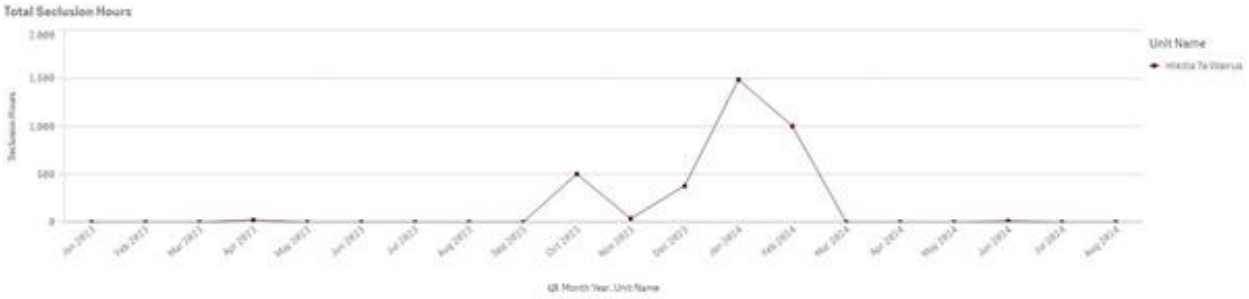
OPCAT RECOMMENDATIONS – July 2024 – HIKITIA TE WAIRUA

	RECOMMENDATION	COMMENT (ACCEPT/DECLINE)
	Systemic recommendations	
1	Urgently review the use of seclusion at Hikitia. Develop and implement a plan to reduce the use of seclusion with the aim of eliminating the practice altogether.	ACCEPT – the use of seclusion is not standard practice at Hikitia Te Wairua and is only used as a last resort to ensure the safety of staff, service users and the public. The use of seclusion identified in the report was related to a particular group of youth who presented as relatively high functioning and with what can be described as more of an "antisocial youth offender" profile than an "intellectually disabled offender" profile. Some segregation was used in order to reduce risk of harm and to meet our duty to protect the public from further escape by mokopuna who had committed serious offences against members of the community. The de-escalation area of Hikitia Te Wairua was used for an extended period because bedrooms were uninhabitable as a result of damage caused by mokopuna. The table below indicates that the use of seclusion was highest in response to these youth. It is also noted that by the time Mana Mokopuna visited, the mokopuna in question were no longer in seclusion, as staff had been able to develop positive relationships with these mokopuna, and facilitate their engagement in various programmes.  There has been an MHAIDS post seclusion review of the events relating to these mokopuna (reviewed on 26 March 2024 and signed off on 16 May 2024), and the review report and recommendations were

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		presented to the Intellectual Disability Service Clinical Governance Group on 16th August 2024. Some of the recommendations have already been completed and others are in progress. The Intellectual Disability Service is committed to reducing the use of restrictive practices and has established a working group on Reducing Restrictive Practices. The working group has a focus on reducing restrictive practice across the entire service, including Hikitia Te Wairua. It also has oversight of further working groups established to reduce restrictive practices in that specific unit.
2	Urgently review the use of adult in-patient wards to treat mokopuna. Develop and implement a plan to reduce the use of designated adult in-patient wards for mokopuna under 18 years of age.	ACCEPT - It is not our accepted standard practice that mokopuna are placed in an adult inpatient service. In 2023, three mokopuna were placed in an adult unit, as follows: Client 1 was admitted on 20/7/2023 directly from court, despite the lack of capacity in the youth unit. This was communicated to the Court, FCS(ID), Whaikaha and the District Inspectors. Client 1 was on an adult inpatient unit for 45 days before being moved to the youth unit when capacity allowed. Client 2 was admitted to the adult inpatient unit on 13/9/2023 due to capacity, issues in the youth unit and compatibility issues between two clients (the team were told that two clients who had come from Youth Justice facilities should not be living in the same facility). This client remained in the adult inpatient unit until their delayed discharge on 7/2/2024. The discharge was delayed because they were under the Mental Health Act and three attempts to discharge them to the community since November 2023 had been halted by Oranga Tamariki. The eventual discharge occurred when the Ministry of Health became involved. Client 3 was admitted on 13/10/2023 following an incident at the youth unit with three clients causing significant property damage to the point where rooms were not habitable. This client caused significant damage to two more adult secure units, by attempting to escape and successfully escaping on 6/11/2023 and again on 23/11/2023. They were placed in a third adult secure unit when returned, until 5/12/2023 when they were moved back to the youth unit (a total of 53 days). In the case of the mokopuna who were placed in the adult inpatient wards, attempts were made to find appropriate youth placements for them in the only other hospital secure youth unit in the country, Nga Taiohi. However, they did not have capacity to accept the mokopuna at the relevant time. It was not

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		appropriate for these mokopuna to be placed in the mental health acute youth unit, as this is not classified as secure. Enquiries were also made into the possibility of placing the mokopuna into a youth justice facility. However, advice was provided that this was not possible because the IDCCR Act did not allow for placement within these facilities. During 2023, the integrity of the unit was challenged by the manner in which the cohort the service was required to support was presenting. Specifically, Hikitia Te Wairua had multiple clients at one time who presented as relatively high functioning and with what can be described as more of an "antisocial youth offender" profile than an "intellectually disabled offender" profile. The situation in 2023 was testing for the staff team and exposed vulnerabilities in the design of the built environment, as well as suitable alternative placements due to capacity and legal issues.
3	Progress plans to refurbish the Hikitia unit to ensure the environment is therapeutic and can meet the care needs of mokopuna.	ACCEPT – Some necessary repairs have been made to the building to strengthen and repair damages. These include: Strengthening the magnetic locks so that the doors cannot be kicked open, compromising the integrity of the unit; Lifting the height of the ceilings in the bedrooms and bathrooms; replacing all the sprinklers so that they are tamper proof and cannot be set off and flood the unit Posters have been put up, and the bedrooms repainted (clients have chosen their own colours). There is also a plan in place to involve clients in choosing some decals which will brighten up the unit. Money has been allocated to prepare concept design work to change the building to make it more therapeutic, open up closed off spaces such as the dining and lounge areas, allow natural light into the space, enable direct access to outdoor spaces from the living areas, rearrange the de-escalation space and alter the two-bedded space to give a lounge and access to outside. This concept design work has been completed. A Business case has been prepared by the facilities project team to be presented to the Capital Committee.
4	Focus recruitment strategy on ensuring key specialist roles for Hikitia are filled. Particular attention should be focussed on	ACCEPT – this is currently occurring. We currently contract external providers and will continue to do so until we recruit into the permanent positions.

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	appointing a psychologist and occupational therapist.	We are actively recruiting to positions in Hikitia Te Wairua. We are part of an international nursing recruitment campaign and we also have an advertisement running for nursing roles at Hikitia Te Wairua, (i.e. with a youth-specific focus). The allied health staff work collectively as a team to meet the needs of tāngata whaikaha across the Intellectual Disability Service. This includes providing youth-appropriate programmes to mokopuna in Hikitia Te Wairua. We have three full time Occupational Therapist positions across the ID service. At the time of the site visit, one position had been filled, the second involved an OT who had just returned from parental leave, and the third position was vacant. In addition, we have employed two Occupational Therapist Support Workers in the ID Service in the last six months, out of a total of four positions. One of these further vacancies will be dedicated to the youth unit full time when it is filled. We are currently recruiting to this vacancy. The availability of permanently employed clinical psychologists at Hikitia Te Wairua has been very limited. However, throughout 2024, the Intellectual Disability Service has contracted the services of an educational psychologist to specifically work with the unit's mokopuna and staff. This has provided clinical leadership for the care of mokopuna at Hikitia Te Wairua and allowed for the expansion of developmentally appropriate care plans for each mokopuna. The presence of a psychologist also ensures direct care staff are supported to implement plans in a consistent, person-centred way. This approach has aligned very well with our model of care and contributed to significant gains for the mokopuna. In addition, the Clinical Director liaises regularly with the MHAIDS Psychology Professional Lead about ways to recruit into positions in the Intellectual Disability Service, including contracting a Consultant Psychologist for six months to facilitate a placement for an Intern Psychologist. The Clinical Director also uses professional contacts with the Psychologists Board and professional bodies and meets with psychologists to highlight the availability of positions in the Intellectual Disability Service. There is a national psychology recruitment campaign underway and, for the past two years, MHAIDS has funded its own Clinical Psychology Intern Hub, which enables 10 clinical psychology interns to be placed in the service each year. This is double the number of placements MHAIDS provided in the past. In 2023, 9 of the 10 graduate interns trained took up permanent roles in MHAIDS teams.

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5	Work with key stakeholders, both government and non-government agencies, to increase the availability of appropriate community-based ID support services to enable timely transition planning.	This recommendation is for our commissioning body – Whaikaha (Ministry of Disabled People). Our service is funded directly by Whaikaha to provide hospital level care for this particular client group. Whaikaha also funds relevant intellectual disability services within the community, separate to hospital services. As a service we work directly with community based services to find appropriate rehabilitation pathways for our hospital clients. A current example of this is a client who attends a local tertiary provider with support staff, and is working to complete a hospitality course. This will also provide him with numeracy credits. He hopes to use the skills and qualification when he leaves hospital and returns home. We have connections through local youth support groups and learning institutions that clients attend in the community, when their leave allows. The Central Regional Health School works alongside us to provide in-house education to our clients. We contract in a Personal Trainer to provide fitness classes and personal training for the clients. We work alongside Oranga Tamariki when clients are also under Oranga Tamariki orders to work towards best possible outcomes when they are returning to their communities. We work closely with parents and guardians of our mokopuna as most of these mokopuna will be returning to their whānau once their order has ended. The service provides funding to whānau and clients for visits when their three FCS(ID) contracted visits per year have been used. We support whānau who have no extra supports from Oranga Tamariki, and support whānau visits when Oranga Tamariki visits are also limited. We focus especially on times of transition back home and to support any whānau work that also may need to occur.

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		By way of example, in relation to Client 2 as referred to above, we worked in collaboration with Oranga Tamariki to share the cost of bringing whānau down from a location several hours north of Wellington every fortnight to enable the team working with the whānau to plan for the mokopuna's discharge. The service also provides free accommodation for families at our whānau flats based near Hikitia Te Wairua. A further example includes funding a mokopuna and staff member to fly to visit his parent in preparation for his transition over the following 6 months.
6	Allocate funding to ensure mokopuna have access to cultural assessments conducted on admission to any in-patient unit.	Cultural assessments are arranged by FCS(ID), which is part of Whaikaha. We will continue to highlight the need for mokopuna to have access to cultural assessments on admission.
7	Allocate a kaimanaaki (cultural advisor) to specifically work in the Hikitia unit only.	ACCEPT We acknowledge the importance of the role of the kaimanaaki in the service. Currently, we have one kaimanaaki (1FTE). We have been advertising for about two years to the vacancy of an additional 2FTE. Although the current kaimanaaki has limited capacity, he works very hard to be available for the mokopuna in the service. The kaimanaaki has advocated for a youth-specific day for Ruaumoko which enables our youth to attend programmes there once a week in youth-specific programmes. When able, the kaimanaaki will also meet with youth individually.
8	Update operational guidelines for the implementation of the IDCCR Act and investigate ways independent advocates can engage with mokopuna and their whānau to ensure adequate support is available to navigate the ID and mental health systems.	ACCEPT – we note that the Ministry of Health/Whaikaha are responsible for issuing and updating operational guidelines for the implementation of the IDCCR Act. Over the past several years, we have made numerous attempts to facilitate opportunities for independent advocates to engage with mokopuna and their whānau, including contracting two separate individuals, one privately, and the second through the Personal Advocacy and Safeguarding Adults Trust. When the individual contracted through the Personal Advocacy and Safeguarding Adults Trust was unable to continue, the Trust tried to find further suitable advocates to no avail.

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		This year, we have had a Project Manager looking into advocacy providers. The Project Manager approached several organisations including CSS Disability Action, IHC Advocacy, H&D advocacy, Peoples First, Nationwide Health & Disability Advocacy Services, and the Personal Advocacy and Safeguarding Adults Trust. These providers have either not responded or declined to be involved on the basis that this way of working does not align with the ways in which they provide advocacy services. We are now going to be looking at making contact with people with Lived Experience with Intellectual Disability with a view to asking for their contribution to planning how this may look within the service. Currently, we continue to support mokopuna by Care Managers assisting clients to make contact with advocacy groups outside of the service in an individual way, and facilitating access to the District Inspectors. The service is also looking into ways clients can make complaints independently of staff and our ICT department are exploring ways that this may be possible.
	Facility recommendations	
1	Provide comprehensive kaimahi training in record keeping to ensure mokopuna care and rehabilitation information is up-to-date and accurate.	ACCEPT We already offer comprehensive training to kaimahi to ensure they can maintain up-to-date and accurate clinical information. Core trainings include: • Desktop training • Te Ara Oranga – Client Pathway eLearning • Orientation • SQaARE Report eLearning • Digital Notes eLearning • Implicit Bias and Best Practice eLearning • Mental Health Outcomes Measures • Ethics & Boundaries • Formulation and goal setting • Mental State Examination (MSE) In addition, as part of a programme to increase support, education and development opportunities for our Mental Health Support Worker workforce, we have developed two full day study days for Mental

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		Health Support Workers across MHAIDS. The Intellectual Disability Service has been an active supporter of this. Our model of care also has a robust process of review for mokopuna over a six-month cycle to monitor progress and rehabilitation goals. The Care Managers complete a Care and Rehabilitation Plan (CARP) for each mokopuna every six months to demonstrate progress and goals and the care team update this periodically throughout this time.
2	Provide comprehensive kaimahi training to enable them to work and effectively engage with mokopuna, taking into account the new trends in mokopuna presentation and need.	ACCEPT We already offer comprehensive training to kaimahi with respect to the ongoing development of clinical skills for working with people with disabilities. Core trainings include: • Positive Behaviour Support (PBS) training • Safe Practice Effective Communication (SPEC) Inpatient training • Engaging Whānau in practice • Dealing with Distress • Lived Experience & Engagement in Practice • Te Rau Ora – He Puna Whakaata • Consumer Rights and Complaints Procedure e Learning • Disability Equity eLearning • Smokefree eLearning • Sexual safety on Inpatient Units eLearning • Clinical formulation eLearning In addition, kaimahi have already attended: • FASD training • Youth Sector Leader days • National Youth Forensic Forum We are also exploring other learning opportunities for kaimahi working with youth, including: • FASD training • Working with youth with AOD issues • Wharaurau eLearning's

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		• Conduct disorder training
3	Develop operational guidance to help all kaimahi incorporate mātauranga and tikanga Māori into everyday unit operations.	ACCEPT MHAIDS has a clear commitment to Te Tiriti o Waitangi and to an equity focus. We recognise the importance of incorporating mātuaranga and tikanga Māori into our service and to ensure cultural safety for mokopuna and kaimahi. Some current practices include: • Each school day begins with karakia with mokopuna, kaimahi, and Health School staff • All kaimahi attend Orientation training which provides an introduction to working with Māori • We hold a Mihi Whakatau for new admissions • We offer poroporoaki for mokopuna and their whānau when they are discharged from the service We acknowledge that there is room for improvement in this area and we are committed to incorporating mātuaranga and tikanga Māori into our service. We are currently in discussion with our kaimanaaki about how we can connect with mana whenua and how we can incorporate our values (Manaakitanga, Kotahitanga, Rangatiratanga) into the day-to-day practice of Hikitia Te Wairua.
4	Establish a de-escalation area for mokopuna that is therapeutic and allows mokopuna the ability to self-soothe and regulate in an environment conducive to their needs.	ACCEPT As part of the concept design work that was commissioned for Hikitia Te Wairua, detailed changes to the de-escalation area were also drawn up. This included opening the area up and having direct access to outdoor spaces and allowing more natural light into the area. Once the detailed design stage occurs, we intend to involve mokopuna so that they can contribute to co-designing the changes to the unit. The business case is currently being written by the project team in facilities. While we wait for the business case to be approved, aesthetic improvements that don't require building work or consent will be made in consultation with mokopuna. There have already been discussions about colours of paint and furniture which they would like to see in this space. This will include how the space is best used to meet different needs.

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