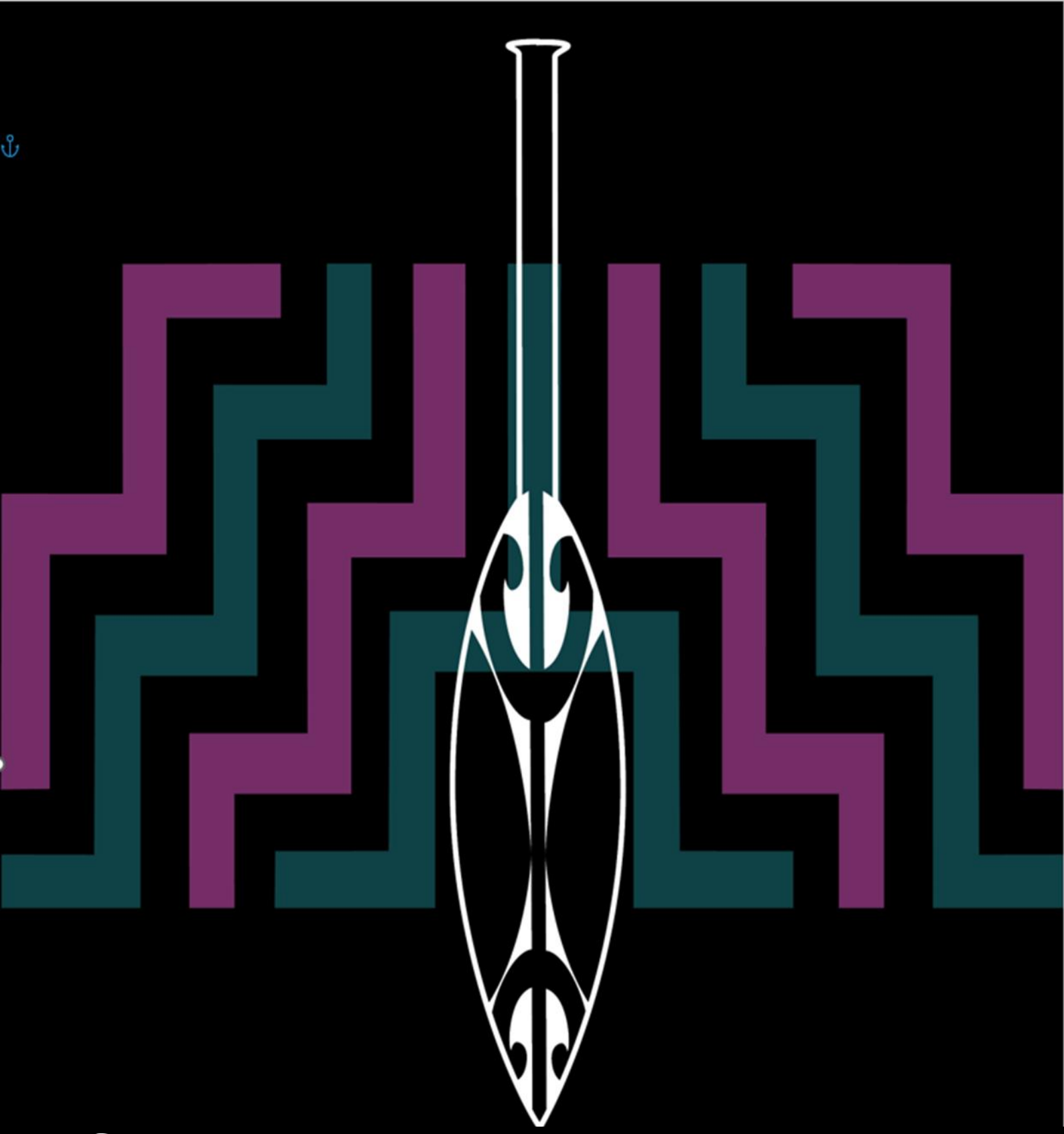

MANA MOKOPUNA
Children's Commissioner

Regional Rangatahi Adolescent Inpatient Service

OPCAT Monitoring Report – Follow Up Visit

Visit date: September 2025

Report date: October 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 one-day-follow-up visit to the Regional Rangatahi Adolescent Inpatient Service (Rangatahi) run by Health New Zealand Te Whatu Ora on 23 September 2025 as part of the NPM visit programme. For this particular visit the Children's Commissioner attended and we were joined by NPM colleagues from Te Kahui Tika Tangata – New Zealand Human Rights Commission and the Independent Police Conduct Authority as well as members of the UN Sub-Committee for the Prevention of Torture. The UN

[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.

Subcommittee accompanied us on this visit in its global independent capacity while conducting a country visit to New Zealand.

Our OPCAT Monitoring drop-in visits are designed to take place between full monitoring visits to continue to strengthen the relationship between the Mana Mokopuna OPCAT Monitoring team and the kaimahi working in the facility. Drop-in visits are also a good opportunity to kōrero with mokopuna about their care experiences and continually highlight to mokopuna, whānau and kaimahi the importance of the OPCAT and the role the NPM plays in harm prevention.

About this report

The purpose of this report is to provide a summary of progress against previous recommendations, assess the current operating climate, and hear what mokopuna say about their time living in Rangatahi. The report findings are based on information gathered during the visit, and from interviews conducted and documentation received after our time on-site in the unit. Due to the short nature of the visit, no new recommendations have been made.

About this facility

Facility Name:	Regional Rangatahi Adolescent Inpatient Service operated by Health New Zealand Te Whatu Ora.
Region:	Located in Porirua (Kenepuru Hospital), it is the acute adolescent inpatient unit for the central region (Capital and Coast, Hutt, Wairarapa, Whanganui, and Hawkes Bay District Health Board (DHB) areas).
Operating capacity:	12 beds, including one seclusion room and one de-escalation area. At the time of the visit there were 8 mokopuna in the Rangatahi unit. The Regional Rangatahi Adolescent Inpatient Service (Rangatahi) is the acute adolescent inpatient unit for the central region. The service is for youth aged 13 to 17 years old who are experiencing acute mental health problems and provides a bicultural service based on Kaupapa Māori frameworks and mainstream clinical models.
Status under which mokopuna are detained: Mental Health (Compulsory Assessment and Treatment) Act 1992 (MHA) and mokopuna can also access treatment as consenting patients (informal patient).[2]	

[2] Being a voluntary patient means they agree to have treatment for their illness, they have the right to stop that treatment, and, if they are being treated in hospital, they have the right to leave at any time. (cab.org.nz) Voluntary patients are sometimes called Informal inpatients.

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].

Many of the recommendations from both sets of Concluding Observations are directly relevant to aspects of treatment experienced by mokopuna at the Rangatahi Unit, which Mana Mokopuna found during this monitoring visit in September 2025. 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.

Summary of findings

Mana Mokopuna found no evidence of cruel, inhuman, or degrading treatment or punishment (ill-treatment) during the visit to the Regional Rangatahi Adolescent Inpatient Service. There is potential for harm with various ligature points around the facility, namely unsecured electrical wires in the education room and the lack of an anti-ligature tap in the seclusion room bathroom. Mana Mokopuna accepts that mokopuna cannot freely access these areas, however, kaimahi vigilance is required at all times to ensure harm does not occur. In addition, Rangimarie (de-escalation and seclusion area in the unit) is not fit-for-purpose as it does not provide a therapeutic environment and has the potential to be harmful for any mokopuna who require a separate de-escalation or seclusion area.

Mana Mokopuna reports the following findings:

Areas for improvement

- Rangatahi as a unit is not fit-for-purpose because it does not provide mokopuna with a therapeutic environment.

[3] Refer CRC/C/NZL/CO/6 G2302344 (3).pdf
[4] Convention on the Rights of the Child | OHCHR
[5] Refer CAT/C/NZL/CO/7 G2315464.pdf
[6] Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment | OHCHR

- Rangimarie is only used as a last resort as there is a potential for harm to mokopuna every time it is used. Kaimahi refer to the outside area of Rangimarie as "the bird cage."
    - Funding to refurbish Rangimarie has been reprioritised and this work will not be happening for the foreseeable future. This is unacceptable given the impact on mokopuna. Mana Mokopuna suggests that Health New Zealand Te Whatu Ora reprioritise funding specifically for an urgent upgrade of Rangimarie, recognising this has now been a recommendation for the past four OPCAT monitoring visits.
- Mokopuna need consistent access to rights information and independent advocates.
    - Some mokopuna in the facility did not know why they were requiring in-patient care and believed they were well.
    - According to admission data not all mokopuna were given a copy of the rights booklet.
- Inappropriate admissions can have a negative impact on all mokopuna care.
    - All mokopuna have rights to have their needs met and feel safe.
    - Inappropriate admissions into the facility can negatively disrupt mokopuna who are already living in the unit.

Positive areas

- The sensory room is up and running and mokopuna are using it regularly.
- Key kaimahi roles have been filled. In particular we note:
    - There is a Mental Health liaison social worker on-site – jointly funded by Oranga Tamariki and Health New Zealand Te Whatu Ora.
    - An Occupational Therapist has been recruited.
    - There is a dedicated Consultant Psychiatrist to reduce reliance on locum psychiatrists and ensure continuity of specialist psychiatric care.
- Kaimahi and mokopuna have strong healthy relationships and tikanga Māori is woven into everyday practice operations.
- The leadership team is able to focus on strategic mahi to strengthen care for mokopuna, both in the unit and within the wider community.
    - Due to key roles being filled, kaimahi feel less stressed, are engaged in training and feel connected in their care of mokopuna.

Detailed key findings
Areas for development

Rangatahi is not fit-for-purpose in terms of providing mokopuna with a therapeutic environment

In the context of forensic youth mental health care and treatment, a well-designed physical environment can play a crucial role in supporting mokopuna recovery and emotional well-being. Including features such as natural light, calming colours, comfortable furnishings, and easy access to outdoor spaces in youth forensic mental health units are known to help reduce stress, anxiety, and agitation.[7] In addition, quiet areas for reflection, communal spaces for social interaction, and rooms designed for therapeutic activities all contribute to a sense of normalcy and routine for mokopuna. However, as it stands, the physical unit environment at Rangatahi does not complement the specialist therapy skilled kaimahi deliver. The unit is small, lacks natural light, has few breakout rooms and is not anti-ligature. The nurses station is too small, mokopuna bedrooms are described as cold, and some of the outside areas need to be refurbished. Kaimahi said the unit is crowded when it is full, describing the area as feeling like "we are all on top of each other."



(outdoor and inside common areas – dining, small lounge and kitchen)

Kaimahi went on to say this is not helpful when mokopuna are dysregulated or require reasonably intensive nursing. Overall unit acuity can increase simply because there is not enough space to manage individual tamaiti when their presentations change quickly and behaviours need rapid support.

[7] Articles such as: Reen, G.K., Bailey, J., McGuigan, L. *et al.* Environmental changes to reduce self-harm on an adolescent inpatient psychiatric ward: an interrupted time series analysis. *Eur Child Adolesc Psychiatry* **30**, 1173–1186 (2021)
Hutton A, Wilson R, Foureur M. Comfort Equals Nurturing: Young People Talk About Mental Health Ward Design. HERD. 2021 Oct;14(4):258-269. doi: 10.1177/19375867211022684. Epub 2021 Jun 15. PMID: 34128422.


(Bedroom wing areas with seating to provide breakout space for mokopuna)

Rangimarie, the unit's high dependency de-escalation area, is unfit for mokopuna use. There have been minimal improvements made to this area since Mana Mokopuna commenced NPM monitoring visits in 2022. This is of significant concern given it is used my mokopuna experiencing significant mental unwellness. Of continuous concern is that parts of this area can be seen from a public road meaning mokopuna right to privacy is compromised. Almost all kaimahi we spoke with referred to the outside courtyard of Rangimarie as "the bird cage," given it's dreary and cage-like appearance, and agree there is the potential for harm every time mokopuna use this area. Kaimahi told Mana Mokopuna that they do not use Rangimarie unless they absolutely have to, and this is evidenced in seclusion data reviewed. At the time of this September 2025 visit, there were only two instances of mokopuna being admitted into Rangimarie since January 2025.

"I wouldn't put my dog in there [referring to Rangimarie]."
(Kaimahi)

(Rangimarie safe care area and seclusion room)

It is disappointing to hear that the proposed funding to refurbish Rangimarie has been allocated elsewhere and the area will not be upgraded for the foreseeable future. Mana Mokopuna suggests that Health New Zealand Te Whatu Ora reprioritise funding specifically for an urgent upgrade of Rangimarie, recognising this has now been a recommendation for the past four OPCAT monitoring visits.

Mokopuna need access to advocates and age-appropriate rights information

It is essential that mokopuna understand why they need treatment and are required to stay on-site in the unit, as this supports their emotional safety, active engagement in therapy, and therefore long-term recovery. It also ensure their specific right to information is respected and fulfilled. Clear, age-appropriate explanations can help to reduce fear and confusion and build trust with nurses and professionals. During our monitoring visit, one tamaiti was worried about their treatment in Police cells and the time they had spent in an adult in-patient ward. Te tamaiti said they had tried to contact their lawyer without luck. Mana Mokopuna connected them with a visiting District Inspector.[8] On-hand advocates that are skilled in working with mokopuna would be beneficial so that mokopuna can connect with people who can help, support and advise them as soon as they need it.

On reviewing mokopuna files, there was also variable evidence as to whether mokopuna are presented with rights booklets and information when they enter the unit. This was not always happening consistently. Mana Mokopuna also noted there was rights information from the Health and Disability Commission (HDC) displayed on the wall, however this was a generic poster and not geared towards children. Mana Mokopuna will investigate with the HDC how this can be updated to suit the needs of mokopuna. Mana Mokopuna would like to see all mokopuna presented with a rights booklet on admission and that kaimahi regularly check in with mokopuna to ensure they are fully informed on their rights, treatment plan, and transition plan throughout the entirety of their stay. This information is crucial to ensure mokopuna are empowered with information about their rights and are supported as active participants in decisions about their care and treatment.

Inappropriate admissions can negatively impact on all mokopuna care experiences

During our monitoring visit, kaimahi described just coming out of a particularly challenging period of time supporting a very high and complex needs tamaiti. Te tamaiti presented with intellectual disability, neurodiversity and was nonverbal. Many kaimahi said they simply did not have the required expertise to provide care for this tamaiti, and their prolonged stay in the unit had an overall negative effect on other mokopuna living there. As previously noted, the unit environment is not conducive to providing such individualised support, especially as the unit was also full. This tamaiti required a three-to-one nursing watch and kaimahi described the situation as stressful. This respite placement lasted several months and all kaimahi who spoke to us said it was inappropriate. Many went on to say that there is no dedicated inpatient

[8]District Inspectors are lawyers appointed by the Minister of Health to protect the rights of people receiving treatment under the Mental Health Act, or the IDCCR Act. They are independent from the Ministry of Health and from health and disability services and duties include ensuring mokopuna are appropriately cared for, monitoring the safety of services, investigating complaints and making inquiries.

support for mokopuna with intellectual disabilities – the only unit is a forensic intellectual disability inpatient unit[9] and this tamaiti had not committed an offence. Kaimahi described other mokopuna becoming heightened, dysregulated, and having affected mood due to disrupted sleep when this tamaiti was in the unit. Kaimahi went on to say that it took considerable time to return the unit to tau (a sense of calmness) both whilst tamaiti was living at Rangatahi and just after they left.

Mokopuna have the right to care that is aligned to their needs and they have a right to feel and be safe in any placement. It is imperative that new admissions are appropriate and take into account kaimahi expertise and any (negative) impact on other mokopuna already living in the unit.

Positive Findings

The new sensory room is well used and enjoyed by mokopuna

One of the positives that we had previously noted in relation to our last full unannounced OPCAT monitoring visit in October 2024 was that the sensory room in the facility was close to completion. During this September 2025 visit, kaimahi were pleased to share that the room is fully operational and mokopuna were using the area regularly. The frequency of use was recorded in a room register and mokopuna were seen to use the space daily. We were able to see and experience the sensory room. It had customisable, calming visuals (projected onto a blank wall), comfortable seating and a variety of sensory toys and weighted blankets and animals that mokopuna could use. Kaimahi gave an example of a recent use of the room where a tamaiti fell asleep in the room whilst regulating and did not end up using the PRN[10] medication offered to help calm them. This was a positive therapeutic outcome and an example of the significant value of these kinds of space for mokopuna.

In conjunction with the therapy dog that regularly came on-site, a massage chair and the use of the art and music rooms, mokopuna had a variety of tools at hand to help them regulate and supplement their therapy sessions with professionals. This combination of therapeutic supports is contributing to a therapeutic environment for mokopuna, but this must be matched by the physical environment.

Kaimahi in new roles are having a positive effect on mokopuna care

Mokopuna accessing care at Rangatahi often have involvement with other social service agencies. Collaborative approaches to care help prevent fragmentation and go a long way to ensuring timely care and support. Kaimahi at Rangatahi were pleased to have secured a Mental Health Liaison social work role jointly funded by Oranga Tamariki and Health New Zealand Te

[9] Hikitia te Wairua also located on the Kenepuru Hospital campus.
[10] PRN medication is prescribed medication kept on hand to be used as mokopuna require.

Whatu Ora and based in the unit. This role is a liaison role and designed to help the health, both community-based and inpatient, and social service agencies work more effectively for mokopuna and their whānau. Examples include being able to access information held by Oranga Tamariki to inform treatment plans and efficiently work through agency barriers. The dual organisational knowledge of the role also contributes to improving mental health literacy within Oranga Tamariki and supports mental health clinical kaimahi in understanding the legislative and practice frameworks within which Oranga Tamariki operates. Kaimahi said just having somebody who knows the Oranga Tamariki systems is a huge help, and the fact this role is integrated into the facility is having a positive impact for mokopuna.

Mana Mokopuna has highlighted siloed approaches to mokopuna care as an issue in previous OPCAT reporting for Rangatahi and looks forward to seeing how placement and transition plans are strengthened by now having this dedicated social work liaison role and knowledge resource in place.

Generally, staffing was outlined as a highlight for many kaimahi during this September 2025 visit. The leadership team said that the majority of previously vacant roles have now been filled and noted the Occupational Therapist as an important addition since our last October 2024 visit. Mokopuna were supported by the Occupational Therapist to prepare lunch during our visit and took great pride in sharing how they had made "extra crunchy" katsu chicken. Mokopuna said they really enjoyed making kai (food) and felt they had the skills to make meals for their whānau when they went back home. In addition, the art room was in full use during the visit with mokopuna seen enjoying their art therapy session and there was mokopuna art proudly displayed throughout the unit. Mokopuna shared their art with us with pride and explained their enjoyment of these activities.

These roles, plus having a dedicated Consultant Psychiatrist (rather than a locum), are important successes for Rangatahi. Care now has the potential to be more tailored to mokopuna presenting needs and supportive relationships can be more easily wrapped around whānau. Mana Mokopuna looks forward to seeing a continued commitment to joined-up approaches to mokopuna care during our next full monitoring visit.

Tikanga creates the environment for genuine connection

The importance of whānaungatanga (relationships), manaakitanga (kindness, respect and support) and aroha (care) were evident during our monitoring visit. Whānau remain important contributors to mokopuna care and treatment plans and mokopuna said they stay connected with their whānau either via phone calls or kanohi ki te kanohi (face to face).

The OPCAT monitoring team and our colleagues were greeted with mihi whakatau (formal welcome) and all kaimahi had the opportunity to connect through whānaungatanga. These values, and other important tikanga like karakia, continue to be woven throughout operational practice and passed down as learning opportunities for mokopuna. An example of this was when one tamaiti started to fill their plate for lunch and another tamaiti was overheard saying "we need to let manuhiri [guests] go first" – te tamaiti nodded in agreement.

Connection and trust was evident in kaimahi relationships with mokopuna. There was an ease in their interactions together and a sense of aroha that indicated mokopuna were safe and respected. Mokopuna felt confident asking kaimahi for help or asking them for trips out of the unit to get hot chocolate. Mokopuna said kaimahi have created a whānau-like feel at Rangatahi.

"It was freaky at the start but they [kaimahi] are really nice so I am comfortable now."
(Mokopuna)

As stated in our previous October 2024 report, mokopuna and kaimahi value the on-going support from kaumātua and this was evident again during this September 2025 visit. There continues to be a commitment to creating an environment that encourages learning aspects of te ao and mātauranga Māori to holistically support mokopuna to wellness.

The leadership team is looking to the future

Kaimahi across the leadership group outlined how satisfying it was to have the majority of key vacant roles filled which is allowing them to focus aspirational mahi (work) instead of "fighting fires." Members of the leadership group were able to outline work being done with a local Oranga Tamariki Care and Protection facility by way of developing a trauma-informed, cultural model of care. Others outlined how they were working with other adolescent inpatient units to strengthen the model of care at Rangatahi. Another example of thinking outside of the box was in terms of kaimahi recruitment. Kaimahi explained that the current idea with recruitment is to target people with the skills to connect and engage with mokopuna, who are young and relatable, and have the life skills to inspire mokopuna, support their aspirations, and encourage them with their future professional work experiences. Once established in their roles, specific mental health related training can then be provided – the idea that these skills can be learnt, whereas the ability to connect with and inspire mokopuna are more inherent to personality. Kaimahi working directly with mokopuna noted one of the things giving them hope was the ability to engage in training because there was enough kaimahi to cover shifts.

Overall, there was a sense that despite the physical environment of the unit, Rangatahi was a place that was tau and doing well in terms of kaimahi wellbeing and treatment for mokopuna.

"We have a happy team which equals better care… some outstanding staff".
(Kaimahi)

Appendix One
Progress on 2024 Recommendations

Given the nature of this drop-in visit and the relatively short time Mana Mokopuna was on-site, we have made notes against the recommendations rather than rating the progress. A more thorough assessment of the recommendations made as part of the October 2024 visit will be completed at the next full unannounced OPCAT monitoring visit for this facility.

2024 Systemic Recommendations for Health New Zealand Te Whatu Ora

	2024 Recommendation	Progress as at September 2025
1	Urgently refurbish the Rangimarie Safe Care area to protect mokopuna privacy and dignity and to uphold the meaning of its name in practice.	There have not been any improvements made to Rangimarie, or the room used for seclusion. The funding initially ringfenced for the refurbishment has been reprioritised by Health New Zealand Te Whatu Ora.
2	Urgently refurbish the facility to address maintenance issues that prevent the use of the outdoor courtyard.	The outside courtyard could be used by mokopuna. However, the unit as a whole is still described as not fit-for-purpose and does not provide an environment conducive to therapeutic care.
3	Engage with independent advocates to work 1:1 to support mokopuna to understand their rights when using the service. Advocates should be there to listen to any concerns mokopuna have, talk through options, or help formulate a complaint if required.	There was no evidence that independent advocates are available to mokopuna in Rangatahi. One tamaiti was worried about their treatment in police cells and the time they spent in an adult in-patient ward. They said they had tried to contact their lawyer without luck. Mana Mokopuna connected them with visiting District Inspectors, but on-hand advocates that are skilled in working with children would be beneficial.
4	Improve the availability and quality of community-based mental health and transitional support services for mokopuna and their whānau, to ensure successful transitions back into their communities and hāpori.	Not discussed.

2024 Recommendations for Rangatahi Unit

	2024 Recommendation	Progress as at September 2025
1	Develop a mokopuna-friendly independent complaints system to ensure all mokopuna in Rangatahi can easily make a complaint if they choose to do so.	Not discussed. Did not see any information displayed for mokopuna regarding complaints processes outside of the Health and Disability Commission poster which was noted as not child-centric in terms of information presented.
2	Recruit into essential vacant roles to ensure mokopuna have access to the right professionals who can support their treatment plans, including prioritising the appointment of an occupational therapist.	At the time of the visit, Rangatahi had recruited into all major vacant roles since our last October 2024 visit. There was Mental Health Liaison social worker, an Occupational therapist, a dedicated Consultant Psychiatrist rather than using locums. There was an emphasis being placed on recruiting kaimahi who have the skills to engage with and relate to mokopuna. These targeted drives were aimed at people who had experiences in trades, sports etc. Mental health training could then be provided if these kaimahi wanted to stay and grow their mental health nursing knowledge.
3	The outdoor courtyard that is commonly used for basketball or other such recreational activities needs to be freely accessible for mokopuna to enjoy outdoor recreational time, fresh air, and a place to regulate.	Mokopuna could use the central courtyard as required. There was a basketball hoop and other balls available for use.

	2024 Recommendation	Progress as at September 2025
4	Employing a Programme Coordinator (outside of education) who can focus on programmes and activities for mokopuna in Rangatahi to engage in during the school holidays and weekends, to support mokopuna development and the right to recreation and play, prevent boredom and support transitions back into the community.	An Occupational Therapist has been recruited and has been in their role for approximately eight weeks at the time of the September 2025 visit. They reported things were going well and the OT was seen in the art room and cooking with mokopuna.

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 and kaimahi.	
Interviews and informal discussions with kaimahi and external stakeholders	▪ Mokopuna ▪ Whānau ▪ Operations Manager ▪ Team Leader ▪ Clinical Nurse Specialist ▪ Kaimahi (Registered Nurses, support workers, student nurses) ▪ Social workers ▪ Occupational Therapist
Documentation	▪ Mokopuna treatment files ▪ Seclusion data ▪ Restraint Data ▪ MHAID Inpatient bed state
Observations and engagements with mokopuna	▪ Observations occurred across the morning and afternoon shifts, and included mealtimes, and activities.