



Regional Rangatahi Adolescent Inpatient Service

OPCAT Monitoring Report

Visit Date: 08-10 October 2024

Report Date: December 2024



Kia kuru pounamu te rongo

All mokopuna* live their best lives

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

Please note that in this report, for clarity, we use the term 'mokopuna' to describe a group of children and young people, and 'tamaiti' for a specific child or young person.



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Introduction

The role of Mana Mokopuna – Children & Young People's Commission

Mana Mokopuna - Children and Young People's Commission (Mana Mokopuna) is an independent advocate for all children and young people (mokopuna) under the age of 18, and for those who are care-experienced up to the age of 25. Mana Mokopuna advocates for children's rights to be recognised and upheld, provides advice and guidance to government and other agencies, advocates for system-level changes, and ensures children's voices are heard in decisions that affect them.

Under the UN Convention on the Rights of the Child, all children have specific rights that must be protected, respected, and fulfilled at all times, in all circumstances. One of these specific rights is the right to be free from all forms of torture or tother cruel, inhuman or degrading treatment or punishment (Article 37).

Our organisation is a designated National Preventive Mechanism (NPM) as per the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman, Degrading Treatment or Punishment (OPCAT).

The New Zealand legislation relating to OPCAT is contained in the Crimes of Torture Act (1989). The role of the NPM function at Mana Mokopuna is to visit places where mokopuna are deprived of their liberty, and:

- 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 torture, cruel, inhuman, degrading treatment or punishment.

About this visit

Mana Mokopuna conducted a full unannounced visit to Regional Rangatahi Adolescent Inpatient Service between 8-10 October 2024 as part of its NPM monitoring visit programme. The objective of our OPCAT Monitoring as a NPM is to prevent harm and ill-treatment in all places where mokopuna are deprived of their liberty by regularly monitoring and assessing the standard of care experienced in these facilities.



About this report

This report shares the findings from the monitoring visit and recommends actions to address any issues identified. The report outlines the quality of the experience of mokopuna at the facility and provides evidence of the findings based on information gathered before, during and after the visit.

About this facility

Facility Name: Regional Rangatahi Adolescent Inpatient Service run by Capital and Coast District Health Board (CCDHB)
Region: Mid-Central, Hawkes Bay, Wellington, Hutt, Whanganui, Wairarapa
Operating capacity: 12 beds, including one seclusion room and one de-escalation area. At the time of the visit there were 10 mokopuna in the Rangatahi unit. The Regional Rangatahi Adolescent Inpatient Service (RRAIS) is the acute adolescent inpatient unit for the central region. The service is for youth aged 12 to 17 years old who are experiencing acute mental health problems and provides a bicultural service based on Kaupapa Māori frameworks and mainstream clinical models.
Status under which mokopuna are detained: Mental Health (Compulsory Assessment and Treatment) Act 1992 (MHA) and three mokopuna in the facility at the time of the visit were consenting patients (informal patient) ¹

Key Findings

Mana Mokopuna found no evidence of cruel, inhuman, or degrading treatment or punishment (ill-treatment) during the visit to the Regional Rangatahi Adolescent Inpatient Service ('Rangatahi').

Mana Mokopuna reports the following findings:

Areas of opportunity

- Kaimahi and whānau stressed the need for the unit to undergo an urgent and comprehensive refurbishment. This includes the Rangimarie (safe care) area, and we note that the refurbishment of this area has been a recommendation in our past three OPCAT monitoring reports for the unit.
 - The Rangatahi unit is not currently fit-for-purpose and Mana Mokopuna understands that refurbishment plans that are being led by Health New Zealand Te Whatu Ora have been paused.

¹ Being a voluntary patient means they agree to have treatment for their illness, they have the right to stop that treatment, and, if they are being treated in hospital, they have the right to leave at any time. (cab.org.nz)
Voluntary patients are sometimes called Informal inpatients.



- Filling key kaimahi (staff) roles within the unit is crucial to mokopuna experiencing appropriate care. Kaimahi were clear that employing an Occupational Therapist is key to ensuring mokopuna receive the right support to participate in therapy and treatment at Rangatahi.
- Continue integrating Te Whare Tapa Whā model of care at all operational levels for the unit. Ensure resources are made available for kaumātua to aid in the integration of this model to support kaimahi, mokopuna and whānau through their treatment journey.

Areas of strength

- Te Ao Māori concepts of whānaungatanga, manaakitanga, and wairuatanga are being implemented throughout the admission process and throughout mokopuna stay at Rangatahi. Kaimahi support whānau well so they can in turn support their mokopuna throughout their treatment plan.
- Kaimahi and mokopuna relationships are positive and nurturing, and mokopuna feel well supported during their stay.
- Kaimahi said the unit feels tau (calm) with a sense of calmness due to a shift in workplace culture that has been role-modelled by senior leadership.
- The leadership team has actively recruited and improved kaimahi staffing levels since our last OPCAT monitoring visit, with the majority of vacancies filled.
- Mana Mokopuna notes a new sensory room to support mokopuna sensory modulation and emotional regulation is currently under development. Mana Mokopuna has been invited to return to the unit once this project is complete – this invitation is welcomed and accepted.



Recommendations

2024 Systemic Recommendations for Mental Health Addiction and Intellectual Disability Services (MHAIDS)

	Recommendation
1	Urgently refurbish the Rangimarie ² Safe Care area to protect mokopuna privacy and dignity and to uphold the meaning of its name in practice.
2	Urgently refurbish the facility to: <ul style="list-style-type: none">• Address maintenance issues that prevent the use of the outdoor courtyard.• Assemble a shelf in the bathroom to ensure mokopuna toiletries can be stored appropriately.
3	Engage with independent advocates to work 1:1 to support mokopuna to understand their rights when using the service. Advocates should be there to listen to any concerns mokopuna have, talk through options, or help formulate a complaint if required.
4	Improve the availability and quality of community-based mental health and transitional support services for mokopuna and their whānau, to ensure successful transitions back into their communities and hāpori.

2024 Facility Recommendations for the Unit Team Lead

	Recommendation
1	Develop a mokopuna-friendly independent complaints system to ensure all mokopuna in Rangatahi can easily make a complaint if they choose to do so.
2	Recruit into essential vacant roles to ensure mokopuna have access to the right professionals who can support their treatment plans, including prioritising the appointment of an occupational therapist.
3	The outdoor courtyard that is commonly used for basketball or other such recreational activities needs to be freely accessible for mokopuna to enjoy outdoor recreational time, fresh air, and a place to regulate.
4.	Employing a Programme Coordinator (outside of education) who can focus on programmes and activities for mokopuna in Rangatahi to engage in during the school holidays and weekends, to support mokopuna development and the right to recreation and play, prevent boredom and support transitions back into the community.

² [Rangimarie - Te Aka Māori Dictionary](#)



Concluding Observations from the United Nations

In February 2023, the United Nations Committee on the Rights of the Child ('the UN Committee') released its Concluding Observations³ for New Zealand's sixth periodic review on its implementation of the Children's Convention⁴ and how the Government is protecting and advancing the rights of mokopuna in Aotearoa New Zealand.

In August 2023, the United Nations Committee Against Torture also released Concluding Observations⁵ for New Zealand's seventh periodic review regarding the implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment⁶.

Many of the recommendations from both sets of Concluding Observations are directly relevant to aspects of treatment experienced by mokopuna at Rangatahi, which Mana Mokopuna has found during this monitoring visit in September 2024. Where relevant, these are highlighted throughout the body of the report.

³ Refer CRC/C/NZL/CO/6 [G2302344 \(3\).pdf](#)

⁴ [Convention on the Rights of the Child | OHCHR](#)

⁵ Refer CAT/C/NZL/CO/7 [G2315464.pdf](#)

⁶ [Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment | OHCHR](#)



Report findings by domain

Treatment

This domain 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.

The model of care provides an excellent framework for kaimahi to support mokopuna

The Rangatahi Unit had adopted the health model Te Whare Tapa Whā⁷, created by Tā Mason Durie, which embodies a Māori approach to health and wellbeing, likened to a wharenuī⁸. The four walls of this model symbolise the components of hauora (well-being) through a holistic perspective. This approach is demonstrated by kaimahi at Rangatahi who integrate their personal and cultural values into their mahi. This is supported by a dedicated Māori role who provides cultural support to kaimahi and mokopuna, prioritises the use of mātauranga⁹ Māori within the unit, and leads the way in terms of awhi (care) and manaaki¹⁰ when welcoming whānau and mokopuna to the facility through mihi whakatau¹¹ and farewelled with poroporoaki.¹²

Kaimahi highlighted to Mana Mokopuna the importance of nurturing connections and establishing relationships with whānau and mokopuna through the principle of whakawhānaungatanga¹³. Kaimahi demonstrate this by making sure whānau are familiar with the environment and that they create space for whānau to connect and engage with kaimahi, before moving directly into clinical conversations. They encourage open kōrero and dialogue to support whānau alongside mokopuna, to ensure all are well informed, but also feel a sense of ease during their stay at Rangatahi.

Furthermore, whānau spoke to Mana Mokopuna about feeling more comfortable to engage and be present regarding mokopuna treatment plans, due to establishing good rapport and whakawhānaungatanga with kaimahi at the time of admission, during mokopuna stay, and when their mokopuna were transitioning out of the care of the Rangatahi unit. Mana Mokopuna was told by kaimahi that the unit feels a lot calmer and tau¹⁴ compared to the last

⁷ [Te Whare Tapa Whā | Mental Health Foundation](#)

⁸ [wharenuī - Te Aka Māori Dictionary](#)

⁹ [mātauranga - Te Aka Māori Dictionary](#)

¹⁰ Manaaki - Manaaki has a reciprocal element as sincere relationships are mutually beneficial and have interactive exchanges that help to lift the esteem and potential of others.

¹¹ [mihi whakatau - Te Aka Māori Dictionary](#)

¹² [poroporoaki - Te Aka Māori Dictionary](#)

¹³ [whānaungatanga - Te Aka Māori Dictionary](#)

¹⁴ [tau - Te Aka Māori Dictionary](#)



OPCAT monitoring visit in March 2023. This is despite the high level of mokopuna behavioural and mental distress and complexities at the time of this visit. Many kaimahi attributed this feeling to establishing tikanga Māori to guide the journey for mokopuna and whānau in their time at Rangatahi.

Mana Mokopuna strongly advocates for the continued integration of Te Whare Tapa Whā across all operational levels within the Rangatahi unit. A full integration of the model will go a long way in ensuring consistent, culturally appropriate care, for mokopuna and their whānau.

Good relationships between kaimahi and mokopuna foster a sense of safety and belonging

During the visit, Mana Mokopuna had the opportunity to observe the interactions between mokopuna and kaimahi. Mokopuna shared a strong connection with kaimahi and engaged well with them in the unit. Members of the senior leadership team were also regularly engaging with mokopuna in the units, which created a further sense of cohesion and understanding. The OPCAT Monitoring team observed mokopuna feeling comfortable and openly communicating with most kaimahi. Mokopuna also had the option to work one-to-one with kaimahi if they chose to.

All Kaimahi informed Mana Mokopuna that the high acuity¹⁵ on the unit at the time of the visit was challenging due to the level of care required to meet the individual needs of mokopuna. This was evident to Mana Mokopuna, as three different mokopuna required watches¹⁶ at the same time. During the time of the visit, one mokopuna was on a 3:1 watch (three adults to one mokopuna) another on a 2:1 watch and the other on a 1:1 watch. This impacted kaimahi ability to work across the unit and meet the needs for other mokopuna in the unit. Mana Mokopuna was told that there was also high kaimahi illness and to help mitigate this challenge, the leadership team assisted on the unit floor to support kaimahi and fill operational gaps. Despite these challenges, kaimahi appeared to still be positive and able to cohesively work together with guidance and direction from senior leadership team.

Mana Mokopuna observed mokopuna freely expressing their needs and seeking assistance from trusted kaimahi in a secure environment. Some mokopuna expressed positive sentiments about the kaimahi caring for them and demonstrated mutual respect for them.

Clinical care of mokopuna is comprehensive

Kaimahi working in the Rangatahi unit identify and diagnose mental health issues that cannot be addressed in the community due to mokopuna experiencing severe mental unwellness and

¹⁵ Acuity in mental health spaces is the severity of a mental illness, which requires more intensive and skilled care and support. High Acuity Definition | Charlie Health

¹⁶ Watch/watches (Clinical jargon) – Kaimahi having direct observations of mokopuna which is determined by what 'level' they have been assessed at. For example, 3:1 is 3 kaimahi watching 1 mokopuna to record observations and interactions.



the risk that they may pose to themselves or others. Mokopuna can be admitted into the facility under the Mental Health Act 1992¹⁷ or as a self-consented patient. At Rangatahi, whānau can expect that their mokopuna will receive assessments and treatment conducted by a consultant, child and adolescent psychiatrist, along with daily care and input from a multi-disciplinary team. Cultural assessments can also be conducted to address the cultural needs of mokopuna alongside their clinical needs.

This process is supported by a diagnostic evaluation of mokopuna. All professionals in the unit were observed feeding into the diagnosis, treatment and recovery of mokopuna through their professional engagement and observations, regular notes, and communications across teams. After diagnosis, Mana Mokopuna heard professionals provide mokopuna and whānau with appropriate tools to support mokopuna mental health both throughout their stay in the Rangatahi unit, and during their transition from the unit back into their community.

Mokopuna and whānau are well supported to engage in treatment plans

Mana Mokopuna was able to observe kaimahi regularly communicating through shift handovers any changes to mokopuna presentations or their treatment plans. When changes occur, or unexpected events take place, treatment plans are reassessed and communicated to all parties – this includes discharge plans. Whānau are integral in the consultation process when treatment plans are adjusted and kaimahi at Rangatahi ensure the engagement with whānau is open, transparent and communication is consistent. Whānau expressed feeling well-supported and well informed and valued the effort and dedication that kaimahi invest in their mokopuna to ensure they receive appropriate care and uphold their mana during their time at Rangatahi.

Kaimahi told us that whānau hui¹⁸ take place weekly and can be held either in person or via video calls to enable whānau to participate. Mana Mokopuna noted that it can be difficult for whānau living outside the region to attend these hui in person. Nonetheless, whānau recognised the support provided by social workers to help with travel arrangements, such as offering petrol vouchers, which they said was extremely helpful. Whānau and mokopuna also have the option to make regular phone calls to each other and these are also often facilitated by the social workers.

There is minimal to no use of force or seclusion being used

The use of seclusion for any mokopuna under the age of 18 runs contrary to the Children's Convention¹⁹ and New Zealand was criticised for use of this practice by the United Nations Committee on the Rights of Persons with Disabilities in 2022²⁰. The Concluding Observations

¹⁷ [Mental Health \(Compulsory Assessment and Treatment\) Act 1992 No 46 \(as of 29 October 2023\), Public Act – New Zealand Legislation](#)

¹⁸ [hui - Te Aka Māori Dictionary](#)

¹⁹ [Convention on the Rights of the Child | OHCHR](#)

²⁰ [CRPD/C/NZL/CO/2-3](#)



of this Committee recommended that New Zealand take immediate action to eliminate the use of solitary confinement, seclusion, physical and chemical restraints, and other restrictive practices in places of detention.

Seclusion also runs contrary to Te Tiriti o Waitangi, given that mokopuna are taonga and they, and their mana, should be actively protected.²¹ It is also a breach of the New Zealand Bill of Rights Act (NZBORA),²² which provides assurance that no person is subject to the constraints and ill effects that are associated with detention other than in accordance with the law.

The Mana Mokopuna OPCAT monitoring team was told that seclusion at Rangatahi is used as a very last resort and that kaimahi use other de-escalation techniques when the need arises. Data collected from Health New Zealand Te Whatu Ora²³ evidenced a total of four seclusion events occurring between 01 May and 10 October 2024 with seclusion being used once in May, twice in June, and once to date in October. This is a significant reduction in the use of seclusion that was noted in our previous 2023 OPCAT visit to Rangatahi.

Furthermore, data received from Health New Zealand Te Whatu Ora prior to the visit indicated there has been a notable reduction in the use of restraints since the previous 2023 visit to Rangatahi.

Mana mokopuna commends the efforts of kaimahi at Rangatahi to reduce both the use of seclusion and restraints with a focus on journeying with whānau and mokopuna to prevent the need for such restrictive practices. The alternative approaches being promoted amongst kaimahi when mokopuna are heightened while in the unit include:

- Identifying the early warning signals of each mokopuna before escalating behaviour occurs. This information is then recorded and tracked as part of individual treatment plans, so that all kaimahi are familiar with what to expect and how to mitigate escalations in behaviour.
- Use of sensory modulation, well-being, and mindfulness activities tailored to individual mokopuna where appropriate.
- Allowing a safe space for mokopuna to self-regulate. A sensory room is currently in plan, however mokopuna currently use outdoor designated areas to self-regulate.
- The presence of kaumātua in the unit. Kaimahi acknowledge the cultural support and tikanga being established by kaumātua on admission and throughout mokopuna stay. This has contributed to a feeling that the unit is tau, which promotes positive mauri amongst kaimahi and mokopuna.

²¹ [Articles 2 and 3 of Te Tiriti o Waitangi](#)

²² [Section 22 of the NZ Bill of Rights https://www.legislation.govt.nz/act/public/1990/0109/latest/DLM225524.html](https://www.legislation.govt.nz/act/public/1990/0109/latest/DLM225524.html)

²³ [Monthly Clinical Governance data package from Rangatahi \[which includes a 6- month overview around seclusion, personal restraints, and self-harm events\]](#)



Kaimahi at Rangatahi ensure that practice is consistent and mokopuna are supported to de-escalate in ways that are meaningful to them. There is a common respect amongst kaimahi that mokopuna are taonga and rangatira in their journey to well-being.

Transitions out of the Rangatahi unit are carefully planned and considered

A clear process is established and implemented when mokopuna exit the service, with assistance from the community Child and Adolescent Mental Health Services (CAHMS) team. Transitioning from a secure inpatient setting to either community or home environments poses considerable challenges for mokopuna and their whānau. This includes some whānau finding it difficult to access community-based support, especially for those mokopuna who are severely unwell and deemed 'high risk' even when they are discharged from inpatient care.

Whānau indicated that, despite the commitment and hard work of the community teams, it remains a struggle for whānau to properly meet the needs of their mokopuna when they leave a secure placement. Additionally, whānau conveyed feelings of hopelessness and despair concerning their inability to prevent a crisis or critical situation recurring once mokopuna returned home. Some whānau members said they do not always have the necessary intervention support to help avert incidents of self-harm or other harmful behaviours when their mokopuna are back living with them.

Whānau acknowledged CAHMS²⁴ delivers assistance whenever possible and strives to support whānau as best they can. However, during crucial moments of need, whānau expressed they have limited resources available that they can readily access. Some whānau members said if a mokopuna is deemed to be 'high risk,' they may be excluded from being able to access some community-based support services.

Mana Mokopuna expects Health New Zealand Te Whatu Ora to collaborate with other government departments, iwi, and community supports for mokopuna and whānau, to explore and invest in solutions that enhance services for mokopuna requiring support after their discharge from an inpatient unit. This is to ensure that the return to home or community is sustainable and reduces the need for re-admission into inpatient care.

²⁴ [Child and Adolescent Mental Health Services \(CAMHS and ICAFS\) | MHAIDS](#)



Protection Systems

This domain 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.

Whakawhānaungatanga is the foundation of admissions

Kaimahi spoke with Mana Mokopuna about the importance of whakawhānaungatanga²⁵ and the value of bringing mokopuna and their whānau together when mokopuna are admitted into the Rangatahi unit. The aim is to help whānau familiarise themselves with the facility and feel comfortable spending time in it with their mokopuna and the kaimahi looking after them. This also supports kaimahi to understand the mauri²⁶ of mokopuna and how they feel in terms of their hinengaro.²⁷ Kaimahi can then establish how to appropriately engage with mokopuna and their whānau in ways that are led and determined by them, and to begin to develop a mokopuna treatment plan that supports their holistic hauora that is aligned with the Te Whare Tapa Whā model of care.

Treatment plans are developed with input from multidisciplinary professionals such as psychiatrists, psychologists, nurses, occupational therapists, and cultural advisors. This multidisciplinary approach gives strength to the treatment plan and allows mokopuna to receive holistic treatment and support that is tailored to their specific needs. Social workers and transition staff also start developing plans around community-based support from the point of admission to prepare mokopuna and whānau for the return home.

Whānau play an important role in proactive advocacy

Whānau presence and support for mokopuna receiving treatment at Rangatahi naturally empowers whānau to act as advocates providing safety, support, stability, and familiarity for mokopuna. This creates a safe space for mokopuna to concentrate on getting well. Whānau can speak directly to professionals about treatment, be involved in any transition planning meetings, and are a part of day-to-day hui throughout their mokopuna stay. Whānau are allowed in the unit, are able to come at any time and can stay overnight in the whānau whare to support their mokopuna.

Supporting their mokopuna through treatment has reportedly allowed whānau to feel empowered about their mokopuna wellness and has enhanced their understanding of how they can best support their mokopuna when they leave the unit. When questions arise around mokopuna conditions and medication, whānau can easily access social workers, specialists,

²⁵ [whakawhānaungatanga - Te Aka Māori Dictionary](#)

²⁶ [mauri - Te Aka Māori Dictionary](#)

²⁷ [hinengaro - Te Aka Māori Dictionary](#)



and other kaimahi to advocate for the right information or answers related to the care of their mokopuna whilst in the Rangatahi unit.

Mokopuna need an appropriate and independent complaints process

The complaints process for mokopuna at Rangatahi is the general Kenepuru Hospital complaints form and system, which mokopuna have been supported to use to raise complaints in the past. However, the complaint system is aimed at adults and does not take into account mokopuna communication needs nor is it friendly for those experiencing mental health distress.

Mokopuna under the Mental Health Act have access to District Inspectors²⁸, whose primary duties include ensuring that every individual subject to a compulsory order is cared for as per the statutory requirements; monitoring the quality and safety of services; investigating complaints and conducting any necessary inquiries. However, District Inspectors are not designated advocates, and whilst kaimahi work to advocate for mokopuna best interests, mokopuna do not currently have access to any independent advocates. The Rangatahi Unit leadership team is actively working to identify and access lived experience advocates to support mokopuna residing in Rangatahi.

Mana Mokopuna recommends that all mokopuna in Rangatahi (and in other spaces in the mental health system where they are deprived of their liberty) always have access to independent, lived-experienced advocate specialists, to support them as they navigate their mental health journey. Advocates can also play an important role in supporting mokopuna to make complaints, should they need to.

The importance of a fit-for-purpose, independent complaints process was noted by the United Nations Committee on the Rights of the Child in its 2023 Concluding Observations on New Zealand implementation of the Children's Convention²⁹. The Health and Disability Commissioner has also noted that a complaints system needs to be designed specifically for mokopuna living with mental distress.³⁰

²⁸District Inspectors are lawyers appointed by the Minister of Health to protect the rights of people receiving treatment under the Mental Health Act, or the IDCCR Act. They are independent from the Ministry of Health and from health and disability services

²⁹ Refer CRC/C/NZL/CO/6 28(f)

³⁰ (1) Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 | Right 10 (1) Every consumer has the right to complain about a provider in any form appropriate to the consumer.

Material Conditions

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

The refurbishment of Rangimarie needs to be urgently progressed

In our previous reports, Mana Mokopuna has made multiple recommendations to refurbish the Rangimarie de-escalation area urgently. Mana Mokopuna has not been able to view Rangimarie in previous monitoring visits due to the unit being in use by very unwell mokopuna at the time. However, during this October 2024 visit we were able to see Rangimarie and there have been minimal improvements to improve the material conditions of the area used by mokopuna experiencing significant mental unwellness to de-escalate or self-regulate. Parts of the unit can be seen from a public road and this includes an enclosed outside area that mokopuna use when very unwell. It is concerning that little has been done to protect the privacy of vulnerable mokopuna.



(The current de-escalation space in Rangimarie).

Health New Zealand Te Whatu Ora³¹ is currently leading the re-design project of Rangimarie and Mana Mokopuna was told by senior leadership that although the proposal to re-design has been submitted to Health New Zealand Te Whatu Ora, there have been delays and now a pause on funding for the project which has meant there is no opportunity currently, to progress this re-design. Mana Mokopuna was provided with the floor plans to view the progress planned for upgrading Rangimarie to an area that is more therapeutic and conducive

³¹ Te Whatu Ora - Health New Zealand is building a future health system that will support all New Zealanders to live better and longer. <https://www.tewhatauora.govt.nz/>



to recovery for mokopuna. The focus of the proposed project plan is on modernising the environment to be more:

- Mokopuna-friendly, providing more access to outside spaces and increasing access to de-escalation and sensory areas across the unit.
- To be more whānau friendly and to increase the opportunity for self-soothing and coping strategies to support a further reduction in restraints and use of seclusion.
- Ensuring mokopuna privacy is a primary focus.



(Photos of the proposed plans for Rangimarie).

Mana Mokopuna recommends that the re-design work for Rangimarie is prioritised with urgency, as this has been a recommendation in our past three OPCAT monitoring reports for the Rangatahi unit.

The upgrade of Rangatahi Unit needs to be prioritised

It was evident through observations during the visit that the facility is old, outdated, overall, not fit-for-purpose for the care of mokopuna with high mental health needs. Some whānau described the Unit as 'prison-like' as it is small, does not have enough room with a lack of break-out space noted, and is very clinical in appearance. Mana Mokopuna supports a full overall refurbishment, so the material conditions of the unit better support the care and treatment of mokopuna.

Rangatahi has a sensory room that is in its final stages of completion. A sensory room helps mokopuna regulate emotion, enhance focus, and support the development of social and motor skills. Kaimahi are looking forward to being able to use this resource.

Mana Mokopuna recognises attempts to superficially improve the unit appearance, noting it was warm, there was artwork on display with some newly painted murals on the walls since our last visit. There were new couches in the recreational room and mokopuna were given the opportunity to select the new curtains.

The outdoor courtyard needs attention

There is an enclosed open outdoor courtyard for mokopuna that has historically been used for basketball or other recreational activities. The area is currently unavailable due to safety



concerns around mokopuna being able to abscond from the unit due to the low fencing and the area being visible to the public with very little privacy.

Children have the right to access fresh air and the outdoors as per Article 31 of the Children's Convention. Children have the right to play and take part in leisure activity that is aligned to their developmental abilities and needs.

Mana Mokopuna encourages senior leadership to revisit strategy around risk management to ensure mokopuna can access the outdoors, to support them to experience their right under Children's Convention³² to rest, play, and take part in a wide range of cultural and artistic activities.

Mokopuna have the right to be able to ground themselves in papatūānuku³³ to enhance their overall hauora in alignment with Te Whare Tapa Whā.



(Photos of outdoor courtyard area)

³² Article 31, [Convention on the Rights of the Child | OHCHR](#)

³³ [papatūānuku - Te Aka Māori Dictionary](#); [CRC/C/GC/26: General comment No. 26 \(2023\) on children's rights and the environment with a special focus on climate change | OHCHR](#)



Activities and access to others

This domain focuses on the opportunities available to mokopuna to engage in high-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 contact with whānau and access to role models

Kaumātua and other kaimahi serve as positive role models in Rangatahi, having developed strong connections with mokopuna through manaakitanga, whakawhānaungatanga, and wairuatanga. Kaimahi are dedicated and committed to connecting mokopuna with whānau, even when whānau live out of area. There is also a dedicated role focused on whānau engagement at the Rangatahi unit, to ensure whānau understand, are communicated and consulted with about the care of their mokopuna.

Kaimahi use various communication methods for whānau who live outside the Wellington region and were also able to detail how they have enabled contact when whānau members live overseas. Social workers facilitate whānau hui for whānau in these situations on a weekly basis. Whānau members expressed that the unit provides a welcoming atmosphere and open access to engage or communicate with their mokopuna.

Mokopuna participation in activities

The Monitoring visit occurred during the school holiday period, so there were no education classes taking place at the time. There were fewer kaimahi working in the unit during the school holiday period due to a lot of kaimahi being parents themselves and juggling whānau commitments. Despite this, kaimahi continued to facilitate a Therapeutic Day Programme that is coordinated and managed by an acting Occupational Therapist and a Mental Health Support Worker. Kaimahi told us they try to get as much input from mokopuna as possible regarding activities and areas of interest. This is positive as it supports mokopuna right to participation under Article 12 of the Children's Convention and the right of mokopuna to self-determination under Article 2 of Te Tiriti o Waitangi.

The programme includes:

- Cooking – meal planning, preparing, and making kai
- Music – playing musical instruments or creating sound and music
- Art programme – however currently this programme is not active
- In summer they often go to the beach and go on nature walks
- Therapy dog –provides support and companionship, reduces the sense of isolation, and improves physical well-being.



During the school term, kaimahi said the schedule can often be quite busy and packed with activities, which is why sometimes during the holidays, kaimahi allow for a more relaxed, low-stimulus environment. For example, kaimahi made allowances for later wake-up times and fewer organised activities during these school holidays.

The monitoring team saw other activities such as board games, playing cards, puzzles, sensory items, and reading materials for mokopuna to engage in at their discretion. Mokopuna also can listen to music through the music application Spotify via the unit's mobile phone.

Mana Mokopuna interacted with mokopuna and observed kaimahi joining in with these activities. Kaimahi took the time to engage mokopuna in conversation during low-energy activities. Mokopuna told us they also enjoy baking for the unit and being involved in ideas around what kai to bake or cook, in particular, the two cooking days allocated for kaimahi and mokopuna to cook together for unit meals.

However, some mokopuna did say they were bored at the time of our monitoring visit. Not all mokopuna want low-stimulation activities all of the time. Mana Mokopuna encourages kaimahi at Rangatahi to create a schedule of activities that mokopuna can input into, to ensure there are always activities mokopuna enjoy participating in available throughout the day.



Medical services and care

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

Mokopuna have all their medical and primary health care needs met when residing in Rangatahi

Mokopuna undergo a needs assessment on admission, which gives nurses and medical professionals a foundation from which to build treatment plans for mokopuna during their stay at Rangatahi. Mokopuna have access to primary and specialist care, such as on-site nurses, GPs, psychiatrists, psychologists, occupational therapists, social workers, and cultural advisors.

Medications are checked and safe-housed in a dedicated dispensary area. The Rangatahi unit fulfils mokopuna rights to health, which is a basic, fundamental right guaranteed to all mokopuna under Article 24 of the UN Convention on the Rights of the Child.



Personnel

This domain 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.

Kaimahi culture has considerably improved the mauri of the unit

Throughout the visit, kaimahi and mokopuna told us how the culture has improved since the last OPCAT Monitoring visit in March 2023. Many attributed this to the senior leadership team's work and leadership style. Kaimahi said they feel supported by management, as well as valuing senior leadership being regularly present in the unit with mokopuna and kaimahi. Mokopuna said that they enjoy seeing senior leadership kaimahi with them on the unit.

We observed strong relationships between kaimahi and mokopuna featuring collaborative and respectful engagements with mokopuna openly being able to request or seek assistance from kaimahi without hesitation. There are good relationships between nursing staff including nursing staff from the NESP programme³⁴, allied teams³⁵, as well as community teams. It was evident that these relationships have a positive influence on mokopuna.

Kaimahi reported despite high acuity in the unit, quality practice across all shifts was maintained to meet all mokopuna needs, and that there was clear communication across the shifts. Whilst Mana Mokopuna saw evidence of this across the three days in the unit, kaimahi were open in their acknowledgement that improvement is still possible in all areas to ensure delivery of the best outcomes for mokopuna whilst they are at Rangatahi.

Staffing levels have significantly increased since our last visit

During the last OPCAT Monitoring visit to the Rangatahi unit in March 2023, staffing was at a critical level and was described as unsafe and unsustainable. Kaimahi spoke about the previous chronic understaffing and how it had perpetuated an ongoing and relentless cycle of pressure upon all kaimahi at all levels. However, as evidenced during this October 2024 visit, Rangatahi has significantly increased its kaimahi levels by employing new kaimahi and continuously advertising and being successful in filling vacancies with new level graduates.

The current permanent FTE for Rangatahi sits at 59 kaimahi in total, which includes 22 mental health support workers and 30 Registered Nurses. There are two Social Workers on site alongside other clinical specialist roles to match the needs of mokopuna and provide

³⁴ [New Entry to Specialist Practice: mental health and... | Te Pou](#)

³⁵ Allied health professionals are qualified healthcare practitioners, other than doctors, dentists, or nurses, who specialize in preventing, diagnosing, and treating a range of conditions, often working within multidisciplinary teams to provide specialized support for patient needs.



appropriate care and treatment. At the time of the October 2024 visit, there were five positions vacant.

Due to the presenting care needs of mokopuna, kaimahi levels can fluctuate between being good to being 'in the red' under the Trend Care System³⁶ which is a software system that matches acuity of the unit to kaimahi hours required, to ensure the kaimahi workload is appropriately assigned based on the skills, experience, and capability of kaimahi to meet the needs of mokopuna.

Kaimahi told us they can extend the length of shifts to cover shortages to fill rostering gaps, however, this perpetuates the cycle of short shifts with knock-on effects for kaimahi wellbeing. We found this can also take kaimahi out of their designated role to cover gaps where kaimahi are sometimes unable to fulfil their regular role and this is not a sustainable operation for the facility.

Recruitment and Induction

The leadership team at Rangatahi told us that recruitment can be challenging as there is a shortage of New Zealand based, nurse specialists, who have experience in adolescent mental health, nationwide. The NESP programme currently has a small number of students, however they have little expertise in adolescent mental health.

Despite this, Mana Mokopuna acknowledges that the leadership team at Rangatahi are doing all that is possible to promote and provide opportunities for students. This includes visiting educational facilities and expos to enable students to gain on-the-floor experience at Rangatahi. The Leadership team told Mana Mokopuna that while applicants are applying for the vacant positions, the majority are overseas applicants who often do not have the right visas for work in Aotearoa, New Zealand.

The Occupational Therapist role and occupational support roles are currently vacant. Mana Mokopuna was told by senior leadership there is also a national shortage of Occupational Therapists, which has made it difficult to recruit to these positions. Currently, there are kaimahi, primarily senior nurses, who are performing and completing these duties to help provide therapy and support for the mokopuna to carry out their everyday routines or activities. Mana Mokopuna recommends employing a Programme Coordinator (outside of education) with a background or training in occupational therapy, who can focus on programmes/activities for mokopuna to engage in during the school holidays and weekends to prevent boredom and prepare for their transition back into the community.

³⁶ [Trend Care Systems](#)



The Whānau Advisor role is important for mokopuna and whānau

The Rangatahi Unit has a Whānau Advisor who works closely with the kaumātua and nursing kaimahi to support health kaimahi to positively engage with whānau.

The Whānau Advisor regularly attends the Rangatahi unit morning meetings where they can provide advice to kaimahi when they need support working with whānau. In addition, they attend multi-disciplinary team meetings, are a member of the reducing restrictive practice group, and meet with the team monthly for whānau engagement hui. The aim is to reduce the barriers to full whānau engagement in mokopuna treatment plans.

Mana Mokopuna was told there is a need to increase cultural capability for all kaimahi across the unit to better support and engage with Māori and Pasifika whānau and families, as well as families who whakapapa to a range of ethnicities. Mana Mokopuna acknowledges there is a lot of passion and heart from kaimahi to always improve and be culturally safe and this could tie into the Whānau Advisor role.



Improving outcomes for mokopuna Māori

This domain focuses on identity and belonging, which are fundamental for all mokopuna to thrive. We note 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.

Whakawhānaungatanga, manaakitanga and whakapapa underpins the care of mokopuna at Rangatahi

Mana Mokopuna found that kaimahi at Rangatahi are very intentional in embedding whakawhānaungatanga, whakapapa, and manaakitanga within the workplace, their practice, and in building team culture. From the outset, whānau are welcomed to the unit through a whakawhānaungatanga process that involves a mihi whakatau. Kaimahi make efforts to introduce themselves, their roles and mokopuna and whānau are then provided the same opportunity to get to know each other on a more personal level.

Applying te ao Māori concepts and principles provides a strong foundation for building relationships for mokopuna and whānau when entering Rangatahi and a pathway for mokopuna to maintain connections between whānau, hapū, and iwi. Mana Mokopuna arrived at the Rangatahi Unit unannounced yet experienced the practice of whakawhānaungatanga where the Rangatahi unit leadership team, led by the kaumātua, formally welcomed the Mana Mokopuna team to the unit through a mihi whakatau process. Whānau spoke highly of the kaimahi and how they felt the manaakitanga when entering Rangatahi and throughout mokopuna stay in the unit. This brought a sense of tau to the unit and comfort for whānau that the foundation of treatment was holistic and valued the principles of te ao Māori.

Mokopuna were supported in establishing connections to whakapapa and applying mātauranga Māori into practice

Kaumātua play a key role in supporting kaimahi and mokopuna to ensure opportunities to access whakapapa connections with whānau are explored. Kaumātua also help to create pathways for learning about tikanga and mātauranga Māori and aligning this learning with workplace practice. This was continuously evidenced through observations and engagements Mana Mokopuna experienced on the unit.

Kaumātua are involved throughout mokopuna journey to wellness from the outset during admission through to mokopuna transitioning back into the community. Kaumātua are always present and accessible for mokopuna and kaimahi support, even outside of allocated work hours such as on weekends. Mokopuna openly expressed positive sentiments and kōrero towards the kaumātua and appeared to value their presence in the unit and the impact they had on their wellness journey.



Opportunity to support kaumātua to continue establishing Te Whare Tapa Whā throughout all operations

Whilst kaimahi working in the Rangatahi unit are committed to operating under the Te Whare Tapa Whā model of care, at times it was hard to capture how this model is being applied when kaumātua were not present or actively supporting kaimahi. It was also unclear whether all kaimahi were modelling this approach while interacting and engaging with mokopuna.

For this model of care to always be effective, at all levels and throughout the unit, kaumātua need to have dedicated resources that allow for wānanga and learning opportunities to ensure the integrity of the health model is being applied appropriately. Kaumātua cannot solely be relied upon to undertake such responsibility. The commitment to Te Whare Tapa Whā needs to be held collectively by kaimahi at all levels and in all roles throughout the unit, so it is woven into the fabric of how the facility operates and the care that is provided to mokopuna.

Mana Mokopuna acknowledges that kaimahi are willing to engage and be better informed on how they can best apply Te Whare Tapa Whā into day-to-day operations. This willingness to learn and develop on the part of kaimahi, for the benefit of mokopuna in their care, is to be commended and encouraged in an ongoing manner.

The integration of te ao Māori practices and mātauranga Māori within the facility gives effect to Article 2 of Te Tiriti o Waitangi, which guarantees Māori protection of all taonga, including language and customs. These rights are reinforced for mokopuna under the UN Declaration on the Rights of Indigenous Peoples.³⁷

³⁷ [UNDRIP E web.pdf](#)



Appendix One

Progress on 2023 recommendations

The following table provides an assessment of the recommendations made by Mana Mokopuna during the previous full visit for Rangatahi Unit in March 2023. Mana Mokopuna acknowledges that work on systemic recommendations is led at the Health New Zealand Te Whatu Ora National Office level. The progress detailed here relates only to the day-to-day operations of this particular facility.

2023 System Recommendations

2023 Recommendation		Progress as of September 2024
1	Refurbish Rangimarie urgently to protect mokopuna privacy and dignity.	No Progress - Health New Zealand Te Whatu Ora is leading the progress of refurbishing Rangimarie. Mana Mokopuna was able to see floor plans to progress the refurbishment of Rangimarie, however was informed the refurbishment is currently on pause due to funding.
2	Limit the number of beds to meet safe occupancy levels until fully staffed.	Good progress – Since the last visit there has been an increase in staffing numbers, although there are still vacancies, this has not resulted in occupancy needing to be capped.
3	Address unsafe staffing levels urgently.	Good progress – Health New Zealand Te Whatu Ora is leading the progress in addressing unsafe staffing levels. Rangatahi has significantly increased its staffing levels by employing and filling vacancies, with the Mental Health Support Workers quota being filled and with only five remaining vacancies to be met for nursing roles.
4	Develop a recruitment strategy for nursing staff, with emphasis on attracting more males and Māori staff.	Limited Progress – Health New Zealand Te Whatu Ora is leading the progress of developing a recruitment strategy to focus on employing more males and kaimahi māori. We continue to monitor this recommendation
5	Update policy to ensure informal ³⁸ mokopuna have access to the same protections as those under compulsory treatment.	Policy complete

2023 Facility Recommendations

Recommendation		Progress as of September 2024
1	Address the high and increasing use of seclusion and restraint.	Good Progress – There is a significant decrease in the use of seclusion and restraint practices and this was evidenced in data received from Rangatahi.
2	Provide Safe Practice Effective Communication (SPEC) training to all staff. Ensure all staff are up to date with this training.	Good Progress – At the time of the visit, all kaimahi have been provided with the required SPEC training and are up to date in terms of refresher training.
3	Reduce the use of cardboard potties.	Good Progress – Leadership advised Mana Mokopuna OPCAT monitoring team, that they are no longer using cardboard potties for mokopuna, and we saw no evidence of this. Mana Mokopuna continues to advocate for zero use of seclusion and ensuring mokopuna have access to bathroom facilities, so they do not have to use cardboard potties.

³⁸ Informal is when mokopuna have agreed to receive treatment voluntarily and have the right to suspend that treatment or leave the unit at any time.



4	Evidence in case files that all mokopuna sign a consent to treatment form.	Good Progress – Mana Mokopuna reviewed mokopuna case files, which evidenced all mokopuna have been signing a consent to treatment form.
5	Review the consent process and documentation standards for informal mokopuna, including consent to remain on a locked unit.	Review Complete
6	Record in case files any instances where informal mokopuna are prevented from leaving the unit as environmental restraint.	Good Progress —Mana Mokopuna reviewed case files these evidenced where informal mokopuna are prevented from leaving the unit as environmental restraint. However, Rangatahi needs to ensure that Mental Health Support Workers are upskilled in accurately recording case notes regarding the use of environmental restraints.



Appendix Two

Gathering information

Mana Mokopuna gathers a range of information and evidence to support the analysis to develop findings for this report. Collectively, these form the basis of our recommendations.

Method	Role
Interviews and informal discussions with mokopuna	
Interviews and informal discussions with mokopuna and staff	<ul style="list-style-type: none">Operations ManagerTeam LeadNursesSocial WorkersActing Occupational TherapistsMental Health Support WorkersAdministratorWhānauMokopunaWhānau advisorPsychologistsResponsible ConsultantsAssistant Clinical Charge Nurse
Documentation	<ul style="list-style-type: none">Seclusion Data - 6monthsRestraints Data – 6monthsReportable eventsLength of stayPsychologist referral and admission formMedication dataStaffingStaffing vacanciesAdmissionsMHAIDS Inpatient Bed State
Observations	<ul style="list-style-type: none">Unit routinesEngagements between kaimahi and mokopunaShift handoversEducationMealtimesActivities on-site