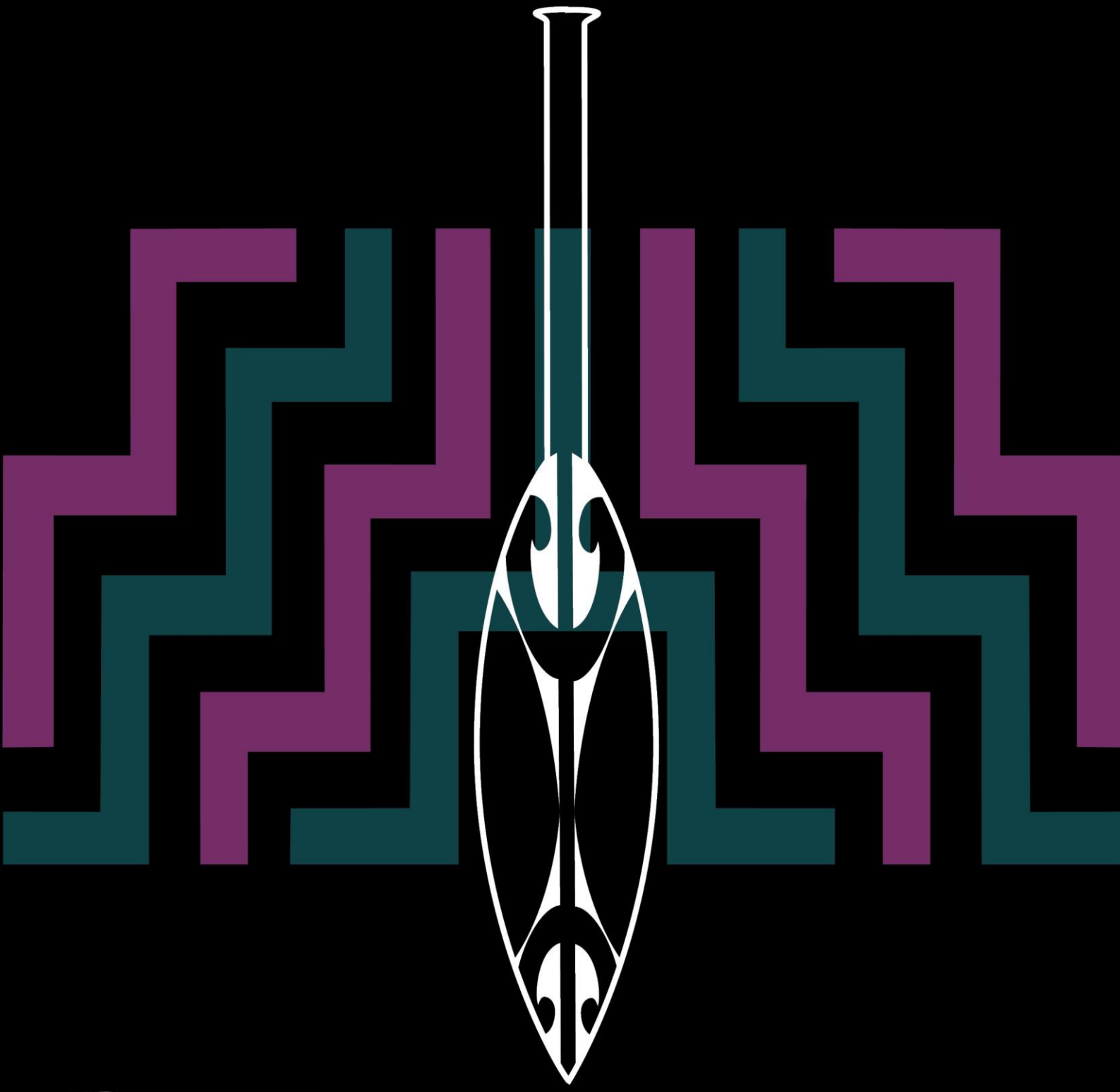

MANAAKITIA Ā TĀTOU TAMARIKI
Children's Commissioner

Regional Rangatahi Adolescent Inpatient Service

OPCAT Monitoring Report

January 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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Introduction

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 residences run by Oranga Tamariki, 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.

About this report

This report shares the findings from our monitoring visit and recommends actions to address the issues identified. We describe the quality of the experience of mokopuna at the unit 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

In January 2022, OCC staff carried out an announced monitoring visit to Regional Rangatahi Adolescent Inpatient Service, Kenepuru Hospital Campus, Porirua. The unit providing these services is known as Rangatahi 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 places of detention.

About this facility

Facility Name: Regional Rangatahi Adolescent Inpatient Service

Region: Central Region (Capital and Coast, Hutt, Wairarapa, Whanganui and Hawkes Bay)

District Health Board: Capital and Coast District Health Board (DHB)

Operating capacity: 12 beds, plus one seclusion room and one de-escalation space

Rangatahi is an inpatient unit for mokopuna between ages 12 to 17 receiving care for acute mental health difficulties, with the aim to help them be more resilient when they face setbacks or challenges in the future.

At the time of our visit, there were seven mokopuna at Rangatahi. Their ages ranged from 14 to 17 years; four were detained under the Mental Health (Compulsory Assessment and Treatment) Act 1992 (MHA) and three were informal[1] inpatients.

COVID-19 Traffic Light System

On 23 January 2022, New Zealand entered Red under the traffic light system (COVID-19 Protection Framework).[2] Rangatahi was operating under specific COVID-19 procedures, in line with both DHB and current government policy.

In response, we reduced the number of staff on the visit as well as days onsite. As a result, the number of interviews and engagement opportunities with mokopuna and external stakeholders was reduced.

[1] Informal means mokopuna have agreed to receive treatment voluntarily, and have the right to suspend that treatment or leave the unit at any time.

[2] COVID-19 Protection Framework | Unite against COVID-19 (covid19.govt.nz)

OPCAT definitions

The main objective of OPCAT[3] is to prevent torture and ill-treatment and:

- Establish a system of regular visits to places of detention in order to prevent torture and other cruel, inhuman, or degrading treatment or punishment
- Provide constructive recommendations aimed at improving the conditions and treatment of detained persons
- Mitigate risks of ill-treatment and build an environment where torture is unlikely to occur.

We have adopted the following definitions of torture and other, cruel, inhuman, or degrading treatment or punishment in accordance with international human rights practice relating to mokopuna in places of detention.

Torture

Severe physical or mental pain or suffering, intentionally inflicted to obtain a confession, punish a child or young person for something they or someone else committed or is suspected of committing, or intimidating or coercing a child or young person for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.

Cruel, inhuman, or degrading treatment

Any treatment which offends a child or young person's dignity may be considered cruel, inhuman, or degrading treatment, regardless of whether it causes pain or suffering.

Cruel, inhuman, or degrading punishment

Any punishment intended to cause pain or discomfort. This includes non-physical punishment that belittles, humiliates, denigrates, scapegoats, threatens, scares, or ridicules a child or young person.

[3] OHCHR | Optional Protocol to the Convention against Torture

Monitoring Framework

Our monitoring is conducted under seven domains, six of which are informed by the Association for the Prevention of Torture.[4] The seventh domain, 'Improving Outcomes for Mokopuna Māori' was developed for the Aotearoa New Zealand context by OCC to assess how mokopuna Māori are supported to have a positive connection to their identity and whakapapa.

The domains are:

- Treatment
- Protection systems
- Material conditions
- Activities and access to others
- Medical services and care
- Personnel
- Improving outcomes for Mokopuna Māori.

How OPCAT is reflected in the way we monitor

Using the seven domains as a framework we:

- Rigorously examine the treatment and conditions using a range of methods and information sources
- Describe these treatment and conditions in terms of their impact on mokopuna
- Clearly identify anything that constitutes torture or other cruel, inhuman, or degrading treatment or punishment
- Clearly identify any problems to be addressed and improvements required, along with our expectations for action
- Make recommendations aimed at improving treatment and conditions and preventing future ill-treatment.

[4] Our monitoring methodology is informed by, but not limited to, the Association for the Prevention of Torture's publication *Monitoring places of detention: A practical guide (2004)*, international human rights guidance and domestic legislation and regulations.

How we work

Methodology

We use several methods to engage with mokopuna, whānau and staff to hear about their experiences.[5] We also want to understand the group dynamics at the facility.

Observing

We spend time in facilities seeing how mokopuna and kaimahi interact and what their daily routines are.

Joining In

We join in activities and mealtimes to experience what access mokopuna have to good food and meaningful activities.

Informal Conversations

We have informal chats with mokopuna and kaimahi who tell us about their thoughts and experiences.

Interviews

We conduct formal interviews with mokopuna and kaimahi who are happy to speak with us confidentially.

Our analysis

We analyse information we have gathered by coding it according to each of the OPCAT domains. We identify themes within each domain in relation to the treatment and conditions experienced by mokopuna. We then identify any treatment or conditions that constitute ill-treatment as well as any areas where preventive measures could be strengthened.

Finally, we review the recommendations made in the previous OPCAT report and formulate new recommendations based on our findings in relation to current treatment and conditions.

[5] See Appendix 1 for a list of our information sources.

Our findings

Findings are categorised under each of the seven OPCAT domains. Some findings relate to two or more domains – for the purposes of reporting, they are placed in the most significant domain.

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.

We found no evidence that mokopuna had been subjected to torture or ill-treatment. Our findings from the visit are outlined below.

Findings

- Mokopuna had caring, respectful relationships with staff.
- High occupancy levels were unsafe for mokopuna and were impacting on the quality of care provided, and increased use of restrictive practices.
- The use of seclusion and restraint had increased from our last visit.
- Mokopuna were involved in their care at all levels, including transition planning.
- The Rangatahi unit is not fit for purpose and did not provide a therapeutic environment for mokopuna care.
- The therapeutic day programme was comprehensive, and mokopuna were highly engaged in the activities.
- Short staffing was unsafe and unsustainable

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 12 months after the date of our visit. We will monitor progress against those and the systemic recommendations at our next monitoring visit.

Systemic Recommendations (Ministry of Health and DHB)

1	Refurbish Rangimarie urgently to protect mokopuna privacy and dignity.
2	Limit the number of beds to meet safe occupancy levels until fully staffed.
3	Address unsafe staffing levels urgently.
4	Develop a recruitment strategy for nursing staff, with emphasis on attracting more males and Māori staff.
5	Update policy to ensure informal mokopuna have access to the same protections as those under compulsory treatment.

Facility Recommendations

1	Address the high and increasing use of seclusion and restraint.
2	Provide Safe Practice Effective Communication (SPEC) training to all staff. Ensure all staff are up to date with this training.
3	Reduce the use of cardboard potties.
4	Evidence in case files that all mokopuna sign a consent to treatment form.
5	Review the consent process and documentation standards for informal mokopuna, including consent to remain on a locked unit.
6	Record in case files any instances where informal mokopuna are prevented from leaving the unit as environmental restraint.

7	Establish independent peer advocacy to support all mokopuna.
8	Establish structured activities for mokopuna in the evenings and on weekends.

Progress on previous recommendations

Progress on the recommendations from the previous OPCAT report dated March 2021 are assessed to have made good, limited or no progress.

1	Amend the Mental Health (Compulsory Assessment and Treatment) Act 1992 to represent the unique needs of mokopuna.	Consultation on the Act is currently in progress (*Ministry of Health).
2	Provide training to staff on child rights and keep details on a training register.	No progress
3	Involve mokopuna and whānau in the co-design of new or refurbished facilities.	No progress
4	Eliminate the use of seclusion and restraints on distressed mokopuna.	No progress
5	Prioritise workforce strategy to recruit, retain and train staff to be: • Culturally appropriate • Clinically competent and well trained • Child, youth and whānau focused.	Limited Progress
6	Provide accessible acute mental health care for all mokopuna and their whānau that is close to home.	Kia Manawanui[i] Aotearoa is the Governments long term pathway to mental wellbeing.
7	Ensure the complaints process is explained to mokopuna in an accessible, age appropriate, mokopuna friendly format (in addition to the currently available information booklet).	Limited progress
8	Embed Te Tiriti o Waitangi in a way that is genuine and is responsive to the needs of mokopuna Māori and their whānau, hapū and iwi.	Limited progress
9	Urgently refurbish the facility to: • Address maintenance issues that prevent use of the outdoor courtyard.	Limited progress

	• Address maintenance issues that make the unit unsafe. • Create a private space for phone calls.	
10	Provide meals that are youth-friendly and cater to individual needs.	Limited Progress
11	Provide the appropriate number of staff to cover each shift.	No progress
12	Develop and communicate a vision and strategy for improving outcomes for mokopuna Māori.	Good progress
13	Provide ongoing and appropriate training for staff to support and respond effectively to mokopuna with complex mental health needs.	Limited progress
14	Involve mokopuna and their whānau in all planning and decision-making in relation to their transition.	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, thoughtful and respectful relationships between mokopuna and staff. Staff are regularly on the unit with mokopuna and engaged in activities throughout the day.

Staff use motivational language with them and encourage positive risk taking, to promote independence and autonomy.

Mokopuna told us they felt supported by the staff.

Staff are highly passionate about the mokopuna and knew them well. We saw an instance of intuitive engagement with a mokopuna who was beginning to feel distressed in a group setting. The staff member subtly diverted the activity to support the needs of the mokopuna.

Mokopuna are involved in their care and decision-making

Mokopuna are involved in all levels of their care, providing input on their Wellness Plans, regular 'self-assessments', coping strategies, as well as being consulted on weekly multi-disciplinary team (MDT) meetings.

Prior to each MDT mokopuna are provided a 'Have Your Say' form to get their views on their goals of admission, how recovery is going, medication and therapy, suggestions, and plans for discharge. They are then provided with the outcomes of the MDT and given opportunity to raise any concerns.

The form is mokopuna friendly and is available in verbal and written formats. We saw that mokopuna felt engaged in their care.

Transition planning is robust

Assessment and transition planning for mokopuna is robust. This is a positive improvement from our previous visit. Discharge goals are discussed on admission, and staff are actively engaged with other agencies, community mental health teams and local support networks to discuss goals and barriers to discharge.

Staff are proactive in identifying barriers and work collaboratively to reduce the length of stay for mokopuna and provide less restrictive care in the community. Mokopuna and whānau are also involved in this process.

High occupancy levels are unsafe for mokopuna

At the time of our visit, there were seven mokopuna at Rangatahi. As a result, the unit had a calm atmosphere and staff could provide individualised therapeutic care.

However, staff and mokopuna told us that Rangatahi is unsafe when occupancy levels are high, and this occurs often. On

occasions, there are 15 mokopuna in the unit. This was due to beds open for people on home leave were being used for new patients.

This is exacerbated by ongoing issues with unsafe staffing levels.

High occupancy levels significantly impacts on mokopuna acuity[6], quality of care, and results in higher uses of seclusion and restraints. It also impacts on mokopuna access to courtyard and leave (i.e., supervised contact with whanau), which requires staff supervision.

Mokopuna told us that when Rangatahi is at full occupancy, they felt more distressed, with less spaces to be alone or receive one-on-one support from staff. They said this often resulted in them becoming dysregulated and ending up in seclusion.

A serious event occurred in 2021, resulting in significant property damage with multiple mokopuna restrained and placed in seclusion. Staff and mokopuna said this was due to high acuity and mokopuna complex mental health needs exacerbated by high occupancy levels at the time.

Our review of data, observations and interviews clearly show that high occupancy levels have a detrimental effect on mokopuna and staff and impacts on the quality of care provided.

The use of seclusion and restraint is high

The seclusion of mokopuna runs contrary to international human rights law which prohibits use on those under 18 years of age.[7]

On our previous visit in 2021, there were six seclusion events and 114 restraints between 1 January and 30 June 2020.

Between 1 July and 31 December 2021, there were 14 seclusion events, 122 personal restraints[8] and two instances of environmental restraint.[9]

The longest seclusion event was 54 hours and the youngest mokopuna secluded was 12 years old.

This is a significant increase in the use of seclusion and restraint since our last monitoring visit. Staff said this increase is due to unsafe staffing levels, high occupancy and acuity, the physical environment and lack of de-escalation spaces.

We acknowledge the active efforts to reduce seclusion and restraint, including recent sensory training, and regular Zero Seclusion and Restraint Minimisation meetings. However, we are concerned at the continued increase in the use of seclusion and restraint.

Mokopuna are required to use cardboard potties in seclusion

Our review of seclusion data and clinical notes show that mokopuna are regularly

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6 Acuity is the severity of a mental illness, which requires more intensive and skilled nursing care and support.

7 Report of the Special Rapporteur on torture and other cruel, inhuman, or degrading treatment or punishment, U.N. Doc. A/63/175 Annex (28 July 2008) (Manfred Nowak).

8 Personal restraint is where a kaimahi uses their own body to restrict mokopuna freedom of movement. This may include 'safe holds'.

9 Environmental restraint is where kaimahi restrict mokopuna access to their normal environment, such as by locking doors.

provided cardboard potties (also referred to as ‘cowboy hats’) while in seclusion, without clear reason or justification.

This is despite bathroom facilities in the seclusion area. While we acknowledge there may be instances where cardboard potties may be required, it appeared to be routine and not clearly documented.

This practice compromises mokopuna privacy and dignity.

Any new build or redesign of Rangatahi should provide safe and accessible bathroom facilities for mokopuna.

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.

The admission process is thorough

Rangatahi has a comprehensive admission process for mokopuna. All mokopuna are admitted by referral and had their initial assessment in the whānau room on the unit.

Mokopuna receive a welcome pack which includes toiletries and self-care items, and admission packs with information on rights, expectations, contact details, and daily activities.

Whānau receive a similar information pack.

Staff say they plan to develop sensory boxes for mokopuna on admission, including cultural sensory boxes. We look forward to seeing these on our next visit.

Consent to treatment forms are not on file

Our review of legal paperwork showed that only one mokopuna had a 'consent to treatment' form on file.

This is despite there being three informal mokopuna at the time of our visit. Under section 59 of the Mental Health (Compulsory Assessment and Treatment) Act 1992 (MHA), efforts should be made to seek consent from mokopuna detained under the Act.

Staff told us that consent to receive treatment was discussed with mokopuna on admission. This should be signed and documented, and mokopuna should receive a copy.

Informal mokopuna are prevented from leaving Rangatahi

The Rangatahi unit was locked at the time of our visit. This meant that any informal mokopuna wanting to leave the unit had to seek permission from staff.

Mokopuna raised concerns they were restricted from leaving the unit due to the door being locked, as well as a lack of staff to accompany them on leave.

Staff told us that informal mokopuna consented to being on a locked unit as well as being subject to leave restrictions, however there was no documentation available to confirm this. Management said an information leaflet for informal mokopuna was in draft.

Informal mokopuna who have no legal requirement to stay on the unit, are potentially subject to environmental restraint.

Consent to treatment documentation and instances of environmental restraint should be evident in mokopuna files.

Advocacy support is limited

Mokopuna under the MHA receive independent legal advice and support from District Inspectors, who visit regularly.

Informal mokopuna do not have access to this safeguard and some mokopuna are not aware of this.

At the time of our visit, there was no access to a Consumer Advisor[10] and the only independent advocacy service available is via the Nationwide Health and Disability Advocacy Service.

Independent peer advocacy should be a priority to support all mokopuna. This was repeatedly recommended both in our previous report and in the Ombudsman's 2018 report.

The complaints process could be improved

Information on the complaints process is in mokopuna admission packs. Some information is displayed however, no forms are readily available for mokopuna.

Mokopuna can make a complaint through the DHB, as well as via the Mārama real-time feedback process available on admission and discharge. There is a suggestions box for mokopuna to raise any concerns anonymously.

However, mokopuna we spoke with didn't know much about the complaint process or how to make a complaint.

[10] A Consumer Advisor is someone with 'lived' experience of the Mental Health system and can provide informal advocacy and advice.

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.

Some positive physical improvements have been made

In our previous report, we raised concerns about several maintenance issues, including broken windows, crumbling window frames, lack of curtains, plywood on the walls blocking natural light, and numerous ligature points.

We are pleased to see some of these issues have been addressed. Parts of Rangatahi have been redecorated, including new carpets, a renovated internal courtyard area and repaired windows. Management said that additional funding requests have been made for other maintenance issues, including new fencing, removal of ligature points and changes to the external courtyard.

Efforts have been made to improve the physical appearance of Rangatahi with art and posters.

The building is not fit for purpose

Despite these positive improvements, we remain concerned the building is not safe or fit for purpose. This issue has been repeatedly raised in our previous report as well as the Ombudsman's 2018 report.

The building is rundown and does not provide a therapeutic environment for mokopuna care.

There are still multiple parts of the unit that require maintenance.

The seclusion area is inappropriate

Rangimarie, requires an urgent upgrade. The area is dated, cold, clinical, and offers no privacy to mokopuna, as they can be seen by the public through the seclusion courtyard area. This seriously compromises mokopuna privacy and dignity, especially when experiencing heightened distress.

Rangatahi has insufficient facilities and separate spaces

Rangatahi also has a lack of separate therapeutic spaces and facilities for mokopuna. At the time of our visit, there was no sensory modulation room, gym, or separate activities area.

The de-escalation (or low stimulus) area has been repurposed as a COVID-19 isolation wing, so there are no separate areas for mokopuna to be alone.

Mokopuna told us they need separate areas for quiet time to support their wellbeing and recovery. We also heard that mokopuna found Rangimarie an inappropriate space for them to de-escalate, as they found the area to be traumatic and associated with previous experiences of seclusion or restraint.

Mokopuna bedrooms are personalised and their personal property is accessible

Mokopuna have personalised bedrooms. Each bedroom door has their name in English and Te Reo Māori displayed on a decorated poster. The bedrooms we saw had personal items, including personal bedding, soft toys, sensory items, photos, and posters.

Mokopuna were proud of their bedrooms and showed artworks and posters they completed at unit activities. The posters displayed mokopuna coping strategies, goals, and personal interests.

We also saw that personal property was well organised, securely stored, and clearly displayed in the unit. Their personal property is easily accessible to them with staff support.

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 are essential to mokopuna care

Throughout the visit, we saw whānau actively involved in mokopuna care.

Whānau are in the unit daily, engaged in activities, and several mokopuna had day leave to see their whānau. Some whānau were staying at the whānau flat on the hospital grounds.

Mokopuna said that access to their whānau was incredibly important to them and helped their recovery. They like seeing whānau on the unit, as it creates a positive feeling and makes them feel safer.

Whānau are involved in mokopuna care planning, from admission through to discharge. Staff were also trialing a new MDT process, where whānau are invited to participate.

Some whānau we spoke with raised concerns about the lack of availability of the whānau flat, as many were visiting from outside the Wellington region.

Mokopuna enjoy the therapeutic day programme

There is a therapeutic day programme, from Monday to Friday, 9am to 4:30pm. This programme is developed and facilitated by two FTE Occupational Therapists.

There are a range of different activities tailored to mokopuna, and flexible on a day-to-day basis. Activities include art therapy, life skills, grounding walks, men's groups, alcohol and drugs, yoga, fitness, and outings. The programme also works with the School Education team.

Throughout the visit we saw mokopuna highly engaged and participating in the activities. Mokopuna said they enjoy the activities, especially the offsite activities, such as nature walks.

There is no structured activities for evenings or weekends

While the therapeutic day programme is comprehensive, there are no structured activities for mokopuna during evenings or weekends.

Mokopuna said they want more things to do, as some said that having nothing to do was not good for their mental wellbeing.

The Occupational Therapists only work Monday to Friday. Staff told us that plans are underway, with support from the Kaumatua, to bring in a support worker from Te Whare Marie[11] to deliver weekend activities, including carving, weaving, kapa

[11] Specialist Kaupapa Māori Mental Health Service within the DHB.

haka and other cultural activities. We look forward to seeing progress on our next visit.

There is no privacy for phone calls

At the time of our visit, there was one phone available for mokopuna, located in the main communal area near the nurse's station. The phone is not cordless, so mokopuna had to make calls in an open area.

This was repeatedly raised as a concern in our previous report and in the Ombudsman's 2018 report.

A building upgrade should consider a separate private space for mokopuna to make phone calls.

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.

Primary health care services were good

Our review of medical records, care plans and interviews with mokopuna and staff showed that mokopuna have good access to primary health care services.

On admission, mokopuna receive a physical assessment from the House Surgeon. Ongoing care is provided by the GP or Psychiatric Registrar. Rangatahi has recently secured a contract with a Nutritionist to provide regular support for mokopuna dietary needs.

We saw evidence of timely access to specialist medical services, including access to Māori and Pasifika health services.

Medication administration and auditing is robust

Between 1 July and 31 December 2021 there was one medication error, due to wrong medication given to a mokopuna. All medication is securely dispensed and audited by the Clinical Nurse Specialist.

Rangatahi recently conducted an audit on pro re nata[12] medication to monitor any increase in use as the unit moved towards restraint free care. The audit found no obvious patterns or use of chemical restraint.[13]

There are opportunities for more education on medication

Some mokopuna we spoke with had a good understanding of the medication they were taking, including the reasons why, how to raise concerns or change their medication, and the side effects.

Some whānau did not feel they understood enough about the medication their mokopuna are taking, including risks and side effects.

The information packs provide some information about medication, however we encourage Rangatahi to proactively seek more opportunities for medication education, for both mokopuna and whānau.

[12] Medication that is prescribed 'as needed'.

[13] Where mokopuna are given medication to restrict their freedom of movement or to sedate them.

Personnel

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

Staff culture has significantly improved

Throughout the visit, staff and mokopuna told us how the culture of Rangatahi has improved. Many attributed this to a change in leadership.

Staff said they feel supported by management and there is a strong management presence on the floor.

Mokopuna also said they felt the management is good, and they like seeing them on the unit.

We observed strong relationships between staff and collaborative and respectful engagements. There are good relationships between nursing staff, allied teams, as well as community teams. It was evident that these relationships have a positive influence on mokopuna.

Staffing levels are unsafe and unsustainable

Chronic low staffing levels has become a significant issue at Rangatahi affecting all aspects of unit operations. At the time of our visit, there were 6.2 Registered Nurse (RN) vacancies. Management are required to work on the floor almost daily due to lack of staffing. This compromises their substantive roles and creates additional workplace pressures.

On the first day of our visit, there were only three RNs working on the floor, two of whom were management.

Staff regularly work overtime and described feeling burnt out and fatigued. Many describe the current situation as unsafe and felt the unit would be unable to provide safe, quality care for mokopuna if they were at full capacity.

Due to low staffing levels, there is an increase in restrictive practices, including seclusion, restraint, and restrictions on mokopuna leave and external courtyard access.

If not addressed, this could amount to a breach of Article 16 of the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

Recruitment is a national concern

Senior management are aware of the issues around safe staffing and we were told they have been unable to recruit nursing staff, due to a national shortage of nurses. Staff also raised the need for more male, as well as more Māori nursing staff.

We heard that Rangatahi had previously employed a Pasifika Advisor. We encourage Rangatahi to consider re-employing this role, to support work on

the Pasifika model of care, which was in development at the time of our visit.

Education sessions for staff are impacted by low staffing

Staff said that Rangatahi previously provided regular in-house training sessions for nursing staff, including sessions on self-harm.

However, these sessions have been paused due to the low staffing levels.

We acknowledge the challenges with short staffing but encourage Rangatahi to consider options to reinstate these sessions, which provide development opportunities for staff.

Staff are out of date with mandatory restraint training

All staff working with mokopuna are required to undertake Safe Practice Effective Communication (SPEC)[14] training, as well as refresher training.

At the time of our visit, eight staff were out-of-date with their refresher training. This is a significant concern, given the high number of restraints occurring on the unit.

Management said this was due to short staffing, as there is insufficient staff to provide cover to allow all staff to attend training off site.

Staff are scheduled to attend training in March 2022.

[14] SPEC is a four-day DHB based national training, which includes training on restraint minimisation, de-escalation, communication, as well as personal restraint and breakaway techniques.

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.

Cultural capability has improved at Rangatahi

Rangatahi employs a kaumatua and kuia who are based on the unit. Both are integral and involved across all aspects of mokopuna care and their input is regularly sought and encouraged. Staff we spoke with highly value their role on the unit.

It was evident that the kaumatua role, established approximately one year ago, had contributed to a tikanga Māori approach across the service.

Tikanga Māori is incorporated in powhiri, karakia, waiata, daily routines, and te reo Māori is encouraged. Culturally sensitive practice is also incorporated into nursing care, including when supporting mokopuna in seclusion.

Education sessions on Te Whare Tapa Wha is provided to all staff. We observed a willingness and openness from staff to embed a tikanga Māori approach to care.

Mokopuna were supported to establish connections to whakapapa and mātauranga Māori

The kaumatua and kuia support all mokopuna in learning their whakapapa and creating their pepeha. We also saw evidence that mokopuna Māori are supported to access rongoā Māori, such as mirimiri and other therapies, to stay connected with mātauranga Māori.

Relationships are developing with local iwi

The kaumatua and kuia established connections with local iwi Ngāti Toa and are proactively seeking opportunities to engage local iwi on the unit. The kaumatua is also establishing relationships with staff at Te Whare Marie, to provide activities and support to mokopuna Māori. Mokopuna can also visit the local marae.

Opportunity to progress a Kaupapa Māori model of care

While we were pleased to see these developments for mokopuna Māori, we acknowledge that there is always more opportunity to center and embed mātauranga and tikanga Māori into mokopuna care and nursing practice. Recruiting more kaimahi Māori is one way to achieve this, which aligns with the DHB's Taurite Ora Māori Health Strategy.[15] We look forward to seeing Rangatahi continue progress towards a Kaupapa Māori model of care, over a traditional biomedical model.

[15] Taurite Ora – Māori Health Strategy 2019–2030 (ccdhb.org.nz)

Appendix 1

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 Staff	• Operations Manager • Team Leader • Consultant Psychiatrists • Clinical Nurse Specialist • Clinical Psychologist • Registered Nurses • Mental Health Support Workers • Kaumatua • Kuia • Occupational Therapists • Social Workers
Interviews and informal discussions with external stakeholders	• District Inspectors • Community Mental Health Nurses • Whānau • Art Therapist
Documentation (including data between 1 July and 31 December 2021)	• Wellness Plans • Legal paperwork • Admission Packs • Operations Manual • Seclusion data and register • Restraint data and register • Length of stay • Staffing levels • Clinical notes • Clinical Governance Agenda and Minutes • Therapeutic Day Programme

	• Personal Sensory Tool • Inpatient Bed List (26 January 2022)
Observations	• Unit routines, including lunch • Programmes and activities (including participation in some activities) • Shift handover, morning meetings, and MDT meetings • Internal and external environment

[i] Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing | Ministry of Health NZ