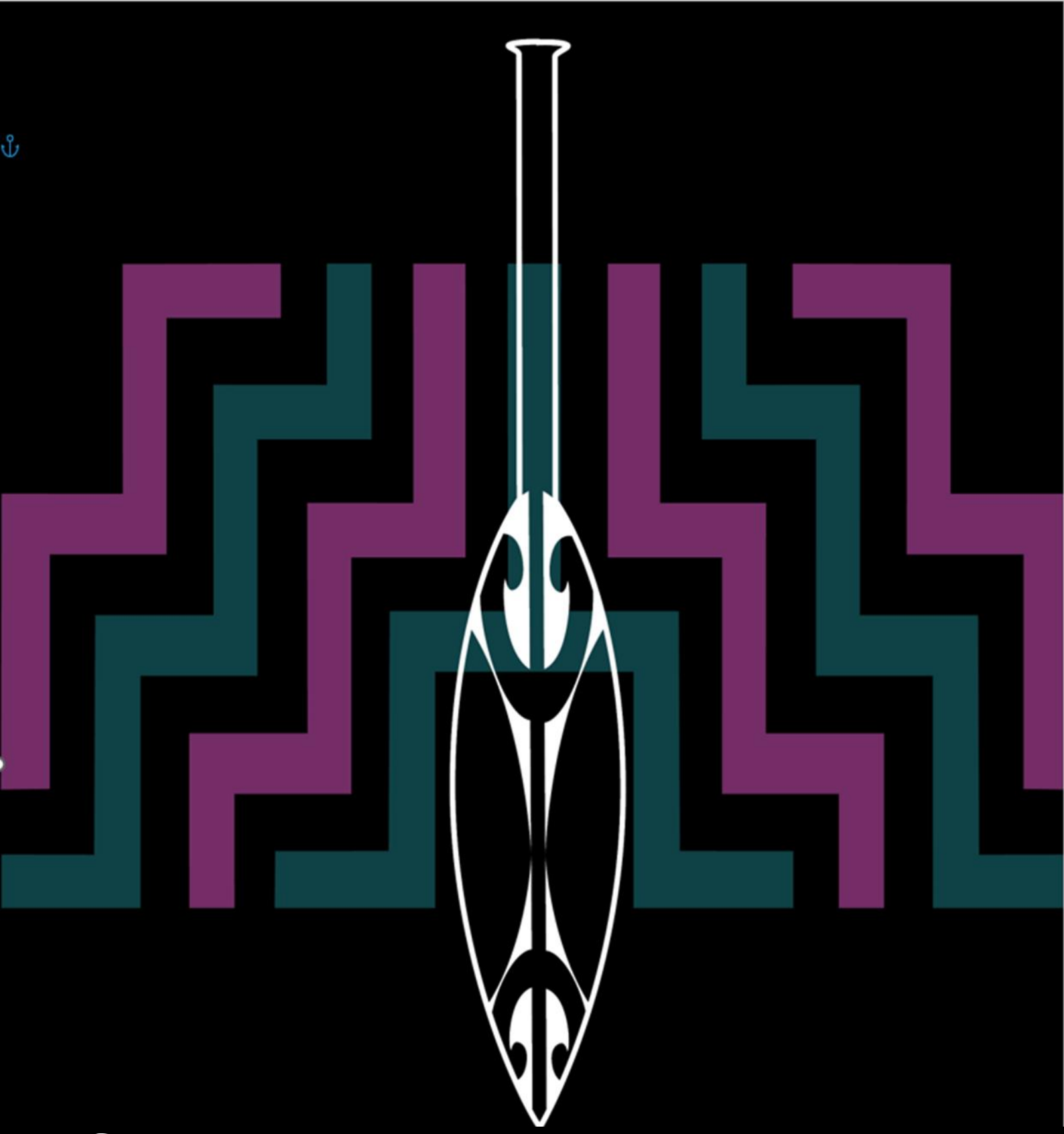

MANA MOKOPUNA
Children's Commissioner

Hikitia Te Wairua

OPCAT Monitoring Report

Visit date: August 2025

Report date: November 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 well-being, at every stage of their lives.

Please note for clarity, in this report, we use the term 'mokopuna' to describe a group of children and young people, and tamaiti for a specific child or young person.

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 an unannounced full visit to the National Youth Intellectual Disability Secure Service (NIDSS) – Adolescent Inpatient Unit (Hikitia Te Wairua) between 19-21 August 2025 as part of its NPM monitoring visit programme. The objective of our OPCAT Monitoring as the 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 onsite visit.

About this facility

Facility Name:	Hikitia Te Wairua, operated by Health New Zealand Te Whatu Ora.
Region:	Located in Porirua (Kenepuru Hospital), Hikitia Te Wairua is a national service for male and female mokopuna diagnosed with intellectual disability up to the age of 18 years old.
Operating capacity:	Six beds and one seclusion rooms in a service-shared safe-care area with its own lounge and courtyard. The facility has a hospital-like design with a series of corridors. Bedrooms are at one end and a staff hub and small communal spaces at the other end. There is a small kitchen and dining area and small lounging spaces throughout. There is also a separate corridor that leads to a service-shared gym and education area. During the visit there were two mokopuna residing at Hikitia Te Wairua. Due to relationship challenges between the mokopuna, one was housed in the open area of the facility and the other in the safe-care area (treated as an open area).
Status under which mokopuna are detained: To be placed at Hikitia Te Wairua, Mokopuna must be assessed as having an intellectual disability and receive a compulsory care order under the Intellectual Disability (Compulsory Care and Rehabilitation) [IDCCR] Act 2003. Mokopuna may also be under the Criminal Procedure (Mentally Impaired Persons) Act 2003. During their stay, mokopuna may be placed under the Mental Health (Compulsory assessment and Treatment) Act 1992, at which point their IDCCR Act is paused whilst they receive mental health care.	

Key Findings

Mana Mokopuna found no evidence of cruel, inhuman, degrading treatment or punishment (ill-treatment) during the visit to Hikitia Te Wairua. Mana Mokopuna was pleased to see that the use of seclusion has significantly decreased in comparison to the high and inappropriate use that was detailed in our last April 2024 visit. Mana Mokopuna reviewed data and found

one seclusion event reported since that April 2024 visit and August 2025 which is a commendable shift in operational approach.

Despite consistent OPCAT recommendations to refurbish Hikitia Te Wairua, funding previously tagged for this has been re-prioritised and Mana Mokopuna understands there is now no timeframe committed to for the required upgrades. The current environment of Hikitia te Wairua fails to support therapeutic care for mokopuna and without urgent upgrades, the wellbeing, safety, and dignity of mokopuna is at risk, and the effectiveness of the service may be compromised. Due to this, the risk of harm for mokopuna remains high in this facility and Mana Mokopuna continues to be concerned that calls for refurbishments are not being appropriately prioritised by Health New Zealand.

Mana Mokopuna reports the following findings for this August 2025 visit:

Opportunities for improvement

- The facility requires urgent refurbishment to align the physical environment with the high-quality therapeutic care and rehabilitation programmes provided by skilled and caring kaimahi working in the facility. The physical environment is not conducive to mokopuna rehabilitation.
- Access to the sensory room is limited due to its unsuitable location within another facility (Nga Taiohi, located within the same broader building but not within the Hikitia Te Wairua unit).
- Interpersonal challenges between mokopuna residing in Hikitia Te Wairua at the time of the OPCAT monitoring visit has resulted in their separation from each other for safety reasons.
    - There was no transition plan for one tamaiti who had complex health needs and there was concern noted from kaimahi regarding their placement at Hikitia Te Wairua should a new admission (i.e. another mokopuna) enter the facility or if Safe Care was needed for others.
- Low staffing numbers noted at the time of this visit meant longer shifts and frequent overtime for kaimahi.
    - Kaimahi report that due to low base pay and rising living costs, they heavily rely on overtime to boost their wages. This is also resulting in fatigue and the risk of compromised care for mokopuna.
- Ongoing partnership with the Kaimanaaki (cultural advisor) is vital to strengthen tikanga, te ao Māori and mātauranga Māori in the unit, especially for mokopuna who whakapapa Māori (are of Māori heritage).

Highlights

- The use of seclusion since the last OPCAT monitoring visit conducted in April 2024 has drastically declined, with only one event documented between May 2024 and August 2025. This is a huge improvement.
- Targeted training was being delivered to meet the specific care needs of the mokopuna currently in Hikitia Te Wairua.
    - All kaimahi who spoke to Mana Mokopuna could communicate the needs of mokopuna, which is a positive.
    - Ongoing investment in training is essential to maintain best practice.
- Mokopuna were open and happy to communicate with Mana Mokopuna, including by outlining their wants and needs. This indicates mokopuna feel safe to speak up and be rangatira in their treatment journeys.
- Kaimahi actively work on establishing good contact with whānau and ensure their involvement in mokopuna care.
- There has been successful recruitment into key roles in the facility which is having a positive effect on mokopuna access to specialists and resources.

Recommendations

2025 Systemic Recommendations

As a result of the findings of our OPCAT monitoring visit in August 2025, Mana Mokopuna makes the following recommendations to Health New Zealand Te Whatu Ora and Whaikaha – Ministry of Disabled People:

	Recommendation
1	Re-assess the refurbishment needs of Hikitia Te Wairua immediately to ensure an appropriate therapeutic environment is available for mokopuna. This should include a dedicated sensory room within the unit.
2	Work with key care agencies and the judiciary to ensure that all mokopuna who should be cared for in Hikitia te Wairua have direct access to Hikitia Te Wairua, in line with their specific disability and healthcare needs.
3	Revise the Memorandum of Understanding between Whaikaha – Ministry of Disabled People[2] and Oranga Tamariki to clearly define shared responsibilities and improve collaboration between agencies relating to upholding the rights of mokopuna with intellectual disabilities.

[2] Whaikaha – The Ministry for Disabled People https://www.whaikaha.govt.nz/

	Recommendation
4	Develop mokopuna-friendly intellectual disability-focused rights collateral for mokopuna and ensure this is proactively provided to all mokopuna in the facility.

2025 Facility Recommendations

	Recommendation
1	While awaiting refurbishment, work with mokopuna to create a more therapeutic physical environment within the unit to support mokopuna wellbeing. This could include greenery, soft furnishings and cushions and artwork.
2	Investigate mokopuna complaints regarding shower water pressure and upgrade mokopuna mattresses to improve comfort.
3	Begin service design work that develops a holistic model of care that has tikanga Māori as its foundation. The model should be youth-specific with strong whānau involvement and tailored for mokopuna with intellectual disability.
4	Provide focused training for kaimahi about conditions such as Oppositional Defiant Disorder and age-appropriate trauma-informed sex and relationship education, to support mokopuna development, rehabilitation and reduce reoffending.
5	Embed kaimahi attendance at professional supervision as a standard requirement for all staff, ensuring kaupapa Māori and culturally relevant options are available.
6	Assess the FTE allocation for key roles such as the dietitian, occupational therapist, psychiatrist and psychologist to ensure contracted hours are appropriate for quality engagement with mokopuna.
7	Ensure mokopuna have access to non-screen-based activities during downtime to avoid prolonged screen use.
8	Investigate the recruitment of a lived-experience Intellectual Disability Advocate to provide mentorship to mokopuna.

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

Further, the Concluding Observations from the United Nations Committee on the Rights of Persons with Disabilities in 2022[7] 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.[8]

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

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

Report findings by domain

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.

An urgent redesign is needed for mokopuna to thrive

Hikitia Te Wairua provides excellent therapeutic care, but the unit's physical environment falls short of the same standard. The unit feels clinical and uninviting, dominated by dark grey tones with minimal artwork, little greenery, or natural light. This lack of warmth can diminish the sense of aroha (care) and belonging, impacting mokopuna quality of life during their time in the facility. Keeping in mind mokopuna under the IDCCR Act can live at Hikitia Te Wairua for multiple years, the physical environment should be therapeutic, promote healing and hope rather than feel restrictive, institutional and closed-in.

"This space was bland, dreary and not a place that is mokopuna friendly or human friendly. Very clinical and hospital like - not whānau or mokopuna friendly or whānau warm."
(Kaimahi)

Heavy curtains were often drawn during the day to allow TV screen visibility and prevent mokopuna from seeing each other due to complex behavioural and relational factors which prevented their mixing. The significantly restricted natural sunlight left the unit feeling dreary, dim, and disconnected from the outdoors.

The living area (left) and the dining area (right)

Several kaimahi described the unit as cold and institutional rather than therapeutic and noted the environment impacts their wellbeing as kaimahi, with them noting an even greater effect on mokopuna who may reside there for extended periods.[9]

Various kaimahi spoke to the unit being:

*"....still sh*t....."*
(Kaimahi)

The metal toilet with shower head (left) and the mirror in the bathroom (right)

Kaimahi from across all areas of operations reiterated that the physical environment at Hikita Te Wairua can undermine mokopuna rehabilitation, fostering hopelessness and increasing inappropriate behaviours that may lead to extended sentences. This is in direct conflict with the purpose of the unit which is to provide care, rehabilitation, and a pathway to positive change.

Mana Mokopuna recommends an immediate refurbishment of the unit to improve living conditions for mokopuna detained at Hikitia Te Wairua.

Mokopuna have the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development under article 27[10] of the Convention on the Rights of the Child. The living conditions at Hikitia Te Wairua do not give effect to this right of mokopuna.

While awaiting refurbishment, improvements could include:

- consistent use of Whare o Rūaumoko (the Māori cultural centre located within the Rātonga-Rua-o-Porirua mental health campus within Kenepuru Hospital) for mihi whakatau and cultural learning

[9] Under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, a person can be detained for an indefinite period, subject to regular reviews. Unlike mental health orders with fixed timeframes, detention under this Act depends on individual needs and assessed risk, not a set duration.

[10] Convention on the Rights of the Child | OHCHR

- a Hikitia Te Wairua based sensory area with appropriate resources
- nature inspired murals and investigate the feasibility of indoor plants
- textured paint
- comfortable furniture with cushions and rugs to create a home-like feel.

Fresh air and access to greenery can also significantly enhance mokopuna wellbeing from a therapeutic perspective and Mana Mokopuna encourages kaimahi to continue using the hospital grounds with mokopuna.

The Safe Care area is used as a living space

Limited space at Hikitia Te Wairua leaves kaimahi with few options when new mokopuna are admitted, especially if separation is required for safety. During the visit, Mana Mokopuna noted the separation of two mokopuna due to historical offending, with one placed in the Safe Care area because of limited alternatives. While the area was treated like an open unit and offered more light than other areas of Hikitia Te Wairua, there was still limited access to fresh air and the outdoors. Te tamaiti was provided with a social story to explain that living in Safe Care was not a punishment, however long-term placement in Safe Care is far from ideal. Apart from the environment not being mokopuna-friendly, Safe Care is also a shared resource with Ngā Taiohi[11] which meant that the area could not be used as a de-escalation or seclusion space by either unit whilst a tamaiti was living in it.

Extended use of Safe Care contradicts its intended purpose and highlights the need for more suitable spaces within Hikitia Te Wairua to manage common situations safely and in a way that supports wellbeing, therapy and rehabilitation.

The dining area in Safe Care (left) and the corridor between units (right)

[11] Nga Taiohi is a national, secure youth forensic mental health unit in New Zealand for young people aged 13–18 who are involved in the youth justice system and have severe mental health or co-occurring mental health and alcohol/drug issues

Mana Mokopuna urges Health New Zealand Te Whatu Ora and Whaikaha to immediately resume refurbishment plans, prioritising a dedicated intellectual disability-focused Safe Care area and a sensory room solely for the use of mokopuna in Hikitia Te Wairua.

"I wouldn't want my child to be Safe Care or in here – no I wouldn't want them to be here for even a week."
(Kaimahi)

Mokopuna have limited opportunities to access outdoor areas

All mokopuna need outdoor spaces for physical activity and exercise to help manage stress and support their wellbeing, however mokopuna at the time of this August 2025 visit were unable to use the outdoor courtyard due to confidentiality and privacy (all mokopuna areas look into the central courtyard and particular mokopuna could not mix due to a historic disclosure of harm. For safety reasons mokopuna could not see each other or be in each other's physical company). Kaimahi also said that outings for mokopuna are often limited due to staffing numbers or ratios that require a gender balance. This all results in mokopuna having limited access to the outside and fresh air.

The high metal fences giving a prison like feel (left) and the courtyard mokopuna can no longer use (right)

Much of the outdoor area was prison-like and greenery could only be accessed by walking around the hospital grounds when staffing allowed. Mana Mokopuna recommends an urgent refurbishment of the outside areas of Hikitia Te Wairua alongside the internal refurbishment to promote mokopuna wellbeing.

Mokopuna have the right to play, recreation and exercise under Article 31 of the UN Convention for the Rights of the Child.[12] The living conditions at Hikitia Te Wairua do not give full effect to this right of mokopuna.

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[12] Convention on the Rights of the Child | OHCHR

Food choices did not always meet mokopuna preferences

Kai (food) is an important part of mokopuna life and care at Hikitia Te Wairua. Mokopuna with intellectual disabilities often experience sensory challenges, making them sensitive to certain foods, or may have conditions that include food-related addictions. Mokopuna said they do not always like the food provided and some find it hard to keep their weight up because the food they enjoy was not easily available. Mokopuna said that the hospital tray-line meals were not good and kaimahi described them as bland.

One of the meals on offer including an extra bread roll and dessert from another tray.

Mokopuna had food management plans developed with professional input from a dietitian. However, these plans were limited to the hospital kai available, which restricted flexibility and choice. It is essential that mokopuna have input into their food choices and access to healthy nutritious kai. Mokopuna enjoyment of kai is critical for their rehabilitation and overall wellbeing.

Access to a dedicated sensory room needs to be prioritised

The sensory room at Hikitia Te Wairua is currently inaccessible and located within another mokopuna facility (Ngā Taiohi), which is not an appropriate arrangement. The sensory room is vital and designed to promote emotional regulation, yet its current location prevents mokopuna from accessing it as an essential resource required for their wellbeing. During this August 2025 visit, a tamaiti asked to use the sensory room but was unable to do so due to requiring an escort to the sensory room and limited number of kaimahi on shift at the time. Mokopuna access to therapeutic tools, including sensory items, should not be limited as they are key components of their rehabilitation and emotional regulation journey. The visit team saw new sensory tools that had recently arrived at Hikitia Te Wairua and were told more were due in the near future however, there is still no dedicated space for their long-term use and storage.

Mana Mokopuna acknowledges the need for refurbishment and continues to advocate for equitable access to vital resources that promote regulation in a supportive environment. We commend the introduction of a temporary sensory area at Hikitia Te Wairua as a positive step toward enhancing mokopuna wellbeing in lieu of a dedicated, fit-for-purpose sensory room.

Mokopuna could wear their own clothing and decorate their bedrooms

Mokopuna had access to their own clothing and could wear it freely. A tamaiti proudly showed us their room with personalised posters and family photos, which created a welcoming atmosphere. Supporting mokopuna to make their rooms their own is important to supporting mokopuna in their right to identity and human dignity. Kaimahi also shared that a tamaiti chose the light blue colour for their re-painted bedroom. Some rooms also featured chalkboard walls for mokopuna creative expression and to prevent tagging.

The mattress in mokopuna bedrooms (left, not in use at the time of the visit) the blackboard chalk wall (right)

It is essential mokopuna continue to have autonomy over their bedrooms and access to personal items to help support their individuality. Mokopuna did, however, request more comfortable beds and mattresses, increased water pressure in the shower with consistent hot water, and unrestricted access to their bedrooms and bathrooms without needing to seek permission from kaimahi. It is recommended that these improvements are investigated to ensure mokopuna comfort throughout their stay, which as previously noted, can be multiple years.

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 work well together for mokopuna

Throughout the time of our on-site visit, kaimahi demonstrated good working relationships and were seen to be supportive of one another both collegially and within their professional practice. The way kaimahi interacted showcased strong teamwork and a commitment to mokopuna care that actively role modelled what positive relationships can look like. Kaimahi spoke of each other's strengths and weaknesses and said they were willing to "pitch-in" where needed. All kaimahi we spoke with said they liked coming to work and enjoyed working with mokopuna who were appropriate for the Hikitia Te Wairua model of care. Kaimahi could outline details within mokopuna plans and emphasised the importance of being consistent in terms of their expectations of mokopuna.

"It's like a second family here."
(Kaimahi)

Staffing ratios have improved, however overtime hours remain unsustainable

Mana Mokopuna is pleased with strong progress made in terms of kaimahi recruitment since our last April 2024 visit. Key Allied Health[13] roles including a psychologist, occupational therapist, dietitian, and additional mental health support worker roles have now been filled, enhancing the care provided to mokopuna. The recruitment of eight registered nurses was also underway at the time of this August 2025 visit to further strengthen the team's capacity. However many of these roles are part-time due to kaimahi being shared across different facilities, which does impact mokopuna being able to have immediate access to professionals whose support they require at Hikitia Te Wairua.

Despite the recruitment drive, many kaimahi said they still worked extended shifts to cover when shift numbers were light. The Clinical Co-ordinator was also regularly required to step in and assist in the unit caring for mokopuna. In reviewing documentation, Mana Mokopuna noted 20 recent instances of extended shifts for kaimahi across the facility. This includes times when breaks could not be taken due to unit restrictions. Kaimahi indicated that rising living costs and low baseline pay has increased their reliance on overtime to supplement wages. While it was affirming to see kaimahi genuinely care for mokopuna and each other, this way

[13] Allied Health roles include professions such as physiotherapists, occupational therapists, psychologists, dietitians, and pharmacists, who provide specialised support outside of medicine and nursing.

of working is unsustainable and risks kaimahi burnout. Some kaimahi were unable to recall their last break or holiday and some reported needing to take time off work to recover from burnout.

Supporting kaimahi wellbeing is vital for quality care. Mana Mokopuna recommends Hikitia Te Wairua assess the FTE allocation for their unit and propose amendments to Health New Zealand Te Whatu Ora if change is required.

Training is prioritised and helpful

It was noted in our last April 2024 monitoring visit that kaimahi were ill-equipped to work with some of the mokopuna being admitted into Hikitia Te Wairua.[14] Diagnoses included higher functioning intellectual disability (ID)[15] and comorbid presentations such as conduct and spectrum disorders and neurodiversity. It was good to hear during this August 2025 visit that regular training is prioritised at Hikitia Te Wairua and kaimahi have increased knowledge around some of the additional diagnoses mokopuna can at times present with. Kaimahi felt confident working with the mokopuna who were currently in the unit including a tamaiti who had a rare genetic disorder. This training improvement supports best-practice care for mokopuna. Kaimahi said that further training would help further strengthen their practice in the following areas:

- Conditions such as Oppositional Defiant Disorder
- Mana Mokopuna also suggests age-appropriate trauma-informed sex and relationship education training, to support mokopuna development, rehabilitation and reduce reoffending.

Mana Mokopuna was pleased to see mental health support workers in the facility studying to become registered nurses, and this study was supported within their rostered hours. New kaimahi also reported positive induction experiences and ongoing training, including CPR and a variety of e-learning modules. The introduction of 4-week induction training for new kaimahi was highlighted as a significant improvement since the last monitoring visit in April 2024.

There is a lack of professional supervision and post incident debriefs for kaimahi

Kaimahi reported that professional supervision is offered but rarely used. One kaimahi noted they did not attend because they did not understand its purpose or value, and when one kaimahi asked another kaimahi what it was, the reply was:

*"you just chat sh*t,"."*
(Kaimahi)

[14] Hikitia Te Wairua OPCAT monitoring report | Mana Mokopuna
[15] Hikitia Te Wairua kaimahi have historically worked with severe ID mokopuna.

One kaimahi shared that kaupapa Māori supervision during their nursing studies was highly valuable and relevant to them. They indicated they would attend these sessions if this option was available for kaimahi at Hikitia Te Wairua. In addition to the variable uptake of supervision, kaimahi reported that team debriefs have not resumed since the prolonged seclusion event detailed in the April 2024 OPCAT monitoring visit report published by Mana Mokopuna in November 2024. Kaimahi were largely unsure why these sessions were not occurring and openly expressed their concern regarding the lack of this practice. All Hikitia Te Wairua kaimahi working directly with mokopuna should consistently attend high-quality, culturally relevant supervision and debrief sessions post incidents to support their wellbeing, as well as to cultivate best and reflective practice learnings in working with and caring for mokopuna.

Mana Mokopuna recommends Hikitia Te Wairua management ensures all kaimahi understand the value of regular supervision and debriefs, provide kaupapa Māori supervision options, and promote kaimahi regular participation in these sessions. Professional supervision should be a standard operating requirement for all Hikitia te Wairua kaimahi.

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.

There are opportunities to strengthen te ao Māori and mātauranga Māori in day-to-day operations

Mokopuna Māori remain overrepresented in places that deprive them of their liberty and face persistent health and wellbeing inequities, as highlighted by Te Hiringa Mahara.[16] The disestablishment of Te Aka Whai Ora[17] in 2025 raises serious concerns about reduced access to culturally appropriate services which is also echoed by the Waitangi Tribunal.[18]

Although the mokopuna present during this August 2025 visit did not whakapapa Māori, they expressed a strong desire to learn and engage with Māori culture and values and expressed a need to connect with their spirituality. A clear plan is needed to embed cultural learning opportunities for all mokopuna, especially those who whakapapa Māori to strengthen mokopuna identity and wellbeing. Some suggestions to support this process include:

- ensuring kaimahi and mokopuna understand the meaning of *Hikitia Te Wairua* - "to lift the spirit." Currently, cultural and spiritual programmes are limited, falling short of this vision.
- Kenepuru Hospital's wharenui, Rūaumoko, offers a space for Māori to express their identity and access cultural support. However, mokopuna access depends on their 'ground leave' status, which must be granted by a care manager. Cultural engagement should never be conditional and given Rūaumoko is on hospital grounds mokopuna should be able to access the whare throughout their stay.

The integration of te ao Māori practices and mātauranga Māori within the facility gives effect to Article 2 of Te Tiriti o Waitangi, which guarantees Māori protection of all taonga, including language and customs. This integration should be strengthened.

[16] https://www.mhwc.govt.nz/assets/Reports/Youth-wellbeing-infographic/Youth-and-rangatahi-wellbeing-infographic-June-2024.pdf
[17] https://www.parliament.nz/en/pb/hansard-debates/rhr/combined/HansDeb_20240227_20240227_32
[18] Tribunal releases report on disestablishment of Te Aka Whai Ora | Waitangi Tribunal .

Tikanga should be valued and embedded into daily life

Three Kaimanaaki have now been appointed across the youth and adult Intellectual Disability units within the Kenepuru Hospital campus, marking significant progress since our last visit in April 2024. However, more can be done to embrace tikanga and engage with mana whenua. For example, Kaimanaaki lack resources for essential items such as art supplies and poroporoaki (leaving) gifts for mokopuna when they are ready to leave the unit. Kaimahi feel there is not enough emphasis put on the importance of having resources like this and said that it indicates to them that doing things that are aligned to tikanga is not valued. Kaimahi would like to see this changed going into the future.

Kaimahi also highlighted to Mana Mokopuna the lack of kaimahi Māori working at Hikitia Te Wairua. We encourage Health New Zealand te Whatu Ora to strengthen recruitment of kaimahi Māori for the facility to ensure positive role models for mokopuna in their care. Having more kaimahi Māori on shifts and in leadership positions promotes culturally safe and relevant care.[19]

Investing in cultural competence is essential for every kaimahi

Embedding te ao Māori and mātauranga Māori in a system built on Western principles is a significant challenge. If systemic change is to occur, all kaimahi across the facility must invest in their cultural competence to raise their capability. Currently, efforts to build this capability are minimal. While kaimahi value the support of three kaimanaaki, especially the one dedicated to Hikitia Te Wairua, the responsibility for implementing tikanga and amplifying te reo and te ao Māori practices cannot rest on a few individuals. It requires collective commitment from all kaimahi across the service and needs to be role modelled by leadership teams. It is important that all kaimahi in the unit are engaging in upskilling their own mātauranga and creating options for mokopuna to engage in te ao Māori whenever they would like to.

Every mokopuna Māori in Hikitia te Wairua should be offered access to kaupapa Māori activities that nurture self-discovery and reclaim Mana Motuhake.[20] This aligns with Article 1 of Te Tiriti o Waitangi[21] and with their rights to culture, identity, freedom of expression, and respect for who they are under the Children's Convention.[22]

[19] Edmonds, M., Shankar, S., Campos, C. F., Lyndon, M., & Weller, J. M. (2024). Māori experiences and perspectives of hospital treatment in the context of acute care. *The New Zealand Medical Journal (Online)*, *137*(1601), 63-73.
[20] mana Motuhake - Te Aka Māori Dictionary (maoridictionary.co.nz)
[21] Meaning of the Treaty | Waitangi Tribunal-Aritcle1
[22] Convention on the Rights of the Child | OHCHR
Refer CRC/C/NZL/CO/6.

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.

Strong, positive relationships were evident between kaimahi and mokopuna

Mokopuna spoke highly of kaimahi, and positive relationships were evident. Kaimahi showed genuine care, offering praise, engaging in activities like playing guitar, and providing regular haircuts for mokopuna. Mokopuna also reported having kaimahi they can confide in during difficult times and mokopuna whānau also spoke highly of kaimahi saying their mokopuna had a good group of kaimahi around them. While mokopuna and whānau noted that not all kaimahi are consistently engaging, overall, relationships between mokopuna and those caring for them were positive. Strong healthy connections between mokopuna and kaimahi are important, as a supportive environment for mokopuna is vital especially when mokopuna are placed in away from whānau.

More could be done to strengthen the Model of Care

Hikitia Te Wairua use the Good Lives Model (GLM) [23] and Positive Behaviour Support (PBS) [24] as the foundation for their care approach. Both of these approaches have merit. The GLM addresses offending risks through targeted skill development, including interventions such as those provided by The Stepping Stone Trust[25], WellStop[26], psychology, occupational therapy, and nursing support, while the PBS model promotes a therapeutic culture and enhances mokopuna quality of life. However, these models do not incorporate kaupapa Māori approaches using frameworks such as Te Whare Tapa Whā[27] and the Meihana model.[28] Whaikaha – The Ministry of Disabled People *Principles and Approaches,*[29] Te Whatu Ora *Taurite Ora,*[30] and Te Tiriti o Waitangi outline responsibilities to provide a more targeted and promising outcome for Intellectually Disabled mokopuna within Aotearoa New Zealand, especially those that whakapapa Māori. Mana Mokopuna recommends strengthening

[23] The Good Lives Model of Offender Rehabilitation - Information
[24] Delivering Positive Behaviour Support - Blog - HealthCare NZ
[25] Stepping Stone Trust - Community Mental Health Recovery Services | Community Mental Health Recovery Services
[26] www.wellstop.org.nz
[27] Te Whare Tapa Whā | Mental Health Foundation
[28] Microsoft Word - content.doc
[29] https://www.whaikaha.govt.nz/resources/strategies-and-studies/strategies/new-zealand-disability-strategy/principles-and-approaches
[30] Taurite Ora: Māori Health Strategy Data Profile 2019 | Policy Commons

collaboration with the Kaimanaaki to embed te ao Māori and mātauranga Māori perspectives within the current model of care at Hikitia Te Wairua and take care to the next level.

Kaimahi also highlighted the value of incorporating family-based interventions using multisystemic family therapy, to support the involvement of whānau in mokopuna care. Kaimahi believe this has the potential to significantly improve outcomes for both mokopuna and their whānau especially when mokopuna are ready to transition out of the service. Mana Mokopuna encourages adopting a holistic care approach that includes both mokopuna and their whānau, and shifts towards a kaupapa Māori, youth-focused, intellectual disability-specific model of care that can better support mokopuna within the service.

There was a significant reduction in seclusion since last visit

The Royal Commission of Inquiry (RCOI)[31] found that the wrongful use of seclusion and solitary confinement in psychiatric settings in Aotearoa New Zealand amounted to torture and caused significant trauma.[32] Seclusion is now widely recognised as having no therapeutic value,[33] and upcoming legislative reform aim to eliminate its use in all mental health settings, including a ban for mokopuna under the age of 18.[34]

Since the last April 2024 monitoring visit, kaimahi reported only one seclusion event, and data analysed from August 2024 to August 2025 shows there were no seclusion events. Hikitia Te Wairua has embedded processes to prevent prolonged seclusion, including team reviews and the Clinical Nurse Supervisor, who works across the mental health inpatient sector, has input for any event over eight hours. Reviews focus on why seclusion occurred, collaborative problem-solving, and documenting alternative interventions attempted before any extension. Kaimahi noted that mokopuna with an intellectual disability profile thrive at Hikitia te Wairua with minimal use of seclusion and restraints. Maintaining appropriate admission criteria into the service is essential to achieving and maintaining zero seclusion.

International bodies, including the UN Committees Against Torture and on the Rights of the Child,[35] state that any solitary confinement of children constitutes cruel, inhuman, or degrading treatment. In its July 2023 Concluding Observations, the UN Committee Against Torture urged New Zealand to immediately end this practice.[36]

[31] Welcome | Crown response to the Abuse in Care Inquiry
[32] *https://www.abuseincare.org.nz/reports/whanaketia* n119, Part 4, at p 81; Part 6, at p 51 [106]; Part 7 at p 316.
[33] https://www.health.govt.nz/system/files/2023-04/guidelines-for-reducing-and-eliminating-seclusion-and-restraint-under-the-mental-health-act-sep23.pdf
[34] 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.
[35] A/ HRC/28/68, para 44
[36] CAT/C/NZL/CO/7 para 38(h)

Restraints are used as a last resort

Restraints were also used minimally since the last visit. There were nine recorded restraints between August 2024 - August 2025, including four environmental restraints. Kaimahi understand the negative impact using restraints has on relationships with mokopuna and said that restraint practice is only used as a last resort.

"I don't know if I remember how to do restraints as it is not used often."
(kaimahi)

SPEC[37] training and refreshers should still be carried out by kaimahi to ensure if restraints are used, they are done so in the safest way possible for mokopuna. Mana Mokopuna was pleased to hear that kaimahi regularly use lower-arousal strategies, including verbal de-escalation and recognise mokopuna triggers and early warning signs to stop escalations in behaviour. Te Whatu Ora Restraint Elimination and Safe Practice Policy[38] remains a priority. The facility should continue working toward zero restraint use by using sensory tools and verbal de-escalation strategies.

In 2022, the UN Committee on the Rights of Persons with Disabilities urged States to end solitary confinement, seclusion, and all forms of physical or chemical restraint in detention. Mana Mokopuna supports a zero-restraint approach.

Strengthening relationships with other agencies will better co-ordinate care

Kaimahi working at Hikitia Te Wairua have good relationships with local Oranga Tamariki site social workers and key Allied Health kaimahi who regularly attend mokopuna Multi-Disciplinary Team (MDT) hui to provide input and oversight into care planning. These hui can also include external psychiatrists, education representatives, mokopuna, and whānau. This collaboration demonstrates a shared commitment to coordinated care and positive outcomes.

However, many of the mokopuna that come through Hikitia Te Wairua have State care orders, meaning they are in the care of Oranga Tamariki was when mokopuna with State care orders are admitted into the facility. When Mana Mokopuna spoke to one local Oranga Tamariki site social worker, they indicated a tamaiti (not on their caseload) in the unit had not been visited by their allocated social worker for two to three months, which is inconsistent with Oranga Tamariki practice guidance and the National Care Standards. This social worker was trying to arrange to meet with te tamaiti at the time of this August 2025. It is important that key decision makers and support people for mokopuna like social workers, visit mokopuna regularly and in

[37] Safe Practice Effective Communication | SPEC | Te Pou
[38] https://edu.cdhb.health.nz/Hospitals-Services/Health-Professionals/CDHB-Policies/Clinical-Manual/Documents/Restraint%20Elimination%20and%20Safe%20Practice.pdf

line with Oranga Tamariki National Care Standards.[39] It is preferable that the visiting social worker is the one who mokopuna know and trust.

There is a Memorandum of Understanding (MoU) in place between Whaikaha – Ministry of Disabled People and Oranga Tamariki.[40] Mana Mokopuna recommends updating the MoU and the *Roles and Responsibilities: Guidelines to support the implementation of the Memorandum of Understanding*[41] document to ensure there are clear guidelines and expectations for all kaimahi involved in mokopuna care when State custody orders are in place, and that these are regularly monitored for fulfilment by Oranga Tamariki and Whaikaha.

Transition planning is difficult when suitable placements are unavailable

Mana Mokopuna found that mokopuna with rare diagnoses often require ongoing specialised support. When no transition plan or suitable placement exists, despite nationwide searches and multi-agency engagement, it creates significant challenges for the facility and limits rehabilitative opportunities to prevent mokopuna reoffending. When complex cases arise, adequate resourcing, planning, and a multidisciplinary approach is required to provide bespoke options for when mokopuna are ready to transition into the community. One tamaiti during this August 2025 visit had reached the age of 18 and there still was no community place available for them to transition into. Due to the lack of placement, te tamaiti was required to stay at Hikitia Te Wairua. If another mokopuna (under 18) required their bed in the future, the only other option for placement for that 18 year old was an adult facility. Given the complex needs of this tamaiti and their intellectual disability, placement in an adult facility is the very last resort. Whānau at times have felt frustrated and alone in trying to find a transition solution for their tamaiti that is suitable to their needs.

*"get [tamaiti] out of this sh*t hole, get [them] into a nice house."*
(Whānau)

All agencies must collaborate to develop suitable placement options for mokopuna with complex needs and diagnoses, to ensure they can thrive, live safely, reach their full potential, and be safe in the community.

Under section 74 of the Oranga Tamariki National Care Standards 2018, social workers must ensure smooth care transitions for mokopuna by providing placement information beforehand and ongoing support during the transition process. This obligation continues for mokopuna aged 18–25 placed with Health New Zealand Te Whatu Ora.[42]

[39] National Care Standards | Oranga Tamariki — Ministry for Children
[40] MoU-Between-Oranga-Tamariki-and-the-Disability-Directorate-MoH-2021-transferred-to-Whaikaha.pdf
[41] Roles-and-Responsibilities-Guidelines.pdf
[42] Transitioning to adulthood | Practice Centre | Oranga Tamariki

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.

Timely access to specialist care is an issue for mokopuna across the motu

An emerging theme coming through our OPCAT monitoring across all designations, is the limited services available to mokopuna who have special health needs. Whether this is a need for inpatient mental health care, forensic mental health care, or forensic intellectual disability health care, mokopuna are not always receiving access services in a timely manner. Mana Mokopuna is seeing a steady increase of inappropriate placements in both Care and Protection and Youth Justice residences run by Oranga Tamariki because mokopuna cannot access timely health services that properly meet their needs.

Mokopuna are also needing to spend time in adult mental health facilities before being transferred to dedicated adolescent services. This theme once again was highlighted by mokopuna living in Hikitia Te Wairua at the time of this August 2025 visit. Prior to their arrival into Hikitia Te Wairua, mokopuna spent time in a youth justice residence primarily housed in Secure Care,[43] which is highly non-therapeutic environment. Due to issues regarding their safety, they also spent many hours alone in their bedroom.[44] One tamaiti was then transferred to Nga Taiohi before moving over into Hikitia Te Wairua, the other went directly into Hikitia Te Wairua. The journey of these mokopuna epitomises the struggle many have to access the right support at the right time and underscores the urgent need for all care agencies and the judiciary to collaborate effectively so mokopuna are placed in safe environments that truly meet their needs. The key focus for all parties and decision makers involved must be to put the safety, rights and therapeutic care of mokopuna at the centre of all decisions, so their specific needs can be met in keeping with a child's sense of time.

Mokopuna with an intellectual disability should have direct access to places like Hikitia Te Wairua, where appropriate care and support can be provided. Mana Mokopuna encourages Health New Zealand Te Whatu Ora and Whaikaha – Ministry of Disabled People to instigate round-table discussions on how to streamline care for mokopuna, and to ensure actions are taken to ensure mokopuna rights and needs are upheld and met.

[43] Secure Care is the dedicated 'segregation' unit within an Oranga Tamariki run residence. Mokopuna can remain in secure care for up to three days (longer if an application is made to the Youth or Family Courts).
[44] Oranga Tamariki kaimahi can use Regulation 48 of the Residential Care Regulations 1996 to confine mokopuna to their bedrooms during the day.

Mokopuna report feeling safe and supported at Hikitia Te Wairua

Mokopuna expressed feeling safe at Hikitia Te Wairua. Mokopuna indicated they could tell someone they trusted when they needed something and they clearly took pride in their presentation and appearance. Both mokopuna had fresh haircuts and showed confidence in who they are.

The Whānau Coordinator and Consumer Advocates, who serve as advocates within the health system, were also available for mokopuna and their whānau and visited mokopuna on a regular basis. VOYCE Whakarongo Mai (VOYCE)[45] is also exploring how to independently support mokopuna in the mental health and forensic health space, which is a positive development as many mokopuna know the VOYCE advocates from their time in other State care facilities, such as youth justice residences.

Mana Mokopuna commends Hikitia Te Wairua for contributing to noticeable improvements in mokopuna health and the pursuit of mokopuna access to advocacy and support. Maintaining this momentum as mokopuna transition into the community will be critical to sustaining rehabilitation outcomes for mokopuna, so they can return and remain safe in the community.

Mokopuna have a right to access an independent complaints system and have help from advocates to formulate feedback regarding their experiences in care.[46]

Mokopuna need clearer information about their rights.

While Care Managers explain mokopuna rights on entry, ongoing education is needed to ensure a deep understanding and regular reinforcement. The facility displayed a poster outlining mokopuna rights within the health and disability consumer service however, it was not mokopuna-friendly or suitable for those with intellectual disabilities. Mokopuna were therefore not clear when Mana Mokopuna asked if they understood their rights. Specifically, when asked by the Mana Mokopuna OPCAT monitoring team, mokopuna did not want to talk about the rights poster.

The development of a health and disability consumer rights poster that is mokopuna-friendly, easy to read, and in an accessible format for individuals with intellectual disabilities, would go a long way in ensuring mokopuna have ready access to materials that outline and remind them of their rights in a format that meets their developmental level.

Mana Mokopuna recommends that Whaikaha – Ministry of Disabled People develop mokopuna-friendly, intellectual disability focused rights collateral, working in partnership with

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

[46] United Nations Rules for the Protection of Juveniles Deprived of their Liberty | OHCHR Articles 75-78

Health New Zealand Te Whatu Ora, so that all mokopuna can access information about their rights in the forensic and mental health youth sector in accessible, understandable ways.

Mokopuna have opportunities to have their voice heard

Under the IDCCR Act 2003[47] and as residents of Hikitia Te Wairua, mokopuna are supported by kaimahi to uphold their rights and support their input into their care. Section 141 of the IDCCR Act 2003 requires a Care Manager to guide mokopuna through their care and treatment plan, explain their rights in an understandable way, and keep them and their whānau informed about their legal status, rights, and the role of District Inspectors.[48] On admission, mokopuna are also assigned a Key Worker to ensure their voice is heard in their treatment plans and that they understand the MDT hui processes. MDT hui minutes reviewed by Mana Mokopuna confirmed mokopuna input was incorporated throughout the process and their whānau were thoroughly informed about mokopuna progress and next steps.

[47] https://www.legislation.govt.nz/act/public/2003/0116/latest/dlm224578.html
[48] https://www.health.govt.nz/system/files/2025-10/guidelines-role-function-district-inspectors-oct25-v3.pdf

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.

Mokopuna had regular contact with their whānau

During the visit, mokopuna at Hikitia Te Wairua had regular whānau contact, including unrestricted phone communication. Whānau were present on the unit, able to take walks with mokopuna, participate in MDT meetings, and contribute to their mokopuna care planning. Whānau expressed a desire to continually be involved in mokopuna care, treatment, and transition planning. Keeping mokopuna whānau informed and involved is vital for positive outcomes to mokopuna returning successfully back to their communities or into society and kaimahi at Hikitia Te Wairua do this extremely well.

However, kaimahi raised that this high level of in-person whānau engagement can't always be maintained for whānau who live far away. As a national facility, Hikitia Te Wairua is allocated three funded whānau visits per year under the IDCCR Act 2003 for each mokopuna whose whānau live outside the Porirua area. At times, the facility has had to use its own resources to fund additional visits when stakeholders could not provide support, putting further strain on their own limited budgets. Mokopuna under 18 years old with Oranga Tamariki involvement are provided with funding to support whānau visits. However, kaimahi said this support significantly reduces once mokopuna turn 18, despite Oranga Tamariki care provisions extending up to age 25.

Mana Mokopuna is concerned when mokopuna have limited kanohi ki te kanohi (face to face) visits with their whānau. Frequent whānau contact is essential particularly for mokopuna with intellectual disabilities who are often developmentally younger than their biological age. Restrictions of any kind risks undermining their wellbeing and recovery.

Mokopuna have the right to regular whānau contact under Article 9 of the UN Convention on the Rights of the Child. Hikitia Te Wairua leadership works to ensure all mokopuna, regardless of location, can exercise this right. Strong whānau and community connections foster belonging and support a smooth transition back into the community. Regular whānau contact must be funded for all mokopuna in Hikitia te Wairua who usually live outside Porirua.

Mokopuna had access to activities, however, offsites were often limited

Mokopuna were observed watching TV and playing video games during this August 2025 onsite visit. One had community 'grounds leave' and one was able to go offsite. However, this right is not automatic upon admission, meaning mokopuna without 'grounds leave' often miss out on walks around the campus or access to the wharenui. Fresh air and outdoor time are always important for therapeutic care, and even more so for mokopuna living in a run-down facility like Hikitia Te Wairua. Some of the activities mokopuna do have access to when they are allowed 'grounds leave' include:

- Hydrotherapy pools
- Walks around the large hospital campus
- Te Maara – local community garden
- The gym at Tangaroa (adult facility unit)
- Basketball
- Community trips, e.g. to the beach

Mokopuna expressed wanting more offsite opportunities. One tamaiti was attending offsite activities such as fishing, drives, and swimming at the beach, but Mana Mokopuna heard that offsites can often be limited due to kaimahi numbers or the lack of specific kaimahi gender matches with mokopuna. The visit team observed minimal kaimahi engagement during indoor activities, with mokopuna spending long periods of time on screens (video games and YouTube), including during education. Other indoor activities included reading and Diamond Art.

Access to the central courtyard was restricted, as mokopuna needed to be physically separated which included visually (and all internal windows look out to the central courtyard). It is essential that mokopuna have consistent access to varied activities that promote both recreation and social engagement.

Mokopuna have the right to participate in recreational activities such as sports, music, art, and drama. More could be done at Hikitia Te Wairua to uphold mokopuna rights under article 31 of the Children's Convection[49] by providing a wider range of activity options for mokopuna to be involved in as they choose.

Education is tailored to individual mokopuna

Mokopuna were receiving education tailored to their individual learning levels, ranging from kindergarten-level learning to earning NCEA credits. The education team had both specialist training in intellectual disability and lived experience in caring for mokopuna with intellectual disability. To ensure continuity of care for mokopuna from traumatic backgrounds, teachers familiar with them from other facilities were brought in to support Hikitia Te Wairua kaimahi,

[49] Convention on the Rights of the Child | OHCHR - Article 31

which is an excellent option when available. Consistency is critical, as mokopuna often struggle with trust, which can negatively impact the effectiveness and sustainability of their learning.

The right to education was upheld for mokopuna at Hikitia Te Wairua, consistent with Articles 28 and 29 of the United Nations Convention[50] on the Rights of the Child, which guarantee access to and engagement in education.

Education kaimahi supported mokopuna by encouraging their achievement and assisting with their schoolwork. At the time of this August 2025 visit, mokopuna attended half-day classes to accommodate safety plans regarding their separation, ensuring the classroom and teachers were shared at different times. Despite these adjustments, mokopuna remained engaged in their learning, with regular attendance and steady progress toward NCEA achievement.

During the Mana Mokopuna OPCAT monitoring visit, the team observed limited interaction between mokopuna and teachers, with the education programme largely being computer-based. This combined with 'down-time' use of video games and YouTube resulted in mokopuna spending significant portions of their day on screens.

There is a valuable opportunity for a lived experience Intellectual Disability mentor role at Hikitia Te Wairua

Mokopuna at Hikitia Te Wairua currently have limited access to mentors or role models. Research indicates that mentorship significantly supports mokopuna with disabilities in transitioning to next stages like employment.[51] Providing access to someone with lived experience of intellectual disability who has successfully navigated life in the community, could inspire mokopuna in Hikitia Te Wairua to pursue their goals and build a positive future. Mokopuna have expressed this need, and while one tamaiti may soon receive a community mentor, appointing a dedicated lived-experience mentor would be an ongoing benefit to all.

Mana Mokopuna recommends establishing a dedicated lived experience mentor role within the Intellectual Disability services to mentor mokopuna and inspire them for the future.

[50] Convention on the Rights of the Child | OHCHR - Article 28 and 29 Education
[51] A systematic review of mentorship programs to facilitate transition to post-secondary education and employment for youth and young adults with disabilities: Disability and Rehabilitation: Vol 38, No 14

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.

Specialist health care is provided to mokopuna

Mokopuna had access to a therapy dog, dietitian, psychologist, psychiatrist, and occupational therapist, all part-time. The dietitian and occupational therapy support are particularly vital for mokopuna with intellectual disabilities and sensory needs. Therefore, these roles should ideally be full-time at Hikitia Te Wairua to provide consistent support, strengthen relationships, and improve service effectiveness.

Kaimahi highlighted the importance of rapport-building before assessments to ensure accurate outcomes, including for IQ testing and diagnoses. It was good to see clinical practitioners and kaimahi used child-centred, non-clinical approaches to build rapport, using strategies such as watching television and chatting and sitting with mokopuna on beanbags. Mana Mokopuna saw the application of evidence-based practices, including Acceptance and Commitment Therapy,[52] the Beck Depression Inventory,[53] and diagnostic tools for Autism, ADHD, and intellectual disabilities.

Article 25 of the Convention on the Rights of Persons with Disabilities notes that States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services. It was a positive to see this right upheld for mokopuna at Hikitia Te Wairua.

Medical care is available, however the physical environment needs improvement

Although mokopuna received medical check-ups upon admission and as needed, the examination room posed privacy and confidentiality concerns. The room was not soundproof, and its location is along a busy thoroughfare used by people accessing other hospital areas, including those waiting for court, creating potential for breaches of mokopuna privacy. Doctors cannot use the current examination room, making on-unit treatment difficult. At the time of this August 2025 visit, mokopuna were seen by doctors in their bedrooms as an alternative to the examination room. Kaimahi showed Mana Mokopuna how this room was being used for storage. Urgent refurbishment is needed to ensure the space is fit-for-purpose and accessible for mokopuna.

[52] Acceptance and Commitment Therapy | Psychology Today New Zealand
[53] Beck Depression Inventory-Second Edition | The National Child Traumatic Stress Network

Mokopuna have the right under Article 24 of the Children's Convention[54] to the highest attainable standard of health, include timely medical care. While this right is upheld at Hikitia Te Wairua, improvements are needed to ensure the physical environment supports mokopuna privacy and wellbeing in their healthcare.

The medical room being used as a storage unit.

[54] Convention on the Rights of the Child | OHCHR

Appendix One

Progress on 2024 recommendations

The following table provides an assessment of the recommendations made by Mana Mokopuna for the previous full OPCAT monitoring visit to Hikitia Te Wairua carried out in April 2024. 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 as: **No Progress | Limited Progress | Some Progress | Good Progress | Complete**

2024 Systemic Recommendations

	April 2024 Recommendation	Progress as at August 2025
1	Urgently review the use of seclusion at Hikitia Te Wairua. Develop and implement a plan to reduce the use of seclusion with the aim of eliminating the practice altogether.	**Good Progress –** From August 2024 to August 2025, no seclusion events were reported, and kaimahi noted only one event since the last OPCAT visit in April 2024. New processes have been introduced to prevent prolonged seclusion events from happening again. Continued focus on robust systems and adequate space is essential to achieve zero seclusion, while maintaining safety for mokopuna and kaimahi.
2	Urgently review the use of adult in-patient wards to treat mokopuna. Develop and implement a plan to reduce the use of designated adult in-patient wards for mokopuna under 18 years of age.	**Good Progress at facility level –** Mokopuna have not been admitted to the adult inpatient ward at Kenepuru Hospital since the last visit, which is positive. When admissions align with the intellectual disability profile of Hikitia Te Wairua, kaimahi and mokopuna thrive. However, facility upgrades are needed to ensure kaimahi can manage dynamics if mokopuna with higher-functioning intellectual disabilities or ODD are admitted. Systemically, mokopuna are still being admitted into adult inpatient mental health units before transitioning to dedicated adolescent units. This is a noticeable theme across OPCAT NPM monitoring in adolescent designations. Small cities and rural areas have particular issues with a lack of dedicated mokopuna inpatient facilities or enough community-based support.
3	Progress plans to refurbish the Hikitia Te Wairua unit to ensure the environment is therapeutic and can meet the care needs of mokopuna.	**No Progress -** Refurbishment plans have been put on hold after tagged funding was reprioritised. There is no timeline for completion. The current environment fails to support quality therapeutic care for mokopuna. Without urgent upgrades, the potential for harm is a risk for mokopuna.
4	Focus recruitment strategy on ensuring key specialist roles for Hikitia Te Wairua are filled. Particular attention should be focussed on appointing a psychologist and occupational therapist.	**Complete -** Many previously vacant roles including the psychologist, occupational therapist, dietitian, and mental health support workers have been filled. However, most remain part-time and split across multiple facilities.
5	Work with key stakeholders, both government and non-government agencies, to increase the availability of appropriate community-based ID support services to enable timely transition planning.	**Limited Progress –** Transition planning remains a challenge at Hikitia Te Wairua. Mokopuna had limited detail in their transition plans at the time of the visit, and/or suitable long-term placement options. All relevant agencies must collaborate better to create appropriate community-based options for all mokopuna transitioning out of Hikitia Te Wairua.
6	Allocate funding to ensure mokopuna have access to cultural assessments conducted on admission to any in-patient unit.	**Limited Progress –** Work is underway to ensure this can be done with input and training to be provided by the three Kaimanaaki.
7	Allocate a kaimanaaki (cultural advisor) to specifically work in the Hikitia Te Wairua unit only.	**Complete –** The three Kaimanaaki across the adolescent and adult intellectual disability services work collaboratively, with one primarily based at Hikitia Te Wairua.
8	Update operational guidelines for the IDCCR Act and investigate ways independent advocates can engage with mokopuna and their whānau to ensure adequate support is available to navigate the ID and mental health systems.	**Some Progress –** Hikitia Te Wairua is open to collaborating with VOYCE Whakarongo Mai to support mokopuna as needed. However, due to the limited capacity of VOYCE, there remains a need for more consistent independent advocacy to help mokopuna navigate the mental health and Intellectual Disability detainment systems.

2024 Facility Recommendations

	April 2024 Recommendations	Progress as at August 2025
1	Provide comprehensive kaimahi training in record keeping to ensure mokopuna care and rehabilitation information is up-to-date and accurate.	**No Progress –** Although there are good guidelines available, training had not been provided specific to record-keeping for kaimahi.
2	Provide comprehensive kaimahi training to enable them to work and effectively engage with mokopuna taking into account the new trends in mokopuna presentation and need.	**Some Progress –** Evidence shows kaimahi received training on new mokopuna diagnoses. Many support workers are also studying to become registered nurses. Additional training on youth development, intellectual disabilities, ODD, and stronger links with youth justice residences, would strengthen residential care. Current ODD training focused on community settings, not detention environments, meaning gaps in training persist.
3	Develop operational guidance to help all kaimahi incorporate mātauranga and tikanga Māori into everyday unit operations.	**Some Progress –** The Kaimanaaki were at the time of this visit taking the time required to consult with mana whenua on what this should look like at Hikitia Te Wairua.
4	Establish a de-escalation area for mokopuna that is therapeutic and allows mokopuna the ability to self-soothe and regulate in an environment conducive to their needs.	**No Progress –** Plans for a new de-escalation area were put on hold due to re-prioritised funding, leaving mokopuna with limited access to therapeutic spaces. This includes the shared sensory room located in Nga Taiohi.

Appendix Two

Gathering information

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

Method	Role
Interviews and informal discussions with mokopuna.	
Interviews and informal discussions with kaimahi and external stakeholders	▪ Team Lead ▪ Clinical Director ▪ Group Manager ▪ Nurses ▪ Key workers ▪ Dietitian ▪ Social worker ▪ Care Managers ▪ Kaimanaaki ▪ Educational Psychologist ▪ Psychiatrists ▪ Teachers ▪ District Inspectors ▪ Oranga Tamariki National Office specialists ▪ Clinical Coordinator ▪ Support workers ▪ Whānau ▪ Mokopuna
Documentation	▪ Mokopuna care plans ▪ Education plans ▪ Mokopuna special authority assessment ▪ Care And Rehabilitation Plans (CARP) Reports ▪ Reportable Events ▪ Seclusion ▪ Restraints ▪ Safe staffing events ▪ Incident reports ▪ Medication error reports ▪ Mokopuna information ▪ Mokopuna Leave ▪ Multi-disciplinary Team meeting minutes ▪ Mokopuna Meal Plans ▪ Model of Care ▪ Training for staff

Observations and engagements with mokopuna	▪ Free time ▪ Mealtimes ▪ Education Programme ▪ Outside areas (Maara – garden areas) ▪ Gym sessions