



Puketai Care and Protection Residence

OPCAT Monitoring Report

April 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 unannounced monitoring visit to Puketai Care and Protection Residence in April 2022. The facility providing these services is known as Puketai 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: Puketai

Region: Dunedin (Ōtepoti)

Operating capacity: 8

Status under which mokopuna are detained: Section 78 and 101 of the Oranga Tamariki Act 1989.

OPCAT definitions

The main objective of OPCAT¹ 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.

¹ [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 Torture². 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.

² 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 experiences³. 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 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.

³ 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 cruel or degrading punishment.

Our findings from the visit are outlined below:

- Mokopuna have positive relationships with staff.
- The length of time mokopuna spend in residence is a concern.
- Puketai use a trauma-informed approach to care.
- Independent advocates have been unable to meet face to face with mokopuna due to COVID restrictions.
- School is a highlight for mokopuna.
- A wide range of activities are provided for mokopuna.
- All staff should engage in on-going cultural development, be supported to learn te reo Māori and have the ability to engage in a wide range of cultural activity with 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

1	Review the grievance process. It should be independent, impartial and provide a clear mechanism for keeping mokopuna informed on progress.
2	Review the COVID-19 policy for consistent practice across residences and to enable face to face contact for mokopuna and independent advocates.
3	Develop a robust strategy to transition mokopuna from residence that includes a range of suitable specialist placements, particularly for those with complex needs.
4	Develop and implement a workforce strategy to address appropriate staffing levels, recruitment (particularly for kaimahi Māori) and training in all residences.

Facility Recommendations

1	Ensure all Individual Care Plans, including transition plans, are signed by mokopuna, dated, and completed to a consistent standard, ensuring mokopuna and whānau involvement.
2	Ensure all staff engage in on-going cultural development, are supported to learn te reo Māori and have the ability to engage in a wide range of cultural activity with mokopuna.
3	Ensure unit rules are explained in the admission process and that these are consistently applied by all staff. Any variances to the rules need to be fully explained to mokopuna in ways they can understand.

4	Provide regular one-on-one supervision including cultural supervision for all staff.
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Progress on previous recommendations

Progress on the recommendations from the previous Puketai OPCAT report dated November 2020, are assessed to have made good, limited or no progress.

1	Urgently finalises the plan for the closure of care and protection residences and provides full information about this plan to the Office of the Children's Commissioner.	See Oranga Tamariki Future Direction Plan
2	Prioritises support and resources to enable whānau, hapū and iwi and wider family groups to care for, or determine care for, their children and young people.	See Oranga Tamariki Future Direction Plan
3	Ensures that children and young people and their whānau are central to all planning and decision-making in relation to future care placements.	Limited progress
4	Urgently take action to significantly reduce the average duration of stay for children and young people in care and protection residences.	Limited progress
5	Supports Puketai in their vision to prioritise care for children and young people from the lower south region.	Limited progress
6	Supports Puketai in their vision to reduce the total number of children and young people in their care to no more than six, where possible.	Limited progress
7	<p>Commits to the elimination of secure care rooms in all care and protection residences.</p> <p>In the interim:</p> <ul style="list-style-type: none"> - Establishes and supports alternatives to secure care, for example greater use of de-escalation techniques, sensory focused rooms and other behavioural management strategies. - Develops systems for electronically recording and analysing secure care data. 	Good progress

	- Improves the physical conditions of secure rooms so they are more child friendly, until such time as they are dis-established.	
8	<p>Ensures all care and protection residences meet Oranga Tamariki obligations under Section 7AA and Te Tiriti o Waitangi.</p> <p>Provides a progress report at the quarterly care and protection meetings between the Office of the Children’s Commissioner and Oranga Tamariki about:</p> <ul style="list-style-type: none"> - the extent to which care and protection policies, practices and services align to Section 7AA quality assurance standards. - the development of a clear strategy for care and protection residences, including short term progress indicators, aimed at addressing disparities and improving outcomes for mokopuna Māori. 	See Oranga Tamariki Future Direction Plan
9	Improves the quality and timeliness of the All About Me plans, provided by Oranga Tamariki sites to residences, so that care workers can formulate accurate and effective therapeutic plans based on current information.	Good progress <i>(January 2020 report noted this recommendation was not addressed)</i>
10	Works with site offices to increase the responsiveness and involvement of site social workers while young people are at the residence, particularly in relation to planning and transitions.	Limited progress
11	<p>Continues to provide ongoing guidance for staff about professional boundaries and how they engage with children and young people. This includes helping staff to:</p> <ul style="list-style-type: none"> • use appropriate language with children and young people. • engage positively with children and young people, eliminating the use of ultimatums and threats. • safely challenge poor practice when they see it. 	Good 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.

Mokopuna have positive relationships with staff

At the time of our visit, we observed positive, supportive, and respectful relationships between mokopuna and staff. Staff are attentive and responsive to mokopuna needs.

Mokopuna said their relationships with staff are positive and they have staff they trust and can go to for support.

Consistency is needed around the enforcement of rules

During our visit unit rules were applied inconsistently. We witnessed different mokopuna making the same request and being given different answers. It is important that mokopuna understand why decisions are made and that any discrepancies in the application of rules are explained to them.

Challenging behaviours effect everyone

Mokopuna talked about the negative impact of challenging behaviours in the residence. They said they notice when other mokopuna act out as a way of expressing themselves and when they are upset.

Instances of increased anxiety amongst mokopuna is driven by the number of mokopuna in the unit. Anxiety levels increase when the number of mokopuna increases.

Mokopuna also identify the challenge of establishing and ending relationships with other mokopuna as they come and go from the residence.

Puketai has a therapeutic approach that is mokopuna focused

Puketai use a trauma-informed approach to care incorporating the Alert model⁴. This approach requires staff to recognise that mokopuna behaviours are a result of what is going on in their life rather than if they are 'good' or 'bad'.

Staff have a clear understanding of how trauma and complex needs can affect mokopuna behaviour. The ethos of the team is to understand mokopuna for who they are, not just the reason they are admitted. Staff look for patterns of behaviour and support mokopuna to understand the behaviour and develop strategies to manage it.

⁴ The Alert Program® simplifies complex neurobiological theory to understand the importance of self-regulation in daily routines.

Secure care is mostly used as a last resort

The seclusion of mokopuna, by its very nature, runs contrary to international human rights law which prohibits its use on those under 18 years of age.⁵

Our review of relevant documentation⁶ and interviews with staff shows that secure care is only used for the safety of mokopuna after other strategies fail. Staff use tailored self-regulation strategies, sensory rooms and break out spaces to help mokopuna safely de-escalate. Mokopuna said that while they do not like secure care, it did help them to calm down and quickly return to the unit.

The secure area has an open space with lots of windows and colourful murals on the walls and a lounge area with couches. The secure rooms were rarely used and clean mattresses and bedding were stored away and only brought out as needed.

If secure is being used, the staff hub inside the area allows staff to observe mokopuna and ensure their safety.

Sensory rooms help mokopuna self-regulate

Staff said they take mokopuna to the sensory rooms, located within the secure care area, to reduce triggers and give mokopuna the opportunity to self-regulate. Sensory rooms are used as a way of reducing the use of secure care. There are multiple sensory rooms in the accommodation building, classroom and

administration building and a good array of sensory equipment such as, hammocks, trampolines, soft toys, weighted toys, and gymnastics equipment. The quality and quantity of sensory equipment has a positive impact on mokopuna wellbeing.

There is limited use of restraints

Restraints and use of force are rarely used. In the documentation we reviewed, the restraints and use of force were low-level to prevent harm to mokopuna and others. We heard examples of staff using verbal strategies to de-escalate situations rather than use force.

The nurse is notified when a restraint is used and mokopuna are assessed for any injuries. Puketai has a good system for recording SENs and SOSHIs⁶ and there is a review of the footage by the Residence Manager to see how the restraint is used in the event. This is in line with best practice.

Mokopuna can spend long periods of time in Puketai

The length of time mokopuna spend in residence was raised as a concern by staff, mokopuna and advocates. Spending long periods of time in residence(s) can negatively impact on mokopuna wellbeing.⁷ At the time of our visit, there were some mokopuna who had transitioned to Puketai directly from another care residence and therefore had already spent several months in a residential setting.

⁵ Report of the Special Rapporteur on torture and other cruel, inhuman, or degrading treatment or punishment, U.N. Doc. A/63/175 Annex (28 July 2008) (Manfred Nowak).

⁶ Documentation can include (and is not limited to) Serious Event Notification (SEN) forms, Security and Occupational Health and Safety Incident (SOSHI)

⁷ [HardPlaceToBeHappy-FINAL.pdf](#)

The clinical team said that prolonged placements impact the ability of mokopuna to engage in the therapeutic supports offered by Puketai.

There is a lack of appropriate community-based placements for mokopuna

Mokopuna end up staying longer than necessary in residence due to a lack of placements in the community. This problem is exacerbated for mokopuna who are from outside the Otago area.

Staff are reliant on home-site social workers to identify placements, prepare whānau or new caregivers, and establish community resource to support mokopuna into their placement. For some placements, mokopuna said their wishes were not taken into account.

Mokopuna involvement in their plans varies

Involving mokopuna voice is vital to their successful progression and transition to whānau or into the community and is a fundamental right under Article 12 of the Children's Convention.⁸

Some mokopuna were aware of what the plan was for them after leaving Puketai, however, others were unsure. Some mokopuna said they didn't know what they need to do in order to move on.

Mokopuna said they have very little contact with their home-site social workers and that social workers rarely visit the residence.

⁸ [Children's Convention - the basics » Office of the Children's Commissioner \(occ.org.nz\)](https://www.occ.org.nz/childrens-convention-the-basics)

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.

Admission is a difficult time for mokopuna, but Puketai try to ease the process

Puketai staff work with the home-site social workers to prepare mokopuna for placement at Puketai. Staff engage with mokopuna via video conference to provide information about the residence, the rules and expectations and introduce them to key staff.

Mokopuna are usually admitted while the other mokopuna are at school to alleviate any anxiety. Whānau are welcome to be there to support their mokopuna on admission, if appropriate.

However, for un-planned admissions mokopuna said that they were often not told why they were heading to Puketai or how long they would be living there. In these cases, communication with home-site social workers is poor.

Whaia te Maramatanga is understood and mokopuna use it as required

Mokopuna are familiar with the grievance process Whaia te Maramatanga, and information is displayed around the unit. Puketai also has a partnership with Otago University whereby students provide independent advocacy to help mokopuna

navigate the grievance process. However, COVID-19 restrictions have prevented them from coming to the residence.

Independent advocacy is important for mokopuna to be able to make grievances.

The OCC remain concerned the grievance process is not child-centric or independent of staff and that grievances are reviewed internally by the residence leadership team.

Mokopuna are currently unable to meet face to face with VOYCE Whakarongomai⁹

COVID-19 restrictions have prevented VOYCE Whakarongomai from face to face contact with mokopuna. At the time of our visit, contact could only be made via phone which is a barrier to accessing independent advocacy services and support.

⁹ [VOYCE - Whakarongo Mai - advocacy for children with care experience](#)

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.

Puketai has warm, colourful, and inviting spaces

Puketai has three main buildings: the accommodation area, administration block, and the school. The residence shares a boundary with a local school and there is no perimeter fence.

The outside space is welcoming, with gardens and areas for mokopuna to play.

The interiors of the buildings are warm, colourful, and inviting spaces. There are murals, posters and artwork on the walls - some created by mokopuna.

Sensory rooms are well-equipped and there are 'quiet' spaces mokopuna are encouraged to use to self-regulate or when they want a low stimulus space.

There is an upstairs flat in the accommodation block for whānau to use when they visit their mokopuna. The flat is equipped with a full kitchen, a lounge with television and couches, a bathroom, and a bedroom with a window overlooking the residence site.

Mokopuna bedrooms are personalised

The residence is split into two sleeping areas, each with four bedrooms. The wings are mixed gender. Although the bedrooms are small, they have a cosy feel. The windows of the bedrooms have half

frosted glass for privacy, but do not prevent light from coming in. Mokopuna can decorate their bedrooms with their own personal photos and artwork, as well as have their own sheets, clothes, toiletries and toys in their room.

Food servings are generous

Mokopuna said they enjoy the food and can go back for seconds. At the time of our visit the food was tasty and hearty, although carbohydrate heavy.

Mokopuna said they get on well with the chef and there are clear boundaries and safety processes when they help cook meals in the kitchen.

Mokopuna also enjoy harvesting fresh fruit and vegetables from the garden at Puketai.

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.

Regular contact with whānau is supported

Whānau visits were not impacted throughout the various stages of the COVID-19 framework and Rapid Antigen Testing (RAT) is not required for visitors.

Mokopuna can call their whānau when they want to and whānau visits are encouraged. Those from outside the area receive some financial assistance to enable them to visit.

Afternoon and evening phone calls are recorded in a log. Staff also record whether contact is made with whānau, as it can sometimes be distressing for mokopuna when they cannot reach the person they want to talk to.

Mokopuna enjoy school

Education is provided by Kingslea School, which has a network of campuses across the country. We heard that school is a highlight for all mokopuna. The education programme compliments the therapeutic approach of the residence. Mokopuna have individualised, comprehensive education plans that cater to their needs and aspirations.

The school is divided into three main areas: an administration area, the classroom and a sensory room. There is

also a separate room for mokopuna that need extra one-to-one learning.

The classroom is well resourced and filled with bright coloured toys, artwork, and curriculum activities dotted around the walls.

There is a donated coffee machine in the administration room. If mokopuna show an interest, they are taught to use it and can get their barista qualification.

Mokopuna have their own workstations with personalised name tags that they design, their own artwork, school supplies, sensory items and any personal items they want to use to decorate their space.

There are trophies proudly on display around mokopuna workstations. Each week mokopuna have the chance to be awarded for a variety of achievements. Mokopuna said the award system is motivating and gives them a sense of pride.

Mokopuna find the learning environment stimulating, supportive, and enjoyable. One mokopuna had just achieved NCEA Level 1, a significant achievement, as mokopuna in residences often struggle with mainstream education.

Teacher aides play an important role

Mokopuna have their own teacher aide to help them complete their work and to assist in choosing their activities. A range of courses are offered such as yoga, horse riding, carving and barista training.

The possibility that funding for teacher aide support could discontinue was raised as a concern. Given the positive impact these positions have made to support mokopuna in their individual learning, we would be equally concerned if this resource was lost.

Transitions are needed to ease mokopuna back to community

We heard about an alternative education school, Harakeke, that was run by the previous Residence Manager. It helped mokopuna make a smooth transition from residence prior to re-entering mainstream education. We were told the school had an excellent success rate however it has been discontinued. Continuity of education is important and should feature as part of the transition plans for mokopuna.

Activities are diverse and plentiful

Puketai offers a wide range of on and off-site activities. Every room was well stocked with activities for mokopuna, such as playing cards, DVDs, books, board games, video games, and sports equipment. The outdoor area included a basketball hoop, trampoline, and rock-climbing wall.

While we were there, the residence was preparing for an adventure day. There are 2-3 adventure days a term and mokopuna

relish the opportunity to participate in new activities.

Mokopuna can also participate in community run activities such as dance classes and sports clubs. A personal trainer comes weekly to run physical activities and workouts, which was a highlight for mokopuna.

Kingslea School only operates during regular school term time. During the school holidays residence staff provide a range of activities for mokopuna such as walks, swimming, bike rides, and art projects such as diamond art or 3D printing.

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 on-site primary health care services

There is no on-site general practitioner (GP) however, nurses are available on-site during the week. All mokopuna see a GP within seven days of admission. Ideally, mokopuna are seen by their own local GP, however this is not possible for those mokopuna placed away from home. Mokopuna who live outside Dunedin are seen by a locum.

Nurses would like a GP to come into Puketai on a regular basis.

Access to specialised health care is available

Puketai has a good relationship with community mental and public health services. This means that mokopuna have good referral pathways to specialist services once the needs are identified by the clinical team. However, there are capacity issues for these services which impacts on appointment wait times.

There are no alcohol and drug treatment programmes available locally for mokopuna under the age of twelve. The lack of these programmes for this age group has been identified as a gap.

Medications are not always given at the prescribed time

Staff are trained by nurses to administer medication. However, there have been

instances when medications were not given to mokopuna at the correct time or were missed. Staff said they often get side-tracked with other duties or when there are incidents.

We are concerned that failure to administer medication when prescribed could have significant health and wellbeing consequences for mokopuna. We encourage staff to be more vigilant in the safe administration of medication.

COVID-19 response plan

There were no COVID-19 cases in Puketai at the time of our visit and whānau visits continued through the different alert levels. Visitors, including whānau, were not required to Rapid Antigen Test before entering and there was also no requirement for staff to test. This differed from other residences run by Oranga Tamariki and highlighted inconsistencies in the application of the Oranga Tamariki policy for COVID-19 response.

The COVID-19 plan for residences should be implemented as designed, for the health, wellbeing and safety of mokopuna, staff and visitors.

Puketai did not have an area specifically designated for isolation should there be a case of COVID-19 amongst mokopuna. However, there are areas in the residence that could be separated and used should it be necessary.

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.

Staff work well as a team

We saw staff work collaboratively to support mokopuna and keep the unit settled. The leadership team are supportive of each other and had an open line of communication with staff.

The Assistant Principal and nurses are not involved in Multi-Disciplinary Team meetings. However, these staff members hold valuable information and should also be involved in decisions that impact on mokopuna.

There are good relationships with key stakeholders

Staff said they have a positive relationship with a wide range of community stakeholders such as the local Oranga Tamariki site, as well as a broad range of local services.

Puketai also have a well-established multi-agency governance group with representation from key local agencies focused on improving access to services and resources for mokopuna. Puketai staff often advocate for mokopuna in these

forums to ensure that the decisions reflect mokopuna needs and aspirations.

Low staff levels can be an issue

There are usually four staff members on each shift. A fifth person may be called on during the evening shift to cover for any off-site activities. However, illness due to COVID-19 and stagnant recruitment drive has affected staff numbers.

Due to low staffing numbers, staff sometimes work double shifts, which can lead to fatigue and negatively impact on mokopuna. Members of the leadership team are required step in to assist the team when there are staff shortages.

There are a wide range of professional development opportunities for staff

All staff, including casuals, are trained in the Management of Actual or Potential Aggression (MAPA)¹⁰ with refreshers every six months.

In addition, Puketai provide training to all staff on Oranga Tamariki models of care¹¹. They also invite external agencies to provide training on specialised subjects,

¹⁰ MAPA® (Management of Actual or Potential Aggression) | Crisis Prevention Institute (CPI)

¹¹ Models of care include (but not limited to) Te Toka Tūmoana [Working with Māori: Te Toka Tūmoana](#) | Practice Centre | Oranga Tamariki, Whakamana te Tamaiti [Whakamana te tamaiti:](#)

[Practice empowering tamariki Māori](#) | Practice Centre | Oranga Tamariki. There are also policy documents that guide interactions with mokopuna [Working with tamariki and rangatahi in residences](#) | Practice Centre | Oranga Tamariki

such as Foetal Alcohol Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Autistic Spectrum Disorders, and Traumatic Brain Injury.

Supervision is available as required

The care team have one-on-one supervision with a member of the clinical team as required. Staff also receive group supervision once a week with a psychologist. This is an opportunity to talk through challenges and develop strategies to respond to them.

We support regular one-on-one supervision and clinical supervision to maintain professional practice. Supervision is an important element recognised as a means of supporting safe, professional practice for staff at all levels. It should be regular and not ad hoc.

The clinical team facilitate debrief sessions following an incident

When mokopuna present with challenging behaviours, when there are incidents or when restraint holds are used, Puketai hold debrief sessions to ensure consistent practice is being applied.

Practice sessions are also run with the care team to share ideas around behaviour management, de-escalation or exploring reasons why, for example, the use of secure care is increasing. These sessions may also involve external practitioners with specialised expertise if it is required.

The goal is to analyse and explore solutions, keep practice consistent and ensure the team are fully supported with the right tools to do their jobs well.

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.

Mokopuna have opportunities to connect to their culture and learn about their whakapapa

It is important for mokopuna Māori to have the opportunity to learn about their whakapapa and build or restore cultural connections. Mokopuna should not be deprived of their cultural rights because they are detained.¹² They should be free to practice and enjoy their culture and language.¹³

Puketai has a Kaiwhakaako whose role is to support mokopuna, particularly mokopuna Māori, to connect or reconnect with their iwi, hapū and whānau, and to support staff to develop their own cultural awareness and competence. The Kaiwhakaako has an important role in building and maintaining the relationship with mana whenua.

Mokopuna have the opportunity to learn their pepeha, mihimihi, and to develop their knowledge and connection with their whakapapa. Staff note this can be challenging when mokopuna are geographically separated from their whānau, hapū and iwi.

There were some cultural activities provided, such as 'mau rakau,' which happens every Tuesday. Mau rakau is

facilitated by an external kaumatua and is a mix of tikanga, physical activity, and practical skills that integrate te reo. Puketai also offers kēmu Māori, or games that integrate te reo, as well as waiata and karakia. At the time of our visit, we saw mokopuna participating and having fun doing these activities.

There is a lack of kaimahi Māori

There are a total of 40 staff at Puketai and only four kaimahi Māori.

Staff said it can be difficult to recruit kaimahi Māori. Recruitment of kaimahi Māori is essential, particularly where there is a disproportionately higher number of Māori mokopuna in places of detention. Kaimahi Māori can support other staff to develop their knowledge and understanding of mātauranga Māori and tikanga and can be positive role models for mokopuna Māori.

There is a cultural support group for Oranga Tamariki kaimahi Māori to connect into. However, kaimahi at Puketai said they can't get time away to attend these hui. Having a strong support network for kaimahi Māori is essential. We encourage the Puketai leadership team to make

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

¹³ United Nations Convention on the Rights of the Child, Article 30.

attendance for staff at hui such as these a priority.

Some staff were still developing their comfort around navigating Māoritanga. This will assist the one or two staff members who carry out responsibilities for pōwhiri, mihi whakatau, the use of te reo and upholding the kawa and tikanga of the residence.

Whilst the leadership team is supportive of mokopuna engaging in Māoritanga, this should also be a priority for all staff.

Cultural competency training is available for staff

The leadership team and most of the care team have completed training in tikanga with Te Wānanga o Aotearoa.¹⁴ New staff are also required to complete this training.

Cultural supervision for staff is provided on request. Some staff have cultural supervision, while others do not. We recommend all staff receive cultural supervision as a commitment to their development and mātauranga Māori.

Relationship with mana whenua is developing

The leadership team said that their relationship with mana whenua is good but can be improved. Mana whenua provide training and participate on interview panels. Mana whenua representatives were also involved in the consultation process for the residence strategic direction plan. Staff said there is always room to grow the relationship.

¹⁴ [Study from home | Tikanga course | Maori culture | TWoA | Te Wananga o Aotearoa](#)

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)	
Interviews and informal discussions with staff	<ul style="list-style-type: none"> • Residence Manager • Youth Workers • Kaiwhakaako • Case Leaders • Residential Chef • Team Leader Operations • Residential Social Worker
Interviews with external stakeholders	<ul style="list-style-type: none"> • VOYCE – Whakarongo Mai • Assistant Principal • Public Health Nurse
Documentation	<ul style="list-style-type: none"> • Grievance quarterly reports • Secure care register • Secure care logbook • Daily logbook • Mokopuna Care Plans and All About Me plans • Serious Event Notifications • SOSHI reports • Report of Concern
Observations	<ul style="list-style-type: none"> • Activities on site • Dinner