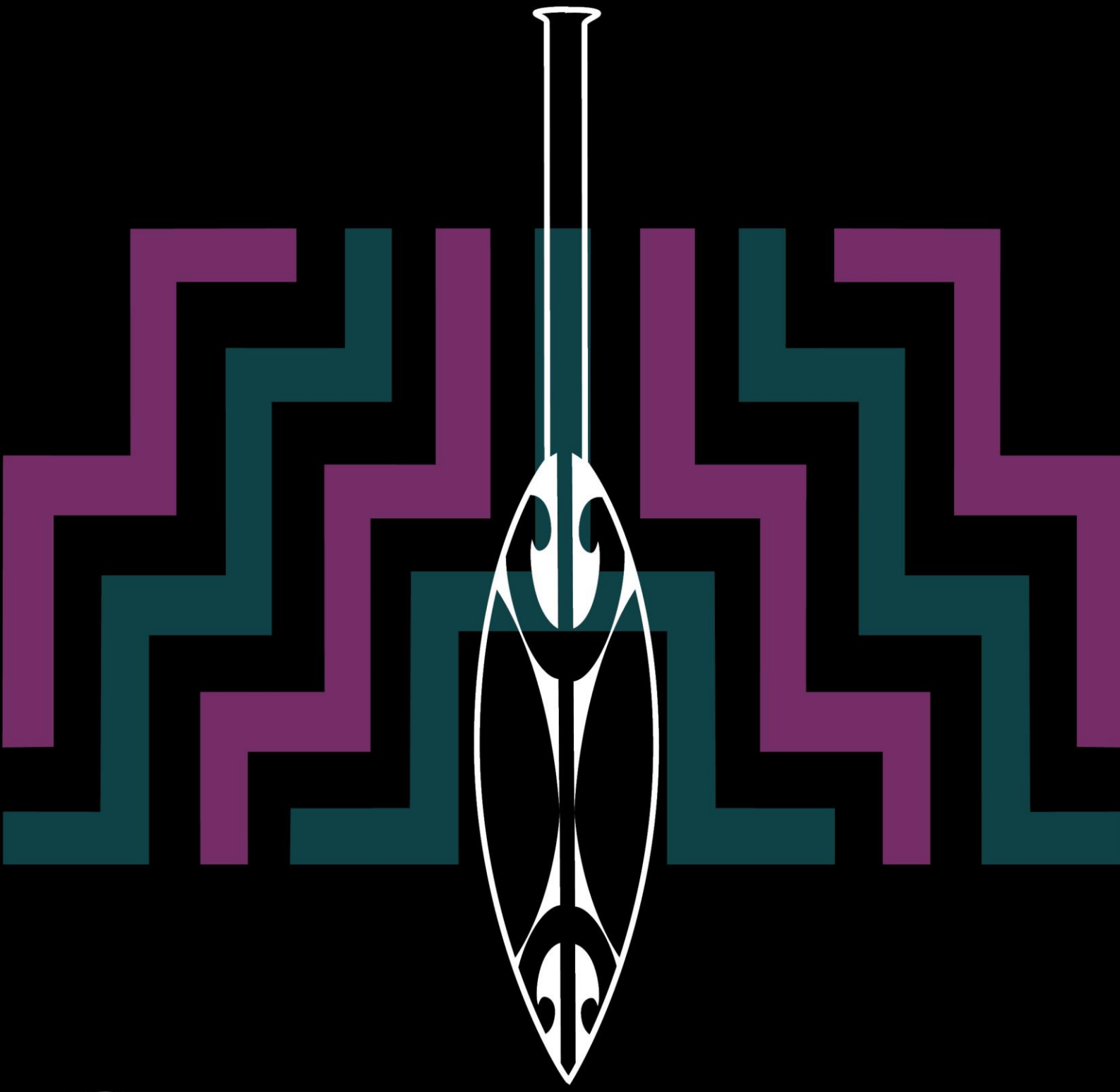

MANAAKITIA Ā TĀTOU TAMARIKI
Children's Commissioner

Te Puna Wai ō Tuhinapo Youth Justice Residence

OPCAT Monitoring Report

November 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 a NPM is to visit places of detention, including residences run by Oranga Tamariki, to:

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

About this report

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

About this visit

OCC staff carried out an unannounced monitoring visit to Te Puna Wai ō Tuhinapo, Christchurch. The facility providing these services is known as TPW and will be described as such in this report.

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

About this facility

Facility Name:

Region: Christchurch

Operating capacity: 40

Status under which mokopuna are detained: Oranga Tamariki Act 1989, s.235, s.238(1)(d), s.311

Corrections Act, 2004, s.34A

Criminal Procedure Act 2011, s.168 and s.175

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 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] OPCAT in New Zealand 2007-2012, *A Review of OPCAT Implementation by New Zealand's National Preventive Mechanisms* (2013) Opcat-2013_web.pdf (hrc.co.nz)

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. We acknowledge that Covid has had a significant impact on residential operations. Our report, findings, and recommendations take these into account.

Key Findings

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

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

Findings

- There is no suitable unit for females to be housed.
- Staff do not apply the Behaviour Management System consistently.
- Conflicting models of practice, (restorative and punitive), contribute to inconsistent care of mokopuna.
- A lack of programme options/ activities during school holidays.
- A lack of culturally specific programmes for mokopuna Māori.
- The grievance process lacks impartiality.
- Individual Care Plans and the Admission booklet are not mokopuna friendly.
- Lack of implementation of Whakamana Tangata.[3]

[3] Whakamana Tangata is a Māori informed restorative practice approach for rangatahi living in Youth Justice residential settings. Whakawhiti Moana: Whakamana Tangata, Kete Two, Oranga Tamariki – Ministry for Children, February 2020.

Recommendations

Our recommendations are based on:

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

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

Systemic Recommendations – DCE, Youth Justice Services, Oranga Tamariki

1	Develop a nationwide package of trauma informed programmes to address criminogenic behaviour, alcohol and drug use, life skills, and cultural development.
2	Develop practice tools to embed the use of Whakamana Tangata into every-day operations.
3	Review the grievance process to be independent and impartial.
4	Revise the Individual Care Plan and Admission Booklet templates to be functional, youth-friendly, and available in other accessible formats and languages.

Facility Recommendations – Manager Te Puna Wai Tuhinapo

1	Provide an open unit for females, with structured programmes and activities. The Secure Care Unit is not an appropriate alternative. **Update** As at 25 November the Rakaia Unit was opened for female admissions.
2	Provide a single unit for all new admissions that can house both males and females to mitigate the risk of Covid-19 transmission.
3	Reduce the number of use of force incidents and admissions to secure care.

4	Develop structured programmes and activities outside of school hours and particularly over the school holidays, that cater to different interests and abilities.
5	Develop cultural programmes for mokopuna Māori to support their learning about their whakapapa, matauranga Māori and Te ao Māori.
6	Provide portable electronic devices with secure video calling software to maintain regular contact with whānau and external providers who are unable to visit site.

Progress on previous recommendations

Progress on the recommendations from the Te Puna Wai ō Tuhinapo OPCAT report dated 7 December 2020, are assessed to have made good or limited progress.

DCE Youth Justice Services		
1	Works in partnership with relevant residential staff and external specialists to develop a therapeutic model for youth justice residences. The model needs to be supported by staff training to enable staff to work effectively with young people who have mental health needs.	Limited progress.
2	Ensures all communal areas in all residences are monitored by security cameras.	Cameras are available in common areas.
3	Increases the number of phones available for young people in each unit.	Phones are available – noted the use of other tech also available to increase connections to whānau who can't visit.
4	Continues to fund the counselling initiative at the residence.	There is a psychologist and Youth Forensic Team in place.
5	Amends the supervision policy: a. To include the provision of cultural supervision b. To require one-to-one supervision for staff.	Limited progress.
6	Ensures policies and practices developed in relation to young people in the custody of the Department of	Limited progress.

	Corrections are shared, to ensure the best care for these young people.	
7	Provides the Quality Lead with full access to SOSHI[4] forms, so they can be analysed, and appropriate training developed.	No mention of QL not having this access.
Manager - Te Puna Wai ō Tuhinapo Residence		
8	Develops regular opportunities for young people to give feedback and contribute to the residence community.	Programme Coordinator working on Community Liaison meetings.
9	Ensures there are ongoing opportunities for young people to learn about their rights and how to apply them both in and outside of the residential setting.	Booklet on arrival.
10	Prioritise hygiene matters, including consistent availability of soap, and frequent handwashing for both young people and staff.	Progress made but safety a priority (ensuring dispensers aren't used to make contraband etc).
11	a. Creates and implements a written, time-framed plan for improving outcomes for mokopuna Māori, aligned with legislative requirements of Section 7AA of the Oranga Tamariki Act 1989. b. Continues to work strategically to build partnerships with Māori stakeholders.	Limited progress however have appointed new Kaiwhakaaue[5].
12	Continues to work with all staff to ensure consistent understanding of their roles and practice expectations at Te Puna Wai ō Tuhinapo.	Progress – trainings, de-brief sessions.
13	Ensures all staff have access to, and are familiar with, young people's plans, so they can support young people to know and understand them.	Limited progress.
14	Develops staff cultural capacity to embed tikanga into daily routines and provide more opportunities for young people to connect with their whakapapa and speak te reo Māori.	Limited progress.

[4] SOSHI is the Health, Safety, Security and Incident recording system used by Oranga Tamariki residences.

[5] The Kaiwhakaaue is a staff position within each residence. Their role is of a cultural navigator available to both rangatahi and staff.

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.

Frequent use of force and secure care when units are full

Our review of unit daily logs identified more frequent use of force incidents and admissions into secure care by some shift teams more than others. These incidents also occurred more frequently when there were larger numbers of mokopuna in a unit. Very few incidents were reported when the units had small numbers of six or less.

Staff and mokopuna told us that sometimes mokopuna prefer time in secure care as it is quieter than the main units when they are full and helps to reduce sensory overload. Mokopuna told us they knew what actions would result in a stay in secure care and would use this knowledge to initiate their own removal.

This indicated that the environment within the open units need to include a space for mokopuna to safely de-escalate. The Secure Care Unit should not be used as a respite care option.

Hui Whakapiri is encouraged to resolve issues on the units

During their time in secure care, mokopuna were required to complete a process of personal reflection about the incident they were placed in secure care for, what triggered them, how they were affected, and what they could do differently next time. Where possible, there was a Hui Whakapiri before mokopuna returned to their open unit. This was a chance for all those involved to acknowledge the role they played in the incident, including staff and mokopuna.

Inappropriate placement of female in secure care unit

When we visited there was one female who had been placed at TPW. She was detained on her own in the secure care unit as there were no other available options at the time. TPW had de-commissioned one of the wings in the Secure Care Unit to house her and completed a separate logbook. However, due to the need to manage male mokopuna in the same space, her movements and access to resources were severely restricted.

She had inadequate access to activities, education, programmes, fresh air, and exercise. Most of her day was spent in the lounge/TV room which was sparse with very little furniture or things to do.

It was a warm room with poor ventilation. The large window between the lounge room and foyer meant she could see the males, and they could see her, but they could not interact. She also had no privacy whilst in this space. Often the males in the unit would come to the window to see what she was doing.

We returned to see her later the same day, and she had been given a fan, books, and a projector screen to watch movies. However, she was not allowed access to a tablet, which she would have had in an open unit, because she was 'in secure'.

She was allowed phone calls with whānau, her mentor, and social worker. She was also allowed out of the TV room for one hour per shift with a 2:1 staff to mokopuna ratio.

Her time in the de-commissioned wing did not comply with her right to access recreational and social services or education[6] and vocation training.[7] School is not provided in the Secure Care Unit.

Whilst on the visit, we informed staff that her treatment could constitute ill-treatment. Staff acknowledged this situation was less than ideal and shortly after our visit, TPW opened a unit for females.

Differential treatment for Criminal Justice (CJ) and Youth Justice (YJ) mokopuna

Youth detained under the Corrections Act 2004 have additional conditions and restrictions compared to youth detained under the Oranga Tamariki Act 1989 and Criminal Procedures Act 2011. These include:

- Different locks on cell doors to prevent CJ mokopuna from opening the door from the inside.
- Inability to participate in off-site activities such as driving lessons (although they can complete the theory component on site).
- Inability to participate in the agricultural and some vocational courses (some courses take place outside of the secure perimeter fence).
- There are limited protections under the Oranga Tamariki Act once they enter the Secure Care Unit.

Behaviour Management System (BMS) applied inconsistently

The mokopuna we spoke to understood the BMS levels and points system. However, staff and mokopuna said the points were allocated inconsistently. For example, some staff allocated different points for the same completed task or had different standards and expectations which influenced the number of points mokopuna received.

Mokopuna only got to see how many points they earned each day in the early evening. They did not receive a breakdown of where points were earned. This limits the opportunity for mokopuna to see which behaviours earned points and where they had lost them. It also limited the conversations staff could have with mokopuna to positively engage them to do better the next day.

The BMS could be applied in a punitive way, particularly towards those who did not fully comprehend how the system worked or what was required of them to get to each level.

Staff had hoped the implementation of Whakamana Tangata would improve the BMS, but this has not been the case. Additional training and practical support

[6] United Nations Convention on the Rights of the Child, Article 28.

[7] Oranga Tamariki (Residential Care) Regulations 1996, s.12, s.13, s51

are required at all levels to support residences to implement and embed Whakamana Tangata into everyday practice.

Individual Care Plans (ICPs) were not user friendly for mokopuna

The ICPs included a high-level overview of mokopuna needs, strengths, cultural connections, and goals. ICPs did not include how each goal or need would be achieved or attained. Mokopuna need a step-by-step process to meet their goals, and documented support from the care team. Any progress or issues should be recorded.

ICPs were not accessible for most mokopuna. We didn't see any variations in plan design for mokopuna who were identified as having low literacy/ learning difficulties. Mokopuna cannot meaningfully engage in the making or tracking of their plan if they cannot understand what is written. Mokopuna should have a fit for purpose version of their ICP, which includes their goals, strengths, triggers, and coping strategies.

Support for transition into the community is inconsistent

Case leaders and other staff involved in mokopuna care, hold a pre-release meeting to prepare for transition into the community. They organise accommodation, work, and community support.

Many staff involved in the process said there was a lack of community support services, especially during evenings and weekends. Mokopuna need a consistent support package to enable a successful transition into the community.

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.

Admissions process assessed individual need

On admission nurses complete an initial health assessment and mokopuna see a doctor within seven working days. Many mokopuna arrive with mental health issues, Fetal Alcohol Syndrome Disorders (FASD), Attention Deficit Hyperactivity Disorder (ADHD), anxiety, and drug dependence.

The clinical team assist the case leaders to develop coping strategies for mokopuna and plans to manage their behaviour. The clinical team and case leader decide where to place mokopuna depending on their age, vulnerability, and unit dynamics. Vulnerable mokopuna may be kept in the assessment unit for longer to help them settle in before transitioning to other units.

Mokopuna received admission packs however these are not child friendly

Mokopuna receive an admissions booklet on arrival detailing the rules, their rights, and the grievance process. These rules and rights are also on the walls in each of the units. However, the pack is a dense document with a lot of words that may be difficult for mokopuna to understand.

Isolation wing is a necessary safeguard for Covid testing

On arrival, mokopuna are held on the isolation wing on the admissions unit to have a COVID test and isolate until they return a negative result. If a COVID test is refused, mokopuna will isolate for ten days on the unit. The ten days is re-set if there are new admissions.

Staff create a bubble with the mokopuna on the isolation wing. They wear full PPE gear and did not mix with other staff at the residence. This is a good way to mitigate the risk of transmission and ensure consistent care for mokopuna.

The Secure Care Unit should not be used for COVID Isolation

Having female admissions housed in the Secure Care Unit posed problems when new females arrived and needed to isolate. In effect the one wing was both a female 'unit' and an isolation wing. We were told the females would be confined to their rooms when they needed to be on the same wing.

Staff did not wear PPE when talking to the isolating female (through a partially open wing door). They would then move around other areas of the secure unit. This situation risked the possibility of transmission.

All admissions should be held in the same place to mitigate the risk of transmission.

Whaia te Maramatanga grievance process lacks impartiality

The mokopuna we spoke to understand the grievance process, and many had used it before. Each unit had a grievance box which was locked. Only administration staff had the key, and they cleared the boxes each morning.

Mokopuna have the right to access a complaints process and advocacy for grievances,[8] but OCC has several concerns regarding this process for the following reasons:

- The complaints forms are sometimes seen as 'snitch forms'.
- The forms are not user friendly.
- Mokopuna must ask staff for a form.
- Complaints are reviewed internally by Team Leader Operations.

The current process may decrease the likelihood of mokopuna making complaints due to the lack of accessibility, independence, and impartiality. They may also perceive a risk of punishment, retribution, or sanction due to lack of anonymity.

Mokopuna had access to independent advocates and could escalate their complaints to a Grievance Panel if they were not satisfied with the outcome from the internal process.

Having spoken to mokopuna and reviewed the quarterly grievance reports, it is evident the grievance process is unsatisfactory and mokopuna frequently escalated grievances to OCC.

Suggestions box could be better used

Sometimes mokopuna use the grievance process to make suggestions. This could be mitigated by providing a separate suggestions box which is cleared daily by administration staff. Alternatively, suggestions could be discussed as part of regular community hui. These requests can then be addressed and responded to promptly and internally.

[8] Oranga Tamariki (Residential Care) Regulations 1996, s. 15 and 16; and Schedule: Grievance Procedure

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.

Internal spaces in the units were in good condition

Each unit had a foyer, education room, and TV/lounge room. There are two wings containing bedrooms, toilets, and showers. The lounges had comfortable seating, large windows to allow natural light in, a white board, and artwork on the walls and ceiling. However, the windows cannot open, so the units lacked ventilation.

Outdoor and recreational spaces were fit for purpose

The facility is situated on five acres of land. The units surround a large courtyard area. There are pathways to walk between units and grassy areas to play ball games. There was an open-air swimming pool, and sports playing fields.[9] Mokopuna enjoyed access to the pool and gym.

Damp carpets in the Secure Care Unit

We were told that mokopuna frequently tampered with the sprinklers in the secure care unit bedrooms which floods the floor and carpets. Staff used industrial fans to dry the carpets but said there is often an unpleasant smell in the unit due to wet carpets and the lack of ventilation.

Removing the carpets and replacing them with easily dried materials would prevent damp and mould from developing.

Mokopuna have limited personal belongings

Many mokopuna had limited personal belongings. They each had a drawer in the staff hub where they can keep clothes, books, treats and other personal effects. However, the bedrooms were bare, with few personal touches.

[9] United Nations Rules for the Protection of Juveniles Deprived of their Liberty (Havana Rules) 1990, Article 47

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 had regular contact with whānau

Mokopuna could have two 10-minute calls per day with approved whānau members. These calls typically occurred outside of education and activities in the evening.

TPW fund whānau visits but the number of visits had reduced since COVID and vaccine requirements. There are visit rooms available on site and all visits were supervised for safety.

Audio visual link (AVL) connectivity enable whānau and others to see mokopuna, attend Family Group Conferences or progress meetings online. Having digital technology available in a variety of forms and on a variety of devices is vitally important, particularly during COVID.

Education accommodating of individual needs

Kingslea School[10] provide education for five hours a day from Monday to Friday. Mokopuna complete assessments to determine their level of ability and teachers develop an individual learning plan. They can complete workbooks suitable to their learning level in numeracy and literacy.

Mokopuna participate in daily karakia, sing waiata, learn whakatāuki, and learn their pepeha.

Each Friday were 'incentives day'. If mokopuna completed their schoolwork for the week they could choose to watch a movie, read a book, or play games on the computer. They also had treats such as lollies and chippies.

TPW are developing a working relationship with Te Rūnanga o Ngā Maata Waka[11] to deliver culturally appropriate education programmes. However, COVID restrictions have halted progress.

The range of programmes could be extended

COVID had impacted the ability to bring in external providers to run programmes on site. However, the following range of programmes were offered:

- Cooking.
- Barista training.
- Site safe – scaffolding, fork lift License.
- Driving theory test.
- Barber courses.

Mokopuna on Youth Justice orders under the Oranga Tamariki Act could learn to

[10] Kingslea School is a composite special school contracted to deliver education in Youth Justice residences.

[11] About us - Maata Waka

drive and had lessons around the perimeter of the facility.

Mokopuna were supported to set up a bank account, register for an IRD number and identification documentation.

Mokopuna said they wanted help to address addiction issues, mental health, cultural development, employment, and life skills. Some of these programmes are not available to them. There was also a lack of criminogenic programmes to address recidivism.

Good range of onsite activities

There were many activities on site, delivered primarily by staff with the relevant skills and experience to support mokopuna learning. These included:

- Exercise – swimming, gym, ball sports, walks around the courtyard.
- Graphic design.
- Barbering.
- iMac music programmes (although mokopuna said these did not always work).
- Published books of art and poetry created by mokopuna.
- Rapping and hip hop.
- Art and drawing.
- Card games.
- Movies and video games.
- Library with a range of books.

It is positive that staff are able to share their skills and interests with mokopuna. However, when staff left or other duties took precedence, mokopuna missed out on consistent access to activities. During COVID lockdowns, external providers were unable to visit on site and staff did their upmost to provide mokopuna with a variety of activities. As restrictions ease, providers will be able to resume programme facilitation.

While there were a range of activities to keep mokopuna busy and engaged on a day-to-day basis after school, many mokopuna said they were bored during school holidays as there were limited programmes available at that time.

Offsite activities support vocational learning

The Gateway Programme is an agriculture course conducted outside the facility on the land behind the residence. The programme is modular so mokopuna can opt in and out of the courses they would like to participate in.

The programme included:

- Chainsaw course.
- Carving.
- Forestry (planting trees).
- Working with farm animals.
- Horticulture – growing vegetables.
- Irrigation.
- Carpentry - building gates and planter boxes.
- Tractor maintenance and four wheel drive (quad bikes) skills.

TPW also offer the Inspire Course which is an outdoor adventure course involving activities such as high ropes, hiking, sea kayaking, surfing, and paddle boarding.

Mokopuna held under the Criminal Procedure Act or the Corrections Act cannot participate in offsite programmes including the agriculture and horticulture courses as these take place outside the secure fence. Staff are working with Ara Poutama and looking into the use of electronically monitored bracelets to enable participation for these mokopuna.

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.

COVID impacts on day to day operations

COVID has had significant impacts on day-to-day operations. TPW took the following steps to ensure mokopuna and staff safety was maintained:

- All staff must be fully vaccinated to work on site.
- Masks must be worn in any communal area in the administration block.
- All new admissions must isolate and cannot join the main units until they return a negative COVID test result.
- Staff wear PPE on the isolation wing.
- Mokopuna have all been offered vaccinations. Some have accepted.
- Whānau must have at least had their first vaccination to visit.
- External visitors must show their vaccine pass.
- Virtual platforms are used for external appointments and whānau contact.

TPW are adhering to government COVID protocols and taking necessary steps to ensure mokopuna are safe and protected.

Limited access to specialised treatment

Some of the mokopuna had specialised needs such as mental health issues, autism, ADHD, FASD, and intellectual disabilities.

Mokopuna with complex issues have a behavioral assessment to identify triggers, sensory issues, and diagnoses. The clinical team, with the support of external providers, develop plans to help mokopuna manage their complex needs.

The youth forensic team had a high threshold for mokopuna to access treatment and only had the capacity to work with the most complex presentations including acute substance abuse.

Mokopuna said that their detoxification from illegal substances was unsupported. However, nurses are available on site to support detoxification and advised Case Leaders on how best to do this.

The processes used and what supports are available, should be explained to mokopuna at the different stages of detoxification and not just on admission. This ensures mokopuna are aware of how and when to ask for help.

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.

Ongoing training and development is important

New staff receive a three-week induction including working with mokopuna in a residential context through a Whakamana Tangata framework, programme facilitation, three days of STAR[12] training, legislation training, and health and safety training.

Ongoing training and development is needed in neuro-diversity, trauma-informed practice, child centered Māori models of practice, adolescent development and attachment theory, offending behaviours, and the biopsychosocial model of addiction.

Staff supervision is inconsistent

Staff said supervision was inconsistent and not necessarily fit for purpose to support ongoing development.

Group supervision is monthly and debriefs occur after any serious incident. However, there was no cultural supervision. The new Kaiwhakaaue was aware of this need and we will review progress in this area on our next visit.

Relationships between mokopuna and staff was generally positive

We observed positive relationships and good rapport between staff and mokopuna. The mokopuna we spoke to said they had someone they could talk to if they needed help or support.

Mokopuna told us night shift staff would engage with them if they were struggling to sleep. However, they also told us that they did not appreciate staff shining a torch into their bedroom at frequent intervals during the night as this disturbed sleep.

Staff outlined the need for observations and that the practice is to shine torches at the ceiling when checking on mokopuna.

OCC did observe a staff member being over familiar with mokopuna on more than one occasion. They allowed mokopuna to put their arms around their shoulders and also swore when speaking to mokopuna (albeit when they were 'joking' and talking around the lunch table). This same staff member was at times dismissive of mokopuna and was observed walking away from, rather than engaging with certain mokopuna on the unit.

[12] Safe Tactical Approach Response (STAR). This is the de-escalation training used within youth justice residential settings.

Punitive versus restorative practice

We heard from both mokopuna and staff that there were two schools of thought around practice in the facility – old school (punitive) vs new school (restorative). The punitive approach is more inflammatory and staff who adopted this practice had more issues with mokopuna misbehaving or becoming aggressive.

Staff told us operational needs were prioritised above therapeutic care and this could be better balanced. Restorative practice should underpin all engagements in residences. This must be aligned with policies and processes to ensure consistent practice.

Stretched staff resources

Staff resources had been stretched significantly this year as many had been seconded to other residences that were short staffed. This put pressure on remaining staff and on mokopuna. One of the units was closed and vulnerable mokopuna had to be transferred to other residences.

Staff were concerned about an increase in violence which they believe is due to the increased use of casuals, different shift teams and having to mix mokopuna with others who are not compatible.

Staff had returned from working in other residences. Debrief sessions were held for staff to share their experiences and provide support for any ongoing issues. Staff morale was reportedly low due to working away from TPW, additional use of casual staff and staff working in other roles (either seconded or moved to cover staffing gaps). Management were taking steps to help staff reintegrate back into their work on their usual units.

Staff reported high turnover due to burnout as the work was demanding and shift work was tiring.

Safety is important and there are regular opportunities to share concerns

We observed two team handovers. They were succinct and included a thorough overview of who was in secure, any underlying tensions in the units, and any concerns in relation to mokopuna. Team leaders were encouraging and supportive towards their staff.

Some staff raised safety concerns about older staff members who are unable to assist in incidents requiring use of force. They struggle with the technology and moving to a restorative model of practice.

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.

Cultural connections are important for mokopuna Māori

The goal for mokopuna Māori is to learn about their whakapapa and build or restore cultural connections.

Mokopuna should not be deprived of their cultural rights because they are detained.[13] They should be free to practice and enjoy their culture and language.[14]

Cultural development is needed to build confidence and competence

There was a large cohort of Pasifika staff but very few Māori staff. Staff said that opportunities for cultural development were not available, and they did not have contacts in the wider community who could provide resources or deliver activities and programmes.

Some providers and local community groups were unwilling to engage with residences which limited options in this area.

Staff identified the need to build Māori staff confidence and skills and encourage them to develop their knowledge and practice.

Culturally confident and competent staff offered what they could for mokopuna, but this could be challenging when day to day operations took precedence.

Employing more Māori staff could alleviate this pressure and enable more consistent, ongoing cultural connectivity for mokopuna.

Kaiwhakaaue has the potential to make a significant impact

The new Kaiwhakaaue had been in the role for less than a week at the time of our visit. OCC acknowledge it will take time to implement new programmes, practices, and to embed tikanga into daily life at TPW. We look forward to seeing progress in this space on our next visit.

[13] United Nations Rules for the Protection of Juveniles Deprived of their Liberty (Havana Rules) 1990, Article 13.

[14] United Nations Convention on the Rights of the Child, Article 30.

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 residential staff	• Youth workers • Case leaders • Teachers • Nurses • Psychologist/Youth Forensic Team • Night shift supervisor • Programmes Coordinator • Team Leader Operations • Kaiwhakaaue • Quality Lead • Residential Manager Operations • Residential Manager
Documentation	• Whakamana Tangata: Whakawhiti Moana • Individual Care Plans • Risk Reviews • Education plan • Staff induction & training plan • Serious Event Notifications • SOSHIs • Secure logs • Grievance Panel quarterly reports
Observations	• Unit routines • Activities and education • Mokopuna engagement with staff and each other • Mealtimes • Shift handovers • Internal and external environment