Te Au rere a te Tonga

OPCAT Monitoring Report

December 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.

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Introduction

Who we are

The Children's Commissioner is a National Preventive Mechanism (NPM) under the Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman, Degrading Treatment or Punishment (OPCAT).

The New Zealand legislation relating to OPCAT and the role of the NPM is contained in the Crimes of Torture Act (1989). Our role as a NPM is to visit places of detention, including residences run by Oranga Tamariki, to:

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

About this report

This report shares the findings from our monitoring visit and recommends actions to address the issues identified. We describe the quality of the experience of mokopuna at the 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 Au rere a te Tonga Youth Justice Residence, Palmerston North. The facility providing these services is known as Te Au rere 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: Te Au rere a te Tonga

Region: Palmerston North

Operating capacity: 30

Status under which mokopuna are detained: s238(1)(d), s311 of the Oranga Tamariki Act 1989, s34A of the Corrections Act 2004 or s173, s175 of the Criminal Procedure Act 2011.

Impacts of the mass disclosure from our 2020 visit

On our previous visit in October 2020, several mokopuna made serious allegations about the behaviour of some Te Au rere staff. These allegations related to physical, psychological, verbal, and sexual abuse and the supplying of contraband. A Report of Concern was made and an investigation ensued. The Police investigation found the allegations were not substantiated.

The OCC team acknowledged the impact these allegations had on Te Au rere staff and mokopuna at the start of our visit. The acknowledgement was welcomed and both parties agreed to a forward thinking focus for this monitoring visit.

It is worth noting that the OCC visit team did not gain access into one of the units at Te Au rere. Both staff and mokopuna made it very clear that the OCC were not welcome and did not want to speak with us. Therefore, the visit was focused on engagements with the two other units and the staff working within those (as well as the management team).

OPCAT definitions

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

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

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

Torture

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

Cruel, inhuman, or degrading treatment

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

Cruel, inhuman, or degrading punishment

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

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

Monitoring Framework

Our monitoring is conducted under seven domains, six of which are informed by the Association for the Prevention of Torture.[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 treatments 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] Our monitoring methodology is informed by, but not limited to, the Association for the Prevention of Torture's publication *Monitoring places of detention: A practical guide (2004)*, the United Nations Rules for the Protection of Juveniles Deprived of their Liberty (the Havana Rules) and domestic legislation and regulations.

How we work

Methodology

We use several methods to engage with mokopuna, whānau and staff to hear about their experiences.[3] 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 preventive measures could be strengthened.

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

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

Our findings

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

Key Findings

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

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

Findings

- Te Au rere was clean and tidy throughout and was well equipped.
- The education programme at Te Au rere was good and mokopuna enjoyed attending classes.
- Mokopuna had mostly positive relationships with staff and each other. We saw examples of positive role modelling and mentor relationships.
- While staff used debriefs and the Hui Whakapiri process well following any restraints, the use of restraint and admission to secure was high.
- Inappropriate admissions into residence need to be addressed at a National Office level.
- Mokopuna involvement in care and transition planning was variable.
- Te Au rere did not have an overarching therapeutic model of care.
- While there had been progress in training for Whakamana Tangata[4] and the rollout of the Te Waharoa induction programme, staff training and development to support mokopuna with high and complex mental health needs, neuro-diversity, and Traumatic Brain Injury (TBI) was lacking.
- Ensure staff numbers are at safe levels, reduce the number of 'double shifts' and ensure supervision is appropriate.

[4] 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 12 months after the date of our visit. We will monitor progress against both the facility and systemic recommendations at our next monitoring visit.

Systemic Recommendations

1	Revise the Individual Care Plan templates to ensure they are functional, youth-friendly, and available in other accessible formats and languages.
2	Develop a nationwide package of training programmes that sits alongside the Te Waharoa Induction programme. Training programmes could include: • criminogenic risk factors, • alcohol and drug support, • mental health needs, • intellectual disability, • neuro-diversity, • life skills, and • cultural development/ capacity building.
3	The grievance process be reviewed to ensure independence and impartiality.
4	Liaise with the Ministry of Health regarding accelerated access to medical services for diagnoses when mokopuna are placed in residences.

Facility Recommendations

1	Reduce the numbers of restraint and admissions to secure care.
2	Ensure all Individual Care Plans are signed by mokopuna, dated, and completed to a consistent standard, ensuring mokopuna and whānau involvement.
3	Develop a therapeutic model of care for Te Au rere, which aligns with the principles of Whakamana Tangata and Te Tiriti o Waitangi.

4	Renovate the admission area to be welcoming.
5	Provide additional sensory training for staff, as well as equipment and a dedicated therapeutic space for sensory modulation.
6	Provide appropriate supervision including cultural supervision to all staff.

Progress on previous recommendations

Progress on the recommendations from the previous OPCAT report (dated March 2021) are assessed to have made good, limited or no progress. We will continue to monitor and report on recommendations that have made limited or no progress on future visits.

1	Continues to carry out a review of the STAR youth justice restraint training to identify national trends regarding the number and nature of restraints, including those that have resulted in injury to young people and/or staff.	No progress
2	Continues to work with the national Whakamana Tangata team to: • Share progress indicators and timeframes embedding the restorative principles and values of Whakamana Tangata into youth justice residences operations • ensure the Kaiwhakaaue for the Whakamana Tangata approach is part of the leadership team at all residences.	Limited progress
3	Reviews all the operations of youth justice residences in light of Oranga Tamariki’s obligations under Section 7AA and Te Tiriti o Waitangi and reports on progress at the regular quarterly meetings between the Office of the Children’s Commissioner and Youth Justice about: • the alignment of youth justice residence policies, practices, and services to Section 7AA quality assurance standards • the development of a clear and explicit strategy for youth justice residences, including short term progress indicators, to address disparities and improve outcomes for mokopuna Maori.	Limited progress
4	Establishes improved, readily available, and safe access to a variety of options of video calling for young people in all residences. This includes, supporting	Good progress

	whānau capability to ensure video calling is available to all young people regardless of family circumstance.	
5	Works in partnership with 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
6	Reviews the impact on each residence when of staff are seconded between residences in response to significant and challenging events.	Unable to clarify
7	Provides a detailed and evidenced report by 30 January 2021 relating to the allegations. The report must cover: • The investigation carried out by Oranga Tamariki and the Police • The rationale for decision making at each point • The steps taken at each level of the organisation to ensure young people have been kept safe • Documentation outlining ongoing supports the young people are receiving.	Good progress
8	Completes the overdue redecoration of the residence.	Good progress
9	Works with Ministry of Health and relevant DHBs to review the threshold for secondary mental health services within youth justice residences.	Unable to clarify
10	Urgently rolls out the national induction programme, Te Waharoa, at Te Au rere a te Tonga.	Good progress
11	Develops a range of practice tools for staff to help them to: • Understand the range of behavioural presentations likely in residence, including trauma responses • Understand their own responses to behaviours they find difficult • De-escalate rather than restrain when presented with behaviour they find challenging or hard to understand.	Limited progress
12	Has consistent debriefs for staff and young people following every restraint. The debriefs should also	Good progress

	cover alternative, preventative strategies that could be tried in the future.	
13	Reviews the use of the Non-Participation Table including: • The impact of its use on young people • The extent to which it creates sustainable behaviour change or builds skills • The extent to which it promotes positive engagement between staff and young people.	Unable to clarify
14	Provides training and ongoing guidance for staff about professional boundaries and engagement with young people. This includes helping staff to: • Use appropriate language • Engage positively with young people • Understand the impact of perceived favouritism on young people • Safely challenge poor practice when they see it.	Limited progress
15	Urgently addresses staff behaviour that makes young people feel unsafe to use the grievance system.	Good progress
16	Reviews and implements supports for staff Māori and te rōpū to enable them to provide cultural programmes.	Limited progress
17	Ensures every young person has the opportunity to access at least one phone call every day.	Good progress
18	Runs full Whakamana Tangata training sessions for all staff.	Good progress
19	Works with mana whenua to develop a fully documented strategic plan for improving outcomes for mokopuna Māori.	Limited progress

Treatment

This focuses on any allegations of torture or ill treatment, use of seclusion, use of restraint, and use of force. We also examine models of therapeutic care provided to mokopuna to understand their experience.

Mokopuna had mostly positive relationships with staff

Throughout the visit we saw positive, supportive, and respectful relationships between mokopuna and staff. Many staff were attentive and responsive to mokopuna needs and we observed good-natured banter and engagement between them.

> *"They're here to work with us – not in front of us, not behind us, beside us"*

Some mokopuna described staff as 'great', 'the best', and 'mostly good' and were happy with the quality of care they received. Mokopuna on some units were protective towards staff.

In our previous OPCAT report, we recommended that staff receive training on professional boundaries and behaviour. We were pleased to see a cultural shift occurring, moving away from a punitive culture to therapeutic and strengths-based approaches, in line with Whakamana Tangata. However, we heard and saw some examples of negative staff behaviour.

Some mokopuna did however describe certain staff as 'insulting' and showed favouritism towards others. Mokopuna also said the treatment they received from staff could vary a lot depending on each shift.

> *"We just treat them how they treat us pretty much. They talk to us like shit, we pretty much talk back to them like shit, yeah"*

One described feeling like they had to 'conform' for staff to treat them with respect.

Mokopuna had mostly positive relationships with each other

Relationships between mokopuna were varied. We heard from staff and mokopuna, of some instances of mokopuna inciting or bullying others.

However, for the most part, we saw supportive and strong relationships between mokopuna. In one unit in particular, we saw a strong collective bond between mokopuna who demonstrated empathy and kindness towards each other.

Males and females mix

During our visit, Te Au rere was operating a co-education system where females and males regularly interacted during activities and in some classroom environments. Staff said this was working well and we observed good relationships between females and males during group activities.

The use of restraint and admission to secure was high

The seclusion of mokopuna, by its very nature, runs contrary to international human rights law which prohibits its use on those under 18 years of age.[5]

Our review of relevant documentation[6] identified that Te Au rere used secure care frequently with a relatively high number of restraint holds reported when compared to other youth justice residences. There was one active investigation at the time of our visit into an unapproved STAR[7] restraint hold. Staff involved had been placed on administrative duties while the investigation was taking place.

Admissions to secure care were short

While the use of restraint and secure was high, our observations, interviews, and review of the secure unit register, and daily logs showed that mokopuna were mainly admitted to secure for short periods.

During our visit we saw two mokopuna in the secure care unit. Both times they were admitted for a short period and staff maintained constant observations. We saw evidence that staff engaged positively with mokopuna to discuss what happened, what triggered them, how they were affected, and what they could do differently next time. This included mokopuna 'unpacking the incident' and using 'chain of events' story sequencing to reflect on the incident.

Hui Whakapiri were well used

We also saw the Hui Whakapiri restorative process in practice. Mokopuna who had been involved in a physical confrontation were able to reflect on what had happened and acknowledge the role they played in the incident. Staff were also actively involved in this reflection.

There was limited mokopuna involvement in assessment and planning

Staff told us that they had adopted a comprehensive and multi-disciplinary approach to assessment and planning.

Te Au rere ran multi-agency meetings on a weekly basis to discuss Individual Care Plans and included key workers, Case Leaders and representatives from the health and clinical teams.

Staff said they were looking at options to involve mokopuna in these meetings. We will monitor the progress in this area as mokopuna should have a voice when discussing their treatment and plans.

Mokopuna involvement in care and transition planning was variable

Our review of care plans showed these were completed to a variable standard. Not all plans were signed by mokopuna or

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

[6] Documentation can include (and is not limited to) Serious Event Notification (SEN) forms, Security and Occupational Health and Safety Incident (SOSHI) details and resident unit daily logs.

[7] Safe Tactical Approach Response (STAR) training was specifically developed in New Zealand for the Youth Justice residential setting. It outlines de-escalation methods and safe restraint practice.

dated, and not all plans showed whether mokopuna were given a copy.

Staff also told us that the current care plan templates were no longer fit-for-purpose and were not youth-friendly. We were told work was underway to develop new templates. We encourage this work as mokopuna involvement in care plans is a requirement under section 18(2) of the Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018.

Most mokopuna we spoke with were unclear about their transition plans and where they would go once they returned to their community.

Involving mokopuna voice is vital in their successful progression and transition to the community and is a fundamental right under Article 12 of the Children's Convention.[8]

Te Au rere did not have an overarching therapeutic model of care

During the visit it was evident that the Te Au rere leadership team needed to find a balance between operational health safety and security and a clinical or therapeutic focus.

We recognise the need for operational security and safety requirements, but these can still function alongside a therapeutic focus. As a staff member said, a 'good shift' should not be measured solely on compliance, but how well we took advantage of the 'teachable moments'.

We encourage the development of a model of care which includes robust training for staff, and the development of tailored therapeutic, trauma informed programmes for mokopuna.

This model of care should be developed in accordance with Whakamana Tangata practice and principles, amending any relevant policies and processes to ensure consistent practice.

[8] Children's Convention - the basics » Office of the Children's Commissioner (occ.org.nz)

Protection Systems

This examines how well-informed mokopuna are upon entering a facility. We also assess measures that protect and uphold the rights and dignity of mokopuna, including complaints procedures and recording systems.

The admission area was dark and intimidating

The assessment process for mokopuna admissions to Te Au rere was good, with comprehensive assessment of mokopuna medical, mental health, education, and other personal needs.

Mokopuna arrived via a secure Sally Port garage and received their initial assessment in a small admission area. While there were some murals on the walls, overall, the admission area was grim, dark, and intimidating.

The de-escalation room in the admission area was stark, dirty, and not therapeutic. It was unclear how often this room was used.

Mokopuna understood the Whāia te Maramatanga (grievance process) and used it often

On admission, mokopuna watch a video explaining the grievance process and staff also provide weekly updates. Signs and posters were displayed throughout the facility, including accessible and easy to read diagrams.

Mokopuna we spoke with understood the process and many had made grievances in the past. One told us that several grievances had been made about the quality of kai and soon after the kai improved.

While we are pleased to see that mokopuna understand the process, we remain concerned that the grievance process is not independent of staff and that grievances are reviewed internally by Team Leaders Operations.

Access to advocacy support was good

Mokopuna received advocacy support services from VOYCE Whakarongo Mai (VOYCE). Two Kaiwhakamana regularly visited, however, due to their COVID-19 work restrictions they were not able to do onsite, face to face visits and instead made weekly phone calls. Staff said this made engagement difficult as phone calls were less personal and there had been issues with noise and echo on the units.

Information about VOYCE was clearly displayed on all units and mokopuna knew who they were.

VOYCE, through the Kaiwhakamana staff, gave mokopuna information about their rights and mokopuna often made requests or raised concerns through the Kaiwhakamana.

Access to independent advocacy support is an important oversight and protection system. We look forward to seeing VOYCE return in-person subject to the appropriate COVID 19 setting and public health advice.

The Behavioural Management System (BMS)[9] had mixed support from staff and mokopuna

Te Au rere used BMS to encourage and promote positive behaviour among mokopuna. Information about BMS, and how to move between levels was displayed on noticeboards on all units. Information about mokopuna personal goals to achieve higher levels was also displayed.

Some mokopuna liked this system as they enjoyed the prizes, privileges, and incentives they got when achieving higher levels. Incentives included access to gym equipment, games, or iPods.

However, other mokopuna felt the system was unfair due to staff favouritism. Staff also acknowledged that BMS required constant review to ensure it was applied fairly and consistently.

One mokopuna also said that BMS was used as group punishment. If one mokopuna misbehaved, then all were punished.

Some staff also raised concerns that BMS was not consistent with Whakamana Tangata principles. They said that BMS was an 'artificial system' and not reflective of the real-world environment, as it promoted 'incentives' and 'prizes' for good behaviour, rather than encouraging a culture of instilling values and personal responsibility.

> *"Everyone gets consequences for one person's actions and I hate that aye... consequences for their actions.... instead of singling out the ones that are naughty"*

[9] BMS is a system designed to try to motivate positive behaviour of mokopuna as well as manage challenging behaviour.

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.

Te Au rere was clean and tidy throughout

Te Au rere was clean and tidy and there was good natural light and ventilation on the units. There was no graffiti or tagging and staff said additional incentives were provided to mokopuna to keep the units clean.

There was a wide range of wall art and murals throughout, which gave the units a welcoming feel. These paintings were done in collaboration with Massey University.

The main communal areas were large and spacious and there were multiple separate spaces, including programme rooms, classrooms, and separate courtyards. Furniture and furnishings were modern, clean and in good condition.

The café, which was closed due to COVID-19 restrictions, had been repurposed into a cultural space. This area was light, well equipped, and had a calming atmosphere and positive wairua.

Te Au rere had a large gym and indoor pool, which was regularly used by mokopuna

We observed mokopuna using the gym and outdoor courtyard areas throughout our visit.

The gym had space for volleyball, basketball, and other sports, and was well equipped with gear, including weights. Staff and mokopuna told us that gym gear, such as weights, was earned through BMS and mokopuna had to reach Level 3 to gain access.

There was a large heated indoor pool, with a range of equipment, including diving gear. Staff said the pool was regularly used by mokopuna.

There was a lack of sensory training for staff, as well as equipment available for mokopuna

Staff told us that while there was some sensory equipment, such as weighted dogs, this was insufficient. They would like to see more sensory equipment available, including a dedicated therapeutic area for sensory modulation.

Staff also said they would like specific training on sensory modulation, as well as a shift in culture to support its use and benefits for mokopuna.

Sensory modulation is a tool that supports trauma informed approaches and reduction of restrictive practices. We encourage the increased the use of sensory modulation, including training for staff, dedicated therapeutic spaces and equipment.

The clothing allowance was insufficient for mokopuna

Mokopuna told us they felt the clothing allowance was insufficient.

Some said they had to pressure their social workers to give them more clothing as they felt that what was provided was not enough.

> *"Um, when you first come in and like the boys have got nothing, they'll just like, give you like one set of clothes and obviously that's not enough"*

Staff also told us that Te Au rere received donated period underwear from AWWA[10] as part of the Period Poverty Project.[11] Mokopuna were happy to receive these items as it gave them more privacy in that they didn't have to ask staff (including male staff) for pads and tampons when they needed to be changed. However, the underwear provided was often not enough and not all mokopuna received them. We encourage Oranga Tamariki to increase the amount of period underwear provided through this initiative.

Mokopuna enjoyed the kai, although some said meals were cold

Most mokopuna we spoke with said they enjoyed the kai provided, although one told us the kai was 'not enough', and others said it was 'always too cold'.

We observed mokopuna cooking meals during our visit, with support from staff. They were engaged and were learning key life skills such as meal preparation, hosting, cleaning, and safe hygiene practices. Mokopuna also had the opportunity to gain barista skills and qualifications as Te Au rere had an onsite barista coffee machine.

Several mokopuna told us that making kai was one of their favourite activities at Te Au rere. We also observed them reciting karakia before meals.

[10] Help End Period Poverty. AWWA Period Underwear is taking action. | AWWA Period Care

[11] The Period Poverty Project is a nationwide initiative aimed to provide free period products to mokopuna across New Zealand.

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 were able to maintain regular contact with whānau with access to daily phone calls

In our previous report, we recommended that Te Au rere ensure all mokopuna had access to daily phone calls. We saw and heard they had daily access to phone calls during our visit.

Phone calls could be made in private in a phone room and were often limited to 10 minutes in the evening to allow all mokopuna time to speak with their whānau. Some mokopuna said they could speak with their whānau multiple times a week.

Mokopuna from the local area were able to see their whānau for visits often, however many mokopuna were from out-of-region

Throughout our visit we saw whānau visiting their mokopuna. Visits took place in a dedicated whānau room, which was youth-friendly and allowed privacy.

However, many mokopuna were from out-of-region and couldn't see their whānau regularly.

In 2020 we recommended video-calling options for mokopuna with whānau from out-of-region. We were pleased to see that staff used Microsoft Teams and audio-visual links to allow mokopuna the opportunity to speak with their whānau. Staff brought laptops onto the unit for mokopuna to make video calls. This had been introduced due to COVID-19 restrictions. We encourage this to continue to support mokopuna in maintaining whānau connections.

The education programme was a highlight and mokopuna enjoyed attending classes

The Central Regional Health School provide the education programme.

We attended some classes during our visit and found that mokopuna were highly engaged and enjoyed their classes. They were proud of the work they were doing.

The curriculum was designed for self-directed learning, allowing mokopuna to choose their levels, interests, and preferred learning styles. The curriculum offered numeracy, literacy, communication, and other key competencies as well as credits at NCEA Levels 1-3. Vocational training was also available to mokopuna.

We were pleased to see the classrooms had a strong kaupapa, which centred around a Te Ao Māori approach to learning. Morning classes began with

karakia, and mokopuna set their intentions for the day.

COVID-19 has restricted the activity available to mokopuna

Te Au rere provided a range of activities which mokopuna thoroughly enjoyed, and included volleyball, sports, gym, cooking, swimming.

Several vocational opportunities and off-site activities were offered such as an on-site café, agriculture, diving, beauty, woodwork, and food safety. However, due to COVID-19 restrictions, a number of these activities had been cancelled. Now that New Zealand has moved into the COVID-19 traffic light system, we look forward to seeing these activities and opportunities return.

Staff acted as informal cultural mentors and role models to mokopuna

Throughout the visit, staff and mokopuna described the mentoring relationships they had with each other. One mokopuna described a staff member as a father figure, while others described uncle or cousin relationships.

Staff attributed these relationships to the high number of Māori and Pasifika staff employed at Te Au rere and the fact that the majority of mokopuna in the facility (at the time of our visit) identified as Maori and/or Pasifika.

Staff said mokopuna often contacted them once they left Te Au rere and wanted to maintain relationships, however, this was discouraged by the facility.

While we support developing positive role model relationships, any mentoring roles should be formalised, documented, and have clear boundaries.

Access to therapeutic interventions was limited

As Te Au rere did not have an overarching therapeutic model of care, there were limited therapeutic interventions or programmes available for mokopuna. We acknowledge that several externally provided programmes had been impacted due to COVID-19 restrictions.

Staff told us that the lack of therapeutic interventions was a major gap, and they required more resources and training to provide therapeutic input. At the time of our visit, there was a Clinical Psychologist vacancy, which Te Au rere had been attempting to recruit for some time.

Te Au rere employed a Team Leader Clinical Practice to provide a therapeutic lens to care planning. We support this and look forward to seeing more resource and senior management support for promoting therapeutic practice across all aspects of the facility.

Staff said they wanted more nationally lead and developed rehabilitative programmes, especially for mokopuna serving long sentences. These programmes could cover topics such as criminogenic risk factors, alcohol and drug support, life skills, and cultural development needs.

Medical services and care

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

Mokopuna had good, timely access to primary health care services

Mokopuna had good access to primary health care services, with a nurse's clinic based onsite. Te Au rere employed a health coordinator and two full-time equivalent (FTE) nurses, who were onsite Monday to Friday, from 9am to 5pm. The GP also visited twice a week and on-call support was available after hours.

Medical staff provided initial health assessments for mokopuna on admission, as well as ongoing medical care and education.

We also saw evidence that mokopuna had timely access to specialist medical support, including regular visits from the dentist, podiatrist, and optometrist. No concerns were raised around the quality of health care provided.

Inappropriate admissions to Te Au rere due to a lack of diagnoses

Staff on the units and within the clinical team were working hard to access services relating to mokopuna who had outstanding diagnoses. Staff explained that accessing the right medical care via the right referral channels within the DHB was difficult. As a result, mokopuna were being 'bounced' around between the justice system and the health system. Mokopuna with high and complex needs such as Traumatic Brain Injury (TBI) were struggling in the residence environment. Loud noises, sight issues and the inability to process information makes mokopuna more vulnerable in this setting. All staff we spoke to said residence is not the place for mokopuna with significant needs such as those characterised by TBI.

There is also a serious risk of harm for mokopuna in residences with TBI and staff were not equipped or trained to ensure safety. We observed very nervous staff when mokopuna 'acted out'. Whilst there is a 'no restraint' policy for mokopuna with TBI at Te Au rere, holds were sometimes required to keep them safe from harming themselves. We did witness a hold and while it was done with respect and the least restrictive hold possible, staff were worried about causing harm.

Access to services such as CAT scans is a right and mokopuna should not be caught up in bureaucratic processes.

Te Au rere was well prepared for a COVID-19 outbreak and ran a vaccination programme for mokopuna

During our visit we saw that Te Au rere had good policies and processes in place for the management of any potential COVID-19 cases. At the time of our visit, a separate unit had been dedicated as an isolation wing and new admissions were housed there while they were tested.

Medical staff ran education sessions with mokopuna around COVID-19 and were

also running a vaccination programme, encouraging mokopuna to get vaccinated.

More resources are needed for forensic mental health services

Mental health services were delivered by Capital and Coast District Health Board Te Korowai Whāriki Regional Youth Forensic Service. This team ran a forensic clinic onsite every Tuesday and Thursday and provided triaging, assessment, interventions, and developed support plans for mokopuna. They also provided education and ad-hoc training to staff as needed, covering topics such as trauma informed care and neurodevelopmental disorders.

At the time of our visit there was an FTE vacancy for the Clinical Psychologist. There was limited access to a consultant psychiatrist, who visited infrequently due to their location in Porirua. The absence of these roles was felt, in the lack of therapeutic programmes, training and model of care. Staff also told us that an Occupational Therapist position would provide additional therapeutic support and input for mokopuna.

There was no alcohol and drug (AOD) programme at the time of our visit

Staff told us that previously Te Au rere employed an AOD therapist through Whakapai Hauora Charitable Trust. Staff said this position had been a highly valuable and necessary resource for mokopuna.

At the time of our visit, the Health Coordinator was in the process of developing AOD screening for mokopuna on admission and was looking at options to develop an AOD programme onsite. We support this and look forward to seeing the progress on our next visit.

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.

Staff culture had improved since our last visit

We were pleased to see that staff culture and relationships with mokopuna were improving. Staff repeatedly told us that they felt a 'shift' in attitudes over time and attributed this to a high number of recently recruited staff.

Other staff felt the implementation of Whakamana Tangata had improved the workplace culture.

However, some raised concerns of favouritism amongst managers, including professional development opportunities. We also observed a lack of multi-disciplinary input at a management level.

We acknowledge that there are still areas for improvement and staff and mokopuna described varied relationships with each other. We encourage the continued efforts to improve the culture at Te Au rere.

Staffing levels were a concern

Staff told us that they were often short-staffed and that double shifts occurred regularly. Staff also felt that staffing levels at night were insufficient and, at times, they felt unsafe.

As a result of the COVID-19 workplace vaccination requirements, several staff were 'on leave' from their roles. Consequently, staff who were assigned to other projects were reassigned back to working on the units to maintain minimum staffing levels.

Management acknowledged that there was a strain on staffing resources and that losing a further eight qualified staff in a short period of time was hard. The nature of shift work made finding replacements difficult.

Staff supervision was insufficient

Staff we spoke with reported that supervision was insufficient and not necessarily fit-for-purpose. Some told us they felt the Supervisors were not adequately trained to provide supervision.

They also said there was no cultural supervision, and it was not actively promoted.

All staff working with mokopuna are required to undergo formal, ongoing professional supervision. This is vital to child-centered practice, relationship enhancement, and professional development and wellbeing.

Staff induction had improved since the rollout of the Te Waharoa programme

In our previous report we recommended Te Au rere roll out the new national induction programme Te Waharoa as soon as practicable.

During our visit we saw that Te Waharoa had since been implemented and staff were positive about the programme.

As part of Te Waharoa, staff received a three-month induction including: working with mokopuna in a residential context through a Whakamana Tangata framework; programme facilitation; STAR restraint training; legislation training; medication administration and health and safety training.

There was a lack of ongoing training and development for high and complex need mokopuna

There is a lack of training for staff working with mokopuna who have high and complex needs. This includes mental health needs, neuro-diversities and AoD addictions.

Staff repeatedly told us they needed more tailored training, and the current training was 'ad-hoc' and insufficient. One staff member described the situation as residences having the highest need rangatahi with the least qualified workforce.

Improving outcomes for Mokopuna Māori

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

We saw positive examples of Whakamana Tangata principles and values

Te Au rere employed a Kaiwhakaaue, who had responsibility for embedding the restorative principles and values of Whakamana Tangata.

In our previous report we recommended the Kaiwhakaaue be part of the Senior Leadership Team. We were pleased to see this had occurred. We look forward to seeing the Kaiwhakaaue role continually imbed practice across facility operations. Our observations and conversations with staff indicated that positive change was taking place because of the Kaiwhakaaue.

Tikanga incorporated into every-day activity

We observed several examples of good practice and staff adopting a tikanga model and Te Ao Māori approach, particularly in the classroom environment. This was evident in cooking classes and starting the education day in the school setting – karakia, pepeha (for OCC staff), and mokopuna and staff using whakatauki to describe how they are feeling and their goals for the day.

Te reo Māori was encouraged by staff and incorporated into the daily routine of the facility. Having kaimahi Māori that are proficient in te reo and te Ao Māori is vital to support mokopuna Māori, especially for those where te reo Māori is their main language.

Te Au rere had made some progress in increasing cultural capability

Staff told us that while progress had been made in increasing cultural capability with the rollout of Whakamana Tangata, many acknowledged that there was still more work to do.

Kaimahi Māori were required to hold additional responsibility and develop Kaupapa Māori programmes, without sufficient resources or support.

The re-purposed multicultural space at Te Au rere was a welcoming space for mokopuna. This room was used for Kaupapa Māori programmes and events.

Staff shortages have stalled the s7AA[12] workstream at Te Au rere

Staff told us that a project team had been established to review all the operations at Te Au rere in line with Oranga Tamariki obligations under section 7AA and Te Tiriti o Waitangi. However, due to low staffing levels as a result of the COVID-19

[12] S7AA Oranga Tamariki Act 1989.

workplace vaccination requirements and resignations, these staff were required to halt this work and return to working on the Unit. We urge Te Au rere to prioritise this work again and reinstate the 7AA project team as soon as practicable.

Partnerships with Māori and iwi providers need to be formalised

Relationships with mana whenua were still developing at the time of our visit. Te Au rere had good relationships with Rangitāne o Manawatu, however due to COVID-19 and competing priorities, there had been limited opportunity to focus on developing a strategic plan.

Staff told us they also had good relationships with iwi providers, however, this was mostly dependent on kaimahi Māori whakapapa and personal connections in the local area. Some felt an over reliance on these personal connections and that the relationships should be formalised and managed by the Kaiwhakaaue.

Appendix 1

Gathering information

We gather a range of information and evidence to support our analysis and develop our findings in our report. These collectively form the basis of our recommendations.

Method	Role
Interviews and informal discussions with mokopuna (including informal focus groups) with mokopuna	
Interviews and informal discussions with staff	• Residence Manager • Manager Residence Operations • Quality Lead • Team Leader Operations • Team Leader Clinical Practice • Case Leader • Youth Workers • Social Worker • Programmes Coordinator • Assessment Coordinator • Kaiwhakaaue • Health Coordinator
Interviews with external stakeholders	• Capital and Coast District Health Board Forensic Mental Health Team • Kaiwhakamana, VOYCE Whakarongi Mai
Documentation	• Grievance quarterly reports • Secure care register • Secure care logbook • Daily logbook • Visit schedule (6/12/21 – 10/12/21) • Mokopuna Care Plans and All About Me plans • Serious Event Notifications (1 June to 1 December 2021) • SOSHI reports (5 January to 10 December 2021)

Observations	• Morning, afternoon, and evening observation of unit routines (including breakfast, morning karakia, afternoon gym time, dinner) • Classroom observations