

Oranga Tamariki

Residence Visit

(Office of the Children's Commissioner OPCAT
monitoring)

**Te Maioha o Parekarangi Youth Justice
Residence**

Visit date: s 9(2)(a) OIA [REDACTED] 2020

Report date: 25 March 2021

Released under the Official Information Act 1982



MANAAKITIA A TĀTOU TAMARIKI

Children's
Commissioner

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Introduction

Purpose of visit

The purpose of this visit was to fulfil the international monitoring mandate of the Office of the Children's Commissioner (OCC), to monitor the safety and wellbeing of children and young people detained in secure locked facilities. Between s 9(2)(a) OIA 2020, s 9(2)(a) OIA carried out an unannounced monitoring visit to Te Maioha o Parekarangi youth justice residence in Rotorua.

The Children's Commissioner is a National Preventive Mechanism (NPM) under the Crimes of Torture Act (1989)¹. The role of OCC is to visit youth justice and care and protection residences to examine the conditions and treatment of children and young people, identify any improvements required or problems needing to be addressed, and make recommendations aimed at strengthening protections, improving treatment and conditions, and preventing ill treatment. For more information about the legislative context for our visits, see Appendix One.

Context

Te Maioha o Parekarangi is a youth justice residence located in Rotorua. The residence is situated on Parekarangi land. It has 30 beds across 10 units.

Since our last OPCAT visit in s9(2)(a) OIA 2019, there have been several structural changes that apply nationally, across all secure Youth Justice residences. These include:

- An increase in the number of Team Leader Operations (TLOs) at each residence.
- Changes to rosters to enable TLOs to spend more time on shift with Care Teams and young people.
- Creation of Manager Residence Operation (MRO), Quality Lead and Team Leader Logistics positions at each residence.

On 5 January 2020, six young people absconded from the residence. Following the incident, the Residence Manager requested support from Oranga Tamariki National Office and as a result a team of six staff from another residence was sent to Te Maioha o Parekarangi on a temporary basis. The team included a TLO and five care staff members. They had left the residence by the time we visited.

Young people at Te Maioha o Parekarangi

Young people can be detained at youth justice residences under the Oranga Tamariki Act 1989, s.311 and s.238(1)(d).

When we visited there were 13 young men, at Te Maioha o Parekarangi, living in two units. Their ages ranged from 14 to 18. The legal status of these young people was as follows:

¹ This Act contains New Zealand's practical mechanisms under the United Nations Convention Against Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment (OPCAT).

<https://www.occ.org.nz/our-work/monitoring/monitoring-work/why-we-monitor/>

Status	Number of young people
Oranga Tamariki Act s.311 (Supervision with Residence)	1
Oranga Tamariki Act s.238 (1)(d) (Remand)	8
Criminal Procedure Act s.175 (Remand)	1
Total young people	13

For this visit, we offered interviews to all the young people in the residence at the time. These interviews were not compulsory. Of the thirteen young people who were at the residence, 8 took part in a formal interview. We also held informal focus groups with other young people during our observations in the units.

The ethnicity of all thirteen young people at the residence was recorded, by Oranga Tamariki, as NZ Maori.

Our monitoring processes

We were interested in hearing about the experiences of children and young people and we also wanted to understand the group dynamics at the residence. We used several methods to engage with children, young people and staff.

We conducted one-to-one interviews with children and young people who chose to talk with us. We also spent time observing children, young people and staff in the unit, including taking part in activities, sharing dinner and having conversations with children, young people and staff. This enabled us to see and experience after-school and evening routines.

As well as interviewing individual children and young people, we interviewed residence staff and external stakeholders, and reviewed relevant documentation.

For more information about our interviews and other information gathering processes see Appendix Two.

Our evaluation processes

In the past, the majority of our OPCAT reports have included a five or four-point scale. We used this scale to rate each OPCAT domain and to provide an overall rating for each residence.

We are currently reviewing our evaluation processes and are temporarily suspending the use of rating scales. We will be discussing our future rating system with Oranga Tamariki in February 2021 before finalising it. In the interim, we are using key descriptors – harmful, poor, good and very good – to describe our overall findings in relation to:

- the treatment of young people at the residence
- the conditions at the residence

Our reports also provide summaries of the strengths and areas for development according to each of the OPCAT domains.

The table below lists the descriptors currently used in our findings, describing their impact and our expectations for further action.

Finding	Impact for young people	OCC expectation
Harmful	Treatment and/or conditions that are damaging or hurtful for children and young people	Must be urgently addressed
Poor	Treatment and/or conditions that are not sufficient to meet the needs of children and young people	Requires improvement in the near future
Good	Treatment and/or conditions that are sufficient to meet the needs of children and young people	Must be reviewed regularly to ensure the standard is maintained and improved if possible
Very good	Treatment and/or conditions that work well to meet the needs of children and young people	Should continue subject to effectiveness. May also be beneficial in other residential contexts

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Overall findings and recommendations

Overall findings

We identified two areas of practice as 'very good'. These had a positive impact on young people's experiences. The areas of practice are:

- Weekly SOSHI analysis that encourages reflective staff practice.
- Design and adaptation of programmes that are available to young people regardless of their age or remand status.

We found also found two key issues that must be urgently addressed. These issues were identified as 'harmful' and as having a significant impact on the safety and wellbeing of children and young people.

- A reported increase in the use of high-level STAR holds with young people being hurt in restraints.
- Inconsistent practice approaches with some staff adopting a 'safety and security' approach and other using restorative approaches grounded in Whakamana Tangata.

We brought these issues to the attention of the Residence Manager when we gave feedback on s9(2)(a) OIA 2020.

Recommendations

Recommendations in relation all youth justice residences

In relation to all youth justice residences, we recommend the DCE Youth Justice Services:	
Rec 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 (<i>Ref. page 10</i>)
Rec 2:	Continue to work with the national Whakamana Tangata team to: <ul style="list-style-type: none">• 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 (<i>Ref. page 26</i>) (<i>Ref. page 10</i>)
Rec 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: <ul style="list-style-type: none">• 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

Rec 4:	Enables greater privacy in whānau visit rooms in all residences, while maintaining safety requirements (<i>Ref. page 16</i>)
Rec 5:	Establishes improved, readily available and safe access to a variety of options of video calling for young people in all residences. This includes, supporting whānau capability to ensure video calling is available to all young people regardless of family circumstance (<i>Ref. page 18</i>).
Rec 6:	<p>Develops national guidelines for supporting young parents, including:</p> <ul style="list-style-type: none"> • Provision of parenting programmes for young people. • Facilitating contact between young people and their children, including phone calls at child-centred times, along with child-centred face to face contact • Facilitating contact between young people and other adults who are involved with the child, e.g. young people's partners and Early Childhood Centre teachers. <p>(<i>Ref. page 18</i>)</p>
Rec 7:	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. (<i>Ref. page 22</i>)
Rec 8:	Reviews the impact on each residence when of staff are seconded between residences in response to significant and challenging events. (<i>Ref. page 22</i> .)

Recommendations in relation all Te Maioha o Parekarangi

We recommend that the DCE Youth Justice Services:	
Rec 9:	Overhauls the temperature and climate control of the residence to ensure all units and rooms can be maintained at a comfortable temperature (<i>Ref. page 14.</i>)
Rec 10:	Addresses the fencing issue to ensure the Life Skills Unit (LSU) is accessible for young people regardless of staff ratios (<i>Ref. page 15.</i>)
Rec 11:	Supports the establishment of a transition to independence house, in partnership with the Parekarangi Trust (<i>Ref. page 15.</i>)
We recommend that the residence leadership team:	
Rec 12:	<p>Reviews current incentive programmes to ensure:</p> <ul style="list-style-type: none"> • Young people have access to a range of programmes, activities and therapeutic tools regardless of their BMS level. • Tools required for young people to action ICP plans, such as access to the weights gym, are not included as incentives. • The number of incentive systems is reduced. <p>(<i>Ref. page 10</i>)</p>

Rec 13:	Re-establishes the Youth Council and explores a range of mechanisms for ensuring young peoples voices are heard and acted on (<i>Ref. page 13</i>).
Rec 14:	Ensures all the rooms in the Secure Unit are thoroughly and routinely cleaned between admissions (<i>Ref. page 14</i>).
Rec 15:	Prioritises hygiene matters, including consistent availability of soap, and the encouragement of frequent handwashing for both young people and staff. (<i>Ref. page 15</i>)
Rec 16:	Increases communication by sharing relevant parts of this report with residence staff and including health and education providers, the grievance panel and VOYCE advocates (<i>Ref. page 22</i>).
Rec 17:	Extends the current use of SOSHI analysis to identify gaps in staff knowledge and develop training that supports them to better meet the needs of young people (<i>Ref. page 22</i>).

Progress on previous recommendations

Of our recommendations from our OPCAT report of 6 March 2020, four had good progress, three had limited progress and two had no progress. For further detail, see Appendix Three.

Domain 1: Treatment

Our monitoring of the Treatment domain includes examination of the relationships between children and staff, models of therapeutic care and behaviour management, and the quality of planning and interventions tailored to individual children and young people's needs.

Findings from our last reports

In our last OPCAT report dated 6 March 2020 we said:

- Young people and staff had positive relationships.
- Young people could read and contribute to their plans.
- The 'TOA' behaviour management system aligned with the Whakamana Tangata restorative approach.
- There was an emphasis on de-escalation in response to challenging incidents.

In our COVID-19 report dated 18 June 2020 we said:

- Young people liked having increased staffing during COVID lockdown. It meant that they could have more time with staff members they had good relationships with.
- Young people had staff members they trusted and could talk with.

Findings from this visit

Strengths

Young people have good relationships with experienced staff members

We heard from young people that some staff members had caring, respectful relationships with them. The staff that young people identified tended to be more experienced people who had been at Te Maioha o Parekarangi for a longer time. These staff were described by young people as being relatable, good listeners and having appropriate boundaries without being rigid.

Young people are consulted about their plans

The residence is trialling extending the initial assessment period to 14 days. The time period has enabled more in-depth information to be included in each Individual Care Plan (ICP) by giving staff more time to build rapport with young people before talking about goals. It also gives young people more time to understand what happens at Te Maioha o Parekarangi and the options available to them. Case Leaders use the extra time to contact whānau so they could contribute to plans if young people want this.

Young people are asked to indicate whether they would like their whānau to be able to see and contribute to their plan. Some young people prefer to share their plans with their partners rather than parents or other whānau members.

Despite this being a youth-centred process, some young people told us that they did not think their voice was adequately represented in the goals set in their plan. They told us that although

staff listen to them, their perspective wasn't always expressed in their plans or actioned during their time at residence.

Plans are regularly reviewed

Young people's ICP plans are reviewed at Multi-Agency Team (MAT) meetings every four weeks. Whānau are invited to MAT meetings either in person or over the phone. We heard approximately one third of whānau attend these meetings. Young people's Risk Summaries are completed and updated based on current information from a range of sources. Relevant information from plans is also regularly shared among staff.

The residence is exploring ways to support transition

We heard from staff at Te Maioha o Parekarangi that it was challenging for young people to apply the skills they had learned at the residence when they returned to the community. We heard about a young person who had been supported to leave the residence and subsequently gained and maintained employment along with a stable living situation. A high level of support was required from staff at the residence to enable this transition. Examples like this have led to the residence exploring the idea of a transition house on site. This is an important area and it was noted while we were at the residence how much work, resourcing and strategy is required to keep developing. We strongly encourage the residence to explore this idea further in partnership with the Parekarangi Trust, with support from Oranga Tamariki National Office.

Areas for development

Young people are experiencing insensitive and unprofessional staff behaviour

While many young people told us they had good relationships with experienced staff, we also heard about practice that young people experienced as unfair and rigid and which does not align with Whakamana Tangata practice. Examples included staff enforcing rules without clear explanations or staff responding unprofessionally toward young people, as outlined in the example below.

"Fuck I knew I wasn't allowed (to sit there) but I went and sat by the bros, he (staff member) like tried to pull my chair away from me, just before I was about to sit down...in my head, like, fuck he should be the adult here."

Young people have been hurt in restraints

We heard from some young people who had been at Te Maioha o Parekarangi previously, or who had been there for a longer time, that staff restraints are harder and more harmful now than they were previously. They described being held in high level holds, for example ground holds².

² The Oranga Tamariki *STAR Tactical Options Toolbox* describes a 'hierarchy of interventions', starting with verbal de-escalation; 'low-level' options involving one and two staff options to use 'guiding force'; 'medium' options involving one and two person holds and transport techniques; and 'high level' options involving any situation involving a high degree of force and any hold that ends up with the young person on the ground.

Young people told us that restraints were 'sore', they also told us about visible injuries caused by restraints.

"You get boys like come out in big grazes and in the eyes, have one on the head and a big as one on my shoulder, big scratches over here... Last time I was here they (restraints) was way softer, they gone sore as."

Young people find the incentive systems confusing and unfair

We saw multiple incentive systems being used in the residence, including 'TOA', Hidden Faces of Sport, Ground Zero and Damage Free Incentives. The existence of multiple systems was confusing for some young people. Additionally, the incentives included therapeutic activities and items, such as access to music equipment and the weights gym, which should be available to all young people. We also heard from some young people that the incentives were sometimes unattainable. The application of incentive systems by staff did not align with Whakamana Tangata principles of doing 'with' young people.

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Domain 2: Protection system

Our monitoring of the Protection System domain includes examination of the safety of children and young people, and how well their rights are upheld.

Findings from our last reports

In our last OPCAT report dated 6 March 2020 we said:

- Young people felt safe at Te Maioha o Parekarangi.
- Whaia te Maramatanga (the grievance system) was well administered
- Some young people did not know about their rights or the grievance process.
- No advocates were available for young people at the residence.

In our COVID-19 report dated 18 June 2020 we said:

- Some young people knew about Whaia te Maramatanga, the grievance process. Some young people did not know about it or said they would not use it.
- VOYCE Whakarongomai Kaiwhakamana phoned the residence daily.

Findings from this visit

Strengths

The grievance panel and residence staff have good oversight of the grievance process

The grievance panel visits the residence regularly, meeting with every young person who is admitted to the residence. Panellists are provided with the names of new admissions and are supported to have one-to-one access with each young person. The grievance coordinator works closely with the panel about supporting a robust process. The grievance coordinator has dedicated time, on training days and during staff induction, to support staff understanding of the grievance system. Kaiwhakamana from VOYCE Whakarongomai visit the residence regularly.

The residence is creating opportunities for young people to raise issues and suggestions

Young people knew about the grievance process and some told us they had used it to make suggestions or grievances. This was especially important given that young people had limited alternatives for raising issues. As an example, there were many complaints about fish meals. The residence responded to this by taking fish completely off the menu.

At the time of our visit, we heard the Youth Council was not running but there were plans to restart it. We also heard from young people that they enjoyed it when members of the residence leadership team came to the units to talk with them. They particularly enjoyed contact with the Residence Manager. Following our visit, we heard that the Programme Coordinator and the Quality Lead were initiating a fortnightly lunchtime programme called 'Rangatahi Voice' which provides an opportunity for young people to raise suggestions.

Area for development

Young people see little change as a result of grievances

Despite many grievances being completed within the appropriate timeframe and young people being fully informed while grievances were investigated, many young people felt the grievance process took too long. Young people told us they rarely see meaningful change as a result of making a grievance.

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Domain 3: Material conditions

Our monitoring of the Material Conditions domain includes looking at how the living conditions in secure residences contribute to children and young people's wellbeing, including accommodation, internal and external environments, hygiene facilities, bedding and food.

Findings from our last reports

In our last OPCAT report dated 6 March 2020 we said:

- The units had been refurbished and were clean
- The temperature in the units was often too hot
- The courtyard and visit rooms needed maintenance.

In our COVID-19 report dated 18 June 2020 we said:

- Young people had access to soap in the kitchen of each unit
- Staff regularly dispensed hand sanitiser.

Findings from this visit

Strengths

The internal environment is generally well maintained

The units were clean and tidy. The hub areas were open and had good natural light. The furniture in the hub was colourful and comfortable. The basketball courts at the back of each unit were well maintained and able to be utilised. The tagging in the family group conference rooms had been removed, however the central courtyard remained in the same condition as on our previous visit.

The exception is the bedrooms in the Secure Unit. At the time of our visit to the Secure Unit it was not in use. However, young people told us the bedrooms in the Secure Unit are dirty and not always cleaned between admissions. We noted a grievance had been made about this issue earlier in the year, indicating that this problem has been ongoing.

Young people can personalise their rooms

Young people decorate their rooms with artwork and pictures printed out by staff. Each room has a chalkboard that young people use to write and draw on.

Areas for development

The internal temperature control issue is unresolved

Young people told us they were sometimes too cold in the units. We found on our previous OPCAT visit that young people were too hot. Since identifying the temperature issue in our 2019 OPCAT report no change has occurred. This matter needs to be addressed urgently.

Young people told us they are sometimes hungry

Young people told us they do not like much of the food. They also said they were often still hungry after meals. We observed and heard from young people that they could have additional food if still hungry after dinner. The additional food was mostly white bread which many young people enjoyed but it did not make them feel full.

Personal hygiene measures appropriate to COVID-19 are not in place

We noted that despite the recent cases of COVID community transmission in Auckland, young people were not frequently reminded to wash their hands and there were no visible systems in place for contact tracing and distancing between units. We also noted that while some units had soap or hand sanitiser in the hub outside the bathroom, this was not consistently available. Each bedroom has a toilet in it, however young people did not have soap in their bedrooms.

Young people want more frequent haircuts

Young people wanted to have haircuts more frequently than the current six-week schedule, especially before they appeared in Court. Before our visit, a young person had raised a grievance that he had missed a haircut because he was in hospital. After the grievance panel and OCC follow-up, the residence brought forward the next scheduled haircuts for all the young people in the residence. This was appreciated by many young people we spoke with.

The Life Skills Unit is currently unavailable

Since the absconding incident at Korowai Manaaki on 4 July 2020, the Life skills Unit (LSU) has not been in use. Young people said they wanted the LSU to be re-opened, but we heard this was not possible due to staffing requirements. Staffing issues were compounded because the fence at the back of the LSU opens directly onto the outer ring road which means more staff are required to ensure that young people do not go into a less secure area. In follow up discussions since our monitoring visit, the Residence Manager has advised that they are in the process of hiring new staff to work at the LSU. They are hopeful that the new staff will be able to start working by the end of the November 2020.

Privacy during whānau visits

Young people said they knew staff observation during whānau visits was a safety requirement, however we heard from a number of young people that they did not like staff being in their line of sight during whānau visits. One young person suggested that the windows be tinted so staff

can look into the visit rooms, but the young people and their whānau cannot see staff while they are spending time with their family.

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Domain 4: Activities and contact with others

Our monitoring of the Activities and Contact with Others domain assesses the opportunities available to children and young people to engage in quality, youth friendly activities inside and outside secure residences and contact with their whānau.

Findings from our last reports

In our last OPCAT report dated 6 March 2020 we said:

- Young people had access to a range of programmes.
- Young people had positive education experiences and good communication between the school and residence staff meant education activities could be linked with plans.
- Young people did not have access to a range of cultural activities or activities relating to their interests.

In our COVID-19 report dated 18 June 2020 we said:

- Concern about whānau was the biggest worry for young people at Te Maioha o Parekarangi during COVID.
- Young people had regular phone calls and some video calls with family.
- Young people had access to onsite activities and staff adapted the daily routine to include education, since the school staff couldn't come on site.

Findings from this visit

Strengths

Young people are supported to be involved in important life events

At the time of our visit many of the young people at Te Maioha o Parekarangi were s9(2)(a) OIA

s9(2)(a) OIA

Staff were responsive when young people told them about significant events. s 9(2)(a) OIA

s 9(2)(a) OIA the residence arranged for video calling to be available. Another young person told us he was supported by the residence and Oranga Tamariki site staff to attend s 9(2)(a) OIA

A range of activities are available to all young people

Staff support young people to access employment-related support e.g. getting an IRD number, writing a CV and preparing to get a driver's licence. Care teams are encouraged to run programmes outside of school hours and there is a holiday programme between school terms.

Some programmes have been adapted to be relevant to a range of young people, including those who are not yet old enough to apply for their driver's licence. The driving programme covers a range of topics including drink driving and the importance of road safety. Staff at the residence have found creative ways to make these activities real and engaging, for example using special goggles to show the effect of drugs and alcohol on vision and having people with real life experiences talk about car crashes and losing loved ones to drunk driving. While these are heavy topics, they are handled carefully so that they are helpful and educative for young people.

All the onsite programmes are also available to young people on remand. The exception is the Te Ara Tikanga programme for which young people must be sentenced and turning 16 by the end of the programme.

Areas for development

Young people would like more phone contact with whānau

Young people have access to one, 10 minute phone call each day. For many young people, this is not enough time to talk with their family. Young people told us that with the lower numbers at Te Maioha o Parekarangi there was more time in the evening for phone calls but their calls were still limited to 10 minutes. We also heard from young people that daily phone calls were not at a time that worked for their children. Sometimes children were asleep by the time young people could make an evening phone call.

During lockdown some young people used video calling to see their family, however a Case Leader needed to hold the device as it was their work phone which contained confidential information. The residence needs to allow increased time on phone calls and to support private video calling along with in person face-to-face contact.

Support for young fathers does not address the needs of their children

s9(2)(a) OIA young men we spoke with told us about the importance of being a father to their young children. We heard that young fathers wanted to have opportunities to learn about parenting and about children generally. A parenting programme had previously been run through an external provider and needs to be recommenced. This is especially important because older young people will be coming into the residence due to the raising of the age and so more young people coming into youth justice are likely to be parents.

Young people do not have consistent access to cultural activities

A number of young people said they really enjoyed te ao Māori activities, however they told us that there hadn't been any recently. We heard that the residence put on a Matariki event, including hāngī, that young people and staff really enjoyed. Young people wanted more regular te ao Māori programmes.

Domain 5: Medical Services and care

Our monitoring of the Medical Services and Care domain evaluates how well children and young people's health needs are assessed and met.

Findings from our last reports

In our last OPCAT report dated 6 March 2020 we said:

- Young people had good access to primary and specialist health care.
- There were sound systems for administering medication.
- There was good communication between the residence and the health provider.

In our COVID-19 report dated 18 June 2020 we said:

- The residence leadership and the health team worked together to make plans about physical distancing and hygiene.
- The residence had two units open and an isolation unit available for new admissions and in case young people became unwell.

Findings from this visit

Strengths

Young people have very good access to primary health services

s9(2)(i) OIA provides the onsite primary health care to young people who phone the onsite health team to make appointments. This helps prepare young people for contacting a doctor or nurse when they are in the community. The health team is proactive in meeting acute needs and have also run programmes to support ongoing needs. Some of these have included sex education and parenting programmes.

We also heard that s9(2)(i) OIA has good connections in the community and at times will fund private providers to ensure that young people can access specialist support.

Medication is well administered

There is a robust system in place to administer medication in the units. Care staff on each shift are trained to administer medication. Medication is logged in the logbook and any discrepancies are followed up.

Young people have good access to specialist services

Young people have routine screening for audiology however we heard that the dental van has not visited this year due to COVID.

Young people have access to mental health support through weekly psychology clinics run by s9(2)(i) OIA. Psychiatry clinics also run by s9(2)(i) OIA are scheduled weekly. In addition, young people have access to alcohol and other drug counselling.

COVID isolation planning is ongoing

The leadership and health team are continuing to work together to ensure there is an up-to-date response for keeping the residence safe from COVID. When we visited, s9(2)(a) OIA

The plan when we visited was that young people would be isolated on admission until they returned a negative COVID test. One unit was set aside for young people to go to if they needed to isolate. This unit was ready for admissions and when we visited it was tidy and in the same condition as units that were already in use.

There was ongoing discussion between the leadership team and the health team about whether a full 14 days isolation was also required.

During our visit, a young person transferred from another residence and needed to stay in the unit. This was accommodated easily.

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Domain 6: Personnel

Our monitoring of the Personnel domain assesses the quality, suitability and capacity of Oranga Tamariki staff to provide safe, secure, respectful care for children and young people, including processes for staff recruitment, selection, training, supervision and ongoing professional development.

Findings from our last reports

In our last OPCAT report dated 6 March 2020 we said:

- New staff are well trained and supported through the induction programme. Existing staff wanted to have the opportunity to have the induction programme as well.
- Staff did not have regular access to cultural and professional supervision.

In our COVID-19 report dated 18 June 2020 we said:

- Staff were split into 'bubbles' and only worked with young people in the same unit.

Findings from this visit

Strengths

There is good communication between residence teams

We heard and saw residence teams sharing relevant information to support young people. Case Leaders attend shift handovers and share important information about young people's plans, especially if there have been any updates. We also heard that care staff phone Case Leaders from the units if they have questions about specific young people or incidents.

The residence is using data to help staff reflect on practice

We heard that Te Maioha o Parekarangi previously had a high rate of confining young people to their rooms in the Secure unit to their bedrooms. The requirements for this action are described under s48 of the Oranga Tamariki Residential Care Regulations 1996³. In order to address this, the residence has reviewed their secure admissions and the situations leading to young people being confined. Data about serious incidents and secure admissions is now analysed and sent to staff each week. The purpose is to help staff reflect on practice and identify patterns emerging across the days and weeks. It also helps staff to identify young people who need more or different support because they are overrepresented in incidents or secure admissions.

³ Section 48 states that young people cannot be confined to their rooms in the secure unit unless on account of any illness, injury, or extreme emotional disturbance suffered by that child or young person; or in any case of emergency, or in order to maintain and restore order in the residence; or in the case of a confinement between 5 pm and 8 pm on any day to enforce a sanction under a specific behaviour management programme being applied to the child or young person

Areas for development

There is divergence in practice between 'safety and security' and Whakamana Tangata restorative approaches.

The effects of the incident where young people absconded from Te Maioha o Parekarangi were still evident during our visit, [REDACTED] months later. We heard a team was sent to Te Maioha o Parekarangi from another residence to provide practice support while the residence re-established stability. At the time of our visit, staff told us there were challenges stemming from the two different practice approaches of the two residences. Te Maioha o Parekarangi has a strong restorative focus, based on Whakamana Tangata. The other residence brought their experiences with safety and security. Multiple staff during our visit told us that these approaches were not mutually exclusive, but the restorative approach required a deep level of understanding that needed to be taken into account when working from a 'safety and security' model.

Additionally, the roles and responsibilities for the teams from the visiting residence were not clear, including the scope of their contribution and their reporting lines. The harmful impact of the challenges for young people are described earlier in the relationships between staff and young people and in restraints.

There is poor communication between residence staff and external providers

Our previous report noted several positive ways that external providers communicated with the residence staff, for example attending daily management meetings. During this visit we heard that recent changes to residence processes meant that external providers no longer have the same level of communication with residence staff and leadership. This impacts on their ability to support young people as they do not always have current information about what was happening for them. We heard about a young person who almost left the residence without his prescribed medication as the health team were not informed that he was leaving earlier than expected. During our visit we heard that communication processes were recently beginning to change and there was increasing engagement between providers and the residence.

There has been high staff turnover recently

There has been a period of high staff turnover during the last 18 months. We heard that the residence did not have any issues recruiting new staff, however staff retention has been difficult. We heard from staff and young people that a high turnover has led to a higher than usual number of inexperienced staff on the floor. This meant that their practice has been in the early stages of development, including developing and maintaining supportive professional relationships with young people, working consistently to operational expectations, and building their skill and confidence in restorative approaches to practice.

Staff need training in a range of topics to support young people

We heard and saw that supporting young people in the residence required a wide range of knowledge and skills and that all staff had access to the Te Waharoa induction programme. On reviewing the SOSHI and the grievances we noted that some staff and young people were

concerned about an increase in what they called 'sexualised behaviour'. Staff and external providers had also noticed that this pattern, however much of the behaviour was within what is expected of normal adolescent development. It was difficult for care staff members to know how and when to talk with young people about issues such as sex and relationships, or identify when a young person needed additional support.

Staff need support to understand and embed de-escalation training

While most staff had completed the Safe Tactical Approach and Response (STAR) training, there were different staff attitudes toward restraint and de-escalation. Some staff emphasised the significance of restraints for staff members but not the impact restraints have on young people. They talked about the risk of injury to staff and the consequences for staff if a mistake is made. Other staff members focused on the importance of de-escalation and relationship repair, including Whakamana Tangata tools such as hui whakapiri, so that the experiences of young people who are restrained can be heard and considered in decision making.

There had been a serious incident prior to our visit where a young person's arm was broken during a restraint. The residence leadership team and National Office had reviewed the incident. It was identified that the number of staff members involved and communication between staff during the restraint were possible contributing factors. As a result, there has been a reduction in the number of staff on the team that responds to serious incidents.

This incident highlights the risk to young people when staff practice is not aligned and staff with different practice approaches need to make decision during stressful situations. Many young people at the residence told us about the incident, though we did not solicit this information. This indicated that staff practice in this area has an ongoing effect on young people's relationships with staff and sense of safety.

Staff do not have consistent access to supervision

Staff have access to supervision through their teams and the leadership team, however this is on an ad hoc basis. Staff, such as TLOs, do not receive specialist training in providing practice supervision although a substantial part of their role is coaching and mentoring care teams. We heard that supervision is an important component in consistent practice. It is also a key part of embedding new learning from training into practice. We heard that a psychologist comes to training days to support care staff however residence staff do not feel confident supporting young people with high mental health needs. Finally, specific cultural supervision for staff was not provided.

Young people need to have daily contact with their culture

While there are a number of initiatives in development at the residence, these need to be continually supported so that they are embedded into the running of the residence. The residence has identified staff members who have skills such as te reo and carving, but in order for staff and the residence to engage in a deeper culture shift beyond activities there needs to be recognition and investment in the cultural contributions of staff. Many staff are bringing their cultural knowledge while they are employed in various roles across the residence. We heard that there was a proposal being planned that included having dedicated kaumatua and kairaranga roles.

Mokopuna Māori continue to be placed in youth justice residences in large numbers

As OPCAT monitors we continue to see high numbers of mokopuna Māori placed at Te Maioha o Parekarangi and other youth justice residences, some of whom are living far from home. There is an urgent need for National Office to meet their responsibilities under Section 7AA and Te Tiriti o Waitangi. Such action would begin to address the disparities that mokopuna Māori continue to face in the residential youth justice system.

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Appendix One: Why we visit – legislative background

The Office of the Children’s Commissioner is designated as a National Preventive Mechanism (NPM) under the Crimes of Torture Act (1989). This Act contains New Zealand’s practical mechanisms for ensuring compliance with the United Nations Convention Against Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment (OPCAT). The convention was ratified by New Zealand in 2007. Our role is to visit secure youth justice and care and protection residences to examine the conditions of the residences and treatment of children and young people, identify any improvements required or problems needing to be addressed and make recommendations aimed at improving treatment and conditions and preventing ill treatment.

In addition, the Children’s Commissioner has a statutory responsibility to monitor and assess the services provided under the Oranga Tamariki Act 1989. Specifically, section 13(1) (c) of the Children’s Commissioner Act 2003, states that the Commissioner must monitor and assess the policies and practices of Oranga Tamariki and encourage the development of policies and services that are designed to promote the welfare of children and young people.

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Appendix Two: Interviews and information gathering

Method	
Individual interviews	<ul style="list-style-type: none"> • [REDACTED] young people • Residence manager • Team Leader Clinical Practice • Quality Lead • Manager Residence Operation • Whakamana Tangata Kaiwhakaaue • Chef • Employment Coordinator • Programme Coordinator
Individual and group interviews	<ul style="list-style-type: none"> • Case leaders • Team leaders operations • Care staff • Young people on the units
External stakeholder interviews	<ul style="list-style-type: none"> • Assistant Principal Kingslea School • Health team lead • VOYCE Whakarongo Mai Regional manager and Kaiwhakamana • Grievance panel chair
Documentation	<ul style="list-style-type: none"> • Grievance quarterly reports • Grievance files • Secure care register • Secure care log book • Young people's files – including Individual Care Plans and All About Me plans • SOSHI reports s9(2)(a) OIA [REDACTED] • Search documentation
Observations	<ul style="list-style-type: none"> • Afternoon and evening observation of unit routines from school until after dinner • Observation during school time • Observation of shift handover

Appendix Three: Previous Recommendations

Previous recommendations from OPCAT report dated 6 March 2020:

We recommend for Oranga Tamariki National Office that the GM Youth Justice Residences:	
Rec 1:	works with the residence manager to ensure that young people at Te Maioha have access to grievance advocates. There has been good progress against this recommendation (ref. page 12)
Rec 2:	works with the residence leadership team to prioritise developing the courtyard and completing the refurbishment in the family group conference rooms. There has been limited progress against this recommendation (ref. page 14)
Rec 3:	supports the ongoing cultural development the residence is engaging in (see rec 9) through access to regular cultural supervision There has been no progress against this recommendation (ref. page 23)
Rec 4:	supports existing staff to have access to Te Waharoa and follow-on modules to refresh and cover a range of practice issues. There has been good progress against this recommendation (ref. page 22)
Rec 5:	ensures that the units are maintained at a comfortable temperature for young people. There has been no progress against this recommendation (ref. page 14)
We recommend that the Te Maioha o Parekarangi leadership team:	
Rec 6:	continues to work with the grievance panel and support the grievance panel meeting with all young people to keep building understanding and engagement with the grievance process There has been good progress against this recommendation (ref. page 12)
Rec 7:	continues to ensure that all staff keep receiving regular training on the grievance process and young people's rights. There has been good progress against this recommendation (ref. page 12)
Rec 8:	supports young people to have access to their preferred activities and programmes. There has been limited progress against this recommendation (ref. page 17 and 18)
Rec 9:	continues to support staff and young people to learn te reo Māori and engage in a wider range of cultural activities. There has been limited progress against this recommendation (ref. page 24)