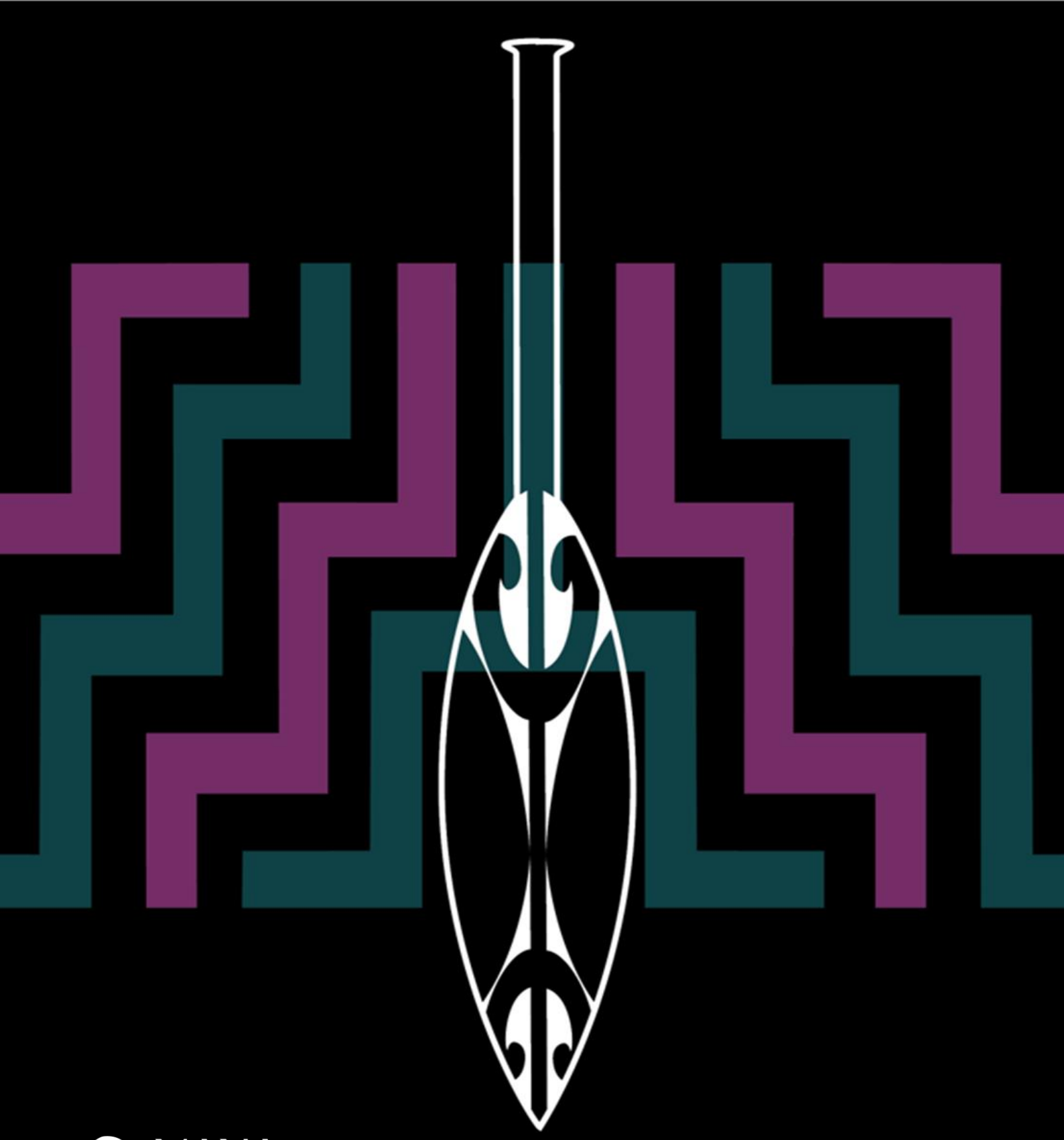


MANA MOKOPUNA
Children & Young People's Commission

Ngā Kākano Adolescent Inpatient Unit

OPCAT Monitoring Report

Visit date: 10-12 June 2025

Report date: September 2025

Kia kuru pounamu te rongo

All mokopuna* live their best lives

*

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

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

Contents

Introduction

The role of Mana Mokopuna – Children's Commissioner

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

Our organisation is one of five bodies[1] designated as the National Preventive Mechanism (NPM) in Aotearoa New Zealand as per the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman, Degrading Treatment or Punishment (OPCAT).

The New Zealand legislation relating to OPCAT is contained in the Crimes of Torture Act 1989. The role of the NPM is to visit places where people are deprived of their liberty. For Mana Mokopuna, this means:

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

About this visit

Mana Mokopuna conducted a full unannounced visit to Ngā Kākano Adolescent Inpatient Unit (Ngā Kākano) between 10-12 June 2025 as part of its NPM monitoring visit programme. The objective of our OPCAT Monitoring as a NPM is to prevent ill-treatment in all places where mokopuna are deprived of their liberty, by regularly monitoring and assessing the standard of care experienced in these facilities.

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

About this report

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

About this facility

Facility Name:	Ngā Kākano Adolescent Inpatient Unit operated by Health New Zealand Te Whatu Ora. Formerly known as Child, Adolescent and Family (CAF) Inpatient Services), Ngā Kākano is a specialist regional (South Island) treatment and assessment service for children and adolescents who have severe psychiatric, emotional, behavioural, or developmental disorders.
Region:	Ōtautahi (Christchurch)
Operating capacity:	16 bed capacity for mokopuna up to 18 years old. The ward comprises of an open plan layout that includes a central kitchen, dining and lounge area. Bedrooms are all single with en-suite bathrooms and there are multiple break-out rooms and spaces that contain sensory equipment and resources. The High Care Area (HCA) is connected to the main ward and contains its own bedroom, lounge, bathroom and outside courtyard. A seclusion room is located within the HCA.
Status under which mokopuna are detained: Sections 11, 13, 15(1) of the Mental Health (Compulsory Assessment and Treatment) Act 1992. Mokopuna can also consent to acute mental health in-patient care and not be under the Mental Health Act. These mokopuna are often referred to as 'Informal Patients' or 'Consented Patients'.	

Key Findings

Mana Mokopuna found no evidence of cruel, inhuman, degrading treatment or punishment (ill-treatment) during the visit to Ngā Kākano. Mana Mokopuna is concerned regarding a directive from Health New Zealand Te Whatu Ora to prepare the ward for short-term adult admissions to support the wider Hillmorton Hospital adult bed capacity. Two bedrooms have been identified for adult admissions on to the Ngā Kākano ward but have yet to be utilised. Mana Mokopuna has asked to be advised should the mixing of adults and children occur in this facility.

Mana Mokopuna reports the following findings:

Highlights

- Ngā Kākano kaimahi treat mokopuna and their whānau with clear empathy and aroha and provide a very high standard of professional and respectful treatment and care.
    - The purpose-built facility and resources available are excellent and mokopuna needs are well met at Ngā Kākano.
- Mokopuna and whānau told us they feel very supported by Ngā Kākano kaimahi.
    - There is clear involvement in all stages of treatment for mokopuna and whānau and there was good evidence of mokopuna friendly treatment plans being used.
    - Kaimahi also show strong commitment to upholding mokopuna rights to liberty by continuously seeking consent to minimise the use of compulsory detainment
- Least restrictive practice is in action with kaimahi able to articulate other alternatives to using the High Care Area and seclusion.
    - Mana Mokopuna saw the Collaborative Problem Solving[2] principles in action and the ability to 'pod' or section off areas of the ward is providing a viable alternative to more restrictive practices.
- Mokopuna enjoy non-clinical contact time with people who can talk about 'normal things' and not just their mental health state.
    - Mokopuna enjoyed engaging with the housekeeper as well as the Pūkenga Atawhai.
    - The Consumer Advocate allocated to the ward is also very proactive and is able to clearly articulate mokopuna needs to managers.
    - Mana Mokopuna also saw how the engagement skills of the Pharmacist were used to explain medications and their side effects using pictures and child-friendly language.

Opportunities for improvement

- Seclusion is still used albeit as a very last resort.
    - Kaimahi are very committed to least restrictive practices and utilise many tools before considering using the High Care Area or seclusion room.
        - Mana Mokopuna did note two seclusion events that lasted over six days as part of a data review of seclusion between 01 August 2024 to 12 June 2025.
- Property and maintenance is not occurring in a timely manner and there are some safety risks emerging both for mokopuna and kaimahi.
    - Secure, internal doors are not shutting as they are designed and some are remaining ajar meaning 'podded off' areas can be accessed by unknowing whānau, mokopuna and kaimahi.

[2] Reducing seclusion and restraint in a child and adolescent inpatient area: implementation of a collaborative problem-solving approach - PubMed

    - The gym remains unusable with holes in the ceiling. This is limiting mokopuna access to physical activity if they cannot go outside.
    - Mokopuna bedroom windows that are broken have not been replaced and kaimahi are not comfortable using these bedrooms for mokopuna.
- Many kaimahi outlined the departure of some key and experienced kaimahi since our last November 2023 visit. There are some 'teething issues' to work through with the permanent Clinical Nurse Manager on secondment relating to team culture and clear consistent communications.
    - The management team should prioritise investment into key kaimahi, in the form of professional development and training, so they remain working at Ngā Kākano in order to maintain a consistent and holistic workforce to meet mokopuna needs.
- There remains an opportunity to build kaimahi capacity in te ao and mātauranga Māori to support the imbedding of tikanga Māori into everyday practices in the unit.

Recommendations

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

2025 Systemic Recommendations to Health New Zealand Te Whatu Ora

	Recommendation
1	Reconsider the use of beds at Ngā Kākano for adult inpatients.
2	Develop a comprehensive maintenance plan for the unit with urgent work actioned as soon as practicable. In particular, secure internal doors that are currently not fully closing as designed should be repaired with urgency.
3	Continually monitor, document and report gaps in service provision for mokopuna across the youth mental health system. In particular, inpatient access for mokopuna living in rural areas and smaller centres, and timely access to community-based support services both pre inpatient admission and to support transition home.

2025 Facility Recommendations to Ngā Kākano

	Recommendation
1	Develop a training schedule with key milestones, goals and activities that aims to lift kaimahi cultural capability in te ao and mātauranga Māori.
2	Continue working with VOYCE Whakarongo Mai[3] to ensure mokopuna have access to independent advocates.

Concluding Observations from the United Nations

In February 2023, the United Nations Committee on the Rights of the Child ('the UN Committee') released its Concluding Observations[4] for New Zealand's sixth periodic review on its implementation of the Children's Convention[5] and how the Government is protecting and advancing the rights of mokopuna in Aotearoa New Zealand.

In August 2023, the United Nations Committee Against Torture also released Concluding Observations[6] for New Zealand's seventh periodic review regarding the implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment[7].

Further, the Concluding Observations from the United Nations Committee on the Rights of Persons with Disabilities in 2022[8] asked States Parties to take immediate action to eliminate the use of solitary confinement, seclusion, physical and chemical restraints, and other restrictive practices in places of detention.[9] The relevant recommendations from these Concluding Observations are referenced in this report.

As a States Party to these international treaties, the New Zealand Government has an obligation to seriously consider and follow the recommendations from the United Nations. Many of the recommendations from the United Nations various Concluding Observations relate to aspects of treatment experienced by mokopuna in Ngā Kākano. There continues to be significant work required by agencies (State and non-State organisations) that are responsible for detaining and depriving mokopuna of their liberty, to ensure that their practice and work in this context is, in all respects, consistent with the UN Convention on the Rights of the Child and the recommendations of both the UN Committee on the Rights of the Child and the UN Committee Against Torture.

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

Report findings by domain

Treatment

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

Mokopuna receive high quality care at Ngā Kākano

The care provided at Ngā Kākano reflects a deeply collaborative and rights-based approach to supporting mokopuna experiencing mental distress. Very skilled and highly trained kaimahi, guided by evidence-based models like Collaborative Problem-Solving[10] and anchored in the principles of The Charter on the Rights of Tamariki and Rangatahi[11], demonstrate a strong commitment to holistic, respectful, and responsive mokopuna care. Kaimahi ability to work collectively with each other, with whānau, and with external professionals, ensures that mokopuna receive the support they need in a manner that upholds their mana, identity, and wellbeing.

Mana Mokopuna saw good evidence of mokopuna and their whānau being placed at the centre of treatment decision-making through excellent communications, whether through verbal shift handovers, file documentation, inclusive treatment plans, Multidisciplinary Team (MDT) hui, or directly with mokopuna and their whānau. There was clear emphasis on working together to support mokopuna, and Mana Mokopuna observed kaimahi navigate their way through very complex situations, putting into action their commitment to least restrictive practice. For example, Mana Mokopuna saw how kaimahi engaged in robust, reflective conversations that applied the Collaborative Problem Solving principles to thoughtfully support a tamaiti through their distress both before and after a lengthy restraint. This included medication adjustments, use of weighted blankets and sensory items and engaging the help of mum to keep te tamaiti calm.

Mana Mokopuna was pleased to see this high level of professionalism and care continue for mokopuna since our last 2023 visit. Kaimahi operate with high capability and are supported by managers who are knowledgeable and willing to provide on-ward assistance.

[10] Reducing seclusion and restraint in a child and adolescent inpatient area: implementation of a collaborative problem-solving approach - PubMed

[11] Established in 2011, the Charter outlines child-specific rights in alignment with New Zealand law, the United Nations Convention on the Rights of the Child, and the Code of Health and Disability Services Consumers' Rights. The Charter recognises that not all provisions in these frameworks directly apply to children.

Clinical assessments are of a high quality and are mokopuna-centric

Assessment plans are clear, well detailed and use a range of tools such as psychometric measures[12], comprehensive developmental histories[13] and file reviews to inform holistic care planning.

Central to the approach at Ngā Kākano is the commitment to ongoing and thorough assessment that reflects the unique journey of each mokopuna. This ensures care is responsive to mokopuna mental state and behaviours, and kaimahi utilise these assessments to identify key coping mechanisms and behavioural patterns for mokopuna, ensuring interventions stay relevant and effective.

Mana Mokopuna saw evidence of excellent ways the facility explained complex diagnoses and coping mechanisms with mokopuna. Of note was the social story developed for a young tamaiti struggling with eating disorder. 'Ed' was described as a personification of the eating disorder and there were simple descriptions of the ways 'Ed' tried to influence te tamaiti. The story detailed for te tamaiti the things to look out for and how they can change the narrative to lessen the hold 'Ed' has on their mental and physical well-being. There was clear mokopuna voice in these stories, and opportunities for mokopuna to outline the things that helped them best. These stories were a combination of clinical assessment findings and mokopuna-centric ways of learning and understanding their goals whilst they were in the inpatient unit.

A key component to successful clinical intervention was the strong involvement of whānau. Whānau were heavily involved in treatment planning, decision-making and the overall model of care at Ngā Kākano. Kaimahi were also on hand to provide whānau with mental health education, to support and strengthen their resilience to enable them to both support themselves and their mokopuna throughout their time in the unit. This approach of including whānau enhances clinical outcomes and fosters a cohesive approach in the journey to mokopuna wellness.

High trust connections exist between kaimahi and mokopuna

Mana Mokopuna saw evidence of high-quality relationships between kaimahi and mokopuna that were grounded in care, respect, and professionalism. These relationships were often demonstrated in everyday interactions like kaimahi sitting alongside mokopuna, chatting, playing games, and engaging in casual yet meaningful kōrero. This supported mokopuna to feel seen and accepted for who they are while receiving care. For example, prior to meeting with a tamaiti, Mana Mokopuna was informed by nursing kaimahi of te tamaiti likes and dislikes when engaging with adults. This helped the Mana Mokopuna OPCAT Monitoring team to tailor the engagement by pairing up a male monitor with that tamaiti to ensure they were

[12] Psychometrics is the field of study concerned with the theory and technique of psychological measurement. It involves the design, administration, and interpretation of psychological tests and assessments. These tests are used to quantify characteristics like intelligence, personality, aptitude, and knowledge, and to analyse the data obtained from these measurements

[13] A comprehensive developmental history is a detailed account of a child's growth and development from conception to the present, encompassing various aspects like prenatal and perinatal events, early childhood development, medical history, and family history

comfortable enough to be open about their experiences in the unit. This approach was recognised by te tamaiti and they verified the information the nursing kaimahi had given to the monitoring team, and te tamaiti was pleased that their preferences had been listened to.

Our observation is that the strong relationships between mokopuna and the kaimahi caring for them in Ngā Kākano proved to be a critical component in maintaining a least restrictive practice environment, allowing kaimahi to de-escalate situations effectively by offering mokopuna personalised options such as referring to their sensory kit, safety plans, or simply helping to redirect thoughts. Mana Mokopuna observed an incident involving a heated exchange between a tamaiti and kaimahi. Te tamaiti was offered another kaimahi to work with and the situation was able to be resolved out in the fresh air. We observed that both parties had then resolved their disagreement during the following day's shift. This disagreement could have escalated, but it didn't due to kaimahi knowing mokopuna well enough to understand triggers and who works best with whom. Strong and meaningful relationships not only promote mokopuna engagement in their own care but also foster their trust both in the kaimahi at Ngā Kākano, and in the broader healthcare system.

Seclusion is used as a last resort at Ngā Kākano

The use of seclusion (also known as solitary confinement) in mental health settings has long been opposed internationally, given its incompatibility with human rights standards. In 2011, the UN Special Rapporteur on torture called for its abolition for persons with mental disabilities[14]. Nationally, efforts to minimise seclusion include:

- The Health and Disability Services (Restraint Minimisation and Safe Practice) Standards 2008;
- The Ministry of Health's 2012-2017 Mental Health and Addiction Service Development Plan; and
- The Health Quality and Safety Commission's Pathways to Eliminate Seclusion by 2020.

The isolation and seclusion of mokopuna goes against their human rights.[15] The UN Committee Against Torture, the UN Subcommittee on the Prevention of Torture and the UN Committee on the Rights of the Child state that the use of solitary confinement, of any duration , on children, constitutes cruel, inhuman or degrading treatment or punishment or even torture.[16] There is strong international advocacy for the immediate ceasing of the use of the seclusion for children in all settings. The Concluding Observations on New Zealand released by the UN Committee Against Torture on 26 July 2023 recommend New Zealand should

[14] *Torture and other cruel, inhuman or degrading treatment or punishment* *Note by the Secretary-General* UN General Assembly, 66th session, A/66/268 (5 August 2011).
[15] A/ HRC/28/68, para 44
[16] A/HRC/28/68, para 44. See also UN Rules for the Protection of Juveniles Deprived of their Liberty, para 67; Un Committee on the Rights of the Child, General Comment No. 24, paras 95(g) and (i)

immediately end the practice of solitary confinement for children in detention.[17] Mana Mokopuna supports zero seclusion practices.

The Royal Commission of Inquiry (RCOI)[18] into Abuse in Care found that wrongful and inappropriate use of seclusion and solitary confinement in psychiatric settings amounted to torture and caused significant trauma.[19] It is generally recognised within the health sector that seclusion has no therapeutic value.[20] This is also supported through current legislation reform aimed at eliminating the ability for seclusion to be used in all mental health settings.[21]

In 2020, the Zero Seclusion project[22] was launched by the Health Quality & Safety Commission and Te Pou. The initiative outlines six Core Strategies aimed at reducing the use of seclusion and restraint within mental health services in Aotearoa New Zealand. While many adolescent Mental Health facilities are actively implementing these strategies, several identified the need for more mokopuna targeted tools and resources, particularly to support the effective implementation of Strategy Four.

Six Core Strategies[23]

Ngā Kākano kaimahi and management have identified that the Collaborative Problem Solving (CPS) model fits well with the Six Core Strategies framework, as CPS enables kaimahi to

[17] CAT/C/NZL/CO/7 para 38(h)
[18] Welcome | Crown response to the Abuse in Care Inquiry
[19] *https://www.abuseincare.org.nz/reports/whanaketia* n119, Part 4, at p 81; Part 6, at p 51 [106]; Part 7 at p 316.
[20] https://www.health.govt.nz/system/files/2023-04/guidelines-for-reducing-and-eliminating-seclusion-and-restraint-under-the-mental-health-act-sep23.pdf
[21] Referring to the Mental Health Bill introduced in Parliament October 2024. This Bill will repeal and replace the current Mental Health (Compulsory Assessment and Treatment) Act 1992.
[22] Zero seclusion: Safety and dignity for all | Te Tāhū Hauora Health Quality & Safety Commission
[23] Six core strategies for reducing seclusion and restraint |... | Te Pou

respond flexibly to the unique and evolving needs of each mokopuna. This has had a proven effect in reducing the length of seclusion and the numbers of partial and full restraints used in Ngā Kākano.

Mana Mokopuna reviewed Ngā Kākano seclusion data from August 2024 to 12 June 2025, noting 12 seclusion events – an average of just over one seclusion event per month. Six of these events lasted less than 24 hours. However, two lasted over six days. Not all events were for discrete mokopuna, meaning some mokopuna experienced more than one seclusion event in the data set reviewed.

During the observation of the care of an acutely unwell tamaiti experiencing complex mental health distress, Mana Mokopuna observed that Ngā Kākano kaimahi employed multiple strategies to avoid seclusion of te tamaiti. Te tamaiti was provided a "podded" space[24] adjacent to the sensory room, and various sensory options. Kaimahi regularly convened to discuss treatment options, sensory supports like weighted vests, and effective communication techniques. Whilst restraint holds were used, te tamaiti did not enter seclusion or the High Care Area (HCA), and kaimahi continually debriefed their approach some hours after the event with the aim of doing things even better should a similar event occur again.

Mana Mokopuna is pleased to see a continued effort to reduce and eliminate seclusion at Ngā Kākano. Whilst there is some apprehension with the amendments to the Mental Health Bill currently before Parliament effectively removing the option for seclusion, kaimahi are equally confident in their application of Collaborative Problem Solving principles. Thought will need to be given to how the HCA is utilised should the amendments in the Bill pass into effect.[25] However, kaimahi do, with the facility being purpose-built, have suitable options for mokopuna in 'podded off' areas should they require more intense treatment. Mana Mokopuna can see how Ngā Kākano will continue to be well-placed to navigate legislative change with on-going training and access to high quality resources, in order to provide appropriate and human-rights-consistent therapeutic care for dysregulated, disordered, and distressed mokopuna.

There are challenges in transitioning back to community for mokopuna living outside of Ōtautahi

Ngā Kākano is the Te Waipounamu South Island treatment and assessment service for mokopuna. At the time of this June 2025 visit, there were multiple mokopuna living at the facility from outside of the Waitaha Canterbury region. This puts strain on whānau when they want to be there to support their mokopuna. Whānau were, however, complimentary regarding the support and transition preparation Ngā Kākano kaimahi offer.

[24] The unit at Ngā Kākano is able to be podded off into different locked sections containing bedrooms, break-out areas and kitchen facilities. This allows distressed mokopuna to safely and securely receive 1:1 attention without disrupting the whole ward or using the seclusion area.

[25] The HCA is made up of one seclusion room and an area for one-to-one care. The current set up would only allow one mokopuna to utilize HCA as the two spaces are not separate.

"Because we weren't from Ōtautahi we were offered transport and accommodation when needed. This meant I'd be available when new medication was to be administered or forensics report was to be conducted and I really thought that was important. At such a young age it was important that I was there."
(Whānau)

Christchurch has been so supportive as a whānau and for our mokopuna but it is far away for us to travel and with other children, it can be quite difficult"
(Whānau)

"They offered us kai which was a big relief for my whānau who do have to travel. 7-8 weeks into mokopuna treatment we were allowed to go down there [Ōtautahi] as a whānau. Four of us were able to go down there and spend the weekend. Valuable and important especially when we're trying to reintegrate him back to whānau and community."
(Whānau)

Kaimahi, both internal to the Ngā Kākano ward and external from the Child, Adolescent and Family (CAF) community service, explained that mokopuna and their whānau were actively engaged in treatment planning from the point of admission into Ngā Kākano, through to transition home. This collaborative approach supports whānau voice, provides regular opportunity to re-consent to care and treatment and exemplified shared decision-making throughout the care journey for mokopuna.

Whānau also noted how Ngā Kākano kaimahi often provide ongoing guidance and advocacy to ensure that transition plans are not only created but made meaningful and actionable. In many instances, this support extends beyond their core clinical responsibilities, reflecting the deep commitment of kaimahi to mokopuna and whānau wellbeing.

"Ngā Kākano is better support for us and mokopuna knows the staff here. They like them and that's important to us. The facility is great, the minute I walk through the door I feel relieved and supported. [Te Whatu Ora] social workers are amazing, even when I go home the social workers check in all the time.
(Whānau)

However, Mana Mokopuna heard from several out-of-town whānau that their mokopuna experienced significant challenges both in accessing adolescent inpatient care close to home and reintegrating into their home communities. Mana Mokopuna was told of multiple instances where mokopuna were required to spend time in adult facilities (with dedicated adolescent beds) or spend extensive times in youth justice residences (usually in secure care[26]) due to a lack of suitable adolescent mental health facilities across the country. Smaller urban cities and rural parts of Aotearoa New Zealand are anecdotally struggling to meet the needs

[26] The secure care unit in a youth justice residence is a segregated unit used for mokopuna who are at risk of absconding or a threat to the safety of themselves or others within the residence (s368 of the Oranga Tamariki Act 1989).

of their youth population who experience mental health distress.[27] Whilst this is out of the control of Ngā Kākano as a facility, it is worth noting due to the impact it has on transition work and the re-admission levels back into Ngā Kākano for some mokopuna.

Whānau reported feeling isolated, vulnerable, and unsupported upon return home of their mokopuna, with limited access to local community-based mental health and whānau support services. These experiences highlight a critical gap between inpatient care and community-based follow-up, especially for whānau living outside of Ōtautahi.

> *"Personally, experienced being led to believe that there are supposed things in place for mokopuna – that this and that is going to happen and then absolutely nothing."*
> *(Whānau)*

These barriers to and gaps in access to services underscores the need to adequately resource and strengthen localised adolescent mental health wraparound services across Aotearoa New Zealand, to ensure mokopuna and their whānau are not left feeling isolated or unsupported post their inpatient stay.

Mana Mokopuna will continue to keep a watching brief regarding access to services, both inpatient and community-based, through its OPCAT monitoring. Mokopuna have the right to access all appropriate health services regardless of where they live in the country.[28]

Lack of system cohesion compromises access to services

In addition to the barriers mentioned above, kaimahi and whānau identified that a lack of engagement from other agencies responsible for mokopuna care and wellbeing can create stress for mokopuna. It is vitally important that all agencies involved in mokopuna wellbeing work together to create a cohesive system. Mana Mokopuna was told that there can be issues engaging with Oranga Tamariki site social workers especially during key transition periods, with instances of responses being delayed or communication stopping all together. This lack of engagement, particularly pre-transition can prevent mokopuna from returning home and experiencing extended periods of detainment due to unresolved placement issues.

Oranga Tamariki have recently communicated the appointment of a dedicated liaison role[29] to support engagement with mental health services and aftercare. This positive step may limit delays and provide more timely coordination to ensure there are no breaches of mokopuna rights to freedom and liberty.[30]

During this June 2025 visit Mana Mokopuna were also told that a delay in mokopuna being registered to attend the on-site school via the Ministry of Education, meant that te tamaiti could not attend the regular school classes with their peers. This tamaiti expressed clearly to

[27] Through OPCAT monitoring engagements, areas identified as lacking in appropriate facilities are Dunedin, Nelson, Gisborne and the Far North.
[28] Article 24 of the UN Convention on the Rights of the Child
[29] an approach and role already in place in other mokopuna inpatient facilities.
[30] New Zealand Bill of Rights Act 1990 No 109 (as at 30 August 2022), Public Act 22 Liberty of the person – New Zealand Legislation

Mana Mokopuna that they wished to attend school but instead had to wait, occupied by kaimahi in the ward, until their paperwork came through. Consequently, mokopuna was missing out on their right to access education.[31]

Examples such as those outlined above show how mokopuna experience broader treatment barriers due to systems not working with them at the centre of the decision making. Mokopuna need adults to be working with cohesion to ensure access to services is not impeded and they have the opportunity to thrive whether that be in the ward or out in the community.

[31] Article 28 of the UN Convention on the Rights of the Child.

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.

Directive to house adult tangata whaiora raises safety concerns in an already heightened environment

At the time of this OPCAT Monitoring visit, Ngā Kākano kaimahi expressed significant concern regarding a directive given by the Specialist Mental Health Service (SMHS) management to prepare to accommodate adult tangata whaiora in Ngā Kākano when there is an emergency within the wider (adult) hospital inpatient system.

The potential of housing adults in Ngā Kākano has triggered critical safety concerns around the rights, and wellbeing of mokopuna, and highlights a potential conflict between operational directives and international child protection obligations. Mixing adults and mokopuna (although separated) within the Ngā Kakāno ward has the potential to breach the following mokopuna rights.

Article 37(c) of the UN Convention on the Rights of the Child states that children should be separated from adults unless – and only unless – it is considered in the child's best interests not to do so. There is no circumstance that kaimahi could identify where admitting adults into Ngā Kākano is in the best interests of mokopuna.

Article 14(1)(b) of the UN Convention on the Rights of Persons with Disabilities states that adults (with or without disabilities) should not be confined with children inappropriately. This article emphasises that mental health care, including placement decisions, must prioritise autonomy and dignity – not institutional convenience.

While not explicitly detailing adult-child separation, the UN Convention Against Torture prohibits cruel, inhuman or degrading treatment – and placing children with adults in mental health settings may fall into this category, particularly when it results from institutional overcrowding.[32]

Ngā Kākano has consistently communicated to Mana Mokopuna – both during this visit and during previous visits – that any admission of a person over the age of 18 requires serious and careful consideration. This includes assessing their vulnerability, mental state, and the potential impact on other mokopuna in the unit. An unavoidable admission should be for the shortest

[32] Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment | OHCHR

possible duration. Kaimahi have said this usually occurs when mokopuna "age out"[33] while residing in the unit but still require appropriate support to transition safely into adult services. The directive to house adults within the adolescent unit appears to do little to uphold or prioritise the wellbeing and rights of mokopuna. The current set up of the ward, whilst it could enable physical separation of adults and mokopuna, would not allow visual privacy and the unit is not soundproof. Mokopuna would still be able to see and hear adults within their ward and vice versa. Many kaimahi were clear in identifying to Mana Mokopuna several potential risks to mokopuna mental health treatment and care should they be asked to admit an adult into Ngā Kākano. These risks include:

- The presence of adults may further escalate an already heightened environment, increasing the risk of harm to mokopuna.
- There is potential for inappropriate interactions or influence and the impact of that given the developmental differences between mokopuna and adults.
- Potential privacy breaches and the reduction of opportunities for mokopuna to experience privacy and safe, age-appropriate interactions.
- All mokopuna have the right to receive care in a safe, developmentally appropriate environment, free from exposure to inappropriate behaviours or adult-level risk factors and housing adults in a mokopuna centred unit could ultimately breach of mokopuna rights.

Mana Mokopuna does not support the mixing of adults and mokopuna in inpatient mental health facilities (or any other facility). There is real potential for harm and negative effects on mokopuna wellbeing. Mana Mokopuna directly raised these concerns with the facility at the time of the OPCAT Monitoring visit and recommends Health New Zealand Te Whatu Ora reconsider their plan and approach for dealing with a lack of adult inpatient beds.

Despite the potential to be asked to house adults on the Ngā Kākano unit, generally mokopuna have good access to advocates, and their rights are protected in terms of having a say in decisions made to support their wellbeing.

Ngā Kākano ensures mokopuna voice shapes their care

Mana Mokopuna saw how kaimahi at Ngā Kākano gave mokopuna genuine opportunities to express their voice and their needs when it came to making decisions. Mokopuna were given ample choice to engage in activities or opt out as they wished and kaimahi supported these decisions. For example, one mokopuna, mindful of their dietary needs, asked a kaimahi who was baking about the ingredients in the kai being prepared. The kaimahi took the time to respond by sharing the recipe and explaining the nutritional value of the ingredients, empowering the mokopuna with knowledge to make informed decisions about their own wellbeing.

[33] someone who has become too old for a units age admission at Ngā Kākano.

Kaimahi also consistently listened to mokopuna ideas and honoured their values. For example, when mokopuna chose not to attend education due to mental distress, kaimahi acknowledged this without pressure but checked in regularly to offer gentle encouragement. They employed unobtrusive and creative ways to engage mokopuna in learning, such as incorporating games which involved maths and measurement and cooking and baking activities that required reading recipes. Another kaimahi positioned the therapy dog near the education classroom door and in view of mokopuna in the ward to spark curiosity and interest. This respectful, flexible approach supported mokopuna to participate in activity when they felt ready. This relaxed approached adopted by kaimahi put mokopuna at ease with a feeling of them being in control. As one tamaiti told Mana Mokopuna:

> *"but I don't feel locked in, aye Mum I'm not locked in – I just came for a change of my meds and for just in case. I know I can leave and I have talked to the Doctor about that"*
> *(Mokopuna)*

The mokopuna voice we have heard as part of this OPCAT Monitoring visit reflect mokopuna understanding of their treatment plans, their ability to communicate with the clinical team, and their active participation in decision-making about their care.

Whānau are valued advocates for mokopuna

Kaimahi acknowledge that the majority of mokopuna are an integral part of a whānau system, and that once they are well, they will return to the care of their whānau and/or carers. This commitment to a whānau-centred health approach was clearly evidenced by encouraging whānau to stay with mokopuna during the day on the ward, empowering them with support and education to have mokopuna for overnight stays in the whānau home, and by maintaining connection and contact by way of an open phone line once mokopuna leave the facility to keep that support and problem-solving focus available to whānau during key care transition points. Mana Mokopuna also witnessed whānau working alongside nurses to calm mokopuna and work through distress, and extended whānau being involved in offsite appointment escorts alongside mokopuna.

Enabling whānau to be consistently in the mix throughout mokopuna treatment journeys helps to provide consistent holistic support that is clearly communicated.

There is a variety of advocacy support provided at Ngā Kākano

The hospital employed Consumer Advocate is actively involved in the unit activity and regularly engages with mokopuna and kaimahi alike. They attend weekly hui and have provided training to kaimahi on mokopuna rights utilising their lived experience as a strength to advocate for mokopuna and whānau needs. The Consumer Advocate who Mana Mokopuna spoke with detailed how they had provided mokopuna feedback regarding upskilling pool staff; which nurses mokopuna bond well with; and asking for a variety of period products to be on offer. The Consumer Advocate also provided an example of how they had liaised with the Pharmacist to explain medication side-effects to mokopuna. This was done using pictures and child-friendly language, and feedback from mokopuna was that the session was very useful. The

Pūkenga Atawhai[34] assigned to Ngā Kākano was also a favourite amongst both mokopuna and kaimahi with many kaimahi saying they "wish they could clone" them and have them on the unit full-time.

While the Consumer Advocate and Pūkenga Atawhai provide excellent support, their positions are funded by Health New Zealand Te Whatu Ora, which may affect perceptions of independence. In our previous OPCAT Monitoring report for Ngā Kākano, Mana Mokopuna recommended the appointment of an advocate who is independent of the health system. Ngā Kākano management acknowledged this recommendation and have engaged with VOYCE – Whakarongo Mai[35] to provide that independent advocacy. At the time of this June 2025 visit a mihi whakatau had been scheduled to introduce VOYCE to the facility and start the process of whānaungatanga. This is a positive move to increase the variety of advocacy options mokopuna have available to them. VOYCE is well-placed to provide this role for Ngā Kākano given the crossover of mokopuna receiving treatment in the mental health system and having involvement with Oranga Tamariki (places in which VOYCE already have an established presence). The District Inspectors also continue to carry out their statutory role in monitoring and protecting the rights of individuals under the Mental Health[36] (Compulsory Assessment and Treatment) Act 1992.

Consent-led practice limits compulsory detainment

Ngā Kākano kaimahi actively work to limit the use of compulsory detention under the Mental Health Act.[37] Data from August 2024 to June 2025 shows that 313 mokopuna accessed the unit during this period with just over half (55%) detained for periods of their treatment under the Act (while 142 or 45% were informal or consenting patients). Kaimahi across all operation levels said they will utilise every available option to avoid placing mokopuna in compulsory detainment. Recognising mokopuna as consenting patients empowers them to make informed decisions about their care, especially when they demonstrate Gillick competence;[38] this also has the positive effect of reducing stigma and trauma.[39] This ethical commitment is outlined in international human rights instruments, such as the International Covenant on Civil and Political Rights [40](ICCPR), as well as national legislation and standards, including the New

[34] Specialist Māori Mental Health Worker who acts as a bridge between Māori communities and mental health services, aiming to improve access, engagement, and outcomes for Māori mental health consumers (tāngata whaiora) and their whānau. Within the inpatient setting they ensure services are culturally appropriate, educate whānau and address health inequities.

[35] https://voyce.org.nz/

[36] https://www.health.govt.nz/system/files/2012-02/guidelines-for-role-function-of-district-inspectors-feb2012.pdf

[37] https://www.legislation.govt.nz/act/public/1992/0046/latest/whole.html

[38]

[39] For example: Xu Z, Lay B, Oexle N, Drack T, Bleiker M, Lengler S, Blank C, Müller M, Mayer B, Rössler W, Rüsch N. Involuntary psychiatric hospitalisation, stigma stress and recovery: a 2-year study. Epidemiol Psychiatr Sci. 2019 Aug;28(4):458-465. doi: 10.1017/S2045796018000021. Epub 2018 Jan 31. PMID: 29382403; PMCID: PMC6998976.

[40] https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights

Zealand Bill of Rights Act 1990[41] (NZBORA) and the Code of Health and Disability Services Consumers' Rights,[42] all of which support this least restrictive approach to treatment.

At the time of this June 2025 visit, there were 12 mokopuna on the unit, with four detained under section 13 of the Mental Health Act. Mana Mokopuna observed a mokopuna being placed under the Mental Health Act only after thorough assessment, pre-negotiation, and careful consideration of all alternative options by clinical kaimahi at Ngā Kākano. The process was robust and clinical kaimahi were able to explain how the legal threshold had been met. Documentation related to the use of the Mental Health Act and it was clear under which sections of the Act mokopuna were detained.

Mana Mokopuna commends Ngā Kākano unit's strong commitment to upholding mokopuna rights to liberty by continuously seeking consent to minimise the use of compulsory detainment.

Safety can be an issue for kaimahi and mokopuna

The facility can at times feel and be unsafe due to the acute unwellness and mental distress of mokopuna. The complexity of mokopuna experiencing mental distress and/or unwellness can escalate problematic behaviours. Kaimahi shared that when the pressure from escalating behaviours among mokopuna becomes intense or "bubbly", their work often shifts from general mental health nursing to prioritising the immediate task of "extinguishing fires". These behaviours can, at times, become violent, creating unsafe environments for both mokopuna and kaimahi. Kaimahi utilise rapport building, as well as the podding system[43] and the HCA unit to mitigate safety concerns as best as possible.

Incident data collected from June 2024 to June 2025 evidenced that incidents are trending down and most incidents rated as 'minor or minimal' according to the Severity Assessment Code (SAC) rating.[44] Most events related to self-harm or physical assault however 32% of incidents noted harm or injury to either mokopuna or kaimahi – meaning even SAC4[45] events resulted in some sort of injury. Mana Mokopuna understands that, during times of distress or unwellness, behaviours outside the ordinary individual norm may occur and that the adoption of current best approaches to reducing restrictive practices and support does de-escalate but not eliminate incidents. High acuity on the ward is hard to manage. In order to facilitate continuous learning and improvement around incidents, Ngā Kākano kaimahi are engaging in the following:

- enhanced de-escalation training for kaimahi, with a focus on trauma-informed and culturally responsive approaches

[41] https://www.legislation.govt.nz/act/public/1990/0109/latest/DLM224792.html
[42] Code of Health and Disability Services Consumers' Rights — Health & Disability Commissioner
[43] The ability to close of wings of the unit to provide privacy, safety and individualised care for high complex mentally unwell mokopuna
[44] SAC_rating_and_triage_tool_WEB_FINAL.pdf
[45] The SAC system triages adverse event report with SAC1 scores at severe and SAC4 scores at minor or minimal.

- an improved physical environment designed to promote calmness and reduce environmental triggers for distress
- continued involvement of whānau in daily care to strengthen connection and support
- regular reflective practice and debriefing for kaimahi to build resilience and a focus on maintenance of 'Safewards'[46] and strong relational practices.

Further opportunities to help reduce violence within the unit could include mokopuna access to:

- explicit engagement in positive risk-taking that supports mokopuna to take well-managed risks that builds resilience, promote growth that recognises their mana [47]
- an independent advocate
- accessibility to lived-experienced adolescent tangata whaiora
- more non-clinical focused kaimahi
- more connection to community
- additional Māori kaimahi with more access to Pūkenga Atawhai
- embedding increased te ao Māori perspectives, mātauranga, wairuatanga and explicit incorporation of Te Whare Tapa Wha and the Meihana Model into everyday practice.

Mana Mokopuna commends efforts to decrease the number of serious incidents. However, we note that kaimahi working in Ngā Kākano are still worried about physical assaults when they come to work. It is imperative that actions continue to focus on how to reduce the risk of harm to both kaimahi and mokopuna.

[46] The Safe Wards Initiative is a structured, research-based approach designed to minimise conflict and enhance safety within inpatient mental health units. Knauf SA, O'Brien AJ, Kirkman AM. Implementation and Adaptation of the Safewards Model in the New Zealand Context. Perspectives of Tāngata Whai Ora and Staff. Issues Ment Health Nurs. 2024 Jan;45(1):37-54. doi: 10.1080/01612840.2023.2270048. Epub 2024 Jan 23. PMID: 37988631.
[47] https://brainwave.org.nz/article/understanding-adolescent-risk-taking/

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.

Embed Māori worldviews as a true commitment to mokopuna wellbeing

Te Tiriti o Waitangi is recognised as the founding constitutional document for Aotearoa, affirming the rights of all live in the motu. Article One gives the Crown the right to govern; Article Two guarantees hapū tino rangatiratanga over matters important to them, including health and wellbeing[48] and Article Three affirms the right of Tangata Whenua to equitable, non-discriminatory access to health care. These rights are reinforced by international standards such as the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), which upholds the right of Tangata Whenua to be involved in decisions affecting their health and communities. [49]

Hospital Health Services provide tikanga-based guidelines to support kaimahi in delivering culturally responsive health and disability services for Māori, grounded in Māori values, concepts, and Te Tiriti o Waitangi. These are reinforced by the CDHB Māori Health Policy and the Code of Health and Disability Services Consumers' Rights.[50] Despite such frameworks, a report by Te Hiringa Mahara Mental Health and Wellbeing Commission[51] highlights persistent inequities in youth wellbeing and access to care for rangatahi Māori, linked to broader socioeconomic disparities. The 2025 disestablishment of Te Aka Whai Ora[52] has intensified concerns about reduced access to culturally appropriate services for mokopuna Māori, therefore a potential contributing factor to existing health inequities for Tangata Whenua – including for mokopuna Māori. The Waitangi Tribunal has found this action prejudicial to Māori and issued recommendations for the Crown to address the harm.[53]

Nga Kākano provided Mana Mokopuna with a The Meihana Model - Application to Practice (Waka Hourua)[54] blank template which provides kaimahi with tools and techniques for authentic engagement with mokopuna and whānau that whakapapa Māori. The document also showcases Te Arotakenga Cultural Assessment specifically supporting assessment with te Ao Māori concepts of holistic wellbeing. However, whilst Ngā Kākano kaimahi practices often align with Māori values, there is a lack of explicit focus on ensuring equitable outcomes and

[48] See Waitangi Tribunal, (2019), Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (Wai-2575), which discusses the importance of tino rangatiratanga over hauora Māori.
[49] Article 23, United Nations Declaration on the Rights of Indigenous Peoples.
[50] CDHB Tikanga Booklet
[51] https://www.mhwc.govt.nz/assets/Reports/Youth-wellbeing-infographic/Youth-and-rangatahi-wellbeing-infographic-June-2024.pdf
[52] https://www.parliament.nz/en/pb/hansard-debates/rhr/combined/HansDeb_20240227_20240227_32
[5353] Tribunal releases report on disestablishment of Te Aka Whai Ora | Waitangi Tribunal .
[54] Double-hulled waka concept

accessible healthcare for mokopuna Māori. It is also difficult to see how tikanga is consistently woven through everyday practice. It is crucial for all health services – including youth mental health services – to be explicit about how they are actively addressing significant health disparities for Tangata Whenua and achieving health equity, tino rangatiratanga,[55] and to provide cultural safety when operating in a predominantly Western culture of treatment and care. This gives mokopuna and whānau Māori the opportunity to connect more authentically to who they are and to ensure their options to comfortably engage in treatment in ways that work well for them.

Kaimahi want to build their capability in te Ao Māori

Kaimahi working in Ngā Kākano shared with Mana Mokopuna their strong desire to deepen their understanding of te ao Māori and mātauranga Māori and expressed interest in having team training focused on how to embed this into practice. Kaimahi shared that they have had to personally upskill in mātauranga Māori, recognising that the health system is largely based on Western models of care – which do not always meet all the needs of mokopuna and their whānau. They expressed openness to cultural approaches that better support mokopuna Māori.

Mana Mokopuna encourages Ngā Kākano and CAF community services to continue enhancing their care for mokopuna – including mokopuna Māori – by embedding te ao Māori, mātauranga Māori, and te reo Māori values into everyday practice. Mana Mokopuna saw how kaimahi start the day with karakia and waiata. However, there is a desire and eagerness among Ngā Kākano kaimahi to learn more which, if acted upon in a timely manner, could be the catalyst needed to expedite Māori-centric care models at Ngā Kākano. Mana Mokopuna recommends facility management develop a training schedule with key milestones, goals and activities that aim to lift kaimahi cultural capability.

Pūkenga Atawhai are valued and contribute strength to the unit

Pūkenga Atawhai play a vital role in the wellness journey of mokopuna and their whānau in Ngā Kākano. Kaimahi across all operations valued the matauranga and tikanga expertise they brought into the unit. All kaimahi who Mana Mokopuna spoke with on the unit consistently highlighted the value and strength of Pūkenga Atawhai. Their presence during the admission process for all mokopuna, but specifically for mokopuna and whānau who whakapapa Māori, brought mauri tau,[56] fostering a reassuring and culturally safe environment during a highly distressing time. Their authentic rapport with mokopuna and whānau was described as "really awesome" and "so good." Whānau felt comfortable and able to openly communicate with the Pūkenga Atawhai. The main kōrero from all regarding this role was that they wish their Pūkenga Atawhai had more time in the unit.

[55] (noun) self-determination, sovereignty, autonomy, self-government, domination, rule, control, power. https://maoridictionary.co.nz/

[56] a calm, deliberate, and grounded energy

Mana Mokopuna supports the role of Pūkenga Atawhai in the unit to provide te Ao Māori perspectives for hauora for all mokopuna and specifically Māori mokopuna and their whānau.

Barriers still exist for mokopuna Māori in the mental health system

Kaimahi highlighted barriers in the mental health system, especially in outpatient services, where Māori often remain longer on caseloads due to issues like lack of access to or high costs of to transport, mokopuna placements (when not returning home and/or in the care of the state) and housing insecurity. Kaimahi are concerned that unfair barriers prevent mokopuna and whānau Māori from accessing the care they need, especially in the community, and can the detrimental ways in which this can impact their transition plan.

Mana Mokopuna also reviewed Ngā Kākano seclusion data (August 2024 – June 2025) which shows a high use of seclusion for mokopuna who whakapapa Māori. Of the 12 seclusion events recorded, seven involved detained mokopuna, with four being Māori. The two longest seclusion periods -142 and 143 hours - were for mokopuna who whakapapa Māori.

Mana Mokopuna advocates for Ngā Kākano to incorporate tools that support Māori mokopuna and their whānau by:

- embedding te ao Māori perspectives, mātauranga, and wairuatanga into everyday operations
- building the capacity and capability for all kaimahi via high quality training
- increasing Māori kaimahi, including more Pūkenga Atawhai based in Ngā Kākano unit
- explicitly incorporating models such as Te Whare Tapa Whā and the Meihana Model and other te Ao Māori hauora models that support mokopuna Māori and their whānau.

Personnel

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

Kaimahi practice is professional and caring

Mana Mokopuna observed kaimahi working professionally and compassionately with mokopuna and their whānau. Information was shared in a child-centred, respectful, and easy-to-understand way, especially acknowledging minimal mental health understanding for some whānau. Kaimahi recognised that while mokopuna may be in acute distress, their whānau are also deeply affected, and therefore supported both with compassion and empathy. Kaimahi spoke respectfully about all mokopuna, even in times of high stress, distress, or when facing challenging behaviour or violent actions from mokopuna as a result of their mental distress. Kaimahi consistently took time to talk through issues with mokopuna and work alongside them to navigate a way forward.

Mana Mokopuna observed kaimahi consistently valuing and recognised mokopuna interests, personal values, and past successes. This mokopuna and person-centred approach is vital in developing meaningful, effective, and individualised support plans, grounded in consent. Kaimahi engagement practices included:

- Regular, robust conversations about mokopuna experiencing mental distress, particularly in complex situations. Kaimahi regularly checked in with each other and kaimahi assigned to certain mokopuna regularly updated the shift group in any behavioural or treatment developments.
    - Morning and afternoon shift handovers were comprehensive. Details were given for both effective and ineffective strategies for helping mokopuna during the previous shift.
- Demonstrated flexibility, adjusting their approach to align with the needs and mental state of each mokopuna.
    - Kaimahi clearly utilised Collaborative Problem Solving principles and checked their potential approach with others.
- Ongoing emotional assessment and support for mokopuna, often in states of dysregulation and distress. Kaimahi described their shifts as being constantly busy, sometimes constantly "extinguishing fires[57]."

Despite these pressures, kaimahi maintained strong, open communication with one another to ensure shared understanding of needs and available resources, enabling consistent and very responsive care.

[57] Kaimahi description of the navigating mokopuna mental unwellness and distress

Mana Mokopuna observed varying levels of professional care and mutual respect within the team dynamics. This extended to kaimahi who join the team occasionally, including pharmacists, the CAF team, and others from across the wider ward.

Kaimahi feel stretched when acuity is high

Whilst professional care and support for mokopuna is at the centre of decision-making for kaimahi in Ngā Kākano, the departure of some key staff has an effect on team culture. Many kaimahi explained to Mana Mokopuna that there had been some key or senior kaimahi move on since our last 2023 visit, which includes the hugely respected Clinical Nurse Manager who was on secondment. Almost all kaimahi Mana Mokopuna spoke with said this was a significant loss in terms of knowledge, experience and the ability to create a cohesive culture on the ward.

Kaimahi identified key areas for improvement to create a more connected, effective and supportive workspace. These included putting in considerable efforts to keep the long-standing kaimahi that remain, ensuring wellbeing supports continue and are easily accessed by kaimahi, and addressing kaimahi concerns about the roster to ensure the ward always has the right number of kaimahi to meet mokopuna needs. Kaimahi gave detailed examples of when the roster system and the number of nurses on the ward was not conducive to creating a safe environment for all. One example was when the ward was full, three different mokopuna required varying levels of one-to-one observation, there were various podding situations in play as the HCA was in use, and the few remaining kaimahi were stretched beyond safe limits to care for the rest of the mokopuna group.

Mana Mokopuna did witness two occasions of kaimahi coming in from other nearby wards on the hospital campus when duress alarms were activated in Ngā Kākano. However, ensuring the right numbers of nurses who have knowledge in how to work and support mokopuna, to limit emergency situations, is paramount.

However, positively – considering current dynamics – many student nurses and doctors, who previously had little knowledge of adolescent mental health or Ngā Kākano before their placement, expressed interest in permanent roles post training. They cited enjoying the strong sense of whānaungatanga[58], authenticity, and care towards fellow kaimahi and mokopuna and their whānau, and felt valued, heard and included in kōrero despite being students. This is promising given the need to increase and bolster the youth mental health workforce to meet the needs of mokopuna.

Clinical Nurse Specialists are able to focus on their key role – training and professional practice of kaimahi

Since the last visit, Mana Mokopuna acknowledges that Clinical Nurse Specialists (CNS) have been able to focus on their roles without holding a caseload, allowing them the capacity to train and upskill kaimahi effectively.

[58] Process of establishing relationships, relating well to others https://maoridictionary.co.nz/

The CNS plays a pivotal role at Ngā Kākano by providing advanced clinical expertise, supporting nursing staff, and enhancing the overall quality of care. They are instrumental in managing complex or high-risk cases, offering direct intervention, and promoting trauma-informed, developmentally appropriate approaches. Mana Mokopuna saw this in action with the CNS having direct clinical and hands-on input into a escalated event involving a tamaiti and later restraint. The CNS also collaborates closely with the wider multidisciplinary team to support integrated care planning and service development, helping to maintain safe and effective practices.

By modelling evidence-based care and offering regular training opportunities, the CNS helps build staff confidence, develop clinical skills, and improve the consistency of care delivery. It was pleasing to see the CNS working to their core functions and not counted in ward ratios in terms of one-to-one nursing staff for mokopuna and therefore able to provide clinical oversight.

Non-clinical kaimahi had quality rapport with mokopuna

At our previous November 2023 visit, mokopuna told us that they would like more kaimahi on the ward that were non-clinical, and more youth orientated kaimahi with the ability to kōrero (talk) about 'normal, everyday' things outside of mental health, distress or unwellness. On this 2025 visit, Mana Mokopuna saw how the housekeeper filled this role with many mokopuna. We saw mokopuna gravitating towards the housekeeper to chat throughout the day. Whilst specifically employed to be the housekeeper and supporting the nursing staff, preparing meals, baking, and cleaning, mokopuna saw them as a vital connection to a 'normal' world. Mana Mokopuna could see that this kaimahi had amazing rapport with all mokopuna in the unit and there was mutual enjoyment in the various engagements observed.

Mana Mokopuna was pleased to see that Ngā Kākano management had taken on the feedback of mokopuna and recruited someone who can easily build rapport with mokopuna. Mokopuna do continue to ask for more non-clinical contact, and Mana Mokopuna suggests the management team look at the possibility of extending this role to provide additional non-clinical contact time.

Whānau valued nursing staff and the care they show for mokopuna

Whānau spoke highly of the care their mokopuna experienced in the unit. All whānau felt supported by kaimahi both with their mokopuna on the ward and when transitioning back home. Whānau especially like the tailored approach and they ways kaimahi adapted their practice to cater for each individual mokopuna.

"Whānau don't always know what's going on [with mokopuna] and Ngā Kākano made it possible to learn about our mokopuna.....I don't know how the team did it?
(whānau)

"They [nurses] want to understand, and they actually help you. A lot of services just tick the boxes but Ngā Kākano actually care. They said it doesn't matter how long it'll take - we will help you."
(Whānau)

Some whānau highlighted how kaimahi go over and above to help mokopuna, especially during times of transition. Whānau were quick to reiterate to Mana Mokopuna that continued connection post their mokopuna inpatient stay was outside of the regular remit of Ngā Kākano kaimahi. However, in doing the extra work to assist whānau and mokopuna, this showed whānau just how committed kaimahi are to helping mokopuna stay well.

"the support is wrapped around us too as family. […] this place has been great for our child and we are really appreciative of the approach and actions of kaimahi."
(Whānau)

Ngā Kākano mahi is life changing.
(Whānau)

The high quality of kaimahi practice displayed at Ngā Kākano is something to be celebrated. The level of kaimahi experience and knowledge is key in preventing harm to mokopuna and providing them with an environment that is conducive to becoming well. Ngā Kākano management must continue to support strong and experienced staff to remain in their roles by actively recognising their contributions, offering opportunities for professional development, and ensuring their voices are heard in decision-making. Succession planning is key to ensuring kaimahi professional development. Contingency planning is also critical to ensure kaimahi are able to take well-earned breaks so they can, in turn, continue delivering high quality services to mokopuna and their whānau.

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.

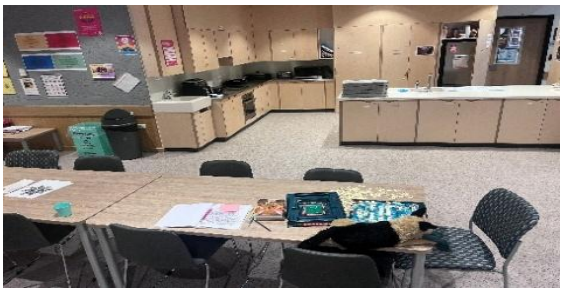
Ngā Kākano supports meaningful activity for mokopuna wellbeing

Ngā Kākano kaimahi offered a range of activities tailored to mokopuna needs. Kaimahi facilitated engagement based on consent, mental capacity, and wellness. Activities included low-stimulus options (for example art, puzzles, Nintendo) and supervised sessions that included cooking, sport, group art both onsite and offsite.

Kaimahi were observed initiating activities with a respectful, a low-pressured approach, allowing mokopuna to engage at their own pace. Each morning, kaimahi positively discussed activity plans, including cooking, education, scheduled leave, and offsite opportunities. Risk mitigation was clearly considered, supporting safe and meaningful engagement for all.

Common areas at Ngā Kākano supported mokopuna ability to freely choose activities like:

- books from the library
- internal courtyards with table tennis
- various break out areas
- kitchen
- art room
- colouring in
- board and card games
- television



(art room and main area with games and drawing options)

Mokopuna can use the main outdoor play area (with kaimahi supervision) which is a park like environment with low fences and seating areas. The following equipment is available for mokopuna:

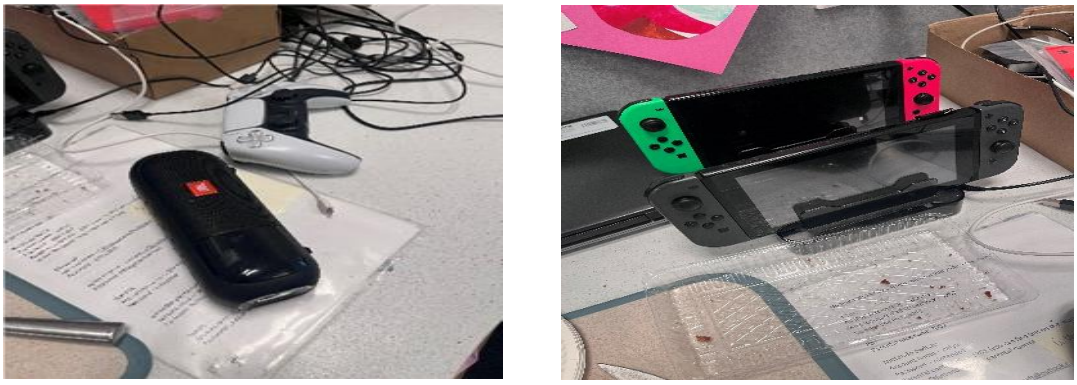
- Half basketball court
- Scooter track
- A big shady tree

- Climbing gym
- Swings
- Grass

(Outside play area)

Also available for mokopuna with kaimahi supervision, was the sensory room (Moon Room), small rooms to watch movies, youth orientated equipment like Nintendo Switch, and a unit speaker for playing music. There are breakaway spaces with sensory tools scattered throughout the unit like fidget toys, chairs with in-built weighted wrap around blankets, weighted dogs, padded cubby holes to curl up in as well as various other sensory based tools.

(examples of mokopuna sensory tools to promote wellness – cubby holes with weighted pillows, adjustable lighting and sound systems and a deep bath)



(Youth orientated equipment – PS5, Nintendo Switch)

The education team is new and enthusiastic to learn

Southern Regional Health School delivers the education programme for mokopuna at Ngā Kākano, running two sessions each day. Mana Mokopuna heard that the education team is relatively new to Ngā Kākano and still familiarising themselves with the mental health and inpatient environment, mokopuna presentations, and operational realities when working in the inpatient environment. All kaimahi expressed that it does take some getting used to in terms of what success looks like in this environment and for some mokopuna just entering a classroom is a significant achievement.

Mana Mokopuna observed the education team's flexible approach when engaging with mokopuna including those in HCA. The team introduced themselves and offered various education options. Although these options were declined, they continued to find gentle ways to engage, such as planning a transition from HDU with whānau to meet the therapy dog near the education room entrance. The aim for this engagement was to spark interest and hopefully gain mokopuna trust enough to eventually enter the classroom.

Ngā Kākano kaimahi said they expect "teething issues" when new providers or kaimahi enter the ward and there is a sense of some education kaimahi still developing confidence in working with highly distressed mokopuna. However, all kaimahi including the new education team are enthusiastic and open to learning to provide a successful education programme option for mokopuna.

Whānau access is unlimited for mokopuna

Mokopuna generally have the ability to contact their whānau with minimal barriers. While some wellness-related restrictions may apply, Mana Mokopuna observed whānau on the ward and engaging freely with kaimahi. In more challenging situations, whānau were contacted and agreed to be actively involved in supporting their mokopuna to reduce distress and enhance their care and treatment experiences. Mana Mokopuna saw how kaimahi communicated with whānau with professionalism and respect when discussing aspects like medication side effects and how specific medicines help their mokopuna.

Whānau were able remain on the ward for as long as necessary to support their mokopuna and are welcome to remain on the unit until mokopuna are settled or calm after a difficult situation. There are also whānau rooms available for whānau to stay overnight on the ward, which are especially appreciated by whānau who travel from outside of the Canterbury region. Ngā Kākano kaimahi can also book motel units for larger whānau groups.

Supporting whānau to understand as much as possible about their own mokopuna journey to wellness was clearly a priority for Ngā Kākano kaimahi.

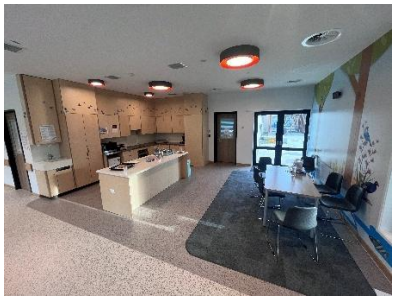
Material Conditions

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

A purpose built facility enhances therapeutic care

Ngā Kākano is still an outstanding, mokopuna centred, therapeutically designed, mental health facility. It is the gold standard in terms of material conditions for adolescent inpatient care in Aotearoa New Zealand. The facility is ligature-free inside and has an abundance for high quality resources available to support mokopuna treatment. Mokopuna enjoy the shared breakout areas as well as the dedicated sensory rooms, music rooms and therapy rooms. The outside areas create a relaxed atmosphere with low fences and a variety of playground equipment. Of particular note are the internal courtyards which are secure, yet allow mokopuna to enjoy trampolines, sunshine and fresh air.

As previously noted, the ward is designed to be sectioned off or 'podded' to allow kaimahi to create secure spaces for dysregulated mokopuna to be cared for. This is a safety feature of the ward and allows mokopuna to receive intensive care without the need to use seclusion or the HCA. There are areas in the unit that can be 'podded' or sectioned off but still provide mokopuna with access to bedrooms as well as lounge areas and sensory rooms. This allows mokopuna and whānau free movement but in a larger sectioned off space. The physical environment at Ngā Kākano works well to support least restrictive practices.



(intentional therapuetic design aspects)

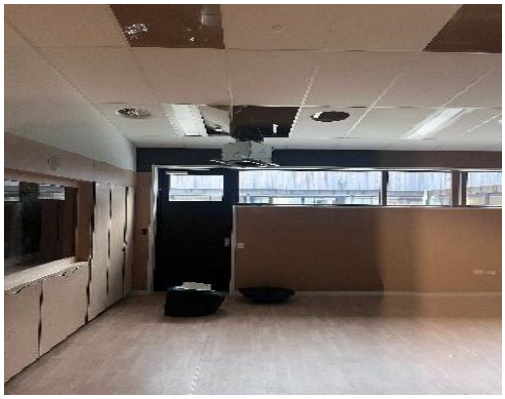

(Sensory storage cupboard, freely accessible sensory tools, colouring in options)

Property maintenance needs to occur in a timely manner

Kaimahi noted that while the facility remains purposeful and therapeutic, timely property maintenance is an issue and is having an impact on mokopuna treatment. Mana Mokopuna noted more damage compared to the last visit. Although some wear is expected in a lived-in ward, concerns were raised about the delays in repairing damage.

A significant concern raised to Mana Mokopuna by kaimahi was regarding the malfunctioning of some of the secure, internal unit doors. Kaimahi were able to show Mana Mokopuna how some doors were not closing shut as they should, and could be left ajar giving mokopuna access to areas they may not have been allowed in. Examples included areas that had been 'podded' off for safety given te tamaiti distress, could be accessed by unknowing kaimahi or mokopuna causing a safety risk. Most kaimahi the monitoring team spoke to knew the issue with some of the doors and would take care to ensure they were fully pushed closed. However, they noted that in times of emergency or high mokopuna dysregulation, this can easily be forgotten. Kaimahi should not need to worry about doors they expect should automatically close shut.

In terms of equipment and usable space, the indoor gym, previously well-used, was closed at the time of this 2025 visit due to a damaged and unsuitable roof. The ceiling height and internal roofing materials are incompatible and subsequently easily damaged. There are now not only holes in the roof, but ducting and vents were now also broken and hanging from the ceiling. Mana Mokopuna understands from kaimahi that the gym has been out of action for several months. Its continued inaccessibility limits mokopuna access to physical activity, which is essential for wellbeing, particularly during winter when outdoor options are restricted.

(Broken roof of the inside gym)

The trampolines in the secure internal courtyard also were viewed as non-operational. On our previous visit, both mokopuna residing in the unit and visiting with whānau were seen enjoying the courtyard and the equipment. Mokopuna on this visit noted that the equipment was not able to be used which is not ideal as the central courtyard is visible everywhere in the unit but cannot be played in.

Mana Mokopuna was also able to view two mokopuna bedrooms which were only being used as a last resort due to broken (safety glass) windows. They had been fitted with a temporary

Perspex cover as protective shield so the bedrooms could remain operational if absolutely necessary. However, kaimahi were not happy about the arrangement and the time it was taking to change the glass. Kaimahi felt very strongly about the fact that the aesthetics of a broken window with Perspex, whilst safe, did not provide a warm and supportive living environment for distressed mokopuna. These rooms were not being used at the time of the onsite June 2025 visit.


(broken windows and broken trampolines – both the in-ground and stand-alone trampolines were unuseable)

Mana Mokopuna recommends a comprehensive maintenance plan is developed by Health New Zealand Te Whatu Ora and urgent work required on the facility upkeep is actioned as soon as practicable. Particular attention needs to be paid to the safety aspects relating to some of the internal doors and the repairs to windows in mokopuna bedrooms.

Medical services and care

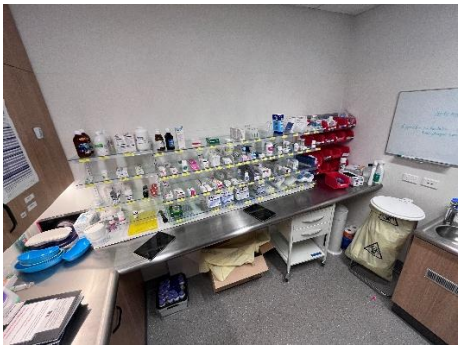
This domain focuses on how the physical and mental health rights and needs of mokopuna are met, in order to uphold their wellbeing, privacy and dignity.

Primary medical care in the unit is professional and timely

Mokopuna have excellent, barrier free access to primary healthcare through their nurse and the on-site doctors. Mana Mokopuna was also able to see how mokopuna can access dentist services whilst living in Ngā Kākano. Kaimahi booked transport for mokopuna and liaised with whānau to ensure there was someone familiar to take them to their (off-site) appointment.

Throughout the visit, Mana Mokopuna observed mokopuna actively engaging with their primary nurse regarding medication and their care and treatment. All mokopuna questions were answered with respect and communicated in easy to understand ways. In situations where mokopuna were acutely unwell and unable to engage, Mana Mokopuna saw kaimahi carefully planning care and involving whānau as much as possible. Kaimahi ensured all options were explored before any restrictive practices were considered, reflecting a commitment to thoughtful and respectful treatment.

Mana Mokopuna saw the medication room, where kaimahi had easy access and a well-organised system for managing mokopuna medications. Kaimahi reported little to no medication errors within the unit, which was triangulated by our documentation review.



(Medication room)

There are barriers to accessing inpatient care for those living outside of the Canterbury region

Overwhelmingly, whānau Mana Mokopuna spoke to described how hard it was to access the right kind of mental health care for their mokopuna. They described experiencing particular difficulty when based outside of the Canterbury region. Their barriers were not only relating to being admitted into Ngā Kākano, but also in terms of travel. Ngā Kākano is the only inpatient service for mokopuna in the South Island meaning some whānau must travel long distances to support their mokopuna. While kaimahi noted that whānau are eligible for travel funding when outside their region, mokopuna and whānau can still feel stuck especially if there are other dependents in the whānau and when parents also work. Some whānau Mana

Mokopuna spoke with said it felt like they had to pause their own lives to be with their mokopuna, with some considering re-locating to Ōtautahi Christchurch in order to be closer to mental health services. Concerningly, Mana Mokopuna was told that some mokopuna had been held in adult inpatient units or Police cells in their home city whilst awaiting admission into Ngā Kākano.

Mana Mokopuna is finding there is an increasing trend with a lack of access to appropriate mental health care for all mokopuna across all designated facilities monitored under our OPCAT NPM designation[59]. Whilst this issue is not something Ngā Kākano as a facility can influence, it highlights significant systemic gaps in mental health care for mokopuna in some regions. Areas that were highlighted to Mana Mokopuna as part of this 2025 OPCAT monitoring visit as having particular gaps were Ōtepoti Dunedin and the Upper South Island.

Article 25 of the Convention on the Rights of Persons with Disabilities establishes that States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services. In particular, States Parties shall provide these health services as close as possible to people's own communities, including rural areas.

Mana Mokopuna recommends Health New Zealand Te Whatu Ora continually monitors gaps in service and barriers to access for mokopuna experiencing mental health distress in Aotearoa New Zealand and develops and implements plans to manage these barriers accordingly, to better ensure mokopuna mental health needs are met.

[59] Mana Mokopuna has the designation as a National Preventive Mechanism to monitor all facilities where mokopuna are deprived of their liberty. These include Youth Justice and Care and Protection residences, all community-based remand homes and adolescent inpatient intellectual disability and mental health units.

Appendix One
Progress on 2023 recommendations

The following table provides an assessment of the recommendations made by Mana Mokopuna for the previous full monitoring visit to Ngā Kākano carried out in November 2023. Mana Mokopuna acknowledges that work on systemic recommendations is led at the Health New Zealand Te Whatu Ora level. The progress detailed here relates only to the day-to-day operations of this residence and is assessed on the following basis:
No Progress | Limited Progress | Some Progress | Good Progress | Complete

2023 Systemic Recommendations

	November 2023 Recommendation	Progress as at June 2025
1	Work with key stakeholders to increase the availability of appropriate community-based adolescent mental health services and placement options to support transition from acute care.	**Some progress –** Mana Mokopuna notes the introduction of an Oranga Tamariki liaison worker to assist with bridging the gap between Oranga Tamariki and Health New Zealand. This will be particularly helpful for mokopuna who do have custody status with the State as they transition in and out of the inpatient unit. Transitions into and out of the inpatient facility continue to be problematic for mokopuna and their whānau. Whether that be appropriate access to community-based services, access to services close to home or a cohesive approach to care when multiple agencies are involved.
2	Establish a mokopuna-centric independent complaints process and ensure access to independent advocates.	**Good progress for Ngā Kākano –** Mana Mokopuna was pleased to hear Ngā Kākano senior managers have engaged with VOYCE Whakarongo Mai who have agreed to provide independent advocacy for mokopuna in the Ngā Kākano unit. Mihi Whakatau had been arranged for introductions and whakawhānaungatanga. Mana Mokopuna acknowledges the work that has taken place to ensure mokopuna have access to a range of advocates which also includes the District Inspectors, Pūkenga Atawhai and whānau.
3	Provide opportunity for external organisations to learn the admission process for Ngā Kākano to reduce inappropriate admissions and 'drop offs'.	**Good progress –** Kaimahi did not indicate that inappropriate 'drop offs' were an issue for them on this 2025 visit. Documentation reviewed by Mana Mokopuna did not indicate that mokopuna were admitted outside of the established process.
4	Provide clear direction via an implementation plan to embed Māori Mental Health models of care.	**Limited progress –** Kaimahi in the unit continue to work on how best to support mokopuna and whānau Māori. Mana Mokopuna saw how kaimahi use The Meihana Model - Application to Practice template which provides kaimahi with tools and techniques for authentic engagement with mokopuna and whānau that whakapapa Māori and Te Arotakenga Cultural Assessment specifically supporting assessment with te Ao Māori concepts of holistic wellbeing. However, kaimahi are still very reliant on a few to embed tikanga and matauranga Māori into everyday operations. Kaimahi are keen to build their capacity and capability in this regard, however this has not been prioritised.

2023 Facility Recommendations

	November 2023 Recommendations	Progress as at June 2025
1	Provide options for mokopuna to engage in activity outside of school hours.	**Good progress –** Mokopuna had a variety of activities available to them outside of school hours. Mana Mokopuna also saw good evidence of tailored activities for te tamaiti who was not able to engage in education due to enrolment delays. Mokopuna did not raise a lack of available activity as an issue for them on this 2025 visit.
2	Document and evidence mokopuna voice in their treatment and transition plans. Involving mokopuna and their whānau in decision making is critical for understanding and buy-in.	**Good progress –** Mana Mokopuna saw excellent reflection of mokopuna voice in treatment plans. In particular, we highlight and commend the use of the 'social stories' to explain diagnoses, treatment and provide mokopuna the opportunity to document what tools work for them. There was also excellent feedback from whānau on the ward regarding their supported involvement in their mokopuna care.
3	Consider non-clinical roles to assist with supervision of mokopuna on the ward providing additional mentors for mokopuna to engage with.	**Good progress –** The employment of a housekeeper who has excellent engagement skills with mokopuna was pleasing to see. Mokopuna gravitated towards this kaimahi and clearly felt comfortable working with them whether that be with cooking, baking or cleaning. The Pūkenga Atawhai is also a well-liked kaimahi for mokopuna and they clearly have good rapport with all mokopuna on the ward. In response to mokopuna feedback, Mana Mokopuna would like to see non-clinical kaimahi consistently available to mokopuna to provide a relaxed environment where mokopuna can talk about everyday things and not just their health and wellbeing.
4	Continue to ensure least restrictive practice options are prioritised, and that staff professional development and learning supports continued development in de-escalation technique capability.	**Good progress –** Mana Mokopuna saw excellent use of least restrictive treatment approaches. Whilst seclusion is used as an absolute last resort, the use of seclusion was recorded 12 times between August 2024 and 15 June 2025 and two of those events lasted for over six days. The majority of the seclusion use during this timeframe was distinct to a small number of mokopuna. Despite some kaimahi being nervous about the upcoming changes to Mental Health legislation in relation to the outlawing of seclusion, Mana Mokopuna believe that kaimahi at Ngā Kākano are well placed to eliminate its use – using the unit pod system and HCA to good effect. Mana Mokopuna was also pleased to hear about an upcoming collaborative meeting with Haumaru Ōrite Mo Rangatahi unit based in Tamaki Makaurau so that seclusion elimination strategies could be shared and discussed, to ensure the exchange of practice experience and approaches for the benefit of mokopuna and their rights.
5	Ensure a consistent approach to de-brief after incidents is followed and all kaimahi are able to access supervision to support their practice and well-being.	**Good progress –** At the time of this 2025 visit, CNS kaimahi were working to their core function and not part of unit shift numbers. Their core function is to support kaimahi practice, provide training and guidance on the ward. Kaimahi can now have appropriate de-brief sessions and take part in learning sessions built around practice reflection. Mana Mokopuna saw evidence of good kaimahi check-ins during a high-pressure event and kaimahi were appreciative of the support both from the Clinical Nurse Manager and CNS.

Appendix Two

Gathering information

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

Method	Role
Interviews and informal discussions with mokopuna.	
Interviews and informal discussions with kaimahi and external stakeholders	▪ Acting Clinical Nurse Manager ▪ Clinical Nurse Specialist (CNS) ▪ Kaimahi (Registered Nurses) ▪ Student nurses ▪ Psychiatrists ▪ Psychologists ▪ Occupational Therapist ▪ Teachers (Southern Regional Health School) ▪ CDHB Social Workers ▪ Pharmacist ▪ Pūkenga Atawhai ▪ Youth Consumer Advocate ▪ District Inspector ▪ Clinical Informatics Specialist ▪ Leadership team: • Service Manager CAF • Clinical Director CAF • Allied Health Consultant CAF ▪ Clinical Services Manager for Oranga Tamariki
Documentation	▪ Inpatient Standards Audit tool ▪ Ngā Kākano feedback options ▪ Mokopuna plans ▪ Early intervention in Psychosis Pathways ▪ Handover notes ▪ Inpatient unit information booklet ▪ Meihana Model 2025 ▪ Referral form ▪ Safewards Programme and training o Use of soft words ▪ Speciality Mental Services Process ▪ Suggestions, compliments and complaints forms

	▪ Therapuetic programme outline
	  ○ Including therapeutic group programme
	▪ Tikanaga Māori 2025
	▪ Your Rights patient information
	▪ Examples of mokopuna social stories
	▪ CPS model
	▪ Temporary transfer of adult consumers document
	▪ Referral forms
	▪
	▪ Documentation for:
	  ○ Seclusion
	  ○ Restraints
	  ○ Staffing
	  ○ SAC
	  ○ Incident reports
	  ○ Medical indents
	  ○ Mokopuna information
	  ○ Regional spread of admissions of mokopuna

Observations and engagements with mokopuna	▪ Unit Routines ▪ Mealtimes ▪ Free time ▪ Activity time ▪ HCA ▪ Education