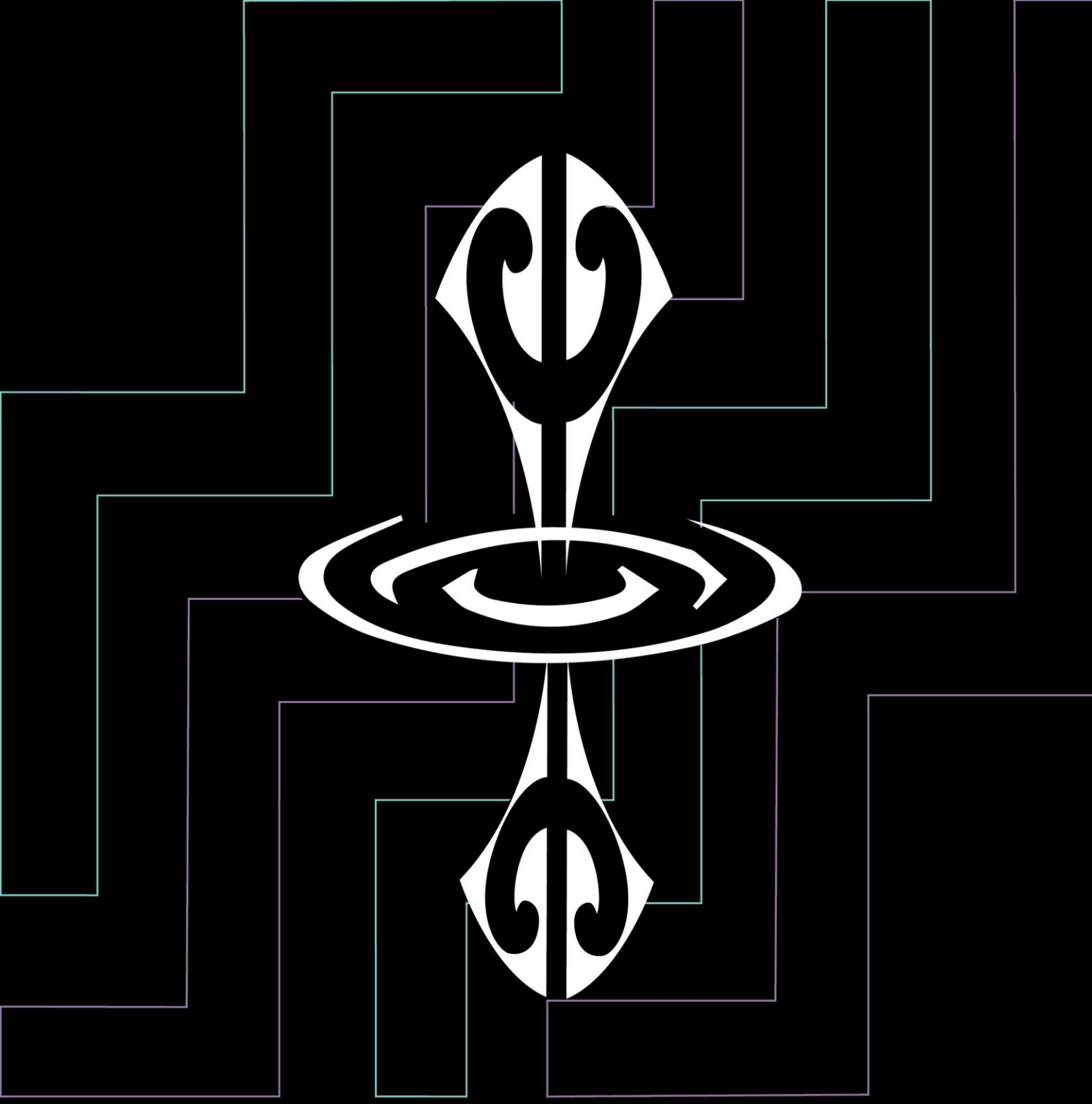

MANAAKITIA Ā TĀTOU TAMARIKI
Children's Commissioner

Regional Rangatahi Adolescent Inpatient Service

OPCAT Monitoring Report

March 2021

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.

Contents

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 an 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.

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 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

In July 2020, responsibility for OPCAT monitoring of secure mental health facilities transferred from the Office of the Ombudsman to the Office of the Children's Commissioner (OCC).

In March 2021, OCC staff carried out an announced monitoring visit to the Regional Rangatahi Adolescent Inpatient Service in Porirua. The facility 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 secure locked facilities.

About this facility

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

District Health Board: Capital and Coast District Health Board

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

Rangatahi is an inpatient facility for mokopuna who are detained under the Mental Health Act 1992, as well as those admitted as informal patients.

In 2020, the capacity of this facility was reduced from 13 beds to 12 and outpatient day services were suspended. These changes were the result of a DHB audit which concluded there was insufficient space for more than 12 beds and the common area was not large enough for outpatients to be included in the day programme.

At the time of our visit, there were 12 mokopuna at Rangatahi, with a further two temporarily on leave. Their ages ranged from 13 to 17 years, 4 of whom were detained under the Mental Health Act and 10 were informal patients.

OPCAT definitions

The main objective of OPCAT is to prevent torture and ill treatment[1]. In order to:

- 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, 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.

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

Monitoring Framework

Our monitoring is conducted under seven domains, six of which are defined by the Association for the Prevention of Torture[2]. 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

[2] Association for the Prevention of Torture (2004) *Monitoring places of detention: A practical guide.*

How we work

Methodology

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

Observing

We spend time in facilities seeing how mokopuna and staff 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 staff who tell us about their thoughts and experiences

Interviews

We conduct formal interviews with mokopuna and staff 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 preventions 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.

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 children or young people had been subjected to torture and other cruel, inhuman, or degrading treatment or punishment. However, we identified the following areas of concern which may constitute ill-treatment:

Finding

- The rundown, decaying, and unsafe conditions in the indoor environment
- The barren, cold, and undignified conditions in the seclusion unit
- The conditions of the outdoor courtyard and lack of access to regular exercise
- The unsuitable and monotonous 'trayline' food, designed for adult medical patients
- The failure to provide safe care for mokopuna, and a safe working environment for those caring for them

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 recommendations propose a timeframe of 12 months from the date of our visit for action to address these issues.

Systemic Recommendations

1	Amend the Mental Health Act 1992 to represent the unique needs of mokopuna.
2	Provide training to staff on child rights
3	Involve mokopuna and whānau in the co-design of new or refurbished facilities.
4	Eliminate the use of seclusion and restraints on distressed mokopuna.
5	Prioritise workforce strategy to recruit, retain and train staff to be: • Culturally appropriate • Clinically competent and well trained • Child, youth and whānau focused
6	Provide accessible acute mental health care for all mokopuna and their whānau that is close to home.
7	Develop an independently administered complaints process co-designed by mokopuna at all mental health facilities.
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.

Facility Recommendations

1	Urgently refurbish the facility to: a) Address maintenance issues that prevent use of the outdoor courtyard. b) Address maintenance issues that make the unit unsafe. c) Create a private space for phone calls. (p 20)
2	Provide meals that are youth-friendly and cater to individual needs. (p 19, 22)
3	Provide the appropriate number of staff to cover each shift. (p 16, 23)
4	Develop and communicate a vision and strategy for improving outcomes for mokopuna Māori. (p 22)
5	Provide ongoing and appropriate training for staff to support and respond effectively to mokopuna with complex mental health needs. (p 21)
6	Involve mokopuna and their whānau in all planning and decision-making in relation to their transition. (p 14)

Progress on previous recommendations

Progress on the recommendations from the Office of the Ombudsman's OPCAT report dated 7 May 2018, are assessed to have made good, limited or no progress. It is disappointing to note the lack of progress on most of the recommendations from 2018 and which were also evident on our recent visit. Failure to address the recommendations could constitute ill-treatment.

1	The de-escalation area should be upgraded or redeveloped	No progress
2	When young people are restricted in an area for de-escalation purposes or in times of high acuity, this should be recorded, and reported, as an environmental restraint	Good progress
3	Policies and procedures should be up to date	Limited progress
4	Advocates should be available to young people on the unit	No progress

5	Damaged mattresses and bedding should be replaced	Not monitored
6	The issue of extreme heat in the unit should be addressed	Limited progress
7	The unit needs to be upgraded/ repainted and soft furnishings replaced. (This was a repeat recommendation)	No progress
8	In order to facilitate the safety, security and privacy of the young people, the sub-standard perimeter fence around the communal courtyard area needs to be upgraded	No progress
9	Young people should have access to a gymnasium	No progress
10	Young people should have privacy when using the telephone	No 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 said staff are kind, helpful and caring

Many of the mokopuna talked about how various staff had helped and supported them. We also observed staff providing sensitive and empathetic care.

"When I was sad on Monday, I had [staff member] and he was really lovely and he was like, 'what can I get you' and [he] asked me, like questions about what I needed and he was like, 'what things help when you're like this?'"

Mokopuna have close relationships with others at Rangatahi

Mokopuna talked about friendships they had made and support from other young people when they arrived at the unit. They said it is important to spend time with people who are going through similar experiences.

We observed positive interactions between staff and mokopuna. Several staff said they were worried about mokopuna learning harmful behaviours from each other.

Use of restraints has decreased

Mokopuna said that serious physical restraints were not common. However, some said although they had never been restrained, they found witnessing physical restraints of others upsetting.

"They [restraints] are terrible to watch. There's been a lot less going on recently."

There have been fewer restraints than in the past. Staff try to minimise or avoid the use of restraints and use alternative methods such as relocating mokopuna to another area where they can move around freely. The lack of spaces in the unit make it difficult to do this effectively.

The use of lengthy and repeated periods of seclusion may constitute ill-treatment

Seclusion data from 1 January 2020 to 31 December 2020 showed:

- 12 young people had been secluded
- Time in seclusion ranged from 10 minutes to 68 hours 20 minutes.
- Two young people were in seclusion 12 times and one was in seclusion six times.

Given the age and vulnerability of children and young people at Rangatahi and the conditions in the seclusion unit, we are seriously concerned about the use of seclusion.

Mokopuna don't always know what is happening with their plans

Mokopuna knew very little about their treatment plans or how long they were likely to be staying at the unit.

> *"I don't really know [about my treatment plan] … I mean I know my work … I know my school stuff. I don't know if that's my plan?"*

Some understood the goals of their admission and the corresponding plans however they and their whānau had little input into them.

Treatment plans are made in Multi-Disciplinary Team (MDT) meetings and then communicated to mokopuna by their psychiatrist or a nurse. The language used in the plans is not youth-friendly, aimed mainly at a medical audience.

Assessment and planning processes are inconsistent

Staff talked about gaps in assessment processes and that information is not always incorporated into treatment plans, particularly the need for cultural and sensory assessments.

Staff said it was important to ask mokopuna about their understanding of their mental health condition and what strategies and treatments had helped them in the past.

Individual response plans, designed to support staff to care for mokopuna with challenging behaviours or conditions, were not routinely used.

Transitions out of the unit are poorly planned

Mokopuna are unclear about their transition plans and worried about being discharged prematurely, while others thought that transitions were too slow.

> *"How am I supposed to get better when there's no like, plans about what steps I need to take to do that and to be considered safe enough to go home?"*

We heard of mokopuna being 'stuck' at the unit. Staff were concerned at the detrimental effects that 'long-stays' can have on mokopuna due to lack of transition options. They were also concerned about the lack of supported accommodation for 16 – 17 year olds.

Staff spoke about inconsistent and unhelpful responses from Oranga Tamariki when parents are unwilling or unable to resume care when mokopuna are ready for discharge.

There is no therapeutic model of care

Staff spoke about the lack of a therapeutic model of care. They attributed this to a lack of vision, purpose, and policies and an

absence of coordination and communication at the unit.

Mokopuna said they were not getting the therapeutic help they had hoped for. They want individual treatment and care that focused on their wellbeing and was informed by their prior experience.

"We need to make it [the ward] more interesting, inspirational. Staff say here is great, but it has side effects … We need more access to activities for self-growth, mental health."

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.

Rangatahi is unsafe for mokopuna and those working with them

The design and condition of the facility is a significant safety issue. Staff are concerned about the safety of mokopuna at the unit and are afraid of serious injury or death. They described the unit as 'chaotic' or 'in crisis' as a result of unsafe staffing levels and a chronic shortage of experienced staff. They also spoke about poor operating standards, procedures, and processes for assessing risk and regular reviews of mokopuna.

Otago Medical School withdrew trainee psychiatric registrars at Rangatahi due to concerns about their safety. New doctors are wary of taking responsibility for risk management because the environment is perceived to be unsafe. The unsafe conditions for staff could constitute ill-treatment of mokopuna.

The new admission process means mokopuna could be admitted at any time

Recent changes to the admission system mean decisions are made by off-site Duty Managers. Admissions could be made at any time, including nights and weekends when the unit did not have sufficient staff or those with the skills to safely admit and assess them.

An unintended consequence of the new admission system was that beds temporarily vacated by mokopuna on leave were quickly filled by new patients. As a result, mokopuna and their whānau lost trust in the leave process. Staff were reluctant to place mokopuna on leave because their bed could be taken in their absence.

Mokopuna are not fully informed about Rangatahi prior to admission

Mokopuna are often unaware, despite receiving a briefing and an admissions booklet about the restrictions to:

- come and go freely
- use their cell phone
- access the internet
- smoke or vape

They said they wouldn't have agreed to admission if they had been aware of these.

" ….when I was in hospital, I kind of asked if I was allowed to go outside with my family for a little bit and they were kind of like, 'you're in hospital, sorry' …they assured me I would be allowed outside here , which is not the case."

Mokopuna did not understand their rights as patients

Mokopuna receive an admission booklet with information about their rights,

however some struggle to understand and retain the information. They said:

- they felt they had no choice in their treatment
- they couldn't say no when specialists recommended a particular drug
- it was hard to get medication changed if it wasn't working for them
- even informal patients were restricted from leaving the unit.

"... I think I read the booklet, but I don't really remember, like I probably didn't read it well enough or wasn't in a good space when I read it to actually take it in. "

Mokopuna detained under the Mental Health Act are made aware of their rights by the visiting District Inspectors, however the same does not apply for informal patients. Instead, District Inspectors will advocate for generic issues affecting all mokopuna at the unit.

Mokopuna are supported to make complaints

Mokopuna are supported through the process of making a complaint, although most complaints are informal and quickly resolved through discussions with the appropriate people.

We received Health and Disability Commissioner and CCDHB complaints from 28 April 2020 to 29 April 2021. Common themes were about:

- a lack of communication between staff and whānau
- the negative effect of rundown physical conditions.

The complaints process is not appropriate or easily accessible

Mokopuna receive complaints process information as part of their admission pack. There are posters advertising the complaints process on the walls around the unit. However, it is not youth-friendly and is difficult to understand.

Complaints can be made via email, regular mail, an online form, by phone, fax or by filling in the feedback brochure. With limited access to the internet there are few options for making a complaint.

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 physical environment is not fit for purpose

We saw mokopuna and staff struggling to cope with the cramped, rundown, and decaying conditions at Rangatahi. Whānau were 'dismayed' at the physical condition of the facility when they arrived.

On our initial tour, staff pointed out major problems that remained unaddressed for years, including:

- broken windows
- crumbling window frames
- a dysfunctional LED duress system
- windows that had no curtains in the girl's bedrooms
- windows covered semi-permanently with plywood
- offensive and potentially triggering tagging
- décor that was tired and depressing.

Staff also pointed out several safety issues because of the poor physical conditions:

- Numerous ligature points.
- Keys that didn't work properly.
- Broken locks.
- Missing swipe cards.
- Protruding screws.

Rangatahi is small with a lack of breakaway spaces

Lack of space was a frequent problem raised by mokopuna and staff. Mokopuna spend most of their time in the combined kitchen/dining/lounge area. It had recently been locked off to prevent them from accessing the de-escalation and bedroom areas during the day. We heard the de-escalation space was too small to function properly, so the common area outside the bedrooms was often used for de-escalation purposes.

> *"Yeah so the doors [to the de-escalation area and bedrooms] have been closed every day since I've been here … and that's really, really unhelpful because that's such a small space for 12 kids and like 10, I don't know 7 staff maybe, all in one tiny space."*

We observed mokopuna eating their meals standing in the kitchen, lying on sofas or sitting at dining tables that doubled as study and activity spaces. There was also a lack of suitable spaces for meetings or interviews and for whānau to meet with their mokopuna.

Conditions in the seclusion area may constitute ill-treatment

Rangatahi has one seclusion room with an ensuite shower and toilet. The area was cold, barren, and institutional, with no artwork or other decoration.

The temperature in the seclusion area was noticeably cold, a feature that several staff commented on. Mokopuna in seclusion are sometimes only dressed in a stitch gown, so the lack of adequate heating is concerning.

There was no access to any exercise space other than a small outdoor cage covered with mesh. This outdoor area was clearly visible from a public road and there was no seating in this space. Such conditions render the space unfit for purpose and its continued use may constitute ill-treatment.

Mokopuna have insufficient access to the outdoor area

At the time of our visit, the only outdoor area mokopuna could use was a small concrete basketball court. The lack of staff prevented access to the outdoor area when needed.

> *"Like I didn't go outside for three days when I first got here .... no one would let me outside and I asked to go outside, and they all said no ...it was unsafe ... They wouldn't let anyone out into that space cos there just wasn't enough staff. Yeah, so that's pretty awful. The only time I go outside is with my parents."*

A second outdoor space has been closed for several months because of safety issues due to poor maintenance. Mokopuna and staff spoke about the importance of access to outdoor environments and the impact on their wellbeing.

The lack of access to outdoor spaces and exercise could constitute ill-treatment.

> *"A huge part of mental health is having healthy fresh air and exercise. Like movement, in here this gets taken away, staff try their best."*

The food does not meet the needs of mokopuna

Mokopuna get 'trayline' meals served on trays from a menu designed for adult hospital patients. Meals are not varied, sufficient or customised to their needs.

Mokopuna had the same lunch every day. They could choose from a limited range of dinners, but there was no system to ensure they got what they chose. Repeated complaints by staff and mokopuna were made about the food but there had been no change.

> *"We get the same lunch every day ...I've had like the same lunch every day for about six months. I never eat it like, sandwiches, every day."*

The only exceptions to hospital food occurred when staff cooked with mokopuna, or whānau bought food in or when they had weekly takeaways. Exposure to unsuitable and monotonous 'trayline' food over extended periods may constitute ill-treatment.

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.

Mokopuna have good access to phone calls

Mokopuna said they had access to phone calls several times a day and are happy with the availability and length of time, however some would like to extend the time from ten to twenty minutes.

We heard that during the Covid-19 lockdown, mokopuna had access to a tablet for making Zoom calls but due to unresolved technical problems this was no longer available.

Mokopuna have no privacy when making phone calls

There is no privacy or comfortable spaces for making phone calls.

"…you have to ask and then they ring and then they put it out the door so the cord goes into the Nurses' Station. So, you sit outside the Nurses' Station on the phone … everyone walks past."

A cordless phone was bought so mokopuna could have private phone calls, however this had broken and not been replaced.

The range, quality and frequency of activities has improved

We observed and participated in several activities like mindfulness, exercise, and developing sensory tools. Staff were skilled at building rapport and engaging mokopuna in activities. Some also initiated activities such as cooking and yoga classes, with mokopuna.

We heard that staff, particularly the Occupational Therapists, worked hard to establish a therapeutic day programme with a range of activities. Many thought the day programme was back on track with better leadership, planning and scheduling.

We heard from mokopuna that off-site trips had stopped, and they would like these reinstated.

"We can't go on outings anymore … we used to go on drives … we went to Maccas.. ummm yeah, we went to Staglands once. It was cool … now we can't go out at all … we get bored. "

Teachers work hard to meet the needs of mokopuna

The teaching staff are youth-centred and flexible. They have a multi-disciplinary approach, working closely with others on the ward and schools in the community to develop flexible plans and timetables, depending on individual progress.

Mokopuna get on with the teachers and were generally happy with their schooling at Rangatahi

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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

The house surgeon at the unit undertakes general health assessments at admission and deals with any primary health issues as they arise. Mokopuna also have access to specialised services such as audiology, optometry and ECT. Dental services are available free of charge through Kenepuru Hospital.

Mokopuna have on-site access to three psychiatrists and nurses who provide a comprehensive service. This was seen as a major advantage of unit admission.

Care for mokopuna with eating disorders is uncoordinated

Staff raised concerns about the quality of care for mokopuna with eating disorders. Mokopuna are not routinely weighed at admission so there is no baseline for progress.

The weighing scales were missing for three weeks and staff were frustrated that a replacement was not an urgent priority.

There is sometimes no dietitian involved in developing meal plans and staff are not assigned to these mokopuna during or after meals. We observed that most mokopuna ate alone at mealtimes.

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.

Most staff care about mokopuna and many contribute over and above what was required

The commitment of most staff to the mokopuna they care for, is a theme that emerged from many of our interviews and observations. However, this was often to the point of staff burn out. Rangatahi was described as a place that runs on the goodwill and commitment of staff. We heard that staff:

- constantly worked extended hours
- worked double shifts due to staff shortages
- bought food, craft materials and other items out of their own pockets.

Mokopuna described unhelpful comments and behaviour from some staff

Mokopuna described insensitive and unhelpful staff behaviour ranging from:

- ignoring requests for help
- questioning diagnoses of mokopuna
- saying they aren't sick enough to be on the ward
- insensitive comments about their eating behaviours.

> *" ...[staff member] actually said, 'In my 20 years of being here, I've seen people who are way worse than you, you don't need to be here. There are people who need your bed more than you do. "*

Mokopuna said they struggled with a lack of consistency in the way some staff treat them. Others talked about problems with several staff who had been around too long and had fixed views. Mokopuna preferred new and younger staff as they found them more relatable.

Inadequate staffing levels impact on the standard of care and staff morale

Many staff talked about a chronic lack of staff, high turnover and being 'burnt out' due to a shortage of experienced people. Low staffing levels also contributed to poor morale.

They talked about their frustration at being unable to work to their job descriptions because they were too busy, 'trying to keep these kids alive'. There is also difficulty in filling vacancies.

Mokopuna were upset that staff didn't have the time to support them.

> *"Sometimes I'm lonely and I just need someone to sit with me when I cry. Why don't they [staff] do that? They don't have the time, they're always busy. "*

Staff induction is poor

Induction processes were poor or non-existent and this contributed to lack of clarity of roles and responsibilities. Recently recruited staff said they had no induction at all and were 'thrown in the deep end.'

Supervision and debriefing is only available to some staff

Individual professional supervision is available to registered nurses, occupational therapists, psychologists, and social workers.

Group supervision is available to staff, but they said the quality is variable.

Critical incident debriefing occurs in some situations but not always when requested.

There is a lack of experienced staff

Staff said they constantly struggle with a lack of experienced staff, particularly in relation to caring for those with high mental health distress. Despite this, many staff talked about having several trusted colleagues who were supportive and highly skilled.

They described their anxiety when mokopuna with high needs and aggressive behaviour were admitted to a ward that did not have experienced staff.

Staff identified several practice areas where upskilling was required:

- understanding self-harm
- understanding eating disorders
- sensory modulation.

Not all staff have had SPEC training despite sometimes being called on to assist with restraints.

Improving outcomes for Mokopuna Māori

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

There is no process for identifying mokopuna Māori and no strategy for improving their outcomes

It was unclear how many mokopuna identified as Māori as there was no process for gathering this information. Files usually recorded a single ethnicity with no information recorded about tribal affiliations.

We found no evidence of any strategy for improving outcomes for mokopuna Māori.

Mokopuna have access to a kaumatua

We heard about the kaumatua acting as a role model for mokopuna, caring for their wairua and their whānau, bringing calmness to the unit.

Staff told us about the importance of making sure Māori and Pacific whānau were aware of the services provided by the kaumatua.

Cultural capability is limited

We observed tikanga Māori being used in karakia and waiata, as part of welcomes and morning routines. Words for karakia and waiata are displayed on the walls in the main meeting room.

Staff described karakia and waiata being incorporated into whānau hui, but we did not see or hear about tikanga Māori being practised in other contexts. Staff commented that te ao Māori practices depended on a small number of kaimahi Māori.

Some kaimahi Māori said it would be easier to work at the unit if more Māori were employed and there was a focus on building cultural capacity.

Values upholding Māori culture are absent

Rangatahi is described in foundation documents as a bicultural unit, based in part on Māori models of health and wellbeing. We observed that practice was almost exclusively based on a Western medical model that did not value or uphold te ao Māori values, concepts, or knowledge. Staff spoke about the challenges of incorporating culturally appropriate practices into their work when practise is dominated by a Western medical model.

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 staff	• Operations Manager • Team Leader • Consultant Psychiatrists • Psychiatric Registrar • House Surgeon • Psychologist • Nurses, including student nurses • Clinical Nursing Coordinator • Mental Health Support Workers • Kaumatua • Occupational Therapists • Social Worker • Administrator
Interviews with external stakeholders	• Central Regional Health School staff • District Inspectors
Documentation	• Individual plans • Seclusion and restraint data • Complaints
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