

Nga Taiohi Youth Forensic Mental Health Unit

OPCAT Monitoring Report

Visit Date: 3-5 September 2024

Report Date: December 2024

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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Introduction

The role of Mana Mokopuna – Children & 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 torture, cruel, inhuman, degrading treatment or punishment.

About this visit

Mana Mokopuna conducted an unannounced visit to Nga Taiohi Youth Forensic Mental Health Unit on 3-5 September 2024 as part of its NPM monitoring visit programme. The objective of our OPCAT Monitoring as an NPM is to prevent harm and ill-treatment in all places where mokopuna are deprived of their liberty 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 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: Nga Taiohi Youth Forensic Mental Health Unit (Nga Taiohi)
Region: National service located in Wellington, based in Kenepuru Community Hospital, Porirua
Operating capacity: 10 beds with two seclusion rooms in a safe care area. At the time of the visit, there were 4 mokopuna at Nga Taiohi with one mokopuna on home leave. The ages of the mokopuna at Nga Taiohi at the time of the visit ranged from 14 -18 years old. The main communal area contains a kitchen, two break out rooms (both with TVs and couches/seats/beanbags), a carpeted lounge area containing wooden tables, a phone booth, and a large fenced outdoor area. A corridor off the communal area contains six bedrooms, 4 bathrooms and another break out area. There is also a small outside area that has a garden. On the other side of the main communal area there is a sensory room, leading to the gym and the classroom area. Off the main corridor are two admissions pods (consisting of two bedrooms, a shared bathroom, a TV area, a small, fenced outdoor area and a locked kitchenette). Off this corridor was a whānau room, a communal bathroom, a laundry, and medical examination room.
Status under which mokopuna are detained: Mental Health (Compulsory Assessment and Treatment) Act 1992 or the Criminal Procedure (Mentally Impaired Persons) Act 2003.

Key Findings

Mana Mokopuna found no evidence of cruel, inhuman, or degrading treatment or punishment (ill-treatment) during the visit to Nga Taiohi.

Mana Mokopuna report the following findings:

Areas of opportunity

- Mokopuna under the age of 18 were being provided with nicotine-based lozenges. To support mokopuna health non-nicotine-based products¹ should be used to support mokopuna with nicotine addictions.
- Increasing the number of community-based mental health placement options is integral to ensure mokopuna do not remain in in-patient care longer than necessary. This was evident at the time of the visit, as one mokopuna had been at Nga Taiohi for over a year due to a lack of appropriate community placement options.
- A lack of community-based supports can impact on mokopuna experiencing positive transitions back to their whānau when leaving the facility. Comprehensive wrap-around support is a vital component to mokopuna successfully returning home, and many kaimahi identified a step-down home could be a useful resource to provide bridging

¹ Non-nicotine based products such as, but not limited to, Bupropion SR and Varenicline which are available on prescription.

support between mokopuna living in a secure facility (i.e. Nga Taiohi) and living back in their community.

- There are areas of the facility that require refurbishment. There has been little change to the outside areas of the unit or the safe-care area. These spaces continue to be areas of concern for Mana Mokopuna as little progress has been made on our previous recommendations made in May 2023 calling for a material upgrade.
- More resources are needed to support the two kaimahi Māori roles within Nga Taiohi to promote hauora Māori (Māori health) in a holistic manner. This will also assist in increasing kaimahi cultural capability on the unit. At the time of the visit, all mokopuna who were living in Nga Taiohi whakapapa Māori (were of Māori heritage).

Areas of strength

- The therapeutic model of care was evident in day-to-day operations. The Meihana model² developed by Professor Suzanne Pitama (University of Otago) in 2007, is a framework and assessment tool for mental health service delivery when working with Māori and was being used in Nga Taiohi. The use of the Meihana model was providing opportunities to build upon a te ao Māori based approach to health care.
- Mokopuna and their whānau were actively involved and engaged in mokopuna multidisciplinary team (MDT) meetings. This approach was innovative (no other adolescent in-patient unit includes mokopuna and whānau in these hui), successful, and was actively promoting the child's right to participation³ by facilitating this important opportunity for mokopuna to participate and share their views as part of a decision-making process impacting them.
 - Notes recorded from these hui used non-clinical language and were written in a way that allowed mokopuna and their whānau to understand what was discussed and what decisions had been made.
- Day-to-day interactions between kaimahi and mokopuna showed they had positive relationships. Kaimahi used a strengths-based approach to engaging with mokopuna by fostering ongoing participation in mokopuna interests and using tailored approaches to correct mokopuna behaviour.
- Kaimahi recruitment for Nga Taiohi had improved since the last OPCAT monitoring visit in May 2023, with all Mental Health Support Worker roles filled and only five FTE nurses' roles outstanding.
- Kaimahi spoke highly of their experience working at the facility. There was a positive workplace culture that led to the majority of student nurses choosing to work at Nga Taiohi following the completion of their study.

² [Pitama et al pg118.indd \(psychology.org.nz\)](#)

³ Article 12, UN Convention on the Rights of the Child, 1989

Recommendations

2024 Systemic Recommendations

	Recommendation
1	Develop a plan to increase the number of community-based mental health placement options, including step-down transition homes that provide comprehensive wrap around supports. Ensure mokopuna do not remain in in-patient care longer than necessary and care can be maintained when mokopuna transition into the community.
2	Strengthen efforts to move towards zero seclusion in MHAIDS and ensure any seclusion events take place in designated seclusion rooms only. Develop and implement risk mitigation plans to manage seclusion when refurbishments to Safe care ⁴ areas are occurring.
3	Funding to be prioritised to upgrade the material conditions of Nga Taiohi. This includes: <ul style="list-style-type: none">▪ a new safe care/de-escalation area that is based in the unit and has an appropriate outside space connected to it▪ resume the bathtub renovations▪ ensure mokopuna bedroom windows have frosting that allows light in but ensures mokopuna privacy⁵▪ Update and upgrade the soft furniture in the lounge area.
4	Proactively work with Oranga Tamariki to put mokopuna rights and needs at the centre by investigating pipeline issues resulting in low referrals to Nga Taiohi of mokopuna with mental health needs from youth justice residences.
5	Co-design with mokopuna an independently administered complaints process for mokopuna that can be used across all Capital, Coast and Hutt Valley adolescent in-patient mental health facilities, to ensure mokopuna are able to access a mokopuna-friendly complaints process.

⁴ The safe care area is made up of two seclusion rooms and an area for mokopuna to de-escalate with the intensive support of kaimahi.

⁵ This has been done particularly well at Nga Kākano (Adolescent in-patient unit based in Ōtautahi).

2024 Facility Recommendations

	Recommendation
1	Keep building on the foundation already established by providing additional training to kaimahi on the Meihana Model, so that all kaimahi can: <ul style="list-style-type: none">■ use the model to guide their practice■ articulate the model clearly■ use the model both theoretically and practically.
2	Provide additional support for kaimahi to build competency in tikanga, te reo and mātauranga Māori, so they can better support the two tagged Māori roles.
3	Stop administering nicotine-based lozenges to mokopuna. If mokopuna require stop-smoking support, alternatives to nicotine should be used.
4	Ensure kaimahi receive a full and appropriate induction before being required to perform additional duties and responsibilities.
5	Ensure all kaimahi that work directly with mokopuna attend professional supervision on a regular and on-going basis.

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 Observations⁶ for New Zealand's sixth periodic review on its implementation of the Children's Convention⁷ 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 Observations⁸ for New Zealand's seventh periodic review regarding the implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment⁹.

Many of the recommendations from both sets of Concluding Observations are directly relevant to aspects of treatment experienced by mokopuna at Nga Taiohi, which Mana Mokopuna has found during this monitoring visit in September 2024. Where relevant, these are highlighted throughout the body of the report.

⁶ Refer CRC/C/NZL/CO/6 [G2302344 \(3\).pdf](#)

⁷ [Convention on the Rights of the Child | OHCHR](#)

⁸ Refer CAT/C/NZL/CO/7 [G2315464.pdf](#)

⁹ [Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment | OHCHR](#)

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.

The Meihana Model provides an opportunity for holistic mokopuna care

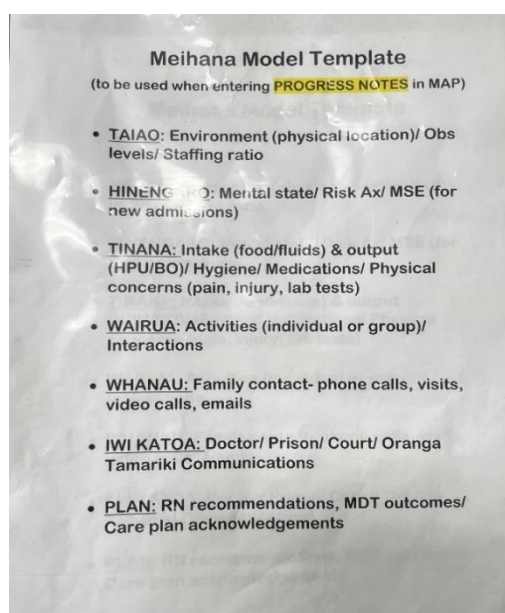
The Meihana model, developed by Professor Suzanne Pitama (University of Otago) in 2007, is a framework and assessment tool for mental health service delivery when working with Māori. This model was created using the foundations of the Māori health model, Te Whare Tapa Whā¹⁰ and incorporates six components: whānau (family), wairua (spiritual), tinana (physical), hinengaro (mental), taiao (environmental), and iwi katoa (wider community), as essential components of Māori health.¹¹ Given that all four mokopuna at the time of the visit whakapapa Māori, the integration of this model into practice was fundamental to supporting and meeting mokopuna care needs.

The integration of the model was evidenced through the following examples:

- The nurse's care summaries addressed each component of the model. Nurses produced care notes throughout the day to track their interactions with mokopuna and these were placed on the mokopuna file.
- Spiritual therapy provided various religious and/or non-religious spiritual connection opportunities for mokopuna.
- Ongoing whānau involvement in mokopuna care and prioritising regular whānau visits with the goal of returning mokopuna home to whānau was a priority. This was evident in mokopuna profile notes and mokopuna told us when their whānau were coming to visit and how often visits were occurring.
- Regular visits from a kaumatua to provide connection with mentors in the wider community.
- A nutritionist prescribed meals and regular physical activity for mokopuna.
- Individualised sensory profiles for all mokopuna were developed by the psychologist with input from other clinical kaimahi, to help with de-escalation and regulation. Anecdotally, this had contributed to the reduction of restraint practice in the facility.
- Gardening classes, access to green spaces, and outings in the community were available for all mokopuna at the time of the visit.

¹⁰ [Te Whare Tapa Whā | Mental Health Foundation](#)

¹¹ [Microsoft Word - content.doc \(nzmj.org.nz\)](#)



The Meihana Model template used by the nurses.

Whilst most kaimahi evidenced the model in their daily practice, some kaimahi were not always confident speaking about the therapeutic model or were able to recognise how their practice related to the Meihana Model components. Mana Mokopuna recommends all kaimahi undertake regular training specifically on the Meihana Model so that they can continue to build their knowledge and evolve their practice by consistently implementing key therapeutic elements.

Nga Taiohi kaimahi role model the high standard of care expected of those working in a mental health facility for mokopuna

Overall, most kaimahi had excellent relationships with mokopuna and genuinely cared for them. Relationship building started by each mokopuna being assigned a specific key worker as soon as they arrived in the facility. This provided a vital 'go-to' person for mokopuna and their whānau, and provided a familiar face for the duration of time mokopuna were at the facility. Mokopuna whānau said how important the key worker was for their mokopuna.

'The keyworker was incredible; [...] I cannot speak highly of them enough.'
(Mokopuna whānau member)

The stability and consistency in mokopuna relationships with their key worker allowed mokopuna to participate in activities aligned to their interests as well as trying new ones. An example shared with Mana Mokopuna was when a mokopuna was able to get involved in cosplay¹² costume making and through this activity attended offsite events that showcased this skill. Mokopuna whānau noted what a success it was that their mokopuna had the chance to be involved in this activity and attend an event. This highlighted the strengths-based

¹² [Cosplay - Wikipedia](#)

approach kaimahi take to motivating and engaging with mokopuna, through bringing their own skills and passions to mahi and sharing these with mokopuna or supporting mokopuna to try new things and learn along with them.

Kaimahi were also actively involved in day-to-day activities and participated alongside their allocated mokopuna. During gym time, kaimahi played volleyball and football with mokopuna. Kaimahi were heard congratulating mokopuna when they did well and encouraged them to participate when they were sitting on the sidelines. If mokopuna made a mistake during the game and were upset by losing a point, kaimahi were quick to reassure them by emphasising there was no blame towards individuals and that sport was meant to be fun. Following this kōrero, mokopuna could be seen reducing their anxiety around sport participation and would soon re-enter the games.

Kaimahi set firm, healthy boundaries with mokopuna and redirected their behaviour when necessary. For example, during community hui when kaimahi and mokopuna were sitting in a circle, one mokopuna was heightened and was talking over others during their kōrerorero (discussion). Kaimahi used a hand gesture to signal to mokopuna it was time to stop. This was done in a subtle way so that it could not be obviously recognised by others. The mokopuna who was heightened immediately reacted to this by lowering their voice and sitting back down. This technique was observed being used often and was effective at redirecting mokopuna behaviour in a way that kept their mana (dignity) intact.

Nga Taiohi kaimahi role-modelled the high expectations they have of mokopuna living in the facility. Their practice was mokopuna-centric, positive, and their skills were well-matched to ensure mokopuna interests were used to keep them engaged in their therapeutic journey.

Every patient is entitled to medical treatment and health care appropriate to [their] condition.¹³ Treatment should always be holistic and seek to address the range of factors that impact on a person's condition (for example trauma, substance use, cultural factors or chronic pain).¹⁴ Nga Taiohi kaimahi were providing consistent, holistic, high-quality care.

The use of restraints and seclusion practices have been trending down

The isolation and seclusion of mokopuna goes against their human rights.¹⁵ There is strong international advocacy for the seclusion of all mokopuna in all settings to cease immediately. Research¹⁶ labels the seclusion of mokopuna as harmful and a practice the New Zealand

¹³ [Mental Health \(Compulsory Assessment and Treatment\) Act 1992 No 46 \(as at 29 October 2023\), Public Act – New Zealand Legislation](#)

¹⁴ [Guidelines to the Mental Health \(Compulsory Assessment and Treatment\) Act 1992 | Ministry of Health NZ](#)

¹⁵ A/ HRC/28/68, para 44

¹⁶ Examples include: [Zero seclusion: Safety and dignity for all | Te Tāhū Hauora Health Quality & Safety Commission \(hqsc.govt.nz\)](#); [The Council for Exceptional Children, Division of Emotional and Behavioral Health's Position Statement on Solitary Confinement - Joseph Calvin Gagnon, Lee Kern, Sarup R. Mathur, 2022 \(sagepub.com\)](#)

government has been questioned about during numerous in-person sittings by various United Nations committees¹⁷. It is now generally recognised that seclusion has no therapeutic value.¹⁸ Research shows that seclusion and restraint can damage relationships and traumatised both the mokopuna and kaimahi involved.¹⁹ Mana Mokopuna supports zero seclusion practices.

The use of restraints at Nga Taiohi has been trending down since March 2024²⁰ and there had been no seclusion events²¹ this year (2024) as at the time of the visit. The positive relationships between kaimahi and mokopuna supported kaimahi to care for mokopuna within the unit without the need for restraints or seclusion. Many kaimahi explained that their relational approach to care played a significant role in reducing these practices, due to the emphasis placed on building trust and meaningful relationships with mokopuna so that care is tailored to each individual mokopuna.

Mana Mokopuna would like to see seclusion and restraint use continue to decrease at Nga Taiohi, building on this positive trajectory already underway, so that the safe care area can be used as a quiet de-escalation space rather than for seclusion.

Seclusion events outside of safe care were unsafe for mokopuna and kaimahi

There were two seclusion events since the end of 2023 and these events were problematic as mokopuna were confined to their bedrooms as the designated safe care area was under refurbishment. Mokopuna bedrooms are not designated seclusion areas²² and are not set up with the minimum necessary equipment to hold mokopuna for any length of time. During the time of these events, mokopuna were held in their bedrooms under seclusion with no access to a bathroom and were required to use cardboard toilets, as no en-suite bathroom was available. There was also an increased injury risk due to the shelving and other items in mokopuna bedrooms that are not usually found in designated seclusion rooms. These events strongly go against the mental health legislation guidelines around the use of seclusion²³ and did not provide a therapeutic environment for mokopuna.

If seclusion must be used as a last resort, best practice during any seclusion in a mokopuna mental health setting is to provide water, the ability to orientate to time and place, for kaimahi to have good observation access, and mokopuna to have access to a bathroom. Mana

¹⁷ The UN Committee Against Torture specifically recommended to the New Zealand Government in July 2023 that it should prohibit the use of solitary confinement for persons with psychosocial or intellectual disabilities, including children para 42(c).

¹⁸ [Guidelines to the Mental Health \(Compulsory Assessment and Treatment\) Act 1992 | Ministry of Health NZ](#)

¹⁹ [Reducing seclusion and restraint | Mental health and... | Te Pou](#)

²⁰ Data supplied by Te Whatu Ora.

²¹ Data supplied by Te Whatu Ora.

²² MH Act 1992 Section 71 (2) (a) - seclusion only in a room or other area that is designated for the purposes by or with the approval of the Director of Area Mental Health Services:

²³ [Mental Health \(Compulsory Assessment and Treatment\) Act 1992 No 46 \(as at 29 October 2023\), Public Act – New Zealand Legislation](#)

Mokopuna recommends seclusion only takes place in designated areas and risk mitigation plans are developed and shared when refurbishments to specialist areas are occurring.

More support is needed for mokopuna and whānau during the transition back home

According to the data obtained from Health New Zealand Te Whatu Ora,²⁴ the majority of mokopuna were discharged back to whānau following their stay at Nga Taiohi. It is positive that whānau involvement was prioritised during mokopuna stay in the facility, as this helped to support a successful transition home. Nga Taiohi also had an onsite whānau flat that mokopuna could use to stay in with their whānau before returning to their care. Kaimahi said this enabled them to work with whānau around mokopuna medication needs as well as provide specific mental health education, so whānau could be as prepared as possible to support their mokopuna when they returned home. Whānau said they had learned a lot about their mokopuna since they were admitted into Nga Taiohi. However, some whānau voiced their concern as to whether mokopuna would receive the same level of support in the community, and shared their fears that their mokopuna would go back to experiencing mental health challenges because of a lack of local services in their own communities.

Whānau members who Mana Mokopuna interviewed said they did not know of many community support options that could help them continue the therapeutic care that their mokopuna were receiving at Nga Taiohi. In the past, this has resulted in unsuccessful transitions for mokopuna, where they returned home but are then sent back to secure in-patient facilities. It is imperative that community support options for whānau are identified and utilised prior to mokopuna discharge to help ensure mokopuna remain in the community with hopes of a bright and sustainable future.

When placements with whānau were not an option for mokopuna, kaimahi reported that finding alternative placements in the community was challenging, which resulted in mokopuna sometimes staying in the facility longer than necessary. One mokopuna at the time of the visit had been at Nga Taiohi for over a year due to a lack of appropriate community placement options.

Many kaimahi spoke to the need for a step-down transition home option to help bridge the gap between mokopuna being in a secure locked facility and being completely on their own with the freedoms associated with being out in the community. A transition home option would help ensure that mokopuna transitions are successful and would go a long way to help prevent mokopuna from entering the mental health system once they reach adulthood.

²⁴ Data supplied by Health New Zealand Te Whatu Ora.

Improving outcomes for mokopuna Māori

This domain focuses on identity and belonging, which are fundamental for all mokopuna to thrive. We note 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.

Kaupapa Māori programmes made a difference for mokopuna

Māori continue to be disproportionately placed under the Mental Health Act, receiving community compulsory treatment orders under the Act at four times the rate of non-Māori, per 100,000 population.²⁵ At the time of the visit to Nga Taiohi, all four mokopuna in the facility identified as Māori.

The Ministry of Health, as steward and kaitiaki of the health and disability system (Article One of Te Tiriti), has a responsibility to enable Māori to exercise authority over their health and wellbeing (Article Two of Te Tiriti), to achieve equitable health outcomes for Māori (Article Three of Te Tiriti), in ways that enable Māori to live, thrive and flourish as Māori (the Ritenga Māori Declaration).²⁶ Although mana motuhake (self-determination) for mokopuna Māori can only exist when they are with their whānau, hapu, and iwi, in its provision of services, Health New Zealand Te Whatu Ora must uphold Te Tiriti obligations and put mechanisms in place to improve outcomes for mokopuna Māori whilst they are in their care.

Research shows that connection to culture is critical for the mental health of mokopuna Māori.²⁷ Nga Taiohi had made an effort to prioritise kaupapa Māori programmes to support mokopuna Māori mental health. Some of the kaupapa Māori programmes on offer at Nga Taiohi included:

- Raranga (weaving)
- Pepeha and Te Tiriti lessons
- Fry bread cooking classes
- Matariki celebrations
- Te reo Māori me ona tikanga lessons
- Music therapy including waiata in te reo (songs in the Māori language)
- Karakia (prayer)
- Māra kai²⁸

²⁵ Moreover, Māori receive inpatient compulsory treatment orders at 3.7 times the rate of non-Māori. Ministry of Health. 2019. *Office of the Director of Mental Health and Addiction Services Annual Report 2017*. Wellington: Ministry of Health.

²⁶ The Ritenga Māori Declaration (often referred to as the 'fourth article') was drafted in te reo Māori and read out during discussions with rangatira about Te Tiriti o Waitangi. It provides for the protection of religious freedom and the protection of traditional spirituality and knowledge.

²⁷ [ppi-briefing-clark.pdf \(auckland.ac.nz\)](#)

²⁸ [Māra kai — gardening for food | Services to Schools \(natlib.govt.nz\)](#)

- Education on Te Whare Tapa Whā
- Whakapapa activities
- Mihi whakatau and poroporoaki for mokopuna
- Daily community hui using te reo Māori
- Education on the atua Māori (Māori gods) and how they relate to emotions.

Kaimahi said that the majority of mokopuna Māori who came through the facility were disconnected from their whakapapa. Although some mokopuna were reported to be hesitant about connecting to their culture, kaimahi continued to support and encourage them. Kaimahi used various strategies to connect mokopuna with their whakapapa such as using visual pepeha where mokopuna made a collage or poster of their maunga (mountain), awa (river), and marae representing where they came from. This was shown to be helpful in getting mokopuna to actively engage and be curious about who they are.

Mana Mokopuna found evidence of how transformational kaupapa Māori programming was for mokopuna Māori in the facility. One mokopuna, who was very unwell, visibly lit up with a positive demeanour, and became more attentive and engaged during karakia, the pepeha class, and when listening to kaimahi speak te reo Māori. Kaimahi spoke of another mokopuna who initially refused to participate in programmes and stayed confined to their room for an extended period of time. Kaimahi were consistent in asking mokopuna to participate in activities every day, but the answer was usually no. On one occasion kaimahi asked if mokopuna would like to make Parāoa Parai (fry bread) and they agreed. Mokopuna learned about tikanga (protocols) in the kitchen and about food handling. Mokopuna were fully engaged in this process and from that time, slowly began to engage in other activities as well. Mokopuna became very interested in their own whakapapa and would frequently call their whānau to discuss whakapapa links and connections after being inspired to participate within a te ao Māori context.

These examples show how important kaupapa Māori programmes are for mokopuna Māori to thrive. Despite their mental health challenges, mokopuna were engaged and developed confidence through connection to their culture. Mana Mokopuna would like to see kaupapa Māori programmes continue to expand as much as possible within the day-to-day activity experienced by mokopuna at Nga Taiohi.

Improvements in the long-term vision for mokopuna Māori are needed

Although mokopuna Māori had access to excellent cultural activities and programmes, the facility lacked a long-term vision for mokopuna Māori. Nga Taiohi had two tagged Māori roles, the Māori Clinician²⁹ and the Māori Programme Coordinator³⁰ at the time of the visit. Mana

²⁹ This position must be filled by a health professional such as a registered nurse, social worker, occupational therapist, psychologist, or medical doctor. The current Māori Clinician is a social worker.

³⁰ This role involves creating programmes related to te ao Māori, te reo Māori me ona tikanga, and to support mokopuna wellbeing, identity and whānau connections.

Mokopuna acknowledges the important mahi (work) being done by the Māori Clinician and the Māori Programme Coordinator, however, in order for mokopuna Māori to consistently and equitably thrive, all kaimahi need to be committed to improving their capability implementing te ao Māori practices. Not doing so puts unsustainable strain on the two tagged Māori roles to fill the gaps and carry the sole responsibility of improving outcomes for mokopuna who most commonly whakapapa Māori at Nga Taiohi.

Kaimahi Māori were expected to work above and beyond what is detailed in their job description. These kaimahi were expected to train other kaimahi, which they said took time away from supporting mokopuna, which was the primary function of their role. Although it was positive to see kaimahi actively participating in the Māori programmes and initiatives, kaimahi should be available to help support mokopuna learning. It is important that kaimahi continue to upskill and build their capability outside of the planned activities intended for mokopuna.

Mana Mokopuna recommends Health New Zealand Te Whatu Ora outline expectations for all kaimahi to be competent in te ao Māori, by encouraging them to take up professional development opportunities, and further use this expectation to drive recruitment efforts in support of the two tagged Māori roles.

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.

Assessments for mokopuna upon admission were well documented

The Mauri Tu³¹ team assess mokopuna to determine whether Nga Taiohi is the best place to meet their needs. Assessments done upon admission are critical to informing mokopuna care and ensuring they are in the best place for their needs. It is therefore essential assessments are completed and well documented prior to their discharge. Upon review of mokopuna files, there was clear evidence that assessments of mokopuna were thorough and detailed. Assessments were primarily done by the Clinical Psychologist, although there was evidence of kaimahi assisting with this process. On occasions mokopuna had been admitted into Nga Taiohi without a formal mental health related diagnosis. However, assessments strongly indicated the need for the placement into Nga Taiohi and the Mauri Tu team enabled this admission. Being responsive to mokopuna need is important and the Mauri Tu team put mokopuna at the centre of decision-making.

There was also an example of mokopuna being diagnosed with an intellectual disability following their admission to Nga Taiohi. However, because this mokopuna had already spent considerable time at Nga Taiohi and kaimahi had developed a good understanding on the care required to meet the individual needs of mokopuna. The decision was made to keep them where they were, rather than transfer to a unit that specialises in treating mokopuna with intellectual disability and mental health unwellness. This assessment helped ensure that mokopuna could continue to have their needs met in a familiar environment.

Good assessments lead to good decision-making. It is vital that as much information as possible is available to the Mauri Tu team to ensure consistency in admission practice.

Mokopuna had a voice in decision-making

Mokopuna have a right to be involved in decisions about their care³² and to stay fully informed³³ throughout their stay at Nga Taiohi. Mokopuna and whānau were actively involved in mokopuna care by attending Multi-Disciplinary Team meetings (MDT), feeding into their treatment plans, expressing their aspirations for the future, and through whānau support and involvement on the unit.

³¹ Mauri-Tu team is the first point of contact for admissions to Nga Taiohi from the 5 youth forensic community services in New Zealand. The team consists of a representative/key liaison person from each of the 5 services. The young people referred to Nga Taiohi primarily come from youth justice facilities and prisons.

³² Refer to Article 12 – Convention on the Rights of the Child

³³ [Code of Health and Disability Services Consumers' Rights — Health & Disability Commissioner \(hdc.org.nz\)](https://www.hdc.org.nz/Code-of-Health-and-Disability-Services-Consumers-Rights). Mokopuna also have a range of information rights under the Convention on the Rights of the Child.

Mokopuna involvement in their MDT was evident as kaimahi said they communicated the information to mokopuna in a way that was straightforward and easy to understand. The summaries from MDT meetings were clear, concise, and used a large colourful font for mokopuna names to make it more child friendly. A copy of these summaries was sent to mokopuna and their whānau and was stored in their personal folder for mokopuna to have following their discharge.

Involving mokopuna in their care plans gave mokopuna the confidence to ask for things they wanted, such as community leave or personal items, such as jewellery. It was clear mokopuna were aware of and knew their rights, as during the Spiritual Therapy session, mokopuna were asked what 'power' meant to them to which one mokopuna responded, "we have rights!" There was also a copy of the Health and Disability Code on the wall that outlined mokopuna rights for them to look at daily.

Mokopuna had input into their education by having topics catered to their unique skills and interests. One mokopuna was particularly interested in space at the time of the visit so when the school was doing a lesson on natural disasters, kaimahi were sure to include a section on meteors.

It is positive that mokopuna were actively involved in their care and Mana Mokopuna would like to see this practice continue. We also encourage Nga Taiohi to share their success in this area across the adolescent in-patient network in Aotearoa, particularly the involvement of mokopuna in MDT hui. We encourage Nga Taiohi to go further and share information about the UN Convention on the Rights of the Child within the facility, alongside the Health and Disability Code and through education, to continue building mokopuna understanding about their rights.

*"It's the best place, staff are the best, and I feel safe."
(Mokopuna)*

There were a low number of mokopuna referrals at the time of the visit

Mokopuna are referred to Nga Taiohi if they have committed an offence and are experiencing significant mental health challenges, including challenges caused by alcohol and/ or drugs, which then make mokopuna a significant risk to themselves or others.³⁴ Mokopuna under the age of 16 must be detained under the Children, Young People, and Families Act 1989³⁵ for offending behaviour and have a mental health diagnosis in order to be admitted into the facility. Mana Mokopuna interviewed representatives on the Mauri Tu admission team and were told there had been no referrals through this process since July 2024 and the mokopuna who were in the facility at the time of the visit had been admitted prior to July 2024.

³⁴ Data supplied by Health New Zealand Te Whatu Ora.

³⁵ [Children, Young Persons, and Their Families Act 1989 No 24 \(as at 01 July 2014\), Public Act Contents – New Zealand Legislation](#)

The Monitoring team for Mana Mokopuna have consistently raised the issue of a lack of appropriate mental health support for mokopuna in the youth justice system. The support for mokopuna across the youth justice network varies and continues to be raised as a significant concern.³⁶

Nga Taiohi is the only secure forensic mental health unit in the motū (country) and at the time of the visit, only three mokopuna were onsite (as one was on leave with whānau). The reason for the low number of referrals is unknown. This is concerning, given the high levels of mental health need that Mana Mokopuna has seen amongst mokopuna in OPCAT monitoring in Oranga Tamariki youth justice facilities. Nga Taiohi kaimahi acknowledged that sometimes referrals fluctuate, however the amount of time they have gone without new referrals was quite unusual and very concerning. Kaimahi speculated it is likely there are not enough clinicians to assess mokopuna when they are detained in youth justice residences.

Mana Mokopuna recommends Health New Zealand Te Whatu Ora and Oranga Tamariki work together to urgently identify and address why mokopuna are not being referred to specialist care when there is capacity. It is critical this potential pipeline issue is identified immediately to ensure mokopuna who need it, receive the mental health care they are entitled to in a timely manner.

Independent advocates for mokopuna are needed

Mokopuna have the right to complain about any aspect of their care and treatment, and access independent advocates.³⁷ Mokopuna under the Mental Health Act³⁸ have access to District Inspectors³⁹, whose primary duties include ensuring that every individual subject to a compulsory order is cared for in accordance with the statutory requirements of the Mental Health Act. District Inspectors also monitor the quality and safety of services, investigate complaints, and conduct any necessary inquiries. However, District Inspectors are not designated advocates for mokopuna nor independent from the Act. Although Nga Taiohi kaimahi advocate for mokopuna, independent, lived-experience advocates are essential for ensuring mokopuna rights are upheld and maintained.

In addition to advocates, there was also no formal complaints processes available to mokopuna and their whānau in Nga Taiohi, which is a major gap in process and provision. There is an anonymous Mārama feedback form⁴⁰, however, this process does not follow-up on individual mokopuna concerns. Nga Taiohi kaimahi said they try their best to include whānau feedback as and when it is received, however, it is essential mokopuna and whānau have a

³⁶ [Korowai Manaaki monitoring report | Mana Mokopuna](#)

³⁷ [Code of Health and Disability Services Consumers' Rights — Health & Disability Commissioner \(hdc.org.nz\)](#)

³⁸ [Mental Health \(Compulsory Assessment and Treatment\) Act 1992](#)

³⁹ District Inspectors are lawyers appointed by the Minister of Health to protect the rights of people receiving treatment under the Mental Health Act, or the IDCCR Act. They are independent from the Ministry of Health and from health and disability services.

⁴⁰ This is the generic complaint form available to anyone using a hospital service.

formal child-centred way to make complaints and give feedback, in order to ensure mokopuna continue to be safe and well cared for.

Mana Mokopuna recommends Health New Zealand Te Whatu Ora provide mokopuna who are in Nga Taiohi with an independent, knowledgeable, mental health informed, lived-experienced advocate who can support mokopuna and their whānau as they navigate their mental health journey, and that work is commenced to co-design a complaints process with mokopuna and whānau that will be accessible and meet their needs.

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 well-being and dignity of mokopuna.

Nga Taiohi provided a warm and welcoming environment

The atmosphere at Nga Taiohi was overall warm and welcoming. There was new artwork created by mokopuna on the walls that were colourful and contributed to the welcoming atmosphere. The sally port⁴¹ where new admissions arrive had also been refurbished since the last visit. Most rooms had ample sunlight coming in through the windows, which is important for mokopuna mental health.⁴² The windows and walls had positive aspirations written on them for mokopuna to look at daily. There was a new oven installed in the main living area kitchen that kaimahi could use to help make food for mokopuna. There were also bean bags, couches, and wooden tables that filled the main living area that further contributed to a 'home-like' environment.

The bedrooms were basic yet clean with shelves for clothing and mokopuna could personalise their spaces with items such as photographs. Mokopuna also had access to a sensory modulation room with sensory equipment, an indoor gym with basketball hoops, volleyball nets, and soccer goals which they could use regardless of the weather. When mokopuna are deprived of their liberty, with some unable to leave the facility, the quality of the inside environment is paramount to supporting mokopuna wellbeing.



Wooden tables and carpet (left) and positive aspirations with soft furniture (right).

⁴¹ A secure entrance that new admissions use when coming into a facility for the first time.

⁴² [Influence of External Natural Environment Including Sunshine Exposure on Public Mental Health: A Systematic Review \(mdpi.com\)](https://www.mdpi.com)

The safe-care area⁴³ caused tension for Nga Taiohi kaimahi

The safe-care area is a shared space with Hikitia te Wairua (Hikitia), the neighbouring forensic intellectual disability in-patient facility.⁴⁴ A safe-care unit typically consists of a seclusion room and a supported de-escalation or regulation area for mokopuna experiencing mental health distress.

At the time of the visit, the safe-care area was under construction due to damage by previous admissions from Hikitia. The condition of the unit was therefore deemed not fit for mokopuna use from either unit. Kaimahi explained that when the unit is available, it is problematic to use as considerable co-ordination from the two forensic units is required before mokopuna can be admitted. This is not ideal when situations arise that require immediate need for this area.

The location of the safe-care area was also far away from the main Nga Taiohi unit, which meant kaimahi needed to be separated from the rest of the group when they were observing mokopuna in this area. When kaimahi are disconnected and cannot communicate with one another, kaimahi outlined that this had the potential to lead to harm. It also provided unnecessary barriers for mokopuna and made it difficult when they were ready to transition back to the open units.

Mana Mokopuna recommends Health New Zealand Te Whatu Ora investigate ways both Nga Taiohi and Hikitia te Wairua can have their own safe-care areas. This will enable both units to support mokopuna to de-escalate.

Some improvements to the facility are still needed

Although the environment was warm and welcoming overall, there were still some areas that needed improvement.

The areas needing improvement included:

- The outdoor area for mokopuna needs upgrading, particularly the area connected to the main communal lounge. Kaimahi said the funding for more green space and outside furniture had paused. The recommendation to upgrade this area has been consistently made by Mana Mokopuna for several years.
- The construction of a new bath for mokopuna was put on pause with no indication of when this will resume – this needs to be resumed immediately for mokopuna sensory needs.
- The blinds in mokopuna bedrooms could not be opened as bedrooms could be seen into by members of the public which impacts on mokopuna right to privacy. This meant mokopuna could not have as much sunlight in their room or view the green areas outside. The addition of screens in the courtyard or child-friendly frosting on the windows would allow mokopuna to open the blinds without allowing others to look in.

⁴³The safe care unit consists of two seclusion rooms and a de-escalation area where mokopuna can be intensively supported by kaimahi.

⁴⁴ [Orientation Package \(ccdhb.org.nz\)](https://www.ccdhb.org.nz)

- Parts of the hospital were still very clinical looking and could benefit from the addition of carpet to create a more 'home-like' environment. Consideration should be given to carpeting or partially carpeting mokopuna bedrooms.
- The temperature in the unit requires attention as mokopuna reported feeling very cold at night.
- Some of the furniture in the main lounge area was deteriorating and needs to be replaced.
- The frosting on the windows was very plain and clinical looking, the addition of art frosted window screens would help improve this.

Mana Mokopuna recommends that Health New Zealand Te Whatu Ora address the issues identified to ensure mokopuna have a living environment conducive to therapeutic treatment.



The outdoor compound areas.

Article 23 of the UN Convention on the Rights of the Child⁴⁵ obligates states parties to ensure mokopuna with a mental or physical disability enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance, and which facilitate the active participation of mokopuna in their community.

⁴⁵ [Convention on the Rights of the Child | OHCHR](#)

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.

Nga Taiohi had a positive workplace culture leading to kaimahi retention

Overall, the workplace culture at Nga Taiohi was positive and kaimahi spoke highly of their experiences working at the facility. Kaimahi were passionate about their roles, genuinely cared for mokopuna, and set healthy professional boundaries. Some examples contributing to a positive workplace culture included:

- Kaimahi were observed laughing and engaging in friendly banter with one another, which helped provide a relaxed and cheerful atmosphere for mokopuna.
- Kaimahi actively participated in activities, lessons, and games alongside mokopuna, which set a good example for them.
- Nursing students that completed their placement at Nga Taiohi wanted to stay and continue working there. One kaimahi said the leadership team had been very supportive of them while they were going through a personal issue, which contributed to them choosing to stay with Nga Taiohi at the conclusion of their study.
- Kaimahi spoke to the work-life balance they maintained from doing 5/2 shifts where they work five days and then have two days off. Although this is not the usual shift split for nurses, kaimahi said Nga Taiohi leadership were flexible and accommodating around this, which allowed them to spend more time with their own whānau.
- Kaimahi said the transition between the new acting Team Lead and the former one was smooth and that they had hardly noticed a change at all, which signalled the leadership team works together well.
- There was monthly hui for Allied⁴⁶ kaimahi with the intention of relationship building and professional development.
- Kaimahi felt valued and complemented each other when they did well, but also trusted each other enough to provide constructive feedback when needed.

The positive and supportive workplace culture present at Nga Taiohi led to increased kaimahi retention. Staffing and the number of open vacancies was an issue at the last visit in May 2023, however kaimahi retention had improved greatly since that visit. Due to the low number of mokopuna in the facility at the time of this visit, excess kaimahi were being deployed to other areas of the hospital to ensure overall acceptable nurse to patient ratios. It is crucial that the facility maintain their current kaimahi and continue working on a positive workplace culture, as this leads to consistency in care for mokopuna and a stable living environment.

⁴⁶ [Allied health background and work programme | Ministry of Health NZ](#)

Inter-team communications could be strengthened

Although there was a positive workplace culture, there were times when information was not always communicated consistently and effectively across shift teams. There were examples of whānau being turned away from visiting mokopuna because kaimahi had not told the kaimahi on shift at the time that whānau had been approved to do so. This resulted in whānau being turned away after making a long trip to visit mokopuna. There were also times kaimahi had not being made aware of mokopuna violent offending behaviours, which they felt they should have been made aware of. Kaimahi working directly with mokopuna should understand mokopuna backgrounds and history so they can better cater to their needs.

Mana Mokopuna would like to see information communicated consistently and clearly across teams, so these incidents are less likely to occur in the future and so that there is minimal impact to mokopuna and whānau when decisions have changed.

Kaimahi had professional development opportunities, however more induction training was needed

Kaimahi were supported and encouraged to pursue professional development opportunities while continuing to work at Nga Taiohi. These opportunities included:

- many of the nurses were pursuing master's degrees to become specialists in various areas of mental health.
- support workers were upskilling to become nurses to provide more hands-on care for mokopuna.
- kaimahi spoke about networking events for them to connect with others working in similar professions across the motu.
- the Clinical Psychologist provided trainings to kaimahi on Foetal Alcohol spectrum disorder, attachment styles, sleep, the psychology of mokopuna, and various mental health diagnosis including psychosis, Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder, anxiety, and depression.
- the Māori Programme Coordinator and Māori Clinician provided trainings to kaimahi on Te Tiriti o Waitangi and mātauranga Māori (Māori knowledge)
- and mental health specific training provided by the District Health Board.

Despite the trainings on offer, some kaimahi said that they were expected to perform duties with a high level of responsibility during a time of low staffing numbers without the proper support and induction. An example was given by a kaimahi who spoke of having to shift lead, despite only recently graduating from nursing school. Instead of receiving coaching and support, kaimahi felt critiqued for their mistakes and left to figure the role out on their own. It is imperative that kaimahi are inducted appropriately, given the proper tools, support, and training to do their job well. Mana Mokopuna recommends that inductions are prioritised, even amongst busy work programmes.

Supervision should be prioritised for all kaimahi

At the time of the visit, very few kaimahi were utilising supervision. Kaimahi were aware of what supervision was, however, they did not take the steps necessary to participate in it. Kaimahi said they try to do team debriefs following incidents however, these were not always occurring. Mana Mokopuna heard kaimahi speaking of an incident they had experienced and another kaimahi nearby at the time said they were not aware that that incident had happened. This showed debriefs were not occurring as often as they should be, as kaimahi said it can be difficult to get time away from the floor.

Supervision is imperative for anyone working directly with mokopuna, as it helps with practice reflection, wellbeing, and reducing stress within demanding work environments. Mana Mokopuna would like to see all kaimahi working with mokopuna attending regular professional supervision on an on-going basis.

While supervision for nurses is not compulsory as per the guidelines from their professional registration body, supervision is pivotal to ensuring practice is kept consistent across shifts and that there are opportunities to improve processes through critical analysis.

The relationship with Oranga Tamariki had improved

Nga Taiohi kaimahi said they had better working relationships with Oranga Tamariki since our last visit in May 2023. The majority of mokopuna that come through Nga Taiohi have Oranga Tamariki appointed social workers due to their offending history. Oranga Tamariki therefore have a duty of care for these particular mokopuna which includes accessing resources like clothing, staying connected with mokopuna and their whānau, as well as finding placements for mokopuna when they are discharged from Nga Taiohi. Nga Taiohi kaimahi said that they were now very familiar with Oranga Tamariki social workers because they regularly visit the facility. This showed the relationship between Health New Zealand Te Whatu Ora and Oranga Tamariki had improved greatly since the time of the last visit.

Oranga Tamariki stayed involved in mokopuna care by staying in contact with both mokopuna and their whānau; mokopuna could contact their social worker as much as they would like to. Social workers also regularly showed up for mokopuna MDT meetings and took an active role in mokopuna care. There is a desire to maintain and strengthen the relationship between Oranga Tamariki and Health New Zealand Te Whatu Ora, and the memorandum of understanding clearly outlines how and when the two agencies can work together collaboratively.

Although Oranga Tamariki kaimahi acknowledged that their resources were limited, Nga Taiohi kaimahi continued to reiterate what the expectations were around finding placements for mokopuna, so they did not end up staying in the facility longer than necessary. It is positive that the two organisations were working better together. Mana Mokopuna expects to see this relationship continue to build for the foreseeable future with mokopuna and their rights and wellbeing at the centre.

Activities and access to others

This domain focuses on the opportunities available to mokopuna to engage in high-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.

Mokopuna were able to see their whānau regularly

The model of care at Nga Taiohi reinforces the pivotal role whānau play in the care and support of mokopuna.⁴⁷ It was evident that kaimahi prioritised time with whānau for mokopuna and actively involved whānau in mokopuna care, as whānau spoke to how welcoming and accommodating Nga Taiohi kaimahi were towards them. Mokopuna were able to have regular on-going communication with their whānau including through phone calls, Skype, and in-house video conferencing. iPads were sent to whānau if they did not own a computer.

Nga Taiohi leadership also helped fund whānau visits and whānau could stay onsite in the whānau flat with mokopuna. Whānau attended MDT meetings both face-to-face and online to discuss mokopuna care needs. A variety of kaimahi including the Psychiatrist and Māori Clinician stayed in contact with whānau to keep them up to date on mokopuna education, medications, and to provide them mental health education so whānau are better equipped to care for mokopuna once they returned home.

Although mokopuna had daily phone calls with their whānau, they said how much they missed them and expressed how important it was for them to see their whānau in person more often.

*"I would like to see my family more."
(Mokopuna)*

As in line with the Meihana Model used by Nga Taiohi, whānau contact and involvement is crucial to mokopuna health. It was positive mokopuna could see and contact their whānau as much as whānau availability allowed. Mana Mokopuna commend Nga Taiohi kaimahi continuous engagement with whānau and would like to see this practice upheld and maintained indefinitely.

Mokopuna have the right to see their whānau regularly as outlined under Article 9 of the UN Convention on the Rights of the Child.⁴⁸ Nga Taiohi leadership make every effort to ensure all mokopuna, regardless of where they come from, can exercise this right. Connection with the local community and their whānau encourages young people to feel included and part of a caring and protective environment that will love and guide them, which increases their chances of a smooth transition back into community.

⁴⁷ Nga Taiohi Model of Care, Data supplied by Te Whatu Ora

⁴⁸ [Convention on the Rights of the Child | OHCHR – Article 9](#)



The phone booth mokopuna use to call their whānau (left) and the TV used for in-house video conferencing (right).

Education was a positive experience for mokopuna

The education component for Nga Taiohi is delivered by the Central Regional Health School.⁴⁹ The education provided to mokopuna at Nga Taiohi was engaging, catered to mokopuna learning styles and interests, and included a wide variety of topics. The teachers were experienced and expressed how passionate they were about providing mokopuna with education that would set them up for success in the future. Mokopuna education was holistic and included topics such as:

- Te Whare Tapa Whā
- Matariki
- Pepeha
- Cooking classes
- Physical education
- Te Tiriti o Waitangi
- Voyage of the Pacific
- Food treks from around the world
- Natural disasters
- and core classes such as literacy, numeracy, math and science.

The education provided to mokopuna was hands on and even included field trips to places relevant to what they were learning, such as to the fire station, Te Papa, and Pukerua Bay. There were colourful murals and art projects on the wall that mokopuna had completed during some of their lessons. Physical activity was also prioritised as part of their school day to help enhance mokopuna learning and keep them focused. The inclusion of field trips, art projects, and physical activity as part of mokopuna school day showed kaimahi understood mokopuna education needs and tailored education to mokopuna unique learning styles. This approach is essential for mokopuna understanding of the world and inspiring them to be lifelong learners.

⁴⁹ [Central Regional Health School \(crhs.school.nz\)](https://crhs.school.nz/)

Each mokopuna had individualised learning plans with key competency goals tailored to their learning level. Mokopuna were observed doing a lesson together and then breaking off to do individual study so they could continue to progress and explore their passions individually, while also still doing group work.

Mokopuna were actively engaged and doing well with their schooling at the time of the visit. One mokopuna had greatly improved their reading ability since being at Nga Taiohi, another was completing level 2 NZQA mathematics, and one was on a pathway to work and was getting ready to do a trade course. Kaimahi spoke about other examples of mokopuna maintaining employment in the community following the job training opportunities they received at Nga Taiohi. Education provides mokopuna with the tools required for a positive and hopeful future. It is of the utmost importance that education continues at a high standard in order to set mokopuna up for success later in life.

Mokopuna have a right to an education as per Articles 28 and 29 of the UN Convention on the Rights of the Child. This right is being fully realised for mokopuna living at Nga Taiohi.

Mokopuna participated in a range of activities they enjoyed

In addition to education, mokopuna had daily routines that included a variety of activities they could participate in. This supports their right to play, recreation and rest under Article 31 of the Convention on the Rights of the Child. Some of these activities included:

- going to the pool or gym offsite
- walks around the hospital and in nature
- gardening
- music therapy
- art therapy
- language week celebrations
- physical activity in the onsite gymnasium including weights, circuit training, and sports such as volleyball, soccer, and basketball
- Pasifika and Māori programming
- and downtime activities including watching TV, PlayStation, movies, board games, and cards.

Mokopuna were visibly excited to participate in the programmes and activities on offer. During the visit mokopuna were making face masks based on their cultural heritage. One mokopuna spoke proudly about all the different cultures they would need to represent on their mask, which showed they knew their whakapapa and took pride in who they were. Mokopuna were kept busy with meaningful activities for most of the day, but also had time to rest in the afternoon and engage in self-lead activities. It is encouraging that mokopuna

had activities they could participate in, Mana Mokopuna would like to see these activities continue to be prioritised and resourced at Nga Taiohi.

Mokopuna have the right to participate in recreational activities such as sports, music, art, and drama. Kaimahi at Nga Taiohi work hard to uphold mokopuna rights under Article 31 of the United Nations Convention on the Rights of the Child⁵⁰ by providing many activity options for mokopuna.

⁵⁰ [Convention on the Rights of the Child | OHCHR](#) - Article 31

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.

Nicotine lozenges were being supplied to underage mokopuna

Mana Mokopuna directly observed mokopuna being supplied with nicotine-based lozenges, despite being under the age of 18. It is illegal to supply mokopuna under the age of 18 with nicotine products as they can be harmful to mokopuna health and interact with mokopuna medications.⁵¹ Mana Mokopuna recommends that this practice stop immediately and that non-nicotine-based products are instead used to support mokopuna to quit their nicotine addiction.

It is illegal to supply mokopuna under the age of 18 with nicotine products.⁵² Mana Mokopuna recommends that this practice cease immediately so mokopuna can end their nicotine addiction while at Nga Taiohi.

Mokopuna had good access to medical care

Nga Taiohi is based at Kenepuru Community Hospital and doctors and medical professionals were always nearby. There was a house surgeon that came in to visit mokopuna daily and would check to see if they had any injuries, particularly following restraints, as in line with best practice. There were only four reportable incidences in the month prior to the visit, three were accidental bumps that were all checked by the house surgeon, the other was a medication error. Correct follow-up was completed to document the error and provide education to the kaimahi involved to minimise the chance of the error occurring again. Clinical follow-up with the mokopuna also occurred. In cases of emergencies, mokopuna would be referred to the hospital immediately. A dentist is also available to mokopuna and visited the unit every six months.

Nga Taiohi kaimahi said they would also like the opportunity to provide Rongoā Māori for mokopuna, however they said it was challenging to find external providers willing to work within the unit. It is positive that mokopuna had ample access to medical care in support of their physical health.

Mana Mokopuna would like to see kaimahi continue to explore and advocate for Rongoā Māori to be incorporated into mokopuna treatment plans and for Health New Zealand to support the building of relationships with Rongoā practitioners.

⁵¹ [A Review of the Effects of Nicotine on Schizophrenia and Antipsychotic Medications | Psychiatric Services \(psychiatryonline.org\)](https://www.psychiatryonline.org/)

⁵² [It is illegal to supply vapes both directly and indirectly to mokopuna under the age of 18 \(Smokefree Environments and Regulated Products \(Vaping\) Amendment Act 2020\).](#)



Mokopuna have the right to health and health services including dental, sexual and mental health services, including preventative health care such as guidance for parents under Article 24 on the United Nations Convention on the Rights of the Child.⁵³ Other than the significant concern regarding the use of nicotine lozenges, Nga Taiohi kaimahi did this well and the medical kaimahi were excellent advocates for mokopuna.

Medication errors were low

Medication errors were low in the year 2024 and were trending down in the six months prior to the visit.⁵⁴ Whānau were regularly provided with updates around mokopuna medication administration and mokopuna were asked to provide their consent in this process, which is in line with best practice.

Mana Mokopuna would like to see best practice around medication administration continue.

⁵³ [Convention on the Rights of the Child | OHCHR](#) - Article 24 Health and Health Services

⁵⁴ Data supplied by Te Whatu Ora.

Appendix One

Progress on 2023 recommendations

The following table provides an assessment of the recommendations made by Mana Mokopuna during the previous full visit for Nga Taiohi May 2023. Mana Mokopuna acknowledges that work on systemic recommendations is led at the Health New Zealand Te Whatu Ora National Office level. The progress detailed here relates only to the day-to-day operations of this particular facility.

2023 System Recommendations

2023 Recommendation		Progress as at September 2024
1	Work with community-based partner agencies to establish appropriately supported and resourced placement options and ensure mokopuna do not remain in in-patient care longer than necessary.	No progress. Although there was an onsite whānau flat to help support with transitions, no further community-based step-down options had been identified. Due to a lack of community-based placement options, some mokopuna are spending longer in in-patient care than necessary. At the time of the visit, one mokopuna had been at Nga Taiohi for over a year due to a lack of appropriate community-based placements.
2	Urgently address unsafe staffing levels in all youth and adolescent in-patient mental health facilities	Good progress. Nga Taiohi was well staffed at the time of the visit due to an improved recruitment and retention process. However, mokopuna referral numbers were low, therefore effort should continue to be made in this area so that staffing levels stay sufficient, even when Nga Taiohi is at full mokopuna capacity.
3	Establish a mokopuna-centric independent complaints process.	No progress. District inspectors continue to be the only advocacy and direct complaint route for mokopuna. A Youth Lived-Experience Advisor that runs a youth council for mokopuna is recommended and should be prioritised to provide a more youth-focused avenue for advocacy.
4	Incorporate mokopuna attendance in all MDT team meetings across all youth and adolescent in-patient mental health facilities.	Good progress. Mokopuna were active in their MDT meetings at the time of the visit. Information was communicated to them and their whānau clearly and concisely.

2023 Facility Recommendations

	Recommendation	Progress
1	Upgrade the secure outside area so it is mokopuna friendly, has green space, and has therapeutic use.	No progress. While kaimahi said there were plans to upgrade the outside area, little had been done to create a more mokopuna friendly space. Kaimahi said that funding for acquiring outdoor furniture had been paused. Mana Mokopuna did, however, observe that a mural had started in the main outdoor area.
2	Incorporate vocational programs to equip mokopuna with valuable life-skills.	Good progress. There were examples of mokopuna engaging in vocational training during their stay at Nga Taiohi and maintaining employment in the community following their discharge.
3	Provide facility enhancement that address mokopuna and whānau needs including: <ul style="list-style-type: none"> • Access to a bath for sensory modulation • Upgrade the wooden bedframe for all mokopuna beds • Establish a follow up process for whānau regarding concerns and the outcomes. 	No progress. The construction of the bath was paused at the time of the visit with no indication on when that work would continue. Mokopuna beds had not been upgraded and there was no additional follow-up process for whānau regarding concerns and outcomes.
4	Consider providing youth development and mental health training for all staff working with mokopuna at Nga Taiohi, inclusive of external teaching staff.	Good progress. The Clinical psychologist provided training to kaimahi on Foetal Alcohol spectrum disorder, attachment styles, sleep, the psychology of mokopuna, and on various mental health diagnosis including psychosis, Attention Deficit Hyperactivity Disorder, Obsessive Compulsive Disorder, anxiety, and depression. There were still opportunities for kaimahi to do trainings in youth development, in order to understand mokopuna better. Mana Mokopuna encourages kaimahi to continue to engage in ongoing professional development opportunities.
5	Provide access to low stimuli activities including (as requested by mokopuna) approved Netflix content, games and music devices.	Complete. Mokopuna had access to cards, TV, PlayStation, music devices, and movies at the time of the visit.
6	Identify and provide mokopuna with access to appropriate independent advocates.	No progress. District Inspectors are not designated advocates for mokopuna. Although kaimahi did what they can to advocate for mokopuna, independent lived-experience advocates are essential for ensuring mokopuna rights are upheld and maintained from externals outside of the health system and legislation. Mana Mokopuna advocate for mokopuna to have an independent, knowledgeable, mental health informed, lived-experienced advocates to support mokopuna as they navigate their mental health journey.

Appendix Two

Gathering information

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

Method	Role
Interviews and informal discussions with mokopuna.	
Interviews and informal discussions staff	<ul style="list-style-type: none"> Team Lead Clinical Coordinator Nurses Youth workers Clinical Psychologist Clinical Psychiatrist Clinical Nurse Specialist Kaimanaaki/Cultural Worker Teachers District Inspectors DAHMs Support workers Group Home Coordinator Māori Clinician Māori Programme Coordinator Occupational Therapist Alcohol and Drug Specialist Operations Manager Mental Health Social Worker Whānau
Documentation	<ul style="list-style-type: none"> Mokopuna care plans and demographic data. Seclusion records Education plans MDT summaries Restraint records Length of stay records Staff vacancy list Mārama Feedback report
Observations	<ul style="list-style-type: none"> Free time and mealtimes Education Programmes Outside areas (Māra – garden areas) Gym sessions Shift handovers Mauri Tū meeting