulations 1996,<sup>20</sup> and some kaimahi believe the regulation simply allows the opportunity for mokopuna to be in secure care to self-regulate, calm down and take accountability for actions whilst alone in their bedrooms. One kaimahi reported that secure care use could be "out the gate," with the regulation 48 not being applied correctly, and mokopuna also reported that secure care was not used appropriately.

*"[I was] confined to my room in secure care for 2 hours – no reason provided"  
(Mokopuna)*

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<sup>18</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>19</sup> Retention applications to enable a longer than three-day secure care admission may be to either the Youth or Family Court. A Judge will decide if the grounds for the retention have been met.

<sup>20</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](#)





Inexperienced kaimahi who did not know how to manage mokopuna and de-escalate behaviour and situations using trauma-informed strategies, also contributed to the high use of secure care, relying on it as a behaviour management strategy and as a punishment. This was noted by whānau, mokopuna and kaimahi.

*“Secure - more like they’re putting them in the naughty corner for the day”  
(Whānau)*

*“Grounds for secure care needs to be fixed, it’s used as a punishment”  
(Mokopuna)*

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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>21</sup>

The Concluding Observations released by the UN Committee Against Torture in July 2023 recommends New Zealand should immediately end the practice of solitary confinement, including secure care, for children in detention.<sup>22</sup>

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The Epuni leadership team acknowledged that Use of Force reviews<sup>23</sup> had not been conducted consistently in the past at the residence. However, it was confirmed that a consistent process is now in place to ensure all incidents are appropriately documented and reviewed. During the March 2025 visit, Mana Mokopuna was able to verify Use of Force reviews covering the period from October 2024 to February 2025. At the time of our March 2025 visit, more than ten incidents involving force had already occurred and required review – noting there was still 19 more days left in the month.

This March 2025 figure stands in contrast to the collective kōrero from kaimahi, who reported a perceived decrease in the use of force against mokopuna. The number of Use of Force reviews in March 2025 was higher than those recorded in October, November, and December 2024, and was approximately equal to the number of incidents reviewed in January and February 2025 – months which were identified by kaimahi as particularly challenging for the residence.

### **The implications of assessments, extended stays and transitions**

Kaimahi noted there is pressure to get all procedural and specialist assessments completed for mokopuna, to help them return to the community, but there is often a lack of placements available for them to go to when they leave Epuni. A small number of mokopuna do come into

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<sup>21</sup> A/ HRC/28/68, para 44

<sup>22</sup> CAT/C/NZL/CO/7 para 38(h)

<sup>23</sup> All force that is used on mokopuna is reviewed to ensure that it complies with training and the lowest levels of intervention are used for each situation. If excessive force is suspected to have been used on mokopuna by kaimahi this will be picked up in these event reviews and further scrutiny occurs. Further action, including HR action, is taken if necessary.



Epuni as an 'Emergency-bed' (E-bed) under temporary placement, but many of these placements do go on to experience longer stays in the residence. It was also not uncommon for mokopuna to be unaware they were coming into an Oranga Tamariki care and protection residence, or that their stays could be extended beyond what they were initially told.

*Social worker said you are "going home" with the cop"... [tamaiti] got in the car and said something 'feels off'. Tamaiti relayed they kept asking where they were going and noticed they were going in the wrong direction of home and when mokopuna asked again, the cop said "you are going down to Wellington to be locked up in Epuni"*

*(From an interview with mokopuna)*

*"[Tamaiti] have been told that they will be in here for three months... social workers say they might get out beforehand... all the kids in here say [the stay] will be extended"*

*(Mokopuna)*

The medical team also told Mana Mokopuna that there can be issues with health and behavioural assessments that occur within the residence as they are not always a true reflection of how mokopuna can be out in the community – being detained in a residence is not a natural environment.

*"[Residence] made my baby turn into a fighter...getting called every second day that they are getting put into secure – it's turning them into an angry person... they're more emotional now. Didn't feel like Epuni was the right place for them to go... I asked for help, not to get [them] sent into a residence"*

*(Whānau)*

For one tamaiti, who was currently living in the residence, there was noticeable decline in presentations and wellbeing during their stay, with new issues arising for them after being admitted into Epuni.

*"They are really vulnerable and I always worry about them... they have been declining the past couple weeks – drastically and not sure what is happening for them"*

*(Tamaiti describing the presentation of another tamaiti in residence)*

Transitions of any kind can also be distressing for mokopuna with pre-existing trauma – including due to the uncertainty and change that they bring. Mokopuna can display escalated behaviours when transition is impending and/or post-transition. This was the case for one tamaiti at Epuni during our visit, which highlighted the need for clear communication and trauma-informed awhi, aroha, and consideration.



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Delays in decision-making and a lack of adequate support from Oranga Tamariki for mokopuna placed in Epuni is impacting negatively on mokopuna rights under Article 2 and 3 of Te Tiriti o Waitangi<sup>24</sup>, as well as Articles 12 and 20 of the UNCRC.<sup>25</sup> Mokopuna do not always have timely care plans and adequate follow-up. Due to this, mokopuna are unable to exercise tino rangatiratanga in decisions that affect them. Failure to address these issues risks mokopuna institutionalisation.

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Mokopuna raised the importance of their own and their whānau involvement in their plans, with whānau highlighting the potential impact that not engaging them can have.

*"Feels like they're going to set them up to fail"*  
(Whānau)

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Section 5(1)(c) of the Oranga Tamariki Act 1989<sup>26</sup> explicitly recognises that "the primary responsibility for caring for and nurturing the well-being and development of mokopuna lies with their family, whānau, hapū, iwi, and family group". Whānau should be provided with the necessary resources and support to meet the needs of their mokopuna wherever possible.

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### Kaimahi inexperience impacts on mokopuna care

A lack of experienced kaimahi was brought up on numerous occasions by kaimahi themselves as a difficulty within the residence. This had a ripple effect on mokopuna care. There were only a few kaimahi who had been working in the residence for more than two years who were directly engaging with mokopuna, with the majority of kaimahi working at Epuni for less than a year. Mokopuna commented on the practice of a kaimahi who had worked at the residence for many years:

*"they put in boundaries, good routines which is good for kids"*  
(Mokopuna)

Many new kaimahi are trying to learn practice and process working in a residence from people who are still learning themselves, which creates the potential for inconsistent practice approaches. Mokopuna told Mana Mokopuna they could tell when kaimahi were inexperienced or not confident in dealing with challenging or escalating mokopuna behaviours.

*"There are some good and bad staff – but most don't know how to handle hard situations"*  
(Mokopuna)

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<sup>24</sup> [The three articles of the Treaty of Waitangi – Nation and government – Te Ara Encyclopedia of New Zealand](#)

<sup>25</sup> Article 12 and 2 [Convention on the Rights of the Child | OHCHR](#)

<sup>26</sup> [Oranga Tamariki Act 1989 No 24 \(as at 08 April 2025\), Public Act 5 Principles to be applied in exercise of powers under this Act – New Zealand Legislation](#)



There were, however, pockets of good practice occurring with clear demonstrations of positive relationships and engagement between kaimahi and mokopuna, such as sharing in waiata together and role playing to help mokopuna learn their rights and legislative rules and regulations. However, there were also concerns such as kaimahi failing to respond in a timely manner or intervene at all when inappropriate conversations between mokopuna occurred, when mokopuna threw objects at each other, when they kicked furniture and windows, or when mokopuna were playfighting including using headlock holds.

*"The worst and greatest thing here are the staff... some are really good and majority of staff are not good"*

*(Mokopuna)*

More than one mokopuna disclosed that there are particular kaimahi who they do not trust and do not feel safe around. Oranga Tamariki provided information to support Mana Mokopuna reviewing an incident where a kaimahi allegedly assaulted a mokopuna. Some mokopuna also shared detailed about instances when some kaimahi have sworn at mokopuna, and they also raised some concerns about particular kaimahi and threatening behaviour. The OPCAT visit team raised these mokopuna concerns (with their consent) directly with the residence manager and the National Manager Residential Services – Care and Protection based at Oranga Tamariki National Office.

*"One of the things is that kaimahi regularly say that they are not afraid to hit mokopuna in view of cameras"*

*(Mokopuna)*

Inappropriate behaviour from kaimahi is unacceptable and it is important that stringent measures are taken to address it, including thorough recruitment processes to ensure the right kaimahi are working with mokopuna. Between December 2024 and January 2025 there were five Reports of Concern for mokopuna-on-mokopuna assaults in Epuni. At times, mokopuna in the unit were dysregulated when their needs were not recognised or met in a timely manner, and it is important that kaimahi have the skills to manage this.

## Unpacking the purpose of care and protection residences

A key question raised by many kaimahi, whānau, and mokopuna with Mana Mokopuna during the OPCAT monitoring visit was asking *what is the purpose of care and protection residences?* They noted the increase in admissions of mokopuna presenting with complex behavioural needs, mental health needs, as well as mokopuna starting to engage in offending behaviours. Kaimahi noted that they did not necessarily appreciate the different needs of mokopuna they would be working with until they started working in the unit, and that training did not prepare them to manage the variety of challenges mokopuna are admitted into the residence with. Kaimahi said they essentially just have to try their best and that mokopuna needs are not always met in the residence.



It was described that in some instances the residence can feel like a mini youth justice residence, or a space detaining young people with mental health needs which lacks readily available specialised care and support. In these instances, the care and protection residence appears to be serving as a holding zone until more appropriate placements (i.e. in the youth justice or mental health spaces) become available for mokopuna.

*"This ain't YJ but it's used like one. It's not, this is care and protection... It's like a holding pen. We are like sheep, [the system is] putting an air tag on us to keep us here. It's sad!"*  
*We need more freedom – its C&P not YJ"*  
*(Mokopuna)*

### ***The impact of the history of Epuni on mokopuna, whānau and kaimahi today***

Kaimahi said that Epuni as a residence carries its history really heavily. It was not uncommon for the whānau of mokopuna to have historic traumatic associations with the residence, and it was difficult for those with mokopuna who had more complex needs which were not adequately being met during their stay. There is a need to re-assess and identify the goal and vision for Oranga Tamariki Care and Protection spaces, as well as for Oranga Tamariki to deeply consider the role of the specific residence and how events of the past which have caused deep trauma for mokopuna and whānau are having an impact in the current time on mokopuna, whānau, and, to a degree, kaimahi working at the residence.

*"Feel like there is an emphasis on the protection part, but not the care part... [we are not] meeting their emotional needs, mental health needs – just the minimum required by the legislation. This is a prison"*  
*(Kaimahi)*



## 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.

### A collaborative service approach is necessary and makes a difference

Kaimahi spoke positively about the impact of collaborative relationships between Epuni and Child and Adolescent Mental Health Services (CAHMS)<sup>27</sup> and Infant, Child, Adolescent and Family Services (ICAFS)<sup>28</sup>. Prior to our visit, the residence had been provided with a designated psychologist to assist in training kaimahi and provide individualised sessions with mokopuna. Many kaimahi spoke positively about this trauma-informed training and the positive impact it had on their understanding of, and practice with, mokopuna with complex backgrounds and needs.

The contract with this psychologist had ended the week of our visit and while Health New Zealand - Te Whatu Ora has provided funded support for full-time equivalent ICAFS positions. Whilst ICAFS committed to having staff attend pre-admission meetings and assist the residence where it could, there was no regular onsite resource until positions were filled. Kaimahi raised this as particularly worrying given the noticeable decline in one particular tamaiti presentation and wellbeing over a relatively short period of time. Kaimahi stressed that they want to support mokopuna but lacked specialist skill and resourcing to do this well.

To care for mokopuna with high and complex needs, including mental health challenges, Care and Protection residences must have the appropriate specialist roles and resourcing available. Mana Mokopuna acknowledges the gains made in terms of collaborative planning at Epuni with ICAMS now joining residence kaimahi for pre-admission consultations, and that the leadership team is currently exploring pathways where clinical services can be involved in transition meetings. These are positive developments that should benefit mokopuna to support their rights and needs being protected and met.

### Mokopuna need access to specialist care

During the OPCAT monitoring visit, there were a number of mokopuna presenting with mental health concerns and needs. Kaimahi and whānau noted the decline of one tamaiti in particular over their time in residence and wanting to better support them with dedicated, specialist care. Kaimahi from Vibe Health Services<sup>29</sup> noted there needs to be a mix of community and mental health support workers working alongside mokopuna and residential youth workers to provide that real time guidance and professional input into mokopuna care. Some kaimahi highlighted the difference it made to mokopuna care when kaimahi are recruited who have a professional

<sup>27</sup> [Child and Adolescent Mental Health Services \(CAMHS and ICAFS\) | MHAIDS](#)

<sup>28</sup> [Child and Adolescent Mental Health Services \(CAMHS and ICAFS\) | MHAIDS](#)

<sup>29</sup> [Vibe](#) Health Services



trauma-informed background or had gained degrees in subjects like psychology, despite this not being a requirement of the youth worker role.

*"No therapeutic support– don't have it here, or someone who comes in to see us. We need it here... kids here need professional and mental health support."  
(Mokopuna – speaking to their own experience)*

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All mokopuna have the right to access health care that meets their needs as per Article 24 of the UN Convention on the Rights of the Child. Mokopuna who require specialist health care – including mental health care – are not always having their needs met at Epuni.

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### Primary healthcare provision is good at Epuni

Primary healthcare at Epuni is provided by Vibe Health Services, who regularly come on-site to provide mokopuna primary healthcare services. Mana Mokopuna were told the nurses often go above and beyond for mokopuna to ensure their medical needs are being met, including coming in to provide medication dispensing support on days they were not scheduled to be on-site. There are four nurses that rotate shifts for Epuni, meaning mokopuna can choose a nurse who they have good rapport with and trust. There is also a new General Practitioner working in the residence alongside the nurses to provide a good coverage of health care. The nursing staff did say they had recently returned to working appointments in pairs due to safety concerns and mokopuna behaviours.

Vibe Health also continue to provide ongoing support and training to kaimahi such as infection control. However, more work is needed, as during the visit the OPCAT monitoring team observed a tamaiti, who had been vomiting throughout the night, was not isolated from other mokopuna and sat at the table during mealtime with mokopuna and kaimahi whilst holding a bucket to vomit into.

### High rates of medication errors

Mana Mokopuna found that high rates of medication errors have continued to occur at Epuni and this was reflected in the data provided by the residence, with an average of more than 150 errors occurring monthly over the past six months.

The leadership team reported that they are working to address these errors through a series of training sessions for kaimahi including a controlled medication training. Two signatures are required for controlled medication, and one for uncontrolled, with shift leaders now dispensing controlled medications. The majority of the medication errors were for uncontrolled medication such as prescribed creams for eczema or dietary supplement drinks such as Kiwi Crush for gut health.

Kaimahi could be dismissive of the use of these uncontrolled medications and not provide mokopuna with consistent access, so even though the medications had been prescribed, they were not always offered to mokopuna. Nurses said that this fed into a large portion of the



documented errors. Even if mokopuna decline to use medications like creams, access should be offered each day in line with the prescription. Kaimahi should be supporting mokopuna in their decision making (tino rangatiratanga) to use medications prescribed for them and documenting when they are declined.





## 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.

### Epuni needs a model of care embedded in culture

Mokopuna Māori make up a large proportion of those in care and it is therefore important that they are able to be cared for in a culturally responsive manner. During our visit, the majority of mokopuna in the residence whakapapa Māori<sup>30</sup>. Upon arrival to Epuni, the Mana Mokopuna OPCAT team was formally welcomed by the Kaiwhakaako<sup>31</sup> and the Residence Manager with a mihi whakatau (Te Āti Awa kawa), and the team also observed this happening for a tamaiti who was admitted to the residence during our visit. Kaimahi said that mokopuna are always welcomed into the residence this way (where appropriate based on their presenting needs) and that they receive a poroporoaki<sup>32</sup> on their departure.

There were examples of culturally responsive practices occurring, but it is our observation that they lacked the foundations to become sustainably embedded in residence practice (for example due to limitations in cultural capability across kaimahi). Practices observed included some use of karakia and waiata, engagement with the Kaiwhakaako, and the use of pūrakau and storytelling. Previously, there were more cultural elements incorporated into the two units' design features but these were replaced when the units were refurbished. The Kaiwhakaako expressed that when it came to upholding mātauranga Māori, kaimahi capability was in development. In terms of centering cultural practices, the current model of care at Epuni requires strengthening. This will achieve better outcomes for mokopuna and build a solid foundation for kaimahi to work from, supporting their development, capability and competency in mātauranga Māori.

### Investment into culture needs to be prioritised to give effect to mokopuna Māori rights

While there were elements of te ao Māori incorporated into the operations of the residence, there was a lack of structure and commitment as a whole. It did not appear to be a shared priority for all kaimahi at Epuni with some disconnect between the Kaiwhakaako, the leadership team, and kaimahi, signifying these relationships need to be strengthened. The Kaiwhakaako expressed wanting to do more, particularly in terms of induction and training, but felt there

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<sup>30</sup> Of Māori descent

<sup>31</sup> Cultural Educator - The Kaiwhakaako role is essential to building cultural capacity amongst kaimahi, supporting a shared vision and goals for mokopuna Māori, and upholding the kawa (Māori protocols) and tikanga (traditional Māori customs) of the residence.

<sup>32</sup> Farewell



were barriers at the leadership level and ultimately did not feel that their expertise was valued in that role.

The Kaiwhakaako role is centred around upholding mātauranga Māori, kaupapa, manaakitanga, kawa, and tikanga for mokopuna. However, barriers to doing this well are as simple as not having access to systems like CYRAS,<sup>33</sup> which is one of the databases on which whakapapa details, for example, are stored for mokopuna. Not having this information to hand hinders the Kaiwhakaako in terms of understanding the care journey for all mokopuna who come into the residence. The Kaiwhakaako said there is limited opportunity to feed into training and outlined times where mātauranga Māori was overlooked or not incorporated into practice.

Kaimahi also spoke about barriers they faced and expressed wanting to run a cultural programme for mokopuna. An example was given around creating tukutuku panels to share kōtiro stories creatively. Mana Mokopuna observed this during the April 2024 monitoring visit, and mokopuna wanted to participate in this. However, there has not been support and resourcing provided by leadership for this to continue occurring. Kaimahi also wanted further dedicated support and training from the Kaiwhakaako and the opportunity to wānanga best practice approaches. It is important for the residence to make a commitment toward upholding cultural care and practice and invest accordingly. Mokopuna need the opportunity to have cultural engagement through education and everyday practices and activities should be facilitated by both kaimahi and in the community.

### Some policies and processes can be a barrier to relationships with external stakeholders, including with local iwi services

Mokopuna access to iwi and community services that are responsive to their culture should not be hindered by barriers such as policies that are not fit-for-purpose or 'hoop jumping' processes. While there was desire for collaboration and for mokopuna to have this access to iwi run social services in the community, Mana Mokopuna was told the policies that are in place can be limiting. In particular, the vetting process that takes an overly long time was identified as a barrier, and how it needs to be navigated by mana whenua and volunteers. Opportunities to engage in kapa haka and other cultural activities were not happening due to these particular barriers.

While vetting is important, there should be a streamlined way this can be completed. Mokopuna should not have to miss out on access to cultural support and engagement due to processes within the residences, and addressing these should be made a priority, in order for wraparound services and supports to better meet mokopuna needs. It was highlighted that the residence and Oranga Tamariki need to recognise that there is great benefit for the care and protection of mokopuna in partnering with various agencies and community organisations as opposed to trying to do everything on their own.

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<sup>33</sup> Oranga Tamariki client management system.



## 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.

### Equitable access to outdoors and fresh air is necessary

Each unit at Epuni has a courtyard which provides mokopuna with access to the outdoors. However, during the visit Mana Mokopuna observed that only some mokopuna were utilising this space. We were told by kaimahi and mokopuna that only some mokopuna have the opportunity to regularly use the courtyard as part of their self-regulation plan. Other mokopuna said they do not have the option to use the outside space, for example, just to play. Some mokopuna expressed that they do not get a lot of time outside and would like to be able to spend more time outdoors, highlighting there is a large, grassed area within the facility that goes unused.

*"We have a back field and we don't use it – why aren't we using it?"*

*(Mokopuna)*

During the visit, we heard kaimahi being advised not to use the courtyard, due to inadequate staffing levels. Staffing should not be a barrier to mokopuna accessing fresh air and the outdoors.

*"The only real time mokopuna get outside is when they go from the unit to the classroom via the outside link. – so a few minutes a day. Don't really get to use the courtyards or field very much at all. Courtyards are only really used for those who need to regulate"*

*(Mokopuna)*

All mokopuna have a right to access fresh air and an outside area.<sup>34</sup> Research indicates a positive correlation between access to green space and wellbeing in adolescents.<sup>35</sup>

*"Outside time – we get it dependent on who works... I get to regulate on the outside courtyard as I have been here long enough to know how to pull the strings. It's in my plan, but if you don't have it in a plan you don't really get outside time as there is not enough staff to facilitate it"*

*(Mokopuna)*

<sup>34</sup> Articles 27 and 31 Convention on the Rights of the Child | OHCHR

<sup>35</sup> [The Association between Green Space and Adolescents' Mental Well-Being: A Systematic Review](#)



## Kaimahi want opportunities and support to facilitate meaningful programmes for mokopuna

Kaimahi reported a lack of meaningful programmes available for mokopuna to participate in, but a desire to do more with mokopuna. Mana Mokopuna observed a few programmes taking place, which was an improvement from the last April and September 2024 visits. Mana Mokopuna did observe a programme about understanding residential rules and regulations being discussed between kaimahi and mokopuna. Kaimahi adapted what was going to be discussed to include fun and interactive role play where kaimahi agreed with mokopuna that they would do this in role reversal with mokopuna taking the lead to 'teach' kaimahi what the rules of the residence were.

Overall, the programmes on offer were minimal and there were many occasions when the OPCAT monitoring team observed mokopuna having to entertain themselves. On these occasions, we observed play-fighting between mokopuna which escalated into a chokehold, and another mokopuna kick boxing the soft furniture.

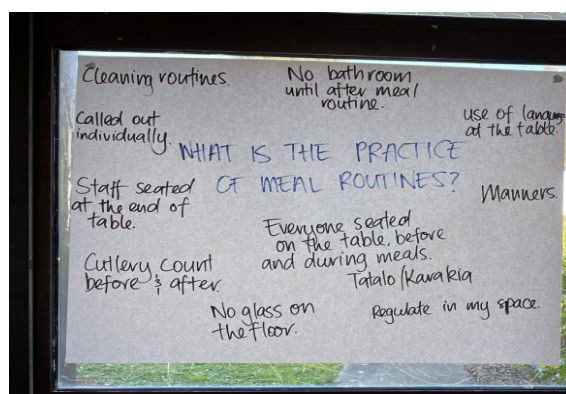
Many kaimahi said they were inexperienced at facilitating programmes and the opportunity for training in this area was raised as being important. An additional barrier was the need for more resourcing and support from Oranga Tamariki to provide activities. Budget limitations were cited as another barrier to providing meaningful activity and engagements for mokopuna.

*"How are we meant to make any difference with these kids when we're not given anything [resources] to make a difference."  
(Kaimahi)*

Inadequate staffing levels also impacted upon the residence, meaning at times programmes that were planned could be cancelled due to the number of kaimahi working on a shift.

## Mokopuna want more off-site activities

Mokopuna had a typical daily routine established around waking and bedtimes, mealtimes, school, chores and free time.



*Displayed meal routine practice*



Structure like this is beneficial for mokopuna, however, something that was raised regularly by mokopuna and kaimahi alike was the desire for more off-site activity and engagement. Mokopuna want to be a part of the community they reside in, instead of spending all their time within the confines of a building. Mana Mokopuna was told that the turbulent period where incidents of absconding regularly occurred was what had contributed to moving the residence into a more risk-averse state. During this time, simple activities such as walks around the neighbourhood were no longer happening and all off-site activities were paused for a period. While some have resumed, Mana Mokopuna learned that these can easily be cancelled due to perceived risk and staffing levels. At the time of our visit, most off-site activity took place within the education programme. A tamaiti expressed that having an off-site activity they are interested in like paintballing would help them not to abscond from the Care and Protection Residence.

*"Off-sites we get jack s\*\*\*. We are confined, even just drives, walk around the block, just get us out"*

*(Mokopuna)*

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The impact of cancelling off-site activities for all mokopuna in Epuni undermines Article 31<sup>36</sup> of the UNCRC and Article 2 of Te Tiriti o Waitangi.<sup>37</sup> These articles guarantee mokopuna the right to engage in cultural, recreational and leisure activities, as well as the protection of Māori cultural practices and tino rangatiratanga. Mokopuna should have access to a variety of engaging programmes and activity, given the positive impact on their development and rights.

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### Mokopuna are re-engaged in education

Education at Epuni is provided by Central Regional Health School (CRHS).<sup>38</sup> Mana Mokopuna observed mokopuna participating in learning activities throughout the visit, both inside and outside the classroom, and this included some independent work tailored for specific mokopuna.

*"School is good here. Hate school on the outside"*

*(Mokopuna)*

Kaiako said mokopuna engagement with school had been good, and what has especially helped is the support from residence kaimahi. Kaimahi have verbally been very positive and encouraging of mokopuna attending school and have been creative in their approaches to engage mokopuna, often getting involved themselves in the learning tasks. When new students come into the school, one of the kaiako completes an induction with them, including assessments, to help support the transition into the classroom. CHRS also provides support to

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<sup>36</sup> Article 31 [Convention on the Rights of the Child | OHCHR](#)

<sup>37</sup> [The three articles of the Treaty of Waitangi – Nation and government – Te Ara Encyclopedia of New Zealand](#)

<sup>38</sup> [Central Regional Health School](#)



mokopuna when they transition into the community with regional teams being assigned to support mokopuna back into community-based education.

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Mokopuna have a right to an education as per Articles 28 and 29 of the UNCRC.<sup>39</sup> This right is being positively realised for mokopuna living at Epuni.

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### Whānau contact is supported by Epuni

Epuni has a dedicated whānau whare on-site to support in-person whānau engagements. Mokopuna are also able to have regular phone calls or video-calls with their whānau. It is however important to ensure there are stringent guidelines and practice in place to ensure in-person visits are managed in a safe manner. This should include completing appropriate checks and assessments to determine whether visits need to be supervised.

It is also important that removing this access is not used as a threat to make mokopuna comply with certain rules, which Mana Mokopuna did observe happening during this March 2025 monitoring visit. Whānau of mokopuna also expressed that they are often only contacted by Epuni kaimahi when something negative happens with their mokopuna, but they would also like to hear good things such as how they are doing in school.

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<sup>39</sup> Article 28-29 [Convention on the Rights of the Child | OHCHR](#)



## 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 were informed of their rights and had regular access to advocates

Mana Mokopuna was able to observe a number of instances of mokopuna demonstrating their knowledge of their rights while in care. Mana Mokopuna observed a programme being introduced around rules and regulations and kaimahi explaining they would be using role plays to run through these, with kaimahi and mokopuna switching roles to make it fun, whilst embedding insight and understanding. VOYCE Whakarongo Mai<sup>40</sup> comes into Epuni residence on Mondays and it was clear on our visit that mokopuna were open to this advocacy opportunity with their easy engagement and good rapport with VOYCE Whakarongo Mai kaimahi. Throughout our visit, mokopuna consented for their concerns to be raised directly with the residence manager, although wanted to remain anonymous. One tamaiti also expressed advocating for other mokopuna too when things occurred that should not.

*"I also advocate for all the kids in here – try get it across and make it clear.  
A lot of s\*\*\* happens that shouldn't"  
(Mokopuna)*

Providing mokopuna with clear understanding of how to make a complaint and how they can access independent youth advocacy supports their right to express their views and be heard in line with Articles 12<sup>41</sup> of the United Nations Convention on the Rights of the Child and section 11 of the Oranga Tamariki Act 1989.

### Grievances need to occur in a timely manner

The grievance team regularly visits Epuni and engages with mokopuna. However, there are currently delays in processing grievances which is leading to a significant backlog. It is important that grievances are prioritised in order to uphold the dignity of mokopuna when detained in spaces and that their voices are honoured, heard and complaints acted upon in an appropriate manner and within the child's sense of time.

<sup>40</sup> [Home - VOYCE - WHAKARONGO MAI](#)

<sup>41</sup> Convention on the Rights of the Child | OHCHR

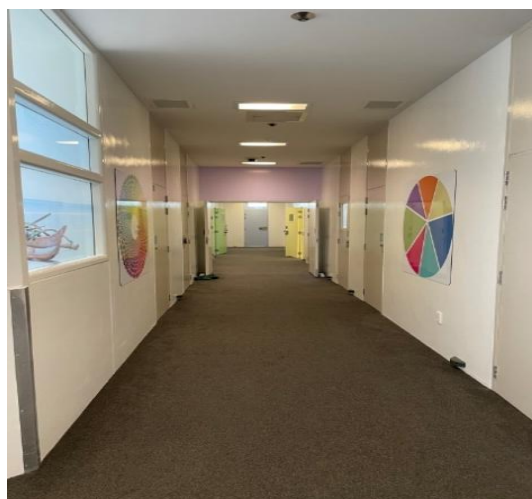
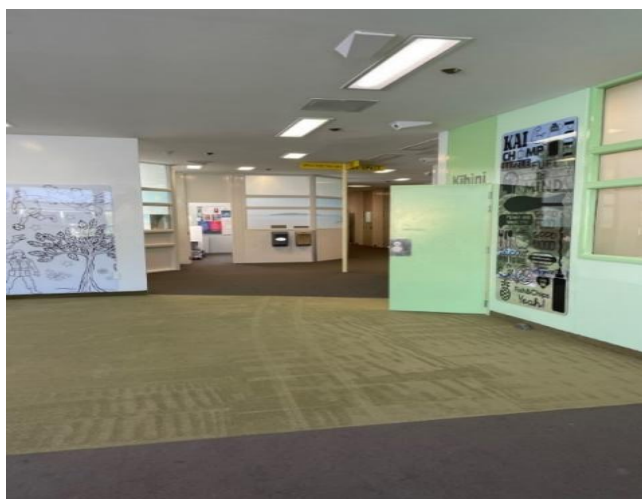


## Material Conditions

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 wellbeing and dignity of mokopuna.

### The facility upholds a high standard of cleanliness

When Mana Mokopuna arrived, only one of the two units at Epuni was being used, as one unit was closed due to a capped capacity which enabled the spare unit to be deep cleaned and be used as a kaimahi training area. Overall, Epuni was clean and tidy, and kaimahi said the cleaners come in daily and interact with mokopuna. Mokopuna also have allocated daily chores to help keep their living area clean and clutter free.



*Empty unit*

### Secure care needs urgent refurbishment

Mana Mokopuna raised the need for the secure care area to be urgently refurbished during the previous September 2024 visit and this has yet to happen. The secure care area was dreary and is not therapeutic nor appropriate for mokopuna as a place to regulate. Many kaimahi expressed secure care needed a revamp.

*"Secure is terrible. It's horrible. It's so bad!"*

*(Mokopuna)*





Secure Care Room

### The sensory room is on track and will be ready for mokopuna use soon

Mana Mokopuna was pleased to see that a sensory room was close to completion and will soon be available for mokopuna to use. It is well equipped with a swing, clouds with colour-changing neon lights on the ceiling, and various sensory toys and tools on offer. It is based in the education block but will be available for use outside of school hours, as a joint venture between Central Regional Health School and Oranga Tamariki. Mokopuna said having a climbing frame would be helpful alongside a designated area to do tagging so they were not tempted to tag unit walls. Mokopuna expressed having these spaces for them to do the things they needed would help prevent anti-social behaviour.

*"Being told we're not allowed makes us do it more - the more you restrict us the more we play up"*

*(Mokopuna)*

### Mokopuna need access to nutritious kai

Mokopuna had access to ample kai with three main meals provided as well as morning tea, afternoon tea and supper. We did not observe any limits around portion size. Of the meals Mana Mokopuna did observe, many of these were very carb-heavy with salad as a side that most mokopuna did not opt for. Kaimahi also commented on the kai generally being quite carb-heavy and that it was easy to gain weight working or living at Epuni. This was consistent with what mokopuna expressed, with some mokopuna saying they had gained weight at Epuni. Whānau spoke of the impact the weight gain had on the perception their tamaiti had of themselves.

*[mokopuna relaying to whanau] "Mum I'm too fat, everyone thinks I'm ugly"*

*(Mokopuna)*

Kaimahi said the leadership team have asked kitchen staff to make healthy options, but portions were too small and it was too expensive to make healthy kai work. Mokopuna health and access to a well-balanced diet should not be overlooked and Mana Mokopuna urges a review of the menu to help establish a balanced menu that meets mokopuna health and wellbeing needs. This is an area that mokopuna should be active participants in having a voice



about what healthy food options they would like to eat, to shape a menu that will better meet their needs and better support their health and wellbeing.



# Appendix One

## Progress on 2024 recommendations

The following table provides an assessment of the recommendations made by Mana Mokopuna for the previous full monitoring visit to Epuni carried out in April 2024 and a drop-in visit in September 2024. 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 residence and is assessed on the following scale: **No Progress** | **Limited Progress** | **Some Progress** | **Good Progress** | **Complete**

### 2024 Systemic Recommendations

|   | 2024 Recommendation  | Progress as at March 2025  |
|---|--|--|
| 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).  | <b>Complete</b><br>This recommendation was completed for a short period of time, and admissions into the facility have since resumed.  |
| 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.            | <b>Some Progress</b><br>An action plan has been developed by Oranga Tamariki outlining priority areas, timeframes and who is responsible for achieving key tasks to enhance practice and oversight of care within Epuni.   |
| 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.                                      | <b>Limited Progress</b><br>There continues to be several kaimahi with relevant experience making up the residence workforce despite ongoing rounds of recruitment. At the time of the visit there was active recruitment occurring for a social work position in the residence, but leadership noted there has been challenges in social workers wanting to work in residence due to the shift work hours. |
| 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 the dispensing of medication. | <b>Limited Progress</b><br>This is a work in progress at Epuni, as there continues to be medication errors and practice gaps with managing behaviours and recording incidents in a detailed manner.  |
| 5 | Review the infection control policy to ensure it is being followed by all kaimahi working in residences.   | <b>Limited Progress</b><br>Vibe Health continue to provide ongoing support and training to kaimahi regarding infection control. However, more work is needed, as during the visit we observed a tamaiti, who had been vomiting throughout the night, was not isolated from other mokopuna and sat at the table during mealtime with mokopuna and kaimahi whilst holding a bucket to vomit into.            |
| 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 Epuni residence                               | <b>Some Progress</b><br>This was in progress at the time of the visit, mokopuna were all engaged and attending education, however the memorandum of understanding is still outstanding.  |
| 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.   | <b>Limited Progress</b><br>Engagement and collaboration is presently occurring through pre-consult admission hui, but the model of care is yet to be fully embedded with measurable outcomes.  |



## 2024 Facility Recommendations

|   | April 2024 Recommendations  | Progress as at March 2025  |
|---|---|--|
| 1 | Reinstate leadership team meetings that focus on connection and re-setting the workplace culture with a focus on mokopuna care and safety.  | <b>Some Progress</b><br>Leadership team meetings are occurring on a regular basis, however there were mixed feelings from kaimahi around the workplace culture, with some kaimahi optimistic about the future of Epuni and others reporting nothing has changed. At the time of the visit, the residence had just experienced a turbulent period where there were a lot of safety concerns for kaimahi and mokopuna, leadership were focused on resetting the foundation and practice. |
| 2 | Ensure kaimahi have access to professional clinical and cultural supervision, with time to attend during their shift.   | <b>Some Progress</b><br>Kaimahi have access to internal supervision with their TLO's and cultural supervision with the residence kaiwhakaako, however kaimahi would like access to external supervision.   |
| 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 building relationships with mokopuna including those with very high and complex needs. | <b>Some Progress</b><br>Mana Mokopuna was informed that refresher trainings were being provided to kaimahi particularly focused on medication and secure care. However, kaimahi continued to raise the need for more ongoing training, particularly specialist training in support mokopuna with mental health and high 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>42</sup> .   | <b>Some Progress</b><br>The Quality Lead regularly reviews the secure care admissions and raises concerns with leadership and kaimahi. Leadership has acknowledged that secure care continues to be a work in progress.  |
| 5 | Continue to build and strengthen the relationship with Te Āti Awa and work together to improve outcomes for mokopuna and whānau Māori.  | <b>Limited Progress</b><br>There are still barriers around engagement and access with local iwi social services and integrating matauranga Māori in the residence.   |

|   | September 2024 Recommendations   | Progress as at March 2025  |
|---|--|--|
| 1 | Given the change in residence manager, continue to monitor Epuni progress closely and update the residence progress plan weekly.   | <b>Some progress</b><br>An appointment of a permanent manager was due to be made, the current acting manager monitors the residence progress plan on a monthly basis.  |
| 2 | Provide specific TLO training as promised as a matter of urgency.  | <b>Limited Progress</b><br>The TLO's have still not received the national TLO training being rolled out across residences nationwide. In the interim leadership have developed a shift leader development plan to upskill and support shift leaders and TLO's and kaimahi have been doing TILT training. The national TLO training still needs to be prioritised with urgency. |
| 3 | Ensure there is an ongoing 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. | <b>Some Progress</b><br>Mana Mokopuna was informed that refresher trainings were being provided to kaimahi particularly around medication and secure care. However, kaimahi continued to raise the need for more training, particularly specialist training in support mokopuna with mental health and high complex needs.   |

<sup>42</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](#)



|   | September 2024 Recommendations  | Progress as at March 2025  |
|---|---|--|
| 4 | Ensure medication check sheets are reviewed weekly by the Quality Lead and that audit findings are recorded in the residence progress plan.         | <b>Some Progress</b><br>The Quality Lead regularly completes medication reviews, records these and raises the medication errors with leadership. New processes are in place, including shift leaders now dispensing controlled medication, and leadership is exploring how qualitative data about the 'why' of why medication errors are occurring can be inputted into the monthly quality reports, to prevent the high use of errors from occurring. |
| 5 | Ensure reviews of use of force incidents are occurring, evidenced, and documented accurately and in line with the Care Regulations.                 | <b>Good Progress</b><br>Use of force reviews are occurring, the Manager Residence operations emails the Quality Lead twice a month to advise the incidents have been reviewed.   |
| 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. | <b>Good Progress</b><br>The Team Leader Clinical Practice is involved in pre-admission consults from Epuni to help with the assessment of new admissions into the facility and leadership report there is better consultation occurring for admissions. There continues to be emergency admissions at times, but leadership ensures they plan as best as they can to brief the teams working in the unit.  |
| 7 | The Secure Care unit and sensory room are refurbished with urgency.   | <b>No Progress</b><br>The secure care unit had still not been refurbished.<br><b>Good progress</b> in terms of the sensory room being close to completion within the classroom/ education block and will be available for mokopuna to use both during the school day and outside of school hours.  |



## 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.                         |  |
| Interviews and informal discussions with kaimahi and external stakeholders | <ul style="list-style-type: none"><li>▪ Residence Manager</li><li>▪ Case Leaders</li><li>▪ Residential Youth Workers</li><li>▪ Kaiwhakaako</li><li>▪ VIBE Health</li><li>▪ Programme Co-ordinator</li><li>▪ Residential Trainer</li><li>▪ Team Leader Clinical Practice</li><li>▪ Team Leader Operations</li><li>▪ Central Regional Health School</li><li>▪ Whānau</li><li>▪ VOYCE Whakarongo Mai</li><li>▪ Manager Residence Operations</li></ul>   |
| Documentation  | <ul style="list-style-type: none"><li>▪ Grievance quarterly reports including individual grievances</li><li>▪ Serious Event Notifications</li><li>▪ Incident reports</li><li>▪ Report of Concerns</li><li>▪ Secure care data</li><li>▪ Supervision Records</li><li>▪ Monthly Quality Reports</li><li>▪ Mokopuna admission list</li><li>▪ Use of Force data and reviews</li><li>▪ All About Me plans</li><li>▪ Off-site Risk assessments</li><li>▪ Shift leader proposed development plan</li><li>▪ Kaimahi roster</li><li>▪ Daily unit logbooks</li><li>▪ Searches Register</li><li>▪ Mokopuna Daily Routine</li></ul> |
| Observations and engagements with mokopuna                                 | <ul style="list-style-type: none"><li>▪ Unit Routines - mealtimes, community hui, structured activity time, free time</li><li>▪ secure care</li><li>▪ education time.</li></ul>  |