



Haumaru Ōrite mō Rangatahi – Auckland Hospital

OPCAT Monitoring Report

Visit Date: 13-15 February 2024

Report Date: May 2024



Kia kuru pounamu te rongo

All mokopuna* live their best lives

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



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Introduction

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

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

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

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

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

About this visit

Mana Mokopuna conducted an unannounced visit to Haumarū Ōrite mō Rangatahi Unit (Haumarū Ōrite) based at Auckland (Starship) Hospital as part of its NPM monitoring visit programme. The objective of our OPCAT Monitoring as a NPM is to prevent ill-treatment in all places where mokopuna are deprived of their liberty by regularly monitoring and assessing the standard of care experienced in these facilities.

About this report

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



About this facility

Facility Name: **Haumaru Ōrite mō Rangatahi** operated by Te Whatu Ora
Region: Tamaki Makaurau (Auckland)
Operating capacity: **18 bed capacity for 11-18 year olds** (10 mokopuna on the ward with two on ward leave). The facility comprises of an open ward that can be locked, a High Dependency Unit (HDU) and a Mother and Baby Unit.

Status under which mokopuna are detained: ss11, 13, 15(1) of the Mental Health (Compulsory Assessment and Treatment) Act 1992.

Key Findings

Mana Mokopuna found no evidence of cruel, inhuman, or degrading treatment or punishment (ill-treatment) during our OPCAT monitoring visit to Haumaru Ōrite.

Mana Mokopuna reports the following findings:

Areas of opportunity and concerns

- Kaimahi described increasing mokopuna need that it is difficult to meet due to limited national in-patient resource and a lack of community-based support services, especially in rural areas. Kaimahi described the flow of mokopuna into the service as relentless, with the risk of kaimahi burn-out being a concern for many.¹
- Some kaimahi reported they feel unsafe on the unit when there is continued aggression or violence from mokopuna.
- Kaimahi describe the current physical state of the High Dependency Unit (HDU) as not trauma-informed and that it does not fit with least restrictive methods of treatment. Mana Mokopuna understands that there is funding and a plan to upgrade the HDU, and we recommend this is progressed with urgency.

Areas of strength

- The Open Unit is whānau engaged, trauma informed, and has least restrictive practice embedded. Mana Mokopuna observed kaimahi effort at all levels to:
 - limit opportunity of mokopuna institutionalisation
 - ensure least restrictive practices are applied before medication
 - continue the successful and now established practice of zero seclusion of mokopuna.
- Whānau being on the unit provides opportunities to:

¹ Haumaru Ōrite Leadership team communicated that the average occupancy over a year is reasonably low at approximately 60 or 70%. It was noted that the timing of our visit coincided with a very busy time for the facility.



- advocate for their mokopuna and be a protective factor for their mokopuna throughout their stay in Haumaru Ōrite
 - input into mokopuna care and treatment plans and be active participants in mokopuna journey to wellness
 - support continuity of care for mokopuna back into their community.
- Te ao Māori concepts of whānau and whakawhānaungatanga are being implemented throughout the admission process and throughout mokopuna stay. Kaimahi provide support and knowledge for whānau to pūkenga (be experts) in the journey to wellness for their mokopuna.
- Establishing the Kaihautū role has had positive impact for mokopuna, and the Haumaru Ōrite leadership team is looking to incorporate activity and therapy based on te ao Māori practices as options to include in mokopuna treatment plans.

Recommendations

2024 Systemic 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 acute mental health units.
3	Ensure the refurbishment of the High Dependency Unit is timely and complements a least restrictive practice approach.
4	Actively share with other adolescent in-patient units the Haumaru Ōrite zero seclusion practice and strategies, to influence and grow good practice.

2024 Facility Recommendations

	Recommendation
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.
2	Ensure kaimahi workloads are balanced and there is opportunity to de-compress following intensive periods facilitating mokopuna treatment and whānau support.
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.



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 Observations² for New Zealand's sixth periodic review on its implementation of the Children's Convention³ 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 Observations⁴ for New Zealand's seventh periodic review regarding the implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment⁵.

Further, the Concluding Observations from the United Nations Committee on the Rights of Persons with Disabilities in 2022⁶ 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.⁷ The relevant recommendations from these Concluding Observations are referenced in this report.

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

² Refer CRC/C/NZL/CO/6

³ [Convention on the Rights of the Child | OHCHR](#)

⁴ Refer CAT/C/NZL/CO/7

⁵ [Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment | OHCHR](#)

⁶ CRPD/C/NZL/CO/2-3

⁷ CRPD/C/NZL/CO/2-3 Para 30



Treatment

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

Kaimahi use least restrictive care models and whānau support as an integral part of treatment

Kaimahi working at Haumaru Ōrite use a least restrictive practice approach when working with mokopuna and have created a culture where this approach has become a 'way of life' in the facility. Kaimahi are very clear on what least restrictive practice means and how it supports mokopuna treatment plans in a therapeutic way. For example, emphasis is placed on de-escalation and sensory modulation without the use of seclusion rooms. Mokopuna also have free access to the outside areas, and they can come and go from the main unit when transitioning from the High Dependency Unit (HDU). This approach, combined with a strong emphasis on whānau participation and connection, provides a solid foundation for kaimahi interactions when supporting mokopuna to wellness.

Mana Mokopuna also observed strong whānau presence on the Haumaru Ōrite unit. Whānau have full access to visit their mokopuna at any time with the option to either stay on the unit or at the nearby Ronald McDonald House for the duration of mokopuna treatment. There is a collective understanding that mokopuna are part of a whānau and kaimahi work towards creating whānau friendly environments that strengthen connections and support treatment goals.⁸ One kaimahi explained that they listen to whānau whakaaro and then use specialist services to wrap around that, rather than fight against it. A consistent theme that came through from kaimahi is that whānau often have the answers, and that matauranga needs to be regularly tapped into.

An example of the flexibility to accommodate whānau support was how the gym area had been transformed into a single mokopuna/ whānau living space to support a particularly high and complex needs mokopuna. This allowed the whānau group to have their own large space, but they could come and go to the communal areas and outside as they wished.

Whānau who Mana Mokopuna spoke to said they are involved in creating mokopuna plans. They also spoke about being there for on-going support, and that this helps to eliminate mokopuna feelings of isolation, and that this is especially the case for mokopuna who can become distressed when separated from whānau.

⁸ The importance of whānau involvement in treatment is well documented and some examples include: Durie, M., (2001) *Mauri Ora: The Dynamics of Māori Health*, Oxford University Press, and Eassom, E, Giacco, D, Dirik, A, & Priebe, S., (2014) *Implementing family involvement in the treatment of patients with psychosis: A systematic review of facilitating and hindering factors*, BMJ Publishing Group.



"...having whānau to be with him through this process. So glad that he didn't feel abandoned."

(Whānau)

Kaimahi efforts in ensuring whānau are full participants in supporting mokopuna treatment not only supports a least restrictive approach to care, but also provides the ability for whānau to walk the journey with mokopuna. This helps to effectively support transition, and ensure that as whānau, they can advocate for their mokopuna needs.

Kaimahi nurture positive relationships through relational practice

Kaimahi at Haumaru Ōrite understand the importance and value in building solid relationships with mokopuna and whānau that enhance mokopuna experience whilst in treatment. Mana Mokopuna was told by multiple kaimahi that mokopuna are viewed and treated from a holistic point of view and are not defined by their case notes or behavioural history.

Mana Mokopuna observed positive and supportive interactions between mokopuna and between mokopuna and kaimahi. Kaimahi were always encouraging of mokopuna and worked hard to engage with mokopuna in ways that aligned with their presentation and mood. For example, helping mokopuna choose books and encouraging them to sit outside and read in the sunshine, or taking mokopuna outside to play sport when they needed to burn energy. Mokopuna felt comfortable asking for kaimahi interaction and boundaries were respected when mokopuna wanted to be left alone. It was clear to Mana Mokopuna during the visit that kaimahi were in-tune with mokopuna needs, and that the good relationships formed helped to regulate acuity on the unit.

Kaimahi also engaged well with whānau when they were on the units and took the time to speak with them and share updates on progress made or changes to plans. Whānau did not have to wait for official hui to receive updates, as kaimahi were doing this regularly in in-formal ways throughout their shift. Whānau told Mana Mokopuna that:

"...kaimahi are a real help in a time when the whānau are struggling and have been met with open arms and lots of support..."

(Whānau member)

Understanding mokopuna needs is key to reducing restraint practices

All kaimahi who engage in restraint holds are SPEC⁹ trained, however, engaging in any kind of restraint is a last resort for kaimahi working at Haumaru Ōrite. As mokopuna presentations change, so too must responses to different behaviours. Kaimahi said that whilst mokopuna presentations have changed over time¹⁰, human responses to stress and anxiety have not. For

⁹ Safe Practice Effective Communication (SPEC) is a four-day, Te Whatu Ora health localities based national training course which supports least restrictive practice. The SPEC training programme and national collaborative was launched in late 2016.

¹⁰ Kaimahi said anecdotally that mokopuna seem to be presenting with more forensic backgrounds, psychotic disorders, mood disorders, and drug induced behaviours.



example, aggression and violence often occur for mokopuna when they are afraid or feel threatened. Kaimahi said they need to unpack the behaviours of mokopuna, see and communicate early warning signs, and adapt their responses in order to uphold the Haumaru Ōrite kaupapa of being a least restrictive environment.

In addition to standard de-escalation methods, such as calm voice, change of key worker, sensory modulation, or re-direction, kaimahi are utilising regular team 'huddles' to assess dynamics in real-time and ensure they are responsive to issues that may be brewing for mokopuna, rather than waiting for mokopuna to escalate and reporting it at the end of a shift. Kaimahi report that having a dedicated recreation officer to keep mokopuna engaged in activity, as well as security staff on the unit when needed, are two factors that have also helped to reduce the need for restraint by nursing staff.¹¹

Approaching situations that involve violent and aggressive behaviours with the least restrictive practice in mind allows mokopuna to experience alternatives before being restrained. This practice approach is pivotal in moving towards the elimination of all uses of physical and chemical restraint, and any other restrictive practices where mokopuna are deprived of their liberty.¹²

Seclusion is not practiced at Haumaru Ōrite

The isolation and seclusion of mokopuna goes against their human rights.¹³ There is strong international advocacy for the seclusion of all mokopuna in all settings to cease immediately, and Mana Mokopuna also advocates for zero seclusion of mokopuna approach. International research¹⁴ labels the seclusion of mokopuna as harmful and a practice the New Zealand government has been questioned about during numerous formal periodic reviews by various United Nations treaty bodies, including the Committee on the Rights of the Child and the Committee Against Torture.

The Committee Against Torture, the Subcommittee on the Prevention of Torture and the Committee on the Rights of the Child note that the imposition of solitary confinement, of any duration, on children constitutes cruel, inhuman or degrading treatment or punishment or even torture.¹⁵

¹¹ Data supplied by Haumaru Ōrite detail between February 2023 and January 2024, average restraint times lasted less than ten minutes (with the exception of one month where the average was over 20 minutes). During this same period, where there were higher numbers of restraint events, these are attributed to a select few mokopuna.

¹² [Minimising and eliminating seclusion and restraint | RANZCP](#)

¹³ A/ HRC/28/68, para 44, Children's Convention, Convention Against Torture CAT/C/NZL/CO/7 para 38(h), [The Nelson Mandela Rules: Protecting the Rights of Persons Deprived of Liberty | United Nations](#), Rule 45

¹⁴ Examples include: [Seclusion - an overview | ScienceDirect Topics](#), Nowak, M. (2019). *The United Nations global study on children deprived of liberty- online version*. United Nations, Hales, H., White, O., Deshpande, M., & Kingsley, D. (2018). Use of solitary confinement in children and young people. *Crim. Behav. & Mental Health*, 28, 443.

¹⁵ A/HRC/28/68, para 44



The United Nations Committee Against Torture recommended in 2023 that New Zealand should immediately end the practice of solitary confinement for children in detention.¹⁶

The seclusion room at Haumaru Ōrite has not been used since December 2018. It is now used as a storage room and kaimahi are proud of their achievement in eliminating the use of this practice in favour of trauma-informed models of care steeped in relational practice and whānau involvement. This also demonstrates in practice that achieving a zero seclusion approach in places where mokopuna are deprived of their liberty is not only possible, but achievable.

Strong mokopuna transitions back to community are the goal from the very start

From the time mokopuna are admitted onto the unit, kaimahi are working on their transition plan home. Kaimahi are clear that they will not 'fix' mokopuna whilst on the unit, but their aim is to provide assessment, clinical intervention, and support to get mokopuna to a point whereby they can safely return to community-based care. Kaimahi acknowledge that mokopuna will leave the facility unwell, however, their time on the unit will have reduced their need for acute care. All kaimahi who Mana Mokopuna spoke to were conscious of mokopuna staying too long in in-patient care, and they did what was necessary to avoid mokopuna and whānau reliance on institutional care and treatment.

Social work and transition staff work hard to build partnerships with community-based care providers so that mokopuna and whānau leave Haumaru Ōrite with wrap-around support in place. Most mokopuna stay in Haumaru Ōrite for around two weeks.¹⁷

However, getting the balance right in terms of discharge and comprehensive community support plans can be hard. Mana Mokopuna spoke with whānau about transitions back home, with many whānau expressing they felt apprehensive about returning to the community after their mokopuna having had time in Haumaru Ōrite, given previously experiencing a lack of support in the community (prior to admission to Haumaru Ōrite). This was especially significant for mokopuna and whānau living in rural areas.

"...wary of going back to community and what that entails versus here at Haumaru Ōrite where mokopuna is welcome and understood."

"Not a whole lot of support. Been through multiple places for help and get sent to someone else. They [community providers] don't know what to do and feel like we get passed on."

(Whānau of two mokopuna)

¹⁶ CAT/C/NZL/CO/7 para 38(h)

¹⁷ Data supplied by Haumaru Ōrite outlines that between September 2023 and January 2024 the average length of stay in the facility was 13.7 days.



Many kaimahi Mana Mokopuna spoke to said often working with other government agencies can be difficult. For example, if Oranga Tamariki is finding it hard to place mokopuna in their custody, this can have a knock-on effect for discharge from Haumaru Ōrite.

Likewise, finding appropriate accommodation for mokopuna aged 16-18 years old is often difficult to set up and mokopuna can be placed in accommodation situations with other unwell adults. Kaimahi said this type of arrangement is not best practice nor conducive to mokopuna wellness and safety. However, in these situations mokopuna do not meet the threshold for a continued stay at Haumaru Ōrite either, and the situation is further complicated with limited national in-patient beds. The lack of placement options for this age group is acknowledged by many professionals¹⁸ working in the sector as a significant barrier to mokopuna success in the community.

Mana Mokopuna encourages Te Whatu Ora – Health New Zealand to continually work alongside other government agencies to ensure mokopuna have fit-for-purpose living arrangements and equitable access to community-based support post in-patient treatment.

¹⁸ Professionals include nurses and specialist doctors as well as support staff such as social workers and Occupational Therapists. This theme was reiterated on the Haumaru Ōrite visit as well as on Monitoring visits to other in-patient adolescent Mental Health units.



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.

Whakawhānaungatanga is the platform for admission

Haumarū Ōrite kaimahi know the importance of first contact and therefore put significant emphasis on getting the admission process right for mokopuna and their whānau. As one kaimahi said, setting the tikanga with whakawhānaungatanga before gathering information can be the difference between an engaged mokopuna and one that takes weeks just to settle in.

In most instances, mokopuna arrivals are scheduled and kaimahi are able to familiarise themselves with individual mokopuna needs before they arrive. This makes admission run smoother, and kaimahi are able to appropriately cater to mokopuna presentation and mood. Some mokopuna do arrive via police escort and kaimahi said they immediately ask for handcuffs to be removed if mokopuna are wearing them and concentrate on making mokopuna feel comfortable before engaging in formal admission processes including intake assessment.

Treatment plans are developed with input by various professionals such as psychiatrists, psychologists, nurses, occupational therapists, and cultural advisors. This multidisciplinary approach gives strength to the plans and means mokopuna are receiving holistic treatment and support that is tailored to their specific needs. Social work and transition staff also start developing plans around community-based support to prepare the transition home again working closely with mokopuna and their whānau.

Whānau play a significant role as protective factors for mokopuna

Haumarū Ōrite kaimahi understand that whānau are the best support for mokopuna experiencing treatment. Whānau presence and support for mokopuna receiving treatment at Haumarū Ōrite naturally empowers whānau to act as advocates providing safety, support, stability, and familiarity for mokopuna. This creates a safe space for mokopuna to concentrate on getting well. Whānau are able to speak directly to professionals about treatment, be involved in any transition planning and are a part of day-to-day hui throughout mokopuna stay. When questions arise around mokopuna conditions and medication, whānau can easily access doctors, nurses, and other kaimahi to get the right information or answers.

Supporting mokopuna through treatment has allowed whānau to feel empowered about their mokopuna wellness and has enhanced understanding of how they can best support their mokopuna when they leave the unit.

"...feel I have learnt so much about my son's unwellness and [I have been] well informed and part of his wellness plan the whole time..."

(Whānau).

Consumer advocates play a role in connecting mokopuna and whānau to support systems

Mokopuna at Haumaru Ōrite have access to advocates who are independent of the facility. Te Whatu Ora contract support workers¹⁹ to come into Haumaru Ōrite to provide additional support for mokopuna and whānau. Kaimahi acknowledge the stress whānau often experience seeing their mokopuna in in-patient care. Kaimahi see the consumer advocate role as providing important support and awhi to whānau, as much as they are there for mokopuna. Kaimahi said it was important for these advocates to kōrero with everyone who uses the service so they can be an extra voice when needing to express what works, what doesn't, and recommendations for the future. Consumer advocates can often tap into their own lived experiences with mental health services to create authentic connections to those currently accessing treatment. Mana Mokopuna regularly saw the Consumer Advocate engaging in activities such as playing cards and talking with mokopuna throughout the monitoring visit.

Having a range of external people present in the unit is important as another layer of protection for mokopuna experiencing in-patient care. Consumer advocates can come into the unit at any time to ensure mokopuna rights and access to appropriate supports are being upheld.



Notice board in the dining area with whānau support and advocacy contact details and artwork by mokopuna

¹⁹ [Kāhui Tū Kaha – Website \(kahuitukaha.co.nz\)](http://kahuitukaha.co.nz)



Mokopuna need an independent, child-friendly complaints system

The complaints system for mokopuna in Haumaru Ōrite is the general Auckland hospital complaint system. This system can work when mokopuna are well and able to access it, however, it is not appropriate nor accessible when mokopuna are experiencing high levels of mental distress. Whilst whānau, nurses and consumer advocates provide a good protective system for mokopuna and their whānau in Haumaru Ōrite, if a complaint needed to be made without involving these people, mokopuna need to navigate an adult focused system.²⁰

The importance of ensuring a fit-for-purpose, independent complaints process for children deprived of their liberty was recommended to New Zealand by the UN Committee on the Rights of the Child as part of New Zealand's sixth periodic review on its implementation of the Children's Convention²¹. The Health and Disability Commissioner has also noted that a complaints system needs to be designed specifically for mokopuna living with mental distress.²² Objective and transparent processes enable swift resolution and an opportunity to continuously improve service delivery for mokopuna and their whānau.

²⁰ [Share your feedback | Te Whatu Ora Te Toka Tumai Auckland \(adhb.health.nz\)](#)

²¹ Refer CRC/C/NZL/CO/6 28(f)

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



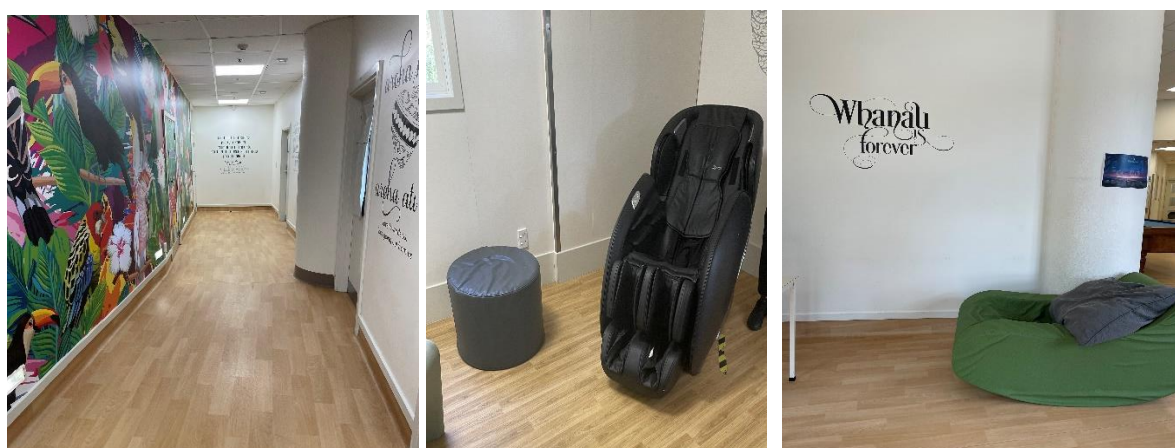
Material Conditions

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

Haumaru Ōrite provides adequate facilities for mokopuna well-being

Haumaru Ōrite operates from Auckland (Starship) Hospital in Tāmaki Makaurau and has three distinctive areas of care. These are a High Dependency Unit (HDU), an Open Unit, and a Mothers and Babies Unit. The Open Unit is used as a central hub for mokopuna and whānau with the kitchen/ dining room and lounge are main gathering areas.

Kaimahi work hard to create safe and whānau friendly spaces to better support mokopuna through treatment but also empower whānau as best support advocates. Where possible, there are bright murals and inspirational quotes on the walls, comfortable places for mokopuna and whānau to sit, and ready access to sensory resources such as music, mindful activity, and relaxation chairs.



Examples of art and relaxation spaces scattered throughout the unit.

Whānau can stay in the unit with twin-bed rooms in both the male and female wings. Rooms previously used to transition mokopuna from the HDU to the open unit are now largely used for whānau stays. The facility mitigates risks appropriately by having exhaustive safety plans.



Twin-bed option and spa bath



The High Dependency Unit is adequate until the refurbish

The seven-bed HDU has a large entrance room where new admissions will generally enter. The room has large mural of the forest and water with adequate seating, and a board game on soft furnishing, making a welcoming entrance to the facility. Mokopuna in HDU have access to a secure, private outside area with a basketball court, greenery, and sunshine.

The HDU is currently being scoped for refurbish. Kaimahi and advocates explained that the current unit is not fit-for-purpose in terms of being a therapeutic place of healing. It was described as institutional and didn't work well with the least restrictive kaupapa that kaimahi have successfully integrated into their practice. However, at the time of the visit, the HDU was clean and tidy, and effort had been made to make the area as welcoming as possible for mokopuna and whānau.

Mana Mokopuna looks forward to seeing the refurbishment of the HDU on future visits and encourage Te Whatu Ora to involve mokopuna and whanau in consultation phase to inform the new internal design.



Whānau room and outdoor space in HDU

The Open Unit is well utilised by mokopuna and their whānau

The Open Unit has a capacity of eleven beds. The unit generally remains unlocked from 8am to 8pm, accessible by all mokopuna, whānau and kaimahi unless there is a need to lock down for a specific purpose. Examples of why the unit will be locked down is if there is an incident; mokopuna are transitioning out of HDU who maybe a flight risk; or acuity on the unit is such that it is unsafe for the doors to be left open.

The open unit has an education classroom, art room, and music room. There is a large lounge with a pool table and TV, and mokopuna regularly use the dining table for activities and to chat to each other as well as eat.



From the dining room, there is open door access to the outdoor area with no high fences. There is also gate with public access from the access road for whānau to use when visiting or when mokopuna are granted leave to utilise the adjacent Auckland Domain. Mana Mokopuna observed whānau returning to Haumaru Ōrite from their daily walk, other whānau arriving to Haumaru Ōrite to visit, as well as whānau dropping their mokopuna back to the facility.



Outdoor area for the Open Unit.

The Mother and Baby Unit is comfortable and whānau focused²³

The Mother and Baby Unit makes up the third area of Haumaru Ōrite and has a capacity for four mothers and their pēpē. Each room has a bed with a second bed for a partner or whānau, a cot and changing table. There is a large, bright, open living area that includes a kitchen, dining area and lounge with TV, furniture and play equipment for babies. There is free access to an outdoor deck and temporary screens were placed on the deck to provide privacy from large-scale construction currently underway at Auckland Hospital.

²³ The Mother and Baby Unit is not part of the Mana Mokopuna NPM designation, however as it is part of Haumaru Ōrite as a whole, a short commentary on material conditions is provided.



Activities and access to others

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

Whānau are pinnacle active participants in mokopuna treatment at Haumarū Ōrite

The whānau-centric approach to mokopuna treatment ensures whānau are actively involved at every stage of their mokopuna plan. Mana Mokopuna observed whānau on the unit talking to nursing staff about their mokopuna and getting involved in activities with their mokopuna, other mokopuna, and other whānau.

Mokopuna have regular phone access to friends and whānau not staying on-site either via their personal cell phones or through hospital lines. Whānau were also able to bring in clothing when required and food as treats. Whānau often share food in the kitchen with one māmā bringing in cake for everyone whilst Mana Mokopuna was visiting.

Haumarū Ōrite kaimahi work hard to ensure mokopuna have autonomy over their access to the outside world, and always look for positive solutions to ensure this access is conducive to treatment plans.

Haumarū Ōrite provides a range of activities to support mokopuna treatment

The unit has a designated music room filled with musical instruments that mokopuna and whānau can access to learn and play. Instruments include drums, guitars, piano, and keyboards as well as other percussion instruments and ukelele. Mana Mokopuna observed kaimahi playing guitar alongside a mokopuna whilst they were in the HDU. The kaimahi was seen discussing what kind of songs the mokopuna enjoyed and would try and play the songs on the guitar for them. This same kaimahi was later observed playing the ukelele and singing with mokopuna. Mokopuna appeared calm and engaged in the activity.

Mokopuna also have access to an art room where therapeutic group activities are conducted weekly with the Occupational Therapist. During these times, mokopuna and whānau are able to be creative and enjoy a range of artistic mediums. Sessions are also run for those in HDU and the Occupational Therapist adjusts what is facilitated to meet safety requirements of the unit (depending on specific mokopuna needs). For example, the therapist adjusts from making beaded necklaces to bracelets or working with essential oils. Mokopuna and their whānau from both the Open Unit and HDU can use the gym which has basic training equipment for low impact activity such as yoga.



Mana Mokopuna observed a good range of sports, books, puzzles, card and board games for mokopuna and whānau to access at their leisure. Mindful colouring sheets and art pens and felts were also available in the dining area, and Mana Mokopuna observed multiple mokopuna and whānau using these resources. Kaimahi are engaging with mokopuna and use their solid relational foundations to keep mokopuna engaged in activities that hold their interest for the majority of their time on the unit.



Books in the classroom and art room at Haumaru Ōrite

Mokopuna have access to education that is individually tailored and supportive of mokopuna needs

Education for mokopuna within Haumaru Ōrite is delivered by Northern Health School Te Kura Āwhina Ora o te Raki. Northern Health School is a Ministry of Education funded school, set up to support students who are unable to attend their regular school due to their high health needs – which includes mokopuna at Haumaru Ōrite. There is a dedicated classroom within the facility which enables mokopuna to maintain education whilst in treatment.

The school has two teachers in the classroom who also input into the multi-disciplinary team²⁴ (MDT) to develop and support mokopuna wellness plans alongside the clinical and other support staff. Teachers can then deliver a school curriculum specific to the needs of mokopuna in the unit.

Due to the nature of mokopuna mental distress, engagement in education and maintaining focus can at times become difficult. However, teachers and kaimahi are supportive and mindful when encouraging mokopuna to re-engage in the classroom. For example, Mana Mokopuna observed several mokopuna wandering the facility during education time and observed teachers and kaimahi checking in on these mokopuna and providing a gentle reminder to rejoin the class. Kaimahi were also in-tune with mokopuna needs and when required, facilitated

²⁴ A multidisciplinary team or MDT is a diverse group of professionals working together to provide integrated care and advice. The MDT would aim to deliver person-centred and coordinated care and support for the person with care needs.



space for mokopuna to be alone and re-set, before encouraging activity – whether that was to engage back in the classroom or with low stimulus recreation like colouring or playing cards.

Haumaru Ōrite kaimahi are pro-active with mokopuna engagement and activities

Mokopuna were engaged in a community hui during education time when Mana Mokopuna first arrived for our monitoring visit. We observed mokopuna providing feedback on what they liked about education and the recreation activities over the last week, or what they think could be improved. Mana Mokopuna support practices that give mokopuna voice in decisions that affect them and allows them to exercise mana motuhake²⁵ in their own learning and education.

Since our last visit in 2022, Haumaru Ōrite has employed a Recreational Advisor whose role is to support mokopuna with engagement in activities whilst they stay on the unit. Mana Mokopuna observed activities facilitated by the recreational advisor ranging from conversations at the kitchen table, playing pool and board games, to shooting basketball hoops outside. There have also been recent off-site trips to Auckland Zoo and Auckland Museum, as well as to the cinema. Mana Mokopuna saw how the Recreation Advisor checked in with mokopuna on multiple occasions during mokopuna downtime and would often suggest activities like cards or board games when mokopuna seemed idle. Mokopuna responded very well to this kaimahi and seemed to appreciate them taking the time to work with them, often on a one-to-one basis.

Kaimahi across the board acknowledged the importance of keeping mokopuna engaged with a focus on alleviating boredom, to avoid escalating behaviours which kaimahi said can lead to violence. During the visit, mokopuna were engaged during the day and the Recreation Advisor in particular brought the right level of energy to the unit.

²⁵ (noun) separate identity, autonomy, self-government, self-determination, independence, sovereignty, authority - *mana* through self-determination and control over one's own destiny - [maoridictionary.co.nz](https://www.maoridictionary.co.nz/)



Medical services and care

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

All medical needs for mokopuna are catered for at Haumaru Ōrite

A needs assessment on admission for mokopuna gives nurses and medical professionals a foundation for the treatment and care plans for mokopuna during their stay at Haumaru Ōrite. Upon admission into Haumaru Ōrite, mokopuna are consulted with by an on-call registrar, and if admitted under the Mental Health Act, they are seen by an on-call psychiatrist. Psychiatrists at Haumaru Ōrite will diagnose and prescribe medication for mokopuna, with medications checked and safe-housed in a dedicated dispensary area.

Mokopuna have access to on-site psychiatrists, psychologists, occupational therapists, social workers and cultural advisors. Mokopuna have all their medical and primary health care needs met at Haumaru Ōrite.



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.

Positive kaimahi culture creates a commitment to the kaupapa of mokopuna wellness

Haumarū Ōrite has established an open culture of leadership, with kaimahi who are committed to the kaupapa²⁶ of supporting the wellness of mokopuna. The leadership team told Mana Mokopuna there was mutual respect for each other as practitioners, and whilst they do not always agree, they respect each other's different perspectives and work collaboratively for mokopuna wellness. Mana Mokopuna observed kaimahi interactions with each other as positive.

One whānau member observed:

"...kaimahi go [above and] beyond the care of their mokopuna and other mokopuna on the ward. I've seen kaimahi taking mokopuna for walks around the Domain even though it was their break time..."

(Whānau)

Multiple whānau who spoke with Mana Mokopuna talked about the high level of care and support they felt from the leadership team and kaimahi at Haumarū Ōrite. Many kaimahi have been working on the unit for multiple years and attributed the continued successful implementation of, for example, zero seclusion and heavy whānau involvement in treatment, to a stable leadership team who have a clear vision for the facility and work hard to uphold it. Kaimahi explained that new kaimahi who join the team at Haumarū Ōrite do not view seclusion as an option, which enables the unit to stay true to the kaupapa, be mokopuna and whānau centred, and continue alignment with best practice guidance.

Kaimahi levels are stable which creates manageable workloads

For the most part, kaimahi reported that workloads were manageable in the facility, and having a consistent leadership team has created an environment where kaimahi feel safe raising issues when workloads change. Some kaimahi did explain that whilst the current staffing situation is stable²⁷, like many areas of frontline health work, this can fluctuate and at times, workloads

²⁶ [noun] topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative - [maoridictionary.co.nz](https://www.maoridictionary.co.nz/)

²⁷ At the time of the visit (data supplied by Haumarū Ōrite) there were no vacancies. Some positions were waiting for staff to arrive, but all had been recruited.



feel excessive. Kaimahi referenced times in the past when acuity was high on the unit and kaimahi shortages created anxiety amongst staff. Many kaimahi did express that they are grateful for the current management team filling operational gaps when required, particularly in relation to breaks and leave cover, but commented that this is not a sustainable solution for the long term.

Working at a high pace of intensity can take a toll on kaimahi

Kaimahi at Haumaru Ōrite work intensely and cohesively across teams and alongside whānau in developing sound treatment plans, with the goal of transitioning mokopuna back to community as soon as practicable. However, the relentless intake of admissions requires kaimahi to work at a high and often intense pace for long periods of time, dealing with a wide range of mokopuna and whānau needs. Kaimahi said working in this way places pressure and potential risk on kaimahi wellbeing and retention. Kaimahi gave examples of feeling like they had just worked well with a mokopuna and invested a lot of time and energy into building a trusting relationship for them to be discharged and another mokopuna with even more complex needs then comes through the door.

The leadership team are aware of how kaimahi feel and have put mitigation strategies in place. These include:

- regular 'huddles' throughout the shift to check-in on kaimahi well-being and ensure communications are clear and consistent on shift
- more formal (and often multiple) de-brief sessions especially after significant incidents
- Least restrictive practice panels for all clinical²⁸ and allied²⁹ kaimahi, with the aim of working collaboratively to support mokopuna and their whānau and sharing 'what works' ideas
- Utilising morning professionals hui that allows kaimahi to bring challenges to the table to brainstorm ideas to assist in lessening barriers some kaimahi may be experiencing.

Kaimahi acknowledge that unit leadership do what they can to support kaimahi working in this field. However, the reality of an increasing mokopuna need, limited national in-patient bed capacity, and a lack of community-based mental health support services can take a toll on kaimahi wellbeing. One kaimahi described the constant flow of mokopuna into the service as "relentless".

Mana Mokopuna encourages open dialogue at the government level to ensure the mental health service available to mokopuna and their whānau is adequate to meet demand and need.

²⁸ Medical professionals who provide direct patient care. Examples include doctors, nurses, psychologists and psychiatrists.

²⁹ [Allied Health | Ministry of Health NZ](#)



Improving outcomes for mokopuna Māori

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

Whānaungatanga a key factor in mokopuna treatment

Mana Mokopuna found that Haumaru Ōrite place significant emphasis on whānau and have embedded whānaungatanga within its workplace practice and team culture. From the outset, whānau are welcomed to the unit through a whakawhānaungatanga process. Kaimahi make efforts to introduce themselves and what they do and mokopuna and whānau are then provided the same opportunity. This process within te ao Māori is to create and find connections between whānau, hapū and Iwi and is a foundation to building strong relationships for mokopuna and whānau when entering Haumaru Ōrite.

Mana Mokopuna arrived at Haumaru Ōrite unannounced and experienced the practice of whānaungatanga where the Haumaru Ōrite leadership, led by the Kaihautū, formally welcomed the Mana Mokopuna team to the unit through a mihi whakatau and whakawhānaungatanga process.

Whānau Māori at Haumaru Ōrite spoke highly of kaimahi and how they felt like whānau to them.

Introduction of the Kaihautū role within Haumaru Ōrite

Mana Mokopuna spoke with the Kaihautū – Cultural advisor for Kahui o te Ihi Mental Health Auckland Central. They have been established at Haumaru Ōrite for four months, providing support in equity, Te Tiriti o Waitangi and bring a Te ao Māori focus. The Kaihautū provides support to the Haumaru Ōrite leadership team and kaimahi with cultural understanding and mātauranga when working with whānau Māori.

Mana Mokopuna was told by the Kaihautū there has been a big push by the leadership team at Haumaru Ōrite to implement te ao Māori practice to enhance mokopuna Māori cultural identity and language and help with overcoming barriers for Māori within mental health spaces.

The Kaihautū felt that Te ao Māori is regarded with the same respect as western clinical expertise and has not experienced te ao Māori held in such high regard in previous roles. An example of this how the Kaihautū and clinical kaimahi are working together to incorporate tukutuku toi and other Māori artistic practice as additional therapy tools for mokopuna. The aim is to create open dialogue between kaimahi, mokopuna and whānau through mahi toi and share cultural knowledge and understanding. This work is in the design phase, but the hope is these types of therapy can be a standard part of mokopuna treatment plans.



Haumaru Ōrite is making good progress to improve outcomes for mokopuna Māori by installing a Kaihautū at a leadership level to grow cultural capability amongst kaimahi and develop te ao Māori approaches for mokopuna mental health treatment.

The integration of te ao Māori practices and mātauranga Māori within the facility gives effect to Article 2 of Te Tiriti o Waitangi, which guarantees Māori protection of all taonga, including language and customs. These rights are reinforced for mokopuna under the UN Declaration on the Rights of Indigenous Peoples.³⁰

³⁰ [UNDRIP E web.pdf](#)



Appendix One

Progress on 2022 recommendations

The below table provides an assessment of OPCAT Monitoring recommendations made in the previous June 2022 visit to the then Child, Adolescent, and Family Unit (CAF), now Haumaru Ōrite. Mana Mokopuna acknowledges that work on system recommendations is being led at the District Health Board level. The progress detailed here is a facility reflection relating to day-to-day operations at Haumaru Ōrite.

2022 System Recommendations

2022 Recommendation		Progress as at February 2024
1	Work with community partners to increase the availability of community youth mental health services to support strong transitions from acute care.	Some progress. The work of the transition worker and social work team is exceptional. These kaimahi work hard to connect to other agencies, deliver road shows and make connections in all communities serviced by Haumaru Ōrite. However, suitable community supports in rural areas as well as placement options continue to be barriers for mokopuna and whānau when they are ready to leave acute in-patient care.
2	Ensure all unit environments are conducive to therapeutic treatment. Renovate the High Dependency Unit at CFU to provide that therapeutic environment.	Some progress. The refurbishment of the unit and in particular HDU are currently being worked through. Whilst Mana Mokopuna were told structural changes are out of scope, making the HDU more aligned to trauma informed/a therapeutic environment is being worked through.
3	Identify and share CFUs work to achieve zero seclusion with other youth mental health services.	Limited progress. Mana Mokopuna understands a visit to another in-patient unit had been arranged, little seems to have been done to share with other adolescent in-patient services what works well, what doesn't, and how as a collective units can provide a better experience for mokopuna and their whānau. This will be a repeat recommendation for the facility.

2022 Facility Recommendations

Recommendation		Progress as at February 2024
1	Implement more activities so that mokopuna have meaningful engagement outside of school hours.	Good progress. With the employment of a Recreation Advisor, mokopuna at Haumaru Ōrite had a good choice of activities and a dedicated person to engage with. Whilst on visit Mana Mokopuna saw evidence of meaningful activity that complemented treatment plans and was responsive to mokopuna need and energy levels. Occupational Therapy staff were also well utilised with their activity being adapted for use both in the open unit and in HDU.
2	Develop a mokopuna-friendly complaints system.	No progress. Complaint systems for all adolescent in-patient services are generic hospital feedback systems (therefore more of a systemic recommendation). However, whilst on-site mokopuna had regular access to consumer advocates and District Inspector contact information was visible to mokopuna. Constant whānau presence on the unit also provided an added layer of protection and advocacy for mokopuna.
3	Provide independent advocacy and peer support for mokopuna.	Good progress. As above. Mokopuna have whānau as their strongest independent advocates who can both stay on the unit or nearby in Ronald MacDonald house. Consumer Advocates who often have lived experience were regularly on the unit (contracted NGO service for Te Whatu Ora). Peer support was not discussed as an issue by mokopuna.



Appendix Two

Gathering information

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

Method	Role
Interviews and informal discussions with mokopuna (including informal focus groups) with mokopuna	
Interviews and informal discussions staff	<ul style="list-style-type: none">▪ Whānau▪ Service Clinical Director▪ Psychologists▪ Psychiatrists▪ Nurses▪ Senior Nurses▪ Teachers▪ Support Workers and Health Care Assistants▪ Consumer Advocates▪ Recreational Advisor▪ Occupational Therapists▪ Transitions Worker▪ Social Workers▪ Kaihautū
Documentation	<ul style="list-style-type: none">▪ Collaborative Discharge Letters▪ Incident reports▪ Restraint data and commentary▪ Mokopuna treatment plans
Observations	<ul style="list-style-type: none">▪ Observations occurred across shifts. This included shift handovers, mealtimes, activities, mokopuna engagements with their nurses, non-clinical staff, and their whānau.