



## **Epuni Residence – Visit: May 2022**

OPCAT Monitoring Report

Report Date: October 2022





# **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.



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# Introduction

## Who we are

**The Children's Commissioner is a National Preventive Mechanism (NPM) under the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman, Degrading Treatment or Punishment (OPCAT).**

The New Zealand legislation relating to OPCAT and the role of the NPM is contained in the Crimes of Torture Act (1989). Our role as a NPM is to visit places of detention, including residences run by Oranga Tamariki, to:

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

## About this report

This report shares the findings from our monitoring visit and recommends actions to address the issues identified. We describe the quality of the experience of mokopuna at the facility and provide evidence of our findings based on information gathered before, during and after the visit. This includes assessing the progress in addressing previous recommendations.

## About this visit

OCC staff carried out an announced monitoring visit to Epuni Care and Protection Residence in May 2022. The facility providing these services is known as Epuni and will be described as such in this report.

The purpose of this visit was to fulfil our responsibilities under OPCAT to monitor the safety and wellbeing of mokopuna in places of detention.

## About this facility

**Facility Name:** Epuni

**Region:** Wellington

**Operating capacity:** 10

**Status under which mokopuna are detained:**

Sections 78 and 101 of the Oranga Tamariki Act 1989.

# OPCAT definitions

The main objective of OPCAT<sup>1</sup> is to prevent torture and ill treatment and:

- Establish a system of regular visits to places of detention in order to prevent torture and other cruel, inhuman or degrading treatment or punishment.
- Provide constructive recommendations aimed at improving the conditions and treatment of detained persons.
- Mitigate risks of ill treatment and build an environment where torture is unlikely to occur.

We have adopted the following definitions of torture, cruel, inhuman, or degrading treatment or punishment in accordance with international human rights practice relating to mokopuna in places of detention.

## Torture

Severe physical or mental pain or suffering, intentionally inflicted to obtain a confession, punish a child or young person for something they or someone else committed or is suspected of committing, or intimidating or coercing a child or young person for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.

## Cruel, inhuman, or degrading treatment

Any treatment which offends a child or young person's dignity may be considered cruel, inhuman or degrading treatment, regardless of whether it causes pain or suffering.

## Cruel, inhuman or degrading punishment

Any punishment intended to cause pain or discomfort. This includes non-physical punishment that belittles, humiliates, denigrates, scapegoats, threatens, scares or ridicules a child or young person.

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<sup>1</sup> [OHCHR | Optional Protocol to the Convention against Torture](#)

# Monitoring Framework

Our monitoring is conducted under seven domains, six of which are defined by the Association for the Prevention of Torture<sup>2</sup>. The seventh domain, 'Improving Outcomes for Mokopuna Māori' was developed for the Aotearoa New Zealand context by OCC to assess how mokopuna Māori are supported to have a positive connection to their identity and whakapapa.

The domains are:

- Treatment
- Protection Systems
- Material Conditions
- Activities and access to others
- Medical services and care
- Personnel
- Improving outcomes for mokopuna Māori

## How OPCAT is reflected in the way we monitor

Using the seven domains as a framework we:

- Rigorously examine the treatment and conditions using a range of methods and information sources
- Describe these treatment and conditions in terms of their impact on mokopuna
- Clearly identify anything that constitutes torture or other cruel, inhuman, or degrading treatment or punishment
- Clearly identify any problems to be addressed and improvements required, along with our expectations for action
- Make recommendations aimed at improving treatment and conditions and preventing future ill-treatment

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<sup>2</sup> Our monitoring methodology is informed by, but not limited to, the Association for the Prevention of Torture's publication *Monitoring places of detention: A practical guide (2004)*, the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (the Havana Rules) and domestic legislation and regulations.

# How we work

## Methodology

We use several methods to engage with mokopuna, whānau and staff to hear about their experiences<sup>3</sup>. We also want to understand the group dynamics at the facility.

### Observing

We spend time in facilities seeing how mokopuna and staff interact and what their daily routines are

### Joining In

We join in activities and mealtimes to experience what access mokopuna have to good food and meaningful activities

### Informal Conversations

We have informal chats with mokopuna and staff who tell us about their thoughts and experiences

### Interviews

We conduct formal interviews with mokopuna and staff who are happy to speak with us confidentially

## Our analysis

We analyse information we have gathered by coding it according to each of the OPCAT domains. We identify themes within each domain in relation to the treatment and conditions experienced by mokopuna. We then identify any treatment or conditions that constitute ill-treatment as well as any areas where preventions could be strengthened.

Finally, we review the recommendations made in the previous OPCAT report and formulate new recommendations based on our findings in relation to current treatment and conditions.

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<sup>3</sup> See Appendix 1 for a list of our information sources.



## Our findings

Findings are categorised under each of the seven OPCAT domains. Some findings relate to two or more domains – for the purposes of reporting, they are placed in the most significant domain.

# Key Findings

Key findings are addressed in our recommendations along with other issues relating to the prevention of torture and other cruel, inhuman or degrading treatment or punishment (ill-treatment), identified in our analysis.

We found no evidence that mokopuna had been subjected to torture, or ill-treatment. Our findings from the visit are outlined below.

## Findings

- Mokopuna have good relationships with teachers and engage well in the education programme.
- VOYCE Whakarongo Mai have a well-developed relationship with Epuni.
- Some staff behaviour appeared to be unprofessional and lacking boundaries.
- Staff training, supervision and professional development is lacking.
- Ongoing short staffing levels are unsafe and unsustainable.
- Mokopuna are misinformed about their admission into the residence and some placements into the residence are inappropriate.
- Mokopuna have minimal involvement in care and transition planning.
- There is no evidence of a therapeutic model of care.
- The Kaiwhakaako is a valuable role and provides opportunities for both staff and mokopuna to learn about Te Ao Māori.
- Off-site activities are thoroughly enjoyed by mokopuna.
- The marae is warm and welcoming however under-utilised by mokopuna.



# Recommendations

Our recommendations are based on:

- Key findings from our monitoring and analysis
- Any issues relating to ill-treatment
- Progress against recommendations from the previous monitoring visit

We identify systemic issues that impact on the effective functioning of the facility and make recommendations to address these. Our recommendation is that action to address the facility recommendations occurs within twelve months after the date of our visit. We will monitor progress against those and the systemic recommendations at our next monitoring visit.

## Systemic Recommendations

<b>1</b>	Develop a therapeutic model of care for Care and Protection residences which aligns with trauma informed practice and Te Tiriti o Waitangi.
<b>2</b>	Review the grievance process to be independent and impartial.
<b>3</b>	Develop and implement a workforce strategy to address appropriate staffing levels, recruitment and training in all residences.
<b>4</b>	Ensure all placements into Care and Protection residences are appropriate and staff are trained and able to work with mokopuna who have very high and complex needs.

## Facility Recommendations

<b>1</b>	Ensure all Individual Care Plans are maintained to a consistent standard and with mokopuna and whānau involvement.
<b>2</b>	Fix the technical phone issues and allocate a private room for mokopuna to use for making and receiving calls.
<b>3</b>	Provide regular supervision for all staff, including cultural supervision.
<b>4</b>	Refurbish the sensory room.
<b>5</b>	Take appropriate action to address staff behaviour that is inappropriate and does not adhere to the Code of Conduct of the residence .



## Progress on previous recommendations

Progress on the recommendations from the Epuni Care and Protection Residence OPCAT report dated 2 March 2021 are assessed to have made good, limited or no progress.

<b>1</b>	Continues to strengthen relationships with District Health Boards and community providers to ensure that children and young people can access the specialist mental health support they need.	Good progress
<b>2</b>	Ensures staff continue to be trained in the knowledge and skills necessary to support and respond effectively to children and young people with complex mental health needs.	Good progress
<b>3</b>	Ensures all kaimahi have both formal and informal opportunities to debrief after significant events and on an ongoing basis, as required.	Limited progress
<b>4</b>	Continues to focus on attracting, recruiting and retaining kaimahi Māori.	Limited progress
<b>5</b>	Increases the number of care staff on the floor to ensure staff and children and young people feel safe and supported, and staff can focus on the individual needs of children and young people.	Limited progress
<b>6</b>	Continues to review all use of force to ensure the appropriateness of the action and uses these reviews as learning opportunities for staff.	Good progress
<b>7</b>	Ensures when children and young people's rooms need to be searched, they are consistently informed beforehand of what is happening and why.	Good progress
<b>8</b>	Continues to provide regular supervision, as per the Oranga Tamariki supervision policy and including cultural supervision for all staff.	No progress



## Treatment

This 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.

### Relationships between mokopuna are strained and complex

Relationships between mokopuna are varied across the residence. Some mokopuna form strong relationships, both with other mokopuna and staff, whilst others struggle to make meaningful and healthy connections during their stay.

When the residence is full, having ten mokopuna together in one space, all with very high and complex needs, creates an unstable and fragile dynamic. For example, some mokopuna have mental health needs, others have FASD or ADHD diagnoses and others have significant spectrum disorders. Staff told us that navigating these needs is extremely hard and not all mokopuna cope well in the Epuni environment.

Staff told us that mokopuna new to the residence are influenced by the behaviours of mokopuna. New admissions are often quizzed by mokopuna who are established in the residence to see where they fit in the 'pecking order'. The intense scrutiny causes stress and heightens their need to 'fit in' which can lead to negative behaviour traits being adopted.

### Inappropriate placement of mokopuna with high and complex needs

During our visit, we observed a mokopuna who was inappropriately placed with little

staff training around how to manage their needs.

Trained staff arrived with this mokopuna, however they had limited time to stay and adequately handover care or equip the Epuni staff with the knowledge on how to manage these specific, acute and complex needs.

### Mokopuna are far from home

At the time of the visit, there were no mokopuna who were local to the Wellington region. Many mokopuna were from Auckland and said they felt isolated from whānau, friends and a familiar environment.

### Restraint and secure care admission data was not available to the OPCAT team

The audit team from Oranga Tamariki were on-site for the duration of our visit. As a result, we were unable to review relevant documentation held in the residence. We were told that there was no opportunity to review the daily log-books during our visit. We informed Oranga Tamariki National Office of the situation and referenced our right to access such information during OPCAT visits.

Due to the lack of access to documentation we were unable to properly check the use of force and restraint practices for Epuni.



## **Mokopuna involvement in their plan is varied**

Many mokopuna we spoke to were unaware of what is in their plans.

Some staff said mokopuna are not involved in their plans, as goals are generally set before they come into the residence. Therefore, on admission, there is no involvement from mokopuna until a particular goal is accomplished. Mokopuna have little opportunity to re-visit their plans or adjust their goals as they progress through their stay at Epuni.

Most mokopuna we spoke with were unclear about their transition plans and where they would go once they returned to their community. Plans need to be agile and reflect the current progress, circumstances and voice of mokopuna.

Involving mokopuna in their plans is vital in ensuring successful progression and transition to the community and is a fundamental right under Article 12 of the Children's Convention.<sup>4</sup>

## **No evidence of an overarching therapeutic model of care**

During the visit it was evident that Epuni needed to find a balance between operational health safety and security and a clinical or therapeutic focus. We encourage the development of a model of care which includes robust training for staff, and the development of tailored therapeutic, trauma informed programmes for mokopuna. This model of care should be developed in accordance with Punctuated Practice<sup>5</sup> principles and aligned to the principles of Te Tiriti o Waitangi amending any relevant residential policies and processes to ensure consistent practice.



## Protection Systems

This 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 mis-informed about admission to residence

Mokopuna expressed their lack of knowledge about their admission into the residence. Staff told us that some mokopuna are given vague information by site social workers, so they agree to being admitted into the residence. For example, we heard that one mokopuna was told they were attending a camp, and another was told they were going into a hotel.

The lack of information and mis-information creates distrust for mokopuna. Staff also told us that when mokopuna do not have the full picture as to why they have been brought to the residence, it inhibits their ability to establish a respectful, open rapport.

The Convention on the Rights of the Child<sup>6</sup> explains that in all actions concerning children, the best interest of the child shall be a primary consideration and therefore Mokopuna and whānau must know the truth about their placements.

### Inappropriate placement of mokopuna

Mokopuna with very high and complex needs may not have their needs met or be

cared for by appropriately trained caregivers to ensure a safe placement.

Mokopuna can spend disproportionate amounts of time physically segregated from other mokopuna with little age-appropriate engagement or activity. We saw evidence of this with one mokopuna being held in a separate wing to other residents both for their own safety and the safety of other mokopuna.

Management and staff agreed that Epuni was not the right place for this mokopuna.

All mokopuna have the right to live a full life in a supportive and loving environment, where their views are considered, and their best interests are supported<sup>7</sup>. However, residential care for mokopuna with very high and complex needs has the potential to cause more harm with the possibility of degrading or inhuman treatment increasing.

### Mokopuna have access to advocates

VOYCE Whakarongomai (VOYCE) have a well-developed relationship with Epuni. VOYCE staff visit the residence every Monday and often meet one to one with mokopuna.

<sup>4</sup> UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, Article 12.

<sup>5</sup> [The journey through residence for tamariki and rangatahi | Practice Centre | Oranga Tamariki](#)

<sup>6</sup> UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, Article 3.

<sup>7</sup> UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, Article 3, Article 12.



VOYCE also provide mokopuna with support through the complaints process. However, COVID-19 restrictions for the residence prevent face-to-face contact with mokopuna.

Contact is currently only by phone. This includes visits from Law students who have previously spent time on units and provide an additional layer of independent advocacy.

### **The complaints and grievance processes are problematic**

Mokopuna said they do not feel comfortable making a grievance as there is a stigma around speaking up and 'snitching' to staff. Whilst the boxes are useful and obvious locations throughout the residence, it is not easy to go unnoticed when placing a grievance into the box. The process to make a grievance or complaint also requires the ability to read and write which can be a barrier for mokopuna.

The OCC remain concerned the grievance process lacks privacy and anonymity and is not independent of the residence as grievances are reviewed internally by the residence leadership team.





## Material Conditions

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

### The indoor environment is not a mokopuna friendly space

Mokopuna arrive through a small, confined area lacking colour and warmth. While there are some posters on the walls, the entrance area is grim, dark and intimidating.

The indoor area is run down and dated. It lacks colour and warmth and is sparsely decorated resulting in an unwelcoming and institutional feel.

The classrooms are small and the workstations for mokopuna lack any personalisation such as artwork, pictures or class projects they have previously completed.

Staff agree that the classroom is cold and uninviting.

### The marae is a beautiful and calming space

The marae is modern and inviting, it has a warm feel and is adorned with tukutuku panels and glass walls. There is a deck outside, and the surrounding area is decorated which complements the outdoor garden area. The building was designed in collaboration with mana whenua (Te Atiawa) and each element in the design has meaning and a connection to Te Ao Māori.

The marae and surrounding area is a great space for mokopuna. However, mokopuna have limited access to this area. It has the potential to become an area where

mokopuna and their whānau can connect or reconnect with each other and their whakapapa and learn about Mātauranga Māori.

### The sensory room needs refurbishing

At the time of our visit, the sensory area was more of a thoroughfare than a sensory room. There were a few resources scattered around the space, but the area was not calming or immune to the noise and action on the unit.

Staff said they would like to use the space for de-escalation instead of using secure. In order for this to happen, staff said that work needs to be done to improve the aesthetic of the space, and they need access to and training in the appropriate use of sensory resources.

### The residence is cold, dark and resources are limited

All mokopuna told us they would like night lights and warmer rooms explaining that it can get quite dark and cold in the residence. Additional blankets is something mokopuna said they need.

Mokopuna said an area to relax in that is separate from their dining space would also be beneficial as currently, mokopuna eat, relax and socialise in the same space.

We did not see adequate resources such as (but not limited to) books, board games, digital devices and music equipment. The



only resources we saw were cards and paper for drawing.

### **Mokopuna enjoyed the kai and have the opportunity to plan meals**

Most mokopuna we spoke with said the kai was ok but that they would like more variety and access to more fruit and vegetables.





## Activities and access to others

This 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.

### Good connections with teachers make learning fun and mokopuna are engaged in education

The teachers at Epuni are popular amongst mokopuna and have established some excellent connections and relationships. We observed the teachers using de-escalation techniques and redirecting potentially problematic conversations early.

We heard from mokopuna that prior to their admission to Epuni, most were not engaged in education and cannot read or write well which has made education frustrating. Despite these challenges mokopuna said they enjoyed being in the classroom at Epuni.

The learning environment at Epuni is stimulating, supportive, and enjoyable for mokopuna. The teachers are skilled professionals and pride themselves on creating a great atmosphere for mokopuna. However, the classroom is under resourced with no teacher-aide staff, Occupational Therapy input and only recently a Speech Language Therapist.

### Out of area placements impact whānau contact

Many mokopuna are from different parts of the country so face to face contact with whānau is limited. In these situations, whānau contact is still encouraged and is

supported by mokopuna being able to make calls at various times during the day.

There is an on-site whānau flat for when whānau can visit which has been refurbished.

### Phone technology needs upgrading

Mokopuna can call whānau every day and usually make their calls in the evening. However, staff and mokopuna said that when calls are made inside the dedicated phone booth, there is an echo which makes it difficult for both parties to hear each other. Instead of using the phone booth, mokopuna walk around using Bluetooth headphones. There is no privacy for mokopuna when they conduct phone calls in this way. The technology needs upgrading so that mokopuna can have their phone conversations in private.

### Mokopuna enjoy the range of activities

A range of activities are offered on and off site. Mokopuna enjoy the gym and use it frequently. Other on-site activities include early morning workouts, access to the pool and activities facilitated by residential staff such as card games.

Mokopuna go off-site for activities including kick boxing and walks in the area. Off-site activities are also individually tailored to mokopuna interests for example



attending sports events at the Westpac Stadium and going to the local mall.

Holiday programme activities are tailored to the interest of mokopuna and staff work hard to encourage mokopuna to participate in all activities and try new things.



## Medical services and care

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

### Mokopuna have access to primary health care services

Mokopuna have good access to primary health care services, with an open nurse clinic based on-site five days a week. The clinic is available between 10am and 1pm with a focus on physical health. A general practitioner (GP) is also based on-site every Thursday. All visits with the medical team are logged and recorded.

We observed a hand over meeting where staff were planning to take mokopuna off-site to visit the dentist. The access to health care is timely and no concerns were raised around the quality of the care provided.

### Specialised health care is available for mokopuna

Mokopuna have adequate access to specialised health care.

There is an initial pre-admission meeting with the Team Leader Clinical and site social worker to assess what level of support or health interventions are required whilst mokopuna are in residence.

Alcohol and drug assessors and counsellors are available through VIBE<sup>8</sup> to support

mokopuna with substance abuse or targeted health needs. Two therapists from VIBE provide on-site services with the consent of the mokopuna. Koru Specialist Services<sup>9</sup> also provide assessments, for example neurodiversity assessments, for mokopuna.

The Infant Child and Adolescent Mental Health Service (ICAMHS) complete mental health assessments and work with residence staff to implement treatment plans.

### Administration of medication

Medication is administered by the care team. The medical team provide training for new staff and a refresher course for existing staff.

At the time of our visit, a concern was raised by staff about mokopuna hoarding their medication. An incident was responded to quickly by the medical team and the situation was closely monitored. The medical team complete a daily medication audit.

<sup>8</sup> [Our Services — Vibe](#)

<sup>9</sup> [Neurodivergent Test | ADHD & Autism Testing | Mental Health Assessments \(koru-specialistservices.co.nz\)](#)



## Personnel

This 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.

### Inadequate training and professional development

The level of staff experience and skill at Epuni varies. Overall, there is a need for comprehensive staff training and development to ensure best practice is being applied, National Care Standards<sup>10</sup> are being met and policy and procedure for Care and Protection residences is followed.

Staff need to be trained appropriately in therapeutic and trauma-informed care, attachment disorders, FASD, ASD and global delay. Staff need to be supported to mitigate and manage mokopuna behaviours, learn clear and appropriate communication skills with mokopuna, and have a sound knowledge of de-escalation techniques and strategies.

Staff repeatedly told us training was inadequate to safely work with many of the mokopuna admitted to Epuni. This was a particular issue for staff working with mokopuna who have very high and complex needs and these needs struggled to be met despite working one on one with mokopuna.

### Inappropriate staff behaviour

At times, staff were so dis-engaged from what was happening in the unit that they missed opportunities to de-escalate

situations early. We saw this happen on the unit when staff from VIBE had to ask for assistance because a situation was getting heightened. Only then did residence staff intervene. We also saw some staff sitting on bean bags with their eyes closed.

This lack of awareness is a significant concern as mokopuna with significantly high and complex behaviours and needs require close supervision for their own safety and the safety of others.

The residence leadership team said they are aware of the unprofessional conduct of some staff and the newly appointed residence manager is taking measures to address the issue.

### Staffing levels are dangerously low

We observed staff who were working long shifts with insufficient breaks.

Staff said that the shortage not only impacts on their wellbeing but also has a knock on effect in their ability to complete tasks like record keeping, keeping case notes up to date and care planning.

Staff wellbeing is important to avoid fatigue, stress and burn out and to maintain a high standard of care for mokopuna.

<sup>10</sup> [National Care Standards | Oranga Tamariki — Ministry for Children](#)



## Staff supervision at Epuni is lacking

Staff we spoke with said that supervision was insufficient or non-existent including the provision of cultural supervision.

All staff working with mokopuna are required to have formal, on-going professional supervision. Supervision is vital to ensuring child-centred practice and staff professional development and wellbeing.



## Improving outcomes for Mokopuna Māori

This focuses on identity and belonging, which are fundamental for all mokopuna to thrive. We assess 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.

### The role of the Kaiwhakaako is a valuable

The Kaiwhakaako is supporting mokopuna with reconnection back into their community, whānau, hāpu and iwi by linking whānau to tikanga and mātauanga māori<sup>11</sup>.

The position of the Kaiwhakaako has meant that mokopuna māori can experience culture connecting them back to their roots and origins.

Mokopuna have been learning the tale of Maui and how the lessons from the story can be applied in their lives today. We observed drawings of Maui on the wall and mokopuna were talking of him during informal discussions. This has a positive impact on mokopuna as their cultural capacity increases.

### Visions for the future with mokopuna Māori

Staff told us about their goal to increase cultural capacity for the residence by engaging with external agencies. The aim is to work collaboratively to promote Te Ao Māori within the residence.

The connection with external agencies will help in assessing what cultural support the residence needs to meet this goal. External

agencies will also be able to support the mahi undetaken by the kaiwhakaako to increase cultural confidence and competence across the residence.

We strongly encourage the implementation of a cultural perspective across the residence and for this to be woven through all policies<sup>12</sup>. The OCC will note the progress of establishing this cultural approach during the next monitoring visit.

<sup>11</sup> United Nations Convention on the Rights of the Child, Article 30.

<sup>12</sup> United Nations Rules for the Protection of Juveniles Deprived of their Liberty (Havana Rules) 1990, Article 13.





# Appendix

## Gathering information

We gather a range of information and evidence to support our analysis and develop our findings in our report. These collectively form the basis of our recommendations.

Method	Role
Interviews and informal discussions with mokopuna (including informal focus groups) with mokopuna	
Interviews and informal discussions with Oranga Tamariki staff	<ul style="list-style-type: none"> <li>• Residence Manager</li> <li>• Team Leader Clinical Practice</li> <li>• Team Leader Support Services</li> <li>• Team Leader Operations</li> <li>• Programme Co-ordinator</li> <li>• Kaiwhakaako</li> <li>• Case Leaders</li> <li>• Youth Workers</li> </ul>
Interviews with external stakeholders	<ul style="list-style-type: none"> <li>• VOYCE Whakarongo Mai</li> <li>• Central Region Health School</li> </ul>
Documentation	<ul style="list-style-type: none"> <li>• Grievance quarterly reports</li> <li>• Mokopuna Care Plans and All About Me plans</li> <li>• Serious Event Notifications</li> <li>• SOSHI reports</li> </ul>
Observations	<ul style="list-style-type: none"> <li>• Morning, afternoon, and evening observation of unit routines (including breakfast, morning karakia, PE time, dinner, shift handover)</li> </ul>