



## **Ngā Kākano Adolescent Inpatient Unit**

OPCAT Monitoring Report

Visit Date: November 2023

Report Date: February 2024



# Kia kuru pounamu te rongo

## All mokopuna\* live their best lives

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



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# Introduction

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

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

Our organisation is a designated National Preventive Mechanism (NPM) as per the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman, Degrading Treatment or Punishment (OPCAT).

The New Zealand legislation relating to OPCAT is contained in the Crimes of Torture Act (1989). The role of the NPM function at Mana Mokopuna is to visit places where mokopuna are deprived of their liberty:

- 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 visit

Mana Mokopuna conducted an unannounced visit to the Ngā Kākano Adolescent Acute Inpatient Facility (Ngā Kākano) as part of its NPM monitoring visit programme. The objective of our OPCAT Monitoring as a NPM is to prevent ill-treatment in all places where mokopuna are deprived of their liberty by regularly monitoring and assessing the standard of care experienced in these facilities.

### About this report

This report shares the findings from the monitoring visit and recommends actions to address any issues identified. The report outlines the quality of the experience of mokopuna at the facility and provides evidence of the findings based on information gathered before, during and after the visit.



## About this facility

<b>Facility Name:</b>	<b>Ngā Kākano Adolescent Inpatient Unit</b> operated by Te Whatu Ora. Formerly known as Child, Adolescent and Family (CAF) Inpatient Services), Ngā Kākano is a specialist regional (South Island) treatment and assessment service for children and adolescents who have severe psychiatric, emotional, behavioural, or developmental disorders.
<b>Region:</b>	Ōtautahi (Christchurch)
<b>Operating capacity:</b>	16 bed capacity for mokopuna up to 18 years old. The ward comprises of an open plan layout that includes a central kitchen, dining and lounge area. Bedrooms are all single with en-suite bathrooms and there are multiple break-out rooms and spaces that contain sensory equipment and resources. The High Care Area (HCA) is connected to the main ward and contains its own bedroom, lounge, bathroom and outside courtyard. The seclusion room is also located within the HCA.
<b>Status under which mokopuna are detained:</b> ss11, 13, 15(1) of the Mental Health (Compulsory Assessment and Treatment) Act 1992. Mokopuna can also consent to acute mental health in-patient care and not be under the Mental Health Act. These mokopuna are often referred to as 'Informal Patients'.	

## Key Findings

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

Mana Mokopuna reports the following findings:

- In 2023 the facility moved from Princess Margaret hospital to Hillmorton Hospital and is a brand-new, purpose-built ward focussed on adolescents. The ward has the following features:
  - Multiple spaces for mokopuna to use that are light, bright, and have state of the art therapeutic resources.
  - Thoughtful layout with all corridors leading to the nurses hub. This enables the ability to manage different levels of acuity<sup>1</sup> on the ward by being able to 'pod off' different areas for both safety and to support therapeutic need.
  - Outdoor space is easily accessible with an age appropriate playground and low fencing.

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<sup>1</sup> Patient acuity means the measure of a patient's severity of illness or medical condition including, but not limited to, the stability of physiological and psychological parameters and the dependency needs of the patient.



- The outside has been brought in via internal courtyards which contain suitable seating, grass and in-ground trampolines.
- The ward is largely ligature free.
- Whilst there have been teething issues moving into a new build, on-going efforts by Ngā Kākano management have ensured these issues have been mitigated and addressed as quickly as possible.
- Mokopuna in the facility have good ideas about how to elevate their experience and are insightful around their own safety. Mokopuna said:
  - They would like more involvement in their treatment and transition plans and would like more information about their rights.
  - Having non-clinical staff to sit and chat to them about everyday things would be helpful.
  - Mokopuna self-identified their bedrooms as an area they can self-harm.
- The multi-disciplinary team approach ensures consistency of care for mokopuna that is centred around least restrictive practice.
- Quality relationships and positive interactions between kaimahi, mokopuna, and whānau create a homely feel on the ward.
- Kaimahi and mokopuna acknowledged the Pukenga Atawhai<sup>2</sup> and the Consumer Advocates<sup>3</sup> positive impact in the facility and as a valuable resource for external advocacy.
- When mokopuna present with high levels of mental acuity this can have a detrimental impact on mokopuna care and kaimahi wellbeing. Assaultive behaviours can be attributed to a select few mokopuna.
- There is still a national shortage of mental health nurses and people to fill specialist roles in adolescent inpatient units.

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<sup>2</sup> This role is to create and maintain connections between Māori patients, their whānau, and the CAF system [Maia Health Foundation](#)

<sup>3</sup> A Youth Consumer Advisor (YCA) is a young person with a personal experience of mental illness and/or addiction who is employed by a service to make sure that services are youth friendly and meet the needs of young people. [YCA Toolkit 08-22 UPDATED-compressed.pdf \(wharaurau.org.nz\)](#)



# Recommendations

## 2023 Systemic Recommendations

	Recommendation
1	Work with key stakeholders to increase the availability of appropriate community-based adolescent mental health services and placement options to support transition from acute care.
2	Establish a mokopuna-centric independent complaints process and ensure access to independent advocates.
3	Provide opportunity for external organisations to learn the admission process for Ngā Kākano to reduce inappropriate admissions and 'drop offs'.
4	Provide clear direction via an implementation plan to embed Māori Mental Health models of care.

## 2023 Facility Recommendations

	Recommendation
1	Provide options for mokopuna to engage in activity outside of school hours.
2	Document and evidence mokopuna voice in their treatment and transition plans. Involving mokopuna and their whānau in decision making is critical for understanding and buy-in.
3	Consider non-clinical roles to assist with supervision of mokopuna on the ward providing additional mentors for mokopuna to engage with.
5	Continue to ensure least restrictive practice options are prioritised, and that staff professional development and learning supports continued development in de-escalation technique capability.
6	Ensure a consistent approach to de-brief after incidents is followed and all kaimahi are able to access supervision to support their practice and well-being.



# Concluding Observations from the United Nations

In February 2023, the United Nations Committee on the Rights of the Child ('the UN Committee') released its Concluding Observations<sup>4</sup> for New Zealand's sixth periodic review on its implementation of the Children's Convention<sup>5</sup> and how the Government is protecting and advancing the rights of mokopuna in Aotearoa New Zealand.

In August 2023, the United Nations Committee Against Torture also released Concluding Observations<sup>6</sup> for New Zealand's seventh periodic review regarding the implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment<sup>7</sup>.

Further, the Concluding Observations from the United Nations Committee on the Rights of Persons with Disabilities in 2022<sup>8</sup> asked States Parties to take immediate action to eliminate the use of solitary confinement, seclusion, physical and chemical restraints, and other restrictive practices in places of detention.<sup>9</sup> The relevant recommendations from these Concluding Observations are referenced in this report.

As a States Party to these international treaties, the New Zealand Government has an obligation to seriously consider and follow the recommendations from the United Nations. Many of the recommendations from the United Nations various Concluding Observations relate to aspects of treatment experienced by mokopuna in Ngā Kākano and where relevant these are highlighted throughout the body of the report.

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<sup>4</sup> Refer CRC/C/NZL/CO/6

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

<sup>6</sup> Refer CAT/C/NZL/CO/7

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

<sup>8</sup> CRPD/C/NZL/CO/2-3

<sup>9</sup> CRPD/C/NZL/CO/2-3 Para 30





## Treatment

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

### The Multi-Disciplinary approach underpins the therapeutic model of care

The Ngā Kākano ward operates with a multi-disciplinary team (MDT)<sup>10</sup> that creates a cohesive clinical approach to effectively treat mokopuna. Input into mokopuna treatment plans comes from a variety of professionals such as Psychiatrists, Psychologists, Nurses, and Occupational Therapists. The Pukenga Atawhai<sup>11</sup> is also available to provide a Māori cultural lens to therapy. The MDT approach at Ngā Kākano is underpinned by a common value which centres around least restrictive practice. Kaimahi across all disciplines are knowledgeable about mokopuna plans and all work hard together to provide a consistent approach to care.

Mana Mokopuna saw how Occupational Therapists, Pukenga Atawhai and nursing kaimahi worked together to help build mokopuna confidence and self-esteem. One mokopuna who enjoyed baking and was known on the ward by everyone as an excellent baker, used the medium as a way to work together to not only establish a useful life-skill, but to build confidence and self-worth. All other mokopuna expressed how they were looking forward to sharing their food. The Occupational Therapists were on-hand to help build on adaptive coping approaches as prescribed by treatment plans, especially when things did not go to plan.

An additional element to grounding the MDT approach, is the physical environment of Ngā Kākano. The spaces available for mokopuna and whānau to use were plentiful and included small break-away rooms with therapeutically focused lighting, weighted chairs and blankets, as well as music options. Mokopuna also had free access to outside areas that included in-ground trampolines. These areas gave mokopuna options to de-escalate and self-soothe. This was a key area of practice for all kaimahi and mokopuna were well supported to be proactive in managing their behaviours and mood.

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<sup>10</sup> A multidisciplinary team or MDT is a diverse group of professionals working together to provide integrated care and advice. The MDT would aim to deliver person-centred and coordinated care and support for the person with care needs.

<sup>11</sup> The aim of this service is to improve the delivery and quality of health services to tangata whaiora (Māori consumers of mental health services)



A state-of-the-art ward with dedicated professionals has created an environment conducive to helping mokopuna to wellness. How whānau and mokopuna can be included in regular MDT style hui is the next challenge for Ngā Kāhono kaimahi and something that has been identified as a next step in keeping treatment planning holistic with everyone involved.

## The least restrictive measures are put in place at Ngā Kāhono

Every effort is made at Ngā Kāhono to ensure least restrictive measures are used first, and all kaimahi Mana Mokopuna spoke to were clear on what least restrictive practice meant and how it was imperative mokopuna have the chance to self-soothe before other approaches such as restraint<sup>12</sup> or seclusion<sup>13</sup> were used. *Collaborative Problem Solving* is the approach used by Ngā Kāhono to decrease their use of seclusion and restraint.<sup>14</sup> It is a model that is working and nursing staff across the board were comfortable in its use.

Data collected from Ngā Kāhono for the period of May 2023 to October 2023 showed that seclusion was used especially in the months of September and October 2023 however, the increased use is attributed to a select few mokopuna. Nurses noted the admissions of mokopuna at that time presented with highly acute mental distress with escalating violent and risky behaviours which impacted upon the seclusion data despite best efforts to kept its use to a minimum generally.

While mokopuna said that environmental restraints<sup>15</sup> and seclusion are not conducive to wellness (supported by national guidelines regarding seclusion<sup>16</sup>), they also said that sometimes nothing else can be done when they are so unwell.

*"...when you're so distressed, I think restraining is like appropriate, 'cos that's literally the only thing, like, to get you to go somewhere else, or to get an injection, or to calm down."*

*(Mokopuna)*

Mokopuna said they would like to see nurses keep thinking outside the box when considering seclusion. Mana Mokopuna did see evidence of flexible individual transitioning when mokopuna were placed in the High Care Area (HCA).<sup>17</sup> The door to the area was left open, so that the mokopuna could come into common areas like the kitchen when it suited.

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<sup>12</sup> Restraint is the restriction of an individual's freedom of movement by physical, chemical or mechanical means.

<sup>13</sup> Seclusion is the confinement of an individual at any time of the day or night alone in a room or area from which free exit is prevented.

<sup>14</sup> Black, V., Bobier, C., Thomas, B., Prest, F., Ansley, C., Loomes, B., Eggleston, G., & Mountford, H. (2020). Reducing seclusion and restraint in a child and adolescent inpatient area: Implementation of a Collaborative Problem-Solving approach. *Australasian Psychiatry*, 28(5), 578-584. <https://doi.org/10.1177/1039856220917081>

<sup>15</sup> Where a service provider intentionally restricts a patient's/consumer's normal access to their environment.

<sup>16</sup> [Guidelines for reducing and eliminating seclusion and restraint under the Mental Health \(Compulsory Assessment and Treatment\) Act 1992 | Ministry of Health NZ](#)



This enabled mokopuna to have the person interaction they needed, or make themselves food, but still use the quiet and support of HCA when required.

## Whānau are kept well informed when seclusion is required

Whānau said they understood the facility's stance on seclusion, but some said they had asked nurses to seclude their mokopuna to stop them from harming themselves or others. There were times when nursing kaimahi had agreed with this course of action. Whānau said they felt heard and that their mokopuna was treated with respect and kept safe when seclusion events happened. Whānau can visit their mokopuna with the option of daily check-ins based on nurses' assessments of mokopuna wellness.

Nursing kaimahi Mana Mokopuna spoke to said that mokopuna experienced short seclusion times and they communicated clearly with the whānau during the entirety of the stay. Whānau confirmed this was the case and were appreciative of the updates.

## Restraint holds align to practice standards

Engaging in any kind of restraint is a last resort for nursing kaimahi working on the Ngā Kakāno ward. During the visit, Mana Mokopuna was able to observe how this worked in a practical setting. The visit team saw the various techniques, such as using a calming voice, offering to sit with mokopuna, explaining that hitting is not a way to communicate, and offering space to mokopuna to help them calm down. When the mokopuna assaulted the nurse, a physical restraint was entered into. It was swift and in line with the SPEC<sup>18</sup> training all nurses on the ward must complete. The nurses involved in the restraint were continually talking to the mokopuna explaining their actions.

Approaching volatile situations with the least restrictive practice in mind allows mokopuna to experience alternatives when adults need to re-direct behaviours. This practice approach is pivotal to moving towards the elimination of all use of solitary confinement, seclusion, physical and chemical restraint, and any other restrictive practices in places where mokopuna are deprived of their liberty. Kaimahi across the Ngā Kākano ward are making a conscious effort to align with this.

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The Committee Against Torture, the Subcommittee on the Prevention of Torture and the Committee on the Rights of the Child note that the imposition of solitary confinement, of any duration, on children constitutes cruel, inhuman or degrading treatment or punishment or even torture.<sup>19</sup>The United Nations Committee Against

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<sup>18</sup> Safe Practice Effective Communication (SPEC) is a four-day, Te Whatu Ora health localities based national training course which supports least restrictive practice. The SPEC training programme and national collaborative was launched in late 2016.

<sup>19</sup> A/HRC/28/68, para 44. See also See also A/HRC/22/53/Add.1, para. 73; United Nations Rules for the Protection of Juveniles Deprived of their Liberty, para. 67; Committee on the Rights of the Child, general comment No. 10 (CRC/C/GC/10), para. 89.



Torture recommended in 2023 that New Zealand should immediately end the practice of solitary confinement for all children in detention.<sup>20</sup>

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## Relationships are genuine and compassionate

Relationships between mokopuna and kaimahi were endorsed by positive interactions and kaimahi communicated with mokopuna with care and empathy. Mokopuna acknowledged that all kaimahi were there to help them. Mokopuna and their whānau spoke highly of Ngā Kākano kaimahi, the relationships they establish, and felt listened to.

*"they're nice, they're like really, like forgiving and sh\*t and like, they don't care when you, like, mess up, like little things."*

*(Mokopuna)*

Throughout the visit, the monitoring team observed kaimahi and mokopuna laughing, playing games, and sharing friendly banter. Kaimahi were thoughtful around how they engaged with mokopuna and knew how mood changed throughout the day thus adjusting interaction with specific mokopuna. Kaimahi were well tuned to mokopuna clinical needs but were skilful in ensuring the atmosphere was kept light and encouraging which in turn helped to create a sense of calm for all mokopuna on the ward.

## High nurse to mokopuna ratios are essential for ensuring a therapeutic environment

Daily check-ins of mokopuna wellness are consistent throughout all shifts with plans frequently updated. Many nurses said limited staffing levels have an impact on the ability for nurses to undertake assessments of mokopuna when nursing an individual case load of more than three mokopuna. This can also limit the amount of one-to-one time mokopuna have with their assigned nurse especially when those nurses have multiple very high or complex needs mokopuna assigned at the same time.

Shifts that are short-staffed stretch nurses when things go wrong. For example, there was an incident that required multiple nurses to attend to one mokopuna. This left over ten mokopuna in the open common/ kitchen area without a nurse with them. They were instead watched from the nurse's hub by nurses.

Nursing kaimahi acknowledged that mokopuna require more one-to-one care and this needs to be recognised by hospital management. When compared to the adult in-patient wards, Ngā Kākano staffing levels appear healthy. However, there is little acknowledgement that mokopuna often require a more tailored approach to their treatment and if least restrictive practices are to be the norm, more staff are required on every shift. Comparing nursing numbers to adult wards is not helpful as nursing staff said the needs of mokopuna

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<sup>20</sup> CAT/C/NZL/CO/7 para 38(h)



are very different to adults, and the comparison in staff ratios across the different facilities is not conducive to working within best practice treatment frameworks for children.

## Mokopuna and whānau need alternatives and support relating to the Mental Health Act 1992

Some mokopuna felt being detained under the Mental Health Act 1992<sup>21</sup> was a barrier to them being involved in decisions about their treatment and created obstacles for them on their journey to wellness. Examples of this include how mokopuna have a more restrictive access to leave from the ward than voluntary patients and mokopuna also said they sometimes feel like they have little control in their treatment plans. The clinical team are aware of how being under the Mental Health Act makes mokopuna and whānau feel, and work hard to treat mokopuna via voluntary admissions. The visit team observed active push-back from on-site professionals to admit under the Mental Health Act when negotiating new admissions. Data collected from Ngā Kākano outlined that approximately three-quarters of the mokopuna on the ward were detained under the Mental Health Act 1992.

*“But being under the Act has never, like, has always made me so, so much worse and (my doctor) knows that. And so have learnt how to deal with me in a way that I will somehow agree to the treatment without agreeing to the treatment. But they know how I work because every time I’ve been under the Act, u-huh, doesn’t go well. Like it just makes you so much worse.”*

*(Mokopuna).*

Whānau also expressed a need for stronger support when their mokopuna are placed back home, but still under the Mental Health Act. Many whānau described the process as ‘traumatic’ with little information about what it meant and what power they had to input into plans. However, for some whānau the process was also described as a double-edged sword in that being under the Act can also increase access to support services and expediate professional assessments. Some whānau and mokopuna said they can use legislation if any issues arise for mokopuna when placed under the Act.

Clear communication is vital to ensure mokopuna and whānau understand their rights under the Mental Health Act as well as for achieving cohesive plans that include mokopuna and whānau.

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<sup>21</sup> The Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act) provides a legal framework for those who require compulsory psychiatric assessment and treatment for people experiencing a mental illness



## Mokopuna are insightful about their treatment and want to be engaged in their plans

Many mokopuna stated the importance of having on-going conversations about their treatment and when treatment plans are updated. Of particular note was regarding gaining their consent to treatment and how professionals need to work hard to achieve this. For mokopuna, getting buy-in is essential, and in their view, paramount to progressing a treatment plan. As one mokopuna said:

*"If there was a way to make everyone agree to treatment. Because I believe that deep down in every single unwell person, every single unwell person you'll ever meet, I know there's a tiny, tiny, tiny, tiny part of them that wants help and wants to hold on, even if you can't find it.*

*I think if professionals can learn how to reach to that tiny, tiny part and somehow make that stronger and convince people to agree to treatment and everyone was in here under their own will, like willingly, was in charge of their treatment, like, took the lead, I think that that would make them have more progress."*

*(Mokopuna)*

Continually asking for consent to treat, updating mokopuna and their whānau when plans are changed is important. Mokopuna do not see consent as a one-off process and would like to see professionals across the board provide the information they need to properly understand any changes in treatment to then give their informed consent.

## Strong transitions and changes need to be communicated with mokopuna and their whānau

Positive transitions for mokopuna and whānau in and out of Ngā Kākano can support opportunities for consent, provide clear avenues when external support is required, and foster open lines of communication for mokopuna and their whānau.

Options for mokopuna transitioning out of in-patient care but still need an on-going, high level of mental health care, are limited and there are a lack of diverse community placement options available for mokopuna to transition into. During the visit, Mana Mokopuna observed nurses providing well organised transitions in and out of the ward, however sometimes mitigating factors outside of nurses control, like a lack of appropriate placements to transition into, impact on mokopuna and whānau experience of the transition process. This can mean that mokopuna stay in in-patient care longer than is necessary or that mokopuna who would be better treated in the community end up in Ngā Kākano because there is nowhere else set up to keep them safe.

It is imperative that Te Whatu Ora – Health New Zealand works with key stakeholders, both government and non-government agencies, to increase the availability of appropriate community-based adolescent mental health support services and fit-for-purpose placement options to enable transition from acute in-patient care.



## Protection Systems

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

### Mokopuna and whānau need quality admissions to the ward

A positive admission can enhance the trust and confidence of mokopuna and their whānau in the service alongside providing the opportunity for mokopuna to consent and engage in their plan to wellness. Whilst on the visit, Mana Mokopuna saw an admission that involved mihi whakatau, a tour around the ward, and unlimited time for mokopuna and their whānau to ease into the space within a podded off<sup>22</sup> admission area. Mana Mokopuna acknowledges the work all kaimahi put in to making the admission fluid and stress-free for all.

Other admissions were observed with no mihi whakatau and little introduction into the ward itself or to other mokopuna living there. This left mokopuna and their whānau looking lost and lacking socialisation to the space with awkward interactions between mokopuna with one directly asking the new mokopuna 'so, who are you?' Nurses said that many mokopuna on admission present acutely unwell and that an in-depth introduction could be detrimental to their wellness. Although, they also said that sometimes lack of time or nurses on shift can also affect the quality of admission.

*"it would be kind of nice, like, 'cos I remember you asked the question yesterday about like what would one thing you'd want for, like, the future in here. I think like, even just, like a care package, like, if a new admission came that's likely to be here for two weeks, not crisis<sup>23</sup>, they'd get like – I don't know – a face mask or like something to make you feel better. "*

*(Mokopuna)*

All mokopuna need to be positively admitted into the facility, with appropriate options that allow them to be introduced to nurses, other mokopuna, the different areas of the ward, and their rights whilst living there. Mokopuna suggested that having an admission care package may help mokopuna feel more comfortable.

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<sup>22</sup> Ngā Kākano is set up to enable locked off sections of the ward to enable different areas to be safely used by different mokopuna. In this instance a bedroom, lounge and kitchenette were able to be locked off to other mokopuna to enable this whanau to have privacy and settle their mokopuna into the ward.

<sup>23</sup> where mokopuna understand they are on the ward for a period of 24/48 hours



## Inappropriate admissions at Ngā Kākano

Some admissions onto the Ngā Kākano ward were inappropriate. Reasons for these types of admissions varied including:

- External providers not understanding the process or criteria for admission.
- Mokopuna who have 'aged out' of adolescent in-patient care but are too vulnerable to go to adult in-patient facilities.
- Behaviour issues with no psychiatric basis yet no other purpose-fit facilities available.
- No where else for mokopuna to go due to a lack of suitable community-based support services.

Admitting mokopuna who are not appropriate for the ward creates another layer of risk. The ward's current policy requires instances of age-mixing to be reported to the Ministry of Health.<sup>24</sup> Mixing mokopuna who are over 18 years old with eleven and twelve-year-olds is not ideal and not in line with best practice and the ward manager is required to provide sufficient evidence these admissions are in the best interests of all mokopuna on the ward. Likewise, mokopuna who do not have a diagnosed psychiatric need, when admitted to the ward, are utilising a bed that may be required for mokopuna in crisis. If bed capacity is already low, inappropriate admissions exacerbate the problem.

Mana Mokopuna saw when mokopuna come into the ward who should be supported elsewhere, nurses are adaptable in finding quick solutions. Senior kaimahi use all the connections and levers possible to ensure these mokopuna do not stay in in-patient care longer than is required. All kaimahi Mana Mokopuna spoke to acknowledged more needs to be done, but at the same time did not know what, given a shortage of suitable community-based resources. Continued community education and resources to increase capacity and capability of community support providers needs to be a priority for Te Whatu Ora – Health New Zealand.

## Group dynamics can create negative experiences for some mokopuna

Due to the nature of the service, mokopuna will often engage with other mokopuna who may be acutely unwell and/or in precarious states of distress during their stay. Ngā Kākano nurses mitigate most dynamics by ensuring mokopuna bedrooms, for example, are placed around the ward in different (sometimes locked-off) pods. However, Mana Mokopuna were told of instances where female mokopuna were made to feel uncomfortable by male mokopuna in common areas such as the laundry – which is positioned away from the nurse's hub.

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<sup>24</sup> as defined by Article 37(c) of the United Children's Convention





An incident involving mokopuna in the laundry was discussed that occurred just prior to the Mana Mokopuna monitoring visit. However, there did not seem to be a cohesive process to mitigate the incident happening again. Kaimahi need to be clear on the process required to document incidents of alleged harm, assist with any complaints process, and mitigate the risk of the same incident happening again.

All mokopuna have the right to receive their treatment in a safe environment and to not be subjected to inappropriate behaviours from other mokopuna.

## Mokopuna identify en-suite bathrooms as a safety risk

Several mokopuna identified that en-suite bathrooms can be a safety risk<sup>25</sup> due to mokopuna having unlimited access to their rooms, sometimes variable observation practice, and the tendency for mokopuna to use bathrooms as a place to self-harm. This has fed mokopuna anxiety around self-harm behaviour and fears that kaimahi may take too long to find them.

*“ So, there’s bathrooms in every room here. There’s positives and negatives to this. At PMH<sup>26</sup> it was communal bathrooms. What happened often was if someone was going to go do something, someone was strangling themselves, someone was cutting themselves, anything, they would be doing it in the bathroom. Often, they’d leave the door open; we’d open the door, and we’d find them, the patients would find them. So, it’s a positive that they’re in the rooms here, but the negative is that nurses can’t find them as quickly”.*

*(Mokopuna)*

Data reviewed on the visit showed that most of the self-harm events are occurring in mokopuna bedrooms and the Leadership team acknowledged that they are aware of the issue. Mana Mokopuna recommends that facility management add this to existing risk registers and provide mitigation strategies for how to manage this risk to mokopuna safety.

## Mokopuna need an independent child-friendly complaints system

The complaint system for mokopuna is the general Hillmorton Hospital complaint form which some mokopuna have been supported to use for complaints. This system works well when mokopuna are well and able, however it is not appropriate nor accessible when mokopuna are experiencing high levels of mental distress.

However, mokopuna told the visit team that they appreciated the mahi the Te Whatu Ora Consumer Advocates do, and mentioned the fact that they had lived experience was

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<sup>25</sup> En-suite bathrooms are a standard component in facilities such as Ngā Kākano as per the Australasian Health Facility Guidelines

<sup>26</sup> Princess Margaret Hospital – location of Child, Adolescent and Family (CAF) In-patient unit, prior to the new Ngā Kakano ward being established at Hillmorton Hospital.



important to them. They felt that they were understood, were listened to, and that their concerns were communicated to the leadership team by the consumer advocate in a timely manner. Mana Mokopuna also saw nurses and other professionals advocating for individual mokopuna throughout the visit and especially during MDT meetings.

The concern remains regarding independent advocacy and the use of the general hospital complaints process for mokopuna and their whānau.

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The importance of a fit-for-purpose, independent complaints process was noted by the United Nations Committee on the Rights of the Child in its Concluding Observations on New Zealand's sixth periodic review on its implementation of the Children's Convention<sup>27</sup>. The Health and Disability Commissioner has also noted that a complaints system needs to be designed specifically for mokopuna living with mental distress.<sup>28</sup> Objective and transparent processes enable swift resolution and an opportunity to continuously improve service delivery for mokopuna and their whānau.

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<sup>27</sup> Refer CRC/C/NZL/CO/6 28(f)

<sup>28</sup> (1) Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 | Right 10 (1) Every consumer has the right to complain about a provider in any form appropriate to the consumer.

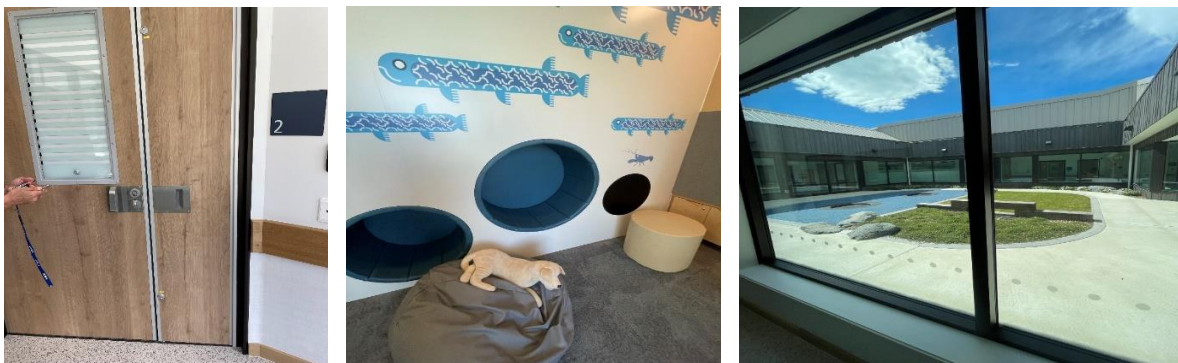


## Material Conditions

This domain 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.

### New design strengthens therapeutic care and wellness of mokopuna

Ngā Kākano is an outstanding purpose-built and therapeutically designed Mental Health acute in-patient facility. Clinical staff had extensive input into the new build to ensure it was fit-for-purpose. Mokopuna expressed the newly opened facility is a space for them to feel safe. The facility has exceptional therapeutic additions and excellent resources specific to mokopuna experiencing mental distress. These range from the types of doors on mokopuna bedrooms<sup>29</sup>, to high-tech lighting, sound options in small break-away spaces, and internal courtyards that are flooded with light, which mokopuna can use whenever they need to.



*Doors to mokopuna bedrooms, therapy rooms and one of the internal courtyards.*

### Shared spaces are appropriate and spacious

The admission area is spacious with the ability to accommodate many people. There are expansive windows enabling a view of most of the circular shaped facility, and a large, dedicated window for kaimahi observations. The facility overall is full of natural light and temperature is well-controlled to collectively make the space light and airy.

<sup>29</sup> 'Cat and Kitten' doors that open both toward the inside of the room or can be pulled out towards the corridor. This enables free access to bedrooms by clinical staff even when mokopuna attempt to barricade the doorway.



*Admission area and example of common spaces*

There are several aspects of the facility based on therapeutic care. For instance, the facility is designed to be an anti-ligature environment with the ability to separate spaces (podding system), to be a therapeutic mechanism through which to support self-regulation. There are many accessible sensory rooms with sensory seating and mood lighting to promote an environment for mokopuna to be pro-active in their well-being, learn how to self-soothe, regulate and keep safe. There are a variety of areas to engage with others or to be independent and mokopuna have free access to sensory resources both personal and facility owned.

There is an outside play area with swings, climbing gym, racing track, basketball court, and plenty of greenery. The area is fenced in a manner that mirrors a school playground which makes the space feel a lot more open despite being secure.



*Large outside play area*

## Bedrooms are thoughtfully designed and mokopuna like them

The individual bedrooms are unique, well-designed and include functional youth orientated spaces with a desk, real beds, mirror, chalk board, and a window seat. The en-suite is designed to be anti-ligature<sup>30</sup> whilst providing a 'normal' bathroom feel and privacy<sup>31</sup>. Bathrooms are shielded from the main bedroom area using a soft, magnetic half sized

<sup>30</sup> Magnetic toilet paper roller and soap dispenser are removable

<sup>31</sup> Bathroom has a soft magnetic half-door partition to conceal the toilet and The shower has a plastic partition for concealing mokopuna whilst kaimahi are sighting mokopuna for observations.



partition. An added benefit of the soft 'door' is that mokopuna mentioned it can also be used as a punching bag if they needed an additional physical outlet to calm emotionally.



*Mokopuna bedrooms and example of anti-ligature fixtures and fittings*

Mokopuna also have access to a bath in a bathroom that is large and fully accessible.

## The way Ngā Kākano is set up helps mokopuna to grow independence

There are options for mokopuna to do their own laundry and a large kitchen where they can make their own meals and snacks. If, for example, mokopuna do not like the dinner prepared, they are able to make their own simple meals from the food stored in the communal kitchen. During the visit, there was a 'make your own night' where mokopuna were supported to choose a meal, go shopping and then make it. There are also food-based life skills activities run by Occupational Therapists and mokopuna are encouraged to do the things they enjoy in the kitchen like baking.

*"Like if you don't like dinner, you can make a toastie or a sandwich, or like a wrap which is nice."*

*(Mokopuna)*

Both nurses and mokopuna told the visit team that it was common for mokopuna to make toast and milo before bed to set them up for a good night's sleep and have enough food to get them through to breakfast time.

Mokopuna are all assigned a high-tech wrist band that allows them free access to their own bedroom. The band acts as a key and only mokopuna assigned to a particular bedroom can unlock the door. All staff have wrist bands instead of keys or swipe cards to reduce the risk of keys being lost or swipe card retractable strings being used negatively by mokopuna.



*Common areas and mokopuna personalised wrist-bands*

All aspects of the new build have been designed with a therapeutic model in mind. However, the ward also feels homely and inviting. Mokopuna appeared relaxed within the setting and knew how to use all the resources to aid their own wellness. Giving mokopuna the ability to come and go from common areas allows them greater autonomy in how they navigate their day. It provides for tino rangatiratanga (self-determination) to make positive choices in line with their treatment plans and using resources to stay well.

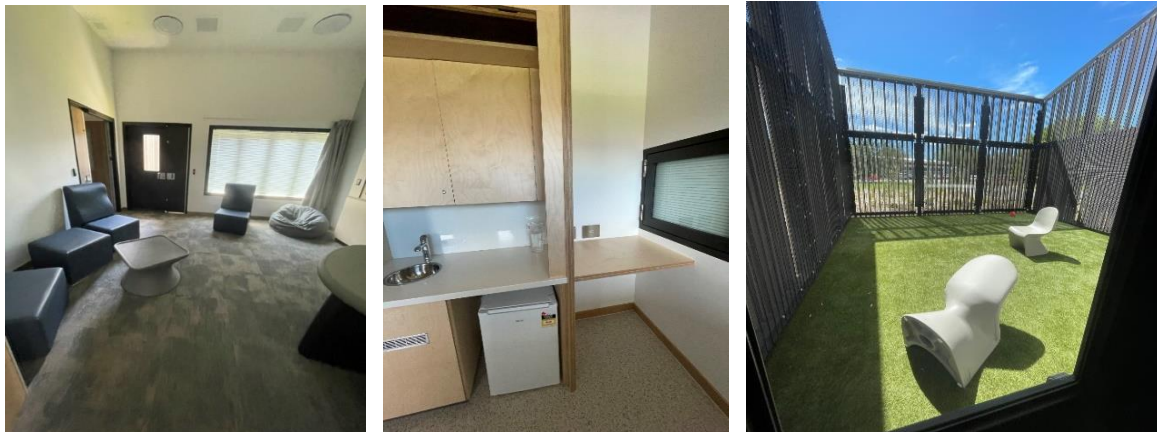
## There are 'teething issues' with a new build

Teething issues at Ngā Kāhono were anticipated in line with normal process for new build structures. This has been the reality for senior nurses running the day-to-day operations on the ward. The Charge Nurse Manager is responsible for organising repair and maintenance workers or negotiating specification changes as original fixtures and fittings on the plans have not worked. An example of this is kaimahi spoke about a request made to install a door to separate an adjoining corridor or replacing lighter doors with heavier ones. Another example is regarding the duress phones not working well across the ward. This is a risk when dangerous situations unfold. It is critical that this system is running well for the safety and protection of all kaimahi and mokopuna, especially when dangerous situations escalate, and additional staff are required to assist in situations. Nurses also said that communications are not working to an optimal level across the Hillmorton hospital site or even neighbouring wards and note this is also a risk to safety as back-up may be required from other wards.

## High Care Area (HCA) is high standard, but design and location for kaimahi is problematic

Nurses told Mana Mokopuna that how the HCA area is set up, is problematic. Many kaimahi agreed that on the paper plans, the location and set-up looked good, however the reality of operations has suggested changes need to be made reasonably soon to ensure safety and optimal functionality.

The High Care Area<sup>32</sup>(HCA) in Ngā Kākano has three distinct areas – a seclusion room<sup>33</sup>, a connecting kaimahi observation room and separate bedroom space with en-suite and its own adjoining lounge. There is also a private outside courtyard for mokopuna to use when in the HCA. The area itself is aesthetically pleasing and due to being self-contained, provides a good, supportive setting for mokopuna experiencing extreme mental distress and dysregulation.



*HCA lounge and outside area*

However, the combined location of seclusion and HCA mean that mokopuna who are acutely unwell are hearing and seeing each other which can be distressing and heighten acuity. Mokopuna in HCA can roam the corridor, lounge area and connected outside area freely and pass the locked seclusion room and nurses observation room. Nurses also explained that transitioning mokopuna out of the seclusion room and into the HCA is also difficult when there are two mokopuna to manage in the common area. Nurses said that ideally the seclusion room would not be off the main corridor of the HCA unit and would have its own small lounge area.

Kaimahi caring for mokopuna in seclusion can also be easily forgotten in relation to breaks due to being physically separated from the rest of the facility. An intercom system into the main nurse hub could be helpful.

Re-configuring this area will be beneficial for mokopuna as it will ensure privacy and aid quick transitions out of the seclusion room, rather than waiting for optimal times to use the lounge area in HCA or moving mokopuna out of HCA potentially before they are ready.

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<sup>32</sup> High Care Area provides intensive care (treatment and monitoring) for people who are in a critically ill or unstable condition.

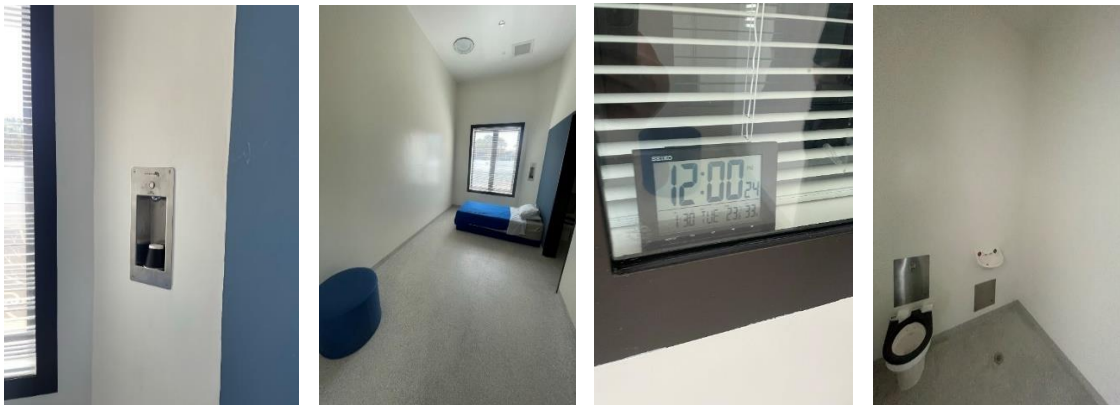
<sup>33</sup> Seclusion is the practice of placing a mental health consumer in a room from which they cannot exit freely. In mental health and addiction (MHA) services, people who arrive in an acutely distressed state are sometimes put into seclusion as a last resort.



## The seclusion room is well set up but is not considered therapeutic

All kaimahi are embedding least restrictive ways of working and acknowledge they need to keep using seclusion as a last resort with the view of it being eventually eliminated. National guidance<sup>34</sup> supports the notion that neither seclusion nor restraint is therapeutic for mokopuna experiencing acute mental distress. However, whilst the practice is still being used in Ngā Kākano, the room has been designed to include features to help safeguard mokopuna basic human rights. For example:

- free access to water with a water dispenser
- privacy attended to with a curtained window with half frosted design below and natural light above.
- free access to a bathroom separated from sleeping area
- access to orientation of time and place via a visible clock
- access to adjustable temperature via intercom request to kaimahi
- the bed is an extra heavy rubber moveable mattress on the floor with bedding
- separate furniture to sit on that is not the bed



*Seclusion room*

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<sup>34</sup> Health Quality and Safety Commissions project of Zero seclusion: Safety and dignity for all – and Guidelines to reducing and eliminating seclusion and restraints under the Mental Health (Compulsory Assessment and Treatment) Act.





## Activities and access to others

This domain focuses on the opportunities available to mokopuna to engage in quality, youth friendly activities inside and outside secure facilities, including education and vocational activities. It is concerned with how the personal development of mokopuna is supported, including contact with friends and whānau.

### Whānau are involved in the care of their mokopuna

All kaimahi work hard to establish good rapport with whānau and mokopuna during the admission process. Whānau said they were involved from the beginning of the admission and mostly engaged in mokopuna plans. Mana Mokopuna observed whānau on the facility who had brought in food and appropriate home belongings for their mokopuna. Mokopuna had unlimited phone calls to whānau and most whānau members said they knew who their assigned nurse was.

Ngā Kākano has bookable internal whānau rooms for whānau wanting to stay with their mokopuna on the ward. For larger whānau groups, Ngā Kākano kaimahi can organise local hotel rooms with support from external organisations<sup>35</sup> and the facility social worker. Kaimahi have also accommodated whānau in HCA to support mokopuna when they were acutely unwell. If whānau or mokopuna ask for it, the Pukenga Atawhai can access resources to support research into mokopuna whakapapa and support their whānau and hapū to make connections.

Risks of having whānau on an acute ward are well mitigated and nurses take the lead in ensuring that treatment plans are followed, and decisions are made in the best interests of mokopuna. Having regular whānau contact ensures buy-in into treatment plans, allows whānau to establish trust with those working with their mokopuna in the facility, and keeps mokopuna and whānau involved in decision making.

### Mokopuna would like more activity options after school hours and at weekends

Activities that were observed were mokopuna friendly and mostly facilitated by Occupational Therapist (OT's) and the Pukenga Atawhai. Independently, mokopuna are supported to access self-entertainment spaces such as the art room, indoor gym, using the PlayStation, and sensory spaces for reading or music. Depending on mokopuna status<sup>36</sup> and plan, mokopuna can access independent leave or supervised/whānau leave as approved by their Registered Clinician.<sup>37</sup>

<sup>35</sup> Nurses and the ward Social Worker have worked with Oranga Tamariki to support whānau from afar

<sup>36</sup> The status of how the mokopuna is admitted into the facility. For example, they may be held under the Mental Health Act 1992/formal patient or consenting patient/informal patient.

<sup>37</sup> Registered Clinician (RC)



Although Mana Mokopuna viewed a facility schedule with organised activities for after working hours and weekends, mokopuna said these times can be boring and can impact their mental health. Facilitated engagements or casual activities with options to engage, can help to deter harmful thoughts and are beneficial to mokopuna wellbeing.

Mokopuna said that having non-clinical staff, like regular youth mentors, to talk to about everyday things that is not focused on their mood or well-being, would be a good idea to fill in the time. Mokopuna acknowledge there are times when they need low-stimulus environments but having the option to engage in activity or just have people they can chat to is important to them.

*"I think people just like to hang around ... like you guys the past couple of days it's been really cool, 'cos it's like, you're just here to chat and like play games and do stuff. Like not people that just like ask lots of questions about, you know [mental health]."*

*(Mokopuna).*

## School is flexible for mokopuna with positive engagement with teachers

The school programme is run by Southern Health School and based in the Ngā Kākano facility but separated from the living quarters. Attendance at school is based around mokopuna presentation of wellness, rather than set learning as school is more about meaningful engagement with mokopuna and supporting existing learning goals. For example, mokopuna are supported to continue studying towards NCEA credits and to sit NCEA exams. This support is valuable in ensuring mokopuna can continue their education whilst receiving treatment.

Teachers check-in on a daily basis with mokopuna to see how engaged they will be and what support they may need to complete the school day. Teachers connect with the clinical staff on a weekly basis to ensure mokopuna are receiving the best possible experience in the classroom that aligns with individual treatment plans and goals.

The education team did say that managing education transitions for mokopuna when they leave Ngā Kākano can be a challenge, especially if mokopuna have been on the ward for a long period of time and not enrolled in a community-based school. Likewise, transitioning 18 year old mokopuna to adult in-patient wards can cause disruption to education plans. Transitions in and out of facilities are high anxiety times for mokopuna and ensuring these are managed well, with adequate support, are important for mokopuna stability and wellness.



## 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.

### All medical services for mokopuna are catered to at Ngā Kākano

A needs assessment on admission for mokopuna gives nurses and medical professionals a foundation for the treatment and care plans for mokopuna during their stay at Ngā Kākano. Mokopuna medications are checked and safe-housed in a dedicated dispensary area. Nurses can refer to the facility's House Surgeon (on the ward) or specialist for any physical and medical needs. Mokopuna have access to on-site psychiatrists, psychologists, occupational therapists, social workers and a Pukenga Atawhai. Mana Mokopuna was also told that some mokopuna also have access to psychologists they have previously engaged with, counsellors, and iwi social workers outside of the facility.

Mokopuna have all their medical and primary health needs met at Ngā Kākano.



## Personnel

This domain focuses on the relationships between staff and mokopuna, and the recruitment, training, support and supervision offered to the staff team. In order for facilities to provide therapeutic care and a safe environment for mokopuna, staff must be highly skilled, trained and supported.

### Nurses have positive working relationships with whānau, mokopuna, and other kaimahi

Nurses are genuine in their care for mokopuna wellness with good insight and understanding in both a clinical sense and for mokopuna as people. Some kaimahi go out of their way to build solid relationships to enhance mokopuna experiences. Whānau described the nurses as ‘the real heroes’ particularly pointing out the quality of mokopuna engagement and the commitment to least restrictive practice. Whānau expressed feeling fortunate that they had access to a facility like Ngā Kākano and for the nurses who look after their mokopuna and keep them alive.

Multiple kaimahi spoke to a positive and supportive team culture. Many described situations where it did not matter what your title was, everyone helped out with the running of the ward when required. This included the manager<sup>38</sup> who on many occasions throughout the monitoring visit would help kaimahi working on the ward to mitigate issues, provide advice, and assist with mokopuna supervision and care. Nurses Mana Mokopuna spoke to felt like they had a say in mokopuna care and treatment plans and felt like they could share ideas to assist mokopuna to wellness.

The new-build structure of Ngā Kākano facilitates a whole-team approach. Previously the two wings of the ward in Princess Margaret Hospital meant that nurses operated as two separate teams. Bringing the whole nursing team together in one hub has enabled easy sharing of ideas and provides a holistic approach to mokopuna treatment.

### Kaimahi supervision is available but should be compulsory for all

While supervision for nurses is not compulsory as per guidelines from their professional registration body, there are multiple avenues through which nurses can access support. For example, via the Clinical Nurse Specialists,<sup>39</sup> EAP,<sup>40</sup> and peer supervision with each other.

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<sup>38</sup> Clinical Nurse Specialist Manager – responsible manager for day to day operations at Ngā Kākano.

<sup>39</sup> Clinical Nurse Specialist – registered nurses who are recognised clinical experts within their specialty and are based throughout Canterbury DHB campuses.

<sup>40</sup> [EAP Services Limited](#)



However, Mana Mokopuna heard group supervision and debrief practice can be inconsistent especially after incidents and serious events.

Mana Mokopuna encourages implementing a standard process to address this. Supervision is pivotal to ensuring practice is kept consistent across shifts and that there are opportunities to improve processes through thorough critical analysis.

## National Mental Health recruitment is an issue that impacts Ngā Kākano

Data from Ngā Kākano shows there are currently seven vacancies for key roles on the ward, which in turn impacts how nurses care for mokopuna. The main concern is inadequate staffing levels when acuity on the ward is high, several mokopuna require different pods for their own safety, and when mokopuna are requiring one-to-one care in the HCA.

As previously mentioned, Mana Mokopuna observed an event where a distressed mokopuna required the attention of several nurses, leaving the majority of mokopuna with little to no supervision on the ward. Mokopuna lose out when nurses are unable to engage with them due to staffing level pressures.

*“Yeah, I think, we definitely need more nurses, that’s just not a good, like an obvious thing. Like we don’t have enough and often when someone’s distressed, they need like three nurses, which means like everyone else is kind of stranded. So, it’s hard”.*

*(Mokopuna).*

Many senior nurses said that they have to “wear multiple hats” and prioritise certain parts of their roles over others to ensure safe numbers of staff are allocated to each shift. For example, Mana Mokopuna heard that Clinical Nurse Specialists are unable to follow through with nursing education and professional development as they are on the ward with a mokopuna caseload. Occupational Therapists have also at times been called on the floor to support nurses, particularly where there is need due to mokopuna being in the seclusion and HCA area.

Senior nurses said it was hard to get cover from the wider Hillmorton hospital site as ratios for Ngā Kākano were comparable to adult in-patient wards. These nurses explained there was a lack of understanding from Te Whatu Ora – Health New Zealand that adolescent wards require a higher nurse to patient ratio due to unpredictable behaviour and very high and complex needs mokopuna often present with. Utilising nurses who do not have experience with mokopuna is also difficult as nurses on Ngā Kākano require different skills to engage and connect with mokopuna they are assigned to.



## Nurses are assaulted by mokopuna often in Ngā Kākano

Mana Mokopuna heard that there are on-going assaults occurring on the ward and nurses are concerned this is becoming normalised. Nurses said they are being severely impacted as they are getting hurt regularly and sometimes do not feel safe at work. Some nurses expressed concern when confronted with having to nurse mokopuna again after they had been assaulted by them. Mana Mokopuna witnessed one nurse expressly refusing to be assigned to a particular mokopuna because they had been recently hurt by them. The other nurses on shift supported this nurse, but limited staffing options increases pressure and creates another risk to mitigate.

Data collected from Ngā Kākano indicated that assaults on nurses make up the third highest category for 'events' on the ward. The management team acknowledge this is high and, combined with a general lack of specialist adolescent mental health nursing staff to draw on, means it becomes a balancing act to staff shifts appropriately.

Te Whatu Ora – Health New Zealand needs to continue working to recruit quality nurses and specialists able to work with mokopuna. Providing quality care is dependent on quality staff. Ngā Kākano does have many long-serving kaimahi, but they need to be supported to stay and develop the next nurses choosing adolescent mental health as their area of specialism.

## Ngā Kākano relationship with external stakeholders needs support

Mana Mokopuna observed external providers including the crisis teams and Police not using the established admission process for mokopuna entering the facility. This has led to multiple instances of inappropriate admissions or 'drop-offs'. Nurses said they get frustrated when this happens as they try their best to educate key stakeholders in the process, yet mokopuna are still admitted without proper assessment – often because there is nowhere else to take them after-hours. Mana Mokopuna witnessed an attempted 'drop off' of a mokopuna by Police, in handcuffs, without having been assessed for mental distress by a crisis team. The nursing team were able to re-direct this mokopuna back through appropriate channels to ensure Ngā Kākano was the right service to be using.

Admitting mokopuna who do not meet documented criteria for acute in-patient mental health care is inappropriate and has the potential to be harmful. Whilst these external elements are out of the control of Ngā Kākano staff, Mana Mokopuna suggest the leadership team investigate ways to further support the education of external stakeholders to ensure positive, quality and appropriate admissions.



## Improving outcomes for mokopuna Māori

This domain 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.

### How to implement the Te Whatu Ora overarching Māori framework and philosophy is not clear

Government funded health providers have a responsibility to enable Māori to flourish and thrive as Māori, exercising their tino rangatiratanga and authority over their own health and wellbeing.<sup>41</sup> However, it is unclear to kaimahi how staff at Ngā Kākano implement frameworks such as 'Kia whakakotahi te hoe o te waka'<sup>42</sup> and the overarching Māori Mental Health philosophy of whānaungatanga<sup>43</sup> into daily ward operations and as a core value in treatment plans.

The Ngā Kākano leadership team and Māori Clinical Nurse Specialists need to take the opportunity to solidify a strategy and engage the resources needed to imbed Māori frameworks and philosophies. Strategies also need to be actively developed and refined to encourage more kaimahi Māori to work in the area of adolescent mental health.

The further integration of te ao Māori practices and mātauranga Māori within the facility will help to give effect to Article 2 of Te Tiriti o Waitangi, which guarantees Māori protection of all taonga, including language and customs. These rights are reinforced for mokopuna under the UN Declaration on the Rights of Indigenous Peoples.<sup>44</sup>

### The Pukenga Atawhai role is acknowledged and valued

The Pukenga Atawhai role has proven to be key to upholding Māori values and culture with mokopuna and kaimahi in the facility. At the time of the visit, three of eleven mokopuna could whakapapa Māori and they were well supported culturally by the Pukenga Atawhai. Mana Mokopuna understands the Pukenga Atawhai role is to improve the delivery and quality of

<sup>41</sup> [Recognising the significance of Te Tiriti o Waitangi | RANZCP](#)

<sup>42</sup> <https://www.pegasus.health.nz/our-communities/maori-health/>

<sup>43</sup> "philosophy of the Māori Mental Health Service is Whanaungatanga – a concept that stresses the importance of family and that nothing is done in isolation but as part of a member of a whanau. Māori mental health workers make up a multidisciplinary clinical team that works hard to improve the delivery and quality of health services to tangata whaiora / Māori consumers of mental health services".

<sup>44</sup> [UNDRIP E web.pdf](#)



health services to tangata whaiora (Māori consumers of mental health services). Some kaimahi understood the role to be solely responsible to implement and engage the facility in Te Ao Māori<sup>45</sup>, Mātauranga Māori<sup>46</sup> and set the tikanga<sup>47</sup> of the facility.

The Pukenga Atawhai is genuinely passionate about Te Ao and Mātauranga Māori and is slowly implementing this into the facility, acknowledging Ngā Kākano kaimahi are at the early stages of their cultural journey. However, they acknowledged that it is a big ask to change, educate and uphold tikanga on their own. Mana Mokopuna witnessed morning karakia and waiata, which both kaimahi and mokopuna said was a highlight and something they enjoyed. One mokopuna expressed sadness at missing out on cultural activities:

*"[There's] a lot more culture which I like. So, on Fridays we have, like, cultural group, so we make, like, last week I was in a meeting which was sad as they were making greenstone necklaces."*

*(Mokopuna).*

Mokopuna are active participants in the cultural programme led by the Pukenga Atawhai and many said they wanted more options to engage further in Te Ao Māori and their own culture. Activities led by the Pukenga Atawhai included pepeha, whānau whakapapa research, crafts with mokopuna, leading the organisation in mihi whakatau and supporting mokopuna and their whānau in the use of rongoa Māori<sup>48</sup> to support treatment plans.

Mana Mokopuna encourages Ngā Kākano leadership to find support systems in the facility for Pukenga Atawhai to continue and enhance the journey of te ao and mātauranga Māori mahi in the ward.

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<sup>45</sup> a Māori world view

<sup>46</sup> Māori knowledge - the body of knowledge originating from Māori ancestors, including the Māori world view and perspectives, Māori creativity and cultural practices.

<sup>47</sup> The customary system of values and practices that have developed over time and are deeply embedded in the social context. [Te Aka Māori Dictionary - maoridictionary.co.nz](http://maoridictionary.co.nz)

<sup>48</sup> Rongoa Māori is the traditional healing system for Māori. Rongoa Māori encompasses herbal remedies, physical therapies and spiritual healing.





# Appendix One

## Gathering information

Mana Mokopuna gathered a range of information and evidence to support the analysis to develop findings for this report. These collectively form the basis of our recommendations.

Method	Role
Formal Interviews and informal discussions with mokopuna	
Interviews and informal discussions staff	<ul style="list-style-type: none"><li>• Clinical Nurse Manager</li><li>• Clinical Nurse Specialist</li><li>• Psychiatrists</li><li>• Registered Nurses</li><li>• Enrolled Nurses</li><li>• Occupational Therapists</li><li>• Māori Nurse specialists</li><li>• Leadership team</li><li>• Social Worker</li></ul>
Interviews with external stakeholders	<ul style="list-style-type: none"><li>• Southern Health School teachers</li><li>• Pukenga Atawhai</li><li>• Whānau</li></ul>
Documentation	<ul style="list-style-type: none"><li>• Treatment Plans</li><li>• Seclusion data</li><li>• Serious event data</li><li>• CAPEX (property) reports</li></ul>
Observations	<ul style="list-style-type: none"><li>• Observations occurred across shifts. This included shift handovers, mealtimes, activities, karakia and waiata, mokopuna engagements with their nurses, Occupational Therapists and their whānau.</li></ul>