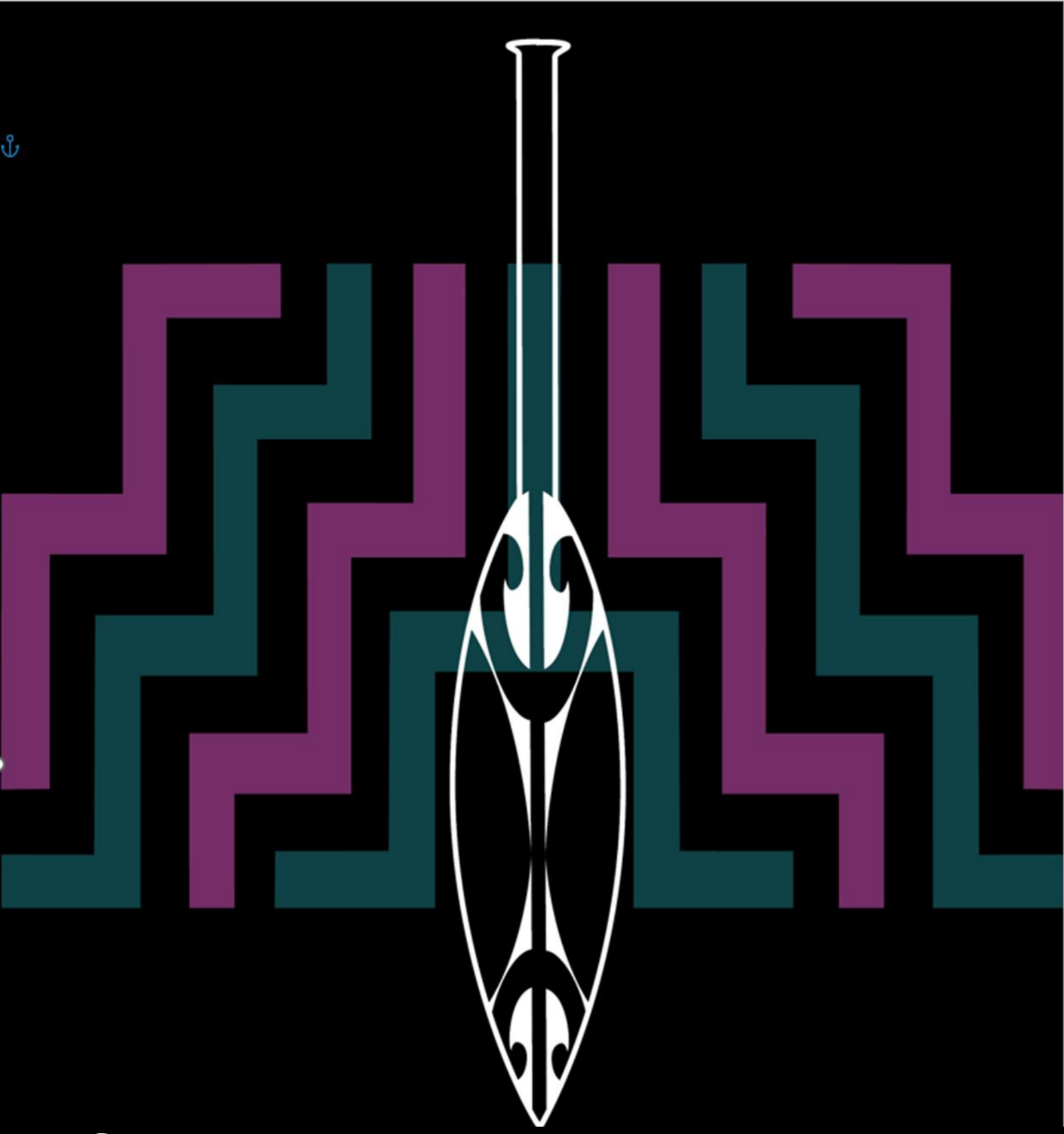

MANA MOKOPUNA
Children's Commissioner

Te Poutama Ārahi Rangatahi

OPCAT Monitoring Report

Visit date: September 2025

Report date: November 2025

Kia kuru pounamu te rongo
All mokopuna* live their best lives

*

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

Please note for clarity, in this report, we use the term 'mokopuna' to describe a group of children and young people, and tamaiti for a specific child or young person.

Contents

Introduction

The role of Mana Mokopuna – Children's Commissioner

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

Our organisation is one of five bodies[1] designated as the National Preventive Mechanism (NPM) in Aotearoa New Zealand 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 is to visit places where people are deprived of their liberty. For Mana Mokopuna, this means:

- Kōrero (talk) with mokopuna to understand their care experiences living in a facility from which they cannot freely leave.
- Engaging with kaimahi (staff) and other professionals working in facilities to understand the highlights, challenges and barriers in relation to the care and treatment experienced by mokopuna and their whānau.
- Making recommendations aimed at strengthening protections, improving treatment and conditions, and preventing torture, cruel, inhuman, degrading treatment or punishment both at system and facility levels.

About this visit

Mana Mokopuna conducted an unannounced full visit to Te Poutama Ārahi Rangatahi (Te Poutama) run by Barnardos Aotearoa between 9-11 September 2025 as part of the NPM monitoring programme. The objective of our OPCAT Monitoring as the 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.

[1] The NPM in Aotearoa New Zealand is coordinated centrally by Kahui Tika Tangata - the Human Rights Commission, and comprises of Mana Mokopuna, The Ombudsman, the Independent Police Conduct Authority and the Inspector of Service Penal Establishments.

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 on-site visit.

About this facility

Facility Name:	Te Poutama Ārahi Rangatahi The residence is a special care and treatment/therapeutic residential facility for mokopuna assessed as displaying harmful sexual behaviour (HSB). The facility is run by Barnardos Aotearoa, a national non-government organisation approved to deliver care services under section 396 of the Oranga Tamariki Act 1989 on behalf of Oranga Tamariki.
Region:	National Service located in Christchurch operated by Barnardos Aotearoa (Barnardos).
Operating capacity:	Currently the facility operates with 8 beds. The residence is made up of a communal living area containing a dining area and full kitchen. There are also separate rooms for watching TV. There are two bedroom wings off the main living area. There is a dedicated separate room for education and a separate therapy wing. The therapy wing contains a large group therapy room and a smaller individual therapy area. There is also a music room with various instruments and an area to record music. There is a separate area off the admin block designated for whānau visits. There were 4 mokopuna on-site during our monitoring visit.
Status under which mokopuna are detained: s.78 and s.101 of the Oranga Tamariki Act 1989. S110(a) of the Oranga Tamariki Act 1989 where the mokopuna is not subject to a custody order in favour of another person.	

Key findings

Mana Mokopuna found no evidence of cruel, inhuman, or degrading treatment or punishment (ill-treatment) during the visit Te Poutama. Mana Mokopuna was pleased to see that there was no make-shift seclusion being used in the residence as was detailed in our last July 2024 monitoring visit report. The residence team is confident sufficient mitigations have been established with Oranga Tamariki to avoid the same situation happening again.

Mana Mokopuna reports the following findings:

Areas requiring work

- The residence has moved through a period of transition with a new Residence Manager bringing new expectations and ways of working. All kaimahi acknowledge that changes take time to embed.
- Kaimahi from all areas of operations highlighted the need to strengthen communications across the site and re-establish a positive culture, working environment, and trust. Many kaimahi said the residence still works in silos.
    - Some kaimahi reported feeling under-valued, burnt-out and at times unnecessarily reprimanded by their leaders.
    - Kaimahi working directly with mokopuna said they do not always know mokopuna treatment goals or what is generally discussed in therapy in order to role model consistency in day-to-day interactions.
- The therapeutic model of care is in place, but not consistently understood or applied across all shift teams. Stronger integration between clinical and residential staff is needed to ensure treatment plans are relevant and actionable.
- Kaimahi feel un-trained and under-prepared to look after high and complex needs mokopuna.
    - Many kaimahi again reiterated that they did not feel confident using the Te Poutama model of care and that the induction process did not prepare them adequately for working with mokopuna with harmful sexual behaviours (HSB).
- Permanent staffing levels are low and at the time of this September 2025 visit, the leadership team were regularly required to work in the unit and ensure safe ratios.
    - There are a number of vacancies within the residence many in key roles in the clinical team. There is heavy reliance on casual pool kaimahi, working extended shifts and kaimahi just 'pitching in'.
        - This is having impact on morale and kaimahi wellbeing.
    - Some very experienced kaimahi have either left the organisation or are on secondments which is leaving Te Poutama short in terms of experienced kaimahi that others can learn from.

Positive areas

- Mokopuna say they have what they need at Te Poutama.
    - Mokopuna enjoyed the food and being able to prepare food for themselves in the kitchen.
    - Mokopuna had no issues with their timely access to medical and dental care.

- Mokopuna said they had trusted adults they could talk to.
    - The Grievance Panel[2] and Voyce Whakarongo Mai[3] are regularly onsite for mokopuna. We do note that outcomes to Grievances were not always communicated to mokopuna by Te Poutama within the 14 day timeframe. Work is being undertaken to address the bottleneck in reporting.
- Mokopuna plans were well organised with evidence of mokopuna input. Mokopuna knew what their next steps were in their treatment journey.

- Mana Mokopuna was pleased to see there was no make-shift seclusion area in operation (as was detailed in the July 2024 OPCAT monitoring visit) and that mokopuna had full use of the therapy wing area.
- Material conditions are good, with clean and well-maintained spaces and easy access to resources and the outside. Property damage that was noted at our last July 2024 visit had been repaired.
    - Mokopuna did note their mattresses were uncomfortable and asked if alternatives could be investigated.
- Mokopuna Māori are supported to connect with their identity, with cultural practices embedded in daily life and leadership modelling respectful engagement with te ao Māori.
    - The development of a Whare Wānanga is a highlight for the residence.
- Activities are varied and engaging, with 'Unity Weeks' and regular offsite outings supporting mokopuna connection, regulation, and exposure to new experiences.
- Education is well supported and mokopuna enjoy their time in the classroom.
    - Kaimahi would like the opportunity to explore an education model outside of the Private Training Establishment (PTE) structure so that connection to mainstream is maintained and teachers feel connected and supported within their sector.

[2] Whāia te Māramatanga is the grievance process used in all Oranga Tamariki residences, including Te Poutama. Part of this mechanism involves an independent panel who review grievances or complaints for mokopuna to then report back to the residence.
[3] Home - VOYCE - WHAKARONGO MAI

Recommendations

2025 Systemic and Oranga Tamariki National Office focused Recommendations

As a result of the findings of our OPCAT monitoring visit in June 2025, Mana Mokopuna makes the following recommendations, some of which have been rolled over from the previous July 2024 visit:

	Recommendation
1	Ensure only mokopuna who fit the programme criteria are referred to Te Poutama. If exit strategies are required, ensure these are sustainable and can be acted upon immediately.
2	Ensure Oranga Tamariki site social workers are visiting mokopuna in Te Poutama regularly and that pre-requisite assessments are completed before mokopuna admission and transition planning is started early.
3	Continue to work with external stakeholders to ensure there are suitable transition support options available to mokopuna and their whānau in the community.

2025 Facility Recommendations for Barnardos Aotearoa

	Recommendation
1	Implement regular hui between the clinical and residence teams to ensure all kaimahi are aligned in their treatment and therapy approaches for mokopuna.
2	Provide kaimahi training in the following areas: ▪ whole-team training on youth development ▪ therapeutic care in a harmful sexual behaviour (HSB) rehabilitation environment ▪ kaimahi wellbeing and psychological safety working with HSB ▪ working as a team to strengthen kotahitanga across the workplace
3	Develop a recruitment strategy specifically for Te Poutama that addresses the cyclic pressures of kaimahi shortage and recruitment difficulties.
4	Consider increasing the whānau therapy sessions to provide holistic, wrap-around support for whānau that runs concurrently to the treatment journey of mokopuna.
5	Ensure Grievance system responses are kept within timeframe, documentation is detailed and mokopuna requests for advocates are listened to.
6	Investigate alternative mattresses for mokopuna bedrooms and communicate with mokopuna the outcome of that investigation.

	Recommendation
7	Investigate an alternative approach to education delivery that suits the needs of mokopuna at Te Poutama.
8	Ensure all kaimahi working directly with mokopuna have access to monthly practice support supervision.

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[4] for New Zealand's sixth periodic review on its implementation of the Children's Convention[5] 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[6] for New Zealand's seventh periodic review regarding the implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment[7].

Many of the recommendations from both sets of Concluding Observations are directly relevant to aspects of treatment experienced by mokopuna at Te Poutama. There continues to be significant work required by agencies (State and non-State organisations) that are responsible for detaining and depriving children and young people of their liberty, to ensure that their practice and work is in this context is, in all respects, consistent with the UN Convention on the Rights of the Child and the recommendations of both the UN Committee on the Rights of the Child and the UN Committee Against Torture.

[4] Refer CRC/C/NZL/CO/6 G2302344 (3).pdf
[5] Convention on the Rights of the Child | OHCHR
[6] Refer CAT/C/NZL/CO/7 G2315464.pdf
[7] Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment | OHCHR

Detailed key findings by domain

Treatment

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

Mokopuna have the potential to do well at Te Poutama

Te Poutama operates a therapeutic care model which utilises a holistic approach toward gathering comprehensive information around mokopuna needs and incorporates the AIM-3[8] assessment framework. The information gathered is then used to identify therapeutic needs and inform individualised care, intervention, treatment, and learning plans in order to address the harmful sexual behaviours mokopuna are diagnosed with. When this works well, mokopuna are able to reach a point of being safe to transition back into the community.

The therapeutic programme includes structured therapeutic interventions and individual and group therapy that focuses on helping mokopuna live harm-free lives. Kaimahi spoke positively about mokopuna progress, sharing examples of mokopuna who had successfully returned to their communities with greater maturity and improved wellbeing. During our visit, we observed mokopuna who were engaged in their therapy and showing positive signs of personal growth.

While the model of care provides a strong foundation, there is a need for tighter integration between the clinical team and the residence team (kaimahi working day-to-day with mokopuna). Most kaimahi expressed a genuine commitment to supporting mokopuna but noted that communication between teams could be improved. Examples kaimahi gave where improvements could be made included:

- kaimahi who work directly with mokopuna should be involved in treatment planning to provide cohesive care
- coping strategies and plans often quickly become out of date, these should be regularly discussed to ensure they reflect mokopuna current needs
- Integration plans were often rushed or just 'done on the papers' which left kaimahi working with mokopuna lacking the understanding around new admission triggers, behaviours and de-escalation strategies. Integration plans should be prioritised and in person.

[8] Leonard, M & Hackett, S. (2019) The AIM3 Assessment Model – Assessment of Adolescents and Harmful Sexual Behaviour. https://tinyurl.com/AIM-3-Project

Kaimahi with day-to-day care of mokopuna also reported not always knowing what was generally discussed in therapy sessions which made it difficult to reinforce therapeutic learnings in everyday situations. Kaimahi went on to say that purposeful planning of activities based on treatment goals was therefore inconsistent.

"Its hard to keep learnings from therapy role modelled in the residence and keep a consistent approach for the boys if we don't know what their therapy goals etc are from their sessions."
(Kaimahi)

Kaimahi across all areas of operations agreed that mokopuna have a good opportunity to do well at Te Poutama. However, strengthening communication would go a long way to help ensure mokopuna needs are met in a timely and coordinated way. Mana Mokopuna recommends that the clinical and residence teams meet regularly to ensure all plans remain relevant and all kaimahi are aligned in their treatment and therapy approaches.

Mokopuna plans were well-organised, extensive, and easy to navigate

Despite an identified lack of communication, mokopuna plans reviewed by Mana Mokopuna contained clear information and were presented in a way that was engaging and accessible. We saw evidence of mokopuna involvement in their plans, including signed consent forms and mokopuna led coping plans that included preferred use of sensory items and de-escalation strategies. As noted above, these plans need to be regularly discussed both amongst kaimahi and with mokopuna to ensure they stay relevant.

Transition pathways are key to ensuring that mokopuna are able to thrive outside of the residential environment. Transition planning was discussed with mokopuna and all mokopuna knew how long their treatment journey at Te Poutama would be and what the next steps were for them. Some mokopuna said that more real-world experiences and community engagement opportunities would help with their preparation to re-enter community life. Mana Mokopuna did note in data reviewed onsite, that there were very few visits to see mokopuna by Oranga Tamariki site social workers over the June to August period. It is imperative that site social workers stay involved in mokopuna treatment journey's and start working on robust transition plans early to ensure adequate supports are in place before mokopuna are discharged.

Relationships between mokopuna and Te Poutama kaimahi are generally positive

Mana Mokopuna saw evidence of good relationships, role modelling and rapport between kaimahi and mokopuna. Mokopuna also appeared to get along well with each other, and when conflicts did arise, kaimahi were able to manage these effectively. We saw how kaimahi supported mokopuna to participate in activities they were initially reluctant to join and how they supported mokopuna who were heightened and needed space to let off steam.

Mokopuna were generally relaxed and expressive in shared spaces and indicated they had trusted kaimahi they could talk to.

"We get everything we need."
(Mokopuna)

Mokopuna also spoke about the impact frequent staff changes has on them and their treatment journey. They outlined that it disrupted established relationships and caused anxiety for them. It is important that mokopuna are informed of kaimahi changes as soon as is possible to ensure relationships are transitioned with enough lead-in time to maintain a sense of tau (calm, balance) for mokopuna.

Te Poutama does not have a secure care area and restrictive practice is limited

The isolation and seclusion of mokopuna goes against their human rights.[9] There is strong international advocacy for the seclusion of all mokopuna in all settings to cease immediately, which Mana Mokopuna strongly supports. International research[10] labels the seclusion of mokopuna as harmful and a practice the New Zealand government has been questioned about during numerous formal reviews by various United Nations treaty bodies.

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.[11]

The Concluding Observations released by the United Nations Committee Against Torture on 26 July 2023 recommends New Zealand should immediately end the practice of solitary confinement for children in detention.[12]

It was pleasing to see during this September 2025 visit, that Te Poutama was no longer using the therapy wing area to seclude and separate mokopuna.[13] Te Poutama does not have a designated Secure Care wing, and it was positive to see that no makeshift secure areas were in use. Mokopuna had full access to the therapy wing including a large, dedicated group therapy room, smaller breakout rooms, a music area, and de-escalation zones. These resources were used appropriately to support mokopuna regulation and wellbeing.

Since our last visit, Barnardos Aotearoa has made improvements in how referrals are triaged and how concerns are escalated to Oranga Tamariki when placements become unsustainable.

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[9] A/ HRC/28/68, para 44
[10] Examples include: Seclusion - an overview Nowak, M. (2019). *The United Nations global study on children deprived of liberty-online version*. United Nations, Hales, H., White, O., Deshpande, M., & Kingsley, D. (2018). Use of solitary confinement in children and young people. *Crim. Behav. & Mental Health*, *28*, 443.
[11] A/ HRC/28/68, para 44
[12] CAT/C/NZL/CO/7 para 38(h)
[13] Previous OPCAT report from July 2024 visit Te_Poutama_FINAL.pdf

The Residence Manager said the relationship with Oranga Tamariki National Office was good and described recent interactions as responsive. These changes provide some assurance that harm in the form of make-shift seclusion areas is less likely to happen at Te Poutama in the future.

Kaimahi said force is rarely used to manage mokopuna behaviours in Te Poutama. While force does not appear to be used routinely, kaimahi spoke about a shift away from all restraint-based responses, including guiding holds, toward approaches more aligned with the therapeutic model. Kaimahi were in favour of early de-escalation alongside sensory tools and padded spaces to support mokopuna self-soothing and regulation. These are positive developments for the treatment and care of mokopuna in Te Poutama.

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 is moving through a phase of transition

The residence is currently in a phase of re-setting and rebuilding. In any facility, strong and stable leadership is essential to create a safe and supportive environment for mokopuna. A clear direction from management helps ensure that everyone working in the residence is aligned in their approach, which directly affects the quality of care mokopuna receive. It is encouraging to see that a permanent manager has been appointed, and we acknowledge that building a shared culture and way of working takes time.

We heard positive feedback about recent off-site leadership days and a growing sense among the leadership team that the waka is beginning to turn in the right direction. The leadership team were described as the "engine room of change." However, some kaimahi shared that there are still challenges in how the leadership team connects with residential youth workers. Some kaimahi described communication from the leadership team as inconsistent, and some processes such as induction and understanding of the model of care, are not yet fully embedded across the residence. Inconsistent expectations can lead to confusion and varied care experiences for mokopuna, depending on who is supporting them.

"The teams are all working at the same time but not always on the same wavelength, or the same page. The whole team is not always having the same information which can cause miscommunication, re-interpretation and frustration."
(Kaimahi)

Some kaimahi also expressed that parts of the residence still operate in silos, and that a few kaimahi continue to work in ways that feel punitive rather than restorative. When things are stressful, kaimahi said they sometimes feel reprimanded rather than supported by their leaders, which kaimahi said undermines the idea frequently articulated by the Residence Manager, that every situation is a learning opportunity. There were also general concerns raised about a culture where some kaimahi do not feel heard and said that sometimes they did not feel psychologically safe. Other kaimahi described being shouted at and reprimanded by their leaders. One kaimahi referred to being shouted at and used statements such as 'we've got to a stage now where staff just allow anything to happen [in terms of mokopuna behaviours] due to being afraid they'll [kaimahi] be told off for doing something wrong'. Some kaimahi expressed they were looking for other jobs as they felt burnt out and under-valued.

"how can you tell me off for something that I've never been trained in?"
(Kaimahi)

Getting the culture of the facility right is critical to its success. Mana Mokopuna will keep a watching-brief of the transition happening at Te Poutama and residence culture and communications will be a focus area for our next monitoring visit.

Low staffing levels were observed during our visit

During our three day on-site visit, most shifts required cover from the education, clinical, administration or leadership teams. Additional staffing was required to cover annual leave and unplanned kaimahi absence. All mokopuna have at least a one to one kaimahi to mokopuna ratio, and some mokopuna have a two to one kaimahi ratio. The challenging behaviour from a tamaiti meant that staff often felt stretched and under pressure in their ability to manage unit dynamics. An ad hoc approach to shift cover is not sustainable and risks undermining job satisfaction and therapeutic consistency.

Kaimahi reported feeling burnt out, having low morale, and concerned about the safety implications of working extended or double shifts in a high-risk environment. Insufficient staffing also limits the ability to provide the dedicated 1:1 support mokopuna need and affects the quality of mokopuna care and access to activities. A more robust staffing model is needed that does not rely on the leadership team to fill gaps. There is potential for harm to both mokopuna and kaimahi if the staffing issues at Te Poutama are not addressed with some urgency and this has been relayed to the residence management in real-time, immediately post our on-site visit.

"short staffing has been 100% normal over the last six months here."
(Kaimahi)

There has been a high turnover of kaimahi, affecting overall knowledge and experience to care for mokopuna

Since our last visit in July 2024, we observed a significant turnover of kaimahi, including the departure of several experienced practitioners either permanently or on secondment. This has created noticeable gaps in knowledge and experience, particularly in supporting mokopuna day-to-day and with much needed social work advice. Kaimahi highlighted the need for stronger communication across teams and more consistent input into mokopuna care planning.

Given the gap in experience, kaimahi said that a more hands-on approach to training and increasing buddy-shifts and reflective practice sessions with those kaimahi who are experienced, would be hugely beneficial. Almost all kaimahi said that their induction "wasn't great" and that going through the "Red Book" induction manual for the majority of their induction time did not give them the real life experience to do a good job with mokopuna. In general, kaimahi highlighted on-going training and regular supervision as areas needing attention. From data received during this onsite visit, there are still significant training and

supervision gaps. Notably across the months of June to August 2025, almost a quarter of kaimahi had not received a supervision session and there were training gaps for kaimahi in restraint holds[14] and restorative practice.

"its hard to do training when there isn't the staff to backfill looking after mokopuna"
(Kaimahi)

"[I'm] self-trained in everything and mainly to keep myself safe."
(Kaimahi)

In addition to the training they do receive, kaimahi want more training on the model of care and the nuances of supporting mokopuna with harmful sexual behaviour.

Kaimahi suggested:

- whole-team training on youth development
- therapeutic care in a harmful sexual behaviour (HSB) rehabilitation environment
- kaimahi wellbeing and psychological safety working with HSB
- working as a team to strengthen kotahitanga across the workplace

All kaimahi we spoke with were passionate about their roles and wanting to provide the best care for mokopuna. They are asking to feel valued and invested in by their employer through meaningful training and supervision to help grow their experience and proficiency in practice with mokopuna in a HSB setting.

Recruitment is difficult with high competition for experienced kaimahi

At the time of the visit, Mana Mokopuna was told about multiple job vacancies across the Barnardos Aotearoa network which kaimahi indicated has resulted in few people applying for roles at Te Poutama.[15] The Residence Manager was actively recruiting roles for residential youth workers, shift leaders, clinical leads, and social workers. When we asked why it was difficult to attract kaimahi into these roles, a variety of kaimahi shared their opinion that they did not believe Te Poutama was seen as an attractive place to work when compared to other areas within Barnardos Aotearoa or the wider youth work sector in Christchurch. Kaimahi went on to say that it is hard working with mokopuna with HSB and that the job most definitely does not suit everyone.

"its hard to attract staff when there are other ads for vacancies on the Barnardos website – we are like the fifth ad down the list and its proving hard to recruit."
(Kaimahi)

[14] CPI is the training used for all kaimahi working in Care and Protection residences run by Oranga Tamariki, including Te Poutama CPI Training for Social Services | Crisis Prevention Institute (CPI)
[15] Post the onsite visit, Mana Mokopuna was advised of a generally good uptake in terms of applications for roles when only Te Poutama was advertised.

Protection Systems

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

Mokopuna are well informed of treatment goals when entering Te Poutama

The admission process at Te Poutama is clear and well-structured with significant emphasis being placed on mokopuna buy-in, consent and wanting to attend the treatment programme. Mokopuna are visited by Te Poutama kaimahi and provided with information before they are admitted into the facility. During our visit, a recently admitted mokopuna led our facility tour and was able to explain the residence routines, boundaries, expectations, and communication processes, including how often calls to home occur. This level of understanding reflects a well-managed induction process that allowed mokopuna to feel confident in their surroundings.

Due to the thorough induction process, mokopuna generally understood their treatment goals and what the programme would offer in terms of therapy.

Detailed documentation provides a good protective mechanism for mokopuna care standards

Accurate and timely documentation is critical in any facility, as it provides a record of mokopuna care, informs kaimahi practice, and ensures accountability. There are strong safety systems in place, including detailed incident reporting. This is an important safeguard for mokopuna, as it allows for accountability, timely responses to any issues that arise, and mitigations to avoid potential harm in the future. Examples we saw in our data analysis were around very specific reporting with a high level of detail around mokopuna 'Behaviours of Concern', so that kaimahi could see any patterns developing and mitigate future incidents. Mana Mokopuna could see where spikes in incident numbers could be attributed to single tamaiti and the impact this had on other mokopuna and kaimahi. We could then see through narrative reporting how mitigation strategies were used for individual tamaiti – especially during a very challenging period June to August 2025.

There was also clear documentation outlining how mokopuna restore relationships when harm had occurred. Mokopuna were encouraged to think about their actions and how they could then make it right with other mokopuna and kaimahi. Restorative conversations were documented which provides a good running record of mokopuna growth and potential triggers that could lead to future incidents.

Mana Mokopuna encourages Te Poutama to ensure the standard of reporting continues to be prioritised given there is now no Quality Lead role based onsite.

Complaints and grievance processes require strengthening

Community hui are held regularly and provide mokopuna with meaningful opportunities to raise issues in real time and suggest improvements to their living environment. Community hui occurs multiple times during the week and provide mokopuna with a platform to share ideas, concerns, and highlights in a safe and respectful place. Coming together in this way also promotes kaimahi and mokopuna working together to co-create solutions. This ongoing dialogue is essential to building trust and ensuring that care settings are responsive to the needs and aspirations of mokopuna.

Mokopuna at Te Poutama also have good access to advocacy and complaints processes, which are critical for upholding their rights and wellbeing. VOYCE Whakarongo Mai visits the residence regularly, offering mokopuna opportunities to engage with independent advocates. Mokopuna can also choose to speak with a kaimahi they trust and the Grievance Panel members ensuring there are multiple pathways available for raising concerns.

Mana Mokopuna reviewed the Grievance data for the facility for the period 1 July to 30 September 2025 and can see that mokopuna regularly use the Whāia te Māramatanga[16] complaints process to voice their concerns. The Grievance Panel meets monthly to consider any complaints. Mana Mokopuna notes that outcome letters for multiple grievances were outside of the stipulated 14-day timeframe for responding to mokopuna. There was also an instance of mokopuna requesting an advocate present for a grievance hui, however the hui went ahead despite the advocate not being available. There was no documentation available that suggests mokopuna were notified an advocate would not be present and whether they would like the hui deferred to another date.[17] It is important that all documentation is thorough, outcomes are communicated promptly and mokopuna have the option to engage with trusted support people. A robust complaints system is a safeguard for mokopuna and responses need to be prioritised to ensure transparency.

The lack of an independent complaints system has been highlighted by the UN Committee Against Torture for mokopuna in secure residences (juvenile detention).[18] The Committee recommends that states parties, including New Zealand, ensure information about mokopuna rights, and access to effective, independent, confidential and accessible complaint mechanisms is available to all mokopuna in all residences.

[16] Whāia te Māramatanga is the complaints process used by all youth justice and care and protection residences run by Oranga Tamariki.
[17] Grievance Panel quarterly report – Q3 1 July to 30 September 2025
[18] CAT/C/NZL/CO/7, para 38(i)

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.

Embedding tikanga Māori is critical to long-term wellbeing for mokopuna

Mokopuna Māori continue to be overrepresented across the care spectrum. It is essential that Te Poutama supports mokopuna to connect with their whakapapa, te ao Māori, and mātauranga Māori to promote healing with cultural identity and connection. The Kaihautū for Te Poutama is clear about the importance of consistency in cultural support and the need to embed tikanga Māori throughout the residence to best support mokopuna.

The residence manager demonstrated confidence in whakawhānaungatanga and led the mihi whakatau during our visit. Their ability to whakanoa the process and acknowledge the mana of mokopuna was noted positively by kaimahi. This modelling of cultural respect and commitment to working within a te ao Māori framework sets a strong example for all kaimahi. Throughout our visit, kaimahi were able to share tangible examples of mokopuna connecting with their whakapapa and being engaged in the kawa and tikanga of the facility. One tamaiti was supported to visit their awa in Hokitika, and Mana Mokopuna saw firsthand how kaimahi respectfully support all mokopuna to engage in mihi whakatau, regardless of whether they whakapapa Māori. Kaimahi described examples like these as a highlight of working with mokopuna and spoke positively about how they normalise kaupapa Māori and Pasifika practice across the residence.

In addition, the Residence Manager has worked hard to establish a Whare Wānanga which is due to be built on-site and finished by the end of November 2025. This space will support whānau engagement, admissions, and transitions in a culturally safe way.

Kaimahi at Te Poutama work hard to connect mokopuna, or keep them connected, to their culture and identity. Mana Mokopuna saw evidence of mokopuna being treated as taonga, who have potential and mana.

Mokopuna are entitled to the highest standard of care when they are in the custody of the State. Oranga Tamariki and its agents (such as Barnados Aotearoa in running Te Poutama) is bound by Articles 19, 20 and 27 of the UN Convention

on the Rights of the Child and Article 3[19] of Te Tiriti o Waitangi to actively protect and treat as taonga mokopuna in their care.

Mokopuna are supported to engage in cultural activities

In addition to involvement in mihi whakatau, using daily karakia and participating in waiata, mokopuna are supported to connect with Ao Māori through physical activity. These activities generally serve a dual purpose, which is to participate in meaningful mahi (work) and use the activity time to kōrero generally. Mokopuna regularly enjoy eeling and fishing with particular kaimahi and regularly utilise bush walks to learn about providing kai and exploring the whenua. External kaupapa Māori organisations are also engaged in supporting mokopuna. Purapura Whetū[20] has been involved in facilitating cultural activities offsite, providing mokopuna with opportunities to explore and strengthen their identity.

Whānau therapy could further support mokopuna

Kaimahi expressed a desire to see high quality, ongoing family therapy introduced as part of the cultural vision for the residence. Whilst some whānau therapy sessions are currently part of the programme, some kaimahi suggested that holistic and comprehensive wrap-around whānau therapy could be an additional tool used to re-connect and heal relationships given the inherent connection mokopuna have with their whānau, hapū, and iwi. Whānau therapy not only helps mokopuna to heal emotionally and spiritually but also strengthens the collective capacity of the whānau to nurture and sustain their wellbeing after mokopuna residential placement at Te Poutama ends. This approach could help to restore whānaungatanga (relationships) and rebuild trust that may have been damaged through trauma, harm and separation.

Mana Mokopuna recommends Barnardos Aotearoa consider building into their therapeutic model comprehensive wrap-around whānau therapy that runs concurrently with mokopuna treatment plans. The aim would be to help mokopuna gain a deeper sense of belonging, safety, and identity, while whānau are empowered to develop healthy communication, support networks, and shared strategies for continued therapeutic growth.

[19] The three articles of the Treaty of Waitangi – Nation and government – Te Ara Encyclopedia of New Zealand
[20] Purapura Whetu, Kaupapa Māori Health & Social Services, Christchurch NZ

Material Conditions

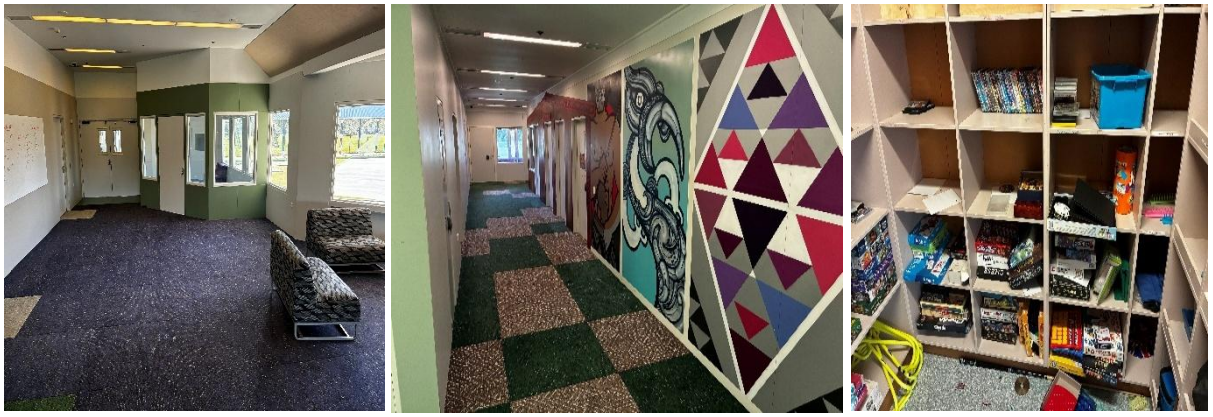
This domain assesses the quality and quantity of food, access to outside spaces, hygiene facilities, clothing, bedding, lighting and ventilation available to mokopuna. It focuses on understanding how the living conditions in secure facilities contribute to the well-being and dignity of mokopuna.

Te Poutama was clean and tidy and mokopuna have access to a variety of resources

Mokopuna and whānau are greeted with mihi whakatau on admission into the residence. Mokopuna are supported to enter their new living areas via a specific entrance way that represents 'Te Ao Marama' and depicts three paddlers from the past, present and future, symbolising how mokopuna will move through the Te Poutama therapeutic programme. The entrance to the facility sets the tone for whānau and mokopuna, providing hope and the importance of working together towards a harm free lifestyle.

(mokopuna and whānau entrance into Te Poutama)

Once inside, the residence was clean and tidy with mokopuna maintaining their personal spaces to a good standard. Hallways are decorated with murals and common areas are light and bright. Property damage noted in our July 2024 visit report had been addressed. Mokopuna also have access to a wide range of resources that support both recreation and regulation. These include books, games, scooters, and a dedicated music room where mokopuna can spend time relaxing and casually playing guitars, drums and piano.



(Living area, hallway art and resource cupboards)

Mokopuna have access to TV, PlayStations and DVDs, which are regularly reviewed to ensure content is appropriate. Bedroom windows face the rural outlook and are mirrored to provide both privacy and natural light. Windows can be opened with safety latches to provide access to fresh air.

The addition of indoor plants has noticeably changed the atmosphere of the residence. Kaimahi and mokopuna spoke positively about the impact of greenery inside, and we observed mokopuna tending to the plants. This small but meaningful change contributes to a calmer and more homely environment.

(plants that mokopuna are looking after at the end of their bedroom wing)

Outside, mokopuna also have access to a trampoline, a large grass field with rugby posts, a basketball area, and an obstacle course. There is also a hangi pit, maara kai, and a small onsite gym that are all regularly used by mokopuna. The fences that surround the internal courtyard space are decorated in the style of tukutuku panels and extensive tree planting has taken place outside of the main perimeter fence that will in time create a more discrete secure barrier.

(Basketball area, obstacle course and large grassed field)

Mokopuna enjoy the food and ability to cook for themselves in the kitchen

Overwhelmingly, mokopuna said the food was good, and for those mokopuna who were in the residence at our last July 2024 visit, they said it was a big improvement. Mokopuna shared that they had input into what food was served, and we saw mokopuna using the kitchen to bake, including making a lemon meringue pie. Kaimahi described the changes to food as intentional, with a move away from processed meals toward homemade options using fresh ingredients. These efforts appear to have improved both the quality of food and mokopuna engagement in meal preparation.

Mokopuna have feedback about their bedroom space

Whilst most mokopuna thought their bedroom was adequate, with one tamaiti describing staying at Te Poutama as a "five star resort", mokopuna did provide Mana Mokopuna with feedback about the beds and shower facilities. Mokopuna requested a movable shower head and a longer shower curtain to reduce condensation in the en-suite. They also noted that the mattresses were not ideal with one tamaiti telling us they needed two mattresses and a mattress topper for the bed to be comfortable. Adequate sleep is essential for mokopuna generally and especially for those engaged in intense therapy like mokopuna at Te Poutama. Sufficient rest enhances emotional regulation and can help with improving attention, concentration, and motivation and can maximize the effectiveness of therapeutic outcomes.[21]

Mana Mokopuna recommends Barnardos Aotearoa investigates whether alternative mattresses for mokopuna can be purchased to enable a better night's sleep.

[21] Examples include Hyndych A, El-Abassi R, Mader EC Jr. The Role of Sleep and the Effects of Sleep Loss on Cognitive, Affective, and Behavioral Processes. Cureus. 2025 May 16;17(5):e84232. doi: 10.7759/cureus.84232. PMID: 40525051; PMCID: PMC12168795.
Scott AJ, Webb TL, Martyn-St James M, Rowse G, Weich S. Improving sleep quality leads to better mental health: A meta-analysis of randomised controlled trials. Sleep Med Rev. 2021 Dec;60:101556. doi: 10.1016/j.smrv.2021.101556. Epub 2021 Sep 23. PMID: 34607184; PMCID: PMC8651630.

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.

'Unity weeks' are a highlight for mokopuna

Since our last July 2024 monitoring visit, the residence has adopted a new activities initiative that provides a variety of activity choices for mokopuna. 'Unity Days' are held onsite and designed to connect kaimahi and mokopuna in the residence. They are geared around sharing kai participating in games. The games are designed to include all and take into consideration where in the facility mokopuna are approved to go. For example, new admissions must wait a couple of weeks before they are approved to use the larger grass field that is situated outside of the main compound (but still within the perimeter fence).[22] If some mokopuna do not have the approvals to go to the grass field, games will be held within the concrete compound to ensure everyone can participate.

"[Unity Days] are designed to enable kotahitanga, play, fun, joy and positive connection."
(Kaimahi)

Dedicated weeks or 'Unity weeks' within each month are filled with a variety of on-site and off-site activities for both kaimahi and mokopuna. Offsite options are framed around a "challenge by choice" approach where mokopuna are given the chance to challenge what is normally within their comfort zone and test their limits. A recent example kaimahi described was around participation in a high ropes course. Other activities include adventure outings, bike rides to Little River, mid-winter plunges, fishing, ten-pin bowling and paintballing. Kaimahi explained that the intention is to expose mokopuna to new experiences in a safe and supported way and use the bigger, paid activities as incentives for mokopuna to keep engaging in their therapy and participating positively in Te Poutama life. Mokopuna were kept well informed of what was on offer and when the next 'Unity Week' was set to start.

Mokopuna have the ability to connect with people in the community

Outside of 'Unity Week' activity, mokopuna have the opportunity to engage in regular offsite activities such as equine therapy, working in a recording studio, bike riding, going for walks and community gym sessions. Mana Mokopuna talked to mokopuna once they returned to residence after attending some of these activities and the general consensus was that the activities were good and mokopuna enjoyed them. Maintaining community contact is crucial

[22] Risk mitigation strategies are developed for all mokopuna when they are admitted into Te Poutama. Therefore, mokopuna must wait until kaimahi properly know them before they are approved to use, for example, the kitchen, go outside of the concrete compound (ie to the grass field) or engage in community-based activity.

for mokopuna especially when they are working towards transitioning out of secure residence, as it supports their sense of belonging, stability, and successful reintegration. Continued connection and intentional activities in the community helps to prepare mokopuna for life outside the residence and Te Poutama do this well according to the evidence gathered on this September 2025 visit.

Education is a strong area of engagement for mokopuna

Overall, mokopuna had good things to say about their education at Te Poutama. Most mokopuna are working toward NCEA credits through age-appropriate learning programmes. One tamaiti told us they were catching up on their Level 1 NCEA credits and hopeful they would start Level 2 in term 4. All kaimahi work hard to support mokopuna in their education and there is good collaboration between the education and residence teams. There is heavy emphasis on tailoring education to meet individual needs and making lessons life-skills based. For example, incorporated into numeracy and literacy lessons are components that include money and budgeting, cooking, time management, personal grooming and sleep hygiene, and coping with emotions. Mokopuna are achieving between 10-15 credits per term. During times of uncertainty for mokopuna (disruption due to inappropriate placements or changes in managers and kaimahi), education is seen as the consistent anchor.

"If education didn't stay stable things would have fallen apart – education was what kept things normal. Its kept all the consistency."
(Kaimahi)

Under Articles 28 and 29 of the Children's Convention, all mokopuna have the right to good quality education that helps develop their personalities, talents, and abilities to the fullest.

There are some administrative challenges with the education set up at Te Poutama. The school is set up as a Private Training Establishment (PTE). This set up provides good flexibility to deliver education specifically tailored to mokopuna academic levels and needs however, does not provide a body of professional practice that teachers can belong to. Kaimahi outlined that they are slow to get curriculum updates and generally rely on friends and whānau in the sector to get this information. Kaimahi also said that unlike mainstream schools, there is no access to relief teachers if kaiako are sick. Generally, kaimahi indicated they felt out of touch with what is happening in the education sector. A suggestion to improve the administration aspect of education at Te Poutama was to investigate being part of the Kingslea School[23] or the Regional Health School[24] set up which is how all other Residences run by Oranga Tamariki access education. Working under the umbrella of these schools may help create a more collegial

[23] Kingslea School – Learning for Life
[24] Southern Health School – Seek health and wellbeing through learning

environment for teachers, a consistent approach to education delivery across the residence network, and certainty in terms of curriculum content and assessment.

Mana Mokopuna recommends that Barnardos Aotearoa investigates the risks and benefits of changing the approach to education at Te Poutama and report these findings back to the education team.

Contact with whānau is regular and meaningful

Mokopuna contact with whānau is prioritised in Te Poutama. Mokopuna are able to connect with multiple whānau members during set times in the day, and there is provision for whānau to regularly visit in person. During our monitoring visit, we observed te tamaiti and their mum playing a board game together on the grass and mum told Mana Mokopuna that she has bought the same board game at home and the two of them regularly play the game via video calling. Te tamaiti was visibly happy to be spending time outside in the sun with whānau. The dedicated whānau area is also available to support mokopuna contact.

Mokopuna have the right to see their whānau regularly when in State Care as outlined under section 10 of the Oranga Tamariki Residential Care Regulations[25] and Article 9 of the UN Convention on the Rights of the Child[26]. Te Poutama kaimahi are committed to supporting mokopuna to maintain contact with their whānau wherever appropriate and safe.

However, some mokopuna shared with Mana Mokopuna that they had not seen their siblings for extended periods of time. While contact may not be appropriate at certain stages of a mokopuna treatment journey, where appropriate and safe, mokopuna should be told why contact cannot occur and whether this may be possible in the future. Mokopuna, we spoke with said they did not know the reasons why they could not see their siblings, and this was upsetting for them. Where possible, kaimahi need to be clear with mokopuna and their whānau when contact is assessed as not appropriate and cannot be facilitated for safety reasons.

[25] Oranga Tamariki (Residential Care) Regulations 1996 (SR 1996/354) (as at 01 July 2023) 10 Rights to visits and communications with family and other persons – New Zealand Legislation
[26] Convention on the Rights of the Child | OHCHR – Article 9

Medical services and care

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

Mokopuna have easy and consistent access to medical care

Medical services are provided to Te Poutama through a local medical centre, with all mokopuna entering the programme being registered to their services. A nurse comes on-site once a month to provide the opportunity for mokopuna to raise any health concerns and discuss any medical needs. Mokopuna can make additional requests to be seen within the month and a GP can come on-site when required. All acute or follow-up appointments are generally held at the off-site clinic.

Medication records reviewed were clearly documented and easily located within mokopuna profile folders. These records included doctors letters outlining diagnoses and relevant childhood health information. Mana Mokopuna also saw evidence of vaccination records and whānau consent to treatment forms, indicating that medical processes are well-managed and respectful of mokopuna rights and whānau involvement. During engagements, mokopuna did not indicate they had any issues accessing timely medical or dental care.

Medication errors for the residence were minimal and there was a plan in place to up-skill kaimahi, particularly shift team leaders to ensure double signatures and refused medications were documented correctly.

Appendix One
Progress on 2024 Recommendations

The below table provides an assessment of OPCAT Monitoring recommendations made in the previous July 2024 OPCAT monitoring report for Te Poutama Ārahi Rangatahi. Mana Mokopuna acknowledges that work on systemic recommendations is being led at an Oranga Tamariki National Office level. The progress detailed here only relates to- the day-to-day operations of this particular facility that were reported, observed or evidence during the visit and are assessed to have made good, limited, some, or no progress:

2024 Systemic Recommendations for Oranga Tamariki

	2024 Recommendation	Progress as of September 2025
1	Conduct a practice review of Oranga Tamariki actions and rationale regarding mokopuna held in seclusion whilst in Te Poutama.	**Complete.** A review of the actions taken by both Barnardos Aotearoa and Oranga Tamariki was completed and a copy of the report given to Mana Mokopuna.
2	Develop a clear escalation plan to appropriately transition mokopuna out of placements when those placements are deemed no longer suitable.	**Complete** – the Residence Manager outlined a clear escalation plan with actions that can be taken when placements become untenable. The Manager went on to say that communication between Barnardos Aotearoa and Oranga Tamariki have been good since our last visit and there is confidence that action will be taken should concerns regarding placements arise. The concern remains for Mana Mokopuna that inappropriate placements may not be able to move quickly to more appropriate care placements and then impact on the treatment plans of others. An example was given of a current tamaiti who would be moved to a local Youth Justice Residence if the placement did not work out. However, at the time of this September 2025 visit, there was significant pressure on youth justice residence beds nationally with limited or no availability (many mokopuna were needing to stay in Police cells for multiple nights). If there are no beds available, and mokopuna are in Police cells, the question remains, in terms of where mokopuna would go if they could not stay at Te Poutama and needed urgent placement outside of the facility.
3	Review the admission criteria for mokopuna referral to Te Poutama and ensure mokopuna who can participate in the treatment programme are the only mokopuna referred to the service. This includes ensuring mokopuna have the appropriate assessments completed before entering the therapeutic programme.	**Some progress** – the admission criteria to come into Te Poutama is clear, however kaimahi said there are still situations where mokopuna are admitted that do not necessarily fit that criteria. Where there has been improvement is the 'Opt-out clause' which means that if the placement at Te Poutama does not work, there is a backup plan for mokopuna pre-arranged with Oranga Tamariki. Kaimahi said that at time referrals lack some information and detail however the relationship between Barnardos Aotearoa and Oranga Tamariki is strong enough to work through information gaps or complications of referrals in a positive way.
4	Continue to work with external stakeholders to ensure there are suitable transition support options available to mokopuna and their whānau in the community.	**Some progress** – ensuring mokopuna have stable placements to transition to when they cannot return home is an on-going challenge. Support can also vary depending on the investment from mokopuna Oranga Tamariki site social workers. Oranga Tamariki needs to continue working in this area to secure placements for mokopuna that will set them up to succeed once they leave the secure residential placement. Kaimahi could point to some mokopuna success stories where this had gone well and mokopuna were thriving in the community.

2024 Recommendations for Barnardos Aotearoa

	2024 Recommendation	Progress as of September 2025
1	As soon as a permanent manager is employed, provide time for a full residence re-set that includes thorough debrief of recent seclusion events, ascertain training requirements from kaimahi, and develop a regular schedule of training to meet these needs.	**Some progress** – The residence has gone through a reset and the senior leadership team have come together to navigate their approach as a team running the residence. Kaimahi reported they have attended off-site leadership days which many said had not happened before and said were hugely beneficial. However, communications need to be strengthened between the leadership team and the residence kaimahi to ensure consistent approaches to practice. Kaimahi agreed that with a new manager, changes take time to embed. Training also needs to be prioritised and kaimahi said currently there isn't enough kaimahi to manage the unit in order to free people up to attend training.
2	Revise the induction programme to ensure kaimahi are well prepared to work with mokopuna in the facility that aligns to the specialist treatment model.	**Some progress** – The induction plan has been revamped since our last July 2024 visit. It has extended out to five weeks with a good mix of theory and practical exposure working in the unit. However, kaimahi said that sometimes kaimahi do not get the full induction package and that it still did not provide them with the skills needed to work with very complex mokopuna. Again, on this September 2025 visit, kaimahi said that they are not confident in the treatment model and would value more training to ensure what happens with clinicians in therapy sessions, can be reinforced with good role modelling in the unit. Kaimahi have suggested training in the following: ▪ whole-team training on youth development ▪ therapeutic care in a harmful sexual behaviour (HSB) rehabilitation environment ▪ kaimahi wellbeing and psychological safety working with HSB ▪ working as a team to strengthen kotahitanga across the workplace
3	Implement regular clinical supervision for all kaimahi working directly with mokopuna.	**Some progress** – Kaimahi are getting check-ins with shift leaders and their team leader and can access additional supervision/ support as required. Kaimahi who belong to professional bodies have access to supervision as per those registration requirements. However, given the type of work kaimahi are involved in on a day-to-day basis, the shortage of kaimahi working in the unit and the reports of low morale and burn-out, Mana Mokopuna continues to recommend all kaimahi have access to regular clinical and practice support supervision.
4	Continue the excellent education provision that is tailored to individual need.	**Good progress** – the education component delivered on site by knowledgeable and dedicated teachers continues to be a highlight for this facility. Mokopuna said they enjoyed school, and many were working towards NCEA credits.

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 and kaimahi.	
Interviews and informal discussions with kaimahi and external stakeholders	▪ Residence Manager ▪ Manager Clinical Practice ▪ Kaihautū ▪ Operations Team Leader ▪ Clinical Therapist ▪ Residence youth workers ▪ Human Resources ▪ Senior Advisor for reporting ▪ Admin team ▪ Teachers ▪ Principal
Documentation	▪ Incident reporting including Serious Incident Reports and Behaviour of Concern reporting ▪ Kaimahi Training schedules ▪ Supervision data ▪ Mokopuna Care and Treatment Plans ▪ Grievance Quarterly reports ▪ Education Syllabus ▪ Te Poutama Clinical Operations Manual
Observations and engagements with mokopuna	▪ Daily Handovers ▪ Mokopuna Education ▪ Mokopuna day-to-day activities