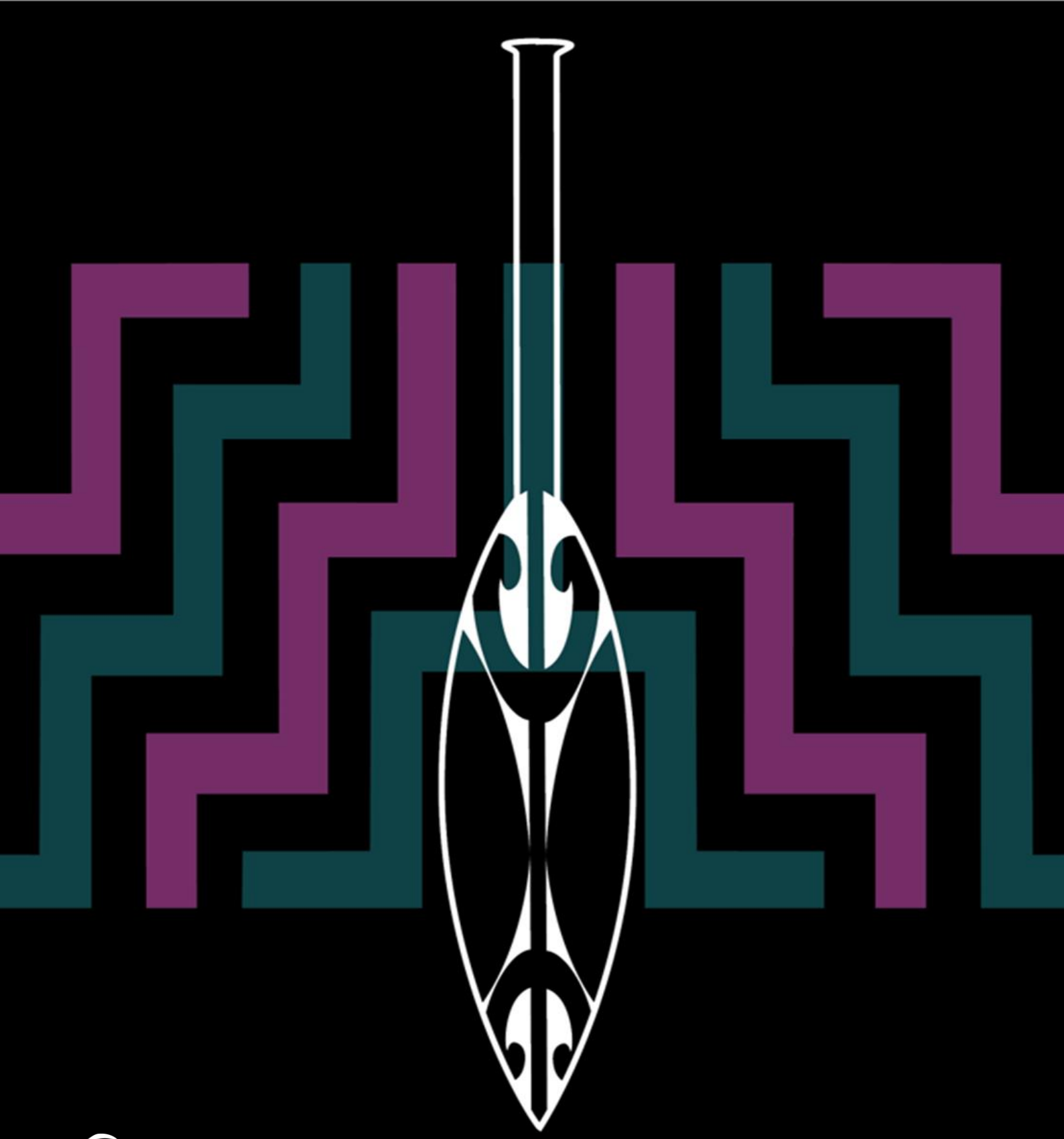

MANA MOKOPUNA
Children's Commissioner

Haumaru Ōrite mō Rangatahi

OPCAT Monitoring Report

Visit date: 09 -11 December 2025

Report date: March 2026

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.
Please note that in this report, for clarity, we use the term 'mokopuna' to describe a group of young people, and 'tamaiti' for an individual.

Contents

Introduction

The role of Mana Mokopuna – Children's Commissioner

Mana Mokopuna – Children's Commissioner (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, under 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 one of five bodies[1] designated as the National Preventive Mechanism (NPM) in Aotearoa New Zealand 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 is to visit places where people are deprived of their liberty. For Mana Mokopuna, this means:

- Kōrero (talk) with mokopuna to understand their care experiences living in a facility from which they cannot freely leave.
- Engaging with kaimahi (staff) and other professionals working in facilities to understand the highlights, challenges and barriers in relation to the care and treatment experienced by mokopuna and their whānau.
- Making recommendations aimed at strengthening protections, improving treatment and conditions, and preventing torture, cruel, inhuman, degrading treatment or punishment both at system and facility levels.

About this visit

Mana Mokopuna conducted a full unannounced visit to Haumaru Ōrite mō Rangatahi (Haumaru Ōrite[2]) – Acute Mental Health Unit at Auckland Hospital between 09-11 December 2025 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,

[1] The NPM in Aotearoa New Zealand is coordinated centrally by Kahui Tika Tangata - the Human Rights Commission, and comprises of Mana Mokopuna, The Ombudsman, the Independent Police Conduct Authority and the Inspector of Service Penal Establishments.

[2] The name Haumaru Ōrite - connected to Atua Haumietikeitikei who provided a place of protection within the ground when Tane Mahuta and Tumātauenga had a raruraru. It was a shelter and protection under the earth for humans to protect them from the outside elements. This home was called Haumaru Ōrite.

by regularly monitoring and assessing the standard of care experienced by mokopuna 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 mokopuna experience at the facility and provides evidence of the findings based on information gathered before, during, and after the visit.

About this facility

Facility Name:	Haumaru Ōrite mō Rangatahi operated by Health New Zealand - Te Whatu Ora
Region:	Tamaki Makaurau (Auckland)
Operating capacity:	18 bed capacity catering to 11– 18 years. The facility comprises of three areas, a mothers and baby's unit (MBU), an open ward (that can be locked) and a High Dependency Unit (HDU). In the open unit there are bedrooms (some 2 x bed pods) and includes two shared common areas plus kitchen, a room with TV, open door and outside area. There are seven beds in HDU (locked space) with an outside area. There are three transition rooms. Regional reach is from Taranaki to Far North and has approximately 27 referring mental health teams. There were 10 mokopuna on the in the unit during this onsite visit with two mokopuna on leave.
Status under which mokopuna are detained: Status under which mokopuna are detained: ss11, 13, 15(1) of the Mental Health (Compulsory Assessment and Treatment) Act 1992. ss11, 13, 15(1) of the Mental Health (Compulsory Assessment and Treatment) Act 1992.	

Key Findings

Mana Mokopuna found no evidence of cruel, inhuman, degrading treatment or punishment (ill-treatment) during the visit to Haumaru Ōrite mō Rangatahi (Haumaru Ōrite).
Mana Mokopuna reports the following findings:

Mana Mokopuna commends kaimahi at Haumaru Ōrite mō Rangatahi for maintaining zero-seclusion[3] practices consistent with international human rights guidance.

During this December 2025 visit, kaimahi working at Haumaru Ōrite described a rapid and significant shift in terms of mokopuna presentations and mental health support needs. They said the hospital environment has become more unpredictable and violent, which is reflected

[3] [3] Seclusion: Isolating an individual in a separate room or area to prevent them from harming themselves or others. Mechanical: Using devices to prevent, restrict, or subdue a person's movement. Environmental: Modifying the environment to restrict a person's access to certain areas or activities.

in the increasingly high-risk and complex needs of unwell mokopuna admitted into Haumaru Ōrite. This change is attributed to broader social pressures, including socio-economic conditions, and increased drug accessibility and use in the community, and kaimahi believe this is contributing to more extreme and violent behaviours by mokopuna and longer stays for them in the inpatient unit.

Although the Mothers and Baby unit is located within Haumaru Ōrite mō Rangatahi facility, it does not fall within the OPCAT monitoring mandate for Mana Mokopuna. Responsibility for monitoring this unit rests with the Office of the Ombudsman.

Areas for improvement:

- Assaults on kaimahi and mokopuna have been high over the past six months, and some kaimahi reported feeling unsafe and close to burnt out.
- Staffing levels do not adequately compensate for the high assault rates on kaimahi by mokopuna or the very high and complex needs of mokopuna currently in the unit.
    - Mana Mokopuna saw during this December 2025 OPCAT Monitoring visit a very serious incident that resulted in a kaimahi employed at the facility being knocked unconscious. Kaimahi acknowledged that whilst these incidents do not occur frequently, when they do, mokopuna in the open area of the unit can be left largely unsupervised whilst kaimahi are re-deployed to assist elsewhere.
- Mokopuna are remaining in Haumaru Ōrite longer than necessary due to whānau feeling unable to take them home due to limited community placements, and a lack of community-based support services.
    - Kaimahi told Mana Mokopuna that whānau are not spending the time they normally would with their mokopuna on the ward and that many expressed feeling unable to take mokopuna back home when they are ready for discharge.
- There is a lack of appropriately resourced community-based support services, especially in rural areas, which is having an effect on mokopuna wellness.
    - Kaimahi report that mokopuna and whānau are not receiving timely mental health care in the community and as a result mokopuna are entering the inpatient unit very acutely unwell.
    - There is a siloed approach to transition care and planning that means older mokopuna (mokopuna aged over 17 years old) are sometimes being discharged without permanent placements or adequate community-based supports ready as soon as mokopuna are released.
        - There are limited placement options for older mokopuna which includes placements within the care of Oranga Tamariki.
        - Kaimahi said some whānau do not feel able to adequately care for their older adolescent mokopuna.

- Haumaru Ōrite is not a secure placement option for mokopuna who are remanded via the Youth Court to remain in a secure custody.
    - The High Dependency Unit (HDU) is the only constantly locked area of the unit and some mokopuna cannot access the outside courtyard due to scalable walls. At the time of this December 2025 OPCAT Monitoring visit, one tamaiti was not allowed in the courtyard early in their admission due to having scaled the wall during a previous admission and had been absent without leave on more than one occasion.
    - Mokopuna who are still very unwell cannot transition to the open unit when they are remanded under s238(1)(d) of the Oranga Tamariki Act 1989 as that unit does not always have locked doors.
        - This is resulting in unwell mokopuna being transferred from HDU to Youth Justice Residences run by Oranga Tamariki where kaimahi have very limited training in supporting mokopuna with significant mental health presentations. Mokopuna should have the ability to transfer to a step-down option (the open unit) within Haumaru Ōrite first to ensure they are ready to then transfer to a Youth Justice Residence where kaimahi support is less clinical.

Positive areas:

- Mokopuna engaged openly with Mana Mokopuna, confidently expressing their needs and preferences, reflecting their sense of safety on the unit.
- Kaimahi demonstrated deep care for mokopuna and consistently sought ways to provide the best possible support.
- Practices of manaaki and whānaungatanga during admission align strongly with Te Toka Tumai, Haumaru Ōrite and ao Māori values, setting a positive foundation for mokopuna entering care.
- The introduction of Nurse Coaches has positively impacted kaimahi capability, training, and overall support.
- Targeted training is delivered to ensure kaimahi were equipped to meet the specific care needs of current mokopuna.
- Kaimahi continue to pursue best practice, seek external expertise, and actively encourage whānau involvement.

Recommendations

2025 Systemic Recommendations – Ministry of Health, Health New Zealand Te Whatu Ora

As a result of the findings of our OPCAT monitoring visit in December 2025, Mana Mokopuna makes the following recommendations:

	Recommendation
1	Te Whatu Ora needs to ensure mokopuna have appropriate and equitable access to both in-patient support and community-based support by working alongside other government agencies and community-based support providers.
2	Develop a mokopuna-friendly complaints system across all mokopuna inpatient mental health units.
3	Develop an action plan with key agencies such as Oranga Tamariki, Ministry of Social Development, Ministry of Disabled People - Whaikaha, and the Mental Health and Wellbeing Commission, that aims to co-ordinate services, reduce readmissions and create sustainable transition pathways for all mokopuna.
4	Work with Youth Court Judges and local Youth Justice Residence Managers to ensure there are clear expectations when mokopuna come into the care of Haumaru Ōrite kaimahi.
5	Work with unit leadership teams to establish a flexible approach to staffing when acuity is unpredictable, and violence is a regular occurrence.

2025 Facility Recommendations - Haumaru Ōrite

	Recommendation
1	Ensure kaimahi workloads are balanced and there is opportunity to de-compress following intensive periods facilitating mokopuna treatment and whānau support.
2	Continue to progress work with the Kaihautū to incorporate activity and therapy that are based on te ao Māori practices as options for mokopuna treatment plans.
3	Record mokopuna iwi and hapū connections on admission to strengthen culturally informed information of mokopuna and future transition planning.
4	Provide mokopuna with opportunities to engage in physical activities and facilitated programmes during the late afternoon and early evening times.
5	Monitor mokopuna use of vapes and cigarettes and ensure cessation programmes are offered.
6	Ensure all kaimahi working directly with mokopuna have access to regular, protected-time supervision to support both their safety and wellbeing.
7	Ensure training plans are agile and reflect the current trends in mokopuna presentations and support needs.

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[4] for New Zealand's sixth periodic review on its implementation of the Children's Convention[5] 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[6] for New Zealand's seventh periodic review regarding the implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment[7].

Further, the Concluding Observations from the United Nations Committee on the Rights of Persons with Disabilities in 2022[8] 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.[9] The relevant recommendations from these Concluding Observations are referenced in this report.

There continues to be significant work required by agencies (State and non-State organisations) that are responsible for detaining and depriving children and young people of their liberty, to ensure that their practice and work is in this context is, in all respects, consistent with the UN Convention on the Rights of the Child and the recommendations of both the UN Committee on the Rights of the Child and the UN Committee Against Torture.

[4] Refer CRC/C/NZL/CO/6
[5] https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child
[6] Refer CAT/C/NZL/CO/7=
[7] https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-against-torture-and-other-cruel-inhuman-or-degrading
[8] CRPD/C/NZL/CO/2-3
[9] CRPD/C/NZL/CO/2-3 Para 30

Report findings by domain

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.

There is a commitment to least restrictive practice but kaimahi are under pressure

The model of care at Haumaru Ōrite is based on a bio-psycho-social[10] and multi-disciplinary approach. The way kaimahi operate is grounded in de-escalation and emotional regulation philosophies and this results in mokopuna building trusted bonds with kaimahi as they navigate their mental wellness journey. During this December 2025 OPCAT Monitoring visit, the open area of the ward was calm, mokopuna had a good grasp of daily routine and expectations, and there was clear commitment from kaimahi to respond to mokopuna needs.

Kaimahi reiterated that unpacking behaviours and understanding why mokopuna react to different situations is important, so that that early warning or distress signs for mokopuna can be acted upon quickly. When kaimahi do this successfully, support needs are adapted and the kaupapa of a least restrictive environment is upheld.

However, kaimahi numbers on shifts and the anecdotal changes in mokopuna presentations and trends is causing system pressure. Kaimahi explained that they are seeing more violence from mokopuna on the ward and acute psychosis. At the time of this December 2025 visit three mokopuna were being treated with clozapine[11] as all other medications had failed to treat mokopuna effectively.

The current staffing model relies on five nurses and two mental health support workers to manage the three areas of Haumaru Ōrite - the mothers and baby unit, the open adolescent in-patient unit and the adolescent High Dependency Unit (HDU). When mokopuna and mother's support needs are high, kaimahi said there is simply not enough people to manage all three areas safely. During this December 2025 visit, Mana Mokopuna saw how staffing support was required from those in leadership or training positions as well as members of the Allied Team[12] to manage day-to-day operations. Kaimahi said they struggle when specialist perinatal expertise is required and mokopuna in the HDU require a multi-kaimahi approach.

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[10] https://www.psychologytoday.com/nz/blog/chronically-me/202410/the-biopsychosocial-model-of-illness#:~:text=The%20Biopsychosocial%20Model%20of%20Illness%20includes%20biological%2C%20psychological%20and%20social,and%20social%20factors%20affecting%20them.

[11] Clozapine is a powerful atypical antipsychotic used for treatment-resistant schizophrenia and reducing suicide risk. The drug carries significant side effects, and we were told is used as an absolute last resort for any mokopuna.

[12] Allied Health | Ministry of Health NZ

Mana Mokopuna recommends reviewing admission patterns, presentation complexity trends, staffing ratios and skill mix to ensure the right numbers of kaimahi are available to support a least restrictive model of care.

Haumaru Ōrite maintains a zero-seclusion practice despite high ward acuity

The model of care demonstrated at Haumaru Ōrite upholds a least-restrictive approach, recognising that isolating mokopuna breaches their human rights. International bodies, including the UN Committee on the Rights of the Child, the Committee Against Torture, and the Subcommittee on the Prevention of Torture, have repeatedly stated that any form of solitary confinement for children is harmful and may constitute cruel, inhuman, or degrading treatment. Mana Mokopuna strongly supports a zero-seclusion approach.

While we were onsite for this December 2025 OPCAT Monitoring visit, Haumaru Ōrite kaimahi was supporting a tamaiti in a space specifically set up for them within the HDU. The space was the large de-escalation room with adjourning bathroom that could be completely separated from the rest of the HDU. The old seclusion room was also in this area, however remained unused. Te tamaiti had extremely complex behaviour and mental health distress and for their safety and the safety of others, was being kept separate from peers but always in the company of kaimahi. The living situation for te tamaiti was being recorded as an environmental restraint by managers. Kaimahi reiterated that there was little else they could do with the staffing they had available. Kaimahi were clear in asking for an appropriate resourcing level to be able to work safely with all mokopuna who are admitted. Kaimahi remained committed to not using the seclusion room, but acknowledged the current set up for this tamaiti was less than ideal.

Kaimahi noted working with this one tamaiti continually with few options to switch out with others, had contributed to "compassion fatigue." Kaimahi noted this fatigue was having impact on how well they responded to the needs of this tamaiti. Ensuring appropriate kaimahi numbers is critical to providing high quality, individually responsive care.

Recent data shows a sharp rise in assaults and restraints[13] on mokopuna

Kaimahi explained that the changing trends in mokopuna presentations and the significant dysregulation mokopuna are experiencing has resulted in an increase in the use of personal and environmental restraints[14] over the past six months. In the data reviewed by Mana Mokopuna supplied by Haumaru Ōrite, we could see the majority of restraints were linked to use on two mokopuna. These two mokopuna were admitted to the ward one after the other. The restraint data for Haumaru Ōrite in 2025 was over four times the total figure recorded for 2024.[15]

[13] Restraints include physical, personal, environmental and chemical restraints. It is worth noting physical restraint or mechanical restraints are not used on this unit.
[14] Section 7.2 of the Guidelines for reducing and eliminating seclusion and restraint under the Mental Health (Compulsory Assessment and Treatment) Act 1992 | Ministry of Health NZ
[15] Data set received during our onsite visit.

During this December 2025 OPCAT Monitoring visit, Mana Mokopuna observed an incident involving assaults on multiple kaimahi by a tamaiti. Te tamaiti was held in a seated personal restraint which also required the involvement of multiple hospital security personnel. Kaimahi said this type of behaviour from te tamaiti, and the response, was frequent with a minimum 1:1 nursing[16] ratio required at all times.

Kaimahi expressed distress about the frequency of restraints used on mokopuna, how multiple kaimahi have been assaulted at work, the lack of whānau involvement for many mokopuna, and concerns that particular mokopuna were deteriorating in terms of behaviour and mental wellness whilst living in the unit. The situation Mana Mokopuna observed involving a security staff personal restraint, escalated to using Intra-Muscular (IM)[17] medication. There appeared to be little planning for assisting mokopuna after the IM was administered with many kaimahi saying they just felt exhausted. Kaimahi said they wanted to move away from reactionary care and into using more creative care options, but at the time they could not identify what those options might be. Kaimahi reiterated that they needed to start working outside of 'survival mode' but accepted this is hard with frequent kaimahi assaults and injuries (one kaimahi was sent to the hospital Emergency Department for concussion testing and facial x-ray).

Post the visit, the Mana Mokopuna OPCAT Monitorin Team were told that te tamaiti who was restricted to the de-escalation room had begun a gradual reintegration into the HDU area and was able to access the HDU courtyard, however, whānau engagement remained absent despite continued efforts. Without more staffing resource, combined with the physically small size of the HDU and the continued trend of mokopuna violent and very acute presentations, personal and environmental restraints will continue to spike.

Reflective practice panels were being conducted for all people involved in restraints

To provide all kaimahi involved in a personal restraint the time and space to reflect and openly talk about their actions, reflective practice panels are held as soon as practicable after an event. This also includes debrief and diffusion sessions. The sessions, which use a Te Whare Tapa Wha approach, are led by the Team Leader for the unit and Clinical Coaches[18]. Kaimahi said that they find these sessions helpful but note it is challenging when broader environmental issues (like staffing and the physical layout of the HDU unit) remain unchanged. The sessions can be supported by the Consumer Advocate and the Kaihautū and involve mokopuna and whānau where appropriate. The idea for these sessions is to understand what lead up to an incident,

[16] One to one constant nurse observation to support high level safety interventions. A kaimahi is assigned to stay with te tamaiti at all times. For more severe situations, kaimahi are required to stay within arm's reach (not just within sight of mokopuna).

[17] Intramuscular (IM) injections in mental health facilities are primarily used to administer antipsychotics and benzodiazepines, either as long-acting injections for maintenance or for rapid tranquilization during acute behavioural disturbances

[18] Clinical Coach roles are designated senior nurses who are available to provide in real-time training to all nurses but especially for those with less than five years' experience.

what happened during, and what can be done to support mokopuna in the future and add to their coping tools.

EAP[19] support is also available for kaimahi however, uptake has been variable with some finding it useful and others describe feeling more overwhelmed after talking to an EAP counsellor.

The intent of reflective practice panels is clear, however, kaimahi openly admitted to "needing to be brave" when looking at alternatives to regular personal, chemical or environmental restraints for particular tamaiti. Kaimahi said that unit operations become very risk averse when acuity is high, and while some risk will always be present with unpredictable mokopuna behaviours, kaimahi need to feel supported to take calculated risks, think outside the box, and try new approaches when mokopuna need more tailored, individual care.

Whānau are largely absent from the unit

Whānau were largely absent from the unit, unlike the previous full monitoring visit in February 2024 where they had a significant presence throughout the day, opting to provide almost round-the-clock support for their mokopuna. Whānau involvement is still central to the care model at Haumaru Ōrite, however, during this December 2025 OPCAT Monitoring visit, kaimahi reported that many whānau are overwhelmed, burnt out, and in some cases hesitant for their mokopuna to return home. Kaimahi made the link between struggling community mental health support services, the upward trend of mokopuna very acute presentations and support needs, and wider societal pressures, putting strain on whānau.

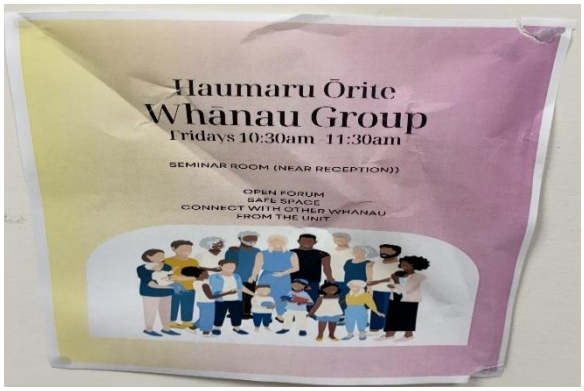
"Mokopuna [name] family visited less than ten times in the two months [name] was here." (Kaimahi)

Kaimahi said this lack of involvement is also affecting transition work. Not only are whānau wary of bringing their mokopuna home, the support plans lack comprehensive connection to appropriate community-based support. Kaimahi outlined that there is a chronic shortage of specialist roles such as psychologists and psychiatrists. They used the Rotorua region as an example where, at the time of this December 2025 OPCAT Monitoring visit, there is one available psychiatrist for the region and that person does not have specific experience with adolescents.

For the care model at Haumaru Ōrite to work to its full potential, support services need to be in place to enable strong whānau engagement which promote safe transitions home. To achieve this, the Ministry of Health and Health New Zealand Te Whatu Ora must better resource community-based services and specialist whānau mental health supports.[20]

[19] EAP Services | NZ's Largest Employee Assistance Programme

[20] As an example, one service offered Family Connections – NEA-BPD New Zealand a programme that supports whānau in skill training to support people in relationships with someone experiencing difficulty regulating emotions.



Information groups and resources for whānau and visitors displayed in the facility

Insufficient support for older rangatahi (17-18year olds)

Many kaimahi told Mana Mokopuna that mokopuna aged 17 to 18 with limited whānau support, face significant challenges when transitioning out of Haumaru Ōrite. There are very few placement options, especially in rural areas, with little or no community-based mental health services. Kaimahi said that many of these older mokopuna are readmitted, and turning 18 often results in a difficult transition into adult services. Kaimahi told Mana Mokopuna of an example where a tamaiti was discharged to live in their car. This tamaiti has experienced readmissions into the service. Another tamaiti was discharged and transported home, alone, via inter-city bus. Kaimahi commented that they "hoped" whānau would be at the other end to pick them up.

Kaimahi also explained that in many cases, Oranga Tamariki support commonly reduces for 16 and 17 years old[21] and when Oranga Tamariki cannot assist and whānau will not take mokopuna back, Haumaru Ōrite is left with no viable placement options. Hospital-based social workers work hard to assist mokopuna, like building in accommodation supplements into transition plans, and outlined that if mokopuna are just under the age of 18 but not living at home, WINZ provide very limited help as they are still considered minors. Kaimahi reiterated that despite discussions with key agencies, little has been developed to support safe transitions for older mokopuna.

"I took [mokopuna] to WINZ, Lifewise, WINZ said he's too young for their support, [...] chased up Lifewise as had sent the referral two weeks ago, they had not actioned it yet. [...] mokopuna is now going into the care of Oranga Tamariki into a motel with trackers today."

(excerpt from kaimahi interview)

Mana Mokopuna recommends key agencies like the Ministry of Health, Health New Zealand Te Whatu Ora, Oranga Tamariki, Ministry of Social Development, Ministry of Disabled People - Whaikaha, and the Mental Health and Wellbeing Commission, work together to reduce readmissions and create safe, sustainable transition pathways for all mokopuna.

[21] Before rangatahi turn 18 – preparing them to leave our care | Practice Centre | Oranga Tamariki

Kaimahi are concerned when mokopuna are remanded[22] by the Youth Court to the unit

Kaimahi raised concerns about mokopuna going through Youth Court proceedings and being remanded to stay at Haumaru Ōrite. The unit, whilst it can be locked and mokopuna are not allowed to leave, is not secure. The way the unit runs is that mokopuna usually have free access to outside areas, there are no or low fences and mokopuna are able to utilise surrounding areas, like the Auckland Domain, when leave[23] is granted. When mokopuna are remanded to Haumaru Ōrite with conditions that require secure detainment, the only place secure in the unit is the HDU. This is posing an issue as mokopuna may not require a bed in HDU in terms of their mental health support needs but need to be placed in this restrictive environment due to their Youth Court conditions. Kaimahi voiced their frustrations with how this is working for mokopuna and outlined that access to the HDU courtyard is also not always allowed due to the walls being deemed scalable and therefore posing an absconding risk. Mokopuna are therefore being kept inside for their time at Haumaru Ōrite. Kaimahi said that netting to enclose the courtyard (which is used in other adolescent inpatient unit courtyards) has not been prioritised by upper management as a viable option to address this issue.

Kaimahi noted the pressure on the system for adolescent forensic beds. Ngā Taiohi in Wellington is the only dedicated youth forensic, secure mental health inpatient unit for the country and that has ten beds. Kaimahi said that the threshold for a bed at Ngā Taiohi, in terms of mokopuna dysregulation, is high. If the threshold is not met, kaimahi said that once mokopuna are deemed well enough to leave the HDU, they are transferred back to a Youth Justice residence. Mokopuna can still be very unwell, however they cannot be in the open unit of Haumaru Ōrite due to the lack of security. If mokopuna are on bail[24] Oranga Tamariki will provide a tracker[25] to ensure line of sight is managed at all times in the open unit and reduce the risk of mokopuna absconding.

Kaimahi stressed that the HDU is intended for acutely unwell mokopuna, not those placed for security alone, and that Haumaru Ōrite cannot meet secure-care requirements.

Mokopuna have the right under the UN Convention on the Rights of the Child to appropriate health care to meet their needs, be placed in the least restrictive environment and placements should be in the best interests of the child.[26] Not

[22] As per s238(1)(d) of the Oranga Tamariki Act 1989

[23] When mokopuna are under the Mental Health Act 1992, psychiatrists must provide authorisation if mokopuna to leave the inpatient facility.

[24] As per s238(1)(b) of the Oranga Tamariki Act 1989

[25] A tracker is someone employed by Oranga Tamariki to keep line of sight for mokopuna.

[26] Articles 3, 24, 25, 37 and 40 of UNCROC, s208 Principles of the Oranga Tamariki Act 1989, s9 of the New Zealand Bill of Rights Act 1990

having free access to the outside for fresh air and recreation and play is consistent with Article 31 of the UN Convention on the Rights of the Child.

Mana Mokopuna sees an opportunity for Haumaru Ōrite to provide education on its model of care and the set up of the facility to ensure that decision-makers are aware of any limitations when directing placements to Haumaru Ōrite to ensure that mokopuna rights are upheld in all circumstances.

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.

A coordinated response is required to service the needs of mokopuna

Mana Mokopuna is concerned that protection systems for mokopuna experiencing acute mental distress are under significant pressure and are not consistently ensuring safe, timely, and appropriate care. While the care provided within Haumaru Ōrite reflects the commitment and professionalism of kaimahi, broader system failures across health, care and protection, and youth justice services are contributing to patterns of repeated crisis, prolonged inpatient stays, and unsafe transitions.

A significant proportion of the mokopuna admitted to the unit are already involved with the statutory care system. This raises serious questions about whether current protection responses are adequately meeting the mental health needs of mokopuna who are already known to the State.

Mana Mokopuna considers that the wellbeing of mokopuna experiencing acute mental distress must be understood as a shared protection responsibility across government systems. When these systems do not respond in a coordinated and timely way, mokopuna can become trapped in cycles of crisis, institutionalisation, and harm.

Referral pathways and patterns of demand

Haumaru Ōrite accepts referrals 24 hours a day from regional specialist Child and Adolescent Mental Health Services, private child and adolescent psychiatrists, and emergency departments for mokopuna experiencing acute mental health crises. Admissions occur without a waitlist, with after-hours admissions coordinated through on-call psychiatrists. The unit supports mokopuna from across a large geographic area spanning Te Tai Tokerau to Taranaki. The Waikato region generated the highest number of admissions in the past year.[27]

In contrast, referrals to the Mother and Baby Unit are accepted only through Auckland Maternal Mental Health teams during standard business hours. Crisis or after-hours admissions are not currently available.

Kaimahi described working hard to manage bed capacity and ensure space is available for mokopuna requiring urgent care. Service data indicates that:

- 88% of mokopuna admitted into Haumaru Ōrite are known to, or have previously been involved with, Oranga Tamariki.

[27] Service level data obtained during the onsite December 2025 visit.

- female rangatahi are the highest users of the service, with admission rates approximately double those of males
- mokopuna Māori have the highest admission rates
- admissions also occur from Youth Justice residences[28]

In the three weeks prior to this December 2025 OPCAT Monitoring visit, seven mokopuna were admitted while subject to custody orders under the Oranga Tamariki Act 1989. Kaimahi advised this was the highest number of mokopuna with custody orders the unit has experienced within such a short period of time. These patterns highlight the strong intersection between mental distress, State Care involvement, and youth justice pathways. They also reinforce the need for protection systems to identify and respond to emerging mental health issues as early as possible in the lives of mokopuna.

Support gaps are creating safety issues for mokopuna

Mokopuna who experience acute mental distress are among those most in need of strong and coordinated protection responses. When systems do not respond early, or when support is unavailable within communities, mokopuna can experience escalating distress that ultimately requires inpatient admission. Mana Mokopuna heard that some mokopuna begin to feel safer within inpatient environments than in their own communities. While this reflects the high level of professional care and support provided by kaimahi at Haumaru Ōrite, it also signals that the wider system of protection surrounding mokopuna may not be functioning as intended.

The State has a responsibility to ensure mokopuna can grow, heal, and thrive within their communities and in environments that uphold their mana, dignity and wellbeing as per Article 27 of the UN Convention on the Rights of the Child and Article 3 of Te Tiriti o Waitangi.

Kaimahi described transitions out of inpatient care as:

"awful and hopeless journey for mokopuna and their whānau,"
(Kaimahi)

and that

"trends for adolescent mental unwellness are growing, but national resources remain the same."
(Kaimahi)

Mana Mokopuna considers that strengthening community-based support is essential to ensuring mokopuna receive timely care and are able to recover safely within their whānau and communities. This is also important in terms of the responsibility of the State to uphold its responsibility under Te Tiriti o Waitangi to actively protect the wellbeing and mana of mokopuna Māori by ensuring services are designed and delivered in ways that support

[28] Service level data obtained during the onsite December 2025 visit

whānau, hāpu and iwi whilst also addressing inequities mokopuna Māori experience across the health system.

"Community [supports], so thin, they are struggling, lots of funding cuts resulting in unwellness for mokopuna, …[mokopuna] being left for a very long time before they get to us, and when they get here, they often are really struggling."

(Kaimahi)

On-going safety issues are affecting kaimahi and mokopuna

Kaimahi reported a significant increase in physical safety incidents and workplace violence within the unit since the previous OPCAT monitoring visit in February 2024. These pressures reflect a notable increase in the acuity and complexity of mokopuna being admitted into Haumaru Ōrite, including higher numbers of mokopuna presenting with severe distress, complex trauma histories, and neurodivergent needs. Kaimahi explained that mokopuna with neurodiversity do not settle well in this environment, and behaviours once considered unusual are becoming normal.[29]

Kaimahi reported that these pressures have contributed to:

- increased use of restraint
- higher rates of assault both between mokopuna and between mokopuna and kaimahi
- longer lengths of stay
- repeated admissions
- growing patterns of institutionalisation

Kaimahi expressed deep concern about frequent head injuries and repeated unpredictable assaults on them by mokopuna. Kaimahi also expressed feeling distressed witnessing serious harm between mokopuna. Many kaimahi told Mana Mokopuna that compassion fatigue was a risk which is something they have not experienced before.

"There's only so much kaimahi can give."
(Kaimahi)

At the time of this OPCAT monitoring visit, an action plan was being developed by General Managers and Clinical Directors responsible for operational delivery outcomes for Haumaru Ōrite, which kaimahi said looks to address these pressures. Kaimahi noted the action plan must also take account unseen but essential tasks such as paperwork, which often gets backlogged when the unit is busy but is an important part of mokopuna care.

Kaimahi said they are trying new approaches to mokopuna engagement and ensuring supervision is available to all kaimahi who needs it while the action plan and next steps are

[29] Mokopuna are presenting with far higher acuity, including severe violence, trauma, suicidal ideation, emotional dysregulation, neurodiversity, psychosis, and serious mood disorders. Many have mixed and complex diagnoses, assaultive behaviour, Opposition Defiance Disorder, manic episodes, and are increasingly detained under the Mental Health Act. Several are treatment-resistant, with three on clozapine—something not previously seen. Most have a background of substance use, particularly cannabis.

developed. Unit leaders are also working with nurse training providers to strengthen resilience, engage in trend-based training, and ensure SPEC[30] skills remain current.

Mana Mokopuna supports the development of an action plan that strengthens care for mokopuna experiencing acute mental distress and keeps kaimahi safe.

Independent advocacy is essential for ensuring mokopuna can safely voice concerns

Haumaru Ōrite currently has no independent advocate regularly working on the unit, meaning mokopuna lack easy access to someone outside the service if they need advocacy support or wish to work with someone on a complaint. Kaimahi noted VOYCE Whakarongo Mai[31] and Rainbow Youth[32] will attend when there is a specific request and Kāhui Tū Kaha[33] is a non-profit organisation contracted to Te Toka Tumai (formerly the Auckland DHB) and can also support mokopuna in Haumaru Ōrite.

There is a dedicated Consumer Advocate employed by the hospital who visits mokopuna regularly, gathers their feedback, provides recommendations to nurses, and contributes to service improvements. Recent advocacy that had been worked through by the Consumer Advocate and came directly from mokopuna, focussed on issues, such as vaping options in HDU, more headphones, an outdoor speaker, and better whānau information.

District inspectors[34] are consulted after incidents and can support mokopuna who have been admitted to Haumaru Ōrite under the Mental Health Act 1992.[35] A new mokopuna-friendly complaints process is being developed and co-designed with mokopuna and whānau, which is a positive development.

Ensuring mokopuna have safe and accessible avenues to share their experiences is an important part of strengthening protection systems and improving care experiences. Whilst independent advocates were not always onsite, mokopuna were open in sharing their views with Mana Mokopuna and knew how to express these to kaimahi responsible for looking after them.

[30] Safe Practice Effective Communication | SPEC | Te Pou
[31] Home - VOYCE - WHAKARONGO MAI
[32] https://ry.org.nz/about-us
[33] Kāhui Tū Kaha
[34] https://www.health.govt.nz/regulation-legislation/mental-health-and-addiction/mental-health-act/mental-health-district-inspectors/district-inspectors-list
[35] S11, s13 of the Mental Health (Compulsory Assessment and Treatment) Act 1992.

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.

Kaimahi generally feel supported by each other and their leadership team

Kaimahi described feeling heard, confident to speak in meetings, and able to engage in respectful, robust discussions about mokopuna care. Every kaimahi Mana Mokopuna spoke to said they really value the open-door policy their leadership team have adopted.

Mana Mokopuna also observed strong professional practice across the unit. Kaimahi acknowledged that high acuity, sometimes short staffing, and inconsistent role clarity have contributed to occasional siloed working and feelings of frustration. Kaimahi noted challenges when communication breaks down, when roles are misunderstood, or when care expectations are high without adequate staffing. Overall, kaimahi said they value the diverse mix of new and experienced kaimahi and describe themselves as an open-minded, supportive team. Kaimahi generally spoke warmly about their work and showed strong commitment to the kaupapa and were observed by Mana Mokopuna often checking in on each other and staying late to support colleagues or mokopuna through into the next shift.

*"you can be yelled at and treated like sh*t, but everyone here finds a way forward, people here really care about the young people."*

(Kaimahi)

Mana Mokopuna observed genuine compassion in kaimahi interactions with mokopuna, even after serious incidents and assaults. However, some kaimahi reported feeling burnt out, unwell, "hammered," or fearful of coming to work. While their dedication is evident, kaimahi also need safe working conditions and proper care following incidents.

Appropriate staffing levels are imperative to ensure mokopuna and kaimahi safety, wellbeing and care

Staffing numbers have a direct impact on both mokopuna and kaimahi. Without the right number of kaimahi on shift, there is an increased risk of violence, reduced access to the outdoors and supervised leave, and a reduction in therapeutic input. Mana Mokopuna saw how kaimahi were stretched during an unprovoked assault incident by a tamaiti on two kaimahi. The incident required a response from all available nurses, support workers, and hospital security guards. This left remaining mokopuna in the HDU area and open inpatient area of the ward largely unsupervised. Mana Mokopuna observed as other mokopuna were

able to see the response and how they were offered little support or distraction by kaimahi while the event took place. The assault removed one kaimahi from the shift numbers and led to another telling their team that they would only come from the open area if the response required was critical as there was nobody else there with the other mokopuna.

In general, mokopuna said they had little to do and spent long periods of time in their rooms or listening to music in the common areas, especially in the evening. Mokopuna said that kaimahi often lack the energy to facilitate activities with them, or that the Recreation Officer[36] is often working as part of the 1:1 kaimahi group in HDU. Kaimahi confirmed that the Recreation Officer in particular has excellent rapport with all mokopuna and is often asked to help de-escalate situations alongside clinical kaimahi. The Recreation Officer confirmed they often work in the HDU and are happy to help in any way to support mokopuna. While having flexible kaimahi is important, it leaves a gap in substantive positions and mokopuna are feeling the effect of this.

Although Haumaru Ōrite uses established workforce planning tools[37] to manage staffing levels, rising and unpredictable acuity and complex needs have created frequent staffing gaps. Kaimahi reported regularly working double shifts, training being rescheduled, and Allied or management kaimahi filling roster gaps. During this December 2025 OPCAT Monitoring visit, only nine staff were available for an entire weekend block of shifts, despite overtime being offered (there are normally five nurses and two Mental Health Support Workers on each shift). Kaimahi stressed that casual pool nurses are not always trained in adolescent care, and while this adds "bodies to the ward," kaimahi said the use of casual nurses can still leave the unit without appropriately skilled kaimahi.

Kaimahi recommended increasing staffing to nine per shift and resourcing the three areas of Haumaru Ōrite with trained, rotating staff. This would support better care for mokopuna and mothers and may reduce kaimahi time in HDU, providing regular fresh faces and different perspectives to feed into mokopuna care and treatment plans.

Recruitment challenges and the development of new kaimahi

In many frontline health areas, there are challenges with recruitment and short notice cover. This is an issue when ward acuity is such that kaimahi are regularly assaulted. Whilst many kaimahi have been working with mokopuna at Haumaru Ōrite for some time (the average length of service for the current nursing group is over 6.5 years, for support workers close to 8.5 years and Senior Medical Officers for 7.5 years[38]), the current recruitment drive is for nurses

[36] Part of the Allied team, the Recreation Officer role is to facilitate different activities for mokopuna during the day. This includes assisting with offsite activity.
[37] Care Capacity Demand Management (CCDM) and Variance Indicator Scoring (VIS). CCDM is a tool used to ensure that staffing levels in hospitals are safe, and that the workload is manageable. VIS is a tool that identified when there is a mismatch between patient demand and available care hours. VIS scores were often high during our onsite visit.
[38] Data obtained during our onsite visit.

through the Nursing Entry to Specialist Practice (NESP) programme, with special consideration given to male Māori and Pasifika nurses. Kaimahi described this as a "recruitment freeze" for senior nurses and that three NESP level nurses could be hired per month across the Auckland Hospital mental health and addictions services. While new graduate nurses bring energy and often build strong rapport with mokopuna, their relative inexperience can present challenges in a high-acuity environment. This can also result in relatively junior nurses training new junior hires. There is concern from kaimahi that the continued recruitment of new graduates will significantly decrease the average length of service of the nursing group at Haumaru Ōrite, resulting in an inexperienced workforce working with very vulnerable mokopuna.

This issue has been raised at a Directorate team level and measures have been put in place to alleviate the experience issue. Onsite, clinical coaching roles[39] are in place and the aim of these roles is to provide on-the-go training, from very experienced and senior practitioners to nurses with less than five years' experience. Kaimahi report this works well and has opened up space for kaimahi to continually learn and develop in their practice. In addition, the leadership team have supported two mental health support workers to work through their nursing qualifications and return to work at Haumaru Ōrite.

A sustainable and experienced workforce is critical to high quality mokopuna care. This includes mokopuna having access to consistent clinicians like psychologists and psychiatrists to ensure relationships are built on continuity and trust. Mana Mokopuna appreciates the oversight this issue is being given by the Directorate team and encourages the continued assessment of recruitment to fill skill gaps and suggest the Haumaru Ōrite leadership team also request to recruit for senior nurses to balance experience levels.

"there is a stream of locums needing to come in, haven't had a full-time doctor, doctor [name] is the constant, often we are not sure who we are getting and sometimes mokopuna in their time here can see at least three different doctors, rather than one consistent one."
(Kaimahi)

Kaimahi need more support to work in their specialist fields

During the last February 2024 OPCAT Monitoring visit, Allied staff outlined that they were not always able to work within their specialisms, namely Occupational Therapists and Social Workers. Again, this was highlighted as an issue for many kaimahi. Allied staff explained they are happy to assist nurses when they are short for breaks but said the expectation has become the norm and is now creating tension between the two groups.

Allied staff outlined they would like more dedicated time to work in their specialist fields and disciplines, rather than being referred to as 'Key Workers' which they believe detracts from their roles as Occupational Therapists and Social Workers.

[39] These roles started out as a pilot for the facility and has since been confirmed as permanent – a first for the ADHB. Two kaimahi share a 1.0 FTE role.

It was also reiterated that the Recreation Assistant is often "roped in to help the nurses" which means they do not run activity groups for mokopuna in the unit. Kaimahi said they would like to do more with mokopuna like sensory profile assessments, social work assessments and run dedicated recovery groups. A dedicated financial resource would also be helpful to ensure mokopuna have timely access to tailored tools to help them regulate and engage in their treatment plans. At the time of this December 2025 OPCAT Monitoring visit, there was no music therapist, the art therapist was on extended leave, and the therapy dog is only available through school and during school hours. Kaimahi felt there was a lot more they could do for mokopuna if properly resourced as a unit – more nursing staff, more Allied workers and access to more resources. Kaimahi were clear in that mokopuna living at Haumaru Ōrite deserve extensive clinical input and consistently applied treatment plans.

Supervision is vital to support safe and effective practice

Kaimahi consistently emphasised the importance of regular supervision to support safe and effective practice. At the time of this December 2025 OPCAT Monitoring visit, supervision within the unit was primarily provided through group supervision. However, kaimahi reported that this is insufficient given the intensity of the work undertaken each shift and the high acuity of the Unit. Of particular concern is that Mental Health Support Workers do not currently receive regular supervision, despite undertaking emotionally demanding work alongside mokopuna experiencing acute distress often on 1:1 observation watches within the HDU.

The nursing team has escalated the concerns regarding supervision and support to the Directorate team level and Mana Mokopuna understand the issue is being considered as part of a national priority project.

Mana Mokopuna reiterates that all kaimahi working directly with mokopuna must have access to regular, time-protected supervision to support both their safety and wellbeing and to enable them to provide high quality care for mokopuna.

External relationships still need strengthening

Haumaru Ōrite has an Oranga Tamariki Mental Health Hospital Liaison Practice Lead onsite who provides timely care and protection or youth justice background information to support Haumaru Ōrite clinical decision-making. Mana Mokopuna sees this role as a key connector between Oranga Tamariki and mental health services, helping to build shared knowledge for kaimahi working with mokopuna deprived of their liberty.

However, engagement with Oranga Tamariki outside of this role is inconsistent and depends on the individual Oranga Tamariki site social worker assigned to support mokopuna. Some have a good understanding of what Haumaru Ōrite can offer and the type of service they provide, however, other Oranga Tamariki site social workers do not have this knowledge and often do not engage with mokopuna placed at the unit. This includes when mokopuna leave the unit without authorisation or when Haumaru Ōrite kaimahi are struggling to engage

whānau. Oranga Tamariki site social workers often fail to assist which is leaving hospital kaimahi to manage these situations without their support.

As previously outlined, there is also an issue with the expectation from the Youth Court that Haumaru Ōrite is a secure facility and when mokopuna are remanded to the facility, there is nowhere suitable to house them other than inside the HDU. Local Youth Justice Residences are also unsure of what to expect when mokopuna are returned to residence, and more work could be done by all parties to clearly understand each other's roles and expectations.

Mana Mokopuna encourages Haumaru Ōrite leadership teams to facilitate a joint hui with local Youth Justice Residence Managers, local Oranga Tamariki sites and representatives from the Youth Court so that all agency expectations are clear and opportunities for shared learning can be established.

Medical services and care

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

Use of high-potency antipsychotic medication for mokopuna

During this OPCAT monitoring visit Mana Mokopuna was informed that three mokopuna were prescribed Clozapine, a very strong antipsychotic, rarely used for mokopuna and generally considered a last-resort[40] option. Kaimahi held mixed views about its use, although many acknowledged that, when effective, it can significantly improve the quality of life for mokopuna with treatment-resistant presentations.

"This medication used at the right time for the right person can really help a mokopuna live a relatively normal and happy life."
(Kaimahi)

Kaimahi raised concerns about Clozapine, noting that lifelong daily dosing, intensive monitoring, and regular blood tests are challenging for mokopuna without consistent whānau support or who have mistrust in the health system. Side effects can be serious, and titration is difficult when mokopuna are acutely unwell.

Mana Mokopuna observed strong clinical practice around Clozapine, including clear documentation of whānau engagement and clinical reasoning. Mokopuna generally understood their medications, side effects, and felt confident asking questions. One mokopuna shared that although their whānau encouraged "natural healing," the medication had significantly improved their wellbeing. Kaimahi added that on-going monitoring for mokopuna on clozapine when they are discharged to community is critical to ensure correct dosage and monitoring occurs regularly. Given the variable community-based services available, there was concern for mokopuna on-going health needs being met once they leave the hospital.

Smoking and vaping concerns for mokopuna

The unit's policy allows mokopuna of eligible age or with parental permission, to smoke or vape offsite. Many mokopuna during this December 2025 visit were observed smoking and vaping. Mokopuna would ask kaimahi for their items which were stored in the main kaimahi hub. Mana Mokopuna observed limited korero regarding the risks of smoking and vaping with mokopuna or information displayed regarding Auahi Kore or opportunities to support cessation. Given the significant health risks, especially for mokopuna Māori and Pasifika, who experience higher rates of smoking related illness, smoking and vaping education should be offered before admission and throughout mokopuna time on the unit.

[40] Clozapine is only used after at least two antipsychotics have failed, and it requires strict blood monitoring and a long initiation period before it becomes effective.

Although the hospital grounds are smoke free, some mokopuna were observed vaping in the shared lounge in the evening, including those under 18. Mokopuna were seen sharing each other's vapes and were heard regularly talking about vape flavours, how much 'juice' they had to get them to the morning and where they would get their next vape from. Stronger oversight is needed with kaimahi working with mokopuna to provide engaging activities which reduce reliance on vaping and encourage the development of healthier ways to manage stress and regulate emotions.

Material Conditions

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

The journey to Haumaru Ōrite can feel daunting, but the unit itself is warm, light, and welcoming

Navigating to the unit at the basement of Starship Hospital can feel foreboding. Stepping out of the lift into an area resembling a loading bay with plastic doors is not an appropriate first impression for mentally distressed mokopuna or Māmā seeking care. However, once inside the reception area of Haumaru Ōrite, the environment shifts noticeably. The space is warm and well-lit, with a welcoming receptionist. This reception area leads to several meeting rooms, a public bathroom, comfortable seating, a communal kitchen for hot drinks and water, and inviting artwork on the walls, creating a supportive and calming atmosphere.

We observed Consumer Rights displayed on the wall, along with the unit's expectations. From the reception area, the ward separates into two areas: the Mother and Babies Unit to the left (which we do not monitor) and, straight ahead, the Open Unit for mokopuna, within which the HDU is located.

Haumaru Ōrite is clean and mokopuna can make the most of common areas and the outside

The unit is made up of three interconnected areas: the High Dependency Unit (HDU), the Open Unit, and the Mothers and Babies Unit (MBU). The HDU has seven single bedrooms and is designed for mokopuna requiring a higher level of nursing care due to the acute nature of their presentations. It includes a de-escalation room, gym, communal space, bathrooms, and a small outdoor area. It is clean and well-maintained and has a low sensory tone.

A corridor separates the HDU from the Open unit and the nurses hub is at the centre of this corridor. There are three transition bedrooms that mokopuna can use when they are ready to increase their time in the Open unit. These rooms can also be used to accommodate whānau when they are of a different gender to their mokopuna.

The Open Unit contains eleven beds, some in shared rooms, and has an attached school classroom where mokopuna are expected to take part in a recovery-focused programme that supports their wellbeing. The Mothers and Babies Unit (MBU) provides three bedrooms specifically for Māmā and their pēpi.

Shared bedroom, bathroom, common TV area

The Open Unit has two common areas, a kitchen, bathrooms, a music room, an activities/ art room, two TV spaces, and a laundry that mokopuna can use independently. The open unit also includes outdoor areas where mokopuna and their whānau can sit, spend time together, or participate in activities. There is direct access to the Auckland Domain via a gate for mokopuna to enjoy authorised leave.

Common areas and kitchen/dining area

Outside areas for the open unit

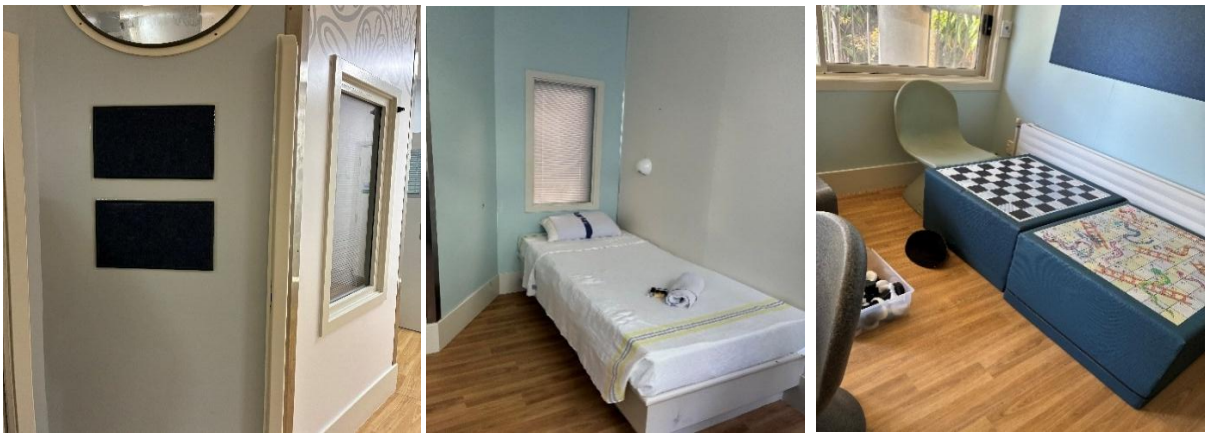
HDU in Phase one of refurbishment – *"Calming the Wairua"*

The Calming the Wairua refurbishment of the HDU was co-designed with mokopuna, whānau, and kaimahi. The entrance now features a calming whakataukī and carved panels, with Māori design elements carried throughout the unit. Walls and transition areas have been repainted

in soft blue tones, and the gym has been refreshed with new wooden ceiling slats for a warmer feel.

HDU entrance area with panels, refurbished gym, refurbished HDU corridors

Bedrooms have been repainted and fitted with felt panels so mokopuna can personalise their space. The common area includes soft furnishings, a TV with a PlayStation, and quiet corners for mokopuna who prefer space to themselves.



Felt panels outside mokopuna bedrooms for personalisation, repainted bedrooms, soft furnishings including foam chess pieces in HDU common area

Outside courtyard of the HDU

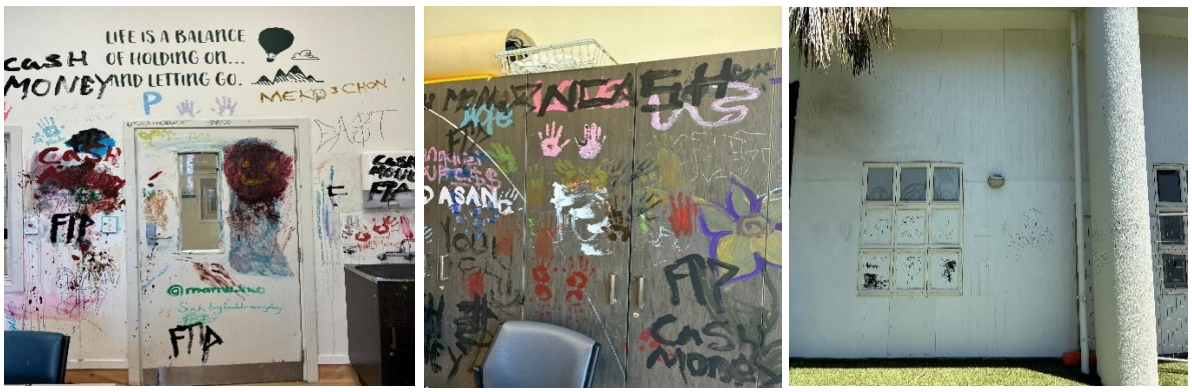
The de-escalation room has also been refurbished with new paint and padded areas. This area offers a private space for monitored phone calls and supports safe 1:1 care for acutely unwell mokopuna close to the nursing hub. Mana Mokopuna was pleased to see the progress of this project and look forward to further refurbishments being carried out in the HDU area.

Refurbished de-escalation room (was being utilised by kaimahi on a temporary basis to provide an appropriate care environment for an acutely unwell mokopuna

Open Unit needs an upgrade to support care and wellbeing

Haumaru Ōrite continues to meet the therapeutic needs of mokopuna, but the Open Unit is noticeably run down. Furniture is worn and bathrooms in both the Open Unit and HDU need upgrading for mokopuna in high distress with a suitable way for toilet roll holders and soap dispensers able to be safely attached to the walls rather than placed on the floor. There is an on-going anti-ligature project due to start for the unit before 30 June 2026. Mana Mokopuna will report on this progress at the next OPCAT Monitoring visit.

Freely available resources like sensory toys and mindfulness colouring are limited and the tagged pool table lacked cues. At the time of this December 2025 OPCAT Monitoring visit, the activity/ art room was heavily graffitied, though scheduled for repainting shortly after our on-site visit. Mana Mokopuna has been assured the graffiti has been removed and the walls have been freshly painted during the time this report was drafted (a photo of the freshly painted room was supplied).



Graffiti and destruction of the activity/ art Room for art therapy and tagging on the outside area of the unit next to the admission entrance

Despite this, the unit retains some positive youth-focused artwork, natural light, and good airflow. The open door supports a non-secure, youth-centred environment with easy access to the outdoors, reducing the feeling of detainment. The outdoor space is large, well-used, and includes garden beds where mokopuna can grow kai. The outside area is very sunny, and Mana Mokopuna suggests adding more shade to encourage greater use of the main turf area year-round.

Food is quality and accessible

Mokopuna have access to good-quality kai (food) and can personalise their meals. Mokopuna said their food was "all goods," with freedom to serve themselves, store personal food, and access water at any time. Mana Mokopuna saw how mokopuna could also use their money to order through Uber Eats which was then delivered directly to the back area of the unit. Mokopuna particularly enjoyed ordering themselves McDonalds.

Mana Mokopuna also observed mokopuna cooking for themselves in the shared kitchen and freely shared food and treats that whānau had brought in with their peers. Mokopuna were able to use their personal cell phones on the open unit provided there were no associated risks with them accessing the internet and other apps.

Mana Mokopuna recommends that kaimahi keep close supervision of mokopuna spending money and ordering from external providers. While onsite, Mana Mokopuna observed coercive pressure between two mokopuna to purchase food. There was no clear agreement if this purchase was a gift or there was an expectation the money would be paid back. Vulnerable mokopuna may be taken advantage of and large amounts of money potentially lost or food specifically brought in for them taken by others through peer pressure to share.

Kaimahi support mokopuna to manage their personal property

Mokopuna can access personal resources such as phones, Uber Eats, Bluetooth headphones, and music, supported by their allocated kaimahi. Personal items were largely stored in the nurses hub for safe keeping. Mana Mokopuna observed mokopuna using headphones, the unit speaker to play music from their personal Spotify list, and colouring activities. Kaimahi also help with practical supports like bus or taxi chits and can use the unit van to bring whānau in for visits.

Mokopuna have free access to showers, hygiene products, laundry facilities, and essential items like clothes and towels. Mokopuna can request personal items such as hair straighteners, deodorant, or perfumes from the nurses hub when they need them.

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.

Limited afternoon and evening engagement can get boring for mokopuna

Afternoons and early evenings are often quiet, with many mokopuna spending time in their rooms or watching TV. Mokopuna said there is little to do after school, aside from listening to music or playing cards. One tamaiti said that activities were more engaging in Youth Justice Residences. Mokopuna suggestions for facilitated activities included beauty-based programmes with henna and more access to entertainment, such as another TV with Netflix, as the existing TV is usually occupied and relies on a first-come, first-served system. One mokopuna noted that having the TV on helps keep them calm.

"it was better in YJs as the staff there do things with you. There's more people around and feels less boring"
(Mokopuna)

Mokopuna expressed wanting kaimahi to facilitate more games and physical activities with them, especially mokopuna tāne who often have high energy and struggle when they cannot leave the unit. Kaimahi agree that structured activities would help channel this energy in healthy ways, but they often find it difficult to organise them while managing full caseloads of unwell mokopuna. Although kaimahi sometimes take mokopuna to basketball or for drives, this is not always possible.

The unit currently has only one Recreation Assistant, who was based in HDU supporting very unwell mokopuna for the whole time Mana Mokopuna was onsite. Whilst commendable that kaimahi are flexible and can use their natural skills where they are most needed, this left mokopuna in the open unit without the dedicated resource. As a result, opportunities for play, movement, and engagement were inconsistent during this December 2025 visit. Ensuring dedicated staffing for recreation is important for mokopuna wellbeing and for managing energy levels safely.

Education provides an inviting atmosphere and centres mokopuna wellness

Education is provided by the Northern Regional Health School, with kaiako (teachers) meeting mokopuna at their level of wellbeing and educational readiness. The classroom is bright and flexible in its use, and we observed mokopuna working comfortably with support. Kaiako tailor learning to interests, whether online study, driver's licence work, or short courses, and note that simply attending class can be a success for some mokopuna. Engagement varies, and a

therapy dog is sometimes used to support participation. Kaiako spoke positively about working at Haumaru Ōrite and praised the nursing team, especially given the pressures of the past few months (with higher levels of violence and assaults).

The education team shared examples of creative learning activities like a cash register with a 'Fish and Chips' list with prices so mokopuna could practice money-based maths and artwork of beautiful watercolours of birds both produced by mokopuna.

A key challenge kaiako outlined is receiving school records promptly, which can affect planning and ensuring education is pitched at the right levels for mokopuna. Not having the right paperwork can also hinder transition planning for mokopuna who wish to return to school in the community. This is an ongoing struggle for kaiako and to brainstorm solutions, kaiako are beginning to build connections with kaiako for the Southern Regional Health School – especially those who deliver education at Ngā Kākano.[41] Mana Mokopuna supports education providers working together and links with the Central Regional Health School is also encouraged.

Mokopuna leave is being utilised to support wellness and independence

To support mokopuna recovery, build independence, and prepare for discharge, kaimahi make appropriate use of leave. Several mokopuna in the open unit were regularly going out on both escorted and unescorted leave. Mokopuna said the went walking in the domain, went into the Auckland CBD and enjoyed going on outings.

On return, allocated kaimahi checked in with each mokopuna about how their leave went and updated plans and collaborative discharge summaries with relevant information, including risks, triggers, and safety considerations. A full discharge summary is completed by a doctor at the point of transition.

[41] Ngā Kakāno is the adolescent inpatient mental health unit based at Hillmorton Hospital in Christchurch.

Improving outcomes for mokopuna Māori

This domain focuses on identity and belonging, which are fundamental for all mokopuna to thrive. We note commitment to matāuranga Māori and the extent to which Māori values are upheld, cultural capacity is expanded and mokopuna are supported to explore their whakapapa.

Progress toward applying Māori values in clinical practice

Kaimahi work hard to uphold Māori values on the unit for all kaimahi and mokopuna and especially those who whakapapa Māori. Kaimahi noted that when mokopuna are extremely unwell, cultural approaches such as karakia can sometimes be triggering, and it can be difficult to judge what is culturally appropriate in the moment.

The unit continues to strengthen different ao Māori values like whakawhānaungatanga in the mihi whakatau processes. One example was when a tamaiti was to be admitted from a Youth Justice Residence, kaimahi went to the residence to introduce themselves beforehand. On arrival a hui was held with whānau, mokopuna, and the clinical team to explain the admission, rights, and whānau involvement for Haumaru Ōrite. This supportive approach contributed to a safe stay with no incidents involving te tamaiti. Whānau also spoke positively about tauiwi kaimahi who conducted a mihi whakatau after-hours for a non-Māori mokopuna, demonstrating commitment to tikanga across the team.

Kaimahi regularly seek guidance from cultural advisors and encourage and advocate for community services to consider cultural models alongside Western frameworks when supporting mokopuna returning home.

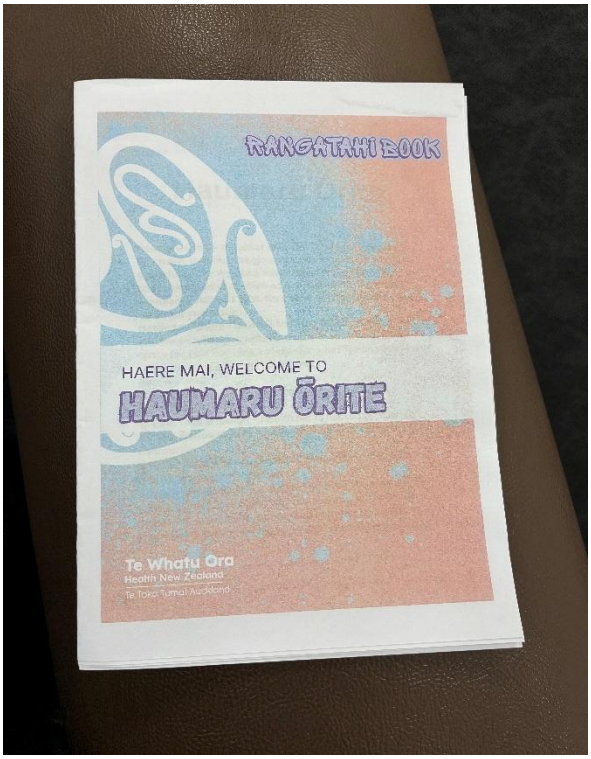
The unit's name and coexisting pūrakau needs to be promoted across the wider hospital site

The ingoa (name) Haumaru Ōrite mō Rangatahi and its foundational pūrākau are not well known across the Auckland Hospital site. Hospital labels still reference the unit as Child Adolescent and Family Unit (CAF) and there is little kōrero, education, or visual acknowledgment of the name Haumaru Ōrite mō Rangatahi and what that represents in terms of providing a safe, equitable space for mokopuna during mental health distress. Clear signage that includes the unit ingoa, along with better communication across hospital reception areas, would help promote the unit and create a more welcoming pathway from the carpark, main lifts and then to the unit.

Kaimahi believe that Haumaru Ōrite upholds Te Toka Tumai values—Haere Mai (Welcome), Manaaki (Respect), Tūhono (Together), and Angamua (Aim High). These values guide culturally safe care and positive interactions for kaimahi and mokopuna, and Mana Mokopuna observed these being lived in practice during this December 2025 OPCAT Monitoring visit.

Strengthening Mental Health information for Māori whānau and their communities

Kaimahi highlighted the need for stronger wrap-around support for Māori whānau, especially in rural areas, so they have the mental health knowledge to better support mokopuna at home and reduce distant inpatient stays. A positive step toward this is the co-designed, mokopuna-friendly booklet that uses emojis and mokopuna language to explain the unit and their mental health journey, helping build early engagement and encourage tino rangatiratanga.



Booklet for mokopuna coming into Haumaru Ōrite

Kaimahi also suggested improving admission processes by recording each iwi of mokopuna, their hapū, whenua, or village connections to strengthen culturally informed care and partnerships with Māori communities. More detailed information at admission helps kaimahi provide more meaningful, culturally relevant support.

Mana Mokopuna supports efforts to build whānau and community confidence in caring for mokopuna at home and for kaimahi at Haumaru Ōrite to continue to work with whānau and explore whakapapa connections with mokopuna.

Navigating Māori practice within the Health System

Tagged Māori roles face ongoing challenges in a clinical setting. Although the unit upholds Te Tiriti o Waitangi and works to embed ao Māori practices, kaimahi noted that true Māori wellbeing is strongest at home and in community settings. This raises important questions which kaimahi shared with Mana Mokopuna:

- Do we know where each mokopuna whakapapa to?
- What barriers do iwi and whānau face in receiving their mokopuna back home?
- What are Te Whatu Ora's obligations in supporting iwi partnerships and reciprocal care?
- How do policies translate into practical frontline support for kaimahi?
- How safe do Māori kaimahi feel raising these issues in a health environment?

Kaimahi shared that these challenges are common, and while there is a Memorandum of Understanding in place with Te Rūnanga o Ngāti Whātua, supporting Auckland Hospital, however culturally appropriate practice across units remains siloed and inconsistent.

Rebuilding Cultural Capability in a Challenging Year

Kaimahi acknowledged that it has been a turbulent and demanding year, and cultural priorities have fallen behind. Kaimahi noted that the nursing workforce is young and predominantly non-Māori, highlighting the need to strengthen Te Tiriti-based equity and build capability in ao Māori. With mokopuna presenting more unwell than in the past, kaimahi recognised the importance of changing how the unit approaches in terms of cultural practice. A new cultural capability and competency training will be rolled out in 2026,[42] including wānanga on whānaungatanga and practical touch-point training for nurses. Kaimahi Māori emphasised that having the right people in the right roles is essential for building a workforce that understands and confidently applies ao Māori and mātauranga Māori in everyday practice at Haumaru Ōrite.

[42] Training commenced March 2026.

Appendix One
Progress on 2024 recommendations

The following table provides an assessment of the recommendations made by Mana Mokopuna for the previous full OPCAT monitoring visit to Haumaru Ōrite carried out in December 2025. Mana Mokopuna acknowledges that work on systemic recommendations is led at the Health New Zealand Te Whatu Ora level. The progress detailed here relates only to the day-to-day operations of this unit. Progress is assessed as: **No Progress | Limited Progress | Some Progress | Good Progress | Complete**

2024 Systemic Recommendations

	February 2024 Recommendation	Progress as at December 2025
1	Te Whatu Ora needs to ensure mokopuna have appropriate and equitable access to both in-patient support and community-based support by working alongside other government agencies and community-based support providers.	**Limited progress -** Noting this is a systemic recommendation and that work across government agencies and involving community-based services, is driven from the Ministry of Health, and the National Office equivalent teams. In terms of work happening at a local level, professionals working both at Haumaru Ōrite and for community-based providers attend regular mokopuna centred hui and input into relevant treatment plans. Allied Health workers employed at Haumaru Ōrite such as social workers, transition support leads and occupational therapists work hard to connect mokopuna and their whānau to services to assist in transitions back home. However, many kaimahi we spoke to, across different operational teams, as part of this December 2025 OPCAT Monitoring visit, said that services in smaller towns and rural areas often did not meet the needs of mokopuna before an inpatient stay was deemed necessary, and that transition planning could be difficult for whānau as not all have access to local, intensive, wrap-around support when their mokopuna are ready for home. There needs to be a continued emphasis on resourcing community-based services in all regions of the motu to ensure mokopuna and their whānau have equitable access to high quality, well-staffed services.
2	Develop a mokopuna-friendly complaints system across all mokopuna acute mental health units.	**No Progress -** There has been no progress regarding a mokopuna friendly complaints system in any of the adolescent inpatient mental health units monitored by Mana Mokopuna. The complaint system used by adolescent inpatient units is the generic one for the hospital the unit is located within, and this is not child-friendly (it is not easy-read, with mokopuna-centric language, nor are complaints typically resolved within a mokopuna sense of time). Official complaints must go through the hospital system. **Some progress at Haumaru Ōrite -** The unit continues to have lived-experienced Consumer Advocates come into the unit to assist mokopuna with any complaints or suggestions they have. Since our last February 2024 OPCAT Monitoring visit, Haumaru Ōrite have installed feedback boxes and QR Codes located around the unit to assist mokopuna and whānau to provide anonymous feedback which is collected by hospital kaimahi and discussed at monthly Governance Meetings.
3	Ensure the refurbishment of the High Dependency Unit is timely and complements a least restrictive practice approach	**Good Progress –** Phase one of the Calming the Wairua project (refurbishment of HDU) has occurred with Phase two beginning not long after this December 2025 visit. In terms of least restrictive practice approaches, Mana Mokopuna notes the continued elimination of seclusion using the designated seclusion room. However, with recent spikes in very acute mokopuna presentations and behaviours for one or two mokopuna, physical restraints increased, and an environmental restraint was in operation for a tamaiti during our onsite visit. Documentation around this environmental restraint was good, however kaimahi acknowledged the situation was far from ideal. Continued vigilance regarding de-escalation and least restrictive models of care and treatment needs to occur.
4	Actively share with other adolescent in-patient units the Haumaru Ōrite zero seclusion practice and strategies, to influence and grow good practice.	**Complete –** We are aware that the inpatient units have been sharing information between themselves and kaimahi from Ngā Kākano recently visited to learn about the zero-seclusion practice used at Haumaru Ōrite. Mana Mokopuna encourages collegial learning across units in the country to continue to provide excellent care and treatment for mokopuna.

2024 Facility Recommendations

	February 2024 Recommendation	Progress as at December 2025
1	Consult mokopuna and whānau regarding the refurbishment of the High Dependency Unit, so that the refurbished unit is designed with input from those who it exists for.	**Good Progress –** Kaimahi said that mokopuna did feed into some of the design aspects of the refurbishment. One suggestion that we saw in action was the padded panels in the de-escalation room. We would like to see evidence that mokopuna and whānau have input into phase two of the refurbishment also.
2	Ensure kaimahi workloads are balanced and there is opportunity to de-compress following intensive periods facilitating mokopuna treatment and whānau support.	**Some Progress –** Kaimahi in leadership positions are keenly aware of the affect the last six months especially have had on kaimahi in terms of an increase in mokopuna violence, assaults and acute unwellness. Clinical Coaches completed a 12-month pilot and are now permanently available to kaimahi. Workloads are managed and reported via the CCDM and VIS models, however kaimahi said there is still not enough experienced nurses and support people available on every shift to adequately support mokopuna – especially with least restrictive values. Kaimahi attend reflective practice panels, have group supervision but note they are still experiencing burn out and frustration. Many kaimahi commented that compassion fatigue is starting to play a part in how they respond to mokopuna needs. The leadership team has escalated the issues to the Directorate level and ensuring the right kaimahi are working with mokopuna is a priority. This recommendation will roll over into recommendations made from this December 2025 visit.
3	Continue to progress work with the Kaihautū to incorporate activity and therapy that are based on te ao Māori practices as options for mokopuna treatment plans.	**Some Progress –** Kaimahi from across operations told Mana Mokopuna that during this challenging time, te ao Māori practices have been put on the backburner. However, we did hear that kaimahi are initiating whānaungatanga with mokopuna to manaaki them into the space, and kaimahi tauiwi have run a mihi whakatau to admit a mokopuna on to the unit. There is still progress happening in terms of integrating tikanga me matauranga Māori into everyday practices, but these are led by a select few kaimahi and more does need to be done to ensure the rights of mokopuna and whānau Māori are upheld as per the UN Convention on the Rights of the Child and Te Tiriti o Waitangi. This recommendation will roll over into recommendations made from this December 2025 visit.

Appendix Two

Gathering information

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

Method	Role
Interviews and informal discussions with mokopuna.	
Interviews and informal discussions with kaimahi and external stakeholders	▪ Mokopuna ▪ Service Clinical Director ▪ Psychologists ▪ Psychiatrists ▪ Charge Nurses ▪ Clinical Coach ▪ Nurses ▪ Shift leaders ▪ Teachers ▪ Support Workers and Health Care Assistants ▪ Consumer Advocates ▪ Recreational Advisor ▪ Occupational Therapists ▪ Transitions Worker ▪ Social Workers ▪ Kaihautū
Documentation	▪ Collaborative Discharge Letters ▪ Incident reports ▪ Restraint data and commentary ▪ Mokopuna treatment plans ▪ Individual mokopuna safety plans
Observations and engagements with mokopuna	▪ Free time ▪ Mealtimes ▪ Education ▪ Reflective Practice Panel ▪ Shift handovers ▪ Shift observations in the open unit and HDU