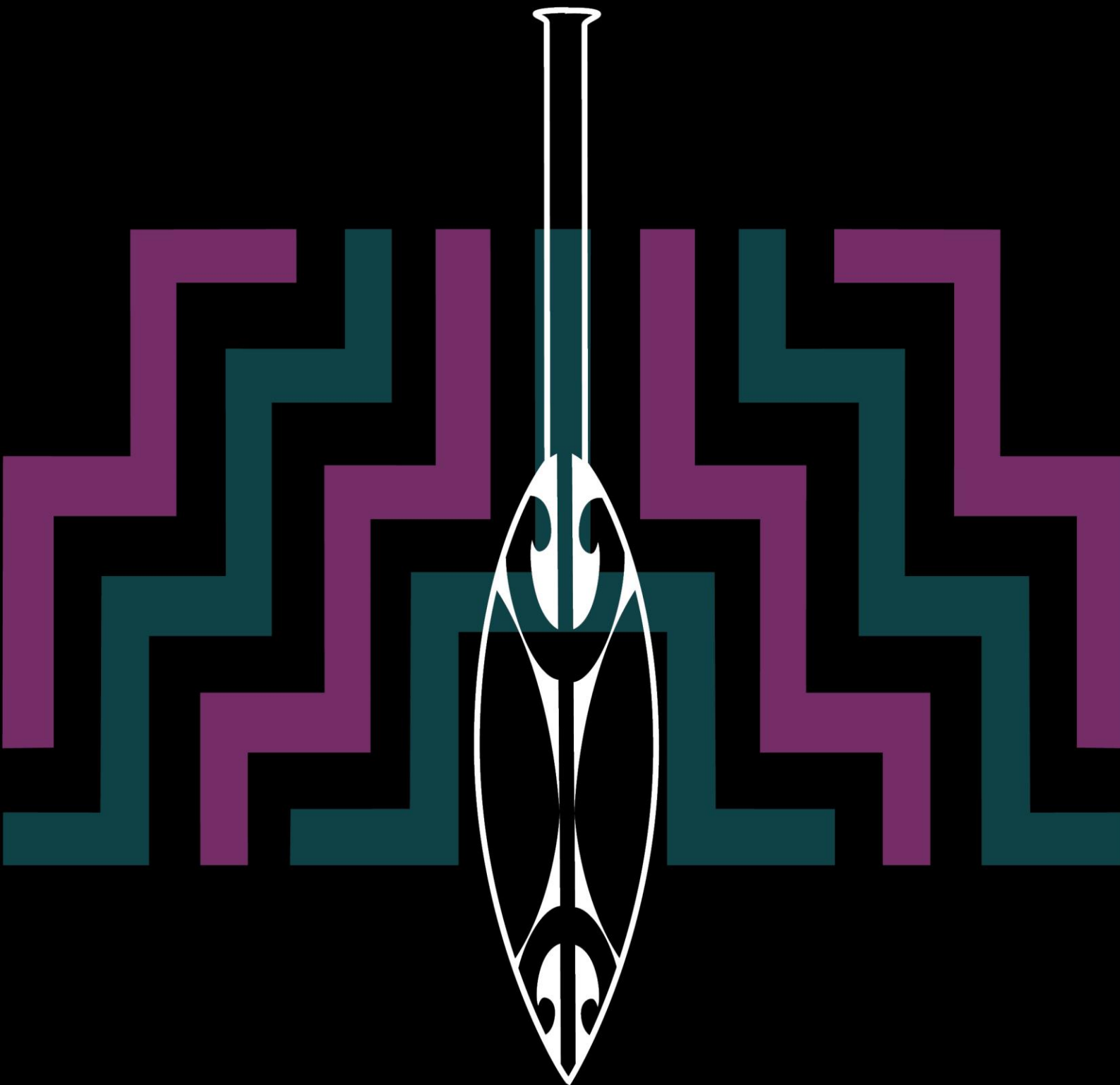




Hikitia Te Wairua

OPCAT Monitoring Report

November 2022





Kia kuru pounamu te rongō All mokopuna* live their best lives

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



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Executive Summary

Who we are

The Children's Commissioner is a National Preventive Mechanism (NPM) under the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman, Degrading Treatment or Punishment (OPCAT).

The New Zealand legislation relating to OPCAT and the role of the NPM is contained in the Crimes of Torture Act (1989). Our role as a NPM is to visit places of detention, including residences run by Oranga Tamariki, to:

- Examine the conditions and treatment of mokopuna
- Identify any improvements required or problems needing to be addressed
- Make recommendations aimed at strengthening protections, improving treatment and conditions, and preventing ill treatment.

Judge Frances Eivers
Children's Commissioner

About this report

This report shares the findings from the Office of the Children's Commission (OCC) November 2022 monitoring visit and recommends actions to address the issues identified within this report. The report describes the quality of the experience of mokopuna at the facility and provides evidence of OCC's findings based on information gathered before, during and after the visit.

About this visit

OCC staff carried out an announced monitoring visit to Hikitia Te Wairua in November 2022. The facility providing these services is colloquially known as Hikitia.

The purpose of this visit was to fulfil OCC's responsibilities under OPCAT to monitor the safety and wellbeing of mokopuna in places of detention.

About this facility

Facility Name: Hikitia Te Wairua

Region: National Service

Operating capacity: Six beds and three shared seclusion room (within a single safe care area)

Status under which mokopuna are detained: The Intellectual Disability (Compulsory Care and Rehabilitation) [IDCCR] Act 2003, The Criminal Procedure (Mentally Impaired Persons) Act 2003 and the Mental Health (Compulsory assessment and Treatment) Act 1992

Hikitia is the National Youth Forensic Intellectual Disability service, providing for adolescents with an intellectual disability and who have committed a criminal offence aged between 12 and 17 years of age.

Hikitia welcomed the our visit and opportunity to share their strengths and identify areas of development.

Hikitia has a strong, skilled and experience multi-disciplinary team working to support mokopuna. The input from this team leads to a comprehensive understanding of the mokopuna, which informs intentional treatment and support.

Mokopuna were observed to have positive relationships with kaimahi throughout the visit.

Key Findings

Key findings are addressed in our recommendations along with other issues, relating to the prevention of torture and other cruel, inhuman or degrading treatment or punishment (ill-treatment), identified in our analysis.

Findings

The following positive factors were identified:

- Staff interactions with mokopuna has a positive impact.
- Mokopuna needs and goals are well assessed and understood.
- Whānau connections are promoted.

We found no evidence that mokopuna had been subjected to torture, or cruel or degrading punishment. However, we identified the following areas of concern:

- Mokopuna were unable to freely access to drinking water
- The physical environment was not conducive to mokopuna wellbeing
- The complaints system is not youth-friendly or accessible.

It was disappointing to see limited to no progress on many of the recommendations from the 2021 visit and OCC urges Hikitia to look at what actions can be taken to ensure recommendations are addressed.



Recommendations

The recommendations are based on:

- Key findings from the monitoring visit
- Any issues relating to ill-treatment

OCC identify systemic issues that impact on the effective functioning of the facility and make recommendations to address these. Action to address the facility recommendations should occur within twelve months after the date of our visit.

OCC will monitor progress against the recommendations at a follow up visit.

Systemic Recommendations

1	Review IDCCR Act guidance to ensure the principles for mokopuna are supported (particularly whānau contact & timeframes for transitions).
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.
3	Develop and Implement facility improvement plan focused on increasing natural light, views to external vista, access to water and privacy.

Facility Recommendations

1	Implement the Taurite Ora or te ao Maori strategy to improve cultural competency and responsiveness
2	Evidence the inclusion of cultural needs in mokopuna assessment and plans.
3	Provide independent advocacy and support for mokopuna.
4	Develop a mokopuna-friendly complaints system.
5	Identify and inform whānau of funding and supports to increase the ability of whānau to maintain face to face contact.
6	Establish a de-escalation space which is accessible to mokopuna.

Progress on previous recommendation

Progress on the recommendations from the OPCAT report dated October 2021, are assessed to have made good, limited, no progress or not applicable.

Recommendations from 2021 report for **Hikitia Te Wairua Leadership Team:**

1	Provide better support to whānau, including financial support, to allow for more in person contact with their mokopuna.	limited progress
2	Work with mokopuna to develop Intellectual Disability (ID) and youth friendly treatment plans and admission packs.	Limited progress
3	Develop a risk assessment process to determine the frequency of nightly checks.	Good progress
4	Provide mokopuna with access to independent youth advocates.	No progress
5	Provide food that is adequate in quantity, nutritional value and is mokopuna friendly.	Good progress
6	Address and increase the time allocated to staff to work with mokopuna at Hikitia.	Limited progress
7	Provide ongoing and appropriate training for staff to support and respond effectively to mokopuna with ID.	Good progress
8	Develop and embed a te ao Māori me ōna tikanga vision and strategy.	No progress



Treatment

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

Hikitia provides therapeutic care

Hikitia's model of care is underpinned by the Positive Behavioral Support (PBS)¹ approach and the Good Lives Model. The Good Lives Formulation² and PBS plans provide a good basis for a thorough assessment, with six monthly reviews in place to monitor suitability and responsiveness. These assessments are informed by multiple perspectives, including the mokopuna.

OCC staff observed that treatment plans were focused, well-formulated and comprehensive. Hikitia's multi-disciplinary approach means that all kaimahi have opportunity to contribute into mokopuna plans. However, some kaimahi said that opportunities for support worker input could be improved.

OCC noted that the model did not have a focus on the cultural needs and strengths of mokopuna. Cultural needs in a mokopuna assessment ensure a holistic model of care is achieved.

Kaimahi have positive relationships with mokopuna

During the visit, OCC staff observed kaimahi engaged in positive relations with

the mokopuna at Hikitia. This included kaimahi demonstrating care for mokopuna and engaging in activities which promoted their interests.

Whānau said that positive interactions between kaimahi and their mokopuna as a strength of the unit.

Peer interactions were limited

The visit team noticed limited social interaction between the mokopuna at Hikitia.

Staff talked about the differences of mokopuna personalities and conditions. However, staff seek to create supported opportunities for interactions.

The small number of mokopuna placed in the facility means that mokopuna have limited access to age-appropriate peer interaction. Care plans should focus on engagement in external activities to

¹ PBS: Encourages more functional behaviours in mokopuna focusing on improving decision making skills and meeting needs of mokopuna, moving away from punishment and restricting privileges.

² 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).



increase opportunities for age appropriate social interaction.

Low use of seclusion

The use of seclusion and restraints was minimal. Kaimahi adhering to the Good Lives Formulation ensures that kaimahi have good understanding of risk and behavioral management plans.

If seclusion is required, the multi-disciplinary team reviews the treatment plan to address the triggers that led to admission, seeking to avoid any further seclusion event.

Kaimahi said that the seclusion area was referred to as the de-escalation space and in recent times, used in a more therapeutic manner to offer mokopuna reprieve from the rest of the unit.

It was noted that the mokopuna presently residing at Hikitia were low-risk and the minimal numbers made things more manageable for kaimahi but this is not always the case at Hikitia.



Protection Systems

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

Mokopuna contribute to key decisions

Mokopuna are encouraged to contribute to treatment and care plans, alongside their education and day-to-day activities. Mokopuna have regular contact with their care managers and other key kaimahi to facilitate this process.

Casual conversations are used to build rapport and establish a shared sense of understanding.

This view was echoed by whānau, they believed their child was listened to and their perspective was considered in decision making.

Transitions are complex and time consuming

Many mokopuna can experience delays in both entry and exit to and from Hikitia.

Placement in the unit is clear under the appropriate acts³ however a lengthy legal and psychological assessment process is required.

Mokopuna can be kept in temporary and unsuitable placements until the process has been completed. In some cases, this

has extended to eight months for some mokopuna.

OCC recognises the need for comprehensive and considered assessment but are concerned that the current process is not reflective of mokopuna timeframes/needs .

Equally transition out from the unit can be problematic. OCC staff heard that mokopuna benefit from the structured environment and make good progress. This often means recommendations are made by the care managers to serve out their sentence in less restrictive placements, in the community. However, due to lack of community resource (placement and support) many mokopuna see out their sentence in the secure setting.

This issue is compounded if the community teams and those with care responsibility are not fully engaged in planning for treatment and transition.

Mokopuna are made aware of their rights

Hikitia admission process addresses the needs of mokopuna with intellectual disabilities and, through court designation, are allocated a care manager who helps

³ [Intellectual Disability \(Compulsory Care and Rehabilitation\) Act 2003 | Ministry of Health NZ](#)

³ [The Criminal Procedure \(Mentally Impaired Persons\) Act 2003](#)

³ [Mental Health \(Compulsory assessment and Treatment\) Act 1992.](#)



facilitate their admission into the facility and remains with them throughout their sentence.

When mokopuna arrive at Hikitia the care manager, supported by kaimahi, inform mokopuna of their rights and mokopuna are provided with the easy-read rights booklets.

OCC heard from kaimahi they maintained an ongoing conversation with mokopuna to ensure that they maintained a good understanding of their rights.

However, OCC kaimahi heard that pre-admission information for whānau of mokopuna entering Hikitia was either not effectively communicated or received in a timely manner. For example, whānau of one mokopuna received their information the night before arrival.

This means that mokopuna and whānau may enter the unit without a clear understanding of the placement and expectations.

The complaints process is not user friendly

Hikitia have an established complaints process. However, OCC are concerned that the process is not accessible to mokopuna.

To make a complaint mokopuna need to request a form from kaimahi, as they are not freely available on the unit, are then expected to write their concern on paper.

This process creates barriers for mokopuna, as they need to go directly to staff for a form to make a complaint, and there is no recognition that the mokopuna has the literacy level or communication abilities to complete the form.

Mokopuna do not have access to independent advocates

Kaimahi at Hikitia were transparent about the lack of independent advocates available for mokopuna.

OCC heard that Hikitia have had difficulties in finding appropriate advocates who have the knowledge and skill to provide advocacy for mokopuna with intellectual disability.

Outside of the District inspectors, who provide legal protections, mokopuna are reliant upon their care workers to advocate on their behalf, limiting the independence of support.



Material Conditions

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

The physical environment is not conducive to rehabilitation

Hikitia has a physical environment not fit for purpose. The building was originally designed as an acute mental health unit and has gone through several iterations since then the most recent being office space and converted to provide accommodation. It is dark, sterile, not whānau-friendly or accessible.

Hikitia is largely spread out and includes many corridors and locked entry points to access different parts of the facility like bedrooms, lounging areas, classroom and the safe-care or de-escalation space.

Mokopuna were unable to freely go from space to space. Therapeutic spaces such as the sensory room were located outside of the main facility and shared with another youth facility, which limited its accessibility and privacy.

Of particular concern was that fact that mokopuna were unable to freely access fresh water. The water dispenser was behind a locked door and therefore required staff presence and assistance to access this. We believe that this is in breach of their basic rights.

There is little natural light, fresh air and views of the outdoors. Windows are locked and covered in frosted coating, intended to improve privacy.

The outside area was stark with limited resource

The unit had access to an outside courtyard which has a concrete base with a basketball ball hoop and high grey fences. There are no seating or recreational activities, limiting its functionary or resource to support mokopuna recovery.

The secure care area is the only space with natural light and fresh air

The secure care unit is shared with another youth unit of the campus. The area was light and had access to fresh air and outside space.

As highlighted previously the use of seclusion is minimal on the unit and OCC were advised that previous residents had requested to be accommodated in this space as it is a better environment to be in.

The physical environment is a significant concern and requires urgent action.

The issues highlighted above are of significant concern, particularly when mokopuna spend longer in this unit than other youth mental health facilities due to their sentence and needs.



Te Whatu Ora have identified many of the issues OCC noted in a recent review following a complaint raised by the District Inspectors.

OCC therefore looking forward to seeing these issues addressed when we next monitor the unit.

Mokopuna do not enjoy the tray-line food

OCC heard from mokopuna and kaimahi a-like that the tray-line food was not

always enjoyed by the mokopuna, despite a new menu being recently introduced.

Mokopuna preferred to supplement trayline offerings with food they had purchased themselves, or favoured opportunities for supervised cooking.



Activities and access to others

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

Hikitia supports mokopuna access to whānau

Hikitia is the only national Forensic Intellectual Disability unit and means mokopuna are often placed away from their whānau.

Hikitia supports mokopuna access to whānau and allows multiple opportunities for mokopuna to contact their whānau via phone.

Current provisions under the IDCC&R Act provides three funded visits per year. This provision is limited to two people over two nights.

Children who are in detention do not lose their rights and are entitled to all the rights enjoyed by their peers in the community, apart from being deprived of their liberty.

The OCC therefore advocate for the increase of mokopuna relationship with their whānau. Increasing whānau contact is an important part of supporting a rehabilitative and whānau-centred care plan. This is also reflected as a principle for Mokopuna within the IDCC&R Act, wherever possible, the links of the child or young person with his or her family, whānau, hapū, iwi, and family group should be maintained and strengthened.

Mokopuna participate in a variety of activities

Structured activity plans were developed which considered both levels of risk but also the interests and goals of mokopuna.

OCC staff observed that mokopuna had access to a good number of activities with plenty of variety. Mokopuna experiences during these activities were also used for self-reflective learning and life-skill development.

When available, mokopuna were also able to utilize ⁴Te Maara, the Occupational Therapist Hub, which offers additional space for occupational activities.

Outside of extra-curricular activities, mokopuna were also given the opportunity to go on walks and off-site experiences, including going to the supermarket and participating in the special Olympics.

Mokopuna had access to a range of activities on the unit, for example OCC observed mokopuna engaging in sensory activities accessing Netflix and playing on the PlayStation.

OCC commended the development of activities based on individual interests and noted many activities are individual and

⁴ [Orientation Package \(ccdhb.org.nz\)](https://ccdhb.org.nz)
(pg 8)



interactions with peers are limited. It is recommended that community-based activities to increase peer interactions. These should be promoted in care plans and activity schedules.

Mokopuna are engaging in student-centered education

OCC staff observed mokopuna in the classroom, looked over their learning plans and saw evidence of a student-centred

approach being used which emphasised the best interests of mokopuna and providing autonomy in their learning. This resulted in individualised 1-on-1 sessions with the teacher.

During our visit OCC observed mokopuna experiencing more specialist education opportunities through the presence of a speech and language therapist and a music therapist, enjoyed by mokopuna.



Medical services and care

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

Mokopuna have adequate access to health services

During the visit OCC heard and observed that mokopuna had good access to primary health care services and that there was a house surgeon available for medical needs.

Nurses are also a key part of the onsite staffing team. Nurses undertake daily

checks on mokopuna, check vitals and provide any referrals necessary for mokopuna's wellbeing needs to be met

All health needs are responded to with appropriate referral and follow up treatment.



Personnel

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

Strong leadership and collegial approaches impact positively across the unit

Hikitia has a strong, skilled and experience multi-disciplinary team working to support mokopuna.

The leadership contribute to a tight knit group of professionals who are respectful to one another and work well as a team.

The multidisciplinary approach to care ensures that robust assessments and plans focus on understand and responding to the individualised needs of mokopuna.

Kaimahi collectively spoke positively about the leadership team at Hikitia. Kaimahi told OCC they felt supported in their work

Rostering across the ID service impacts on consistency of care

Kaimahi told OCC they make every effort to ensure that mokopuna experience consistency in care where possible – however this can be impacted with different continuous kaimahi movements.

OCC heard that there seemed to be a lack of knowledge about Hikitia, the service they provide and their roles and responsibilities when engaging with external stakeholders and this created

the ID service and allied staff being shared with the adult ID service.

OCC heard the unit is operating well due to the minimal numbers of mokopuna residing at Hikitia, though it was noted that if any additional mokopuna were to be admitted to the unit, then kaimahi could be stretched.

Kaimahi supervision is accessible

Supervision is valued, emphasised and made accessible to kaimahi. Registered professionals all noted their regular access and use of professional supervision.

In addition to professional supervision a group has been established, called 'coffee, cake and chat', to provide mental health support workers group supervision.

The leadership team promote a culture of reflective practice and mechanisms for all staff to come together to debrief and collectively reevaluate plans to ensure treatment is effective and meeting need.



Improving outcomes for Mokopuna Māori

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

Strengthening the focus on Mokopuna Māori

There was limited evidence of a vision for mātauranga Māori and tikanga with very little reo being used on the unit.

Kaimahi acknowledged there is little progress regarding OCC's previous recommendation of developing and embedding te ao Māori me ona tikanga vision and strategy.

There also seemed to be little evidence of the implementation of Taurite Ora⁵, the regions Kaupapa Māori Strategy.

Taurite Ora was developed to address the barriers to receiving good health outcomes for Māori by engaging in initiatives which improve cultural safety and competency.

The implementation of this strategy in practice is required immediately.

There is a need to facilitate cultural capability for te ao Māori me ona tikanga amongst kaimahi

With no strategy in place for improvements for Mokopuna Māori at Hikitia, OCC noted that there was limited cultural capability or even interest in upholding, incorporating or valuing te ao maori me ona tikanga.

The implementation of Taurite Ora, Te Whatu Ora own strategy would benefit mokopuna and their whānau placed at Hikitia. The model has clear aspirations for mokopuna and that of their staff to address inequalities for mokopuna Māori and their whānau, through improved cultural support and care.

Increasing kaimahi Māori workforce

Presently there is only one Kai Manaaki across all ID services to assist mokopuna who whakapapa Māori. The Kai Manaaki also acts as a cultural advisor for kaimahi. OCC heard from kaimahi that the Kai Manaaki was stretched thin and services

⁵ <https://www.ccdhb.org.nz/news-publications/publications-and-consultation-documents/taurite-ora-maori-health-strategy->

2019-2030/web-cdhdh-aurite-ora-maori-health-strategy.pdf



are difficult to access regularly. In addition, more kaimahi Māori were needed.

Increasing Māori kaimahi representation especially in leadership roles will support progress for improvements for Māori mokopuna, again a strategic focus of Taurite Ora.



Appendix

Gathering information

We gather a range of information and evidence to support our analysis and develop our findings in our report. These collectively form the basis of our recommendations.

Method	Role
Informal discussions with mokopuna	
Interviews and informal discussions with CCDHB staff	• Clinical Director • Group Manager • Clinical coordinator • Consultant Psychiatrists • Nurses, including student nurses • Mental Health Support Workers • Kai Manaaki • Occupational Therapist • Social Worker/Care Managers • Management Team
Interviews with external stakeholders	• Central Regional Health School Staff • District Inspectors
Documentation	• Individual plans • Seclusion and restraint data • Complaints
Observations	• Unit routines, including lunch and dinner • Programmes and activities (including participation in some activities) • Shift handover, morning meetings, and MDT meetings • Internal and external environment