Hikitia Te Wairua

OPCAT Monitoring Follow-Up Report

Visit Date: 30 April – 2 May 2024

Report Date: November 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.

Contents

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.

Under the UN Convention on the Rights of the Child, all children have specific rights that must be protected, respected, and fulfilled at all times, in all circumstances. One of these specific rights is the right to be free from all forms of torture or tother cruel, inhuman or degrading treatment or punishment (Article 37).

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 detained, and:

- 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 in April 2024 to Hikitia Te Wairua (Hikitia) which is the National Youth Forensic Intellectual Disability (ID)[1] service, as part of a follow-up

[1] The World Health Organization defines intellectual disability as "a significantly reduced ability to understand new or complex information and to learn and apply new skills (impaired intelligence). Reduced ability to cope independently and begins before adulthood with a lasting effect on development."
Under Health New Zealand Te Whatu Ora, Intellectual Disability refers to:

- Significant sub average intellectual functioning - IQ less than 70 (average IQ is 100-110)
- Manifested before the age of 18 years of age
- Existing concurrently with related limitations in two or more of the following applicable adaptive skill areas; communication, self-care, home living, social skills, use of community resources, functional academic skills, health and safety, leisure, and work

visit programme, to assess progress against previously made recommendations and identify any presenting issues. The objective is to prevent torture and ill-treatment in all places where mokopuna are deprived of their liberty by regularly monitoring and assessing progress on recommendations made as a result of the previous visit.

About this report

The report outlines the progress made against the recommendations from our last full OPCAT Monitoring visit in November 2022. The report also highlights issues and concerns, as well as areas of strength and good practice observed during the visit.

About this facility

Facility Name: Hikitia Te Wairua, operated by Health New Zealand Te Whatu Ora
Region: National Service for male and female mokopuna diagnosed with intellectual disability up to the age of 18 years old.
Operating capacity: Six beds and three service-shared seclusion rooms that are part of a safe-care area with its own lounge and courtyard. The facility has a hospital-like design with a series of corridors. Bedrooms are at one end and a staff hub and small communal spaces at the other end. There is a small kitchen and dining area and small lounging spaces throughout. There is also a separate corridor that leads to a service-shared gym and education area. During the visit there were three mokopuna residing at Hikitia, with two in the open area and one in the safe-care area.
Status under which mokopuna are detained: To be placed at Hikitia, Mokopuna must be assessed as having an intellectual disability and receive a compulsory care order under The Intellectual Disability (Compulsory Care and Rehabilitation) [IDCCR] Act 2003[2]. Mokopuna may also be under The Criminal Procedure (Mentally Impaired Persons) Act 2003[3]. During their stay, mokopuna may be placed under the Mental Health (Compulsory assessment and Treatment) Act 1992[4], at which point their IDCCR Act is paused whilst they receive mental health care.

[2] Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
[3] Criminal Procedure (Mentally Impaired Persons) Act 2003
[4] Mental Health (Compulsory Assessment and Treatment) Act 1992

Key Findings

Mana Mokopuna found evidence of ill-treatment, degrading or inhumane punishment during this visit to Hikitia which breaches the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (UNCAT).

Mandatory reporting against the application of the UN Convention on the Rights of the Child (UNCROC) must be submitted by all adolescent Mental Health facilities. One of the criteria to report against is when mokopuna stay in designated adult facilities and vice versa as well as prolonged seclusion events. However, at the time of the visit, Mana Mokopuna was not provided with documentation that could evidence this mandatory reporting had occurred, despite finding numerous breaches of the UNCROC that included a seclusion event for a mokopuna lasting approximately 62 days. Assurances from the Executive Clinical Director, MHAIDS Health New Zealand Te Whatu Ora Capital, Coast and Hutt Valley that correct reporting had been submitted were received by Mana Mokopuna on 15 August 2024.

Following the visit, the monitoring team escalated their concerns directly to the Chief Children's Commissioner who then raised the concerns in the first instance with the Director General of Health and the Chief Executive of Whaikaha | Ministry of Disabled People. These concerns were also then communicated to the Chief Executive of Health New Zealand Te Whatu Ora. The agencies were already aware of the situation at Hikitia and had already taken steps to avoid future similar situations.

The key findings from this follow-up visit are:

Areas of concern:

- **Breaches of UNCROC.** The visit identified numerous breaches of the United Nations Convention on the Rights of the Child (UNCROC), including a particularly concerning seclusion event where a mokopuna was isolated for approximately 62 days. Whilst there were no mokopuna in isolation at the time of the monitoring visit, kaimahi provided multiple examples where mokopuna had been held in seclusion, some for months, as well as instances of mokopuna being alone and separated from their peers.
- **Harmful seclusion and isolation practices.** It is well documented in mental health literature[5] that isolation and seclusion are inhumane practices, especially for mokopuna. These methods can lead to serious mental health concerns and trauma, with mokopuna often perceiving isolation as punishment, creating fear and further psychological harm. Mokopuna said they were afraid of being placed on adult wards.

[5] Examples include: Huckshorn KA. Reducing Seclusion & Restraint Use in Mental Health Settings: Core Strategies for Prevention. *Journal of Psychosocial Nursing and Mental Health Services*. 2004;42(9):22-33. Perers, C., Bäckström, B., Johansson, B.A. *et al.* Methods and Strategies for Reducing Seclusion and Restraint in Child and Adolescent Psychiatric Inpatient Care. Psychiatry Q 93, 107–136 (2022), Kumble, S., & McSherry, B. (2010). Seclusion and Restraint: Rethinking Regulation from a Human Rights Perspective. *Psychiatry, Psychology and Law*, 17(4), 551–561

- **Inappropriate placement of mokopuna in adult facilities**. Mokopuna being housed in adult facilities is inappropriate and raises questions about whether that environment is capable of providing the therapeutic are they need. Mokopuna were being held in adult facilities as a temporary placement option and kaimahi said this was due to damage of the Hikitia facility and a lack of space available to keep particular mokopuna separated. This included one mokopuna who stayed in a designated adult secure unit for over two months.
- **Hikitia is not fit for purpose.** The facility's infrastructure is not designed to meet the needs of mokopuna with therapeutic spaces that are limited and poorly equipped.
- **Unsafe staffing capacity.** Kaimahi lack the training and capacity to deliver culturally responsive and trauma-informed care. This is particularly concerning given the specific needs of mokopuna admitted into Hikitia.
    - Hikitia is the National Service for mokopuna with ID is failing to meet mokopuna needs and has vacancies for key specialist roles. The model of rehabilitative care currently at Hikitia is psychologist-led and there has not been a permanent psychologist at the facility for several months.
- **Inadequate reporting and oversight.** The reporting systems within the facility are inadequate, both in terms of documentation and accountability. Enhancing these systems is crucial for safeguarding mokopuna in care.
    - Documentation reviewed was sub-standard and lacked detail. This included a lack of statutory required evidence for some mokopuna to support decisions to seclude them and completing required wellbeing checks when they were secluded.
- The IDCCR Act is not responsive to mokopuna needs and is based on an adult system of care. There is a belief amongst kaimahi at Hikitia that the Act limits mokopuna access to whānau in terms of funding for visits for whanau not living locally.

Areas of opportunity:

- Kaimahi care and want better outcomes for mokopuna. However, kaimahi identify that they need updated specialist training to meet the needs of mokopuna. This includes culturally based training to embed cultural vision and appropriate practice.
- The targeted recruitment of kaimahi working directly with mokopuna has had positive effects on engagement practice in the unit.
- Education, activities and outings are centred around mokopuna ability and interests.
- Additional funding had been made available to Hikitia at the end of the monitoring visit to start refurbishment work already planned.

Recommendations

2024 Systemic recommendations for The Ministry of Health and Health New Zealand Te Whatu Ora

	Recommendation
1	Urgently review the use of seclusion at Hikitia. Develop and implement a plan to reduce the use of seclusion with the aim of eliminating the practice altogether. Consider implementing regular and independent audits to track useage.
2	Urgently review the use of adult in-patient wards to treat mokopuna. Develop and implement at plan to reduce the use of designated adult in-patient wards for mokopuna under 18 years of age.
3	Progress plans to refurbish the Hikitia unit to ensure the environment is therapeutic and can meet the care needs of mokopuna.
4	Focus recruitment strategy on ensuring key specialist roles for Hikitia are filled. Particular attention should be focussed on appointing a psychologist and occupational therapist.
5	Work with key stakeholders, both government and non-government agencies, to increase the availability of appropriate community-based ID support services to enable timely transition planning.
6	Allocate funding to ensure mokopuna have access to cultural assessments conducted on admission to any in-patient unit.
7	Allocate a kaimanaaki (cultural advisor) to specifically work in the Hikitia unit only.
8	Update operational guidelines for the implementation of the IDCCR Act and investigate ways independent advocates can engage with mokopuna and their whānau to ensure adequate support is available to navigate the ID and mental health systems.

2024 Facility Recommendations

	Recommendation
1	Provide comprehensive kaimahi training to ensure documentation systems are streamlined and accurate particularly regarding statutory reporting obligations and mokopuna care and rehabilitation information.
2	Provide comprehensive kaimahi training to enable them to work and effectively engage with mokopuna, taking into account the new trends in mokopuna presentation and need.
3	Develop operational guidance to help all kaimahi incorporate mātauranga and tikanga Māori into everyday unit operations.
4	Establish a de-escalation area for mokopuna that is therapeutic and allows mokopuna the ability to self-soothe and regulate in an environment conducive to their needs.

Concluding Observations from the United Nations

In February 2023, the United Nations Committee on the Rights of the Child (the CRC) released its Concluding Observations[6] for New Zealand's sixth periodic review on its implementation of the United Nations Convention on the Rights of the Child (UNROC - Children's Convention)[7] 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[8] for New Zealand's seventh periodic review regarding the implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment[9].

Further, the Concluding Observations from the United Nations Committee on the Rights of Persons with Disabilities (the Disabilities Committee) in 2022[10] recommended New Zealand take immediate action to eliminate the use of solitary confinement, seclusion, physical and chemical restraints, and other restrictive practices in places of detention.[11] The relevant recommendations from the Disabilities Committee's 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 Concluding Observations of the three Committees mentioned above are directly relevant to aspects of treatment experienced by mokopuna in Hikitia which Mana Mokopuna has found during this monitoring visit in April 2024. Where relevant, these are highlighted throughout the body of the report.

[6] Refer CRC/C/NZL/CO/6
[7] Convention on the Rights of the Child
[8] Refer CAT/C/NZL/CO/7
[9] Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
[10] CRPD/C/NZL/CO/2-3
[11] CRPD/C/NZL/CO/2-3 Para 30

Issues and Concerns

Our monitoring visit to Hikitia has detected significant issues and concerns which constitute ill-treatment. We note that at the time of publishing this report (December 2024), relevant government agencies have accepted the recommendations outlined in this report and have already taken steps to address some of these.

Inappropriate seclusion of mokopuna and placement in adult facilities

Mokopuna were regularly secluded at Hikitia

While the Intellectual Disability Service is committed to reducing the use of restrictive practices[12], Mana Mokopuna was told that seclusion[13] practices and the use of the safe care 'de-escalation'[14] area was common at Hikitia to manage mokopuna behaviours. This was due to a cohort of mokopuna being admitted to the facility with particular needs that were different to what staff at Hikitia are trained for. This practice is a direct violation of mokopuna human rights, and mental health guidelines within New Zealand also stipulate this is harmful practice with no therapeutic benefit.[15] Mana Mokopuna did not find any evidence of mokopuna being in seclusion at Hikitia at the time of the visit itself. However, Mana Mokopuna found evidence of more than one example of mokopuna being held in seclusion for very long periods of time at Hikitia since our previous OPCAT monitoring visit, one of which was approximately 62 days. Approximate time has been stipulated here due to a lack of paperwork from Hikitia to pinpoint the exact length of time the mokopuna was held in seclusion.

The Committee Against Torture, the Subcommittee on the Prevention of Torture and the Committee on the Rights of the Child note that the use of solitary confinement, for any duration, on children constitutes cruel, inhuman or degrading treatment or punishment or even torture.[16]

[12] There is a working group established to focus on reducing restrictive practice across the entire service, including Hikitia te Wairua.

[13] Seclusion is defined under the IDCCR Act as the placing of a care recipient alone in a room or other area that provides a safe environment but does not allow the care recipient to leave without help IDCCR Act- Section 60 Seclusion

[14] A dedicated contained space with seclusion rooms which mokopuna could be locked in, that also included a bathoom, small lounge area and courtyard

[15] Guidelines-for-reducing-and-eliminating-seclusion-and-restraint-under-the-mental-health-act

[16] A/HRC/28/68, para 44. See also UN Rules for the Protection of Juveniles Deprived of their Liberty, para 67; Un Committee on the Rights of the Child, General Comment No. 24, paras 95(g) and (i).

The Concluding Observations released by the United Nations Committee Against Torture on 26 July 2023 recommend New Zealand should immediately end the practice of solitary confinement for children in detention.[17]

Kaimahi said that mokopuna coming through the service over the past six to twelve months have presented with mental and behavioural complexities that facility kaimahi had not dealt with before. Mokopuna were coming into Hikitia with perceived higher-risk profiles, that included violent offending. Subsequently, restrictive practices, such as seclusion, became the common response to mitigate heightened behaviour. Concerningly, during a period where the facility was struggling to manage mokopuna, reinforcing bars and deadlocks were installed onto the outside of seclusion room doors. These were removed by the end of the on-site visit at the specific request of Mana Mokopuna.

Secure room door with reinforcing bar and deadlocks on the outside of doors.

Our OPCAT Monitoring Team spoke directly with mokopuna at Hikitia who had experienced seclusion. On the occasion, where mokopuna were kept in seclusion for a period greater than two months, one mokopuna described it as:

*"…[they] locked us in the room and treated us like f***** dogs."*

Another mokopuna residing in the facility was isolated on their own in the main unit area with no peer interaction and they said that:

"…being alone was not a great time…"

Mokopuna spending prolonged periods of time in seclusion is harmful and falls short of meeting basic their human rights.[18] Kaimahi working in Hikitia were aware of the rights breach and highlighted this to Mana Mokopuna monitors on arrival. The issue was further

[17] CAT/C/NZL/CO/7 para 38(h)
[18] CAT/C/NZL/07 para 42(c); CRPD/C/NZL/CO/2-3 para 30

escalated and brought to the immediate attention of Director General of Health, the Chief Executive of Whaikaha | Ministry of Disabled People and the Chief Executive of Health New Zealand Te Whatu Ora by the Chief Children's Commissioner. Mana Mokopuna recommend that Health New Zealand Te Whatu Ora urgently review the use of seclusion and put a plan in place to ensure no mokopuna are subjected to the same kind of ill-treatment in the future.

Mokopuna were inappropriately held in adult facilities

Alongside regular use of the seclusion area, a number of mokopuna were also admitted into adult facilities for varying periods of time. Some mokopuna were admitted straight into adult facilities rather than via Hikitia. It is widely accepted that adult facilities have the potential to further traumatise children due to them being exposed to adult behaviours, presentations, language, and actions[19]. During the visit, mokopuna described incidents involving adults defecating and smearing their faeces on the floor whilst they stayed in these designated adult facilities. Mokopuna in these adult wards were also often isolated from others, had minimal human contact, and did not have access to appropriate rehabilitation care. One mokopuna experienced a stay in a designated adult seclusion unit for over two months.

We understand that Health New Zealand kept the Office of the Director of Mental Health and Addiction informed of the situation of placing mokopuna in the adult wards and that district inspectors monitored this placement and reported back to the Office of the Director regularly.

It was noted in Hikitia seclusion records that these placements had been deemed necessary due to staffing constraints and/or property damage in Hikitia. Some kaimahi also questioned if the placements did constitute seclusion when interviewed by Mana Mokopuna. However, mokopuna spoke to their experiences and the challenges they faced whilst spending time in the adult facilities which included how scared they were, how hard it was being disconnected from peers, that they had very little to do, and very limited contact with whānau. Given this insight, Mana Mokopuna believe the threshold for seclusion, as defined under the Mental Health Act, was met.[20]

One mokopuna who had been held in seclusion in the adult unit described the only interaction they had with kaimahi was through the hatches in their locked door.
(retold by Kaimahi at Hikitia)

Current seclusion guidelines issued in 2023 by the Ministry of Health[21] require mokopuna to be assessed by a suitably qualified clinician[22] every two hours, with continued seclusion

[19] Example of research Inappropriate_admission_of_young_people_with_menta.pdf
[20] Section 71 Mental Health (Compulsory Assessment and Treatment) Act 1992
[21] *Guidelines for Reducing and Eliminating Seclusion and Restraint under the Mental Health* alongside this reference document Safely using seclusion under the Mental Health Act
[22] A suitably qualified clinician is either a registered nurse or a medical practitioner. The registered nurse must have mental health training and experience (as has been defined for the completion of certificates under section 8B of the Mental Health Act) and must have completed an undergraduate or postgraduate programme in mental health nursing

appropriateness further reviewed after eight hours. Kaimahi said due to the adult facilities being placed in a different part of the hospital campus (an approximate five-minute drive away), these timeframes were extended out to 24-hour checks. For seclusion events beyond 24-hours, mokopuna should be given the opportunity to request whānau to be involved in their review. It is unclear from documentation reviewed by Mana Mokopuna if this practice occurred for mokopuna placed under the care of Hikitia.

Mana Mokopuna is concerned that mokopuna being placed in adult facilities is becoming frequent and that mokopuna are afraid they may be placed in situations where they are alone, frightened and exposed to further trauma due to seeing adults in mental distress.

Mana Mokopuna continues to advocate that adult facilities are inappropriate and ill-equipped to provide for the needs of mokopuna and should therefore not be used for mokopuna treatment. Mana Mokopuna recommends Health New Zealand Te Whatu Ora urgently conducts a review of mokopuna placements in adult facilities. We also recommend an action plan is put in place to reduce the use of adult in-patient wards for those under 18 years old.

Health New Zealand Te Whatu Ora is bound by the Children's Convention and Article 3 of Te Tiriti o Waitangi to ensure the safety of mokopuna in care. The continued isolation and seclusion of mokopuna was raised as a concern by the UN Committee on the Rights of Persons with Disabilities in its Concluding Observations released in September 2022.[23]

Information recording processes are not always consistent or user friendly

Information records about mokopuna at Hikitia were not always accessible due to some information management systems not being appropriate meaning it is challenging to readily retrieve relevant data and information. Mana Mokopuna was therefore unable to access some of the data that had been requested to support our monitoring visit. Mokopuna information that was available was inconsistent, lacked detail, and in some cases, did not meet statutory requirements.

When reviewing seclusion records[24], Mana Mokopuna identified the following issues:

[23] CRPD/C/NZL/CO/2-3 para 30

[24] The monitoring team returned to Hikitia after the monitoring visit to retrieve and undertake a review of data related to mokopuna care – particularly seclusion records and related data. Not all documentation requested was available.

- Seclusion records were inconsistent and did not always provide sufficient detail to explain the reason for seclusion or meet the rationale under the Mental Health Act[25] which is what guides seclusion use in an ID facility.[26]
- There was a lack of information around the necessity for seclusion events, particularly lengthy ones.
- There was inconsistent rationale or evidence as to how legislation was applied, which resulted in variable treatment for mokopuna.
    - An example Mana Mokopuna noted included an incident involving an altercation between two mokopuna. One mokopuna was immediately secluded and then transitioned into an adult facility due to "aggressive behaviour" (there was a lack of detail as to what this aggressive behaviour entailed). The other mokopuna, reported as the instigator of the incident, and also recorded as displaying aggressive behaviour, spent a short period of time in seclusion before getting access to 'perks'[27] and then transitioning out of seclusion and back into the Hikitia open area.
    - Some mokopuna were getting regular breaks and transitions from seclusion, including access to the courtyard and lounge, whereas others were not.
- There was a general lack of information and evidence around what meaningful and restorative work mokopuna are getting access to and engaging with whilst in seclusion. For example, what reflection therapy is happening (if any), and what the plan is to help expedite mokopuna transition out of seclusion.

Mana Mokopuna was told that it was also common for mokopuna to arrive at Hikitia with little information from previous care providers who they had been with, including Oranga Tamariki. Kaimahi said there is a need for more information to be passed on from external care providers upon mokopuna admission into Hikitia, as this is essential to properly support mokopuna from the moment they arrive based on a fully informed understanding of their situation and particular needs. Kaimahi also said that often information that is passed on is deficit-focused and centred around risk behaviours or aggression. Kaimahi said only receiving risk assessments of mokopuna that were risk-averse led to an increase in punitive type practice due to deficit-based assumptions.

[25] Section 71 Mental Health (Compulsory Assessment and Treatment) Act 1992

[26] According to the IDCCR Act guidelines seclusion must be carried out in accordance with the guidelines issued by the Director General of Health under section 148 of the IDCCR Act, with the duration and the circumstances of each period of seclusion recorded in a register kept for this purpose - A Guide to the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003

[27] For example this could include lounge, television or courtyard access

Comprehensive documentation and record-keeping are critical to ensure mokopuna have a documented care journey and all involved have a clear understanding of the therapeutic and rehabilitative needs of mokopuna. This is essential to support the care and safety of mokopuna.

The National Service for mokopuna with Intellectual Disabilities is failing to meet their needs

Mokopuna with ID are some of the most vulnerable mokopuna in Aotearoa and it is essential that the National Service is equipped to meet all mokopuna needs and to provide safe, therapeutic care.

The facility is not fit-for-purpose and does not provide a therapeutic environment

Our last three OPCAT monitoring reports on this facility have stipulated that Hikitia is in need of refurbishment to make it a therapeutic environment for mokopuna. During this 2024 visit, Hikitia kaimahi again reiterated to Mana Mokopuna that the physical facility of Hikitia is not fit-for-purpose and not designed to be used for mokopuna with intellectual disabilities.

The facility is dull and claustrophobic with little access to natural light and the outdoors. There are limited open spaces and the facility lacks a comfortable home-like a setting. The unit resembles a series of uninviting corridors and alcoves with on-going maintenance issues including an inadequate heating system and poor soundproofing. Kaimahi said that a long-term renovation is the only way to address the physical issues of the Hikitia facility.

Hikitia facility areas

Mokopuna care orders under the IDCCR Act can often be very long with some being up to three years. Due to this, mokopuna could be living at Hikitia for an extensive period of time.

It is therefore imperative that the living environment is therapeutic, relaxed, and enjoyable to be in as Hikitia is essentially 'home' for mokopuna for the duration of their care order. It is counter-intuitive for mokopuna to be placed under a care order for rehabilitation when the physical setting they reside in is not therapeutic or rehabilitative. Kaimahi said that leave[28] from the facility can also take several months to arrange, which adds weight to the argument that Hikitia itself should be an inviting place for mokopuna, given the majority of their time on care orders is spent within its confines.

Despite previous reports noting the need for refurbishment, the only renovations completed at Hikitia since the last OPCAT monitoring visit in November 2022, were in response to damage of the facility from mokopuna when they were unable to be appropriately managed and contained. There have been times within the past year that Hikitia has not been secure due to damage in the facility, which has resulted in mokopuna absconding.

Mana Mokopuna was told by management that some funding has been acquired to re-design the unit and make small changes. Mana Mokopuna recommends Hikitia kaimahi engage and consult with mokopuna and their whānau in the planning process of renovation to ensure any upgrades to the facility align with mokopuna therapeutic and care needs.

Mana Mokopuna expect, at a bare minimum, to see at least the following completed by the next monitoring visit:

- Fixing the non-functioning window blinds.
- Installing a visible clock and calendar in the seclusion area and living areas for mokopuna to orient themselves to time and day.

Specialist roles pivotal to the care and treatment model remain vacant

Hikitia operates under the Positive Behavioural Support (PBS)[29] approach and the Good Lives Model[30]. PBS is a model of care that is designed to be psychologist-led, yet Hikitia has not been able to successfully fill the permanent resident (specifically for Hikitia) psychologist role for some time due to nation-wide shortages in specialists and various recruitment freezes. As a National Service, this is a significant concern and has had a noticeable impact upon the therapeutic care that is provided to mokopuna at Hikitia. In direct contrast to the philosophy

[28] Leave status allows mokopuna the opportunity to leave the physical facility of Hikitia to embark on supervised walks around the hospital campus or outings within the community. Leave is arranged via the care manager for mokopuna.

[29] PBS: Positive Behaviour Support (PBS) is an effective and ethical way of supporting people with an intellectual disability who are at risk of behaviour that challenges. The model encourages more functional behaviours in mokopuna focusing on improving decision making skills and meeting needs of mokopuna, moving away from punishment and restricting privileges. PBS informs the Intellectual Disability Service's Philosophy of Care. It defines how staff in the service view their clients, how they view themselves as clinicians, and how they view their work.

[30] The aim of the Good Lives Model (GLM) is to build clients' internal and external strengths and abilities in such a way that they can meet the primary needs for a good life that all people are striving to achieve (e.g., personal choice and independence, relationships, meaning and purpose).

of the PBS model, there has been a notable increase in the use of punitive practices since the last monitoring visit in November 2022, including restrictions of privileges and the use of seclusion.

Other essential therapeutic roles that have yet to be filled for Hikitia at the time of the visit include a facility-based Kaimanaaki (cultural advisor) and a designated Occupational Therapist. It has been noted there is an occupational therapist coming into the service under a support worker role, but ultimately a designated role at Hikitia to provide focused support, particularly around sensory assessment and meaningful activity for mokopuna, is necessary to provide full rehabilitative care for mokopuna at Hikitia. Mana Mokopuna noted that some activity was not therapeutic and did not align to mokopuna treatment plans. This included mokopuna watching violent fighting videos, gang affiliated content, and ram raids on YouTube.

Having specialist roles vacant creates gaps in essential knowledge and capability, which impacts kaimahi capacity to appropriately care for mokopuna on a day-to-day basis at Hikitia. It is imperative that a National Service can deliver all aspects of the essential, holistic, and rehabilitative care required for mokopuna living in the facility.

The care available to mokopuna does not align with their needs

Kaimahi said that mokopuna coming through the service over the past six to twelve months have presented with mental and behavioural complexities that the facility had not dealt with before, and kaimahi were therefore not fully equipped or trained to care effectively for many of the mokopuna being admitted.

Kaimahi gave some examples of the characteristics of a new cohort of mokopuna that they are seeing being admitted to Hikitia:

- A large number of mokopuna are being admitted to the facility with borderline ID and therefore functioning at a higher level than those who Hikitia kaimahi have historically cared for with severe ID.
- Some mokopuna who arrive with ID diagnoses are later re-assessed as not having ID, and behavioural issues previously attributed to ID have had other medical root causes diagnosed. An example was given of mokopuna previously in the service who in fact had undiagnosed hearing loss rather than ID.
- Many mokopuna are now presenting to Hikitia with comorbid[31] presentations, including most commonly conduct disorders and neurodiversity.

Kaimahi said they have not received appropriate training to care effectively for this cohort of mokopuna, which fed into the use of fear-based and risk-aversive care approaches. Due to

[31] Comorbidities are medical conditions or diagnoses that coexist alongside a primary diagnosis and affect health and treatment required.

this lack of confidence, and capability to care for this different cohort of mokopuna, the management of mokopuna care at times equated to behavioural coercion. Mokopuna told Mana Mokopuna that they behaved in certain ways due to fear of returning to long periods of seclusion or being locked in adult facilities.

To build capability to care for this cohort of mokopuna, identified training topics for all Hikitia kaimahi could include:

- Adolescents with intellectual disability
- Mental distress and disorders which affect youth
- Understanding maladaptive behaviours and how to promote adaptive behaviour
- Neurodiversity
- Youth development, engagement, and strength-based models
- Te ao and mātauranga Māori practices
- LGBQTI+ Rainbow youth training

The current philosophy and model of care has previously met the needs of mokopuna with ID, however, kaimahi believe this way of working does not meet the needs of mokopuna with borderline ID, coupled with conduct disorders and neurodiversity. Workforce capability needs to be urgently increased to meet the evolving care needs of mokopuna now being admitted to Hikitia.

Clear information prior to mokopuna arriving into the facility is critical to ensuring high quality care. To effectively support mokopuna and kaimahi in Hikitia, it is essential that comprehensive referral information is provide prior to admission. This information should include a clear diagnosis, a detailed therapy plan, and contact information for relevant specialists, whanau and other supports.

Agency partnerships are integral to mokopuna having cohesive and well informed care and transition plans

Strong partner relationships and cohesive systems are essential when providing a service and care for mokopuna with ID. These relationships need to be on-going and collaborative in order to centre the best interests of mokopuna and include information-sharing in order to foster quality continuity of care. When this does not happen, harm can occur for mokopuna. Kaimahi said that poor communication and a lack of collaboration between relevant stakeholders contributed to the decision to place a mokopuna immediately into an adult facility rather than coming into Hikitia. In this instance the placement decision was later reviewed by Health New Zealand Te Whatu Ora kaimahi and found to be inappropriate.

Mana Mokopuna was pleased to hear the positive impact on mokopuna care experiences having the Oranga Tamariki Mental Health and Disability specialist liaison role at Hikitia. Many mokopuna come into Hikitia from care placements operated by Oranga Tamariki, and

there is hope that having this person working alongside Hikitia kaimahi will streamline information between Health New Zealand Te Whatu Ora and Oranga Tamariki. Mana Mokopuna looks forward to seeing these relationships continue to be strengthened for the benefit of mokopuna.

Strong government and community organisation connectedness is also pivotal when mokopuna are ready to leave Hikitia, so that transitions back to whānau and community are effective and sustainable. However, community-based options for mokopuna transitioning out of in-patient care are limited, and there are a lack of diverse community placement options available for mokopuna to transition into. This situation is especially problematic for mokopuna with ID. This can mean that mokopuna stay in in-patient care longer than is necessary. Mokopuna who do not have a clear plan in place that progresses them through rehabilitation can start to feel institutionalised and hopeless.

It is imperative that Health New Zealand Te Whatu Ora works with key stakeholders, both government and non-government agencies, to increase the availability of appropriate community-based adolescent ID support services, and fit-for-purpose placement options, to enable timely and sustainable transition from high security care environments like Hikitia.

Mokopuna know what they need to make their stay at Hikitia better

Mokopuna want access to basic human needs and rights

Throughout the monitoring visit, all mokopuna collectively shared a desire for access to the same things. These included:

- Regular social interaction, particularly with peers
- Regular whānau access
- Meaningful activities
- Access to the outdoors
- Better kai

Some mokopuna told us they would prefer to be back at an Oranga Tamariki Youth Justice residence simply because in their opinion, they had better access to those basic needs than what was provided at Hikitia. Mokopuna said that in Oranga Tamariki residences they are surrounded by similar aged peers, have multiple opportunities to socially engage and were geographically closer to whānau. Whereas at Hikitia, mokopuna said being isolated and feeling alone is the 'norm.' Mokopuna said they enjoyed the activities in some Youth Justice residences like barista courses and doing foods options and graphic design/ technology-based activities and would like access to similar opportunities at Hikitia.

Mokopuna also said that they preferred the kai in youth justice residences because it was more filling and aligned to the preferences of young tāne[32]. Kaimahi noted the tray-line hospital food was not hugely enjoyable for mokopuna, especially for those staying for lengthy periods of time, as it can become quite repetitive and mokopuna were open about disliking it.

"This is basically our home – for rehab […] we're here for years and we should be able to have the things we have access to at home".

(Mokopuna)

Mokopuna were vocal about the limitations of living in Hikitia and accessing some of their essential needs over a long period of time. Some mokopuna questioned whether the care at Hikitia was "rehab".

Mokopuna do not receive cultural assessments

There is a lack of cultural integration and care at Hikitia. This is apparent from admission into the facility, as cultural assessments are not part of the assessment process for mokopuna. Whilst it was noted that there has been a request by kaimahi to facility management for cultural assessments for mokopuna, this has had little traction. It is important that the cultural needs of mokopuna are being identified and supported accordingly, as culture is a pivotal part of both identity and holistic wellbeing. Under Article 3 of the Children's Convention, all mokopuna have the right to enjoy their own culture. Mokopuna Māori also have special rights under Te Tiriti ō Waitangi.

The UN Committee on the Rights of the Child recommends New Zealand ensures all children deprived of a family environment experience care that upholds their culture and identity.[33]

The principles of Te Tiriti ō Waitangi should be integrated into everyday practice

During the visit, Mana Mokopuna reviewed recent admission data and confirmed that all mokopuna at Hikitia whakapapa Māori. Culture plays a central role in wellbeing for all mokopuna and it is therefore imperative that strategies are put into place to provide opportunities to actively engage mokopuna Māori with their culture.

The lack of vision for mātauranga Māori, tikanga, and the use of te reo Māori on the unit has been identified as an issue in the past two OPCAT monitoring reports about Hikitia. Despite Health New Zealand Te Whatu Ora having *Taurite Ora: Māori Health Strategy*[34], little has

[32] All mokopuna residing at Hikitia during the time of the visit were tāne.
[33] Refer CRC/C/NZL/CO/6. Para 28(d)
[34] Taurite Ora – Māori Health Strategy 2019–2030

been implemented at Hikitia. Health New Zealand Te Whatu Ora needs to commit to implementing their own Māori health strategy and operationalising it into everyday practice at Hikitia. Having a dedicated, permanent Kaimanaaki available to support the care of mokopuna living in Hikitia and their whānau could go a long way to achieving this. Having a Māori health strategy that informs operations at Hikitia will support the promotion of health, wellbeing and values of mokopuna that whakapapa Māori, as well as contributing to upholding their rights as Māori and to their culture.

Mokopuna were vocal about wanting to have clear communications from the kaimahi looking after them

Mokopuna expressed a desire to have access to kaimahi, advocates, and mentors who had similar life experiences and who they can relate to. When speaking with mokopuna, they told us they want to hear success stories of others who had been successful on their journey to wellness. Mokopuna hoped this was something they could have for themselves but were uncertain whether such a reality could exist in their future.

Mokopuna also said they want to be clearly communicated with around their care and what is happening to them at every point. Mana Mokopuna heard that it is quite common for mokopuna to come into Hikitia without an understanding as to why they are being admitted into Hikitia in the first place. This can be confusing and disempowering for mokopuna and does not align with their participation rights.[35]

One mokopuna described only discovering he was coming into a hospital setting when he saw the 'Hospital Drive' signpost as he was being transported .

Some mokopuna said that they did not always feel like their rights were upheld at Hikitia. Examples mokopuna gave were centred around restraint practice and not being informed about how restraints happen in a mental health setting. Many mokopuna had come from a youth justice residence where restraint practice is vastly different. Some mokopuna described being restrained as "out of it," meaning they did not know what was going on or why. Mokopuna said they wanted clear communication around all aspects of their care and described the negative impact restrictive practice like restraints had on them.

Mokopuna have a right under Article 12 of the UN Convention on the Rights of the Child to participate in and have full knowledge of decisions about their care. This includes when they are required to move to new placements.

[35] UN Convention on the Rights of the Child Article 12

The IDCCR[36] Act is not responsive to mokopuna needs

The application of the IDCCR Act can be inconsistent

Mokopuna must be placed under the IDCCR Act 2003 in order to be admitted into Hikitia. This Act was not specifically designed with mokopuna in mind and many provisions under the Act are not responsive to the specific needs of mokopuna.

Care recipient orders[37] under the Act can vary greatly in length. Kaimahi struggled to provide rationales as to why different mokopuna received different order lengths. Hikitia kaimahi simply said order lengths are at the discretion of the presiding Family Court Judge and there is differing practice across the country. Whānau members and those caring for mokopuna were also unsure why mokopuna had been required to stay at Hikitia for so long, and had voiced their concerns to advocates when they believed there was no evidence mokopuna needed to remain in a secure facility. Mokopuna are bound by orders made under the IDCCR Act, with reviews of their legal status occurring every six months and the Judge, informed by specialist assessor reports, has the final decision as to whether mokopuna care recipient orders are revoked.

There is a pressing need for updated guidelines around mokopuna care under the IDCCR Act. Mana Mokopuna is aware that work to update the guidelines has been in the pipeline for some time. We will be seeking assurances from The Ministry of Health and Whaikaha - The Ministry of Disabled People that these can be expedited to ensure the safety of mokopuna and that considerations for the unique needs of mokopuna are included in the updated guidelines.

Whānau expressed feeling disempowered by the IDCCR Act

The Act provides provision for the funding of three whānau visits a year per mokopuna which consists of a two-night stay for two adults. This does not provide or respond to all whānau dynamics and sizes and does not take into consideration the importance of sibling relationships for some mokopuna. If whānau are unable to afford visitations when no more funded visits are available, Hikitia resources additional visits where possible. However, this is not sustainable and takes funding away from other operational areas. Mokopuna can receive more funded whānau visits through Oranga Tamariki, but this only occurs if stipulated in the Court Order and this can be largely inconsistent in application.

[36] Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003

[37] Section 45 IDCCR Act: Jurisdiction to make compulsory care order
(1) The Family Court may, on an application of the co-ordinator, make a compulsory care order in respect of a proposed care recipient if the court is satisfied that the proposed care recipient—
(a) has an intellectual disability; and (b) has been assessed under subpart 1 and Part 3; and (c) is to receive care under a care programme completed under section 26.

Section 12 of the IDCCR Act states that "Wherever possible the links of the child or young person with their family, whānau, hapū, iwi and family group should be maintained and strengthened". Therefore, it is imperative for mokopuna wellbeing that adequate whānau connection is upheld with adequate funding provisions.

There is a need for independent intellectual disability advocates for mokopuna and whānau

Navigating the ID services system, especially when under the IDCCR Act, is a complex, overwhelming, and confusing process which requires dedicated support. This can be further complicated with transfer between the IDCCR Act to the Mental Health Act and if Oranga Tamariki are involved with legal custody orders under the Oranga Tamariki Act 1989. It is therefore critical that mokopuna placed at Hikitia and their whānau have access to someone that can act as an independent advocate for them as they navigate the care journey. Mana Mokopuna was informed that there is currently no independent advocacy available for mokopuna and their whānau. Whānau described needing one point of contact who was well versed in the IDCCR Act and could navigate the many external relationships to help them develop an understanding of what is happening to their mokopuna.

Mokopuna also said it was difficult at Hikitia to access advocacy independent of facility kaimahi and get their needs adequately conveyed to decision-makers. Mokopuna described how they were trying to use the District Inspectors[38] for support, but District Inspectors are limited by the IDCCR Act in terms of what they can support with, and they cannot provide a formal advocacy role. District Inspectors are only able to act on concerns that relate to the IDCCR Act itself, which did not always cover the things which concerned mokopuna.

Mana Mokopuna recommends Health New Zealand Te Whatu Ora investigates ways that independent advocates can engage with mokopuna and their whānau to ensure adequate support is available to navigate the ID, mental health, and care systems.

[38] District Inspectors are lawyers appointed by the Minister of Health to protect the rights of people receiving treatment under the Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act), or the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 (IDCCR Act). They are independent from the Ministry of Health and from health and disability services.

Areas of opportunity

Kaimahi work collaboratively with a shared desire for positive outcomes for mokopuna

Despite the systemic issues we found that are impacting upon mokopuna care, kaimahi at Hikitia were passionate about working to achieve positive outcomes for mokopuna and actively advocated for mokopuna needs. This was observed through mokopuna day-to-day interactions with kaimahi and evidenced through some mokopuna documentation, including care plans. One example included efforts to meet mokopuna and whānau needs when a mokopuna was unable attend a competition their whānau was competing in. Kaimahi went the extra mile and arranged a live stream feed of the event so that the mokopuna could watch it online.

Weekly multi-disciplinary meetings centred around mokopuna care further exemplified efforts by kaimahi to celebrate and promote positive outcomes for mokopuna. These meetings included kaimahi in youth engagement roles, teachers, specialist care roles including the Care Manager[39] designated to each mokopuna, and members of the management team. The meetings outlined updates on mokopuna, their presentations and needs, any follow-up on previous action points, and the assigning of new action points to enhance mokopuna care.

Kaimahi identified that communication between care teams and the leadership team around the ID services has recently improved. This has helped with the care they provide mokopuna and allowed them to feel safer in their practice due to receiving more of the support, information, and reassurance kaimahi said they needed to do their roles well.

Recent recruitment has provided opportunity for good rapport with mokopuna

In response to presenting mokopuna needs, dedicated efforts have been made to diversify kaimahi at Hikitia. During the previous 2022 monitoring visit, mokopuna were candid about what it was like to not have kaimahi who they could relate to in any way. Mokopuna during the 2024 visit said they appreciated the variety of kaimahi now working at Hikitia. In line with this, mokopuna all identified that they had kaimahi available to them that they trusted and felt comfortable reaching out to for support.

There has been an increase in the number of kaimahi in the staffing pool since our previous 2022 visit, which is positive. However, the rolling roster of staff across all ID services on the hospital campus can lead to inconsistencies in care for mokopuna, and can negatively impact the rapport shared between mokopuna and kaimahi. It was noted by kaimahi and mokopuna that it would be preferable to have a permanent staffing team at Hikitia who have good

[39] Under the IDCCR Act and through court designation, mokopuna are allocated a care manager who helps facilitate their care and remains with them throughout the duration of their order.

child-centred practice. Consistency is very important for mokopuna, especially those with ID, and helps allow for rapport and good continuity in care practice. Mana Mokopuna heard those rostered on did not always have background, desire, or interest in working with young people. There is opportunity for Health New Zealand Te Whatu Ora to consider a permanent mokopuna-focused workforce rostered at Hikitia.

Mokopuna primary health care needs are met

Mokopuna had their primary health-care needs assessed upon arrival, and Hikitia kaimahi were prompt to respond to any medical concerns by engaging the site doctor for further assessment. Mana Mokopuna was informed of two instances where mokopuna had surgical needs previously un-attended to in other care settings. Hikitia kaimahi made referrals and treatment was arranged for mokopuna. However, any surgeries required by mokopuna are under the public health system and can therefore be regularly delayed, and kaimahi were concerned mokopuna could leave Hikitia before getting these needs addressed.

Mokopuna interests are catered for when leave is granted

Mokopuna who have been granted leave are able to access off-site activity. Central Regional Health School were often leaders in organising this activity with support from Hikitia kaimahi. In addition, activities the Hikitia kaimahi organised alongside engagement with community-based organisations, were excellent and youth centred. This included engaging with Taeaomanino Trust and 502 Rangatahi Ora Youth One Stop Shop. A personal trainer was also arranged by Hikitia kaimahi to deliver a tailored exercise programme at the local gym and exercise plans that could be done within the gym based at Hikitia. Mokopuna were observed independently doing their own work-out sessions during the visit.

Hikitia kaimahi are also working hard to get a mokopuna into a rugby team after the mokopuna expressed interest during an excursion to watch the Hurricanes play. There were also opportunities to go fishing and other activities. One mokopuna simply enjoyed going for drives and Mana Mokopuna observed kaimahi efforts to accommodate this preference.

Activities and outings that are meaningful and connect mokopuna to the community outside of the facility are important. They not only provide valuable life skills but give mokopuna a sense of hope and a taste of success.

Education provides structure and opportunities for mokopuna

Central Regional Health School is contracted to deliver the education day programme, which is run by a teacher and supported by Hikitia kaimahi. Education at Hikitia was observed to largely focus on:

- Re-integrating mokopuna into education
- Building confidence in learning

- Building upon literacy and numeracy abilities
- Sex education and healthy relationships

Mokopuna also have the opportunity to engage in activities and outings (when granted leave) which focus on developing life skills. Some of these included:

- Preparing, cooking, and sharing meals and snacks
- Trips to the local pool
- Attending local Careers Expos
- Going to the library

Kaimahi expressed the importance of mokopuna having the opportunity to 'just be kids' in the community, especially when they live in a secure setting. Overall, the classroom was a positive physical space for mokopuna, and one of the few areas of the facility with access to good natural light and greenery.

View from the education room

Appendix One
Progress on 2022 recommendations

The below table provides an assessment of OPCAT Monitoring recommendations made in the previous November 2022 OPCAT monitoring report about Hikitia Te Wairua. Mana Mokopuna acknowledges that work on systemic recommendations is being led at a National Office level. The progress detailed here is a facility reflection as it affects day-to-day operation, and is assessed to have made good, limited, or no progress:

2022 System Recommendations

	2022 Recommendation	Progress as at April 2024
1	Review IDCCR Act guidance to ensure the principles for mokopuna are supported (particularly whānau contact & timeframes for transitions).	**No progress** It has been acknowledged across key stakeholders and those working at Hikitia that this Act and supporting guidelines need to be updated to be more responsive to mokopuna needs. Mana Mokopuna is aware an update to the guidelines is in the pipeline, but this needs to be expedited to ensure mokopuna and whānau needs are met. Mana Mokopuna did note work occurring on a new template for seclusion and restraint practice under the Mental Health Act 1992 but there was nothing for the same under the IDCCR Act 2003. There were also some examples of Ministry of Health and Oranga Tamariki funding additional whānau visits (case by case basis), but this needs to be formalised and consistent to ensure regular access for whānau with their mokopuna. A new recommendation has been made regarding the update of operational guidance for mokopuna care under the IDCCR Act.
2	Work with community partners to increase the availability of community youth intellectual disability & or mental health services to achieve well supported transitions from Hikitia.	**Limited progress** Increasing community placements still remains an area requiring intensive cross-agency effort to ensure mokopuna are not kept in in-patient facilities longer than necessary. Hikitia kaimahi are working with local health, social service agencies, and youth organisations to enhance mokopuna engagement with peers in the community. However, given Hikitia is a National Service provider, mokopuna are often not local to the area. Hikitia need to prioritise engagement with transition support services in mokopuna home areas. There has been some effort to utilise the ID services Kaimanaaki to help work with whānau, hāpu and iwi for mokopuna Māori.
3	Develop and implement facility improvement plan focused on increasing natural light, views to external vista, access to water and privacy.	**Limited progress** The facility is currently not fit-for-purpose, and little has been done to improve the physical environment for mokopuna. It was noted that there are limitations around the things that can be done with the current building. Hikitia kaimahi are doing what they can to 'think outside the box' and provide positive engagement areas inside the facility and utilising as much time in the community as possible. A recent positive update is that there has now been some additional funding allocated to Hikitia to start implementing some of the planned improvements and a plan is currently being processed for sign off. Since our last visit, the dining area has been opened up to allow mokopuna access to drinking water at all times which Mana Mokopuna is pleased to see, as this was a previous concern that we had raised.

2022 Facility Recommendations

	2022 Recommendation	Progress as at April 2024
1	Implement the Taurite Ora or te ao Māori strategy to improve cultural competency and responsiveness	**No Progress**. This has yet to occur within Hikitia. Strategy implementation needs to be a facility-wide initiative that it upheld by all rather than being reliant on just the kaimanaaki or kaimahi Māori for example.
2	Evidence the inclusion of cultural needs in mokopuna assessment and plans.	**Limited progress**. It was also noted there had been difficulties in implementing cultural assessments when requested as the facility and its admission process is limited in its cultural integration. Additionally, it was acknowledged that there is a need to do more around te ao māori and strategy and understand how to weave it throughout care plans.
3	Provide independent advocacy and support for mokopuna.	**Limited progress**. Despite efforts being made by Hikitia to find appropriate independent advocacy for mokopuna this has been to no avail. Hikitia have reached out to providers without success although are considering access through VOYCE Whakarongo Mai and 502 Rangatahi Ora as a potential opportunity to link in with some lived experience individuals. However, finding suitable advocates, particularly those with lived experience, for mokopuna with ID, has been challenging.
4	Develop a mokopuna-friendly complaints system.	**Limited progress**. Kaimahi working in Hikitia believe that their complaint system is mokopuna friendly, although acknowledge that it is not appropriate for those with difficulties with reading or writing. Many mokopuna accessing the Hikitia service have these difficulties. It has been identified that a more accessible medium such as a video or audio-based method for accessing and laying complaints could be used and Hikitia kaimahi are currently working on an IT system to support this. Mana Mokopuna remain concerned that the complaints system under the Health and Disability Commission is not meeting mokopuna needs.
5	Identify and inform whānau of funding and supports to increase the ability of whānau to maintain face to face contact.	**No progress**. The team at Hikitia have made requests to increase the amount of funding allocated for whānau. However, Hikitia has not provided with additional funding to provide this dedicated assistance. This is a National Service and funding should be allocated to allow for whānau and mokopuna to have equitable and on-going face-to-face contact.
6	Establish a de-escalation space which is accessible to mokopuna.	**No progress**. There is a project identified to address the lack of a de-escalation area, but nothing has been put in place since our last 2022 visit. The seclusion area has been used as a de-escalation space previously but mokopuna need more therapeutic de-escalation areas. This recommendation has been reiterated for this 2024 visit.

Appendix Two

Gathering information

Mana Mokopuna gathers a range of information and evidence to support our analysis and to develop findings for this report. Collectively, these form the basis of our recommendations.

Method	Role
Interviews and informal discussions with mokopuna (including informal focus groups) with mokopuna	
Interviews and informal discussions with staff	▪ Team Lead ▪ Clinical Lead ▪ Group Manager ▪ Nurses ▪ Care Managers ▪ Kaimanaaki ▪ Educational Psychologist ▪ Teachers ▪ District Inspectors ▪ Oranga Tamariki National Office specialists ▪ Clinical Coordinator ▪ Support workers ▪ Whānau ▪ Mokopuna
Documentation	▪ Mokopuna care plans ▪ Medication records ▪ Seclusion and restraint records ▪ Education plans ▪ Mokopuna special authority assessment ▪ Care And Rehabilitation Plans (CARP) Reports
Observations	▪ Free time ▪ Mealtimes ▪ Education Programme ▪ Outside areas (Maara – garden areas) ▪ Gym sessions Mana Mokopuna also visited for contextual purposes the adult in-patient wards where mokopuna had been held.