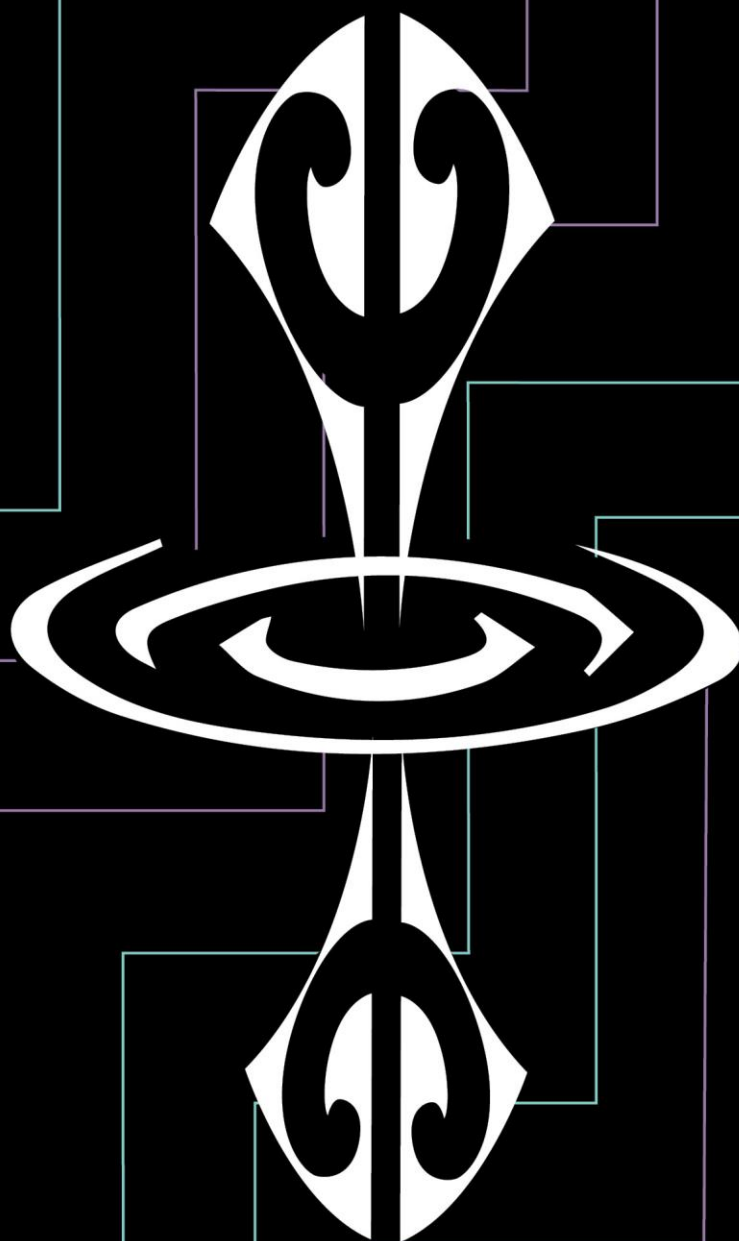




Child and Family Unit at Starship Hospital

OPCAT Monitoring Report – Visit June 2022

Report – November 2022



Kia kuru pounamu te rongo All mokopuna* live their best lives

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



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Executive Summary

Who we are

The Children's Commissioner is a National Preventive Mechanism (NPM) under the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman, Degrading Treatment or Punishment (OPCAT).

The New Zealand legislation relating to OPCAT and the role of the NPM is contained in the Crimes of Torture Act (1989). Our role as a NPM is to visit places of detention, including secure units in hospitals, to:

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

Judge Frances Eivers
Children's Commissioner

About this report

This report shares the findings from the OCC OPCAT monitoring visit to Child and Family Unit at Starship Hospital and recommends actions to address the issues identified. We describe the quality of the experience of mokopuna at the facility and provide evidence of our findings based on information gathered before, during and after the visit. This includes assessing the progress in addressing previous recommendations.

About this visit

OCC staff carried out an announced monitoring visit to the Child and Family Unit at Starship Hospital in Auckland in June 2022. The facility providing these services is known as CFU and will be described as such in this report.

The purpose of this visit was to fulfil our responsibilities under OPCAT to monitor the safety and wellbeing of mokopuna detained in secure locked facilities.

About this facility

Region: Auckland

Te Whatu Ora region: Te Whatu Ora Te Toka Tumai Auckland (formally ADHB, Auckland District Health Board).

Operating capacity: 22

The unit is made up of three distinct wards, Open Unit, High Dependency Unit and a Mother and Baby unit.



Key Findings

Key findings are addressed in our recommendations along with other issues, relating to the prevention of torture and other cruel, inhuman or degrading treatment or punishment (ill-treatment), identified in our analysis.

Findings

The following positive factors were identified:

- Staff interactions with mokopuna in the units have a positive impact.
- Zero seclusion is possible and sustainable.
- Whānau connections are well supported.
- Cultural supervision at CFU contributes to the quality of care.

We found no evidence that mokopuna had been subjected to torture, or cruel or degrading punishment. However, we identified the following areas for development:

- Mokopuna would like the option to do more activities outside of school hours.
- Mokopuna with complex needs often stay in the unit longer than is necessary. Often this is due to inappropriate places in the community to transition to.
- Mokopuna should have access to independent advocates.
- The complaints system is not youth-friendly.



Recommendations

Our recommendations are based on:

- Key findings from our monitoring and analysis
- Any issues relating to ill-treatment
- Progress against recommendations from the previous monitoring visit

We identify systemic issues that impact on the effective functioning of the facility and make recommendations to address these. Our recommendation is that action to address the facility recommendations occurs within twelve months after the date of our visit. We will monitor progress against the systemic recommendations at our next monitoring visit.

Systemic Recommendations

1	Work with community partners to increase the availability of community youth mental health services to support strong transitions from acute care.
2	Ensure all unit environments are conducive to therapeutic treatment. Renovate the High Dependency Unit at CFU to provide that therapeutic environment.
3	Identify and share CFUs work to achieve zero seclusion with other youth mental health services.

Facility Recommendations

1	Implement more activities so that mokopuna have meaningful engagement outside of school hours.
2	Develop a mokopuna-friendly complaints system.
3	Provide independent advocacy and peer support for mokopuna.



Progress on previous recommendations

Progress on the recommendations from the Child and Family Unit Starship OPCAT report dated October 2021, are assessed to have made good, limited or no progress.

1	Embed the ADHB Te Ao Māori me ona tikanga vision and strategy.	Good progress
2	Provide whānau with relevant and up to date information about • what support they can access while their mokopuna is at the unit, including transport and accommodation • what they can expect when their mokopuna is in HDU • how to access community support for whānau and their mokopuna on discharge. (p24)	Good progress
3	Provide support and training for all staff, including: • comprehensive induction • regular cultural and professional supervision.	Good progress
4	Prioritise a robust handover process across different shifts and roles, to ensure continuity of care for mokopuna.	Good progress
5	Ensure access to nutritional and healthy food which meets the developmental and health needs of mokopuna.	Good progress
6	Continue to provide child centred, off-site activities which connect with mokopuna interests including during school time.	Good progress



Treatment

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

Mokopuna and Staff have caring, respectful relationships

Throughout our visit, we observed kind and respectful relationships between mokopuna and staff.

Mokopuna appeared to be comfortable with staff regularly interacting, talking, and engaging in activities together in the open unit.

We did observe less staff and mokopuna engagements on the High Dependency Unit (HDU). This may be linked to the level of acuity of mokopuna in the unit. However, we believe the design of HDU impacts on opportunities for mokopuna and staff interactions. Mokopuna either congregate around the nurse hub or stay in their rooms.

Mokopuna have opportunities to contribute to their care and decision making

The staffing team at CFU believe building rapport with mokopuna and whānau is valuable. Mokopuna are provided with opportunities to inform and contribute to their own care plans via regular Multi-Disciplinary Team (MDT) meetings, key worker meetings and daily interactions with staff.

These opportunities allow staff to develop a good rapport with mokopuna to ensure they understand their strengths and goals are identified and that they inform mokopuna treatment plans.

CFU are demonstrating that zero seclusion is possible and sustainable

CFU was the first youth inpatient mental health facility in Aotearoa to decommission their seclusion unit. This was done in line with the Zero seclusion project: Safety and dignity for all / Aukatia te noho punanga: Noho haumanu, tū rangatira mō te tokomaha¹.

CFU works hard to continually develop staff capability practicing alternative methods of intervention in order to de-escalate and positively support mokopuna when they experience distress.

Approaches in the unit include sensory modulation, relationships with mokopuna and Safe Practice Effective Communication² (SPEC) which supports best and least restrictive practice in mental health inpatient units.

The Zero seclusion model at CFU is useful and effective and should be duplicated and tailored to other units in Aotearoa.

¹ [https://www.hqsc.govt.nz/our-work/mental-health-and-addiction-quality-](https://www.hqsc.govt.nz/our-work/mental-health-and-addiction-quality-improvement/projects/zero-seclusion-safety-and-dignity-for-all/)

[improvement/projects/zero-seclusion-safety-and-dignity-for-all/](https://www.hqsc.govt.nz/our-work/mental-health-and-addiction-quality-improvement/projects/zero-seclusion-safety-and-dignity-for-all/)



CFU use a holistic and strengths-based model of care

CFU operates utilising a bio-psycho-social model and a strengths based approach to support mokopuna and their whānau during an acute period of illness.

The bio-psycho-social model is an interdisciplinary model that looks at the interconnection between biology, psychology and socio-environmental factors that affect mokopuna mental health.

This holistic focus from staff is demonstrated consistently across the unit. Staff take interest in whānau, community and peer connections as well as environmental factors, self-image, thoughts, feelings and behaviours combined with brain biology, medication and physical health issues. Staff use this information to inform individual treatment plans.

Mothers and Babies can remain together while parental mental health needs are addressed

Staff working in the mother and baby unit have specialised skills to support mothers and babies.

The outpatient Maternal Mental Health teams act as gatekeepers to the small number of beds. Average length of stay is four weeks. Common presentations are postpartum depression, anxiety and psychosis.

Each mum has her own bedroom. Partners or supportive others are encouraged to stay overnight if they choose. The service has a paediatrician available to ensure thorough assessment of babies' physical health needs are addressed in a timely

manner. Midwife support is available for women up until babies are six weeks old.

De-escalation skills are active in the units

During our visit, OCC staff witnessed a challenging incident where one mokopuna became elevated and distressed after receiving news perceived to bad.

Staff were quick to intervene and de-escalate the situation calmly and respectfully. Staff appeared to remain prudent and pragmatic in this situation resulting in the de-elevation of the mokopuna and we saw a successful, safe outcome.

Although the unit applies effective communication and de-escalation techniques, restraints may be used as a last resort in instances where risk to others is present.

Mokopuna with complex needs stay longer than necessary

Placement on the unit is carefully considered against the risk associated with placement in a secure facility. The unit has a strong focus on the transition home or back to own community.

Transition is a key focus of care which ensures mokopuna are discharged with a better understanding of their ongoing mental health needs, develop effective management strategies and are connected into community supports.

However, mokopuna with complex social needs, for example, limited social supports, no accommodation or are in the care of Oranga Tamariki, remain at CFU for longer than necessary. While staff at CFU work hard to respond to these needs, discharge



often occurs to less than ideal living situations.

We are aware of recent examples of inadequate discharge circumstances. Examples include mokopuna being discharged to Oranga Tamariki secure Care and Protection residences and other mokopuna discharged to live in motels with minders.

These are substandard placement options and not conducive to recovery and wellbeing. We therefore recommend the

Ministry of Health and sector partners work together to develop appropriate placement options for mokopuna who present with enduring mental illness and complex developmental and behavioral presentations to ensure that their long term and wellbeing needs are met in mokopuna friendly and safe environments.



Protection Systems

This 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.

Mokopuna have a good understanding of their rights and the admissions process is thorough

The leadership team promote safe and best practice, for example, ensuring voluntary patients are aware of their rights and seek agreement for voluntary treatment where possible. This is well worked through in the admission process.

Mokopuna are connected to the unit through the community teams and whānau. CFU work closely with community teams to ensure that mokopuna and their whānau are well informed about their rights and admission to unit. The planning hui includes identifying initial admission goals and plans to support mokopuna back into the community.

Mokopuna and their whānau are generally met by registrars and nurses on arrival at the unit who carry out the admission process. This is another opportunity for mokopuna to understand their rights, have questions answered about their treatment and provide consent for treatment.

They are booked in to see a doctor and consultant where baseline observations are completed. The psychiatrist will also see mokopuna to make initial assessments and discuss treatment.

The admitting nurse gives mokopuna a tour of the high-profile areas of the facility

and are careful to avoid touring the rooms to ensure mokopuna privacy.

The Open Unit promotes safe access and freedom of movement

A strength of the design and practice of CFU is the ability of informal patients to have freedom of access and movement.

Mokopuna are free to leave the unit, with appropriate agreements and risk assessments, and can walk through the grounds and surrounding areas of the facility. Whānau are also encouraged and supported to take mokopuna off-site to enjoy whānau activities.

Advocacy is present but could be strengthened to promote individual needs and goals

The Youth Consumer Advocate role has been established to provide mental health advocacy and support. This service is provided by an external agency, Kahui Tu Kaha, who are contracted by Te Whatu Ora. The main function of the role is to advocate for mokopuna when decisions are made for them by Te Whatu Ora.

This role is vital to ensure that mokopuna have a say in the policies and initiatives developed at CFU.

The Consumer Advocate visits the ward frequently and sessions are well utilised. Insights and feedback have contributed to



important projects such as the proposal to redesign the HDU.

The Consumer advocate will also advise mokopuna of opportunities to lodge complaints and will support them to see these through.

The staff onsite are also champions of mokopuna advocacy and strongly advocate for mokopuna to access the supports they need once discharged.

In addition to the Consumer Advocate role, we recommend that CFU consider introducing peer support independent of Te Whatu Ora to assist mokopuna navigate the mental health system, support their mental wellbeing journey, develop informal networks of support to maintain their recovery and provide assistance with individual complaints.

Mokopuna are aware of their right to make a complaint

Mokopuna have access to the Te Whatu Ora Complaints system. They can make formal complaints by letter, phone or email.

We were told that mokopuna and whānau usually talk directly to staff if they have any concerns. The proactive approach by staff means that formal complaints are rarely made.

The lack of formal complaints is positive however, the OCC is concerned that current complaints system is not youth friendly.

We recommend that CFU and Te Whatu Ora, Auckland Region, develop a youth specific complaints and feedback process to ensure it is accessible for Mokopuna.



Material Conditions

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

The Open Unit was a warm and youth friendly environment

CFU is made up of three distinct units, the Open Unit, High Dependency (DHU) and Mother and Baby Unit (MBU).

The open unit has 11 beds (some rooms are shared). As the name suggests the open unit allows mokopuna to move around freely and have access to their own belongings.

The unit was well maintained and inviting. It has youth friendly imagery on the walls including positive and uplifting quotes and plenty of natural lighting.

The Open Unit has access to kitchen facilities where mokopuna can help themselves, a dining area and common room with lots of seating options and a pool table.

The outside area is well equipped, it has artificial grass, a picnic table and a barbeque. It is often used by whānau to spend time with their mokopuna.

The High Dependency Unit needs re-designing

There is a 7-bed High Dependency Unit (HDU). Each young person has a single room and there is a more intense level of nursing care within this ward due to the acute nature of presentations and acuity.

This means the HDU is a low stimulus environment with less lighting to avoid over stimulating mokopuna.

The unit has communal dining and living space, which appeared to be under used during our visit. A sensory room is available in this unit, however there are limited resources available.

Due to higher levels of acuity and associated risk, we recognise the need for a low stimulus environment.

However, we were concerned that the environment was sparsely decorated with limited access to the natural light and outside space.

The design of the unit also appeared to impact on staff and mokopuna interactions. Mokopuna use the area close to the nursing hub as a congregation area or remained in their rooms with minimal interactions with others.

CFU leadership and staff expressed the desire to redesign the unit. They want to create a therapeutic environment for mokopuna that better reflected their practice.

Mother and Baby Unit provided a safe and nurturing environment

The MBU is designed to provide opportunity for mothers to receive



treatment whilst maintaining the care of their pēpi.

Mothers and their pēpi have their own room . There is also a spare bed for whānau or support people to stay the night.

A kitchen, dining area and quiet lounge with a TV fastened to the wall is always open, it is filled with toys and appears to be warm with plenty of natural lighting.

The unit opens onto a deck and when the door is open, fresh air circulates through the lounge and dining areas.

The unit has a relaxation room with a massage chair, bookshelf and an area to relax.

The nurses station is near the internal entry to the unit. The unit is not locked but is monitored.



Activities and access to others

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

Whānau connections are supported at CFU

The model of care is informed by Te Whare Tapa Wha and Te Wheke which establishes whānau and whakapapa as integral to the wellbeing and identity of mokopuna.

The team at CFU practice in a whānau centric way which positively benefits mokopuna.

Whānau are encouraged to visit mokopuna and the unit provides space for whānau to do so. With meeting rooms and extra beds across the unit, staff express that they like whānau to remain involved and active throughout the entire process from admission to treatment to discharge of their mokopuna.

During our time at the CFU, we observed whānau staying onsite in both the MBU and the HDU. Whānau said they were grateful for the ability to support their mokopuna.

Access to education

The CFU education unit is connected to the open unit and is staffed with 2 teachers. The classroom is well resourced and is adorned with bright and inviting imagery to create a stimulating learning environment.

Whilst school is non-compulsory, it is strongly encouraged. When mokopuna do not want to engage in education, teachers will often find other activities to do that are tailored to those particular mokopuna. A popular alternative to NCEA unit standards is learning the road code and preparing for their drivers licence. Another popular option is CV writing.

The unit provides a wide range of activities

During the week, there are many activities across the open unit such as board games, pool table, relaxation rooms and access to resources. CFU have also hired an external activities co-ordinator to run activities 3 times a week. Activities include art and creative methods of self-reflection which can be adapted to build on the individual interests of mokopuna.

Structured activities outside of school hours is limited. We recommend that the activities coordinator work with staff and mokopuna to implement activities that respond to individual needs at weekends and non-supported times. The OCC recognises that 'down time' is important but there also needs to be a better balance than what is currently available.



Medical services and care

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

Mokopuna have good access to primary and specialist health care

Mokopuna who come to the unit are initially assessed by a House Officer to identify any health needs. Referrals are made promptly to any specialist services.

There are regular medication reviews and good record keeping of medications

The medical model of CFU ensures that medication is regularly reviewed by medical professionals, usually the psychiatrist. Clinical oversight and stabilising mokopuna with medications is the focus at admission.

Mokopuna have access to specialised services

CFU have access to onsite medical services that are available to provide general medical support and referrals to specialised services whilst mokopuna are on the units. Occupational therapists or social workers support mokopuna with specialist appointments, if whānau are unavailable to do so.



Personnel

This 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.

Strong leadership and collegial approaches impact positively across the unit

CFU has a strong, skilled and experience multi-disciplinary team working to support mokopuna.

The leadership contribute to a tight knit group of professionals who are respectful to one another and work well as a team.

The management team are present and accessible on the floor, and full staff participation in meetings has enabled well-established relationships across the unit. Staff we spoke to said the management team create a nurturing environment and a good atmosphere.

We observed this approach in a MDT meeting that ensured the multi-disciplined expertise contributed to treatment plans which benefited the overall treatment of mokopuna. Staff are all well-informed about treatment plans and their role within them.

The expertise key workers bring to the unit can be better utilised

Staff retention is high on the unit for nursing, psychiatric and medical staff. However, the Allied Health staff team appear to be less stable in their retention.

The Allied Health team consists of a clinical psychologist, social workers, occupational therapists and psycho-therapist.

Te Whatu Ora has decided to employ Allied Health staff in a generic 'key worker' role. The purpose of this role is to act as a lead to support mokopuna transition to the community. This is a vital role in assisting mokopuna in their recovery and requires strong focus and expertise provided by this group of staff.

However, staff say that it is difficult to retain Allied Health staff as they want to focus on their areas of specialty rather than continue in a generic role.

Staff have access to quality supervision

Supervision is a process of professional learning and development that enables individuals to reflect on and develop their knowledge, skills, and competence, through agreed and regular support with another professional. Staff are offered monthly supervision and Allied Health staff are offered weekly supervision.

Cultural supervision is also available weekly to staff. This is provided by a member of staff with excellent cultural capability, knowledge and psychiatric expertise. We observed participation from a wide range of staff. We believe this supervision is of vital importance and



contributes to the quality of care received by mokopuna.

Staffing levels reflect the needs of mokopuna

Staffing levels are determined by the number of mokopuna in the unit and their acuity. This ensures that staff are able to provide optimal care and can respond to the individual needs of mokopuna.

There is a set number of staff expected to be on the floor with a minimum of six during the day and a minimum of four overnight.

Nurses have a self-rostering approach where they can request ideal hours over 4 weeks. The unit is flexible with rosters and supportive of staff swapping shifts when required to promote staff well-being and self-care.

Staff development and professional registration is supported.

CFU support and facilitate a broad range training options for staff. These are provided by the nurse educator or external training providers.



Improving outcomes for Mokopuna Māori

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

Working in partnership is important

Te Tiriti o Waitangi principles are important at CFU. The principle of partnership and working in a collaborative way with whānau, hāpu and iwi allows for a collaborative approach to treating mokopuna.

CFU have a good relationship with local marae and iwi and have access to kaumatua who have blessed the unit.

Building cultural capacity

CFU is on a mission to build cultural capability. The proposal to re-design the HDU is also a key project to improve this unit's responsiveness to mokopuna Māori.

The implementation of tikanga Māori practices and cultural supervision is evident within all units.

The role of the cultural advisor has created a safe space for culture and connection to flow and is shown through cultural practices such as karakia, waiata and sharing of pēpeha.

This approach has been embedded in practice by Psychiatrist, Dr. Hinemoa Elder, articulated in an article published this year³

The article explains that karakia sets our interactions up for optimal relationship building, for whakawhānaungatanga, for whaka whiti whiti kōrero and for healing.

The cultural advisors act as a driver for cultural implementation across the units and more importantly, supports mokopuna to establish connection and belonging through values of Te Ao Māori. This is a large task. More cultural advisors, and support is needed to increase effectiveness, recovery and hou ora.

Aspirations for mokopuna Māori

The team at CFU have strong desires to create a mokopuna Māori friendly environment.

When asked about the direction of the unit to increase outcomes for mokopuna Māori, staff mentioned the aspiration for a future Te Tiriti unit, Māori governance of CFU, on-site kaumatua, more cultural supervisors, resources in Te Reo Māori, more kaimahi Māori to support mokopuna Māori, Tohunga on-site, rongoa practices and the recognition of this influencing the wider sector.

CFU acknowledge that there is a long way to go, and we look forward to seeing progress in these areas on our next visit.

³ [Dr Hinemoa Elder: The power of karakia in mental health - NZ Herald](#)



Appendix

Gathering information

We gather a range of information and evidence to support our analysis and develop our findings in our report. These collectively form the basis of our recommendations.

Method	Role
Interviews and informal discussions with mokopuna (including informal focus groups) with mokopuna	
Interviews and informal discussions with ADHB staff	• Service Clinical Director • Nurse Unit Manager • Consultant Psychiatrists • Psychiatric Registrar • Psychologist • Nurses, including student nurses • Nurse Educator • Charge Nurse • Mental Health Support Workers • Kaumatua • Occupational Therapists • Social Worker
Interviews with external stakeholders	• District Inspectors • District Area Mental Health Services
Documentation	• Individual plans • Seclusion and restraint data
Observations	• Unit routines, including lunch and dinner • Programmes and activities (including participation in some activities) • Shift handover, morning meetings, and MDT meetings • Internal and external environment