

# Oranga Tamariki

## Residence Visit

(OPCAT monitoring)

### **Kaahui Whetuu – Northern Residential Care Service**

Visit date: 9(2)(a) [REDACTED]

Report date: 9(2)(a) [REDACTED]



MANAAKITIA Ā TĀTOU TAMARIKI

**Children's  
Commissioner**

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# Introduction

## Purpose of visit

The purpose of this visit was to fulfil the international monitoring mandate of the Office of the Children’s Commissioner (OCC), to monitor the safety and wellbeing of children and young people detained in secure locked facilities. Between 9(2)(a) staff from the OCC carried out an announced monitoring visit to Kaahui Whetuu, secure hub in Wiri, Auckland.

The visit was shortened as per advice from the Ministry of Health when one of the visit team was identified as a ‘close contact’ to a positive COVID-19 case in Wellington. Due to the shortened visit, we did not interview any children or young people about their experiences. The OCC will be returning to Kaahui Whetuu to complete a full OPCAT visit.

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

## Context

Kaahui Whetuu is a care and protection service located in South Auckland. The service is made up of three residential placements:

- Kaahui Whetuu ki te Pito
- Kaahui Whetuu Ootara
- Kaahui Whetuu ki Maangere

Kaahui Whetuu ki te Pito, referred to as Kaahui Whetuu henceforth, is a secure hub that is subject to OPCAT requirements. Kaahui Whetuu has capacity for five children and/or young people to reside there. Children and young people are initially admitted to the Community Residential Services Auckland (CRSA) at the Kaahui Whetuu hub before transitioning to one of the community homes. The capacity of each the community homes is also five children and/or young people.

The focus of this visit was to assess Kaahui Whetuu, the hub, against OPCAT.

## Children and young people at Kaahui Whetuu

At the time of our visit, there were no children or young people living at the hub. We planned to speak with children and young people who were living in the community homes about their experience at the hub. However, due to needing to cut short our visit, we were unable to do this.

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<sup>1</sup> This Act contains New Zealand’s practical mechanisms under the United Nations Convention Against Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment (OPCAT).  
<https://www.occ.org.nz/our-work/monitoring/monitoring-work/why-we-monitor/>

## Our monitoring processes

We are primarily interested in hearing about the experiences of children and young people and understanding group dynamics. We usually conduct one-to-one interviews with children and young people who choose to talk with us. We also spend time observing children, young people, and staff in the space, including taking part in activities, sharing dinner, and having conversations with children, young people, and staff.

For this visit, we interviewed Oranga Tamariki employees and external stakeholders as well as having conducted a thorough analysis of relevant documentation.

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

## Our evaluation processes

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

We are currently reviewing our evaluation processes and are temporarily suspending the use of rating scales. In the interim, we are using key descriptors – harmful, poor, good and very good – to describe our overall findings in relation to:

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

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

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

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

# Overall findings and recommendations

## Overall findings

We identified one area of 'very good' practice which works well to meet the needs of children and young people. The area is:

- The practice of zero restraints and seclusion being enforced at the hub.

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

- The institutional environment of the hub including sharing a site with a youth justice residence.
- The incomplete operational plan.
- The secure unit not being safe or meeting the requirements for a seclusion area.

## Recommendations

Oranga Tamariki National Office	
<b>We recommend that the Chief Executive:</b>	
<b>Rec 1:</b>	Continues to work towards the future model of care that is based around bespoke placements that utilise trauma informed practice and are community based.
<b>Rec 2:</b>	Prioritises support, resources, and guidance to enable whānau, hapū and iwi to determine care arrangements for their children and young people.
<b>Rec 3:</b>	Ensures that children and young people and their whānau are central to all decision-making and transition planning in relation to future care placements.
<b>We recommend that the DCE Care Services:</b>	
<b>Rec 4:</b>	Continue to significantly limit the use of the secure unit within Kaahui Whetuu with the view of eliminating this type of space for future models of care. (Ref. page 7 & 13)
<b>Rec 5:</b>	Finalise the operational plan for Kaahui Whetuu and communicate it to staff and stakeholders. This should include clear admission criteria for the residence. (Ref. page 9)
<b>Rec 6:</b>	Improve the physical environment of Kaahui Whetuu so it is fit for purpose, safe and not traumatic for both staff and children and young people. (Ref. page 11)
Kaahui Whetuu Residential Service	

**We recommend that the leadership team:**

**Rec 7:**

Provide consistent supervision for all staff on the floor working at Kaahui Whetuu.  
*(Ref. page 17)*

**Rec 8:**

Measure practice in regard to section 7AA of the Oranga Tamariki Act 1989 and evidence how Kaahui Whetuu is making a practical commitment to the principles of Te Tiriti o Waitangi. *(Ref. page 18)*

## Domain 1: Treatment

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

Findings from this visit

Strengths

### **Kaahui Whetuu does not use force or secure care**

The hub has a secure care area and staff are trained in Management of Actual or Potential Aggression (MAPA). It appears that staff have not used a restraint or made any admission to secure care since August 2020 when the new manager started. We were told that the use of restraints and secure care is contradictory to trauma informed care and the model of care Kaahui Whetuu aspires to provide. We were also told that when children and young people move from the hub to the community homes, restraints cannot be used and secure care is not an option. By not using restraints or secure care, Kaahui Whetuu is ensuring consistency for children and young people in their expectations and experience while they are staying at the CRSA.

This could be considered as an example of very good practice that would be beneficial for other residences to implement. We are looking forward to being able to understand this fully at our next visit.

### **When children and young people abscond, staff use child centred processes**

The hub is not a locked facility; therefore, children and young people can leave if they want to. Kaahui Whetuu have strategies to respond when children and/or young people abscond. We heard at least one staff member will follow the child or young person in a vehicle, while a staff member remains at the hub. The staff follow them in a car to ensure safety where possible and to ensure the child and/or young person receives the message that they are important. When the child or young person has absconded, staff use their relationships to encourage them to return.

When a child or young person returns to Kaahui Whetuu, a conversation takes place in order to understand what drove the behaviours and how the staff can work differently with the child or young person.

### **Children and young people can stay at the hub for as long as it takes them to set their goals**

While the model is still evolving, the hub operates with a goals-based approach. There is no set time a child or young person can stay at the hub and some stay for a one or two days, while others a number of weeks. Goals are based on where children and young people will be living

and their educational goals. We understand these goals are developed with children and young people, Kaahui Whetuu staff, their site social worker and their whānau. Plans are then developed with relevant parties to map out what it will take to achieve the goals. This approach aims to minimise the number of placements for children and young people by ensuring there is robust planning before they move to the community homes.

Multi-Disciplinary Team meetings occur frequently and are transitioning to be the responsibility of site social workers, with input from Kaahui Whetuu. The hub also provides a place for children and young people to settle, for staff to get to know them and understand the best next steps for them.

### **Children and young people have multiple plans**

There are comprehensive future and safety plans including:

- The All About Me plan that children and young people arrive with, which is updated regularly.
- An operational plan includes what the care team needs to know about children and young people.
- Individual plans are a guide of how staff should respond when children and young people are distressed including co-regulation and coping strategies.

It is important to reiterate that we did not speak with children and young people to understand their perspective on their plans. The OCC will look to understand this further at our next visit.

### **Transition from the hub to the community homes is gradual**

Planning around children and young people includes a transition plan from the hub. While some come into the hub as an emergency placement, we understand that the majority go on to stay in one of the community homes based in Auckland. When children and young people are ready to transition to the community homes, they have several visits to the home and go for meals before they fully move to live there. This allows children and young people to experience the change in environment in timeframes that work for them.

### **Kaahui Whetuu has vision for a model of care**

The interim operating plan contains guidance for staff in delivering trauma-informed care. There is a clear acknowledgement that children and young people who enter the service will likely have experienced complex trauma and highlight the need for staff to respond and work in a way that does not cause further harm.

Staff talked about being trained in the ALERT programme. Having this focus could support children and young people to access the right supports they need, and this is something we will explore more at our next visit.



## Areas for development

### **No operational plan has been finalised**

The operational plan is still in draft and incomplete. We heard from staff the current draft operational plan does not accurately reflect the service they are delivering. The parameters of staff roles and services they provide is unclear. This is creating an unsettled environment for the staff. A finalised operational plan needs to be implemented immediately to provide certainty for staff and children and young people.

## Domain 2: Protection system

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

Findings from this visit

Strengths

### **Admissions are considered by regional staff**

Admissions to the hub can be planned or 'emergency' placements. Staff told us referrals to the service go to the regional hub to determine if the child or young person will be a good fit for the service. We understand the service works with the child and young person and their whānau when admissions are planned. We heard examples of whānau coming to visit the hub before the admission took place. Part of the welcome process is that children, young people and their whānau are welcomed to the hub with a powhiri. We experienced this ourselves and can see how beneficial this could be to build whanaungatanga.

### **The grievance system is available to children and young people in the hub**

Children and young people have access to Whaia te Maramatanga while staying at the hub if they want to make a complaint or suggestion. We understand the hub has a good relationship with the grievance panel. The grievances for the last three quarters related to staff behaviour. These were managed well and in accordance with the Whaia te Maramatanga process. It appears the grievance system is working well at the hub and children and young people's concerns are taken seriously.

Areas for development

### **Admission criteria is unclear**

As the operating model is still in draft there is a lack of clarity of who the service provides care for. Staff understand the service will not provide care for children and young people with:

- Harmful sexualised behaviour
- Acute mental health needs
- Risk absconding risks

We heard there have been children and young people with these identified risks admitted to the service. Staff felt the service should:

- Be adequately resourced to provide appropriate care for children and young people
- Have staff with the right training, skills and background to meet the needs
- Have an environment that is appropriate to the needs of the children and young people using the service.

### **Staff queried the need for all children and young people to be admitted to the hub**

At the time of our visit, the hub was closed, and children and young people were admitted directly to the community homes. Staff had mixed feelings about this. Some said that it should be on a case by case basis depending on the needs of the child or young person. Staff said that children and young people who were leaving secure residence could go straight to a community home as they have likely had time to settle and have assessments completed. Other staff suggested the model should be consistent in requiring all children and young people to pass through the hub in the first instance.

## Domain 3: Material conditions

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

Findings from this visit

Strengths

### **The hub is well maintained overall**

Although not fit for purpose, the hub was clean and well looked after at the time of our visit. This included the bedrooms, Marae, sensory space and communal areas. We were told some areas in the hub had been recently painted. The outside area was also well maintained with artwork, nice gardens and is situated in a sunny area.

Areas for development

### **The co-location of a youth justice residence is harmful for children and young people**

The hub has been separated and the youth justice residence, Whakatakapokai has been opened out of the same building. As a result, there is a bordering six-foot, see through, wire fence. This is the view outside the children and young people's bedrooms. Additionally, floodlights and CCTV cameras have been installed on the fence line. There appears to have been no long-term thought put into how these two services will interact, what it means for children and young people and how long this co-location will be for.

Most staff we spoke to on our visit commented on how traumatic, damaging and inappropriate this is.

### **Many areas of the hub are institutional**

During our time at the residence, we observed institutional conditions in many areas.

- The bedrooms are one single bed wide and have no other furniture in them.
- The furniture throughout the hub is institutional and uncomfortable.
- The hub is echoey and has very poor acoustics.
- The general layout of the hub is not conducive to a home-like environment and is very small.

Additionally, some staff do not have permanent offices. The physical environment does not support the therapeutic vision of the residence.

## Secure care is not safe

The secure unit at the hub has not been used since August 2020 and it must continue to not be used. The seclusion area does not meet the standard required for the following reasons:

- There is no outdoor area children and young people can access.
- The area is not secure.
- The bathroom contains items that can be disassembled by children and young people to harm themselves, others or to abscond from the secure care area.
- The physical environment is not therapeutic nor appropriate for a seclusion area.

6(c)

## Domain 4: Activities and contact with others

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

Findings from this visit

Strengths

### **Children and young people have regular contact with their whānau**

We heard children and young people have a lot of contact with their whānau. We heard phone calls can happen at least twice a day, there are video calling options and in person visits occur frequently. Site social workers financially support whānau to visit if they are from a different region. Staff told us a number of children and young people who have stayed at the hub have come from out of the Auckland region but the facilitation of whānau visits was helpful and occurred often.

### **Activities are tailored to the goals and interests of children and young people**

The service has a dedicated programme co-ordinator. We heard activities can be focused around:

- Life skills, including cooking
- Regulatory and sensory activities
- Cultural activities depending on children and young people's identity
- Exercise focussed, including outdoor bush walks

We were unable to talk with children and young people about how they found the activities.

### **Education is provided to children and young people**

The education provider is flexible in how and what education they deliver. When at the hub children and young people can do schoolwork there or attend school offsite. When they transition to the community homes, they attend school in the community. The school has been set up in the community. Some Kaahui Whetuu staff felt concerned about the location of the school as it is on a busy road.

The education is provided by the same service for the duration of the time the child or young person is staying with the CRSA. School told us they do educational activities that are fun, active, and engaging for children and young people.

## Domain 5: Medical Services and care

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

Findings from this visit

Strengths

### **Primary health needs are met**

Kaahui Whetuu provides a consistent health service for children and young people. We heard the medical team are kind and deliver a good service. When children and young people are staying at the hub the medical team comes and visits them there. Challenges arise in the continuity of care when children and young people go to the community homes.

### **Mental health needs are carefully considered**

Referrals to the CRSA are sometimes made from inpatient mental health facilities. In these cases, Kaahui Whetuu require referral discussions and consults with those making the referral to understand the specific needs of the child or young person. Decisions are then made if the service can provide appropriate, safe care for them.

## Domain 6: Personnel

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

Findings from this visit

Strengths

### **Support for staff is plentiful**

The leadership team prioritises supporting staff as they acknowledge staff wellbeing is pivotal to providing quality care. Support for staff includes:

- debriefing with staff when significant events occur
- self-care plans for staff
- completing reflection on practice during office days
- external supervision paid for by Oranga Tamariki

### **Relationship with VOYCE Whakarongomai is improving**

We understand there had been a lapse in the contact between VOYCE Whakarongomai and Kaahui Whetuu. This was due to staffing changes at VOYCE. We understand conversations are being had about the relationship between the agencies moving forward and ensuring advocacy is available for children and young people who stay at the hub is a priority.

### **Staff care about children and young people**

We heard from **9(2)(a)** that one of the things they were most proud of is the unconditional positive regard the staff have for the children and young people they provide care for. There are enough staff to provide care for children and young people across all areas of the service.

Areas for development

### **Relationship between the hub and school has challenges**

We heard from both parties the relationship between the education provider and Kaahui Whetuu has some difficulties, including:

- A lack of communication
- A difference in ideologies in the treatment of children and young people creating mixed messages



- A lack of support for one another's vision for the care of children and young people

It is critical children and young people receive continuity of care and a positive experience with education. The two teams need to find a way to work together to ensure this happens for children and young people while they are staying at the hub.

### **Staff do not receive regular internal one-to-one supervision**

The Team Leader Operations have recently received supervision training. However, floor staff and those with professional registrations do not receive consistent professional supervision unless they seek external supervision. We heard supervision is perceived as 'punitive' or as a 'telling off'. This perception is one the leadership team is working to shift.

### **Vacancies have been enduring**

We understand there has been no consistent Team Leader Clinical Practice (TLCP) for approximately 18 months. The case leaders have no line manager or supervisor as a result. While there have been appointments made during this time, there has been no permanent TLCP appointed or retained.

## Domain 7: Improving Outcomes for Mokopuna Māori

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

Findings from this visit

Strengths

### **The appointment of a Kai Whakaako is promising**

The Kai Whakaako role has recently been introduced and a **9(2)(a)** staff member has been appointed into it. While it is a mentoring and guiding role, it is not a specifically Māori focused role. This role is being adapted to the needs of the service and was still being established at the time of our visit, however, it appears the focus is on staff and supporting them within Māori cultural practices, tikanga and understandings. Staff spoke very highly of the role and the kaimahi who has filled it.

The Kai Whakaako role is varied and supports staff in the following areas:

- Cultural supervision
- Aligning staff with practice requirements
- Staff training including whaikōrero, te reo Māori, powhiri and mihi whakatau tikanga

It is reported that staff have been engaged and enjoying the cultural training. For this role to be successful, leadership and the team must work together to understand the role, responsibility and function and for this to be clear across all staff. We look forward to seeing how this role comes to fruition at our next visit.

Areas for development

### **Kaahui Whetuu does not capture how they are meeting the needs of mokopuna Māori**

Kaahui Whetuu needs to further develop how they are meeting their responsibilities under s7AA of the Oranga Tamariki Act 1989. We heard the 7AA requirements have been renamed by staff at the hub as Kaupapa Here Māori.

## **Appendix One: Why we visit – legislative background**

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

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

## Appendix Two: Interviews and information gathering

Method	
Individual and group interviews	<ul style="list-style-type: none"> <li>■ (a) [REDACTED]</li> <li>■ [REDACTED]</li> <li>■ [REDACTED]</li> <li>■ [REDACTED]</li> </ul>
External stakeholder interviews	<ul style="list-style-type: none"> <li>■ (a) [REDACTED]</li> <li>■ [REDACTED]</li> </ul>

Documentation	<ul style="list-style-type: none"> <li>• 2020 Oranga Tamariki audit report</li> <li>• Grievance quarterly reports</li> <li>• Grievance files</li> <li>• Secure care register</li> <li>• Secure care logbook</li> <li>• Young people’s files – including Individual Care Plans and All About Me plans</li> <li>• SOSHI reports 08/12/2020-08/06/2021</li> <li>• Serious event Notifications 08/12/2020-08/06/2021</li> </ul>
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