Evaluation of the Te Poutama Ārahi Rangatahi residential treatment programme for adolescent males

Final Report

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Acknowledgements

Child, Youth and Family (CYF) commissioned the Crime and Justice Research Centre (CJRC) at Victoria University of Wellington to evaluate Te Poutama Ārahi Rangatahi. The Evaluation Team comprised: Dr Venezia Kingi, project manager, was involved primarily in interviewing youth and their families or whānau, CYF social workers and community-based treatment (CBT) therapists. Dr Jeremy Robertson, data manager, was involved primarily in sourcing and analysing file data and interviewing key informants, including Te Poutama staff. Daryl Gregory, Māori cultural consultant, provided cultural advice to the evaluation and undertook the interviews with Māori key informants. Galumalemana Alfred Hunkin was the Pasifika cultural consultant to the project. Dr Steve Hudson was a specialist consultant to the evaluation team in the area of sex offending. Dr Hudson became seriously ill and subsequently passed away during the early stages of the project. This was a great loss to the psychological profession in New Zealand and internationally.

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Executive summary

Te Poutama Ārahi Rangatahi (referred to as Te Poutama from this point on) is a residential treatment centre for high-risk, sexually abusive male adolescents aged 12–16 years who are unsuited to treatment in the community. It is based in Christchurch, New Zealand, and has a capacity of 12 beds. It began operation in 1999 in response to the clear need for such a specialised treatment facility (see chapter 1). Barnardos delivers the therapeutic programme under contract to Child, Youth and Family (CYF).

CYF contracted the Crime and Justice Research Centre at Victoria University of Wellington to undertake both a process and impact evaluation of Te Poutama over a period of five years, 2001–2006. It aimed to see whether the programme met its process and therapeutic aims, looking at short-, medium- and longer-term outcomes for those in Te Poutama. This report presents the results of this evaluation.

The research design chosen (see chapter 2) could be termed an 'individual participant pathway tracking design'. Data were gathered both while the young people who took part in this research were resident at Te Poutama and afterwards when they had returned to live in the community. The purpose of this data collection was to build up as full a picture as possible of their overall progress. This information was supplemented by contextual and interpretative data from family or whānau, clinicians and other key informants. The data were accumulated principally through interviews, the use of internal reports and observation.

We assessed the Te Poutama experience from several perspectives, essentially:

- progress made in the programme, covering a wide range of 'life outcomes', including application of therapy skills, educational and vocational achievements, and relationships with others
- data on any reoffending after discharge, based on Ministry of Justice records of convictions until mid-January 2007.

Chapter 3 gives an account of a number of issues relating to Te Poutama, the programme and its development, including physical, systemic and staffing matters. It describes the difficulties of finding a suitable location, designing the residence and appointing an appropriate contractor to deliver the programme. It gives a comprehensive review of the staffing hierarchy, issues to do with appointment and retention of staff, and how they are supported in their work at Te Poutama. The programme is discussed in order to identify its provenance within a therapeutic and philosophical context, and its particular application to adolescents and specifically to adolescent sexually abusive behaviour. The therapeutic tools of the programme are outlined, i.e. the 5 STEPS, the 12 principles and all of the particular issues which are part of the complex nature of adolescent sex offending with which it deals. We give an account of the relevant legislative and organisational factors that determine many important structures in the running of Te Poutama, and of the development of the Māori cultural programme. Chapter 3 also describes the young people placed at Te Poutama, the extent to which they successfully completed the programme, patterns of entry and exit from the programme, and some information on referrals that were not accepted.

Some changes were implemented over time as Te Poutama responded to events and perceived difficulties. For example, there were major problems managing the first cohort of youths, and after a number of violent incidents some of these young people were

discharged early. A review of the programme resulted in a reworking of behavioural management principles, with clearer and firm limits on behaviour introduced, along with consequences for breaching rules. Lack of agreement on roles and responsibilities with regard to work with youth and their families led to a joint CYF, Te Poutama and community-based treatment (CBT) working party resulting in the development a Joint Admission to Discharge Protocol, which more clearly spelt out the roles of those involved.

Chapter 4 outlines the backgrounds of the young people who entered Te Poutama, including their previous contact with CYF and other agencies (including Police, the Family Court and out-of-home placements), their family backgrounds and the nature of their offending before placement in Te Poutama.

The chapter describes some of the complexities of these backgrounds, often involving difficult relationships within families, neglect, abuse, family breakdown and out-of-home placement.

A range of disruptive behaviours was noted in the files (e.g. fire setting and cruelty to animals) as well as sexually inappropriate behaviours displayed from a young age. The chapter describes the extent and nature of non-sexual offences before placement in Te Poutama, as well as the sexually abusive behaviours that led to the referral to Te Poutama.

The youths were interviewed in the residence at various times. These interviews are presented in chapter 5, which essentially describes first and subsequent interviews, and allow for comparisons and some plotting of progress over time.

The young people were clear they were at Te Poutama to deal with their sexually abusive behaviour, and they acknowledged other reasons: their own victimisation, their violence and their failure to engage with therapy in the community.

They described the fact that they thought Te Poutama was better than ‘living in care’ or being in another residence. While they were initially generally resistant to being there, their views changed positively over time. They said they usually felt safe there and that they were learning useful skills at Te Poutama, both to help them address their sexual offending or other deviant behaviour and to prepare them for a better life in the community.

By the time of subsequent interviews, most of the young people said that they had changed for the better on most of the health dimensions the researchers identified, and that they felt they were dealing better with their sexual and other issues. They expressed some anxieties about leaving Te Poutama.

As described in chapter 6, the youths were interviewed in the community twice after they left Te Poutama. Most of the first interviews were carried out at least six months after the young people had left Te Poutama, and half of the second interviews took place two years or more after discharge.

They were asked a range of questions relating to their lives since Te Poutama. Most had found the transition difficult and missed the structures and safety of Te Poutama but they were generally happy with life. Most said that they felt good about themselves as a result

of relationships, work or study-related achievements; they reported that they had contact with their families and felt closer to them, and that they looked forward to the future.

The majority had some involvement with therapy at a CBT after leaving Te Poutama but had mixed feelings about its efficacy and whether or not they personally needed it.

They remembered the skills they learned at Te Poutama and most said they still used them daily to cope with challenging or risky situations and when interacting with others. Anger management was one of the most useful skills; most regarded the safety plan developed at Te Poutama as useful.

More than half of the youths were confident that they were no longer at risk of sexual offending, although others were more cautious and thought there would always be some level of risk.

Families of the young people were interviewed at two points in time: while the youths were in the residence and after they were discharged (see chapter 7). Family members understood what Te Poutama was and that they would be involved in their son's treatment. Generally, they felt positive about their contact with Te Poutama and were hopeful that it would help their son achieve change and take responsibility for his actions.

They thought over time that their young people had improved in the areas of dealing with their sexual offending, thinking and acting respectfully, managing problematic thoughts and feelings, setting goals, and recognising stress and anger.

After discharge, family members said the young person had grown up. They were considered to be more positive, open, confident and self-aware, and to have better coping skills. Their families were generally proud of them.

However, families were less positive about whether the youth was equipped for reintegration into the community and thought that the process of finding placements for them needed to be managed better.

As described in chapter 8, therapists were asked about 17 youths who had been discharged from the programme during the main data collection phase of the evaluation. They were asked how these youths had changed during their time in Te Poutama and about issues related to discharge.

The therapists felt that the youths had made significant progress even though nine of the 17 had not completed the STEPS programme. The changes in them were many and included taking more responsibility for their offending; being more honest, positive and open; having better self-esteem and a greater degree of management of their emotions; having better coping and social skills; and generally being more pro-social.

The views of therapists were mixed as to whether the youths were equipped for reintegration into the community. Most were felt to be deficient in one way or another, as regards individual skills or adequate support systems. The level of initial damage was such that even though improvements had been made, it was fairly inevitable that there would continue to be problems.

Discharge, transition and placement issues loomed large with the therapists, who acknowledged the difficulties the legislation posed for accepting 16-year-olds into the programme and the considerable difficulties of placement and transition.

CYF social workers and CBT therapists were the two groups of professionals, excluding those at Te Poutama, with whom youths and their family or whānau were predominantly involved. These professionals were asked about the way they worked with Te Poutama, the process of referral, their ongoing work with the young people and their families, and the issues they faced at the time of and after discharge (see chapter 9).

While they were generally positive about their interaction with staff and processes at Te Poutama, these professionals were clear about the amount of difficulty this group of young people faced due to their backgrounds and family situations and with their particular behavioural issues.

The CYF social workers and CBT therapists were clear as to the strengths of Te Poutama: therapy; cultural content; providing a safe 'home-like' environment for the youths; involving family where appropriate and achievable; providing the young people with opportunities in education, leisure and life skills; and having competent, dedicated staff who care about the young people in residence.

However, they also noted systemic and staffing issues, such as the 'one-size-fits-all' nature of the STEPS programme, changes in clinicians and difficulties with the discharge process.

Another measure of programme success is the extent to which each young person completes the STEPS programme and graduates. Chapter 10 examines the various ways by which youths left Te Poutama, from early discharge to graduation, and the instances of those discharged on turning 17 whether or not they had completed the programme. It also looks at re-conviction data as another way of deducing whether Te Poutama had met its main goal of reducing sexually abusive behaviour. Rates of sexual and non-sexual offending by youth post Te Poutama are described. Few youth reoffended sexually although the figures for non-sexual offending were higher.

Chapter 11 deals with the costs of the Te Poutama programme. We assessed most of the running costs of Te Poutama, taking account of the contract price paid to Barnardos, and making some allowance for Ministry of Education educational costs and a CYF allocation for transitional funding. When full, the cost of Te Poutama is comparable to other forms of care and intervention for high-risk youth with multiple needs. Due to data and time constraints it was not possible to provide information on the potential costs of dealing with untreated youth as adults.

Chapter 12 offers the conclusions of the evaluation. To the extent to which we can assess this, our overall conclusion was that the programme's aims were being met. Te Poutama has shown a willingness to respond to the challenges it has faced and has continued to aspire to best practice for the clientele within its therapeutic environment and for their families where possible.

Chapter 1 Introduction

This chapter gives general information about sexually abusive behaviour in young people, its assessment and its treatment. This information provides a context for the evaluation of the Te Poutama Ārahi Rangatahi (Te Poutama) residential treatment programme for sexually abusive adolescent males located in Christchurch, New Zealand. It:

- begins by looking at what we know about the scale of adolescent sexual offending in New Zealand
- discusses responses to such offending in New Zealand in the context of the Children, Young Persons, and their Families Act 1989 (the CYP&F Act)
- outlines some of the therapeutic strategies used in the treatment of sexually abusive adolescents.

1.1 Sexually abusive behaviour by young people in New Zealand

In the New Zealand context, and in line with the CYP&F Act, sexually abusive behaviour by young people is usually seen as involving those aged under 17. While there are arguably some valid reasons for this cut-off point, notably in research on human development, the allocation of this limit is largely legislative and at least partially arbitrary. The wider literature on sexually abusive behaviour by young people is not necessarily so restrictive with regards to age: some adolescent programmes take people up to 20 years of age.

Definitions of sexually abusive behaviour by young people are plentiful, but they typically take account of three factors: equality, consent and coercion (e.g. Boyd 2006). Thus, the description used by the National Center on Sexual Behaviour of Youth (2003) sees sexually abusive behaviour by young people, as opposed to 'normal' sexual behaviour, as that which:

- occurs at a high frequency
- interferes with the child's social or cognitive development
- occurs with coercion, intimidation or force
- is associated with emotional distress
- occurs between children of significantly different ages and/or developmental abilities
- repeatedly reoccurs in secrecy after intervention by caregivers.

Because of its covert nature, much sexually abusive behaviour by young people resists quantification and may well never come to the attention of formal agencies. Some that does may be in the context of another conduct disorder that is the main 'presenting' problem and may therefore not be recorded statistically.

Police data on those apprehended for sexual offences provide an incomplete picture of offending rates. Over the 10-year period 1997–2006, the average number of Police apprehensions per year for sexual offences involving those under 17 years old was 245. This is about 1 in 7 (or 13.6%) of all apprehensions for sexual offences. Over the same period, approximately 1 in 5 (or 21.7%) of all apprehensions for all offences involved juveniles. Apprehension figures indicate sexual offences make up less than 1% of all the offences committed by young people. However, the number of juveniles actually committing sexual offences is likely to be much larger as reporting rates for sexual offences in general are very low (Mayhew & Reilly 2007).

Reporting rates may be particularly low for offences committed by younger perpetrators because information on those meriting treatment may exist in reports by Child, Youth and Family (CYF)[1] staff and community-based treatment (CBT) providers, and this information is neither accessible nor public. CBT provider information, moreover, will have a bias towards the main population centres of New Zealand.

It is extremely difficult to estimate the true incidence of sexually abusive behaviour by young people in New Zealand, to assess its nature and severity, and to document with any precision the need for services for those who are sexually abusive. Nonetheless, there is wide agreement among agencies dealing with families and young people (for example, services providing 'out-of-home' care, CYF and the Police) that there are young New Zealanders who engage in sexually abusive behaviour (Erickson 1995) and that there is a need for specialised treatment for high-risk offenders whose behaviour makes them unsuitable for treatment in the community. Te Poutama exists to fill this gap.

1.2 Responses to adolescent sexually abusive behaviour

When a young person has been identified as exhibiting sexually abusive behaviour, some attempt is usually made to ensure that s/he is held accountable and that the behaviour does not reoccur. A number of different responses are possible, some of which can happen concurrently:

- the matter is dealt with within the family
- a referral is made to education services
- a referral is made to health services
- a referral is made to a Care and Protection service
- the Police are notified.

Responses to sexually abusive behaviour by young people in New Zealand will depend on a variety of factors, including:

- severity of the behaviour
- persistence of the behaviour
- age of both offender and victim
- a context of other offending
- the presence of an intellectual disability in the offender (and/or the victim)
- strength of evidence for the offending
- responses of the family
- responses of the offender
- responses of the victim
- the availability of treatment options.

Responses to adolescent sexually abusive behaviour in New Zealand are structured by child welfare legislation, principally the CYP&F Act. This has two main sections: one dealing with Care and Protection; the other with Youth Justice (for youth offending). Generally, young children are allocated to Care and Protection services, including health services. Those who are older (including those under 17) with serious abusive behaviour are more likely to go through the justice system, with treatment occurring in that context.[2]

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1 CYF merged with the Ministry of Social Development in 2001. Throughout the report, we use the term CYF to refer to this service of the Ministry of Social Development.

2 The legal CYP&F Act definitions of 'child' and 'young person' are based on age: children are those under the age of 13 and young people are 14–16 year olds. The programme at Te Poutama refers to

However, the sections are not mutually exclusive, and a young offender is sometimes dealt with under both sections of the Act.

The youths who are the focus of this study (i.e. those under 17) are entered into CYF caseload files when there is a notification of concern about their care or a referral from the justice system for offending. The response in each case is slightly different. While a young person may be brought into the legislative system via these two different paths, the responses tend to converge around the options offered by the Act, e.g. family group conferences (FGCs),[3] orders and plans.

- **A Care and Protection notification** is investigated by a CYF social worker, who then decides on the level of response required. If no cause for concern is established, no further action is taken. In other cases, the situation may be dealt with by the family or through referral to a social services agency. If there are more serious concerns, an FGC may be held. In some cases, the concerns will require oversight by the Family Court which has the power to make orders. In making them – for example, for custody, support or supervision – the Court will require a plan to be made that is then regularly reviewed by the Court.
- **Notification or referral from the Police concerning offending** results in action being taken through the Youth Justice section of the Act. An FGC is held to discuss the offending and to agree on a plan to address it. Such plans usually include restorative (e.g. reparation), rehabilitative (e.g. an educational or recreational programme) and restrictive (e.g. curfew) elements. Implementation of the plan is monitored and, if completed, the matter is regarded as resolved. Serious offenders may appear before the Youth Court, in which case the referral to CYF for an FGC comes from the Court. The plan is presented to the Youth Court Judge, who may then make a series of orders to give effect to the plan. Progress in achieving the plan is reviewed by the Youth Court, which may vary orders if necessary. In cases of very serious offending, the Youth Court may pass the case to the District or High Court, which have a greater range of custodial sanctions.

Later in this report, we describe the pathways through which young people came to be placed in Te Poutama. In all cases, these involved Care and Protection actions and, in some cases, also included action through the Youth Justice system.

1.3 Assessment and treatment

Irrespective of which section of the CYP&F Act is used for dealing with sexually abusive adolescents, it is likely to include referral for assessment and treatment. This may be provided by the health service, but is mainly delivered by three main CBT providers: SAFE Network in Auckland, WellStop in Wellington and Hawke's Bay,[4] STOP Trust Christchurch, and their branches. These treatment providers originally worked mainly

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those placed there often as 'young people' or 'youths', and we have used these terms generically as well. Doing so helps to protect the identity of those on the programme.

3 An FGC is a formal meeting. In Care and Protection cases, members of the family group/whānau/hapū/iwi meet to discuss with CYF social workers what needs to be done to make sure a child or young person is safe and well-cared for. In Youth Justice cases, members of the family group/whānau/hapū/iwi, the young offender and the victim meet to decide how the offender can be held accountable and encouraged to take responsibility for their behaviour (http://www.cyf.govt.nz/1254.htm).

4 WellStop was previously known as Wellington STOP.

with adults, but over time have developed programmes for children and young people.[5] These programmes now provide a comprehensive range of treatment options for sexually abusive young people of different ages and needs, including therapy for those who are intellectually disabled. The CBTs work with other community agencies that provide specialist family homes and programmes for conduct-disordered young people, e.g. Youth Horizons Trust.

Since 1999, Te Poutama has existed as an additional treatment option for high-risk, sexually abusive adolescent males in New Zealand who are not able to be treated by CBTs. We return to Te Poutama after considering some specific issues relating to the treatment of adolescents which informed its development.

1.4 Specific issues in treatment for adolescents

New Zealand has two world class residential treatment programmes for adult sex offenders – the Kia Marama and Te Piriti programmes. However, there is debate about the degree to which adult programmes can be adapted for adolescents. For example, sexual offending among juveniles may be part of a more pervasive pattern of other offending and anti-social behaviour than is the case with adults (Conroy 2003:475). Second, treatment for adolescent sexually abusive behaviour (or other problems) needs to take account of the fact that adolescence is a time of biological, psychological and social transformation (see, for example, Weisz & Hawley 2002). Adolescence can cause more turmoil than either childhood or adulthood, and the boundaries between normal and abnormal become less clear. Three central features of adolescence need to be taken into account in treatment programmes: mood disruptions, risk behaviour and conflict with parents.

Cicchetti and Rogosch (2002) argue that the influence of youth and ethnic culture on development and psychopathology needs more attention in designing the best treatment for adolescents. Norms for appropriate and inappropriate behaviour will have different thresholds according to age, while the meaning attached to behaviour may differ from culture to culture. One of the most important 'cultures' for young people is that of their family; there is a strong consensus that successful treatment includes work with families.

A challenge for adolescent treatment programmes is to be flexible enough to allow for developmental and cultural contexts so that young people can explore their identity (including their sexual orientation), develop independence, and try out different ways of moderating mood and relating to others. At the same time, any residential programme containing high-risk, violence-prone young people needs to exercise sufficient control over their behaviour that positive changes are allowed to emerge and flourish.

One implication of this for residential therapeutic programmes is that participants are given opportunities to exercise independence (e.g. by means of outings and other contact with the wider community). Environments that are structured to promote self-esteem, build on strengths, promote competencies and optimise success in negotiating developmental tasks are likely to have the best outcomes.

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5 These providers also cover other regions of New Zealand where therapists may be contracted to work with youths who sexually abuse. There are other agencies that provide programmes for adolescents, including those who are acting out sexually, however, these agencies do not generally work with higher-risk, sexually abusive young people.

Programmes for adolescents need to differ from those for adults. At the same time, young offenders are a diverse group, and the diversity of adolescence is scarcely recognised in legislative and treatment protocols, which by necessity must have a focus and a structure. It is evident, however, that treatment programmes are more likely to work if they recognise and cater for subgroups.

Cognitive behavioural therapy

The general consensus among leading researchers is that there is very solid evidence that any particular treatment effectively reduces overall sex offender recidivism (Conroy 2003). For male adolescent sexual offenders, Walker et al (2004) draw a similarly pessimistic conclusion on the basis of a meta-analysis of programme effectiveness.

Despite this, there is increasing agreement that cognitive behavioural therapy is the preferred treatment modality (Brooks-Gordon et al 2005). Conroy (2003) concludes in relation to adult offender programmes primarily that "it may be best to say that cognitive behavioural therapy is effective for some sex offenders some of the time". The comment also holds true for adolescent programmes, albeit with the added requirement for a more holistic, developmentally sensitive approach (Print & O'Callaghan 2004).

1.5 Best practice for adolescent sex offending programmes

Best practice for therapeutic programmes dealing with young sexual offenders has been identified from both practitioner experience and research, including:

- one of the better-known programmes for young males who sexually abuse in Australia – the Male Adolescent Program for Positive Sexuality (MAPPS)
- the G-MAP programme in the UK, which has been operating for a number of years (Print & O'Callaghan 2004)
- a number of programmes in the United States and Canada (Marshall et al 1998) that are generally residential programmes within the corrections system
- treatment standards for sex offenders which various agencies have published – for instance, Standards and Guidelines for the Provision of Services to Sex Offenders by Correctional Services Canada (1996), and the Standards of Care for Youth in Sex Offense-Specific Residential Programs from the National Offence-Specific Residential Standards Task Force (USA) (1998).

Best practice generally addresses the following key themes:

- Programme design – of which there are three main components: system linkages, programme comprehensiveness and commitment.
- Pre-treatment interventions – covering assessment and suitability, family involvement and risk assessment.
- Treatment phase – covering programme foundation, structure and content, and processes.
- Staffing – covering qualifications, supervision and ongoing training.
- The residence – covering the environment and risk management.
- Determining progress effectiveness – covering recording and review.
- Post-treatment follow-up.

These best practice principles provide the focus of the Te Poutama evaluation.

1.6 The structure of the report

The structure of the rest of this report is as follows.

- Chapter 2 outlines what the evaluation of Te Poutama was to achieve, and what methods it used to do so.
- Chapter 3 describes what led to the proposal for a residential programme for adolescent sex offenders, the history of the building and the commissioning of the residence. It also describes the development of the programme, how it operated for much of the evaluation period and some important changes that occurred.
- Chapter 4 provides background information on the participants, taken from Te Poutama files. It highlights the issues that needed to be addressed by the programme (e.g. the youths' own victimisation).
- Chapter 5 presents information from Te Poutama residents about their time in the residence.
- Chapter 6 looks at what participants felt about their experiences after discharge.
- Chapter 7 concentrates on the experiences of family members, whānau or caregivers while the young people were in Te Poutama, and their experiences after the youths' discharge.
- Chapter 8 deals with what we learned from Te Poutama therapists.
- Chapter 9 presents the views of CYF social workers and CBT therapists.
- Chapter 10 covers the outcomes of the Te Poutama programme as shown by therapists' reports and official statistics on post-programme convictions. It examines possible reasons for some youths failing to complete the programme and addresses non-sexual and sexual reoffending after they left Te Poutama.
- Chapter 11 discusses what the current evaluation could do by way of economic analysis, which was essentially to assess programme costs. It looks at the cost of the Te Poutama programme compared with that of other placement options for sexually abusive young people.
- Chapter 12 draws together the main conclusions and findings of the evaluation.

Chapter 2 Aims and methodology

2.1 Aims and objectives of the evaluation

The aims and objectives of the evaluation were decided in consultation with the CYF Evaluation Advisory Group.[6] The primary goal was to see whether the Te Poutama programme met its process and therapeutic aims, with a particular focus on short-, medium- and longer-term outcomes for programme participants. The issues addressed in the evaluation are listed in Box 2.1.

Box 2.1 Key elements of the Te Poutama evaluation

What the programme consists of
• History, context and development • Type of participants • Documentation of programme approach and content • Documentation of changes in the programme over time
To what extent the programme was based on best practice
• With best practice identified from practitioner and research experience
Relationship between the programme, other service providers and the wider system
• Particularly in the context of the stated philosophy of 'continuity of care'
The outcomes for the young people in the programme
• Intermediate outcomes (e.g. social issues, education, relationships with others) • Future sexual and generic offending
Young people's experience of the programme
• Pathways into the programme • The programme itself • Relationships with others (staff, other participants, family or whānau, etc.) • Aftercare and follow-up of young people after discharge
The economic costs of the programme
• And a comparison with the cost of alternatives
Issues for Māori and Pacific programme participants.

6 Ethical approval for the evaluation was received from the Victoria University of Wellington Human Ethics Committee. Access to CYF staff, clients and file data was approved through the CYF Research Access Committee (RAC).

2.2 Evaluation design

The evaluation used multiple methods and triangulation of data sources to maximise the validity of the findings. The design encompassed two broad, interconnected components. Information from each component informed the other. The two components were:

1. **Describing and understanding Te Poutama**. This included covering:
   - its underlying philosophy and objectives
   - the development of the programme
   - the relationship between the philosophy and objectives of Te Poutama and the development of the programme
   - operational changes over time, i.e. ongoing programme development
   - the reasons for operational changes.

2. **Assessing programme effectiveness** by examining the impact of the therapeutic process on the young people who took part. There were two important issues in regard to the design of the impact/outcome evaluation component of the study: first, the nature of the impact/outcome design and, secondly, the outcome measures used. Firstly, various impact/outcome evaluation designs were considered by the researchers in discussion with the CYF Evaluation Advisory Group.[7] The following designs were considered and rejected as being inappropriate, unethical, and/or not feasible:
   - designs based on comparisons between the young people who took part in the Te Poutama programme and, in the first case, an untreated control group and, in the second, a waiting list control group
   - designs based on comparisons between the Te Poutama programme and an equivalent programme design
   - a regression discontinuity design which ranks potential clients according to the outcome variable (in this case, their sexual offending), with a cut-off point to determine who will be given treatment and who will not
   - a matching with subtypes of clients within other programmes design, which relies on psychometric measures that are not currently sufficiently developed for use in this setting
   - a standardised psychometric battery normative approach that uses a battery of tests to make comparisons between similar groups in different settings (i.e. a comparison against the norm approach).

   The chosen design could be called an 'individual participant pathway tracking design'. In this design, a set of participants is tracked over time and the progress of each client is used to build up a picture of their progress, the factors that affected it, and whether or not it is likely that the programme has been beneficial to them. This involved us following the progress of a cohort of young people as they entered the residence, took part in the programme and moved back into the community. Information was collected on:
   - details of the therapeutic process
   - measures of the young person's progress in therapy

7 These deliberations were assisted by an independent peer review of the research proposal. Note that the appendices accompanying this report are in a separate volume.

- factors impeding or assisting progress
- the therapy context, including how the young person felt about being in the programme, how he got on with other residents, and whether or not he had family support
- participants' thoughts and feelings after leaving Te Poutama
- details of youths' reoffending after leaving Te Poutama, supplied by the Ministry of Justice.

This approach yielded a rich data set which allowed each young person's progress to be assessed. The information identified common themes across cases. It enabled a qualitative comparison to be made between youths who successfully graduated and those who were discharged before they had completed the programme, either because they were discharged early or because they turned 17. It also allowed a comparison between those who adjusted well to placement back in the community and those who reoffended.

In terms of the outcome variables that were measured, programme participants were not asked directly about their sexual offending when interviewed in the community after discharge from the programme. The rationale for this was that their replies were unlikely to be accurate and such questioning may have jeopardised their agreeing to future interviews. However, they were asked for their self-rated risk of sexual offending, and information was collected about any conviction for sexual offending to use as outcome measures.

2.3 Data sources

Quantitative and qualitative data were collected through document review and analysis, observations and interviews with a range of stakeholders.

Data from programme providers

We collected file data on all young people who entered Te Poutama during the study period. The files provided background data as well as information on therapeutic and educational progress. The following information from programme records was coded and entered into a computer database:

- background and assessment information, provided when the young person was referred
- records of participants' progress in therapy and their behaviour in the residence
- discharge reports prepared by the Te Poutama clinician,[8] which provided an assessment of the young people's risk of reoffending
- case conference and case review reports
- quarterly reports to the Ministry of Education monitoring educational progress.

Internal audits conducted by CYF provided three additional sources of information: a series of independent clinical audits, annual audits of the programme's compliance with the residential care regulations and an independent financial audit of the costs of the programme.

8 Throughout the report, Te Poutama clinicians are referred to interchangeably as 'clinicians', 'primary therapists' or 'therapists' to take account of the fact that some were registered clinical psychologists and others were in training for clinical registration.

Interviews

In relation to individual youths, interviews were carried out at various stages of the evaluation. These are described more fully below, but encompassed:

- young people admitted to Te Poutama
- their family or whānau
- CYF social workers
- community-based therapists
- Te Poutama clinicians.

Informed consent was obtained from all interviewees. They were told about the aims of the evaluation, that participation was voluntary, and that they could refuse to answer questions or withdraw from the evaluation at any time. They were informed about what participation would involve and about confidentiality, including who would have access to their information. They were told that they would not be able to be identified in any subsequent research reports.

Young people and their families/whānau were invited to sign a consent form each time they were interviewed. All agreed to participate. At the first interview, programme participants were given a written assurance of confidentiality signed by the researcher.[9] Those entering the programme signed a 'Privacy Understanding' document, which referred to the evaluation:

> In order for the best treatment to be provided, Poutama Ārahi will be evaluated by an outside agency and staff at times will be participating in research about what we do at Poutama Ārahi. If information I have given is used in evaluation or research I will not be openly identified.
>
> If additional information is required from me for research purposes only, I will be asked for permission for this to occur.

This consent enabled access to programme data but did not cover additional interviews. Participation in further aspects of the study was on the basis of informed consent, obtained at each interview. Declining to take part at one stage did not exclude the youths from doing so later.

Interview schedules and information sheets were developed and piloted at different stages of the evaluation.[10] The Evaluation Advisory Group provided feedback on draft schedules. Most questions were open-ended. There were some scales.

Cultural questions

Questions measuring cultural outcomes for the young people were used to address four dimensions of health: Te Taha Wairua (Spiritual), Taha Hinengaro (Mental), Te Taha

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9 Consent forms always specified the exception to confidentiality, e.g. if the evaluators were given information that led them to believe that the interviewee or someone else was at risk of serious harm. The forms stated that this would be discussed with the interviewee first.

10 The development of interview schedules was informed by the MAPPS (1998) and previous Youth Justice research carried out by the Crime and Justice Research Centre (Kingi and Poppelwell, in press; Maxwell et al 2004).

Tinana (Physical) and Te Taha Whānau (Family).[11] The cultural assessment questions aimed to assess whether or how the young person had changed during the programme in relation to any of these four dimensions. Views were sought from the young people, their family or whānau, and Te Poutama clinicians/therapists.

Observations

The evaluation team gained insight into most facets of the programme by observing the day-to-day running of the residence.[12] This included community and staff meetings, individual case conferences and case reviews, classroom sessions and group therapy sessions. We also spent time on shifts, observing the routines of the residence and staff-youth interactions. One team member attended several graduation/discharge ceremonies and was invited to attend Christmas parties.

Reoffending data

The primary aim of Te Poutama is to address the sexual offending behaviour of its residents and it was important to assess whether offending reduced after discharge. The Ministry of Justice provided records of post-programme offending that included the type and date of offending and the sentence imposed. These data covered Youth Court appearances and any adult offending.

There are several limitations to the reoffending analysis (see chapter 10). Despite these limitations, we looked at the youths' sexual offending after they left Te Poutama, examined the extent to which different assumptions affect the reoffending results and compared the reoffending rate obtained with expected sexual recidivism rates estimated from overseas research. We also used general reoffending rates as an outcome measure for the cohort, as the programme would be expected to result in reductions in offending generally. General reoffending is compared with data from a recent study of young offenders in New Zealand (Maxwell et al 2004).

Other outcome data

Te Poutama clinicians write a discharge report on all young people when they leave the programme, whether they graduate or are discharged. We examined either full or preliminary discharge reports for 35 of the 41 individuals who had left the programme. Data were missing for some of the first cohort accepted into the residence, and some reports for those recently discharged had not been completed at the time of the evaluation. Unfortunately, over the years of the evaluation, there was no set format for the discharge report and thus the information is not consistent. This affects the accuracy of any generalisations and variables we may have been able to identify. We were able to code some information (although it is subject to the limitations described above). For instance, we gave a rating based on the therapists' reports in relation to the important therapeutic variables of empathy, responsibility, willingness to discuss sexually abusive behaviours and denial of these. These assessments were done on participants' entry to

11 The questions were adapted from the Hua Oranga model (Kingi & Durie 2004), which in turn was based on Te Whare Tapa Wha (Durie 2001). Discussions were held with the authors on how best to adapt this framework for the Te Poutama evaluation. The model was initially designed to determine the efficacy of a health programme from a cultural perspective.

12 There were five members of the evaluation team, including three specialist consultants. The data collection and observations were primarily conducted by the two principal investigators.

Te Poutama and on their discharge; therapists also tracked the degree of change identified while participants were at Te Poutama. We also rated the youths' level of risk as judged by the therapists in similar terms. These outcome data are discussed in chapter 10.

2.4 Dynamic nature of the design and data collection

The Te Poutama evaluation was long and by necessity dynamic and flexible. Over the period of the evaluation, CYF, the evaluators and the Evaluation Advisory Group made various decisions about the way the evaluation was to be carried out.[13]

As detailed in chapter 3, midway through the evaluation in early 2004, a Joint Admission to Discharge Protocol was implemented for youths entering the programme. It was developed by CYF, Te Poutama and CBT providers. The protocol stipulated that CYF social workers should engage the CBT provider with the family or whānau and possible future caregivers, while the youth was in Te Poutama, as an integral part of treatment. The CBT was to provide therapy aimed at enabling the family or whānau to support the young person effectively, understand his offending and prepare for a possible reunification. To this end, the CBT was to attend case conferences at Te Poutama as required, provide feedback, and review family therapy progress and goals.

Once this protocol was implemented, the following timetable for the interview phase of data collection was finalised:

- Interview all youths in the programme on a six-monthly basis. Youths could potentially be interviewed up to three times whilst in the programme.
- Interview all youths who agreed to be contacted after leaving Te Poutama, approximately six months after leaving and then 12 months later.
- Interview family or whānau once while the youth was at Te Poutama and once after he was discharged.
- Interview relevant CYF social workers and CBT staff after the youth was discharged.
- Interview relevant Te Poutama clinicians after each youth was discharged from the programme.
- Observe case conferences for each youth on a six-monthly basis.

Initial stages of the evaluation

We made an initial visit to Te Poutama in June 2001 to familiarise ourselves with the residence and programme. We met with staff and young people to talk about the aims of the evaluation and to discuss what their contribution would entail. In response to the youths' concerns about privacy, we described the evaluation as:[14]

> A study of the health and wellbeing of young men in New Zealand: This is a study which follows a group of young men over time and that looks at their health, education, employment, quality of life and relationships.

13 A document addressing frequently asked questions was developed and regularly updated by the Evaluation Advisory Group. This reflected Evaluation Advisory Group discussions and provided an ongoing reference for those wanting to find out about major decisions made.

14 Concern was voiced about how we and the young people would describe the study to others once they were back in the community.

A second team visit took place in September 2004. As data collection took place over a number of years, there were inevitably changes in staff and young people in residence. Therefore, it was important that we reintroduce ourselves to both these groups.

2.5 Interviews with young people

Interviews with young people during and after their time in Te Poutama were an integral component of the evaluation. The design of the study meant that at any one time we were collecting initial data for some young people and follow-up data for others. At the same time as new young people were entering the programme and being recruited into the evaluation, others were progressing through later stages of the programme and returning to the community.

The same member of the evaluation team usually carried out the interviews with each young person and their family or whānau and observed case conferences. This ensured that a level of trust between the interviewer and the youth was built up and maintained, which was important given the sensitive nature of the information being shared. In one case, for logistical reasons, a different team member interviewed one of the young people. This had no discernible effect on the quality of data collected.

Interviews in Te Poutama

Young people who were residents of Te Poutama between May 2002 and July 2006 were eligible to be interviewed provided they were admitted before December 2005. There were 33 eligible residents:

- 31 of them were interviewed[15]
- 28 were aged 14 to 16 when first interviewed. Two were aged 12 to 13. One had just turned 18[16]
- 15 identified as Māori,17 15 as New Zealand European and one as Pasifika.

We aimed to interview young people at least three times before they left the programme. They were approached soon after entering the programme and at approximately six-monthly intervals thereafter. Some initially declined to be interviewed, although they often agreed when they had settled into the programme. Five youths declined to be interviewed for various reasons at different times, with four of them interviewed at later dates.[18]

Each six-monthly interview focused on young people's experiences at Te Poutama and their views on the programme. In the second and subsequent interviews, the issues addressed in the first interview were revisited and the respondents were asked about changes that had occurred since the previous interview and the effects of these, if any.

15 Two were not approached during a period where a number of young people were acting out and the residence was unsettled. They had been discharged for violence by the time of the next round of interviews.

16 One of the youths admitted early in the programme did not leave until after he had turned 18. This was a unique situation where, although the s101 custody order had expired at age 17, he stayed voluntarily in the residence to complete the programme. CYF had also taken additional guardianship orders over this period.

17 This includes six who identified both as as Māori and another ethnicity, usually New Zealand European.

18 All were subsequently interviewed in the community.

Interview process

For safety reasons, interviews at Te Poutama took place in a venue in which the youth and the evaluator could be seen by staff or recorded on video. Interviews took place between 9:00 am and 3:30 pm, scheduled around young people's classroom activities, therapy and other commitments. Interviews took on average 30–45 minutes, with the first typically taking the longest. Participants were given a koha of chocolate.

The first round of interviews in Te Poutama took place in May 2002. All young people (n=10) in the residence agreed to be interviewed. It became clear that there was limited value in interviewing new residents as they arrived as those who had been at Te Poutama for relatively short periods of time usually did not have much to say about the residence or the programme. From December 2002, interviews were timetabled at approximately six-monthly intervals,[19] and new entrants were not interviewed until they had been there for approximately six months.

Number of interviews per youth

Individual young people were interviewed between one (n=10) and five times (n=1) before they left Te Poutama. Fourteen were interviewed at least three times.[20]

Of the 17 who were interviewed less than three times:
- four had almost completed the programme at the first interview and left before the next round of interviews
- six were discharged early from the programme
- five turned 17 during the programme and were discharged
- one was still in the programme when data collection finished
- one refused to be interviewed at one stage.

Length of time in the programme at each interview

The first three interviews usually approximated initial, mid and discharge stages for the youths in the programme (Table 2.1). Most of them had been in the programme less than six months when first interviewed, although those who formed the first set of interviewees had been there longer. The majority of those interviewed three or more times had been at Te Poutama for 18 months or longer.

Table 2.1 Young person's length of time in Te Poutama at each interview stage

	1st Int (n=31)	2nd Int (n=21)	3rd Int (n=14)	4th Int (n=5)	5th Int (n=1)
<6 months	20	–	–	–	–
6–11 months	7	15	–	–	–
12–17 months	2	6	4	–	–
≥ 18 months	2	–	10	5	1

19 The only exception was when one of the youths who had been interviewed only once during his time at Te Poutama was due to be discharged before the scheduled round of interviews in December 2004.

20 This includes all those interviewed three, four or five times. Two were still in Te Poutama and nearing discharge.

Interviews in the community

When young people were due to leave Te Poutama, we asked them whether we could arrange to interview them once they were back in the community (n=20), and requested permission to contact them.[21] All were interviewed at least once, 18 were interviewed twice. We also interviewed six youths who were at Te Poutama when the evaluation started but had left before data collection began.

Interview process

Tracking these young people in the community proved difficult, particularly for second interviews. Addresses and phone numbers were often outdated: 16 of the 18 interviewed in the community for a second time had moved when we contacted them again, and seven had shifted to different parts of the country. Two had no fixed abode. Some were tracked by contacting people they had nominated as potentially knowing their whereabouts. Department of Corrections staff checked the Integrated Offender Management System database for information relating to young people who had reoffended and who were either in prison or involved with the community probation service.[22]

We decided to undertake follow-up interviews with participants at least six months after discharge, to provide a better picture of longer-term outcomes. By this stage, they had had sufficient time in the community for us to be able to make some judgement about whether or not their transition and reintegration had been successful.

Post-programme interviews covered the young people's reintegration into the community, reflections on their time at Te Poutama and hopes for the future. Key issues addressed in the first interview related to accommodation, employment, education, relationships, ongoing support and therapy, and mental and physical health, including drug and alcohol use.[23] Additional topics covered their recollection and usefulness of skills learned during the programme (e.g. safety and coping plans), their self-rated risk of sexual offending and the set of cultural questions. The follow-up interview covered the same themes but focused on asking how things had changed since the previous interview.

All interviews were face-to-face and were held at a time and place that suited the young person: approximately half were undertaken during the day and in the young person's home.[24] Interviews took on average between 30 and 45 minutes. Those interviewed were given a $20 koha[25] and after the final interview were asked if they would like a summary of the evaluation findings.

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21 Those who were not eligible had either been discharged early (n=6), had only recently left (n=2) or were still in Te Poutama (n=3) when data collection finished.

22 This was carried out under the terms of an existing Memorandum of Understanding between CYF and the Department of Corrections.

23 The questions relating to drug and alcohol and mental health were based on the Cage Kessler risk assessment tools used by CYF (see CYF 2000).

24 Fourteen out of the 26 first interviews and 12 out of the 18 second interviews took place in the young person's home.

25 All of them were aware that those interviewed after they left Te Poutama would receive this koha. Consequently, in consultation with Te Poutama staff, we decided to give a $20 koha to all who had taken part in the evaluation but who would not be interviewed in the community. This was so that both

Interviewee characteristics and timing of interviews

Of the 26 young people interviewed in the first round of post-programme interviews:
- all were aged 16 to 20 when first interviewed; 73% were 17 or older (12 were 17, six were 18 and one was 20)
- 13 identified as New Zealand European, 12 as Māori[26] and one as Pasifika
- four were living in Auckland, five in the Hawke's Bay area, five in Taranaki, four in the Wellington area and four in Christchurch; others were located in the Canterbury region (n=2) and in central North Island regions (n=2).

Just over two-thirds (n=18) were re-interviewed at a later stage.[27] A slightly higher proportion of the follow-up group was Māori (55% compared with 46% at first interview) and fewer were New Zealand European (39% compared with 50%). By this stage, four were living in Auckland, four in Wellington and four in Christchurch. Others came from rural regions in the North (n=5) and South Islands (n=1).[28]

Table 2.2 shows that most of the first interviews (n=26) were carried out at least six months after the young people had left Te Poutama. Half of the second interviews (n=18) took place two years or more after discharge. The period between first and follow-up interviews ranged from six months to more than two years.

Table 2.2 Time since leaving and first and second community interviews with participants

	Interviews in the community			
	1st Interview		2nd Interview	
	Number	Percentage	Number	Percentage
<6 months	2	8	–	–
6–11 months	10	38	–	–
12–17 months	6	23	3	17
18–23 months	4	15	6	33
≥ 24 months	4	15	9	50
Total	**26**	**100**	**18**	**100**

groups of participants received a similar token of our appreciation for taking part in the evaluation. This money was deposited in their bank accounts.

26 This group included seven individuals who identified as Māori and one other ethnicity, usually New Zealand European (n=5) or Pasifika (n=2).

27 Reasons for not interviewing the other eight were inability to contact three, three were interviewed for the first time near the end of data collection and had been in the community for a short time, one had been in prison since his last interview and re-interviewing him was thought to be unlikely to result in any useful new information, and the other was remanded in custody awaiting trial for a sexual offence and we considered it inadvisable to re-interview him while this matter was still before the Court.

28 Two had no fixed abode: one was interviewed in Auckland and one in Wellington.

2.6 Interviews with family or whānau[29]

Where possible, we interviewed on two occasions at least one family or whānau member of young people (n=31) at Te Poutama, once while the youth was in the programme and the second time six months after his return to the community. We initially envisaged that Te Poutama staff would facilitate contact. While this worked well with families living in the Christchurch area, it was less efficient for those living in other regions. Consequently, the evaluation team members introduced themselves when they were present at case conferences and invited family members to take part in the evaluation. Establishing personal contact in this manner was important given the sensitive and personal nature of the information respondents were asked to share.

At the first interview, when the young person in question was in Te Poutama, family members were asked what they knew about the programme and how well informed they had been when their young person was sent there. Other questions related to the needs of the young person and the family or whānau and how the programme might meet these needs; changes in the young person; the level of contact and support from Te Poutama staff; relationships with CYF social workers and CBT therapists; opinions about therapy, education and culture; views of the residence; concerns relating to discharge; and the generic cultural questions.

At the second interview, after the young person had left Te Poutama, family or whānau were asked what changes they may have noticed in the young person while he was at Te Poutama. Other questions centred on the young person's preparedness for reintegration into the community; his strengths and weaknesses on leaving the programme; and issues related to accommodation/placement, education/work, and CBT contact or therapy on first leaving the programme. Family members were asked generic cultural questions and to comment on the Te Poutama experience for themselves and their young person.

Interviewee characteristics and timing of interviews

Interviews with family or whānau were conducted throughout the data collection period. All agreed to be interviewed. In total, 24 family or whānau members of 21 youths were interviewed at least once.[30]

- Most were female (n=21) maternal relatives;31 three fathers were interviewed.
- Fourteen identified as New Zealand European, seven as Māori, two as Pasifika and one as English.
- Half were aged 30–39 and half over 40.

29 Throughout this report, we have used the term 'family' to refer to family or whānau involved with each of the youths at Te Poutama, unless this was inappropriate in a particular context. We recognise that the term covers immediate family as well as extended family and that the term 'whānau' itself for Māori includes relationships that are wider than just the extended whānau (e.g. whakapapa whānau versus kaupapa whānau).

30 In nine cases, we were unable to engage with family.whānau members before the youth left Te Poutama. In one case, we could not identify anyone who could be termed 'family' or 'whānau'.

31 This included 15 biological mothers, two stepmothers, one foster mother, a grandmother and a great aunt.

- Families interviewed were located throughout New Zealand, although the largest number (n=10) came from the Hawke's Bay area.

Interviews took place at a time and place that suited the interviewee. All but three of the interviews were face-to-face and most of those (n=19) took place in the interviewees' homes. In six cases, another family member was present – usually the partner of the interviewee. This often led to the views of both 'caregivers' being offered to the interviewer and did not appear to affect the responses given or the willingness of the primary interviewee to disclose information. Interviews were usually undertaken during the day and took on average between 30 and 45 minutes. Interviewees received a koha of $20 at each interview. After the final interview, they were asked if they wished to have a summary of the findings.

Table 2.3 sets out the length of time the young person had been in the programme at the time of the first interview. Seven were first interviewed after the youth had left Te Poutama.[32]

Table 2.3 Time young person had been in Te Poutama when family first interviewed

	Family or whānau	
	Number	**Percentage**
<6 months	1	4
6–11 months	4	17
12–17 months	8	33
≥ 18 months	4	17
Total	**17**	**100**

Sixteen family or whānau members were interviewed twice.[33] Second interviews took place at various stages, from periods of less than six months through to more than 18 months after the young person left Te Poutama.

2.7 Interviews with CYF social workers

Te Poutama files identified which CYF social workers were involved with specific youths when they were referred to the programme. We planned to interview each social worker after the youth had left the programme. These social workers were often present at case conferences, which gave the evaluation researchers an opportunity to introduce themselves and to inform the social workers about the evaluation. Protocols for contacting and interviewing CYF social workers were negotiated with CYF.

Social workers were asked about the length of their involvement with the youth in question, reasons for and issues relating to the youth's referral, impressions of or knowledge about family or whānau, opinions about and knowledge of the Joint

32 Two of these were post-Te Poutama or second interviews only, another four were first and second interviews undertaken at the same time, and the seventh was a first interview only.

33 The other eight were interviewed once for various reasons. Two were interviewed only at the post-Te Poutama stage as this was the first time we had been able to contact them. The remaining six were interviewed only about the time the young person was at Te Poutama, not the post-discharge period. In three cases, the young person had not yet left the residence; in another case, the family member was not interviewed a second time due to ill health; and in the remaining two cases, one youth had been discharged early from the programme and the other had died in an accident shortly after his graduation.

Admission to Discharge Protocol, and specific issues relating to individual youths and those involved with them. Other questions focused on discharge planning and the social workers' overall views of Te Poutama, including what the programme does well and what changes might be needed.

Interviews with 20 social workers took place between March 2006 and December 2006.[34] Fifteen were interviewed face-to-face, the remainder by telephone.[35] Face-to-face interviews were recorded with the interviewees' permission. The social workers had been involved with 22 of the youths and some with more than one. A substantial number (n=13) had been involved with the youth and their family or whānau prior to referral to Te Poutama. Most (n=16) had been involved with their clients through the entire process, but it was not unusual for a social worker to be involved for only part of the time.

2.8 Interviews with CBT therapists

Te Poutama files identified CBT therapists involved with individual youths and/or their families/whānau.[36] They were often present at case conferences and this provided us with a forum to introduce ourselves, inform them about the evaluation and ask if they would be willing to talk to us. We planned to interview each therapist once, usually after their client had left the programme.

Interview schedules for CBT therapists paralleled those for social workers. Therapists were also asked for their views on how well individual clients had engaged with their organisation on leaving Te Poutama and what they considered the young people's therapeutic needs to be at that stage.

Interviews with 19 CBT staff took place between March 2006 and December 2006. They comprised one clinical team leader specialising in adolescent issues, two social workers and 16 therapists. Eighteen were interviewed face-to-face. The interviews were recorded with the interviewees' permission.[37] Some of the therapists were involved with more than one youth and 10 had been involved with the young people and their family or whānau before they went to Te Poutama – usually during the assessment and referral process (n=7). All had been involved with 23 of the youths at Te Poutama at various stages.[38]

2.9 Interviews with Māori key informants

Eight Māori key informants were interviewed during November 2003. They were identified and interviewed by the evaluation team Māori cultural adviser. They included representatives of local runanga and marae-based organisations providing social and health services for Māori in the Otautahi (Christchurch) area. All interviews took place face-to-face. In mid-2006, we attempted to conduct follow-up interviews. However, the

34 We were unable to interview all social workers as some were on extended leave, some had left the department and we were unable to contact others.

35 Four social workers came from the Auckland region, six from Hawke's Bay, one from Wanganui and three from the Wellington area. The final six came from the South Island.

36 The term 'therapist' is used to describe all those we interviewed from CBTs, including social workers, family and individual therapists, and clinical team supervisors.

37 More than half (10) of the therapists interviewed came from WellStop. Five were from Wellington, three from Hawke's Bay and two from an affiliated group in Taranaki. Six came from STOP in Christchurch and three from SAFE in Auckland.

38 This number included three therapists involved with youths who had not yet left the programme.

majority of potential informants had moved on and were unable to be contacted. Neither of the two who was available for comment was still at the organisation with which they were involved at the first interview.

Informants were asked about their knowledge of Te Poutama; its strengths and weaknesses; the level and nature of contact between Te Poutama and themselves or their organisations; their opinion on whether Te Poutama met the cultural needs of residents, particularly Māori; and whether they or their organisation or mana whenua had been involved with Te Poutama in the development and teaching of whakapapa, te reo and the Māori world view of sexual abuse.

Follow-up interviews focused on changes in informants' level of knowledge of Te Poutama and level of involvement or consultation between Te Poutama and local service providers and mana whenua.

2.10 Interviews with Te Poutama clinicians

Between October 2003 and September 2006, we interviewed the seven primary therapists at Te Poutama who worked with the 17 youths discharged from the programme between February 2002 and September 2006.[39] Six were interviewed more than once as they had been involved with more than one young person. Most were interviewed face-to-face at Te Poutama.

The therapists were asked about changes in each youth during the programme, how well equipped he was for community reintegration, his strengths and weaknesses on leaving Te Poutama, and the generic set of cultural questions. They were also asked if there had been problems finding a placement for the young person when he left Te Poutama, whether arrangements had been made for him to work with a CBT in the community, and whether the youth's family or whānau had been engaged therapeutically with CBT and how well that had worked.

2.11 Interviews with Te Poutama staff

Staff members employed at Te Poutama from mid-2002 to late-2006 were invited to take part in the evaluation. We visited the programme on four occasions to conduct 45 interviews with general programme staff (i.e. residential, therapeutic, educational, managerial/supervisory and support/administrative staff). Some staff were interviewed more than once, although their roles often differed on each occasion. The interviews took 50 minutes on average. Members of the management team were interviewed on additional occasions when we visited the programme.

Interview schedules were piloted in May 2002 and amended as we went along. Questions varied depending on the staff member's role. Interviewees were asked about their qualifications, training and experience, supervision and support received, staff and youth relationships, the development of the programme (for longer-term workers) and observations of the programme.

39 Only seven of the youths had the same therapist for the duration of their time at Te Poutama.

2.12 Observation of case conferences

Case conferences were held for each youth every three months. The venue was Te Poutama until a youth was approaching discharge, when up to two off-site case conferences were held in the area where he would live after he left the programme. Between October 2003 and July 2006, we observed 29 case conferences involving 18 youths at Te Poutama, with the agreement of the parties involved.[40] Between May 2004 and June 2006, off-site case conferences were observed for 10 youths who were preparing to leave Te Poutama.

The conferences took the form of a review, although the format changed somewhat over time. Initially, the youth presented a general report of his progress, goals achieved and future goals. This was followed by reports from Te Poutama staff involved (i.e. clinician, residential case worker and teacher). The youth, his family or whānau, and other professionals present, were given the opportunity to comment and ask questions. Early in 2004, following implementation of the Joint Admission to Discharge Protocol, the format of case conferences became more formalised and was organised into three parts:

- first 30 minutes – the professionals met
- next 45 minutes – the family or whānau joined the meeting
- last 45 minutes – the youth joined the meeting and the youth's and Te Poutama staff reports were presented.

This format gave the professionals an opportunity to discuss issues pertinent to the case and set an agenda for discussion with the youth and his family or whānau. It also meant that family or whānau could be informed of any problems or sensitive issues, air any concerns they had or ask questions before the youth became involved in the meeting.

40 At an Evaluation Advisory Group meeting in November 2003, the Clinical Director of Te Poutama noted that the evaluator's presence did not seem to affect the dynamics of these meetings.

Chapter 3 The place, the programme and the people

This chapter describes the following:

- the key features and aims of Te Poutama
- the development of Te Poutama, including the advocates for it, and the process of finding a site, designing the residence and contracting out the management of the facility. Information comes mainly from key informant interviews and some historical documentation[41]
- the staff, their appointment, staff support and supervision, the timetable and the educational component
- the programme and a number of issues that arose in the early days of the programme
- issues arising from dealing with behaviourally complex young people and relevant legislative and organisational matters
- the development of the Māori cultural programme
- the young people placed in Te Poutama, the extent to which they successfully completed the programme, patterns of entry into and exit from the programme over time, and referrals which were not accepted.

3.1 The key features and aims of Te Poutama

Te Poutama opened in 1999 as an additional treatment option for high-risk, sexually abusive adolescent males (between the ages of 12 and 17) who are not able to be treated in the community by CBTs. Its key features are shown in Box 3.1.

Box 3.1 Key features of Te Poutama

- It is a highly secure residential facility located outside Christchurch.
- It deals with males aged 12 to 16.
- The participants need to have sufficient cognitive ability to participate in therapy.
- They should not display excessively violent behaviour.
- It has capacity for 12 participants at a time.
- The programme lasts 18 to 24 months.
- Barnardos delivers the therapeutic programme under contract to CYF.
- It involves individual and group therapy.
- It is based on a broadly cognitive-behavioural therapy model.
- Participants can come from anywhere in New Zealand.
- The programme is divided into STEPS, with each addressing specific treatment issues.
- There is also a full educational programme.

The aims set out for Te Poutama are listed in Box 3.2. The focus of the evaluation is to assess whether these aims were being met.

41 Unfortunately, many records (e.g. policy documents) were not available as they were archived. When the Evaluation Team requested these, they were advised by the CYF Project Manager that they were not easily retrievable. However, copies of some CYF documentation (e.g. Cabinet Briefing Notes, policy documents and a draft request for proposal for the residence) were provided.

Box 3.2 The aims of Te Poutama

- Assist programme participants to stop, or reduce in frequency and seriousness, their sexually abusive behaviour.
- Be integrative across residential, therapeutic and educational settings.
- Enhance positive life outcomes for sexually abusive young people.
- Prepare participants for non-abusive lives in the community by providing them with safety plans and life skills.
- Assist, along with other community agencies, the development of ongoing therapeutic support for these young people in the community.
- Contribute to the continuum of care for sexually abusive young people within the Youth Services Strategy.
- Involve family or whānau as key agents of change and support for these young people where appropriate.
- Support and encourage contact between participants and family or whānau when appropriate.

3.2 Te Poutama – the place

The decision to build a residence

The passing of the CYP&F Act accompanied the closing of many existing residential facilities for young offenders that were felt to be poorly targeted and costly. The new vision of CYF was for small, targeted and specialist group homes. Some of these were to be developed as therapeutic communities for young people with significant problems that needed to be addressed by intensive programmes. One of the groups identified was youth with serious sexually abusive behaviour.

Initial advocacy came from CBT providers who identified a group of high-risk, sexually abusive youth, for whom placement in the community was problematic.[42] The feeling was that some young people were at risk of being sent to prison because of a lack of adequate alternatives. The aim was to provide a range of interventions, from CBT for low-risk adolescents to a residential treatment programme for high-risk young people.

Meetings in the early 1990s and data from CBT providers showed an increase in referrals, particularly of more difficult cases. One outcome of the meetings was that an American expert was brought to New Zealand to advise on treatment for difficult sex offenders. It was suggested use might be made of the vacant Adolescent Unit at Sunnyside Hospital in Christchurch to house a residential unit, in particular to avoid resource consents. Healthlink South did not believe this was viable, however.

In 1995, two academics from Auckland University met with the Chief Executive of what was then the Department of Social Welfare. A resulting document proposed two specialist residential therapy programmes: one for conduct-disordered adolescents and one for those at high risk of sexually abusive behaviour.

A 1995 CYF paper proposed a national residential programme for young serious sex offenders. This would provide intensive residential treatment in a secure environment for up to 10 young people. The proposed operating budget was $1.86 million for the first year and $1.71 million thereafter. It was envisaged that the residence might be a joint venture between Health, Education and Welfare agencies.

42 There was one high-profile case in Christchurch that raised serious concerns about what could be done with some serious and high-risk offenders.

Funding was approved in the May 1995 Budget, with the expectation that the unit would be operational by 1997. Planning occurred within the context of the wider 1996 Residential Services Strategy (RSS). This strategy called for the separation of Youth Justice and Care and Protection residences, the relocation of existing Youth Justice residential facilities to non-residential areas where possible, and the establishment of new specialist residential facilities with therapeutic programmes for adolescent abusers and children and young people with conduct disorders.

A briefing paper for the RSS in May 1996 envisaged placement in a residence under the CYP&F Act for youths who had offended, who were in need of residential care because their behaviour was such that it put them and/or others at risk of harm unless they were in a residential setting.

The briefing paper noted shortcomings in the management and operation of current residences and suggested the option of contracting out. It was felt that CYF could specify the services and standards it wanted, while maintaining a monitoring and review function. Contracting out had other potential benefits: a CYF briefing paper to the Cabinet Social Policy Committee in 1996 stated, "In theory, [it] should provide an opportunity for services to be delivered in a financially viable manner, without the historical constraints that the department has encountered".[43]

Finding a contractor

In 1996, a tender was issued for the operation of Te Poutama. It was developed from information supplied by the Christchurch CBT provider and was reviewed by an American expert in the area of adolescent sex offending. CYF would design and build the residence but contract out the running of the programme. It was the first time CYF had done this for a facility of this size. The residence was to be clearly demarcated as being a therapeutic and clinical facility, not just a housing option.

The initial response to the tender was limited. Some key informants reported that there was an initial effort to recruit staff from the local STOP programme to run the programme. The STOP staff reported that they considered applying but, as a small organisation, could not raise the $2 million security bond.

The tender was then closed and CYF approached Barnardos New Zealand. Barnardos had doubts; their experience was mainly in adoptions and child welfare, rather than in dealing with sexually abusive adolescents. Barnardos in the UK, however, had experience in running community programmes for teenagers, and CYF and Barnardos entered negotiations. The result was a working group to develop the programme. Barnardos' CEO was on the working group and he visited programmes in the UK and US, including meeting with the American expert previously involved.

A contract was drawn up, albeit with many estimated figures, for example, in setting pay levels and the likely cost of power supplies.[44] With regard to Māori content, as one person commented, there was a "deathly silence". Some agencies felt that they had not

43 The development of the RSS, including a specialist sex offenders' unit, and the suggestion of alternative management systems, including contracting, were noted by the Cabinet Social Policy Committee (SPC (96) M 10/1) on 29 May 1996.

44 Interestingly, this has been a perennial problem due to increases in power prices and the need for the residence to use power to air condition and heat the residence throughout the year, 24 hours a day.

been consulted in the development of the programme specification and that Te Poutama was being developed in isolation from others in the sector.

In mid-1996, the CEO of Barnardos recruited a project manager.

Locating and designing the residence

Locating the residence

CYF decided to site the residence in Christchurch, as it was perceived to be the centre of national excellence in the treatment of sex offenders, while its strong CBT programme could provide support and guidance. Although of less importance, Christchurch also had the adult sex offender programme Kia Marama, based at Rolleston Prison, and the associated expertise of Kia Marama staff based at Canterbury University.[45] The decision to base the residence in Christchurch did not receive universal approval; some felt it should have been located in the North Island.

A project team was set up in CYF in September 1997. Plans did not proceed smoothly, and by November 1997 delays were noted due to community objections and pressures on CYF's residential capacity. The residence required Resource Management Act 1991 (RMA) approval and this also caused delays.

The proposed location was an industrial area in Christchurch, away from housing. A CYF contractor was appointed to manage the consultation process. Public meetings were set up – many well-attended (in one case, by an estimated 1,000 people). However, the opposition to the residence was very well organised and gathered considerable media coverage. In one person's view, CYF was "not prepared to guts it out" and decided, rather, to "get on with it" without a lengthy contested hearings process. Partly as a result of these meetings, the local MP led public consultation with the mayor of Christchurch to find an alternative site for the residence.

By May 1998, Christchurch City Council had recommended, and the Minister accepted, that land in the suburb of Yaldhurst, near Christchurch Men's Prison, be used for an adolescent sexual abusers' unit. Pending appeals, it was hoped that the site would be accepted as other consents (water take and sewerage discharge) had already been obtained from the Christchurch City Council. At this time, work was also being completed on protocols with CYF, Corrections and Education. It was hoped to accept the first intake of adolescents in April 1999.

There may have been some opposition to the siting of the unit at Yaldhurst. An RSS implementation Project Newsletter in September 1998 mentioned that "agreement has now been reached with the Canterbury Car Club and the Club has agreed to withdraw its appeal to the Environment Court". This cleared the way for the construction phase.

Assurances were given to the local community that the residence would have no impact on them. They sought assurances that youths would not be placed in Te Poutama instead of prison. It had always been envisaged that Te Poutama would be a Care and Protection facility, but as a result of the RMA process Te Poutama was unable to take

45 Kia Marama was set up in 1989 as a corrections unit in Christchurch Men's Prison dedicated to the treatment of adult sex offenders

anyone who had been sentenced to a prison sentence. Nonetheless, Te Poutama was still seen by some in CYF and the CBTs as providing an alternative to imprisonment for some individuals.

Designing the residence

The project manager was involved in the design of the building and was faced with the challenge of trying to visualise how it would work in practice. Some features, such as the security system, involved new technology. The challenge was to develop a place with the feel of a therapeutic home rather than an institution; the aim was to avoid a corrections model and instead use the concept of specialised family group homes to develop a familial environment.

Access to outside spaces is limited. The large outdoor recreational areas (a sealed court and an open field) are enclosed by a high fence. Access to the management wing of the residence is restricted by a double set of locked doors.

One wing of the building contains the living, eating and recreational areas. Each youth has a room of his own. The living area is a large open-plan room where there are areas for watching TV and for exercise. Both areas allow for close observation of activities. Two wings of bedrooms extend from the living area. These rooms are never locked by staff but are electronically monitored at night. The other wing of the residence contains two classrooms and a number of therapy rooms. The programme participants move or 'transition' between these areas by lining up and being led by staff to each new location.

The location and physical layout of the residence makes it very difficult for the residents to abscond. No one has successfully absconded from the residence, and we are aware of only one serious attempt.

3.3 Staffing the residence

The lead staffing positions at Te Poutama were advertised in 1999. The short-listed candidates were all local – in line with the intention to recruit from within New Zealand and commit to a cultural content. The manager and head clinician were the first appointments made. They began work in March 1999.[46]

There was some disquiet about the recruitment process conducted by Barnardos. It was felt to have set Te Poutama out on its own, with a poor relationship with Corrections, no relationship with the local university and a poorly developed idea of the level of skills needed to treat the target population.

The manager and head clinician had three months to fill about 20 positions, with applicants needing to have been accepted by the end of April 1999 – a period of about eight weeks between adverts and acceptance. This pressure meant that some of the job descriptions were not well designed and had details missing, for instance, about shifts, therapeutic approaches and behaviour management.

46 The head clinician appointed was an experienced clinical psychologist, while the Manager had had considerable experience working with sex offenders.

Initial training was done with no knowledge of what the population would be, as residents had yet to be selected. Training involved role plays and other methodologies, but with hindsight it was felt that it would have been better to develop this training with the aid of consultants over time when the first residents were in place. A further difficulty was that there were no casual staff to call upon, for example, in case of staff illness.

Managerial staff

The original management structure at Te Poutama comprised an overall manager and clinical director, along with two residential supervisors and a lead educator. A Kaihāutu Māori (Māori director) was also appointed early on to boost the cultural content of the programme (see section 3.6 below). The management team includes the manager, the clinical director, the Kaihāutu Māori, a residential director and a lead educator.

The original clinical director left Te Poutama in 2003. He was responsible for the development of the programme and provided strong clinical leadership. His replacement was a clinical psychologist who was then a current staff member. The clinical team has expanded, so that in 2006 there were three clinicians/therapists in addition to the clinical director.

Recurrent recruitment problems in Te Poutama have meant that the clinical director has had to spend considerable time supervising and training staff. We have observed, and others report, that inexperience and lack of knowledge of the therapeutic model have reduced the effectiveness of some therapists. While the clinical directors have all been trained clinical psychologists, other clinical staff have mainly been psychologists undergoing training (i.e. those with postgraduate degrees undergoing clinical supervision). Further, until the appointment of a transitional social worker, clinical staff felt they had to spend time co-ordinating with CYF and CBTs. This was leaving them with less direct therapy time with their clients.

The American expert referred to earlier conducted an initial clinical audit soon after Te Poutama opened. Three other clinical audits have been conducted for CYF by an independent Australian expert in the treatment of adolescent sex offenders. The reports (2003, 2004 and 2006) specifically examined the clinical content of Te Poutama, involving examination of case files, discussions with therapists and observations of the programme. They were on the whole positive about the programme But made a number of recommendations for improvement.

- The 2004 report, for example, expressed concern at the level of expertise of those conducting group work and suggested contracting an experienced facilitator to assist with training. Recommendations were also made on the content and timing of community meetings. Both recommendations were actioned with consequent improvements in practice.
- The 2006 report highlighted improvements for better co-ordination and collaboration between programmes across the sector. Efforts are currently being made to improve cross-sector collaboration.
- In line with our observations, the audit also highlighted the impacts of changes in clinical staff and the relative inexperience of some.

Residential staff

Residential youth workers are employed to supervise the young people in the residence. Emphasis is placed on the staff being seen as part of the therapy team. They can also take on case-work roles, most commonly as case workers. They may work one-to-one with an individual youth, attend case conferences and assist the youth's therapist.[47]

Residential staff are organised into teams: one team of four covers an early shift (7am to 3pm), a second team of four a late shift (3pm to 11pm) and three staff cover the night shift (11pm to 7am).[48] Each of the three teams has a residential team supervisor,[49] who spends time working with the team and training staff.

Staff changes

As with many such institutions, Te Poutama has a problem with staff turnover. This affects the residents and other staff, especially since teamwork is an important element of the programme. Apart from the problems of shift work and the location of Te Poutama, staff leave to take up other employment opportunities. Thus, while Te Poutama invests in training these staff, other agencies (including CYF) often benefit.

While clinical and management staff are professionally trained, or undergoing training, the residential staff have diverse backgrounds and qualifications. Many have worked in relevant areas or in other residential environments. Many have also undertaken tertiary studies and/or been on training courses in previous employment. Most staff reported that previous experience and training had been helpful in their current job. The issue remains, though, as to what the minimum qualifications for the job of a residential youth worker should be, given that there are no tertiary courses for them. What may be more important, though, are the personal qualities of the worker – their ability to apply rules consistently, to relate to the young people and to work as part of a team.

It is worth noting that although the majority of residential staff are male, over a quarter have been female. While their age range is wide, they have tended to be young (in their 20s). Age and gender can be significant when interacting with adolescent males. Young male and female graduates frequently come to Te Poutama from university to gain work experience before moving on.

Staff supervision and support

Working closely with sexually abusive adolescent males in a residential environment is stressful and demanding and can have a significant impact on staff (Maulden & Firestone 2007). Added to this is the nature of the offending by the residents, and their often highly distorted patterns of relating to others. This means it is very important that staff are adequately trained, supported and supervised. While Te Poutama has clear procedures for staff supervision and training, staff reported some concerns with their implementation.

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47 This was not initially part of their job description, but arose from the wishes of residential staff to be more involved with the youths on the programme.

48 Teams work rostered shifts on a 21-day rotation, with allowance for one planning day per cycle. One of the team on any shift is allocated the shift manager role, with oversight responsibilities for the shift (e.g. in allocating breaks and activities).

49 Initially there were two residential supervisors, but this was changed to three in 2001.

With regard to supervision, staff felt there was a difficulty in discussing some issues with a supervisor who was also their line manager. They felt that bringing up personal issues might go against them when it came time for their performance review. Staff are offered external support through an employee assistance programme (which staff reported using and appreciating) and some external supervision is offered to senior staff.

There was also some concern that supervision was not taking place regularly and was sometimes cancelled – although more recent interviews suggest that supervision is now on a more regular basis. Te Poutama needs to regularly review staff supervision arrangements and ensure that supervision is carried out as scheduled. Supervision arrangements are always difficult, especially in an organisation with relatively few staff. There are limited alternatives for internal supervision and there is a strong rationale for supervision being conducted by the same person for all team members.

As noted above, an important issue for Te Poutama is the relatively high residential staff turnover. Staff attributed this to the demanding nature of the work, the relatively low salaries and the particularities of shift work. Pay rates are not competitive with those for other CYF residential workers. Shift work is also very tiring and impacts on family life.

The timetable

Box 3.3 shows the timetable in effect in March 2005. The major change from the initial timetable is the move of community meetings from earlier to late morning. It was felt that it was better to start the day with the more structured and less challenging activities of the classroom rather than the difficult issues often dealt with in community meetings.

In the evenings, residents have programmed activities, which include homework, receiving daily rewards and videos. On weekends, they engage in a range of activities.

Box 3.3 The timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
8:45–9:30	Numeracy	Literacy	Numeracy	Literacy	Numeracy
9:30–9:45	Fitness	Fitness	Fitness	Fitness	Fitness
9:45–10:45	Numeracy	Literacy	Numeracy	Literacy	Numeracy
10:45–11:00	Morning tea	Morning tea	Morning tea	Morning tea	Morning tea
11:00–11:45	Science	Social science	Health	Life skills	Social science
11:45–12:30	Community mtg	Community mtg	Science		Community mtg
12:30–1:30	Lunch	Lunch	Lunch	Lunch	Lunch
1:30–3:15	Life skills	Life skills	Therapy	Therapy	Māori
3:15–3:30			Afternoon tea	Afternoon tea	
3:30–3:45	Afternoon tea	Afternoon tea	PE	PE	
3:45–4:15	Psycho education	Staff or teachers' meeting			
4:15–4:30			Community meeting	Community meeting	
4:30–4:45	NZQA moderation				Room rest
4:45–5:00	Room rest	Room rest			
5:00–5:15			Room rest	Room rest	Room scrub
5:15–5:30					

Education

When youths are placed in Te Poutama they need exemption from school enrolment (Section 22A Education Act 1989) since the classroom in Te Poutama is not a school. Te Poutama is, however, a registered and accredited education provider and has a contract with the Ministry of Education to provide education to the young people in its care. The Ministry allocates funds for the education programme and receives quarterly reports on the progress of those on the programme.

Young people receive lessons at Te Poutama, where two rooms in the residence have been set up as classrooms. The youths spend a substantial proportion of their day (approximately five hours each weekday) in this on-site classroom. The fact that they spend up to two years in the residence was seen as a positive opportunity for educational advancement (compared to three months in a CYF residence). Individual Education Programmes (IEPs) are developed for each person on the programme, and these are regularly reviewed by teaching staff and the programme participants. An individual education report is prepared for each youth on discharge.

Te Poutama has a lead educator, two part-time teaching staff and a tutor of Māori language and culture, all of whom are employed by Barnardos. From time to time there have also been relieving teaching staff employed to cover staff vacancies. Key informants reported good relationships with Te Poutama education staff, although some would have liked to know more about the residence and general programme.

Every effort is made to integrate the education programme with the residential and therapeutic programme. For example, sex education provides an opportunity to reinforce therapeutic materials, and the management of classroom behaviour must be consistent with residential behaviour management.

As will be seen later, the young people report enjoying classroom activities and some have made dramatic educational improvements, especially in literacy skills. They report that they love learning and work hard to obtain NCEA credits. They also receive some vocational training.

Staff views of the programme and its participants

Staff were very supportive of the programme as a whole and all felt that it was producing positive changes in those on the programme. They could understand the rationale behind the programme and the way in which it sought to change thinking and behaviour. They often noted that the educational opportunities and gains made by the young people were particularly important. Most of the youths had become disengaged from formal education systems at some stage – either through being suspended or stood down (expelled). They were now regularly attending lessons, their literacy and numeracy skills had improved, and they were learning valuable life skills.

With regard to behaviour management, those who had been working at Te Poutama for some time noted that changes in management had successfully resolved earlier difficulties the programme experienced with disruptive youths. The move to a more structured routine, with clear behavioural guidelines, had been largely successful in both managing the young people and providing opportunities to work on their interpersonal skills. However, all staff were aware that problems could still arise if residents were

particularly disruptive and ganged up together. Staff felt that it was important to get the right mix of young people in the residence and to balance new entrants with those at a more advanced stage. More experienced individuals tended to model good behaviour and could at times actively intervene to diffuse tensions.

Staff reported that they generally felt safe at work (averaging 4 on a 1-to-5-point scale) and felt they were backed up by other members of their team. But, as indicated, they could also see the potential for difficulties. When asked if they would change the behavioural management techniques, very few had any suggestions for change, and what suggestions there were mainly concerned the threshold for intervention by staff. However, a frequent comment related to the difficulty of isolating highly disruptive youths. Those who were 'acting out' could disrupt the residence and in particular the other young people on the programme. Different individuals reacted in different ways, some becoming disruptive themselves, others withdrawing. It was felt that moving disruptive individuals to a secure area might enable acting out to be dealt with, help settle other participants but leave the routine of the residence undisturbed.

Team work is very important at Te Poutama. The teams develop different working styles and team identities, which can sometimes lead to tension between teams – for example, with one team disagreeing with the approach of another. If there is uniformity and consistency between staff and teams, young people will find it hard to exploit differences in standards or to think that they are being treated 'unfairly' by some staff or teams. Residential managers seem to be aware of these issues and to be working to minimise them – for example, by arranging a training day for all staff.

Residential staff acknowledged the efforts being made to improve systems of communication between residential, educational and clinical staff. They felt that their ability to feed back observations on a youth's behaviour had been improved by the system of recording this after each shift. Residential staff reported respecting the abilities and advice of senior staff and said that they would appreciate more contact with them.

On the whole, staff reported good relationships with the young people. Those staff who had been at Te Poutama for a few years had had time to build positive relationships with the residents, and they found this satisfying. They were able to see positive changes and feel that they had, in some measure, contributed.

3.4 The programme

This section describes Te Poutama at the time of the start of the evaluation in early 2002 and changes that were made during the course of the evaluation. Much of the description comes from programme materials and interviews with programme staff.

Eligibility criteria

The criteria for acceptance onto Te Poutama are given in Box 3.4; these have not changed since the opening of the residence.

Box 3.4 Eligibility

- Young males aged 12–16 years who are at high risk of sexually abusive behaviour
- They are not normally deemed suitable for community programmes because of the risk of reoffending, or because of other challenging behaviours (e.g. absconding, substance abuse)
- They must be initially assessed by a CBT programme
- Referrals also require the approval of CYF
- Entrants must not:
  - have intellectual disabilities
  - have acute or unstable major psychiatric disorders that would deleteriously interfere with therapy
  - display significant disruptive behaviours requiring a managed secure facility.

The young people are placed in the custody and/or guardianship of the Chief Executive of CYF (s101, 110 or 112 of the CYP&F Act 1989). Some are also on a suspended sentence or a community supervision order from the Court.

Developing the programme

Both before the decision was taken to set up Te Poutama, and during the lengthy delay in locating and building the residence, the CBT teams had been working with adolescent sex offenders. This was initially done on an ad hoc contracting basis, with CYF identifying young people whom they referred to the CBTs. Later, while there was a delay in getting Te Poutama operational, some of the money set aside for its operation was allocated to the CBTs to provide therapy for adolescent sex offenders. During this period, CBTs became more skilled at treating adolescents and managed to develop a more diverse range of programmes, which helped to clarify some of the therapeutic strategies for Te Poutama.

The early development of the programme involved a visit by the Te Poutama manager and lead clinician to view institutions in the United States. Materials from the trip were used to develop the programme, the therapy content and workbooks. The plan was to adapt the material with the help of the first cohort of residents. Some of the language in the US materials was not familiar to young people in New Zealand and considerable work was done to refine these materials and to base the programme on best practice principles. Programme manuals and therapy workbooks were written, with attention paid to ways to document programme procedures.

The five STEPS of the programme

The therapeutic programme consists of five STEPS within which are a number of levels. The young people on the programme progress up the STEPS (and levels) on successfully completing individualised goals and projects. These include displaying more positive behaviours and fewer negative ones. The graduated programme is designed to work systematically through a broadly cognitive behaviourally based programme. Each youth is allocated to an individual clinician and case worker. Therapy consists of both group and individual sessions, along with individual assignment work. The five STEPS, or ‘poutama', are shown in Box 3.5.

Box 3.5 The five STEPS of the Te Poutama programme

STEP 1	Orientation and assessment (3 levels)
STEP 2	Offence analysis and responsibility-taking (5 levels)
STEP 3	Transition to advanced programme
STEP 4	Advanced 'New Me' skills (5 levels)
STEP 5	Community re-integration

The first two steps of the programme address the past – facing up to abusive behaviour, understanding offence patterns and taking responsibility for past abusive behaviour. Step 3 is the halfway point at which the youth develops a proposal to present to the Te Poutama community outlining why he believes he is ready to move to the next step. Step 4 aims to develop the 'new me' – identifying and developing skills; learning to prevent relapse; and learning about victim empathy, sexual arousal and reconditioning. Step 5 is geared to preparation for life in the community.

What the programme involves

The issues specifically addressed by the programme are listed in Box 3.6. Each participant has individual therapy twice a week and group therapy three times a week.

Box 3.6 What the Te Poutama programme involves

- Comprehensive assessment
- Risk management and safety issues
- Trauma/PTSD issues
- Addressing motivation for change
- Responsibility-taking for abusive behaviour
- Dealing with cognitive distortions
- Understanding abusive behaviour patterns
- Sexuality issues
- Deviant arousal/fantasies and sexual coping
- Victim empathy and perspective taking
- Co-morbid psychiatric issues, including conduct disorder
- Other anti-social behaviour and rule keeping
- Anger management and impulse control
- Identity development
- Attitudes, values and beliefs
- Attachment style
- Coping and problem-solving skills
- Self-regulation, including goal-setting and locus of control
- Education and/or vocational development
- Specific learning issues
- Relationship/intimacy/social skills and competencies
- Life skills and lifestyle issues
- Culture and spirituality
- Family or whānau issues
- Institutionalisation and transition into the community
- Relapse prevention and post-discharge risk management

The youths are divided into two groups: beginners and advanced. Progression from one group to another depends on satisfactory completion of programme material. A relatively large proportion of time is also spent in the classroom. An attempt has been made to integrate the educational element into the therapeutic programme, so that it is "consistent with and part of the integrated treatment philosophy of Te Poutama Ārahi Rangatahi" (Te Poutama Ārahi Rangatahi: Assessment and Treatment Manual).

The 12 principles

The programme operates under 12 principles which provide guidance for practice on a daily basis.

Box 3.7	The 12 principles of the Te Poutama programme
Principle 1	The Te Poutama residence is a therapeutic community
Principle 2	Physical, sexual and psychological safety is paramount
Principle 3	The residential environment and interventions are 'Sex offence specific'
Principle 4	Residential interventions are guided by a comprehensive behaviour change system
Principle 5	The therapeutic community provides participants with opportunity to make mistakes
Principle 6	The therapeutic community empowers participants and provides them with a sense of ownership over and motivation for their own treatment
Principle 7	The effective implementation of the therapeutic community model is dependent on the development of appropriate peer influence
Principle 8	Purposeful daily interventions
Principle 9	Residential staff are highly trained and are a specialist group of professionals
Principle 10	Residential staff follow a 'Reparenting' model
Principle 11	Residential staff are part of a multi-disciplinary team, and are committed to integration of the various aspects of the programme
Principle 12	Residential staff demonstrate professionalism and professional boundaries with programme participants

Within the 12 guiding principles, best practice is further broken down and simplified in the form of protocols and procedures for implementing various aspects of the therapeutic community model and cognitive behavioural interventions (for example, the rationale and guidelines for the use of time out, and resolving conflict between programme participants and staff).

Individual progress is reviewed at regular case conferences and case reviews, held every three months. Case conferences involve each youth, his family, community-based clinicians, CYF social workers and Te Poutama staff. The success of these case conferences depends on the consistent participation of all parties. Case reviews are generally confined to Te Poutama staff and occur on site.

The emphasis in Te Poutama is on a safe environment where unstructured time is properly managed. As can be seen later in this report, young people generally feel safe there and staff report that the management system also keeps them safe. It is also seen

as important that the therapeutic milieu carries over into the classroom and group meeting rooms – to reinforce, not to undermine, therapy.

There has been an attempt to integrate all aspects of life in the residence. All the youths' time is programmed with activities, run and monitored by residential youth workers. As part of their shift duties, all residential staff are required to record their observations of youths' behaviour. Part of this involves completing shift notes that identify positive and negative behaviours. These positive and negative behaviours are partly individualised for each youth and linked to their therapeutic goals. The information from shift notes is made available to clinical staff and provides an important indication of whether and to what extent each youth is putting into practice the skills being learnt elsewhere in the programme.

The recording of problem behaviours involves staff monitoring and identifying what residence rules are being broken, e.g. swearing, damage to property and disrespect for staff. Staff members raise any incidents when they happen with the individual concerned and prompt them to put the situation right. More serious breaches or youths refusing to apologise or take responsibility for their behaviour might incur consequences. The most severe would mean that they could not earn a daily reward or that they would be given a low behaviour rating. Daily behaviour ratings are averaged out over the week. In order to progress through the five STEPS, programme participants have to maintain high average ratings.

The 'new me' behaviour identifies and rewards positive behaviour. Staff indicate which 'new me' behaviours the youth has engaged in. Examples of 'new me' behaviours are as follows:

- speaking respectfully to others
- listening actively
- playing appropriately with others
- supporting others and giving feedback
- resolving conflict appropriately
- showing empathy and consideration for others
- following staff instructions
- appropriate use of touch
- full use of coping plan
- expressing thoughts, feelings, opinions
- taking responsibility
- staying focused on tasks.

Residential staff are trained to deal with disruptive behaviour. Relatively minor incidents are seen as opportunities to help residents change their behaviour. Time is spent talking the perpetrator through an incident and encouraging him to put his therapy skills into practice. More extreme behaviour may require more direct intervention, including the young person being restrained. Youth also have the option of taking time out from the programme if they feel they are having trouble controlling their emotions. They go to rooms specifically set aside for time out and are not locked in.

Where disruptive behaviour continues, temporary removal from the programme may be necessary. Initially, arrangements were made for disruptive individuals to be placed in the Kingslea residence, but there were sometimes difficulties with this. A second measure was for the youth to be 'specialled' in a separate room, away from the

residential and recreational areas. Those who are 'specialled' have two-to-one supervision, with assistance often provided by contracted security staff.

The most important issue for both the residents and staff appears to be consistent and equitable application of behavioural rules, both by individual staff within teams and by different teams. Young people are very sensitive to inconsistent rule application and can harbour a deep sense of injustice if they feel they have been treated unfairly. Likewise, staff find managing young people difficult if they constantly challenge different rule application.

Those who are not happy about how they have been treated by staff are able to lodge a grievance with the manager, who will attempt to resolve it. If anyone is still not happy, they can take the grievance to the external grievance panel. This panel is made up of appointed members (representatives appointed by the Commissioner for Children and CYF) who review the manager's decisions. Initially there was a lack of clarity about the role of this panel, but there is now training for panel members.

Te Poutama is subject to a yearly CYF audit of compliance with the Residential Care Regulations. While earlier audits identified a number of areas needing attention, the most recent audits have been very good – in one case, recording 100% compliance.

3. 5 Dealing with sexually abusive and conduct-disordered young people

The first intake

The first entrants were admitted on 1 August 1999. There was a sense that staff were under-prepared and would need to learn quickly from the first entrants, but staff were generally unprepared for the behaviours displayed by this cohort. Soon there was a feeling that this first group was testing the residence out, pushing the limits as far as possible. Floor staff were not sure what the limits were and there was a lack of balance between control and therapy. This was compounded in part by staff being selected for their therapeutic rather than custodial or residential experience, and the assumption that the initial cohort would be relatively stable, non-aggressive youths with whom a therapy culture could be built. CYF's priority was seen as referring violent and difficult-to-place young people, many of whom had been waiting in other residences until Te Poutama opened, which was contrary to the expectations of Barnados.

It was decided that the Police should be called to deal with severe incidents rather than trying to settle them within the residence and that it was important for residents to be made aware of the consequence of violent and destructive behaviour. However, this led to some concern within CYF that the programme was not coping.

In response to these initial difficulties, an expert in the field of adolescent sexual offending was brought from the US to conduct an audit and provide additional training. He had been scheduled to conduct training prior to the residence opening but at short notice was unable to do so. It was felt, with hindsight, that having him at the initial training would have put the programme on track earlier. This expert's audit report was very critical of the programme, calling for a revamp of the behaviour management procedures in the residence.

Issues arising from developing and opening the residence

A number of issues needing attention became evident early in the operation of the programme, some of which have persisted throughout the time of the evaluation.

- **Expectations about behaviour**. Evaluation participants often said to us that the character of adolescent sex offenders had been misjudged. It was expected that they would be socially inadequate, retiring, scared and passive. Consequently, when staff encountered aggressive and violent young people, they had to rethink the programme and behavioural management. The misjudgement was somewhat surprising. An initial draft of the request for proposal specifically mentions the possibility that potential participants could be violent and conduct-disordered. Also, as is shown later, many individuals who enter Te Poutama have offending histories that include assault and aggravated robbery.
- **The lack of secure care facilities within the residence.** Because the CYP&F Act does not allow non-state agencies to place young people in secure care and the residence is run by Barnardos rather than CYF, those on the programme cannot be put in a locked room and cannot have force used on them by Barnardos staff.[50] This was anticipated as a problem and it proved to be the case. When a youth acted out, Te Poutama staff could restrain him to protect him or others, but they could not isolate him in secure care. Te Poutama suggested building an intensive support holding room within the residence. In response, CYF staff reported spending considerable time and effort in trying to work out how participants could be held securely in Te Poutama. As one key informant put it, this proved to be an "intractable legal issue".
- **Alternative placements – respite.** One way to deal with youths who were acting-out was to arrange for them to be placed in the local CYF residence, Kingslea, to allow them to 'cool off'. Te Poutama staff worked with them to identify problems that needed attention before their return. This arrangement proved problematic at the time (and still does). It took the youth in question away from the programme and made reintegration difficult. Places at Kingslea were not always available, and it took time to transport the youth between residences. By the time Kingslea was able to take someone, the initial disruption might have settled, although there could be some risk to Te Poutama staff and other residents in the meantime.

Some groups felt that difficult, aggressive youths were exactly those for whom Te Poutama was set up and that if they could not receive therapy in Te Poutama, then the programme was a waste of resources. Barnardos' position was that they should have the final say on those accepted into the residence, and they wanted to be selective in order to build the therapeutic community. As this is a central and reoccurring issue, it is dealt with more extensively in the following chapters.

Other issues focused more specifically on the legislation surrounding Te Poutama, the Māori intake, the location of Te Poutama and the complexities of what happens to the young people when they leave Te Poutama.

50 The CYP&F Act (section 367) gives only CYF employees the power to place youth in secure care in a residence.

- **The residence is within the Care and Protection section of the CYP&F Act 1989**. Because the residence is under the Care and Protection provisions of the CYP&F Act, the youths placed there are in the custody of CYF while they reside there. The Youth Justice provisions of the Act do not allow for young people to be placed on a programme or in a residence for an extended period of time, unless accompanied by Care and Protection custody orders.The programme takes roughly two years to complete, and since the Act specifies that CYF custody orders expire when participants turns 17,[51] the 'ideal' entrant should, therefore, be aged 15 years or younger.
- **The Māori intake**. The high ratio of Māori youth in the first cohort was a surprise. The programme had actively looked to appoint Māori staff and had tried to make sure one Māori staff member was on each shift. However, it proved possible to appoint only a few Māori staff. One key informant felt this was a consequence of placing Te Poutama in Christchurch.
- **The location of the residence**. The relative isolation of Te Poutama has a number of implications for its operation. For the young people, it means they have no contact with the community unless on an outing. Being situated under the flight path for Christchurch Airport also meant a lot of money had to be spent on sound proofing. For the staff, the isolation of the residence makes it hard for them to get away during the day. Long journeys to and from work also delay response time if staff are called to an emergency – this is particularly problematic during the weekend and night shifts. The closeness to Christchurch Men's Prison also causes anxiety for night staff, some of whom fear for their safety and the safety of their vehicles in the case of a breakout.
- **Returning to the community**. Managing placement back into the community is of great importance for successful reintegration and rehabilitation of those who have done the programme. Te Poutama became concerned early on at the poor planning for programme graduates, and thought that CYF social workers were leaving such planning until the last minute. As one CYF informant noted when reviewing the performance of some CYF social work staff, there was an attitude of "out-of-sight out-of-mind". With large caseloads, CYF social workers were ill-inclined to spend time on youths who would be in Te Poutama for up to two years. CYF social workers reported that they had – and still have – great difficulty in finding suitable placements after Te Poutama. CBTs are reluctant to engage young people in therapy post Te Poutama if they are not in a stable placement in the community. In any event, uncertainty around discharge proved unsettling for those leaving and for staff.

These difficulties led Te Poutama staff to propose a step-down house for the programme where those nearing graduation would spend time living, under supervision, to practise skills in a safe environment. The idea did not find favour with CYF who felt it undermined their already large investment in Te Poutama, and that a step-down house for Te Poutama might set a precedent – such facilities were not available to other CYF residences.

51 Initially, some youths remained voluntarily in Te Poutama after they had turned 17, but it was realised that this was not permissible under the provisions of the CYP&F Act and the practice stopped.

Relationships with other agencies

The issues outlined above led to some strains in relationships with other agencies. Te Poutama is part of the wider network of therapeutic programmes for young people. Those placed in Te Poutama have usually been previously placed on a CBT programme and will return to one when they leave Te Poutama. The concept of continuity of care encapsulates the reality that the time spent in Te Poutama is part of the totality of their care and treatment.

There are, therefore, a number of crucial relationships that are fostered to maximise the effectiveness of Te Poutama. The first is the relationship of Te Poutama with CYF, both at local and national level. The second is that between Te Poutama and CBTs, who assess those referred and provide therapy before and after placement. The third relationship is between Te Poutama and Barnardos head office. Finally, Te Poutama must retain a range of relationships with other organisations and agencies (e.g. Ministry of Education, local Police and the local community).

There were significant problems in the early stages with many of these relationships. These were caused by the issues noted above, and in particular the early discharges, which created the impression that Te Poutama was not coping. Some CBTs felt that they were not being informed of the progress of individuals they had referred and that they did not have information on what occurred at Te Poutama.

There also appeared to be problems with communication between Te Poutama, CYF and the CBTs on allocation of responsibilities. Te Poutama was experiencing delays in getting responses to their suggestions. We heard from CYF informants that work was being done to address the issues, but without success. This often resulted in frustration for Te Poutama.

Difficulties came to a head in late 2002–early 2003, when a series of violent incidents led to the early discharge of another four youths. Te Poutama resisted CYF pressure to take them back, citing danger to other residents and staff. Urgent meetings were held between Barnardos, Te Poutama and CYF staff, a joint working party was set up and a series of meetings held.

There were a number of resultant actions:

- A Joint Admission to Discharge Protocol was developed collaboratively by CYF, Te Poutama and the CBT providers. The protocol was to cover a three-year period from referral and placement in Te Poutama for up to two years, through to a one-year period in the community post-Te Poutama. The protocol sought to define clearly the responsibilities of the stakeholders.[52]
- Te Poutama and CYF agreed to a more staggered admission of youths to the programme, in order to avoid an imbalance between new residents (more likely to

52 For example, it stipulated that CYF social workers should engage the CBT provider with the family or whānau and possible future caregivers while the youth was in Te Poutama as an integral part of the total treatment programme. Therapy was also to be provided to family or whānau by the CBT to enable them to give effective support, understand the youth's offending and prepare for a possible reunification with him. To this end, the CBT was to attend case conferences at Te Poutama as required to provide feedback and review family therapy progress and goals.

act out) and experienced residents (who are more likely to serve as stable role models to those new to Te Poutama).

- An independent financial review was conducted of the costs of Te Poutama. Later in 2004, more funds were made available to CYF social workers to help plan for the return of programme participants to the community.
- Around this time, Barnardos appointed a person to liaise between Te Poutama and CYF. This person had previous experience in working for CYF.
- Te Poutama and CYF took a more proactive approach to advertising the programme and explaining its operation. This included a road show and the production of a DVD about the programme that was presented at the Australasian Child Abuse Conference held in New Zealand in early 2006.
- At a later date, CYF provided additional funding for Barnardos to hire a transitional social worker, located at Te Poutama. The position was funded, in the first instance, until June 2006. This person was to work closely with the clinical team to enable them to focus on therapeutic work with residents and liaise with CYF offices and CBTs to help co-ordinate planning for discharge. Te Poutama made the proposal but CYF initially felt that their social workers had the generic skills to be able to deal with this particular group of adolescents. An existing staff member with the requisite social worker qualifications was appointed to this position.[53]

3.6 Development of the Māori cultural programme

Some time after the opening of the residence in 1999, a Kaihāutu Māori (Māori director) was appointed. The development of the Māori cultural programme was part of his role. However, due to lack of resources, this was in fact limited to the implementation of protocols such as karakia, pōwhiri, bilingual signs, te reo classes and Taha Māori lessons for staff for one hour a week. Although the use of cultural protocols of mihimihi and poroporaki was an integral part of the tikanga of the programme (as well as the use of waiata and karakia), it was felt that policies in general were not bicultural.

At the time of the appointment, management was, in general, supportive of the development of a cultural programme even though the main focus of Te Poutama was clinical treatment. Thus the professional development of staff was judged to be more important than their cultural development – hence the weekly one-hour Taha Māori lesson.

Although there was a significant improvement in terms of incorporating Māoritanga into the culture of Te Poutama, it was still not perceived as part of the organisational culture. There were also cultural norms that the Kaihāutu Māori would have liked to implement but which were too difficult because of safety issues (for example, visits to marae and food gathering as part of community outings). Compounding these issues was the difficulty of hiring and retaining Māori staff.

In addition, interviews undertaken in 2003 with Māori in the Otautahi area indicated that most had no involvement with Te Poutama and did not know much about it. Although most agreed that there was probably a need for Te Poutama, they had significant

53 Comments by CYF social workers in chapter 9 show they did not feel confident dealing with sexually abusive young people and their families.

concerns that Māori stakeholders and organisations in the community were not being consulted or informed of what was happening.

During 2004, a new manager was appointed. Several months later, the Kaihāutu Māori resigned. The new manager was Māori and had extensive networks within the Māori community. Discussions were held with local iwi about the nature of the role of Kaihāutu Māori and the type of skills potential candidates needed. Some ideas that were discussed included having kaumātua advice available from the community – but there was still a need to appoint a suitably qualified person with the right mix of clinical knowledge of sexual abuse, management expertise and, of course, tikanga Māori knowledge. The difficulty was in finding someone with all these skills and then integrating them into Te Poutama.

A new Kaihāutu Māori was appointed in January 2005. The appointee had a background of working with youth and had worked at the Department of Corrections for the last 16 years. While there, he worked for three years in the youth unit at Christchurch Men's Prison and for two years in the Special Needs Unit for vulnerable prisoners.

Since the appointment, the culture and acceptance of the Kaihāutu Māori role within Te Poutama seem to have turned a corner. This appears to be the result of the successful recruitment and new clarity for the cultural role (there was a clear job description written in consultation with local iwi). The Kaihāutu Māori is part of the leadership team with the same status as others. The only difference is that no staff report directly to him.

The current Kaihāutu Māori is more hands on with the rangatahi (youths) and has regular teaching sessions with the staff. Following the national implementation of a Treaty of Waitangi policy ratified by Barnardos, all staff have Treaty training. In addition, cultural sessions for staff are held for 90 minutes every second Tuesday of the month; the focus is te reo and all staff are learning to mihimihi. The youth focus on the same things in a Māori culture and language class, taken by a Māori tutor and scheduled for three hours every Friday afternoon. The youth do their own mihimihi, karakia and haka. The staff and youth now have a repertoire of waiata and a Te Poutama waiata was being composed by the Kaihāutu Māori. Late in 2006, young people who were leaving Te Poutama were able to wear a specially made korowai (cloak) for the poroporoaki. Staff and those on the programme are also discovering their identity and Māori whakapapa under the guidance of the Kaihāutu Māori.

Māori culture and therapy are now more integrated than previously. Although the Kaihāutu Māori is careful not to take on a clinical or therapeutic role, he attends group therapy and is involved with the clinicians and therapists in individual cases. He will attend case conferences for Māori youth and, where appropriate, provides cultural assessments of them from a Māori perspective.

A bone-carving programme was introduced in June 2005 by the education team at Te Poutama as a behaviourally based incentive. In collaboration with the Kaihāutu Māori, criteria were set in place to determine eligibility. The criteria are:

- the youth is participating fully in the education programme
- there is no pattern of disrespect and non-compliance
- teaching staff have agreed that the youth is ready, meets the criteria, and is aware that if behaviour or attitude to learning slips, the privilege could be removed.

Participants are selected by education staff based on their engagement with and attitude to school work.

The model for the bone-carving programme is based on Māori ideas about self, attitude and responsibility, and can include working with the youth to address specific negative behaviours. The Kaihāutu Māori (the instructor) usually works with the therapist and the youth's case worker to see what needs to be addressed by each individual youth in the programme. However, the instructor uses tikanga Māori as the 'vessel' in which to address these issues. For example, the instructor, the youth and the case worker collaborate to develop the kawa (rules) that will guide carving sessions. Both the instructor and the youth must practise these kawa during carving sessions. Examples include kawa relating to the dimensions of self-esteem, humility and honesty. Finished pieces of bone carving are given to family or whānau by the youth. All those involved enjoyed bone carving and their involvement with the Kaihāutu Māori in this activity. When presented with bone carvings, family or whānau wore them with pride and said how impressed they were with what their young person had achieved.

The current position of Kaihāutu Māori is perceived to be strong enough to keep promoting Māori culture within Te Poutama. This will be supported to some extent by Barnardos' Treaty policy and their current Otautahi regional manager, who is Māori. In addition, there are now two mana whenua representatives on the Community Liaison Committee. Funding for the development of the cultural programme is still an issue, nonetheless. The fact that Barnardos is a non-Māori organisation excludes Te Poutama from being able to tap into sources of funding available for Māori community groups (even though Barnardos is committed to working in a culturally appropriate manner).

3.7 Young people who have entered the programme

About the youths

The first five youths entered Te Poutama in August 1999. Between then and the end of data collection for the evaluation (June 2006), a total of 47 youths had entered Te Poutama. The majority of them were 14 or 15 years old at the time of entry (Table 3.1). However, age at entry ranged from 12 to 16 years.

Table 3.1 Age at entry to Te Poutama

Age at entry	Number (n=47)
12	2
13	7
14	18
15	15
16	5

The ethnicity of the youths, as recorded in their files, indicated that about half (n=22) were sole New Zealand European, and half had some Māori ancestry (n=23, including three with Māori and Pacific ancestry). Two youths were exclusively of Pacific ancestry.

Participants came from throughout New Zealand (Table 3.2), most from the Christchurch (n=8) and South Canterbury (n=5) areas. Somewhat surprisingly, given the distribution of New Zealand's population, the Hawke's Bay area (n=7) was the next most common

source of referrals; Auckland and Wellington provided relatively few referrals. The place where CYF holds the youth's file at the time of referral is cited as the place he comes from. Given the high levels of mobility of the families involved, there is not necessarily any permanent attachment to the community in the areas from which participants come.

Table 3.2 Area from which youths were referred

Whangarei	1	Levin	1
Auckland	4	Wellington	1
Hamilton	3	Nelson	1
New Plymouth	2	Christchurch	8
Hawke's Bay	7	Greymouth	2
Wairarapa	2	South Canterbury	5
Wanganui	2	Invercargill	1
Palmerston North	4		
		Total	**44**

Note: Data were missing for three youths.

Key informants suggested that three main factors operated in the distribution of referrals.

- The Christchurch bias. It is possible that the relatively high referral rate from Christchurch and South Canterbury is due to Te Poutama's location there; local CYF social workers are more likely to know of its existence. It is also possible that CYF staff are more willing to refer young people to a local residence, as this assists with maintaining contact between participants and their families.
- Smaller communities. Some of the main population centres are better resourced in terms of CBTs that can deal with high-risk youth, whereas smaller cities/rural areas may have less scope for safely managing high-risk adolescents and are therefore more likely to make referrals to Te Poutama.
- CBT providers' lack of confidence in Te Poutama. The relative lack of referrals from Hamilton northwards partly reflects the reluctance of SAFE to recommend referrals to Te Poutama following the early discharge of young people who it referred earlier.

The graduation rate

Of the 47 youths who entered Te Poutama to June 2006, six were still in the residence (Table 3.3) at the end of the evaluation. Of the remaining 41, eight (20%) were discharged upon reaching 17,[54] and 17 were discharged after having successfully completed all five stages of the programme. Taking these two groups together, then, six in 10 (61%) of the entrants can be considered successes in the sense that they completed the programme or did not do so only because they had to leave at 17. The progress of those discharged at 17 is shown in Table 3.6. Just over a quarter (27%) were discharged early from the programme, typically for violent conduct. A further 12% were discharged for lack of progress. A recent study of community treatment programmes for adolescents (Lambie et al 2007) found that 54% of those entering a community-treatment programme completed the programme.

54 Some were not yet 17 years old but left the programme at an opportune time in anticipation of turning 17.

Table 3.3 Status on discharge (all who entered Te Poutama)

	Number	Percent
Graduated	17	41
Left at 17 years	8	20
Early discharge	11	27
Lack progress	5	12
Total discharged	**41**	**100**
Still in Te Poutama	6	
Total entered	**47**	

Age at discharge

Given the ages of entry to Te Poutama (Table 3.1) and the fact that the programme was expected to last on average between 18 and 24 months, it would be expected that most programme participants would be aged 16 or 17 years of age on discharge. In fact, age on discharge was spread over 15 to 18 years[55] (Table 3.4). Sixteen of those who left early did so because of violence or lack of progress.

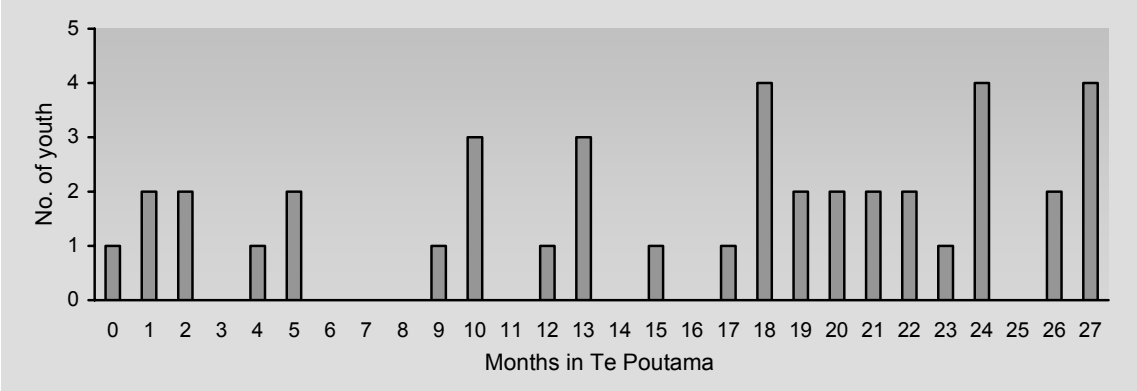
Table 3.4 Age at discharge from Te Poutama

Age at discharge	Number (n=41)
14	6
15	11
16	12
17	11
18	1

Average time spent in Te Poutama

As can be seen from Figure 3.1, the time spent in Te Poutama by those who had been discharged by the end of the evaluation varied considerably. Twelve spent less than a year in Te Poutama and some were there for only a couple of months. Twenty-three spent 18 months or more in the residence.

Figure 3.1 Number of months discharged youths spent in Te Poutama (n=41)



The variation in time spent in Te Poutama mainly reflected varying degrees of completion of the five-STEP programme. Most who graduated spent between 18 months and 26 months at Te Poutama, with an average of 22 months. Most of those discharged early were discharged within six months of entering. Those who left at age 17 spent an average of 15 months, with a range of 9 to 27 months. In this time, they were able to make some progress. The five discharged for lack of progress spent on average as long in Te Poutama as those who graduated, with three attending for over two years.

This reflects the efforts of Te Poutama staff to try and help young people complete the programme.

Table 3.5 Months spent in Te Poutama by status at discharge

Months in Te Poutama	Graduated	Early discharge	Lack progress	Left 17 years
Less than 6 months	0	8	0	0
6–17 months	1	2	1	6
18–24 months	14	1	1	1
Over 24 months	2	0	3	1
Total (n=41)	**17**	**11**	**5**	**8**
Average	22 months	6 months	22 months	15 months
Range	17–26 months	1–18 months	10–27 months	9–27 months

We described earlier the STEPS system in operation at Te Poutama. The final STEP and level achieved are shown in Table 3.6 for all those who left Te Poutama. By definition, all who graduated had achieved STEP 5 before leaving. On the other hand, those discharged early had made relatively little progress through the programme (most being discharged while at STEP 1). STEP 1 is concerned with orientation and assessment, while STEP 2 covers more therapeutic issues. Most of the early discharges, therefore, had yet to enter the real therapeutic element of the programme.

Table 3.6 Final STEP and level at Te Poutama, by status at discharge

STEP on discharge	Graduated	Early discharge	Lack progress	Left at 17 years	Total
S1 L1		2			
S1 L3		5			
S2 L1		3	1		
S2 L2				2	
S2 L3		1			
S2 L4			1		
S2 L5			1	3	
S3				1	
S4 L1			1	1	
S4 L5				1	
S5	17				
Missing			1		
Total	17	11	5	8	41

55 One youth was 18 when he left the programme. He had a suspended sentence and entered Te Poutama just over a year after the residence opened. This youth graduated from the programme.

Those discharged for lack of progress had made varying degrees of progress. One youth had achieved STEP 4, although it had taken him 27 months. The group discharged when they were 17 years of age had made relatively good progress through the programme, with three of the eight reaching the top of STEP 2 and three achieving STEP 3 or 4.

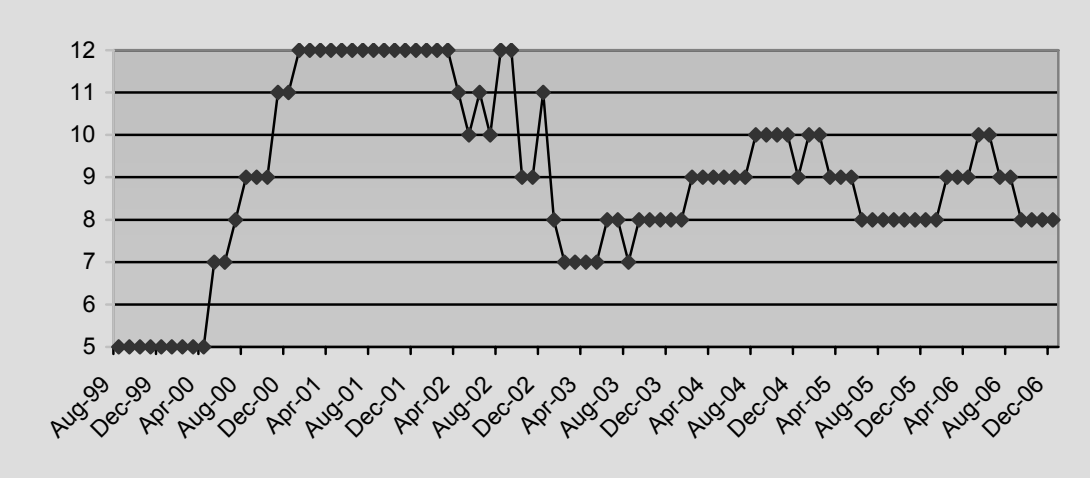
Occupancy over time

Up to 12 youths can be accommodated at Te Poutama at any one time. Figure 3.2 shows the number of residents in Te Poutama for each month until December 2006.[56] The main features of occupancy patterns are:

- There was a period of low intake at the beginning, as might be expected. Te Poutama initially took five youths, and it stayed at this level for nine months.
- Numbers then gradually increased until there were 12 residents in January 2001.
- This was sustained for a time, but then fell – particularly towards the beginning of 2003. Early discharge played a part.
- There continued to be some fluctuation in numbers due to many participants failing to complete the entire programme, although having worked through many of the STEPS.
- There has been a fall-off in numbers since July 2006. In November and December 2006, there were eight youths on the programme.

Over the 7.2 years (89 months) considered, the residence had full occupancy for nearly a fifth (19%) of the time. For just under a quarter of the time, it had nine occupants, and for a quarter it had eight. With capacity being between 10 and 12 youths, and discounting the first nine months, Te Poutama was up to capacity for 40% of the time.

Figure 3.2 Number of youths in Te Poutama for each month of evaluation



56 These are slight overestimates for some months, since someone might leave Te Poutama in a particular month, but someone else might enter. In Figure 3.2, both those leaving and entering are counted in the same month, although in fact they did not overlap.

Referrals not accepted

Information was also available on cases where there was a substantial enquiry supported by documentation from a CYF social worker and/or a CBT that did not result in a youth coming to Te Poutama.[57]

Information was obtained from clinical directors at Te Poutama on substantial enquires for the period mid-1999 to mid-2005.[58] Appropriate records were inspected to establish the main reasons for non-admission, giving some indication of level of demand, the appropriateness of referrals and where the young people were eventually placed.

Table 3.7 shows first the number of substantial enquiries over the period – though we cannot be sure that variation over time reflects changes in actual demand rather than missing records. The number of enquiries seemed highest in the last six months of 1999 – probably because it was less clear then what the eligibility criteria were. The number of substantial enquiries in other years never exceeded nine.

Table 3.7 Substantial inquiries not resulting in placement; by year

Date of substantial enquiry	Number (n=43)
Last six months 1999	8
2000	9
2001	8
2002	4
2003	8
2004	3
First six months 2005	3

Of the 34 enquiries for which we have demographic information, the age of the youths referred ranged from 13 to 17 years. Most were aged 14 (n=9) or 15 (n=12), with rather fewer aged 13 (n=6) and 16 (n=6). Almost two-thirds were New Zealand European, a third were Māori and two were of Pacific ethnicity. The substantial enquiries came from across New Zealand, although most (n=8) came from Christchurch.

There is some information on the time it took to make a decision regarding 26 enquires. Four were decided upon within a week, either because it was clear they were ineligible (e.g. because of age or intellectual disability). Another 14 were decided upon within a month. For the remaining eight, it took up to a year to reach a decision. Cases where it took longer to decide either involved unique circumstances or the decision to monitor progress on a CBT programme. Unique circumstances involved difficulty and delays in getting custody orders from the Court or, in one case, a victim of a referred youth already being placed in Te Poutama. As seen, the referral process requires an assessment by a CBT, part of which is consideration of treatment in the community. This alternative was the main reason why referred young people were not placed at Te Poutama (Table 3.8). It applied to 11 individuals. In some cases, the CBT assessment did not support

57 There are also an indeterminate number of informal enquiries that do not result in a substantial enquiry. It is also possible that CYF head office staff have discussions with field staff regarding cases never brought to the attention of Te Poutama because, for instance, they are ruled out because of age or intellectual disability.

58 It is likely that there were other enquiries/referrals to which we did not have access, but the data presented here are likely to represent most of such enquiries/referrals to mid-2005.

placement at Te Poutama; in others, CBTs had made an initial inquiry but subsequent good progress in community treatment led to withdrawal of the enquiry.

Table 3.8 Main reason for non-placement in Te Poutama

Outcome reason	Number (n=38)
CBT placement	11
Too old	8
Violence	6
Prison	4
Intellectual disability	4
Te Poutama full	1
No sexually abusive behaviour	1
Withdrawn	1
Other	2

Note: We did not have information on reason for non-placement for five youths.

A propensity to violence was cited in six cases (and in two other cases where age was the main reason). It was more likely to be cited as a reason for non-admission after January 2003, when Te Poutama became more selective in response to the early discharge of violent residents. Te Poutama staff felt that they did not have the facilities to cope with youths with a history of assaulting staff when they lived in other residences.[59] The following file excerpt is illustrative:

> STOP clinicians assessed the youth as being at risk of physical violence (e.g. while in Lower North residence, he was involved in fights, restrained and put in secure care four times).

Age was cited as a factor in nine cases – either because the young person had already turned 17 (one case) or was approaching it, for example:

> Referral not accepted due to the need for the youth to be in Te Poutama for two years. There is only one year until this youth is 17…. The first year of therapy is building a base on which progress is made in second year.

Other reasons why a placement was not made related to the eligibility criteria. Four youths were sentenced to a term of imprisonment and in a further four cases there was intellectual disability.

The relatively low number of substantial enquiries does not, on the face of it, indicate a large unmet demand for Te Poutama services, although we do not know if this is due to there being few high-risk young offenders, lack of awareness among CYF staff of Te Poutama or an unwillingness to refer by CBTs.

59 In one case, the refusal of Te Poutama to consider a youth for these reasons led to some disagreement with CYF. The manager of Te Poutama wrote to CYF pointing out that the youth had been involved in an assault while in Epuni and that a STOP clinician had considered halting therapy because of the youth's threats. The Clinical Director judged that Te Poutama's lack of an intensive support unit meant it could not accept the youth, who had previously threatened to kill and was over six feet tall.

Chapter 4 The young people and their histories

This chapter outlines the backgrounds of 43 of the young people who entered Te Poutama.[60] It is based on analysis of their Te Poutama files,[61] and it covers their CYF history, their family background, their non-sexual offending prior to placement in Te Poutama and then provides details of their sexually abusive behaviour.

4.1 The CYF history leading to placement in Te Poutama

Before the matters which led to their placement in Te Poutama, all but one of the youths in question had been in prior contact with CYF for Care and Protection concerns. Contact with CYF often involved overlapping notifications, assessments, investigations and interventions. While this makes any straightforward delineation of their CYF history difficult, we have attempted to simplify the complex material to show main pathways that led to placement in Te Poutama.

Those placed in Te Poutama can be divided into three groups.

- The first group does not appear to have had prior contact with CYF. Only one youth fell into this category. He first came to the notice of CYF when he was charged by the Police in the Youth Court. CYF was required to hold a Youth Justice FGC. The offending was of a serious nature and the young man was eventually sentenced in the High Court to a two-year suspended prison sentence and supervision with conditions that included residing where CYF directed.
- A second group (n=34) has been in contact with CYF for Care and Protection matters, but is placed in Te Poutama as a result of a specific notification to CYF for sexually abusive behaviour. Many of those who fitted this description were not open cases at the time of the notification, despite a past Care and Protection and/or Youth Justice history. A few of them were currently open CYF cases, some in the care of the Chief Executive of CYF, under an s101 custody order.

  The response to the specific notification depended on the age of the youth at the time. Of the 34 in this group, 21 were aged under 14 years, with the notification dealt with by way of a Care and Protection FGC, sometimes combined with Youth Justice FGCs (n=5). The CYP&F Act restricts the laying of charges in the Youth Court for under-14-year-olds to charges of murder or manslaughter, although youths can be referred for a Youth Justice FGC. It appears that the preferred method of dealing with sexually abusive behaviour by this age group is via Care and Protection action. Of the 13 who were older, 11 were dealt with through the Youth Justice system. The remaining two had been in the care of CYF since they were very young (under one year and three years old).

60 Although 47 youths entered Te Poutama during the evaluation (August 1999 to June 2006), coding of files finished in December 2005 and therefore it excluded three youth who started in 2006. We were also unable to access the file on one recently admitted youth before the end of data collection, as his records were in use.

61 These files usually contained a range of comprehensive reports (e.g. CYF referral forms; psychologists' reports; CBT reports and assessments; and education and Court reports).

- The third group (n=8) involves those who are open cases with CYF, but for whom there was no specific notification to CYF that led directly to their referral to Te Poutama. Their sexually abusive behaviour was the focus of ongoing concern, compounded by an inability to find a stable placement, and/or absconding, and/or violence. These youths were all dealt with through the Care and Protection process, although two also had Youth Justice FGCs.

Referral to Te Poutama did not necessarily occur as a direct result of the notification, FGC or Court hearing. In many cases, the initial referral was to a CBT provider for assessment and treatment. Referral to Te Poutama occurred subsequently, usually as a result of failure to engage the youth in the CBT or difficulty in placing him in the community. (For example, a youth may have been attending a CBT, but was referred to Te Poutama because of assaults on staff or other young people at a family home.)

In other cases, it was clear that Te Poutama was the obvious option, short of imprisonment, because of previous placement failure and/or the severity of the offence. In these cases, referral was made directly to Te Poutama after a CBT assessment.

Family Court orders

Those attending Te Poutama had to be in the custody or guardianship of the Chief Executive of CYF. A young person in this position may be placed in a residence (under s365 of the CYP&F Act). Custody or guardianship orders are made by the Family Court and, therefore, all these young people have to have appeared before that Court before entering Te Poutama.

However, some of them were already in the care of the Chief Executive of CYF under a s101 custody order and/or a s110 guardianship order. In these cases, no order was needed for placement in Te Poutama. For these youths, there was sometimes a Care and Protection FGC and a Family Court hearing to review progress with Care and Protection plans, resulting in a recommendation for placement in Te Poutama.

In making a custody order, the Family Court Judge requires that a Care and Protection plan is presented to the Court. This plan has to be reviewed every 12 months and a report made to the Court, that may alter or cancel any orders if necessary. A key condition of the CYP&F Act is that (under s108c) a s101 custody order "shall cease to have an effect when … a young person attains the age of 17 years".

Some key informants raised the question of whether the Care and Protection provisions of the CYP&F Act enabled youths to be placed in a residential treatment programme against their will. These key informants were drawing a distinction between placement in a general CYF residence and placement in a therapeutic programme. An opinion on this matter was sought from CYF and their view was that it was likely the Court would not support treatment against a young person's wishes. However, they noted that the law in this area is untested.

Youth Court orders

Te Poutama's eligibility criteria explicitly exclude a youth sentenced to a term of imprisonment. However, this does not preclude placement in Te Poutama as an intervention for a youth who appears before the Youth Court – since the prison sentence

can be suspended. One youth was sentenced in the High Court to a suspended sentence. Another was sentenced by the Youth Court to a suspended two-year prison sentence, with two years' supervision and an order to complete the Te Poutama programme. Another was bailed by the Youth Court to Te Poutama with three-monthly reviews. In these cases, both Youth Justice and Care and Protection action occurred so that these youths were eligible for placement in Te Poutama.[62]

4.2 Family background and upbringing

This section describes the family backgrounds of the youths, including aspects of their family relationships, education, health and adverse childhood experiences. The case file information here is potentially limited, especially for some aspects (e.g. parental mental health or drug use). We cannot be sure, therefore, whether the case files portrayed a full picture.

Separation and caregiving

Some key features of the case file information were:

- Eight of the 43 young people do not appear to have ever lived with both of their biological parents, i.e. they were born to a mother living on her own. For two of them, the information on family background was insufficient to make a judgement about co-residence with parents.
- Of the remaining 33, almost all (n=29) of their parents had separated prior to these youths entering Te Poutama. Of these 29 young people, 17 were under five years of age when their parents separated and eight were between five and 10. This suggests that while parental conflict may have contributed to a youth's later problematic sexual behaviour, the behaviour itself was unlikely to be the cause of separation.

One important consequence of parental separation is that the youth often experienced a number of changes in caregiver, including new father and mother figures. For the 42 young people about whom we could make such an assessment, about a quarter (n=11) had experienced one consistent set of caregivers while growing up. Fourteen had changed caregivers once, seven twice, and the remainder (n=10) three or more times.

Many of the youths also spent time moving between parents' households because of parental illness or their inability to cope with disruptive behaviour. We used information from case files to code the extent to which the young people were in contact with their parents and, if they were, the quality of that relationship.[63] We were able to do so for 42 of them. Half had no or minimal contact with their father, and of those in contact half had a negative relationship (Table 4.1). Relationships with mothers were more positive, although even so, a third of those in contact had a generally negative relationship. Relatively few of the young people had no contact with their mother, although many more had limited contact.

62 CYF is of the view that the legal position regarding bailing and detention in Te Poutama allows this only if 'there is already a custody/additional guardianship or sole guardianship order in favour of the Chief Executive of CYF through the Family Court already in force. However, it is not CYF's recommended practice to do this and [it is] a misuse of bail provisions, in our opinion'.

63 Relationships are dynamic and change over time. This code is a general judgement of quality of the relationship at the time of entry to Te Poutama.

Table 4.1 Quality of youths' relationships with mother and father

	Father	Mother
No contact	12	3
Minimal contact	9	11
Contact – Positive relationship	10	17
Contact – Negative relationship	11	11
Total	**42**	**42**

Note: Data were missing for one youth.

Three young people had no contact with either their mother or father, for example:

> There is a restraining order on the father, due to his extreme sexual abuse of the children. In 1999, [youth's] mother stopped having contact with the children, saying it was too much for her. Prior to that she had had some contact.
>
> [Youth] was alienated, estranged from most, if not all, family members. He was removed from his mother as an infant and contact during those early years led to serious relapses in behaviour, e.g. losing his ability to speak for a month.

Seven youths had minimal contact with either parent, often as a result of being placed in care.

Parenting difficulties

Files often noted ongoing difficulties with parenting (Table 4.2). Controlling behaviour was frequently noted, with parents sometimes contacting CYF or other agencies for assistance. Parents' responses to this behaviour were not always good, with inappropriate discipline frequently mentioned or suspected.[64] Lack of supervision and inconsistent parenting were clearly noted for about a third, with less clear-cut indications for some of the other young people.

Table 4.2 Difficulties with parenting noted in files

	Definite		Suspect	
	Number	Percent	Number	Percent
Difficulty in controlling behaviour (n=41)	29	71	2	5
Inappropriate discipline (n=42)	21	50	9	21
Inadequate supervision (n=41)	14	34	7	17
Inconsistent parenting (n=42)	15	36	11	26

There were also a number of other indications that family difficulties were interfering with parents' abilities to deal adequately with often challenging behaviour. Twenty-one parents had problems with alcohol and 20 with drug abuse. Fourteen parents had mental health problems, and 15 had been involved in offending, some having committed sex offences against their children.

64 Where definite evidence was presented in a report, the factor was coded as present; where it was mentioned as a possibility, but no evidence provided, it was coded as suspected.

Youths as victims of abuse

Clear evidence of prior sexual and/or physical abuse was mentioned in the files of over 60% of the 42 youths (Table 4.3). Adding suspected abuse, the vast majority of the young people were likely to have experienced some form of physical and/or sexual abuse while growing up. Over half also appear to have been neglected at some stage in their childhood and many witnessed family violence.

Table 4.3 Type of definite and suspected abuse experienced by the youths (n=42)

	Definite		Suspect	
	Number	**Percent**	**Number**	**Percent**
Sexual abuse	25	60	9	21
Physical abuse	28	67	5	12
Neglect	21	50	1	2
Witness family violence	19	45	2	5

Note: Data were missing for one youth.

Sexual abuse

The records indicate that 25 of the 42 youths had been victims of sexual abuse and a further nine were suspected of being abuse victims. Put the other way, only eight were not sexually abused. Of those for whom age of abuse was known, it occurred before age five for half of them. Most of the remainder were between five and 10 years of age when they were abused. Information on the length of the abuse was very limited but suggests it was often ongoing. The abuse also appeared to be relatively serious, sometimes involving anal penetration or oral sex.

Information on who abused the youths is not complete, but indicates the diversity of abusers and the fact that most were family members or known to the youth.[65] Some young people were victims of more than one abuser at different times in their lives. In addition, sexual abuse was endemic in the families of some of these youths, with immediate family members of 22 youths also being abused and members of the extended families of 17 of them being victims of abuse.

Physical abuse and neglect

At least 28 of these young people had been physically abused and a further five were suspected victims. Parents (mothers and fathers in equal measure) were the main perpetrators. Other family members were responsible for some of the physical abuse, often when the young person was living with them. Relatively little physical abuse was committed by non-family members, but when it was it was perpetrated by people who were mostly known to the family or were acting as caregivers.

65 A few of the youths were abused by either their father (n=4 and n=1 suspected) or their mother (n=3 and n=1 suspected). Abuse by a sibling (n=7 and n=3 suspected) was more common, followed by abuse by a family friend (n=5) or extended family member (e.g. n=1 by a grandfather, n=3 by an uncle or n=3 by a cousin). It was relatively rare for them to be abused by a complete stranger (n=3), although some were abused by a caregiver (n=3) or an older youth (n=4).

Almost as many of these young people (n=21) were subject to neglectful parenting, for example:

> Serious neglect, exposure and unsupervised use of alcohol and drugs as early as five or six. [Youth] and his siblings began stealing clothes for themselves.

Many of them (n=19) also witnessed parental violence, for example:

> History of domestic violence between mother and father. Received numerous assaults to his head by his parents.

Contact with other agencies

Apart from CYF, there was contact with other agencies in response to concerns regarding sexually abusive behaviour. As might be expected, all of the young people had had some contact with a CBT team, either STOP or SAFE, or a counsellor or psychologist acting on their behalf.[66]

In many cases, an assessment had been made and therapy started with a CBT provider. Typically what led to a recommendation for placement in Te Poutama was the breakdown of a previous placement and the difficulty of finding an appropriate alternative. For example:

> Referred by CYF for assessment of his sexually abusive behaviour. Assessment recommends that [youth] complete the [CBT] programme while residing at [specialist group home]. [CBT] programme was terminated due to breakdown in placement and [youth's] move to Te Poutama.

Other reasons for recommending placement at Te Poutama included the lack of support for treatment by the family and their inability to monitor the youth adequately, a youth's failure to comply with community treatment and further offending occurring when a youth was on a community programme. In a minority of cases, the CBT assessment recommended direct referral to Te Poutama.

Although there was contact with several agencies for many of the youths, there was no one service other than the CBT providers consistently working with them. However, it was clear that a number had been having ACC-funded counselling to address their own histories of abuse. The counselling was typically arranged in response to earlier notifications that the youth had been abused. They were also referred to child and family services, specialist programmes (e.g. for violence or suicide prevention) or health camps. Usually these referrals were part of an FGC plan that included community treatment. As we have seen, though, the breakdown of these plans usually led to a placement in Te Poutama.

Out-of-home placements

Most youths had spent time living away from their parent(s). All but two had been placed with family or whānau at some time prior to Te Poutama. Just as many (n=40) had spent

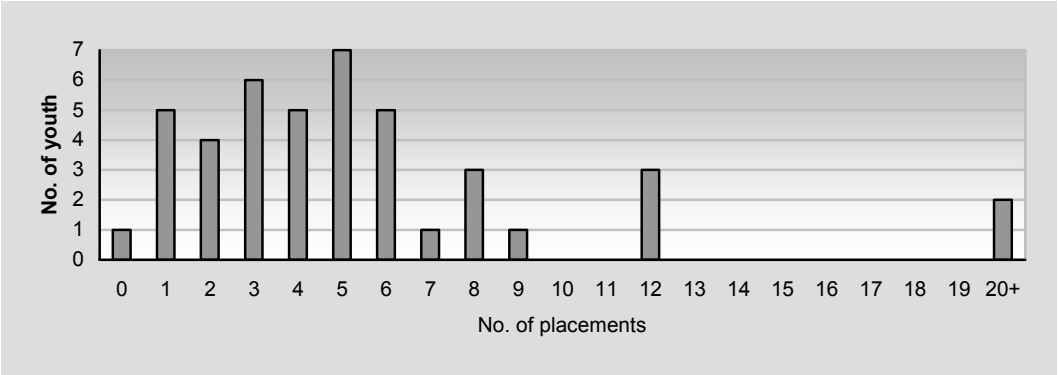
66 This usually occurred in smaller centres, where STOP employed or contracted professionals to provide assessment and treatment.

time in a CYF family home and 22 had at some point been in a CYF residence such as Kingslea, Northern Residential Centre or Epuni.

Of the 42 youths for whom information was available, 24 had absconded from a family home placement but only three from a residence. An indicator of the difficulty of placing these youths is the fact that of the 22 who had been in a residence, three had absconded and nine had spent some time in secure care in the residence.

Most young people had experienced a number of different out-of-home placements while part of a CYF caseload (Figure 4.1). Those who had been in CYF care from a young age tended to have the most placements, with two having experienced 20 or more different placements. Most had six or fewer different placements. Only one youth had no prior out-of-home placement.

Figure 4.1 Number of different placements prior to entry to Te Poutama (n=43)



Many of the placements were in response to sexually abusive behaviour. For example, it was common for a youth to be removed from home when they were suspected of having abused siblings. We attempted to identify the number of youths who had a family home or residential placement prior to a notification leading to placement in Te Poutama. This was difficult as there was not always a clear cut-off point at which a youth came to attention for sexually abusive behaviour. Sometimes it was a gradual accumulation of concerns that led to a referral to CYF and CBT assessment. Nonetheless, it appears that over half the youths (n=23) had a family home or residential placement prior to the notification that eventually led to their entry into Te Poutama.

Education

These young people typically had difficult relationships with the education system. Although most were rated as being of normal intelligence or above, six were functioning at a level considerably below their peers. Despite most being of normal ability, 22 had not attended a school for over a year and six had frequent periods of absence.

Over a quarter had been stood down from primary school or secondary school and almost as many had been suspended. A major reason for these expulsions and suspensions was the high level of disruptive behaviour which was shown by 23 of these young people and moderate levels shown by 10. This left very few whose files did not mention problems at school.

Some of the disruption involved bullying others (n=20) or being bullied themselves (n=15). Most of them (n=31) were reported to get on poorly with peers. They were often aggressive towards others and had few pro-social friends. The files often noted that they (n=25) were associating with anti-social peers, usually involved in general offending.

These results help explain the high number of these young people with whom Special Education Service worked (n=27). Ten had at some time attended a residential school. A number had attended school in a CYF residence. Many had also been enrolled with the correspondence school (n=23).

While attending Te Poutama, the programme participants spend most of their time in education classes. The results of our research indicate that over half had significant educational difficulties, not necessarily through lack of ability but more because of behavioural difficulties.

Health

Most of the programme participants were in relatively good physical health, although seven had some health problem that needed to be monitored (e.g. epilepsy and asthma). Mental health problems were more evident, however. Eleven youths had mental health problems at the time of admission to Te Poutama, with a further 12 having suspected problems (e.g. depression, ADHD and PTSD). Some were currently taking medication.

Records indicate that self-harm and suicide attempts were relatively common. Ten of the youths had recorded suicide attempts and 12 had made threats. At least 12 had attempted self-harm.

Disruptive behaviour in school, and parental difficulty in managing behaviour and offending are characteristic of young people with conduct disorder. It is not surprising, therefore, that 24 youths had been diagnosed with conduct disorder at some stage prior to attending Te Poutama. A further six were suspected, although the diagnosis was never confirmed.

Compared to other groups of serious offenders (Maxwell et al 2004), fewer of this cohort had problems with heavy use of marijuana or alcohol. There was evidence that nine had previously used marijuana heavily, four had abused alcohol and six had sniffed solvents in the past. (For some of these, the use of alcohol or drugs, available at home, had begun at the age of 5 or 6). Thirteen had used alcohol moderately. However, only three appeared to have experienced problems related to drug and alcohol use.

Pro-social strengths

While the data so far portray a negative picture of these youths and their upbringing, most had strengths which were often built upon in therapy and in the residence. The main strengths mentioned in reports were a love of sport and music.

Other reports mentioned possible career interests, such as mechanics. Reports occasionally cited particular people who were supportive and positive role models, for example, a good relationship with a grandparent or aunt. Finally, reports also

occasionally noted strong personality traits that could be built upon in therapy, such as leadership skills.

However, mention of positive strengths was relatively rare. This may reflect a lack of focus on such strengths in the reports rather than their absence. The staff in Te Poutama spent some time working to identify these positive aspects and to encourage positive activities and hobbies.

4.3 Offending prior to placement in Te Poutama

Non-sexual offending prior to placement

Of the 43 youths for whom we have information, 36 (84%) had some history of non-sexual offending prior to admission to Te Poutama. Most had committed multiple offences, with almost a quarter responsible for 10 or more offences (Table 4.4). There was no relationship between offending or number of offences, and the age of the youth at admission to Te Poutama.

Table 4.4 Number of previous non-sexual offences

	Number	Percent
No previous	7	16
1	5	12
2–5	17	40
6–10	4	9
10+	10	23
Total	**43**	**100**

Among those who committed non-sexual offences, approximately a third committed relatively minor offences such as theft or property damage (Table 4.5). Just over a third were responsible for a moderately serious offence, such as burglary, minor assaults or stealing a car. The remainder of the youths committed serious offences, such as arson and aggravated robbery. While we did not have complete information on Police actions in response to the offending, we established that six youths had been referred directly for an FGC and seven had also appeared before the Youth Court for prior non-sexual offending.

Table 4.5 Most serious previous non-sexual offence type

Offence type	Number (n=35)
Serious violence	4
Minor violence	9
Arson	2
Theft	10
Fraud	1
Property damage/abuse	2
Stealing cars	4
Burglary	3

Note: Data were missing for one youth.

Some of the serious prior offending took place when the youth was in care and had assaulted staff and other residents.

Non-sexual and sexual behaviours noted in files

As seen, 13 of the youths had prior offending histories that included violent offences. We also coded mention in the files of other behaviours, such as cruelty to animals, fire setting and aggression towards family members. Eleven of the young people had been involved in incidents of hurting animals, and was one suspected of having done so. Some of them were also known (n=7) or suspected (n=2) to have engaged in sexual contact with animals. For example:

> He strangled a cat and had been seen torturing a dog. Also involved in bestiality.

> At age 11 he was reported as committing violent anal intercourse with a young girl and a dog.

Fire setting was mentioned in the files of 17 youths, with two having been charged with arson. Fourteen youths had been aggressive to family members and one was suspected of this.

A judgement was made also on the basis of file information of any inappropriate expressions of anger. Seventeen youths had major difficulties on this front and 16 moderate ones. For example:

> Couple of incidents where [youth] showed violence towards his mother, attempted to stab her. Also attempted to strangle brother. He has been aggressive since the age of two.

We also coded mentions of behaviours that were specifically indicative of disturbed sexual development. Firstly, use of inappropriately sexualised language, usually at a young age, was mentioned in almost half the files (n=19), for example:

> Since kindergarten has talked in sexual type of way about girls. At [primary school] and [intermediate school] suspended for one week for sexualised talk. Got in trouble at most schools for sexualised talk.

Eighteen of the young people had exposed themselves to others, nine were reported to have used underclothes to arouse themselves and others exhibited general sexualised behaviour, for example:

> Sexualised language, play and behaviour with children – asking to see/touch their private parts, remove clothing, display own private parts and encouraging others to look and touch. Arousing self in front of others and displaying erection.

Eleven of the youths had been observed engaging in voyeurism, and the files of half of them noted the use of pornography, with nine having a strong/excessive interest that sometimes got them into trouble.

Such behaviours could be regarded either as reflecting normal sexual development or indicating a more abnormal pattern (Araji 2004). While the behaviours are commented on separately, in the reports (and in this evaluation), in many individuals they

co-presented. These behaviours also tended to display a developmental trajectory, starting with sexualised language and indecent exposure, and moving onto voyeurism and attempts to engage in sexual behaviour with others. These behaviours also co-existed with other anti-social behaviours, such as being aggressive to family members, setting fires and acting out at school, especially as the young people got older. The end point was both general and sexual offending.

Sexually abusive behaviour prior to placement in Te Poutama

This section looks more specifically at the sexually abusive behaviours of the youths in Te Poutama. Coding this from the files was challenging. While referral forms usually contained a description of the recent offending that led to referral to Te Poutama, information on other behaviours was scattered among the various reports on file. Sometimes detailed descriptions were given, but for some individuals the information was sparse. Furthermore, once in therapy the youths often divulged more details. The results, then, should be seen here only as indicative. The following details relate to offending behaviours known prior to entry into Te Poutama.

In order to explore the diversity of the sexually abusive behaviour, a 'case' of abuse was defined as abuse involving the same victim(s) on one or more occasions, usually in the same setting. Data on the number of distinct cases of sexually abusive behaviour, in this sense, indicate that for just under a third of the youths (n=13) only one case was known about prior to entering Te Poutama. Those with one case had usually abused the same person more than once, often very seriously (e.g. penetrative sex). A further third (n=15) had been involved in two to four cases and the remainder in five or more. These youths had abused a variety of victims in a range of circumstances. From the files of those with multiple incidents, it is clear that the youth in question had provided details of earlier incidents not detected at the time. Those with one case may therefore not yet have volunteered details of prior undetected sexually abusive behaviour.

The following summarises the offending of a youth who at the time of entry to Te Poutama was estimated to have been involved in at least 24 incidents:

> [Youth's] offending history is long and varied. This offending only came to light after he sexually assaulted a five-year old boy at the [particular location]. At this point he admitted to a number of prior incidents. This list has grown since and is quite possibly not yet exhausted. There were reports of his father catching him in sexual incidents with his brother and giving him a 'hiding' for this. However, all past offences have generally been unpunished.
>
> Fourteen non-related males. Eleven one-off incidents of touching boy's penises, a boy touched three times on his bum and penis, a boy touched eight different times on penis and bum. An ongoing sexual relationship involving sucking penis and anal penetration with a boy at school, lasting a term, occurring three times a week. The age of non-relatives is between six and 15.

The sexually abusive behaviour had often started when the youths were relatively young – almost half were under 10 years of age. There was a clear tendency for those with more incidents to have begun their sexually abusive behaviour at a younger age. It is possible that those who had yet to divulge further offences may have begun at a younger age than was currently known. It is possible that there may have been earlier offending amongst those with coded offences, since there was reference in their files to

other sexualised behaviours. Some evidence for earlier offending among those with few coded offences is that other earlier sexualised behaviours were often noted in their files.

Of the 41 Te Poutama youths, only four had exclusively male victims, 13 had exclusively female victims, and the remaining 24 had both male and female victims. It is possible that the number with victims of both genders may be higher if all offending was documented.

Almost two-thirds of the youths victimised people they knew (e.g. friends, classmates, neighbours) but were not related to (Table 4.6). Almost as many victimised one or more of their siblings and slightly fewer members of their extended family or whānau (e.g. cousins). Relatively few youths had victims they did not know.

Table 4.6 Relationship to victims

Relationship	Number (n=42)
Non-familial but known	28
Sibling	22
Other familial	19
Stranger	6

Note: Data were missing for one youth.

Most of the victims were considerably younger than the perpetrator. Most victims were aged between five and 10 (n=35), followed by victims aged under five (n=24). Relatively few were aged 10 to 15 years (n=14) and even fewer were over 15 years of age (n=6).

Youths used various ways to put themselves in situations where they were able to commit sexually abusive acts and avoid detection – though such details were often missing from offence descriptions. Relatively few (n=4) appeared to use only 'grooming' or rewards in order to abuse others. More common was the use of overt force (n=17) or threats of force, or telling the victim they would be in trouble with adults if they 'told' (n=15). Some of the perpetrators used a variety of methods, and it was not always clear how they had induced the victim to remain quiet about the abuse. As we have seen, in some families such abuse was widespread and abuse of family members may not have been reported because it was normalised within that family context.

Information was also coded for the presence of evidence of planning. This was the case for 37 of the youths. Over a quarter (n=11) had engaged in detailed planning and twice as many (n=24) had shown some evidence of planning. Only two seemed not to have planned their offending but were opportunistic. The following is an example of how one person planned his abusive behaviour:

> He met [six-year-old boy] earlier in the day. At lunchtime arranged to meet him at the primary school. Played on the sports field then [youth] suggested going into an outdoor cupboard, saying he would "pretend" to shower "after playing sport". [Youth] shut the door and removed all his clothing. He became verbally abusive, swearing at child. The boy was scared and requested to leave but [youth] stood across the door. Mother [of the six-year-old] came looking for her son and heard a voice say, "Suck my dick". She investigated the cupboard and grabbed her son (who was still fully clothed). Mother contacted the Police. [Youth] is being charged with kidnapping and attempted sexual violation (aged 13).

The great majority of the offending was committed by youths on their own, but there were occasional cases where offending occurred with a peer.

Youth response to offending

Youth files usually contained reports from CYF social workers and an assessment by a CBT programme. They often commented on the youth's response to their offending and their readiness for treatment. We coded these comments to judge the preparedness of the youth for the Te Poutama programme. Unfortunately, data were missing for a quarter of the youths, so results must be interpreted with caution.

All but one of the 40 youths for whom we had data were rated at the pre-Te Poutama assessment as being of high risk of reoffending. Relatively few were judged to have shown any empathy for their victim or to be able to understand the impact their offending might have had (Table 4.7). This, in part, reflects lack of acceptance of responsibility by most of them, with full acceptance of responsibility being limited to only three individuals. Although not accepting they were responsible, most youths were prepared to admit what happened. Only five denied offending.

Table 4.7 Preparedness of youths for treatment at admission to Te Poutama

	Number
Victim empathy	**(n=32)**
High	0
Moderate	1
Low	14
None	17
Responsibility	**(n=36)**
High	3
Moderate	5
Low	17
None	11
Denial	**(n=39)**
Admits all	12
Admits some	22
Admits none	5
Willingness to discuss behaviour	**(n=39)**
Willing/open	11
Limited	18
Unwilling	10

Willingness to discuss sexually abusive behaviour was an important indicator of readiness for the intensive therapy programme at Te Poutama. While approximately a quarter of the youths were seen as open about their offending and were willing to discuss it with therapists, half had shown some reluctance to talk and a quarter were unwilling to do so.

These results suggest that the youths were a diverse group in terms of their readiness for therapy. Some had been engaged in therapy before (e.g. with STOP, SAFE or a

psychologist), while others had been assessed but not treated. Although not denying their offending, they did not take responsibility for it and showed an inability to empathise with their victim. However, there was less reluctance to discuss their offending, an important prerequisite for success in therapy.

Family response to offending

Family or whānau in the Te Poutama context can include a range of individuals, and working with them is seen as crucial to the success of therapy. This section describes the initial reactions of parents, whānau and caregivers to a youth's sexually abusive behaviour. They indicate the challenges that Te Poutama and CBTs face when working with these young people and their families.

As some of these youths no longer had contact with one or both parents, these parents did not feature strongly in treatment plans, but despite having no contact with parents, some individuals had support from their caregivers. For those in contact with at least one parent, parental support for therapy was important.

However, this support was often complicated by parents' feelings about the fact that the youth had abused a sibling:

> It was [youth's] mother that brought his sexual offending to the attention of CYF. Reports have stated [youth's] parents 'seem committed to him' but seem to be struggling with reconciling supporting their son, with the trauma he has inflicted on his sister.

In other cases, parents or caregivers were clearly unsupportive, for example:

> [Youth's] family have expressed their frustrations and their feelings of being fed up with [his] behaviour over the last few years. This may inhibit the amount of active support they give [him]. No or limited family support while in the [CBT] programme.

Some parents or caregivers minimised the youth's offending, which could greatly impede therapy:

> Grandfather has at times blamed the victims or other family members for not supervising [youth] to prevent the offending.

In general, feelings were mixed and changed over time, with initial disgust at the offending being juxtaposed with a desire to support a son:

> After discovered his abuse, stepfather threatened to give [youth] a hiding and mother screamed at him to get out of the house and that she didn't love him any more. Mother concerned for children's welfare but lacked ability to protect them, especially as she has abuse history of her own. At time of referral, [youth's] mother had identified with the seriousness of the situation. Mother's partner been supportive. Appear willing to participate in whatever programme or counselling needed.

Chapter 5 The youths in Te Poutama

5.1 Introduction

Interviews with the young people at Te Poutama formed an integral part of the evaluation. This chapter reports what they told us. Section 5.2 covers the first interviews and focuses on the youths' time in Te Poutama. Section 5.3 covers the second and subsequent interviews. Section 5.4 summarises and discusses the issues raised.

The interviews took place at six-monthly intervals. The respondents were asked about their experiences at Te Poutama and their views on the programme in general. Areas covered in the first interview included therapy, the residence, safety, their likes and dislikes in relation to the programme, what they expected from Te Poutama and what they had gained from being there, the nature of their relationships with staff and their peers in the residence, education, family and whānau relationships, and the future.

At the second and subsequent interviews in Te Poutama, respondents were asked primarily about how things had changed in the previous six months and what their hopes and plans for the future were. All aspects of the programme were again covered.The youths were also asked if they had made progress in therapy, how safe they had felt, how much contact they had with their family, and to describe any community outings and whether they enjoyed them.

The cultural questions were asked at each interview except the first one. These focused on the young person's sense of value and cultural pride, their physical health, their relationships with family or whānau and others, and their awareness and control of their behaviour including their sexual offending.

We report on respondents who expressed a view. It can be assumed, therefore, that if the numbers we mention with a view (one way or the other) is less than the total number of youths we interviewed, then the remainder did not have an opinion on what we asked them or, occasionally, did not express it.

5.2 First interviews with youths in Te Poutama

Background

We held a first interview with 31 youths. They had been in the programme for varying lengths of time, some for a few weeks, others for many months.[67] Before coming to the residence, they had had interests typical for young people of their age including music, sport, cars and motorbikes. Those (n=7) who said they were interested in cars or motorbikes liked to fix them, drive them or, as one youth commented, "steal them". Most (n=27) enjoyed music. Approximately half had been involved in sporting activities before Te Poutama. Others had different interests, for example, carpentry, kapa haka, reading, cooking, computers, playing video games and watching movies. Approximately half of

67 See Table 2.1 in chapter 2.

them had been involved in organised activities or belonged to clubs before coming to Te Poutama.[68]

Prior knowledge of Te Poutama

Young people were asked to explain why they were at Te Poutama. All except two referred directly to their sexual offending, and one of these referred to it obliquely, the other was vague.

They mentioned other reasons why they were sent to Te Poutama, including their own victimisation, their violent behaviour, the fact that they did not engage in therapy in the community and having no other options. As one of them remarked, "This is my last chance. I could have gone to prison". Those who had been at Te Poutama the longest were more articulate about why they were there:

> Because I'd sexually offended and had behavioural problems which made me unsafe in the community. I'd been sent on [CBT] and had kicked in a window and assaulted a couple of guys.
>
> Main reason is levelling myself from being at high risk to low risk – to deal with sexual offending, crime, physical abuse, emotional core beliefs, get a positive frame of mind to be able to understand myself as a person, my triggers – to build self-esteem and move on.

All of the respondents reported that they had known little or nothing about Te Poutama prior to referral. When it became certain that they would go to the residence, most of the young people said that they met with Te Poutama staff who talked to them generally about the residence and the programme. Seven remembered being shown an introductory video. What they mainly remembered being told was that Te Poutama was a residential therapeutic programme for young sex offenders; it was there to help them, give them a better life and take care of them in a safe environment.

Very few respondents (n=5) said that when they got to Te Poutama it was what they expected. Most said it was different. However, this was not always a negative response. More than two-fifths (12 or 45%) of this group said that Te Poutama exceeded their expectations; for example, they were expecting a more hostile environment:

> I thought it was like jail, that you get bashed and everything, but it's not. It's real calm, no fights, nothing really sexualised.
>
> I found kind people [there]. I was scared, I'm relaxed now.

Those who thought the residence was worse than they expected invariably talked about their first glimpse of the perimeter fence: "I got freaked out". They also talked about unexpected rules, such as monitoring of personal possessions, restrictions about interaction with staff and other youths on the programme, and what they could watch on television. One youth said that he had been told about things like PlayStation and the pool table but then found that access to them was limited, based on the rewards system.

68 Fourteen had played sport, eight had been involved in kapa haka, six had attended church, five were involved with their local marae, one belonged to the Boy Scouts and another did ballroom dancing.

Respondents were asked how they would describe Te Poutama to someone else going there. Their answers were diverse:

> It's there to help with your behaviour problems. There's a lot of support around how to deal with your behaviour. You talk about thoughts and feelings – all work together as a community.

> We're here for one reason – sexual offending, also for other behavioural problems. Positive things are that there are reward systems. You can have your own things in your room but you always have to focus on the negatives because that's why we're here – no way is it a holiday camp. You come here because there are positives that come out of negatives.

How youths feel about being at Te Poutama

More than half (17 or 55%) of the youths said that they would not have chosen to come to Te Poutama. They did not want to be away from their families, but they wanted to be sexually safe. Consequently, several expressed some ambivalence about being there:

> To be honest, when I first came here I would have chosen to be at [CBT] but I was getting into lots of trouble. It's better here for me than [town] – If I was still out in the community I'd be at risk of reoffending.

> At the time 'no' – now 'yes' for myself, family and victims, I can acknowledge that. But I have the odd doubt sometimes that I shouldn't be here.

Eight youths categorically stated that they would rather not be at Te Poutama. They had come under duress. One said, "They took my shoes off me, I was verbally abusing, swearing at them". Five were more ambivalent. One said:

> I feel angry, upset, frustrated, stressed. All your freedom is taken away. But happy I'm going to get the help that I need. I know I'm not going to sexually abuse again but I need help anyway.

The remaining 18 respondents said that although they may have been resistant at first, they had got used to being there:

> At first I didn't want to be here. You can't do crime, smoke dope, be with your friends. Now I want to acknowledge my sexual offending won't disappear. I'm glad I'm here otherwise I'd be in jail and not the person I am today although I've still got some negative attitudes.

Not surprisingly, there were things the youths liked about Te Poutama and things that they did not. All except two expressed opinions about these issues. More than three-fifths (18 out of 29) talked about relationships made with staff and other youths. Twelve said they liked school and the opportunities they had to be involved in other learning, for example, playing the guitar and art. Five said therapy was good. Others liked the living environment (mostly their rooms) and the facilities. Six were impressed with the meals. Some of what they said illustrates the importance of the safe environment and the unconditional support:

> You feel safe. People don't hit you like my dad did.

> They help and support you. I can now talk to people with respect.

Everyone could think of something that they did not like about Te Poutama. More than three-quarters had a complaint about the rules, structure and restrictive environment. These included bedtimes, markdowns, missed rewards, the fences and not being able to smoke. Others (n=9) complained about the difficulties of living with a group of people and not getting on with some of them – both young people and staff. As one youth remarked, "It's pretty hard being here with the noise in your face all of the time".

Five respondents referred to missing their families. The lack of variety in food was important to some of them. Two talked about how difficult they found it having to share personal details with others in group therapy. Another had criticisms about how their peers were handled when they were in a 'bad space'. One thought that others should manage themselves better when they acted out. Another had a direct criticism to make about the time-out facilities: "There's no punch pad in the time-out rooms – you have to punch the walls".

Comparison with other places

We asked respondents if they had been in other CYF residences or family homes and, if so, how Te Poutama compared. Twenty-two said that they had been in other CYF residences and/or family or group homes. Most of them (19 or 87%) had been in more than one and eight had been in three or more. The general consensus was that there was less freedom at Te Poutama than in family or group homes. However, the environment was safer and less threatening than at other CYF residences such as Northern Residential Centre, Palmerston North, Epuni and Kingslea. Consequently, Te Poutama was considered to be better.

What the youths want from Te Poutama

It was evident that at some stage most of the youths decided that Te Poutama was the best place for them. Consequently, all but three had clear ideas of what they wanted from being at Te Poutama. Twenty-five of the 28 youths said they wanted help with their sexual offending – they wanted to be able to live safely in the community. Most of them referred to this directly; in the case of another two, it was implicit in what they said. Multiple needs were often cited. They said they wanted to "Get more school education" (n=6), learn how to deal with or manage their anger (n=4), learn about relationships including appropriate intimate relationships (n=5), develop social skills (n=2), and learn how to deal with drug and alcohol problems (n=2). The statements of two of the respondents indicate the range of interrelated needs that some of them had:

> Manage my anger, deal with drug and alcohol problems and my sexual offending. Also other offending – I did a lot of crime. I found it hard to relate the two but I did because there was a victim in all cases – I struggled to relate my sexual offending to my other crime.

> Schooling/education, but I don't really like it. Sexual offending – learning how I operate and just where I am. Relationships – youth, adults, intimate – dating skills – I reckon we should get practice – family – I still need to work on this. Self-esteem – seeing who I am. Social skills – I'm good when I want it to be – but I still make smart comments – and how I interact with youth my own age and people I don't get on with.

The residence

Views of the residence

Respondents were generally pleased with their rooms. Most appreciated the luxury of having their own shower and toilet. One youth stated that it met his every need: “It’s flash, one of the flashest rooms I’ve seen. I’ve got a shower, toilet, bed, drawers and a table”. Clearly, the quality of the meals was important to some of them. This was mentioned when they talked about their likes and dislikes. When asked what they thought of the food, most said it was ‘great’ or ‘good’, and some thought it lacked variety.

They were asked about the range of activities available to them in their leisure/options time. The only complaint was that there was not enough time for leisure activities.

They clearly enjoyed having access to the pool table, the computers, the PlayStation, the spa pool and the basketball court. They complained about the restrictions on which video games they could access and what they were allowed to watch on TV – exhibiting opinions common to many adolescents.

Two aspects of Te Poutama that respondents said they disliked were the routines and rules. We asked them directly what they thought of each of these. Approximately half (15 out of 31) thought that the routines in the residence were alright – they liked the certainty and structure these afforded and could understand the reason for them. Those who said they did not like the routines invariably referred to bed times and ‘lights out’. These irked some of them – they wanted to be able to stay up later at night and get up later in the morning.

Only eight respondents did not have some sort of criticism of the rules and regulations. Generally, they thought there were too many rules, but were aware that rules were “Quite good, they keep you safe”. One youth commented:

> I think it’s just normal life – rules – some are a bit over-exaggerated like [not] swearing, but I guess they’re there to keep you safe, so I guess we can’t complain.

Others commented on the application of rules by staff:

> Would like consistency with markdowns – disrespect – check this for everyone, not just favourites – only certain staff that do that.

Community meetings are an integral part of the programme. They take place six days a week. Very few respondents had anything positive to say about them. They felt they were too long, too frequent, needed to be better organised and sometimes did not relate to the whole community. However, it was acknowledged by 12 respondents that there was probably some point to the community meetings:

> They’re pretty good – you get to learn how to sit with people you dislike. Some are pretty annoying but you can’t just walk out – you have to stay in meetings, gives you coping skills.

Safety

Almost all (87%) youth said that they felt 'safe' or 'very safe' at Te Poutama.[69]

Two said that they felt 'unsafe' and another two said that they felt 'very unsafe'. Only one of these youths elaborated: "That's my opinion – don't know why".

Respondents were asked how often they felt unsafe and in what situations. Almost half (14 or 45%) said that they rarely, if ever, felt unsafe. One made the observation:

> I don't think I have – it's scarier not being hit. I had learned to cope with it. I was so used to being hit that it was strange when I wasn't – I could deal with that.

Around one-third (11 or 35%) said that they felt unsafe sometimes, four said they often felt unsafe and one who had said he felt 'very unsafe' at Te Poutama said that he felt like this most of the time: "24/7 every time". Respondents invariably said that they felt unsafe when someone was acting out or when something triggered negative emotions or memories for them.

We asked the young people whether or not they were aware of, or had participated in, any incidents in the residence that involved any type of violence, in particular, threatening behaviour, physical assaults, or any type of bullying such as 'stand-overs' or forced sexual behaviour. More than two-thirds (n=21) said that they had at times threatened other youths and/or staff,[70] for example:

> It's a problem for me – it's still a problem has decreased, but it's still wrong. I can be frustrated and youth pick up vibes and think I'm threatening them.

Another seven said they had seen other youths making threats although they had not been involved themselves. They had, "Heard about it and seen it". Three said they were not aware of any incidents of this nature.

Fewer respondents said that they had been involved in any physical violence – less than one-third (nine or 29%) reported this.[71] Sometimes this violence was not deliberate and occurred if a youth was being restrained for any reason.

Comparable numbers said that they had witnessed physical assaults (n=10) or heard about them taking place from others (n=8). Four youths were not aware of any violent incidents. Only three of the youths confessed to being involved in stand-over tactics, six said they had seen other people acting this way and another five said that they had been told about incidents. These events usually involved one of them wanting something another person had, for example, clothes or sweets. The majority (17 or 55%), however, said that to their knowledge, "There's none of that stuff".

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69 Seventeen out of 27 said that they felt 'safe' and the other 10 said that they felt 'very safe'.

70 Four of these youths were subsequently discharged early from the programme for violence. One died in an accident some months after leaving Te Poutama.

71 Three who said they had been involved in threatening behaviour and who were discharged early were also included in this group.

None of them knew of any incidents involving anyone being forced by another to engage in sexual behaviour. However, around a third (n=11) referred to sexual activity of a consensual nature between the youths about which they were aware.[72]

Therapy

We asked the young people to explain in their own words how therapy at Te Poutama works. Most were able to do this to some extent, for example:

> The aim is to get us to put out our sexual offending so we can realise what we've done wrong. Put out our thoughts and feelings so we can develop a coping plan for the future so we can become sexually safe.

Others were less able to describe the therapy at Te Poutama. One said, "I don't take notice, I'm used to [CBT]".[73] Four said they had not been there long enough; another said, "I can't think".

As could be expected, those youths who were more advanced in the programme gave fuller descriptions of therapy. Some talked about the content, others about the structure, for example:

> Come in and open up to primary therapist; do a bit of work about my life. Find out what difficulties you had before the programme – background, then offence analysis. What? Why? Who it affects. Then [offence] cycle summary; how you set up others and yourself. What you did and the impacts. Victim impact assignment – start at Step 1 Level 1 etc to Step 5.

> Come in and open up to primary therapist; do a bit of work about my life. Find out what difficulties you had before the programme – background, then offence analysis. What? Why? Who it affects. Then [offence] cycle summary; how you set up others and yourself. What you did and the impacts. Victim impact assignment – start at Step 1 Level 1 etc to Step 5.

Almost all of the respondents (27 out of 31) expressed an opinion about what they thought of the therapy programme. The majority (n=19) had something good to say about it, that it was helping them to address the issues related to their sexual offending, for example:

> We get to learn about sex education. That's what's going to stop me from offending – and appropriate ways of having a relationship, having consent. I didn't even know about that – I learnt stuff I didn't even know.

Four felt that they had not been there long enough to be able to judge. Five stated that they did not think much of it – it was too hard, too boring and "It doesn't help you". Three were ambivalent. Some things about therapy were good, others not so good:

> Helpful in some ways but stressing me out in others. It builds up then you explode. I don't think half the adults could go through it. They'd give up.

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72 In addition, one of the therapists at Te Poutama commented that the nature of the friendships that some youths developed 'had a sexual content at times'.

73 This youth and the one who said he 'couldn't think' were both in the group that was discharged early for violent behaviour.

As a rule, respondents were in favour of the way that the therapy programme is organised into STEPS. They liked the structure and the privileges that accompanied moving up through the STEPS, although at times they struggled. Four respondents said that they were unable to comment. Three thought this system was “Pretty boring”.

Similarly, most respondents (21 or 68%) had something positive to say about the therapy workbooks which are part of the STEPS programme. The general consensus was that although these involved hard work, it was worth the effort: “They’re challenging, you put a lot of thought into them”. Three made negative comments and seven were not yet at the stage where they were using workbooks.

Respondents (25 out of 31) reported they had been working on a variety of projects over the previous six months, including ‘old me’ and ‘new me’, fantasies, core beliefs, coping plans, sexual offending, victim impact, “my life so far”, life problems, “think good–feel good”, the offence cycle, assertiveness, their problem arousal script and “steps to my offending”. One young man who was nearing the end of his time in the programme had been working on “Identity, relationships, victim apology letter and graduation plan”. Only two felt that the projects they had been working on were not useful. One had been working on a “Rules poster and family tree”, the other had been working on “My life so far and my timeline”. The rest (n=23) acknowledged that they had ‘learned a lot’,although more than half of them said that it had been hard work – they were forced to talk about difficult things and acknowledge the effects of what they had done, for example:

> It’s quite challenging. I’ve been working on victim apology letters. It’s the first one and it took me three weeks – but I’ve learnt a lot actually on empathising.

Group therapy

Depending on when they were first interviewed, some respondents had group therapy three times a week and others twice a week. They invariably reported that they got on well with the staff who facilitated these groups. The views of those who liked their group are characterised by what one youth said:

> Quite good – good relationships, you try to open up and share. You need to be able to trust.

There were very few who did not have something positive to say about a therapy group and only three made negative comments. One said he did not trust the other youths, another that the group was, “Very noisy, very unsettled”, the third that he did not like working in groups.

While five youths said that they did not like group work generally, most (21 out of 31) could name some aspect of group therapy that they liked, for example, learning about other respondents, giving and getting feedback, and relating to others. One youth liked the fact that, “We can put out opinions freely, no-one will think differently of you”. Sometimes group therapy worked well and other times less so. As one youth noted:

> When we’re working properly, it works real well but when it’s unsettled we don’t get anywhere.

Yet, whether or not they liked working in the group, they generally felt they could contribute to the discussion[74] and all except one said that they thought others listened to what they had to say.[75] When respondents presented their work at group therapy, they were asked to rate themselves out of five and were then rated by the rest of the group. We asked them what they thought of this system. Two said they did not see the point of it, one made the following comment:

> Don't see the point of why you have to give ratings – don't see how a group can achieve anything. It's a journey that you have to face by yourself.

Seven respondents were of the opinion that at times the ratings given were unfair; they or others did not always get the rating that they thought they deserved. However, most (n=20) thought that it was a good system and, as one person said, "It helps you with your progress through the programme. You know what you need to improve on".

Individual therapy

Respondents had individual therapy twice a week.[76] It was not unusual for them to have more than one primary therapist during the time they were in the programme. This posed issues for some of them as they usually formed quite a close bond with their primary therapist. In fact, two of them confided:

> She's the only person that I trust 95%. I put out all my thoughts and feelings. I'll never trust anyone 100%.

> We got on fine, real well. I'm pretty upset that he's leaving. We had a good relationship.

By and large, ignoring the inevitable personality clashes, the young people said that they got on well with their primary therapists even if they did not always agree with what they said.

Only two respondents thought that individual therapy did not help them in any way. One stated, "At this point in time I don't think it's helping – [they] just keep pushing you". The other had been in the residence for less than six months and had made negative responses to most questions about Te Poutama. He said:

> It doesn't help – nothing helps me. I'm not here to change my behaviour, I don't care.

But by far the most common sentiment expressed by respondents was that individual therapy helped when they wanted to discuss issues with someone on a more personal basis. It gave those who were not confident in a group situation a chance to express themselves. Individual therapy also provided a forum which allowed them to disclose previously undisclosed sexual offending. Only three respondents thought that there were aspects of individual therapy that did not help them. The comment made by one sums up their views: "Having to talk all the time gets real annoying".

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74 Twenty-five respondents said that they felt they could contribute in a group, four said they did not.
75 Three could not comment and another said, 'No – it just feels like it'.
76 Three youths who had been at Te Poutama a short time had not had an individual therapy session.

Progress and achievements since coming to Te Poutama

In general, respondents acknowledged that they were learning useful skills at Te Poutama. Table 5.1 summarises their views at the first interview.[77]

Table 5.1 Youths' views on what they gained from the programme: first interview

	Number	Percent
Skills to address deficits		
Sexual offending	24	92
Anger/violence management	17	65
Criminal offending	10	38
Drug and alcohol use/misuse	9	35
Skills to enhance life outcomes		
Education/schooling	20	77
Life skills	19	73
Social skills	17	65
Self-esteem	16	62
Physical health	12	46
Recreation/leisure	12	46
Vocational skills	10	38
Cultural needs	15	58
Spiritual needs	7	27
Skills to enhance relationships		
Relationships with other adults	21	81
Relationships with other youth	20	77
Relationships, intimate	19	73
Relationships with family or whānau	17	65
Total[1]	**26**	

1 Data were missing for five youths who could not comment as they had not been in the programme long.

Only two youths said that they had not learnt how to address their sexual offending (both being resistant to being at Te Poutama). Almost all acknowledged that they now had some understanding of their 'cycle and victim impact'. Approximately two-thirds said they had learnt how to manage their anger better. The problems they had with anger and how this related to their offending are referred to throughout this report. One youth remarked on the changes he had made:

> My family have been stunned. I used to chop up my room with an axe.

Around a third said that they had learnt about issues related to the use and misuse of drugs and alcohol – this was important for those for whom drug or alcohol use played a part in their offending. Almost two-fifths said that they had learnt skills at Te Poutama that enabled them to address issues related to their criminal offending.

In addition to learning how to deal with behavioural problems, respondents also gained skills that enabled them to lead positive lives in the community. More than three-quarters said that they had learnt more at school since they had been at Te Poutama. The

77 These data were based on 'yes'/'no' responses.

comments of one youth sum up the education situation for most: “I’m catching up with what I missed out on”. Almost three-quarters said that they had gained life skills: “How to fold clothes, sew and cook”, “How to get an IRD number, a bank account and a driving licence”, and “How to do the dishes”. Two-thirds said that their social skills had improved. One said he had “learnt how to express myself assertively, negotiate rather than manipulate”. More than three-fifths said they had learnt how to deal with issues related to low self-esteem. They felt good about themselves now or they were working towards this.

Almost two-thirds of the respondents said that their cultural needs were being met through the skills they were gaining – although this predominantly related to Tikanga Māori.[78] They had lessons in te reo and were involved in kapa haka – learning waiata, haka and karakia. Some had attended a taiaha course. One who had been at the programme for more than 18 months said, “It’s done heaps for me. I was the one pushing for the programme here”.[79]

Almost half reported that they now knew more about how to care for their physical health, including hygiene. Approximately half also thought that they now had an idea about how to cope constructively with their leisure time. It was all about “getting balance”. Nearly two-fifths said that they were addressing issues related to gaining work or vocational skills. Those nearing the end of their time at Te Poutama were considering their options in regards to work-related courses.

Respondents were asked whether or not God and/or religion were important factors in their lives. Ten (32%) said they were important and five that they were really important aspects of their lives. Table 5.1 indicates that more than a quarter of the youths felt that their spiritual needs were being addressed through the programme at Te Poutama.[80]

Respondents invariably felt that being at Te Poutama had helped them develop skills to foster relationships with adults (81% reported this) and with peers (77%). They said they had “Learnt more ways of interaction” and that they could now “Have adult conversations”. Importantly for these young people, they had also been taught about appropriate intimate relationships. Almost three-quarters reported this. They had learnt, “To understand what intimacy and sex is, being caring, and to know what is abusive”. They reported to a lesser extent that they now had the skills to enhance or develop relationships with their family (65% reported this). Regarding family relationships, one youth remarked, “It’s definitely better – my family didn’t want to know. Dad wanted to kill me".

Overall, most of the respondents (25 of 28) thought that the work they had done since they had been at Te Poutama had helped them. Twelve said it had ‘Helped a lot’. One commented on the extent of the progress he had made – “I think people that knew me before would freak”. While three youths said that the work they had done so far had not helped, one confessed, “I’ve been mucking up a bit”.

Respondents said that they found out what progress they were making by moving up the STEPS programme, and feedback given by their family, teachers, case worker and

78 Nine of these youths were Māori, four were New Zealand European and one was Pasifika.
79 This youth identified with both Māori and Pacific ethnic groups.
80 This included five out of the 10 youths who reported that God or religion was important to them.

therapist – usually at case reviews and case conferences. Almost three-fifths (18 or 58%) felt that they were involved in decisions related to case conferences. A similar number of youths (20 or 65%) felt that they had some involvement in decisions in relation to individual therapy, although understandably this was confined to setting goals and identifying issues that needed to be addressed.[81]

Education

It was not unusual for those at Te Poutama to have a history of sporadic school attendance or exclusion from mainstream schooling. For many, attending school at Te Poutama was the first consistent exposure they had had to education. Two-thirds said that it was "alright", "cool" or "awesome". Conversely, another five said it was "boring" and two thought that it "sucked". One said, "I don't like school but I've learnt heaps".

The aim of the education programme at Te Poutama is to prepare each participant for re-entry into the community – either mainstream schooling or a course. To this end, the classroom is run as close as possible to a mainstream school. We asked the young people what sorts of things they learnt at Te Poutama. They invariably talked about maths, English, science and social studies. Some said how much they enjoyed learning te reo and tikanga Māori. Two talked about being exposed to new learning experiences, for example:

> I'm learning stuff about things I didn't even know existed – geography – real stuff, current events, that's what I like. I've learnt a lot.

Community outings

On the first visit we made to Te Poutama, a number of youths talked about the level of stress some of them experienced when they left the residence to go on a community outing. At their first and subsequent interviews, respondents were asked about this. They were asked if they had recently been on an outing, where they had gone and how they had felt. When first interviewed, 19 out of the 31 youths said that they had recently been on an outing. For most of them this had been a group outing to somewhere like the Antarctic Centre, Ferrymead, Ripapa Island, Kennedy's Bush, ice skating or the theatre.

Generally, comments about the outings were positive, for example:

> It wasn't stressful, more like happy – exciting because I'm back out in the community – interacting with other people in the community. Fresh air, no big gates.

Only two said they had found the outings stressful. One was worried he might be in a risky situation and the other thought of it as a potential escape opportunity.

Five respondents had recently been on individual outings with staff. These included a visit to the dentist, a birthday dinner in a restaurant, family therapy and fishing. In the main, they also enjoyed these outings although there were elements of anxiety surrounding them. One said that he "Got anxious whether it will go ahead". Two individuals nearing the end of their time at Te Poutama felt that staff were "Cramping my style – telling you how to behave". One said his outing "was stressful".

81 Fifteen out of 19 youths talked about these issues.

Family or whānau

Contact with family or whānau

Programme respondents were able to have two fifteen-minute phone calls a week with anyone on their contact list who lived out of the local calling area. Those who had family living locally could have more phone calls. They were also able to receive calls from those on their contact lists. There were only three youths who did not have contact with their family.[82] Others had contact with one or both parents (including foster parents and ex-caregivers), grandparents, aunts and uncles, and some of their siblings. Sometimes there were restrictions placed on contact with the family – 17 youths referred to this. This was usually in relation to victims and other children within the family or those not on the contact list. Restrictions could be put in place if youths were abusive to family members.

Four-fifths of respondents said that they spoke to someone in the family on the phone at least once a week. Phoning was by far the most common and frequent method of contact, but depended on whether or not family members were available when they were called. Most of the youths also saw members of their families if they attended the three-monthly case conferences. Four whose families lived locally sometimes got visits and four said that they got letters.

Most of the respondents said contact with their family made them feel good. The most common view was, “It makes me feel good knowing I’ve got people out there to support me”. On the other hand, five said that contact upset them,for example, “It makes me a bit sad, makes me feel how I’ve hurt them emotionally”. Another said it made him feel, “Sad to hear their problems because I can’t support them from here”. However, these were the views of the minority.

Contact with professionals

More than half of the respondents said that they had contact with other professionals from outside of Te Poutama. Those most often referred to were CYF social workers and CBT therapists. Two youths said that they sometimes had contact with their probation officer. The most common venue for contact between these youths and social workers or CBT therapists was at the case conferences. However, 12 of the young people said that they sometimes phoned their social workers, although it was often difficult to get hold of them. Only three youths referred to regular contact between them and their social workers.

Two who said that they did not have contact with any professionals outside Te Poutama commented on how difficult it was to get in touch with their social workers.

Relationships

With family or whānau

Almost all of the youths (28 out of 31) said that they felt close to members of their family. Some (26 out of 28) said they were close to one or both of their parents, their siblings or

82 The first of these youths had been in care since he was four weeks old; the second said he did not want contact; the third said they were not on his contact list yet.

a grandparent. They also talked about relationships with cousins, aunts and uncles, and a foster parent. One youth said he was close to his brother-in-law. However, three said that they did not feel close to their family. Two of them had issues with family members, and the other had “Been in care since four weeks old”. Clearly, whatever the nature of their relationship with their families, these youths still felt drawn to them.

With people in the community

Two-fifths of the youths (13 out of 31) said that there were people to whom they felt close outside Te Poutama. Some of these people had helped or provided support to the youths. Three said that ex-caregivers had given them support. Two said that their social workers were supportive, two referred to teachers, one to an ex-girlfriend, one to friends of his foster mother, one to a CBT therapist and one said, “My minder kept me safe”.

With peers at Te Poutama, and general attachments

All except one of the young people said that they *usually* got on well with the other youths at the residence. However, there were times when conflicts arose. All except one said that they sometimes had issues with their peers – either personality clashes or an individual who was perceived to be annoying or untrustworthy. Twelve mentioned having problems in the classroom, usually involving the same people.

One was sexually attracted to two of his peer group, which caused him anxieties everywhere – in the residence, in class and in therapy.

Respondents were asked who they would miss the most when they left Te Poutama and, conversely, who they would miss least. Sixteen said that there was someone they would really miss, as they had formed close relationships with them. Five named staff members (usually their therapists and case workers), and four named peers. Seven named both staff members and peers. The following remark is illustrative:

> On a scale of 1–10 it would be a 10. Because they’re long-term people who’ve been here since I have. I’ll miss them through them understanding me and me understanding them.

In addition, a similar number of respondents (n=17) named someone who they would rarely miss when they left Te Poutama. Fourteen referred to peers. Some individuals were named by more than one person. Three said there were some staff members they would not miss as they did not get on with them.

Relationships with residential staff

Only three youths said that they did not get on with residential staff. Twelve said their relationships with staff were “Sweet – it’s all good”. One said it was too early to tell and the remaining 15 said they got on with “Some alright, some not alright”. One youth who had been at the residence for more than 18 months considered how he managed relationships with residential staff:

> With some I get on well – we have a good relationship. With some, not many, I pretend to, in order to be safer and so that I can work alongside them.

Respondents developed a dislike for staff members when they were “bossy”, “had no sense of humour”, or were “up-tight”, “stuck-up” or hard to get on with. However, whether or not they got on with all staff, they acknowledged that there were things staff did that helped them.[83] Staff talked to them, challenged inappropriate behaviour, supported and encouraged them, and did not judge them.

A few youths (n=6) said that residential staff also did things that did not help, such as challenging behaviour inappropriately or not allowing them to work through issues if they were in a ‘bad space’.

All the youths had a case worker who was one of the residential staff members. They invariably developed close relationships with their case worker. Only two said that they had issues with this person. One said:

> We don’t get on all that well. She’s bossing me around about my sexual safety plan [in the residence]. I already know how to do it. I don’t need help.

The other youth had just got a new case worker and was going through the process of getting used to this: “I don’t like him that much but it’s only been a month. My other case worker left”.

Relationships with therapy staff

We asked the young people about their relationships with all of the clinical/therapy staff at Te Poutama, including those who facilitated groups. Only two said that they did not get on with the therapy staff in general. Four said they could not make a judgement yet, and three said they had their “ups and downs with them”. However, in general, they (n=22) considered that therapy staff were “the best staff here” and they got “on well with them”.

Approximately two-thirds said that therapy staff did things that helped them, including facilitating group therapy, challenging them, giving them assignments, talking to them and providing support, for example:

> They encourage me to be honest about my offending and stuff that’s happened to me.

A few (n=6) were of the opinion that sometimes therapy staff acted in ways that were not helpful. For example, they said that sometimes they were given too much work or made to address issues before they were ready. One said:

> They challenge me sometimes at the wrong time in front of the group and it makes me feel angry and frustrated – it’s not the time and place.

Another said that his problems were with one of the therapists. He commented, “I get into a power struggle with her”.

83 Only two respondents thought that staff did not do anything that helped them.

Relationships with education/teaching staff

Apart from occasional differences of opinion, respondents said that they got on pretty well with teaching staff. All except one had something positive to say about what the teachers did to help them. While the young people generally referred to teachers helping with school work, a few talked about being helped and supported in other ways. Five of them mentioned the non-judgemental support. The following quotation is characteristic:

> They can understand where I come from. The stuff I need to learn. They can help you. They don't say you're useless. They don't laugh at you. They help you out.

The future

Respondents were asked if they had any concerns about what would happen in the future – while they were still at Te Poutama and when they left. A few (n=6) said that they had concerns about what might happen while they were still in the residence. Two were anxious that they would not complete the programme or graduate, another was worried about when he would be allowed to leave. One was afraid that something might happen to his father while he was away. Another had concerns that he would go to prison for his sexual offending and would not get to see his family. The last (who was subsequently discharged for violence) was thinking about the potential effects of his behaviour at Te Poutama. He revealed:

> If I physically abuse someone here and the Police take it seriously they will take me back to Court and send me over to the [prison].

Significantly more respondents (14 or 45%) had concerns about what would happen when they left Te Poutama. Anxieties for five of them related to where they were going to live. Two were unhappy that they would not be able to live with their family, and three had no idea where they were going or how they would cope. One of them commented:

> Where am I going to live? It will be scary. I won't have support of staff – it's not like I can go to 'time out' in the community – it will be like one big 'time out' mode.

Three respondents were concerned that they would go to prison if they left without completing the programme. Another had been told about someone who had died in a car accident shortly after leaving Te Poutama and he thought something similar might happen to him. Two were concerned about how people would react to them.

> If people are going to call me a sexual offender – like I'll have a label on my head saying, 'Come and bash me'.

> What will happen with my family? Will I get a hiding when I get out of here?

And a further three youths were worried about how they themselves would act. Their comments illustrate their apprehensions:

> I don't know how I'm going to get on trying not to hit people. How my family will respect my information – can I trust them? How my family is going to handle their anger.

> How I'm going to act. It's going to be pretty scary leaving. Even going on individual outings will be pretty scary. I reckon I'm not going to know how to act.

> I'll be going back to the environment I was in. I've told the therapist that there's more risk of me criminally offending than sexually offending.

The last comment proved prophetic. This particular youth eventually ended up in prison. His therapist had been dubious about the extent to which he had changed his anti-social attitudes and remarked, "He had an attitude of 'I'll do it my way'. I was never sure if he was hoodwinking me".

Suggestions for improvements at Te Poutama

Almost all of the respondents (26 out of 31) had suggestions about how things at Te Poutama could be improved. They most frequently cited a desire for more community outings and to be allowed to go outside and use the big field for sports and activities more often. Seven mentioned issues related to staff – that there should be more Pacific Island staff, that staff needed to be consistent in how they dealt with them and that they should be less 'challenging' when dealing with difficult situations.

One youth thought that the introductory video should be upgraded because, "t's pretty sad, it doesn't look like this place". Another thought that bedtime could be later in the weekend. Several mentioned how hard it was not being allowed to smoke when they could smell cigarettes on staff who smoked. Other suggestions included better options for vegetarians, getting pets, skateboard ramps, a motorbike for use in the big field, fewer rules, longer phone calls, more computers, more music, more physical education, and fewer and less restrictive rules.

5.3 Second and subsequent interviews with youths in Te Poutama

Twenty-one youths were interviewed twice in Te Poutama, 14 three times, and five, four times. One was interviewed five times. This section of the report deals with the second and subsequent interviews with these youths.

Changes in the previous six months

Respondents were asked what things had changed at Te Poutama over the previous six months, or since they were last interviewed. In the second interview, they talked about changes amongst young people and staff. Some had left, others had arrived. They described how one of their peers had been discharged early because of violent behaviour and how another had got community service for similar behaviour. They talked about the unit being unsettled and becoming safe again. They said there were new rules. Some had moved up the STEPS and others said their behaviour had improved.

Respondents were asked how the changes they identified had affected them. The observations made by two sum up their views:

> It's been quite sad although staff and youth leaving is quite good. It means they're getting on with a new life.

> New staff can be difficult or more easy, old youth leaving makes me feel sad. The new rules make things more restricted.

These themes remained more or less constant across the third (n=14) and fourth (n=5) interviews: youths and staff left and new people arrived, and the arrival of new residents invariably led to the place becoming unsettled again for a period.

Youths' views on being at Te Poutama

When first interviewed, it was apparent that at some point most respondents had decided that Te Poutama was the best place for them whether or not they wanted to be there. When they were re-interviewed, only three of the 21 said that they had not changed their views. The same ambivalence was expressed and perhaps revealed responses to the process of the programme that occurred over time, for example:

> I reckon it's really helping me. When I first came in I thought no-one would care, I thought it was just a hole, it just shows how much I was wrong.
>
> When I first came here I was glad I was here. In the middle I wasn't, now I am again.
>
> I feel it's helping me but I don't like the place. At first I didn't like it and I didn't think it would help.

The residence

Views on changes in the residence

Respondents were also asked specifically about changes in the residence. At the second interviews, 17 of the 21 youths mentioned some change or other. People had new posters, some had radios, one had made some shelves out of cardboard and three said they had cleaned their rooms. By the time of the third and fourth interviews, all those re-interviewed described how their rooms had changed in some small way, e.g. more posters or a stereo.

They were also asked about changes in the menu, the programmes, the routines, the rules and regulations, and community meetings. They had little to say about changes in the food at their second and subsequent interviews. It was just the same (lacking in variety for some), apart from the fact that the summer menu was in place and they were having barbeques, which they enjoyed.

When asked if there had been any changes in the activity programmes since their last interview, they talked about the new bone-carving programme, making pillow cases, doing French knitting and being able to use the water slide in the summer. A youth who was interviewed for a fifth time talked about being involved in making up commercials for a mock radio broadcast as part of the school holiday programme. There was now a personal trainer who came in to work with them on their fitness. One participant commented at his second interview that the activities "always change – we're making Christmas cards at present".

Respondents reported changes in the routines since the previous interview. The timetable had changed, including the times of community meetings and group therapy. A number of changes in the rules were mentioned at the second interview, including a new rewards system, and a ban on the use of words or phrases which could have sexual

connotations – 'go hard', for example. None of the youths mentioned any other changes at subsequent interviews.

Safety

When first interviewed in the residence, almost all respondents (27 or 87%) reported feeling safe to some degree. If anything, this had improved over time, although numbers are small (Table 5.2).

Table 5.2 Youths' reports on feeling safe in the residence

Feel	Int 1 (n=31)	Int 2 (n=21)	Int 3 (n=14)	Int 4 (n=5)
Very safe	10	6	9	3
Safe	17	15	5	2
Not safe	4	–	–	–

However, the environment was such that this feeling could change fairly quickly and, as one youth said, he felt "as safe as you can be". As in the first interviews, anxieties increased when the residence was unsettled and individuals were acting out.

Respondents were asked if they were aware of any incidents taking place involving violence or threatening behaviours since they were last interviewed. Table 5.3 compares what they said at the various interviewing stages. Given the small numbers, there is no evident pattern of change.

Table 5.3 Youths' reports on violence or threatening behaviour in the residence[1]

	Int 1 (n=31)		Int 2 (n=21)		Int 3 (n=14)		Int 4 (n=5)	
	n	%	n	%	n	%	n	%
Youth threatened other youth (or staff)	28	90	18	86	13	93	4	80
Youth assaulted other youth (or staff)	19	61	13	62	10	71	3	60
Youth used stand-over tactics	9	29	5	24	3	21	–	–
Youth forced other youth into sexual behaviour	–	–	–	–	–	–	–	–

1. Data relate to those who reported these behaviours themselves, or who witnessed it in others.

Therapy

Progress

In each of these subsequent interviews, respondents were asked what progress they thought they had made in therapy since the last time they had spoken to us. They talked about working on their timelines (i.e. life histories), their offence cycles, victim apology letters, coping plans and moving up the STEPS. They were justifiably proud of their achievements. As one said:

> I've moved up, I'm able to trust and talk to staff and I'm open with my family about stuff. I feel proud of myself.

Those who were getting close to leaving talked about preparing for their departure:

> I'm getting ready to leave pretty much – just going out and doing things.

They also talked about their progress in group therapy. They felt they were contributing more and giving feedback to other participants. They were also learning to deal with being challenged on their presentations. As one youth noted,

> I've been presenting my cycle – thoughts, feelings and actions that led to my offending. Being challenged on that – that's a big one for me.

Two youths specifically mentioned working in group therapy on "talking a lot about when people leave and how to manage proper situations" and addressing "lots of questions about life – just general male questions that you want answered".

Views of therapy

More than half of the youths (11 out of 21) when interviewed for the second time said there were things that they had found easy in therapy, including trusting staff, managing arousal, talking about discharge and "putting out" their offending. A similar proportion (7 out of 14) at their third interview felt the same, although sometimes views changed depending on what they were working on at present. By the time five of them were interviewed a fourth time (and nearing discharge), four said they were finding nothing easy. One commented he found it difficult "Just talking about leaving".

At the different interview stages, most youths also talked about things that they found difficult in therapy. More therapeutic exposure did not seem to have made things easier. It was hard "Using honesty, talking about my true feelings, saying that I feel hurt". Persisting difficulties included talking about their sexual offending, airing issues they had with their family, disclosing victims and – especially – talking about the impact of the offending on them: "Empathy work is real hard". The youth who was interviewed five times had been at Te Poutama for more than 18 months. He said he still found it hard "Being honest and open".

Progress and achievements since coming to Te Poutama

Each time they were interviewed, respondents were asked specifically about achievements over the previous six months. Their responses related mainly to the progress they had made in therapy and at school. They reported more understanding of the reasons for their offending and the need to become sexually safe. Twelve also reported progress in developing coping plans at interviews subsequent to the first one. Six talked about progress with managing their anger, three said they had disclosed new victims and a further two talked about being more honest. Three talked about developing victim empathy and another had written apology letters to five victims.

Table 5.4 Youths' views on what they had gained from the residence

	Int 1 (n=26)[1]		Int 2 (n=21)		Int 3 (n=14)		Int 4 (n=5)	
	n	%	n	%	n	%	n	%
Skills to address deficits								
Sexual offending	24	92	20	95	14	100	5	100
Anger/violence management	17	65	15	71	11	79	5	100
Criminal offending	10	38	13	62	10	71	4	80
Drug and alcohol use/misuse	9	35	11	52	10	71	2	40
Skills to enhance life outcomes								
Education/schooling	20	77	18	86	14	100	5	100
Life skills	19	73	16	76	14	100	5	100
Social skills	17	65	17	81	13	93	5	100
Self-esteem	16	62	12	57	12	86	5	100
Physical health	12	46	9	43	12	86	5	100
Recreation/leisure	12	46	13	62	13	93	5	100
Vocational skills	10	38	9	43	10	71	4	80
Cultural needs	15	58	10	48	10	71	4	80
Spiritual needs	7	27	10	48	6	43	4	80
Skills to enhance relationships								
Relationships with other adults	21	81	17	81	13	93	5	100
Relationships with other youth	20	77	18	86	14	100	5	100
Relationships, intimate	19	73	17	81	13	93	5	100
Relationships with family or	17	65	17	81	14	100	5	100

1. Data were missing for five youths who could not comment as they had not been in the programme for long enough to make an assessment.

As they advanced through the programme, they more consistently reported that they were addressing issues related to their offending. Basically, they were learning, as one said, "Why I offended and how I can stop". Anger management was part of this.[84] Progress with education was evident, as well as with life and social skills; proportionately more reported on progress in second and subsequent interviews than in the first.

Table 5.4 shows what they felt they had learned at Te Poutama across a number of dimensions and how their views changed over time.[85] Levels of progress across these varied a little, and some individuals changed their minds about how they felt they were doing. But the general direction was certainly a positive one.

The picture as regards cultural needs was somewhat mixed, but by the third and fourth interviews most of the youths were positive about the skills they were gaining – again, this predominantly related to tikanga Māori.[86] The one Pacific youth in the residence wanted more Pacific Island staff and more access to music and other aspects of his culture. Respondents continued to have lessons in te reo, and were able to do unit standards in Māori language. They were also involved in kapa haka, learning waiata,

84 Two respondents who had not reported this at their first interview now said they had gained these skills.
85 These data were based on 'yes'/'no' responses.
86 Five of these youths were Māori and four were New Zealand European.

haka and karakia. Some Māori youths reported developing an understanding of their whakapapa and one commented that he had been learning tikanga: "[Kaihāutu Māori] is helping me to know what's right and wrong". The comments made by two New Zealand European youth were interesting:

> I used to not like Māori culture and stuff but now I want to join kapa haka.

> I like being able to do stuff that the Māori do – wear my bone carving and show respect for people. The one I'm wearing [Kaihāutu Māori] did it for me. It's the first time I've worn a necklace and I wear it all the time. I've done one for Mum and one for Dad.

In second and subsequent interviews, more respondents reported gains in relationship skills. They recognised that they were better equipped to form and maintain relationships with both peers and adults, and that they were more able to understand appropriate intimate relationships. Increasing proportions of respondents at each interview stage also reported being better equipped to deal with relationships within their families.

Hearing them describe progress was heartening. The one youth who was interviewed five times said during his final interview that he had learnt something about each of the skills listed in Table 5.4. One youth, who said he had not learnt anything at his first and second interviews, felt differently by the time of the third, when he was preparing to leave. His clinician at Te Poutama said:

> Biggest change was in his self-esteem, confidence, identity and believing in himself. His therapist at [CBT] said "I can't believe this is the same boy", [he] had his head up, was making eye contact, was clean and tidy, and shook [therapist's] hand. He had been very unkempt when he came here and gave us a wide berth. His speech was mumbled. He was an extremely traumatised boy and we only touched on the extent of it.

The four dimensions of health

Fewer than half of those who took part in the first two interviews reported feeling capable of looking after their physical health, but by the third interview four-fifths felt capable, and by the fourth interview all of them did. During the course of the interviews, more reported that they were making progress with coping constructively with their leisure time. By the second interview, more than two-fifths said that they were addressing issues related to gaining work or vocational skills; and the closer they got to discharge the more likely they were to say this.

The respondents were asked a series of questions relating to the four dimensions of health based on the Hua Oranga model: mental, family or whānau, physical and spiritual. They rated themselves on each dimension in terms of how they had been prior to coming to Te Poutama. These ratings were on a scale from *1=much less* to *5=much more*.[87] These questions were not asked in the first interview. Table A5.1 in Appendix A

87 A rating of 3=no change implies that behaviour had remained at the pre-Te Poutama level. This is assumed to be a negative rating. Although this was the situation in a minority of cases, the particular behaviour may not have been a problem for the youths in the first place – e.g. anger, acting out, and poor family or whānau relationships. However, the number who gave ratings of three is generally small.

shows the results from the subsequent interviews. The questions were put to 17 youths at the second interview, 14 at the third and five at the fourth.

In relation to health, the majority considered that they had changed for the better since they had been at Te Poutama. Most maintained this opinion each time they were interviewed. Features of the findings are:

- Respondents rated themselves highly on all of the four mental health dimensions. Only six of 17 at the second interviews did not say they had improved. Only two of 14 did not report improvement at the third interview. Those who had improved were more able to set goals; more able to feel and act in a safe, respectful and positive manner; more able to manage difficult or problematic thoughts and feelings; and more able to understand how to deal with their sexual offending problems.
- On the family or whānau dimension, rather more reported no improvement. For instance, at the second interviews, seven (of 17) did not feel any better about being able to interact with their families, one of 14 said the same in the third interview and one said that this relationship had deteriorated. Four found it no easier to talk to their families at the second interview and five at the third interview. These results reflect complex and often difficult family relationships, as subsequent interviews with family members and youths who had moved into the community showed. Nonetheless, the majority reported improvement with respect to the four elements of the family or whānau dimension.
- In relation to the physical health, the majority reported improvement. Amongst those who did not, at the second interview, four did not feel better able to understand the link between physical health and general wellbeing, five felt there was no improvement or even a deterioration, and three did not feel healthier.
- The majority of youths reported improvement in spiritual health. Amongst those who did not, at the second interview, five said they felt no healthier from a spiritual point of view and one noted deterioration. Five out of 14 at the third interview reported no improvement, as did one of the five at the fourth interview. For Māori youth, the concept of a 'spiritual dimension' (wairua) may have a broader meaning than reference to God or religion, and can encompass particular world views, values and belief systems (Durie 2001).
- Over time, and taking all four elements of the four dimensions together, more respondents reported improvement. At the second interview, there was improvement reported in 77% of answers, 85% at the third interview and 96% at the fourth.

Case conferences

Case conferences were held at the residence every three months. As the youths got nearer to discharge, the conferences were held off-site – usually in the area in which they were going to live. All respondents reported at each interview stage that they had had a case conference since they were last interviewed. All except two said that at least one family member had attended the conference, and most reported that their social worker and someone from a CBT had been there as well. However, whether or not they had family there, it was not unusual for respondents to say there were other people they would have liked to attend – most often siblings, particular family members or ex-caregivers. They stated categorically that they felt that case conferences went well even though things did not always go smoothly, for example:

> I put stuff out to Mum saying how she used to treat me and an apology letter to [victim]. The reason I offended was the way Mum treated me. She didn't want to hear any more, she thought I was blaming her. But I said that the way she treated me wasn't an excuse for what I did.

One youth who had had almost no family support at his case conference (and said he "didn't want anyone") thought it had not gone well: "I acted out all day – I was unsettled in the programme". He subsequently had an off-site case conference prior to discharge and he was much more positive. He said, "It was primo. We looked at a course. It was to suss out my placement and discharge date".

Education

Respondents were asked if there had been any changes in school. They predominately referred to changes in staff – relief teachers who were 'okay'. In addition, several referred to 'maths sprints' (a form of speed mental arithmetic) and said they enjoyed these. One talked about being able to do bone carving; another mentioned the Māori class on Friday afternoons. They observed that classroom time was less structured when holidays approached.

Community outings

At the second interview, all except two of the respondents (19 out of 21) said that they had recently been on an outing. As in the first interview, the dominant view was that the outings were enjoyable, albeit with elements of stress involved. The issue of absconding emerged as it had at the first interviews.

Their views about outings did not change markedly over the third and fourth interviews. By that stage, they had been on the programme longer and more were entitled to and reported going on individual outings with staff and sometimes family.[88] All except one categorically stated, "It was good, not stressful". However, at a fourth interview one youth repeated what he said when first interviewed – that sometimes outings caused anxiety:

> Sometimes I have issues when I come back from individual outings – sexual issues towards young children. It's stressful, I try and distract myself as much as I possibly can. Group outings are less stress. They're [with] people you've gotten to know over a period of time.

This youth was subsequently involved in an incident of a sexual nature, not involving a victim, after his discharge from Te Poutama. His therapist had commented when he was discharged from Te Poutama that he still had very little insight into some risks and the associated factors: "He might be involved in a risky situation and not perceive it as such".

Contact with family or whānau

At all interviews after the first, all respondents with one exception reported that they had had contact with their family in the previous six months. The contacts had been with one or both parents, grandparents, aunts and uncles, or in some cases siblings. Three had some contact with ex-caregivers whom they considered to be family. The type and

88 Ten out of the 14 respondents interviewed for a third time and all five interviewed for a fourth time said they had been on an individual outing.

frequency of contact with family had not changed since they were first interviewed. Weekly phone calls continued and youths whose families lived locally still got visits. Most of the young people also continued to see their families at the three-monthly case conferences.[89] They reiterated what they had said when first interviewed: contact with family made them feel good. However, this feeling of wellbeing was sometimes fragile, and not being able to contact family members could cause stress and anxiety.

One participant who had had little contact with his family because they did not have a phone and usually did not come to case conferences got a chance to see them when he had an off-site case conference:

> It was good to see them – they noticed a big change in me from last time. I've grown tall and put on weight because I haven't been smoking. The worst thing was they were all smoking!

The most common view expressed by respondents in relation to contact with their families echoed what they had said previously:

> It helps me feel more wanted in the family. I'm still part of the family but 1000 miles away.

Contact with professionals

When re-interviewed, two-thirds (13 out of 21) of respondents reported that the contact they had with other professionals outside Te Poutama was consistent. The most common type of contact was at the case conferences. Youths continued to find it difficult to contact their social worker by phone but they said they only phoned their social workers if they wanted something, and that their social workers only rang them if they needed to tell them something. One had a social worker who came to see him regularly – about once a month. Four said that they had contact with CBT therapists more often than at case conferences. Two had families in the area and were involved in family therapy with CBT therapists; another two said they spoke to the therapists by phone about once a month.

At the second interview, six respondents said that they had had a change in social worker. One remarked, "I haven't got one now", but six months later at his third interview he said, "I've just met him and he's alright". By the stage of the fourth interviews, another youth reported that he did not have a social worker. One described the lack of continuity that can occur between social worker and client:

> I had a change of social worker, didn't get to meet her then she quit. I had another change, didn't meet her either and she quit. Now I've got a new one, I haven't met him either.

Only three respondents had criticisms of their social workers. These related to problems in making contact, the youths' perceptions that they were not being involved in decisions or that their social worker was ineffective. Others had good relationships with their social workers and only had positive comments.

89 As respondents gained more privileges by advancing in the programme, they were allowed cellphones. Two said they could use these under supervision in rewards time to 'text' approved family members.

While social workers often changed, CBT therapists did so less often. Three youths reported this (at the third interview). Only one of the 10 youths who had some form of involvement with CBT therapists said "I don't get on with her". The rest invariably reported that "We get on really well". Another youth noted that a CBT therapist had been involved with his family but "There was not much work done. Mum won't engage". Generally, they appreciated the support they got from CBT therapists and had sometimes known them before Te Poutama.

Relationships at Te Poutama

At all interviews, nearly all respondents said that they *usually* got on well with the other youths in the residence. When they reported difficulties, it was mostly in the residence and to a lesser extent in the classroom (Table 5.5). Relatively few of them reported having problems in group therapy.

Table 5.5 Youths' reports on problems with others in the residence by interview

	Int 1 (n=31)		Int 2 (n=21)		Int 3 (n=14)		Int 4 (n=5)	
	n	%	n	%	n	%	n	%
Problems with anyone in the residence	21	68	12	57	8	57	4	80
Problems with anyone in the classroom	12	39	10	48	6	43	1	20
Problems with anyone in therapy groups	6	19	5	24	4	29	1	20

Responses about relationships in Te Poutama varied across interviews depending on what was happening for the youths at the time. Comments in second and subsequent interviews were much the same as in the first: sometimes there were personality clashes, particular youths and staff were sometimes annoying, and one respondent who said when he was first interviewed that his sexual attraction to some of his peers caused him anxieties continued to refer to this problem.

Relationships with residential staff

The turnover of residential staff noted in the first interviews continued to be mentioned in subsequent interviews. Seven individuals[90] reported a change in case worker since the last time they were interviewed, but said that they got on with their new case worker. Those who had the same case worker (14 out of 21) said that they still had a good relationship and got on 'really well' with them.

Respondents consistently reported, as when first interviewed, that they still got on with most staff, although the same problems emerged. In the second interviews, also, two respondents admitted that there were individual female staff members with whom they had problems because they were sexually attracted to them.

Relationships with therapy staff

Over time, it was not unusual for there to be changes in the staff facilitating group therapy. Respondents reported that this was the case at second and subsequent interviews. However, in general they still reported that they had good relationships with therapy staff.

90 Four said this at their second interview, two at their third interview and one at his fourth interview.

Nine out of 21 respondents interviewed for the second time said that they had had a change in primary therapist since they were first interviewed. By the time they were interviewed for a third time, another four reported a change. At the fourth interview, one other youth had a new therapist. He said, “We get on good but it’s a bit hard to open up to her”. She had left by the time he was discharged around 10 months later. He had had three therapists during his time at Te Poutama.

Goals for the future

Respondents were asked what their goals were for the rest of the time they were at Te Poutama. Most aimed to become sexually safe by graduating or completing the STEPS programme. Some who were less optimistic wanted to get as far through the steps as they could before they left. Five talked at various stages about wanting to achieve more educationally, and others had personal issues they wanted to deal with, including anger and violence. They also wanted to be more confident and to work on relationship skills.

Suggestions for improvements at Te Poutama

Suggestions about how things could be improved at Te Poutama were much the same in the re-interviews as in the first. More than half of the respondents (12 out of 21) mentioned issues related to staff: the need for consistency, better training to equip them to deal with difficult situations, more interaction between residents and staff (“going outside together to play sport more often”), more staff to deal with difficult situations and more discretion when discussing personal issues with other youths. They also talked about wanting more community outings and being able to go outside more often for sports and other activities.

The remainder of what the respondents suggested again fell into the ‘wish list’ category: fewer rules, a more varied menu, a mini golf course on the big field, better posters around the residence, more music, getting rid of the rabbit holes in the big field and more ‘fun’ programmes.

Chapter 6 The youths after Te Poutama

6.1 Introduction

To determine whether or not the youths felt they had attained the goals of achieving better life outcomes and reaching a point where they could live non-abusive lives in the community (with ongoing therapeutic support), we planned to interview all who agreed to be contacted after leaving Te Poutama at two points in time: approximately six months after they left the residence and approximately 12 months after the first interview. This chapter presents the findings from these interviews.

In the first interview, the youths (n=26) were asked about their lives in general since leaving the residence. This included where they were living, networks of relationships (including families), and whether or not they had had a job or done any study. We asked a series of questions relating to drug and alcohol use and mental health issues, as well as the generic set of cultural questions addressing the four dimensions of health. We specifically asked what they remembered of what they had learned at Te Poutama (e.g. their safety/coping plans), how helpful these skills were in a community setting and how they would currently rate their risk of sexual offending. Other areas included involvement with professionals such as CYF social workers and CBT therapists since leaving Te Poutama, what they thought of Te Poutama now, and their hopes for the future.

At the second community interview, respondents (n=18) were asked primarily about what had changed for them since the previous interview and their hopes and plans for the future.

6.2 Discharge from Te Poutama and subsequent living situations

There were a number of placement options for those leaving Te Poutama: with family members or individual caregivers arranged by CYF, specialist group homes (run by agencies such as Birthright, Richmond Fellowship or Barnardos) or CYF family group homes. The first interviews showed, however, that some youths faced some uncertainty about their living situations immediately after discharge. Subsequent interviews pointed to a degree of transience, with a number of them returning to live with various family members. Table 6.1 summarises placements immediately following discharge and at the first and second interviews in the community.

Discharge from Te Poutama

Although the majority of young people were placed in relatively secure living situations following discharge from Te Poutama, interim arrangements were sometimes made – including arrangements for two who went to live with family members and two who stayed in motels with trackers (i.e. minders) – until more permanent accommodation was found. The following comment illustrates the uncertainty and disruption some faced:

> They couldn't find me a placement so I went to my sister's in [town] for a night then CYF put me into [motor camp] – then I went to a hotel, then I came here to this flat.

While the majority (18 or 69%) said they knew where and with whom they were going to live before they left Te Poutama, others (n=8) said that there were uncertainties around their placements until the time they left, for example:

> CYF said they had a placement. Then on the day I leave they said they didn't have one. I didn't find out until I got off the plane that they didn't have anywhere for me to go.

Living arrangements were made in the time leading up to the young people's discharge. Five either did not remember or did not know who was responsible for the arrangements. Most thought it was a collaborative exercise, usually between their Te Poutama therapist and CYF social worker, often with the involvement of CBTs (particularly after the introduction of the Joint Admission to Discharge Protocol) and sometimes with family.

Table 6.1 Changes in youths' living situations from discharge to first and second interviews

Placement options	Discharge	First interview	Second interview
CYF caregiver	8	1	1
Specialist group home/caregiver	8	6	
Family members	5	9	6
Motels	2	3	–
Caravan park	1	3	–
Social worker	1	1	–
Boarding privately	1	–	1
Flatting	–	3	7
Prison	–	3	1
Boarding house	–	3	–
Transient	–	–	2
Total	**26**	**26**	**18**

Living situations at the first interview

The youths were fairly transient soon after they left the residence. At the time of the first interview, most (22 or 85%) had moved at least once, many (n=16) between two and four times, and several (n=6) five times or more. Only four were still living in the original situation: two with family and two in specialist group homes. There were equal numbers of positive and negative reasons for moving. Positive reasons included transitioning into independent living and those in temporary living situations finding stable placements.

Placements for the other 11 youths did not work out. These young people were often challenging to live with, and the following comments highlight some problems that emerged:

> It didn't work out – at first I was still trying to adjust to normal life and find a way of keeping safe but I was relying on [landlady]. She told me to get out. She thought I was treating her like a mum but I wasn't.

> I stayed with Dad for a year then I got back into drugs – cannabis heavily and drinking. I had a good relationship with him but I realised he didn't understand that it was unacceptable for me to be taking drugs. I was really, really depressed.

Only two youths said that they did not feel safe where they were currently living. One was transient and one was in prison. One commented:

> I don't feel safe wherever I live – you can't feel safe in this world. I don't really trust many people. … people are deceitful. It's hard to trust anybody.

Changes over time: the second interview

Table 6.1 shows that by the time the youths were interviewed in the community for a second time, there had been a number of changes in their living situations.[91] Some of these changes were to be expected as the youths matured and showed increased independence. For example, three were now living with their partners and two were fathers, while several were flatting independently. Other changes had occurred as a result of the difficulties these particular young people presented and faced. By and large, they were still living transient lifestyles – only two of the 18 interviewed for a second time in the community were living in the same place as when they were first interviewed. Many had changed both their address and the area in which they lived. Even those living with family members tended to move between situations, including time in prison for some. Most (n=10) had moved between two and four times, with some moving five times or more (n=4). The few (n=4) who had moved through choice included two who had returned to live at home and two who said they liked being on the move. The other 12 gave various reasons for moving, most often to do with poor relationships with housemates or people in the community (n=9).

For others, their reasons for moving were more typical of their generation than of their particular issues:

> In one case the house was sold, then I didn't get on with my flatmate. Then I was living with my girlfriend, she was a bitch and we broke up.

Most (n=16) said that they felt safe where they were living or staying at present. Of the two who did not feel safe, one was in prison and another was boarding.

6.3 Life in general

First interview

In general, the young people were happy with their lives at the first interview. Almost two-thirds (62%) thought that life was going well; the remainder were ambivalent, with only one youth expressing dissatisfaction with life.

Half had been involved in some form of organised recreation or leisure programme since leaving Te Poutama, for example, sports (n=5), church (n=5), some form of social club (n=4), kapa haka and marae (n=2).

91 The youth who was in prison was also in prison when first interviewed, but was now serving another term of imprisonment for further offending.

Many were currently engaged in education or employment: 38% were full-time students, 23% were in full-time or part-time employment, and 27% said they were unemployed and looking for work. One was just about to start a new job and three were in prison. Work and study often contributed to their positive self-regard.

Things had happened in the lives of most of them (24 or 92%) to make them feel good about themselves, mainly related to relationships with family, friends or partners (n=10); work (n=5); or study-related achievements (n=5).

Second interview

Most respondents were still content with life when they were re-interviewed. The same proportion thought that life was good (61%), with a decrease in those expressing ambivalence (28%). Two who were dissatisfied with life at this stage had been slightly more positive at the previous interview, but both had been in trouble with the Police subsequent to the first interview and one had lost a sibling through suicide.

At this point, only three of the respondents were involved in some form of social club, and only 22% were now involved with organised study, which may account for the reduction in numbers involved in social clubs.

A greater proportion was unemployed (44% compared to 27%), although the number of those in work was similar at both points in time (five compared to six). Some had experienced reversals in employment: those who had been working were now unemployed and vice versa. The situation had not changed for others: three were long-term unemployed, two were still studying and one youth had been in prison at both points in time.

Most of the young people said that things had happened to make them feel good about themselves: work (n=4), study (n=2) and relationships (n=9) again featured as major contributors to their positive self-regard, with a greater number talking about the importance of their partners (n=4) and children (n=2). The importance of relationships was underscored by the finding that two youths with poor living situations (one was homeless and one was in prison) had a more positive outlook than in the first interview due to one having a girlfriend and the other being about to become a father. Another young man who had spent some time in prison said he felt good because:

> [I'm] doing positive things – got a job interview tomorrow – and I want to stay out of trouble.

6.4 Relationships

First interview

The respondents' social networks included close friends, supportive family members, and/or intimate partner relationships. Most (23 or 88%) said they had at least one close friend with whom they could share things. The majority of these (n=14) had met these friends through work, education or other social activities, although some said their closest friends were other young people from Te Poutama (n=3) or someone they met in prison (n=1). Some had long-standing relationships with a brother or a cousin (n=3) or a childhood friend (n=2). Two said that their partner was their best friend. A youth who had

no one to confide in said that being in care and in multiple placements for most of his life had affected his ability to develop friendships.

Most (19 out of 26) had larger networks of which they were part that gave them opportunities to talk about important things. These were predominantly family members (n=14) – more often than not parents and/or siblings – or current or past caregivers (n=4). One said he shared things with his girlfriend. Around half (46%) either had a current intimate relationship or had had a girlfriend/boyfriend since they had left Te Poutama. Two youths interviewed in prison said they had children. Almost two-thirds (n=16) said that their close friends had broken the law or had a criminal history. Three said that they currently belonged to a gang.[92]

Only three respondents said that they did not get on or fit in with their peers.

Most who got on well with their peers said that they got on well with both sexes (17 out of 23). A small number said they got on better with girls than boys (n=5) and one avoided girls when he could.

Second interview

Most (88%) youths said that they had at least one close friend with whom they could share things. The types of relationships did not differ greatly from those they talked about when first interviewed. They met their closest friends at work, school, social activities, in Te Poutama or prison, or they were family members, family friends or partners/girlfriends. Two youths who did not previously have anyone to confide in now had friends: a caregiver and someone met at a course. Two did not have a close friend and for one this response was consistent across time.

Many said they were close to another person, although this group had decreased from three quarters to half of the respondents. The nature of these relationships tended to be the same as those previously reported, from family (n=4) and past caregivers (n=1), to girlfriends (n=2) and people met through other friends (n=2). By this point, 10 of the participants had a current girlfriend/partner and three had children.

More than half (56%) had friends who had been in trouble with the Police, and two currently belonged to a gang: they were not the same as those who previously reported gang membership.

Responses on peer relationships were similar to the first interviews. Seven of the 14 youths who got on well with their peers said they related equally well to both sexes, five said they got on better with females and two got on better with males. Four of the youths said that they did not get on with peers. Some had changed their responses from the first interview: one said how he now got on with girls better than boys, and two decided that they got on better with older or younger age groups. Two others again said that they got on better with older people:

> I still don't [get on with people of my own age] – I get on better with older people – they understand where I'm coming from and mainly males. Young people haven't had the experiences what I have.

92 One youth who was in prison at the time of the interview refused to answer this question.

6.5 Physical and mental health

First interview

Respondents were asked a series of questions about how they had felt over the previous two weeks. They were asked to rate these questions on a scale from *0=none* to *4=all of the time*. The majority said that they had felt 'restless or stressed' (19 or 73%)[93] and/or 'that everything was an effort' (18 or 69%)[94] to some degree. Twelve respondents said that they had felt restless or stressed 'most' or 'all of the time' and nine responded similarly that they found everything an effort. Half of this number responded in this way to both items.[95] When asked how often during the last two weeks they had felt 'so sad nothing would cheer them up', half (13 out of 26) expressed experiencing some degree of sadness. The largest number (9 out of 13) said that they had felt this way only 'a little' or 'some' of the time,[96] whereas four youths said they had felt this way 'most' or 'all of the time'.[97] Around two-fifths (11 of 42%) said that they had felt somewhat 'worried or frightened' during the past fortnight. However, only two of this number said that they had felt like this 'most of the time'.[98] Even fewer reported feeling 'hopeless' (9 or 35%)[99] or 'worthless' (7 or 27%)[100] in some way during the last two weeks. Their responses to these questions indicate that they experienced fairly high levels of stress, lack of motivation and depression. This would seem to be at odds with the fact that more than two-thirds of them said that in general life was going well for them. This could indicate that these individuals had low expectations of life.

Second interview

At the second interview, we asked the same question: how had they felt during the past two weeks? [101]

93 Six gave a rating of 1=a little, one gave a rating of 2=some of the time, seven gave a rating of 3=most of the time and five gave a rating of 4=all of the time.
94 Six gave a rating of 1=a little, three gave a rating of 2=some of the time, six gave a rating of 3=most of the time and four gave a rating of 4=all of the time.
95 That is, they gave a rating of 3=most of the time or 4=all of the time to 'feeling restless or stressed' and 'that everything was an effort'.
96 Three gave a rating of 1=a little and six gave a rating of 2=some of the time.
97 Two gave a rating of 3=most of the time and another two gave a rating of 4=all of the time.
98 Four gave a rating of 1=a little, five gave a rating of 2=some of the time and two gave a rating of 3=most of the time.
99 Four gave a rating of 1=a little, three gave a rating of 2=some of the time and two gave a rating of 3=most of the time.
100 Four gave a rating of 1=a little, one gave a rating of 2=some of the time, one gave a rating of 3=most of the time and another one gave a rating of 4=all of the time.
101 They were asked to rate these questions on a scale from 0=none to 4=all of the time.

Table 6.2 Youths' feelings over the past two weeks: First interview compared with follow-up interview

Emotion	First interview (n=26)		Follow-up interview (n=17)	
	n	%	n	%
Restless or stressed	19	73	15	88
That everything was an effort	18	69	8	47
So sad that nothing would cheer you up	13	50	11	65
Worried or frightened	11	42	7	41
Hopeless	9	35	6	35
Worthless	7	27	3	18

A higher proportion reported feeling 'restless or stressed'[102] or 'so sad nothing would cheer them up' to some degree.[103] At this stage, more of them said that they felt restless or stressed 'all of the time' (seven compared to five). Similar proportions reported feeling 'hopeless'[104] or 'worried or frightened'[105] at both points in time. Conversely, at follow-up a smaller proportion reported 'that everything was an effort'[106] or that they had felt 'worthless'[107] at some stage over the last two weeks. The feelings experienced most often remained constant (i.e. 'restless or stressed') as did the feelings least often reported (i.e. 'worthless'). Overall, by the time they were re-interviewed in the community, around half of the respondents (8 out of 17) reported feeling less stressed or depressed recently than they had when first interviewed. This could clearly be related to more stability in their lives, for example, in terms of relationships and living conditions.

Two of the young people reported the same levels of stress/depression as they had previously: one reported low levels on all measures and the other reported feeling 'restless or stressed', 'sad' and that 'everything was an effort' to some degree. Seven youths were noticeably less positive by the time they were re-interviewed. Again, this could be linked to what was happening for them currently, for example, having nowhere to live, being in trouble with the Police and losing someone close.

6.6 The four dimensions of health

The respondents were asked to rate themselves on a scale from *1=much less* to *5=much more* on the four dimensions of health based on the Hua Oranga model in terms of how they had been prior to coming to Te Poutama. The questions were put to all young people in the community.

102 Three gave a rating of 1=a little, two gave a rating of 2=some of the time, three gave a rating of 3=most of the time and seven gave a rating of 4=all of the time. Data were missing for one youth.
103 Four gave a rating of 1=a little, six gave a rating of 2=some of the time, one gave a rating of 3=most of the time. Data were missing for one youth.
104 At follow-up, two gave a rating of 1=a little, three gave a rating of 2=some of the time, one gave a rating of 3=most of the time. Data were missing for one youth.
105 At follow-up, four gave a rating of 1=a little, two gave a rating of 2=some of the time, one gave a rating of 3=most of the time. Data were missing for one youth.
106 At follow-up, one youth gave a rating of 1=a little, three gave a rating of 2=some of the time, three gave a rating of 3=most of the time and one gave a rating of 4=all of the time. Data were missing for one youth.
107 At follow-up, two individuals gave a rating of 1=a little, and one gave a rating of 4=all of the time. Data were missing for one youth.

The majority considered that they had changed for the better since going to Te Poutama. They maintained this opinion each time they were interviewed in the majority of cases. Features of the findings are:

- Most respondents rated themselves highly on all of the four mental health dimensions. However, some said there had been no change, six out of 26 at the first interview and six out of 18 at the second interview. Those who had improved were more able to set goals; more able to think, feel and act in a safe, respectful and positive manner; more able to manage difficult or problematic thoughts and feelings; and more able to understand how to deal with their sexual offending problems. However, at both points in time individuals rated themselves lower than they had previously. One youth at the first interview said he was less able to set goals and another that he was less able to think in a respectful manner; two at the second said they were less able to manage difficult thoughts and understand how to deal with their sexual offending.
- On the family or whānau dimension, rather more reported no improvement. For instance, at the first interviews, six (of 26) did not feel any better about being able to interact with their families; at the second interview, 4 of 18 said the same and two said that it had got worse. Four found it no easier to talk to their families at the first interview and three at the second interview. Two at the first interview and three at the second said that this had got worse. These results again reflect complex and often difficult family relationships.
- On the physical health dimension, the majority reported improvement. However, some did not. At the first interview, five did not feel better able to understand the link between physical health and general wellbeing since they had come to Te Poutama. The number reporting this was similar at the second interview (n=4). Three felt there was no improvement or even deterioration in the extent to which they took care of their physical health at the first interview and this number had increased to six at the second interview. Four did not feel healthier at either point in time.
- On the spiritual health dimension, the majority reported improvement but some were pessimistic. For instance, at the first interview, seven said they felt no healthier from a spiritual point of view and two noted deterioration. At the second interview, three reported deterioration, and at the third interview two out of 18 reported no improvement.
- Over time, and taking all four elements of the four dimensions together (16 questions), the majority reported improvement. At the second interview, there was improvement reported in 82% of answers, but although the majority was still fairly positive, this had reduced to 74% of answers by the second interview. This may have been a function of what was happening in the lives of these young people at the time. Life in the community was more challenging than it had been in Te Poutama.

6.7 Substance use

First interview

Most respondents (21 or 81%) said that they had used alcohol or another drug, including tobacco, within the previous month. Stimulants they reported using regularly were alcohol and tobacco, followed by cannabis. All except two said that they regularly

smoked cigarettes. Fourteen also said that they drank alcohol. Only two of this number said that they drank on a daily basis; for the rest it was weekly or less frequently. Seven said that they used cannabis and two also used cannabis oil. About half (n=3) of these youths reported smoking cannabis on a daily basis.[108] One youth who had reported that he used drugs on a daily basis also said that he used psychedelics (usually LSD) about once a fortnight. Another said that he had used 'P' (methamphetamine) on a weekly basis before he came to prison.

Those respondents (21 out of 26) who said that they used drugs or stimulants were asked which they had used in the previous two weeks. Around a third (n=7) said they had smoked cigarettes, had drunk alcohol and used cannabis. A similar number (n=6) said that they had only smoked cigarettes during this period.[109] Four youths said that they had smoked cigarettes and drunk alcohol, and one said that he had had a drink and used cannabis.

We asked respondents about their drinking and drug-taking behaviour since leaving Te Poutama and how they felt about this. A small number (n=5) said that they sometimes drank a lot of alcohol at one time. One said he did this every week, three said that they did this only about once every two weeks and the other said he did this only occasionally. Seven said that they had sometimes felt they ought to cut down on their drinking or doing drugs, and three of this number said that people had annoyed them by criticising their drinking or drug-taking habits. However, only two out of the seven said that they had felt bad or guilty about this behaviour. Three also said that they sometimes had a drink or used drugs when they first woke up to steady their nerves or lessen the effects of the previous day's drinking or drug use. One of them said that using cannabis was one of the things that stopped him from being depressed: "Weed – it's like one of the things that gets me up". Only one of these respondents did not say he felt he should cut down on his drug use.

One youth who had reoffended sexually was interviewed in prison and commented generally on his alcohol and drug use behaviour when he was going through a particularly bad time:

> I used to binge drink on a weekly basis. There were periods when I couldn't take any more. I was smoking five tinnies a day at worst. I've annoyed myself the most – I didn't develop much of a social rapport with others – just hung out with losers.

Second interview

The patterns and levels of substance use reported by respondents when they were interviewed for the second time were in line with their first responses. All except two (16 or 89%) of those re-interviewed said that they had used alcohol or another drug, including tobacco, within the last month. The types of stimulant they reported using regularly held constant from the first interviews: alcohol and tobacco followed by cannabis. Most (13 out of 16) respondents said that they smoked cigarettes daily. This was comparable with the figures from young people who had reported this at the first

108 One said he smoked cannabis on average every 2–3 days, two said they smoked it once a week and another said he smoked cannabis about once a fortnight. One young man said he smoked cannabis and used cannabis oil on a daily basis.

109 This included the three respondents who were currently in prison.

interview.[110] Thirteen youths said that they drank alcohol.[111] Again, the numbers and patterns of drinking reported by them did not vary greatly from those reported in the previous interviews: two said they drank alcohol every day whereas the rest had a drink once a week on average or less frequently. Seven said that they used cannabis and four of this number also used cannabis oil. Five out of the seven had also said that they used cannabis when first interviewed, but none of those who currently used cannabis oil had reported this when first interviewed.[112] Most respondents (5 out of 7) who smoked cannabis said that they did this daily. This level of usage had remained constant over time for two of these young people and increased for another three who had previously used cannabis less often. One youth who had reported that he used drugs on a daily basis also said that he used psychedelics (usually LSD) about once a week.[113] Three youths said that they used herbel party pills on a weekly basis.

The pattern of drug or stimulant use over the previous two weeks reported by respondents at the follow-up interview was similar to that reported previously: around a third (n=6) said they had smoked cigarettes, had a drink of alcohol and used cannabis during the previous fortnight. A similar number (n=7) said that they had only smoked cigarettes during this period or had consumed alcohol.[114] Four others said that they had smoked cigarettes and drunk alcohol, and one that he had had alcohol and used cannabis. One young man said he had given up drinking since he was last interviewed as it was affecting his relationship with his family. He observed:

> One reason I gave up alcohol was that it was hurting those around me – was hurting my relationships with family. Things were slipping – I had to pull myself up and get away.

We asked respondents how they felt about their drinking and drug-taking behaviour over the period since their previous interview – again, patterns had not changed markedly since the first interviews. A few (n=5) said that they sometimes drank a lot of alcohol at one time. Two had reported this previously also. One said he did this on a weekly basis, another said that he did it about every two to three days, two said once every two weeks and the other said he did this only occasionally. Five said that they had sometimes felt they ought to cut down on their drinking or doing drugs; two had made the same comment previously. Only two said that people had annoyed them by criticising their drinking or drug-taking habits, one of whom was not concerned about the amount he imbibed. As previously, only two said that they had felt bad or guilty about their drinking or drug taking. One gave this response both times, and he also said that he sometimes had a drink or used drugs when he first woke up to steady his nerves or lessen the effects of the previous day's drinking or drug use. Another youth had also given this response at both interviews; this was the youth referred to in the previous section as being depressed.

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110 At the first interview, 19 out of 21 said that they smoked cigarettes, 17 on a daily basis, whereas at the follow-up interview, 13 out of 16 said they smoked cigarettes daily.

111 Fourteen respondents had reported this at the first interview.

112 These were not the same participants as the two who said they used cannabis oil at the first interview. They were no longer using this by the second interview but reported using cannabis at both stages.

113 This is a different individual to the one who reported that he used LSD when first interviewed.

114 Three, including one of the youths in prison, said that they had only smoked cigarettes and two said that they had only drunk alcohol during the previous two weeks.

6.8 Education

One of the notable successes of Te Poutama was its ability to engage the young people in education and enrol them in further study or training after discharge. However, as shown in Table 6.3, few young people were still in the education system at the time of the second interview when they were back in the community.

Table 6.3 Involvement in education/training after leaving Te Poutama

	Involved in study/training			
	First interview (26)		Second interview (18)	
	Ever involved	Currently involved	Currently involved	Involved since first interview
Involved in study/training	20	13	4	8
Regular attendance	–	12	4	–
Completed course	4	–	–	2
Still studying	1	–	–	–
Gained qualifications	6	–	–	4
Got on well with tutors	–	12	4	–
Got on well with classmates	–	9	4	–
In trouble at school	–	5	–	–
Did well at studies	–	12	4	–

First interview

At the first interview, most respondents had had some involvement in study or training since leaving Te Poutama (n=20), and a good number were still involved. The majority of those still involved were enrolled in correspondence courses or mainstream high schools (n=7). The remainder were taking part in polytechnic (n=5) or other community-based courses (n=1). Those who had left had mostly been involved in polytechnic training courses. Most of these had completed their course and gained qualifications ranging from certificates in first aid, conservation and drama, to NZQA unit standards and NCEA level 1 in several subjects. Of the 13 who were still involved in some form of study at the first interview, five were doing polytechnic courses relating to computer studies, automotive mechanics or carpentry.

Most had settled well into school. Those who reported getting into trouble generally said it was because of lateness or non-attendance. Less common reasons included fighting, stealing, and alcohol and drug use. The majority (apart from two) got on well with their classmates and tutors. Most said they did well at their studies, completed their assignments successfully and on time, and did what they were told.

While there were some reports of bullying, it did not appear to be serious. This was summed up by one youth, who said: “I got bullied a little bit, but not as much as I did before I went to Te Poutama”.

Second interview

By the time of the second interview, only four of the 18 respondents were still studying; one of these was not formally enrolled. They were involved in polytechnic (n=3) or YMCA courses, spanning basic literacy to conservation and computer studies. The most

common courses in which they were involved were skills-based, such as farming, or computer, literacy and hospitality skills. One was studying “voluntarily – because I’ve got nothing to do – unit standards in Forestry and Horticulture”. All said they attended their courses regularly and got on well with everyone there. One occasionally got into trouble for not turning up or being late and the three who were formally enrolled considered that they did well at their studies.

Four had gained qualifications since they were last interviewed. These included driving/fork-lift licences, first aid certificates, a diploma in computer skills, NZQA unit standards and pre-apprenticeship carpentry qualifications. A number (n=8) said that although they had done some form of study or training since the previous interview, they were no longer involved.

6.9 Employment

First interview

Almost two thirds (n=17) of respondents had been employed since leaving Te Poutama. Nine currently had a job: five were working full-time and four part-time. Full-time work was usually semi-skilled or involved labouring positions in farming, forestry, restaurant, and construction or engineering-related work. Part-time employees often worked for a temping agency such as Allied Work Force or Kelly Services. One youth had received a promotion to supervisor. They invariably said they got on well with their workmates and only three had been in trouble for being late or not turning up at work.

Three were sacked at some stage and two felt that their dismissal was probably justified; the third considered he had been unfairly treated.

Second interview

Employment patterns were much the same. Half of the respondents had been employed since the previous interview and only one had not been employed at all since leaving Te Poutama. Two were working full-time in the building industry and one as a welder. Part-time work usually involved working for a temp agency or a takeaway food outlet – three of them were thus employed. All said that they got on well with their workmates. Four had been in trouble for not going to work or turning up late: two of these had previously lost jobs and one had already lost several jobs.

Two had been dismissed from at least one job and admitted they were at fault.

6.10 Family or whānau

First interview

When the young people were asked to say who they saw as the members of their family or whānau, more than three quarters (20 or 77%) referred to people in their immediate or extended family, usually parents and siblings. Two said they had no family, even though one had lived with his mother, stepfather and siblings at various times after leaving Te Poutama. The other had spent most of his life in care and had recently made contact

with a sibling. Another two considered their friends to be their family, and two identified current and ex-caregivers.

Most young people (n=14) named one or both parents/caregivers or a grandparent as the family member who was most important to them.[115] Others nominated siblings (n=5), nieces (n=2), and a partner and son (n=1); the remainder said "All [were] equally important". Most (n=23) said they were 'close' or 'very close' to this person.

Only three of the respondents said they did not have contact or had 'fallen out' with their families.

Second interview

The responses at the second interview were mostly the same, with 13 of the 18 respondents naming the same people as members of their family. However, family relationships had changed for some – sometimes but not always for the better. A youth who had previously said he had no family now named his caregivers as family, and a second had re-established his relationship with his mother. A youth who previously denied having family did not want to answer the question, although he was currently living with his father, a sister and her partner. One had fallen out with his mother and another considered that he no longer had any family.

> My brother committed suicide. [My mother's] a bitch, she's the reason I nearly ended up in prison.

Most respondents named parents, caregivers or grandparents as the family members to whom they were closest (n=9),[116] with seven nominating siblings, cousins, partners and children. The majority (n=14) said they were close or very close to these family members. All had contact with those they considered to be family, although the relationships were sometimes strained.

6.11 Involvement with professionals

Support

Ongoing support is a key factor in reducing the risk of sexual recidivism. We asked young people whether they had regular contact with other people and, if so, whether these people were supportive. Approximately a quarter (n=7) had extra support systems, ranging from a lawyer and Te Poutama staff, to social workers and a careers advisor at Work and Income. One youth noted that his probation officer was very supportive.

Slightly fewer respondents (n=4) said they had additional support when interviewed the second time. All were on supervision with the Community Probation Service and said that their probation officers were supportive and "someone to talk to". By this point, only two youths had social workers. They were not seen as supportive, as the respondents did not know them well and were not in regular contact.

115 Four said their mother was the most important member of their family, three nominated their mother and father, three said it was a grandparent and two youths nominated their father. Two named current or ex-caregivers.

116 Six said their mother was the most important member of their family, one nominated his mother and father, one said it was a grandparent and one named his current caregiver.

CYF social workers

A number of the youths continued to be involved with social workers after discharge. At the first interview, most (14 or 54%) had had only one social worker since they had left Te Poutama, although one youth had had three and six could not remember. Almost half (n=12) currently had a social worker. In most cases (n=7), these were different people to those they had when they were at Te Poutama: only three respondents had had the same social worker through the entire process, that is, from referral to Te Poutama through to discharge and afterwards in the community. Despite this fact, all of those still involved with social workers said that they generally had a good relationship with them.

The level of contact varied from required weekly contact (n=1), to semi-regular communication around updates and family meetings (n=8), and occasionally touching base (n=3): "Whenever I want something from her or she wants something from me" Most (n=8) said their social workers were supportive. This mainly consisted of providing funds for requirements such as visiting family or getting a driver's licence.

6.12 Therapy

Efforts to engage the young people with a CBT after discharge from Te Poutama were largely successful. Table 6.4 shows that a good number maintained their involvement and completed the therapeutic requirements.

Table 6.4 Youths' involvement with CBTs after leaving Te Poutama – first and second interview

	First interview (n=26)	Second interview (n=18)
Ever involved	22	–
Never involved	4	–
Involved since last interview	–	9
Currently involved with CBT	8	5*
No longer involved (stopped going)	8	2
Completed requirements	7	2
Still need therapy (self-assessment)	7	6

* Another three were involved in other forms of therapy.

First interview

Young people's reasons for not engaging with a CBT at all included the provider's failure to make contact and delays associated with sentencing pending in the District Court. For those who did become involved with CBTs, relationships with therapists were often positive and usually stable; only one reported having a change of therapist. Most valued their therapist's support:

> We get on really well – it's like a father and son sort of thing.

> It's good to have someone to talk to and touch base to bounce my ideas off – to compare how I was the previous week.

Some who had completed the process had positive comments:

> There was a follow up for six months – I met goals to be more open and honest about how I'm feeling, to have a better relationship with family, not reoffend, and use coping plan for life.

Another who completed therapy but was in prison was cynical about the need for further therapy:

> I just milked it because I wanted to get out. I learnt my lesson at Te Poutama. They hammered it into me. I'll never go back to doing that shit.

Those who stopped attending CBTs had often moved or felt they had done enough therapy at Te Poutama:

> I went once then I moved … It felt funny going over it again – I'd already dealt with things.

> For a short time I went to [CBT] but my idiocy told me I didn't need it and here I am in prison.

Some of those were a subset of the 15 young people who felt they no longer needed therapy and wanted to move on.

The seven who considered they still needed therapy – including two not currently involved with CBTs – recognised their need to do more work on issues related to their sexual offending:

> I'd say now I know that sex offending is wrong and I'll never do it again. But I want to graduate so I can get it out of the way.

One forward-thinking youth thought he probably should re-engage with a CBT even though he considered he did not need therapy:

> If I have kids in the future I don't want CYF to say I never completed [CBT] and take them. So I'd be doing it both for the victims and myself.

Second interview

A reasonable number of respondents were still involved with therapists and/or had graduated since the last interview. All who were currently engaged in therapy said they had a good supportive relationship with their therapists:

> He does a pretty good job – general type stuff or if I've had a red light fantasy he's not the type of guy to jump down your throat, he supports you.

Four who considered they still needed therapy had changed their views since the previous interview. This was due to difficulties with dealing with life in general and addressing issues related to the past, for example:

> I always hurt myself [self-mutilate] – so that's why I go there.

> I want some because of what happened when I was six [abuse] and now all this stress is just bringing it up. I've got nowhere to live; I have to be out of here by next week.

6.13 Use of skills learnt at Te Poutama

When we asked the respondents about their recollections and use of skills they learned in Te Poutama, there was a large degree of consistency in their responses across both interviews. Most said they remembered at least some of what they had learned and a large number said they used those skills every day (Table 6.5).

Table 6.5 Frequency of use of skills learnt in Te Poutama

	First interview (n=26)	Second interview (n=17)
Every day	18	13
Weekly	3	–
Less often	3	–
Never	2	4

One youth was surprised at how much he remembered almost three years after leaving:

> Drug and alcohol education – it's all in there; you just have to pick your teeth with a toothpick to get it out. It's amazing with the time delay – I've still retained a lot – like what I know about drugs. Drug counselling, abuse cycle, offence cycle – a hell of a lot of things I thought in six months I wouldn't remember.

Some changed their responses over time, including three at the first interview and four at the second interview who denied using these skills. In both sets of interviews, anger management was identified as one of the most useful skills learned (15 and 10 respondents, respectively, reported this). Other skills used during interactions or in demanding or unsafe situations included arousal/coping plans, self-talk, problem-solving skills, social skills, expressing feelings, being respectful, exiting their 'cycle', identifying thinking errors and being sexually safe.

6.14 Understanding and victim empathy

As discussed in chapter 4, it was not unusual for those sent to Te Poutama to have a history of abuse and neglect. With this in mind we sought their views on whether or not Te Poutama had helped them resolve issues related to their own abuse, improve their understanding of what led to their sexual offending and increase their understanding of their victims' feelings. At both interviews, the majority answered each question in the affirmative (Table 6.6).

Table 6.6 Number of youths reporting increased understanding and victim empathy as a result of Te Poutama

	First interview (n=24)[1]	Second interview (n=18)
Helped resolve issues related to own abuse	19[2]	12[3]
Better understanding of what led to sexual offending	24	17[4]
Better understanding of victims' feelings	24	16[5]

1 Data were missing for two youths who were interviewed with an earlier version of the questionnaire.
2 Four said 'no' and one said this question did not apply to him.
3 Five said 'no'; one did not want to comment.
4 One responded 'don't know'.
5 Two did not want to answer the question.

Resolving issues related to past abuse

Most respondents felt that the therapeutic process at Te Poutama helped them to understand and resolve issues around past abuse and their opinions remained reasonably stable over time. They felt that being able to talk about abuse was crucial:

> By talking about what you've done to others, that can help you deal with what's happened to you.

> They helped me realise what I did was wrong and what happened to me wasn't right and it shouldn't have happened.

However, a small number of respondents at both interviews (four and five respectively) felt that the therapeutic process had not been helpful, either because they expressed a tendency to "let things alone" or because talking about the abuse was re-traumatising.

By the time of the second interview, two respondents had changed their opinion: they now considered that the therapeutic process had not helped them to resolve matters related to past abuse.

Understanding what leads to sexual offending

Across both interviews, all of the respondents said that they gained insights into factors leading to their sexual offending. Some referred to the way that their own abuse had affected their views, for example:

> Childhood abuse done towards me and neglect of me … and not having any carer – I used to do it to try to get attention.

> It was revenge for what happened to me.

Family dynamics were a part of this and often contributed to young people feeling unloved, unwanted, neglected, angry and alienated, which were factors consistently identified as contributing to a tendency towards sexual offending:

> I guess it was my whole life before I started sex offending. Feeling so unloved, feeling unwanted and wanted to take my anger out on others. My feelings around Mum and Dad just got too much.

Other themes included drug use, inappropriate sexual fantasies and pornography.

Victim empathy

At both sets of interviews, the young people wholeheartedly agreed that one of the things they had learnt at Te Poutama was victim empathy. Their comments show a high degree of awareness about the lasting impact of their actions:

> It's really the one thing that's stuck with me: victim empathy.

> I have apologised to my [victim] – it was hard – she was feeling hurt and disappointed but relieved that I've had the guts to apologise.

Some compared their victims' experiences to their own victimisation:

> Angry, frustrated, upset, confused, sad, hurt ... I was feeling like that myself but I found it hard to show it.

One youth confessed that even though he now had a better understanding of how his victims felt, it was on a superficial level: "I have some [understanding] but not really". He had spent most of his life in care and had few, if any, close relationships. His views had not changed when he was re-interviewed.

6.15 Safety/coping plan

At both interviews, most youths said they still remembered their safety/coping plan and had clear recollections of when and where they used it to deal with a situation or conflict. The majority also rated their plan as 'useful' or 'extremely useful' (Table 6.7).

Table 6.7 Youths' recollection and perceptions of the usefulness of safety/coping plans

	First interview (n=26)	Second interview (n=18)
Remembered safety/coping plan	22	15
Recalled when and where they used their safety plan	12	15
Plan was 'useful' or 'extremely useful'	18	15

They used their safety plans in a variety of situations, for example:

> To recognise what I'm thinking at the time: changing baby's [nappies], being around my niece, those sorts of things. I block it out. I'm past that stage.

> Not just in a sexual way – I've got a bit of an anger problem so I try not to lash out at others verbally and physically. I use it in trying to think positively instead of using revenge.

> I can use it whenever I'm starting to get down on myself – just to keep myself safe.

Even those who said they did not remember or use their safety plan and/or rated their safety plan as 'not at all useful' admitted that they sometimes used it unconsciously:

> I don't always use it consciously, it's ingrained in me. I use it when I'm interacting socially – fantasy control.

6.16 Risk of offending

Self-rated risk

We asked respondents whether or not they felt they were at risk of sexual offending now. At both interviews, the majority (14 and 11 respectively) were confident that they were 'not at all' at risk of reoffending. They felt this way because they now had some insight into the effects of their offending, and they felt safer and had moved on. Most others thought there would always be some level of risk.

Only one youth at the first interview thought he was "very much at risk" of reoffending sexually. He had been out of Te Poutama less than six months and based his rating on a therapist's assessment:

> According to my [CBT] systems review last week. It said “risk remains high”.

Although the views of the majority of respondents (11) remained consistent from the first to second interviews, the opinions of some had changed. Four were more optimistic and were utilising skills they had learned. Those who were less sure than previously were probably just being more realistic about the risks:

> It would never be [‘not at all at risk’] – I don’t think anyone is.

Recognising the risk of reoffending

We asked respondents how they would recognise if they were at risk of offending. Consistent themes emerged from both interviews. In the first interview, very few (n=2) said they did not know, or were unsure, how they would recognise the risk of reoffending. The remainder were very clear about indicators of risk. Some (n=16) said they would be experiencing inappropriate or ‘red light’ fantasies, arousal, depression and/or anger, or be in a bad space, for example:

> My thought patterns would be changing – I’d be getting into old habits, having old thoughts. Thinking of it more often – thinking ‘I can get away with it’ and starting to plan.

> I think I’d be thinking who, what, where, why, when – planning. It happened to me again. It was triggered by my memories of my abuse but I’m controlling them.

Others (n=8) identified risky situations as involving thinking about or being in the vicinity of children or someone younger than them.

Knowing what stops offending

Factors that stopped respondents from reoffending included no longer having the inclination to do so and a greater awareness of the effects on others, although some still acknowledged that they needed external assistance. One of them elaborated on how he would deal with a situation of risk:

> I’ve never thought of that but I’ll try to answer it. My triggers, alerts, if I find myself getting aroused by younger people … starts with a sexual thought. I try to think of my girlfriend. I’ve also used my action plans – green light fantasy – try to control red light fantasy – picture myself in jail.

Several others mentioned the deterrent effect of imprisonment, for example:

> I’ve got too much to lose – my loved ones, especially my baby, she’ll be the one suffering, me not being there. When I went to [prison visit] it was a whole ‘put-off’. I don’t want to spend my life spending time with people like that.

6.17 Views of Te Poutama now

Safety

One of the themes that emerged from the interviews with youths in Te Poutama was that they felt safe in the residence. We asked them if they still felt this way on reflection. The

majority (24 or 92%) agreed that they had felt safe at Te Poutama, although some placed caveats around this statement, for example:

> Totally safe in terms of sexual safety – but when people acted out you thought, 'Oh no, what's gonna happen?'

Others were in no doubt that Te Poutama was a safe environment where people cared about them:

> I knew the staff were there to help me, not hurt me.

Only two respondents categorically stated they did not feel safe there. Their comments related to their lack of control and a perceived 'abuse' of the control that was held by others, for example:

> You've got no control – when someone else has the keys they've got control.

What the youths missed about Te Poutama

At both interviews, almost everyone said they missed something or someone at Te Poutama. Mostly, they missed the people they had grown close to, but some also missed the structure:

> People of course, and I guess the boundaries.

> I'd happily go back for a day or a week. I'd be so happy just to say 'hello' – go back to my old room, that would be so awesome. I'd go back to live if I could.

At the first interview, only two respondents said that there was nothing they missed about Te Poutama. By the second interview, this had increased to six. Some admitted that they missed the support and safety of the place, or talking to their therapist.

Maintaining relationships made at Te Poutama

Many of the respondents (14 or 54%) maintained contact with youths from Te Poutama after leaving, but most lost touch over time. By the second interview, five youths who lived in Christchurch still maintained relationships with others from Te Poutama. Two were interviewed together at follow-up and were still good friends. Two others socialised and had worked together at one stage.

Respondents who lived in the Christchurch area sometimes saw staff in the community. Although they were not supposed to contact staff once they had left Te Poutama, this did not stop them trying. Twelve said that they had phoned the residence or written to teaching staff, their therapist or case worker, with varying levels of success.

6.18 The future

First interview

All of the respondents said that they had ambitions for the future. For most, some facet of these ambitions related to having a career or finding employment. Five said that they

wanted to “have a good life and a family”. One youth, currently in prison, who had a partner and a child, said that his ambition was:

> To get a job, to be able to feed my missus and son.

At this stage, only four had concerns about what might happen in the future. This fear focused on their past life and relationships coming back to haunt them. Three were concerned about past criminal connections.

One was preoccupied with his own abuse and what the consequences of this might be:

> That I might do something to [abuser] – put him six feet under. I’ve been thinking about it since I was six.

However, by far the majority had a positive outlook and were fairly happy with whatever the future might hold for them.

Second interview

All of the respondents interviewed for a second time in the community had plans for the future and were fairly optimistic. They wanted to study, own their own business, travel, get a job, be good parents – their ambitions were no different from those of their peers (Maxwell et al 2004).

Although about two-fifths of the youths said they had concerns about the future, only one said that these directly related to his past sexual offending. He said, “I’m worried about people finding out about what I did”.

The concerns of other respondents related to what was going on in their lives at present, such as upcoming Court appearances for criminal offending or the effects of substance use.

One youth was justifiably proud of his achievements and wanted these relayed to staff at Te Poutama:

> When I left [staff member] said, “I don’t want to see your name in the paper”. Can you tell him and [other staff] that I’ve graduated from [CBT] – got my forklift licence and restricted licence?

6.19 How the youths felt when they left Te Poutama

When we interviewed the young people in the community, we asked them if there was anything else they thought we should know. At his second interview, one youth said that leaving Te Poutama and being out in the community had affected him significantly. He had found it difficult to adapt and thought that some of his peers from Te Poutama might have had similar experiences and that we should ask them about this:

> What does it feel like coming straight out of that place after being locked up? What’s the thoughts and feelings behind that? It’s just like coming out of jail. For me, it was scary – I was scared. When I went home it was a scary feeling. I had heaps of people coming up to hug me and that was scary and at the same time it was happiness, but I was scared. I had nothing to go on, I didn’t know what was

> expected. From the time you walk in you're locked down until the time you leave – you just get scared of things around you. The most scary thing was when I graduated it felt like I was leaving my family – at one stage, I didn't want to go. [Youth] all got excited but I'm sure deep down inside they had that feeling of being scared. [Two other youths] and I had talks. [Kaihāutu Māori] visited and asked us a question: 'What was it like – having freedom, no rules? When you walked out of that door did you feel secure or all by yourselves?' [We] didn't know what to say.

Consequently, we asked 15 other youths how they had felt when they first left Te Poutama. Five said that leaving Te Poutama was a poignant experience, for example:

> The saddest part was leaving the grounds, leaving Te Poutama and saying goodbye for the last time. I was angry, I wanted to be back in Te Poutama, I never wanted to leave – a lot of youth were happy to leave but realised later that it was their home. Even talking about it is sad – all the good things I did, even all the bad things I did. The first day when I was ready to leave I felt like getting in a restraint so I didn't have to leave. When I left I felt alone – I was used to pushing the intercom by my bed and talking to whoever was on duty for half an hour.
>
> Lost, sad that I was leaving everybody – but I didn't really care what was happening.[117]

The remaining seven said that they had found the experience of leaving the residence and living back in the community alien and frightening, for example:

> I was on my own … I didn't know what to do … I felt abnormal – I'd gone from a place that I thought was normal to the real world.

One of these youths said he had felt abandoned:

> It was like I was the only person on the earth. When [therapist] got in the car, shut the door and left, all I knew for two years had gone. I had to create my life all over again, so I went back to what I knew [family and crime]. I was lost then until I found my missus … That's all I knew and when [therapist] left I felt like it was just me and I had to play a role with others, I sort of fucked up after that.

Only three said they were glad to be leaving and moving away from the restrictive environment.

6.20 Suggestions for improvement

We asked the respondents if they had any suggestions about improving things at Te Poutama. Ten said it was fine as it was, for example:

> Even though it's a real hard place to live – I'd probably say "nothing".

Although some respondents thought that there was room for improvement in how Te Poutama operated, the majority (18 or 69%) said that the programme had provided them with all the life skills they needed to function well in the community on leaving. However,

117 This youth had been discharged a few weeks early due to his violent behaviour.

the topic of their reintegration into the community was important, with several youths saying that they could have been better prepared:

> Post-release really needs to be looked at. When a person leaves they should know exactly where they're going and that that place is stable and that they will have support. Once I got freedom I … couldn't handle it. Everything is so structured there's no freedom, the emphasis is on taking responsibility but you have no choice, it's all taken by staff. Then you leave Te Poutama and go from having no choice to choice about everything.

> More trips to your home town. More integration into the community. I expected too much when I left, to be able to do what I wanted when and how I wanted. I didn't know where I was going until the last couple of days – it certainly does get you worried. There was more freedom inside for me, the last two weeks I could do anything I liked within reason – that should happen in the last month. Youth need to make more presentations to the group and community meetings – timeline, coping plan, red and green light controls.

Some thought that a half-way house or step-down facility was a good idea:

> Need a step-down house – need to have a place where you're reconnected with the world but there's still that structure in place to pull you back into line. Youth need to slowly have that freedom restored and to realise what it means when you have all the control and that's a daily thing. It's important to do as much as possible to reduce the risk and the potential of reoffending.

> They shouldn't discharge at 17 – should let youth finish – if they have like a house so when people are ready to move out they can go flatting in a Poutama place then graduate from there.

Others felt that everything was available for the asking, but it very much depended on how amenable individuals were to acquiring new skills:

> No, I think everything was given to me and I just spat it back at them.

> They taught us everything from getting a job to having $5 and making a healthy lunch out of that.

While participants became used to the stability and predictability of the high level of structure at Te Poutama, their discharge was often characterised by disorganisation and unpredictability: they sometimes had no firm idea of what was going to happen to them up until and even after the time of discharge. The uncertainties around discharge resulted in raised levels of anxiety for some respondents and acting out behaviour. It was not unusual for some of them to be unable to manage stress or moods and to over-react to situations: their personal skills were mood dependent. On a more positive note, one youth who had completed the programme and who had been the first to wear a korowai or cloak especially made for those leaving the programme reflected:

> I think the ceremony could be longer so everyone can have a chance to speak.

Chapter 7 The family or whānau

7.1 Introduction

Family or whānau have a crucial role in Te Poutama as key agents of change and support for youth where appropriate. To facilitate this, one of the aims of the programme is to support and encourage contact between youth and their families when appropriate while the young people are in the residence. This chapter presents what family members told us. Section 7.2 covers the first interviews with families and focuses on the youths' time in Te Poutama. Section 7.3 covers the second interviews. These focus on the changes seen in the young people and the discharge process. Section 7.4 summarises and discusses the issues raised by families.

We planned to interview at least one parent or caregiver twice for each youth we saw at Te Poutama. The first interviews occurred while the young person was still in the programme. In these, 22 family members were asked about a range of issues, including their knowledge of Te Poutama and what they and their young person needed from it. Other issues discussed included relationships with CYF social workers and CBT providers, education, culture, and concerns relating to discharge.

The second interviews occurred after the youths had left Te Poutama. In these, 18 family members were asked about changes they had noticed in their young person. They were also asked about what arrangements had been made for him to live safely in the community. Cultural questions were again included, as well as questions about the Te Poutama experience.

As in chapters 5 and 6, we report on respondents who expressed a view. It can be assumed, therefore, that if the number we mention with a view (one way or the other) is less than the total number of respondents, the remainder did not have an opinion on what we asked them, or occasionally did not say what it was.

Again, we use the term family to refer to primary caregivers. The interviews on which results are based in this chapter were all with parents or other caregivers (foster parents, aunts or grandmothers). Some issues refer just to parents, some to both parents and caregivers.

The involvement of families in the Te Poutama process was not always straightforward. Many of the young people had a family history of endemic abuse and/or neglect. Families were not always initially in favour of the referral to Te Poutama. Some were torn between supporting the youth in question as well as the victim(s) if the abuse was interfamilial. Indeed, some youths had been rejected by family members as a result of the abuse. However, when the youths went from the residence to a non-familial placement, they invariably sought out their families at some stage no matter how abusive or dysfunctional the relationship had been.

7.2 First interview with family or whānau

Knowledge of Te Poutama

When first interviewed, family members were asked how they had learned about Te Poutama and what they understood about it. Not surprisingly, most (16 out of 22) said that they had first learnt about it from CYF. Others said it was through a CBT (n=4) or Police Youth Aid (n=2). All knew that Te Poutama was a therapeutic residence for sexually offending adolescent males and a programme where families were included in the youth's rehabilitation. As one mother said:

> [It's] mainly there for boys who have sexually abused. To make them realise that what they have done has affected victims and families and their own lives and to give them strategies so hopefully it won't happen again. They don't just focus on the sexual abuse. They focus on the boys' whole lives to see what led up to it. They work with families too.

Almost two-thirds (64%) of family members were happy with the information given before their young person went to Te Poutama. In most cases, this was provided by Te Poutama staff – usually once the referral was accepted.[118] Families were generally appreciative. One grandmother said:

> They were brilliant – gave me the book they give the boys when they go in there. I talked with them at one FGC. Two Te Poutama workers sat in when he'd been accepted. I'm extremely grateful to them. We finally had someone there who was interested.

Their first contact with Te Poutama inevitably occurred at an overwhelming and stressful time for families. One mother remarked that getting information was secondary to her sense of relief when her son went to Te Poutama:

> I was given a general idea [of what it was like] and pamphlets. I wouldn't have been able to handle any more at the time, or take it on board. I just needed to know he wasn't going to adult prison; that he would be looked after, [that he] wasn't the only youth who had sexually violated young children.

Approximately a third of family members said that they would have liked more information; often these were parents who for various reasons were not directly involved in the induction process.

> We wanted information about staff, what they actually do there. We just knew it was a place for youth who sexually offend. We pictured jail guards. We needed to know more about what they do. We found out along the way. (Mother)

Families had mixed feelings about their young people being in Te Poutama which were often compounded by the distance they lived from the residence.

However, even those who had at first not been supportive of the idea acknowledged that it was the best place for the young person and were supportive of their being there. How most felt is illustrated by the following comments:

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118 Families were provided with written information, sometimes saw a video and got to talk to someone from Te Poutama prior to the young person going there.

> I'm glad that he's there. It's given me some respite and finally given [him] a chance to look at himself. (Grandmother)

> In one respect I feel pretty sad. On the other hand I'm glad he can get the help he needs before it goes any further. (Father)

Expectations and needs

Young person's needs and motivation

Family members interviewed were clear on what they thought the young people needed from being at Te Poutama. Not surprisingly, dealing with their sexual offending was at the top of the list. There was appreciation that they needed to be accountable and to acknowledge the harm that they had caused to their families and victims:

> They need to push him to accept what he did. He is in denial about a lot. He needs to own up and accept that if he is in trouble it's his fault. They are helping him to understand he's got potential. (Mother)

Other things that families thought the young people needed from the programme can be summed up by this comment:

> Consistency, counselling, caring. He needed that more than anything and the [positive] 'man' influence in his life. He also needed to see that some people have had it worse than him – and that he's not the only one. (Mother)

Families hoped that being at Te Poutama would help their young person achieve change through developing an understanding of what they had done and how to prevent this happening again:

> Hoping he will come out as whole person, get the chips off his shoulder. That he will understand why he's done what he has and be of value to society. (Mother)

Families had high expectations of what their young person would achieve. We asked them how motivated they thought their young person was to make the most of his time in the programme; they were fairly evenly divided in their opinions. Six family members said that it had taken a while for the youth to become motivated, for example:

> Not at the beginning, but he is now. He's really changed. He's a lot more mature since he's been there. (Mother)

A similar number (n=7) said that their young person was eager to do well in the programme, for example:

> He wants to do well. He's onto it. He used to tell me he's trying his best to complete everything he's got to do – he wants to come home. (Mother)

A further six family members commented on the fluctuations in the young person's level of motivation and two mothers did not think that their sons were at all motivated.

Family or whānau needs from Te Poutama

Family members were evenly divided about whether or not they felt they needed anything from Te Poutama. Half of them said that other than help for their young person, there was nothing they themselves needed. Others (n=4) were concerned about what would happen when the young man left Te Poutama and wanted support in the community.

Two mothers said that although they had not expected anything from Te Poutama staff, they had in fact been well supported:

> There was continual checking of how things were for me. It was the first time I had felt nurtured through the whole process.
>
> I don't know what I needed, but I got a lot. They were brilliant.

Other family or whānau (n=4) said that they needed open lines of communication with Te Poutama in order to "understand better why this happened" and help them keep in touch with what was happening to their young person. One mother said that she thought that she would like more time with her son before and after case conferences to address unresolved issues:

> We should have had more time with him. … I never got to address [issues] with him or with the clinician. Never time to do that, had to go straight after case conference, felt pushed out before we were ready – I needed to talk to them.

Support from Te Poutama

Two-thirds (n=13) of family members said that Te Poutama staff had helped them and their families in some way; they had been available to discuss their concerns, provide support, answer questions, provide feedback on the progress (or otherwise) of young person and had helped their understanding of the offending, for example:

> They made you feel part of the 'Te Poutama family' – it felt welcoming when you walked in. They provided a safe place to say things to [my son] – you could say something and he had help not to take it the wrong way. (Mother)

Most (18 or 82%) family members stated categorically that they had been well supported by Te Poutama:

> They're a great bunch of people. Before they put [my son] on the phone they always ask me how I am and talk for awhile. [They] came up specifically to meet us and bring information before he went. (Father)

Those (9 or 41%) who said their families had not been helped did not cite any particular needs that they felt had not been met. Three parents said they would have liked more support – one commented:

> We're victims as well, we're a family of victims. (Mother)

Most contact between families and Te Poutama occurred around the three-monthly case conferences. Regardless of whether or not they wanted or needed help, everyone

interviewed felt that there was someone at Te Poutama whom they could contact if need be. This was consistently the person they had the most contact with, the young person's therapist or case worker.

More than three-quarters of family members said that someone from Te Poutama usually kept them informed about how the young person was. They were generally happy with the level of information they got and thought it came from the appropriate person. Five said that they were not kept informed and some of these people wanted a more general update from either the therapist or case worker.

The issue of information overload again presented itself. One mother said:

> It was okay. I was dealing with it in my head and so I dealt with each bit as I was told – then I could put that away, compartmentalise it – I couldn't have coped with any more at one time. I lost my life when it happened. I lost my job, I lost my home – I was offered therapy but I didn't take it. I dealt with things myself. I lost my life when it happened. I lost my job, I lost my home – I was offered therapy but I didn't take it. I dealt with things myself.

Support from wider family or whānau

Support from staff at Te Poutama was particularly important for family members who said that their families were not supportive – and more than half (12 or 55%) fell into this category. There were various reasons why people did not have family support, including victims being family members, a belief that abuse is a private matter and should be dealt with informally, and/or a judgement that the parent should not be supporting the youth.

Those who said they had support stipulated that this was often limited to particular family members, for example:

> I've been left alone pretty much – my mother had a problem with his sex offending – but my brother has been there for me. (Father)

Positive and negative effects of having a young person in Te Poutama

Almost all (20 out of 22) family members said that having their young person in Te Poutama had had positive effects for the family:

> There's been faster healing for all of us, especially myself. I was struggling for 13 years to find out what the problem was. (Mother)

Eight (36%) said Te Poutama had not impacted negatively on them or their families. But 14 (64%) said it had impacted negatively, mainly because of how much they missed their son and how much the entire experience had impacted on their lives:

> Emotionally he's too far away – we can't see him. His two sisters who aren't victims can't see him or have contact. They feel they're being punished. (Mother)

> I miss him terribly. He's down there, I'm up here. Every time I go down there to Christchurch it tears my heart to leave him. (Father)

The professionals outside Te Poutama

CYF social workers

Most (86%) family members said that their young person currently had a social worker and that they knew who this was. Although families' interaction with CYF and with social workers in particular was often fraught, almost half of those interviewed said that they had had some form of help or support from social workers, for example:

> [Social Worker] was brilliant – he was [my son's] social worker for the whole time he was at Te Poutama and afterwards. (Mother)

Others were more cynical, for example:

> Get real – CYF didn't help me before. I can't see how they can help me now. (Mother)

Ten family members said they would have liked more help – in the way of support for victims within the family, and regular information or more openness about what was happening to their young person in CYF care. Two just wanted to be listened to and have their concerns taken seriously.

Most contact with social workers was at the time of the case conferences and then usually it was just to make travel arrangements. There was often a high turnover of social workers, which made relationships difficult for all parties. Two family members referred to their young person having at least four social workers during the time he was involved with CYF.

CBT therapists

Families and young people were also often involved with therapists from CBTs, even before the introduction of the Joint Admission to Discharge Protocol in 2004. Therapists usually attended the three-monthly case conferences. Fifteen out of 18 family members had contact with CBTs in some form or other, either through family therapy or when dealing with issues relating to the youth leaving Te Poutama. All except two of the 15 said that they had had support from the CBT, for example:

> We see [therapist] at family therapy meetings … he asks our views or if we have questions and is available for questions other times during office hours. (Mother)

The two who said they had not had help basically felt that, "It didn't work out well".

Contact and interaction with youths at Te Poutama

All 22 family members interviewed said that they had had contact with their young person while he was at Te Poutama. This centred predominantly around the case conferences. Only four family members lived locally and could visit more often. Visits were supplemented by the weekly phone calls that residents could make and any extra phone calls that out-of-town families could afford. At least one parent said this contact was sometimes the only thing that kept them going:

> He phones and when I've got money on the phone I ring sometimes … If I've had a [bad] day sometimes I sit in the dark and ponder things and then the phone rings and it's [my son] and it's great. (Father)

The majority (17 or 77%) said that they discussed aspects of the programme with their young person and asked them about their progress in therapy when they spoke to them. Conversations were not always easy, especially when they concerned further disclosures of abuse, but in some cases they reached a new level of honesty:

> We talk about why he's not opening up. He's told me about some of his victims and who victimised him, about his feelings. Before he came [to Te Poutama] he never talked about his feelings. I got a hug today – it was the first time in years. He's always been withdrawn. (Mother)

Four parents said that their young person did not want to talk about the programme with them and they did not want to sabotage the therapeutic process. They limited conversations to general topics.

Views of the residence

Family members had developed views on the residence. These were generally positive, although they were also realistic about the levels of restraint required in such an institution and the necessity for rules:

> It's nice. I like it a lot. Just the size, it's spacious, big outdoors, they have a gym, can play basketball. It's good apart from having to lock and unlock doors all the time. (Mother)

However, as one or two mentioned, there was no getting away from the fact that:

> It's a prison. You can't get around that – you can't walk in and out when you want to. (Mother)

Parents/caregivers were favourably impressed by the individual facilities that each youth had:

> I think it's pretty cool; he has pictures on the wall, a cardboard box by the toilet with magazines in it and letters on the wall. (Mother)

Young person's progress

Therapeutic milieu – the programme

Family members were unanimous that Te Poutama was helping their young person, not only to address his sexual offending and anti-social behaviour, but also with his education, and personal and social skills, for example:

> He's been helped to control his anger, channel it on the right way. To realise how he's hurt his victims and what he has done and that this was wrong and to control himself so [he] doesn't victimise anyone else. (Mother)

> Heaps. Sex offending, anger, schooling, discipline. We'd try to get him into a routine but it wasn't working. He has to abide by rules there. (Mother)

Family members considered that the young people were being helped in myriad ways, through a combination of the therapy programme, one-on-one interaction with staff and the support of their peers. Youths were being challenged and made accountable for their behaviours – past and present – in a supportive environment.

This was not always a straightforward process, as one father described:

> They help by setting him programmes and consequences to his anger. When he went there he was a very angry boy. [Therapist] said at one point they might have to discharge him. I spoke to him and asked him why, he said, "I don't like it here, Dad". I told him, "These people are here to help you – knuckle down; your only other option is prison".

Education

Family members (20 out of 22) were generally pleased with their young person's educational progress, especially with basic literacy and numeracy skills.

> He's doing very well. When he came he couldn't read or write because of petrol abuse. (Mother)

Around a third of family members (n=7) said that they would have liked more updates than at the three-monthly case conferences on progress at school – perhaps by means of a school report.

Culture

Family members were asked whether or not it was important to them that their young person should know or learn about his cultural background. Approximately three-quarters responded affirmatively. They were also asked whether or not this was one of the things that the youth had been helped with. Only three out of the 16 who had said it was important responded negatively – one an informant of Pacific Island origin.

The cultural component of the programme at Te Poutama focuses on tikanga and te reo Māori, which all of the young people enjoyed. Most parents were pleased by this course content, for example:

> He did a taiaha course and knows his whakapapa now. (Mother)

> I think it's taught him both cultures, given him a new respect for Māori. (Mother)

Changes in the participants

All except six family members were asked the same questions that we put to the youths concerning the four health dimensions: mental, family or whānau, physical and spiritual. They were asked how the youth rated on each dimension at the time of the interview compared to how he had been prior to coming to Te Poutama. These ratings were on a scale from *1=much less* to *5=much more*.[119] For each of the health dimensions, they

119 A rating of 3 (no change) implies behaviour had remained at the pre-Te Poutama level, which is taken as a negative rating. In some cases, though, the particular behaviour may not have been a problem for the youth in the first place (e.g. anger or acting out). However, the numbers who gave ratings of 3 are small.

were asked about four aspects, making 16 questions in all. Details of the findings are in Table A7.1 in Appendix A.

At the first interview, at least 14 of the 16 who provided an assessment gave a rating of 4 or 5 for 11 of the questions. Only 13 did so with regard to 'Thinking, feeling and acting in a safe, respectful and positive manner' (one of the physical questions); three felt there had been no change. Three also felt that there had been no change as regards to the youth being 'Happier and more content with himself'. For two items (both in relation to family or whānau), more felt there had been no change. One involved the youth's ability to understand their place in their whānau (five felt there was no change and one did not know). The other was whether the youth was more able to interact with them and the wider community (six felt there was no change). On balance, though, the ratings as a whole appear to indicate considerable progress made by the youth.

From other questions, it was clear that all family members interviewed had noticed positive changes in their young person over his time at Te Poutama. They talked about changes in his attitude and behaviour and their relationships with him, for example:

> His attitude is starting to change – he doesn't ask for things unless it's important. He's a lot more confident in himself. He also now thinks before he speaks. He used to say what he wanted; he didn't care if he hurt people. He never used to open up to us – he's more open now. (Mother)

Discharge from Te Poutama

The majority of family members (16 of the 19 who answered) said they had concerns about what would happen when their young person left Te Poutama.[120] Concerns fell into four broad categories: where the young person would live, how he would cope with freedom, whether he would be able to live safely in the community, and how trust between him and the family could be re-built.

The overarching sentiment was summarised by the concerns of one grandmother:

> Just will he cope? Will I cope?

Around a third (5 out of 16) of family members who had concerns said that they had not talked to anyone about these. Others said they had raised their concerns with staff at Te Poutama, CBT therapists and/or CYF social workers. Concerns were not easily addressed – it was a process of airing them and working collaboratively through the issues.

However, two family members did not feel airing their concerns had helped.

7.3 Second interviews: Post-Te Poutama

The transition from Te Poutama to community

Two family members had positive comments to make about how well equipped their young person was for reintegration into the community:

120 Two family members said they didn't know, one said they had no concerns. Data were unavailable for three family members.

> His personal skills were good and that was a big change. He was really good about keeping himself safe in the community. (Mother)

> He had a social worker who played a positive role, would take [him] out and was supportive. I think [he] took every precaution to stay sexually safe; Te Poutama gave him some good skills. I think that for him, being at Te Poutama was really productive and positive, one of the better experiences for him. (Mother)

Despite making progress while in the residence, one or two of the youths had regressed when faced with a less restrictive environment:

> [Te Poutama] did a wonderful job. We couldn't even talk to him before he went there – he walked all over us. He realised we are part of his life – but when he came home, he was like a 14-year-old again. He was diabolical – girl-crazy and really quite lost. (Mother)

More than three-quarters of parents felt that their young person had not been well equipped for reintegration back into the community. They referred to problems that had arisen with their sons such as being placed in the area where they had offended, staying safe, having difficulty coping with freedom and having to develop life skills. Comments made by parents included:

> Not very well equipped – they dumped him right back in [town] – all his victims were there, he would try and avoid them. (Mother)

> He went from being in a structured environment to coming out to nothing. They need maybe a bit more freedom towards the end [of their time at Te Poutama] – especially in the last three months. Young people need to find out what life is like outside without that structure.

One father had particular concerns about his son who had had a lapse in staying safe, which had resulted in his caregivers feeling they could no longer trust him:

> He was not very well equipped. He was still having lots of sexual thoughts. Skill-wise – in relation to practical skills – he was fine. It was just his mental skills – things like thinking about what he has to do to stay safe – he hasn't put that into practice. He's got a … load of support systems here and [caregivers] are a very nice couple – [caregiver] felt that she couldn't trust him any more after [incident of a sexual nature] but he still gets support from them even though he is now living somewhere else – but he seems to think there's nobody to support him.

There was also evidence that some Te Poutama participants noticeably rebelled on leaving, for example:

> One of the first things he did when he got back, he had a coping plan for life and he destroyed it. It was in a folder [and] he said, 'I've got one thing I've got to do, I'm destroying it, I don't need this anymore'. That sent up alarm bells for me. His triggers won't change but his support people will. All that work that they'd done for him. He might have been 16 but he had the mentality of a 12-year-old. He stepped backward when [he] got out. (Stepmother)

The comments of one mother sum up how many youth may have felt as they neared discharge:

> When it was time for him to leave he was apprehensive, he said, “I’ve been institutionalised, that was my security”. He was loath to leave, but also excited at being out in the world, having a new chance and level of independence. He was optimistic, but he was also sad to leave behind friendships. He had become really attached to some staff.

Strengths on leaving Te Poutama

Family members who were interviewed after their young people had left Te Poutama had seen them mature during their time in the programme. They were considered to be more positive, more open with their families, more confident, self-aware and mature, and better able to interact with other youths.

Almost all family members (17 out of 18) had something positive to say about the strengths the young people exhibited on leaving Te Poutama. They talked about them having empathy, being open and honest, more mature, less angry and having better coping skills to enable them to stay safe in the community. They were proud of their young person:

> He regretted what he had done – realised it was wrong. He still apologises today. He was stronger within himself and able to approach victims to say he was sorry. He was unbelievable, he said, “I’m sorry for what I’ve done to you. If you’ve got anything you want to say or me to do – go for it”. He’s so loving and emotional – he tells us what he’s feeling now. Te Poutama helped him make lots of changes, I think what they’ve taught him is falling into place. (Mother)

Weaknesses on leaving Te Poutama

All family members acknowledged that there were things the young people still needed to work on. Some of these were characteristics one might expect to find in any adolescent, such as, “having a basic belief in his indestructibility”, “not choosing his friends correctly”, “lacking insight into how his behaviour affects other people”, “wanting to get his own way” or “blaming others when things didn’t go his way”.

There were other issues identified which, in the context of sexual offending, indicate a lack of change and some fundamental areas of vulnerability, for example:

> Keeping to his safety plan, he sometimes strays from it – says “I'm sick of doing all that shit”. He was still minimising what he'd done. About the other youth he said, “They’re all faggots because they'd molested boys – I molested girls”. The bottom line is that it's still offending. It concerns me, he needs to realise he is a sexual offender. (Mother)

There continued to be issues to do with trust and at least one mother was still wary:

> As to whether or not he is sorry about what he has done – I don’t know. He is going to apologise to all of us at the next family therapy meeting, how he presents then, then I’ll know.

Family or whānau concerns

Most (16 or 89%) of the family members interviewed after their young person had left Te Poutama said that they had had concerns at the time of discharge.[121] The levels of concern had only decreased for two since the time of the first interview and had risen for others who were unsure whether or not they had concerns at that stage. These concerns were not dissimilar to those that they had voiced at the first interview. They were worried about where their young person would live, how he would cope with freedom, and whether or not he would be able to live safely in the community.

Twelve out of the 16 who had concerns said that they had discussed them with someone, usually the youth's social worker (five said this), a CBT therapist (five) or Te Poutama staff (two). There were no easy solutions, but some felt that working collaboratively through the issues helped and others did not, for example:

> Te Poutama were wonderful – I could go on for hours about them. They were helpful when I rang. There was no waiting all day. They would phone almost straight back. (Mother)

> I spoke to [social worker] who spoke to his supervisor and they were going to broach my concerns to [Te Poutama] but I didn't hear back. The next thing I heard he was going to have a change in social worker. (Mother)

One mother, who had not talked to anyone about her concerns, was relieved that her anxieties turned out to be unwarranted:

> I had to let him go – I was concerned about him going to [town] to live – CYF arranged this and I don't find them very helpful at all. I had heaps of concerns around him reoffending but they were unfounded.

Issues related to finding accommodation or placements

Most (15 or 84%) family members said that there had been problems finding a placement or accommodation for the young person when he left Te Poutama. They were rarely able to go home to parents and few family members were willing or able to take them. Placement options were limited, often because of the presence of children or because of the nature of past behaviour (usually violence).

With looming discharge dates, uncertainties around where the young person would go when he left Te Poutama added to the stress for everyone. For example on one occasion details about where a youth was going to be placed was not available until the day before he left the programme.

Approximately three-quarters (11 out of 15) of these family members said that they understood that the responsibility for placements rested with social workers while the young people were in CYF custody. Some thought that the process could have been handled differently, and with more care taken over finding placements in good time, for example:

121 Most (13 or 72%) were interviewed six months or longer after their young person had left Te Poutama.

> CYF could've worked hand-in-hand with Te Poutama more to support Te Poutama – they're not very efficient in finding placements not until the last minute. Before he was at Te Poutama he was in a motel with a tracker for three months. (Mother)

Others recognised the problems inherent in placement, for example:

> It wasn't that no-one was trying. People are just too scared to have them. (Stepmother)

Several family members also acknowledged the difficulties faced and suggested that some form of supervised living in the community might solve the problem. One mother commented:

> I thought they needed a half-way house – there was someone else coming out too who was having the same problems with having to go back to the community and face people. A half-way house would mean [he] could get help to go back into the community and also be supervised.

What the placements were and how they were viewed

Family members were asked where their young person had gone on leaving Te Poutama. Eight (44%) said that he had gone to a specialist caregiver or a specialist group home (run by groups such as Richmond Fellowship, the Open Homes Foundation, Birthright or Barnardos). Four said their young person had gone to live with a caregiver arranged through CYF. Another three said that they had gone to live with family.[122] One youth had gone into a boarding situation arranged by CYF and another was placed in a motel with a tracker (i.e. minder).

When asked whether or not they thought the initial placements had provided a suitable environment, four family members said they could not comment, for example:

> I never met the person [he was boarding with] – I only heard [youth's] account and don't know that he liked the restrictions or rules but I can't comment as I never met the person – I didn't probe too much. (Mother)

However, the majority (13 or 72%) of families thought they were good placements:

> Yes – they're a lovely couple. They were the only ones willing to take him in. They did everything for him, enrolled him at [high school], bought him a TV … (Father)

Placements that seemed to work well initially sometimes broke down, especially if the young people wanted more freedom to make their own choices:

> It was [OK] in the beginning, but then there were too many conflicts. It started well, [caregiver] was giving him trust then all these rules got put in place – he was not allowed to leave the property by himself, etc. so he played up until [caregiver] said he couldn't handle him. (Mother)

122 Two were parents of the same youth.

Two mothers were not happy with their sons' placements. One was the mother of a youth who had been temporarily placed in a motel with a tracker on leaving Te Poutama. (It was not the first time that this had happened in the absence of a suitable placement.)

CBT engagement with the family

All but one of the family members interviewed said that arrangements had been made for the young person to engage therapeutically with one of the CBTs. Nine said that there had been some family therapy, sometimes including the young person. Their comments indicated that where there was a commitment to this by family, it was usually beneficial for all concerned:

> We've had that all the way through. Me by myself, me and [partner] and with the girls [victims] – full family, it is really helpful. It's good for the girls, it's given them more understanding around what happened to them and how everyone is affected. (Mother)

School or courses

Almost three-quarters (72%) of family members said that arrangements had been made for their young person to attend a school or a course when he left Te Poutama. Nine said that arrangements had been made for attendance at a mainstream high school. Others said that their young person had been enrolled in a course (e.g. two were doing computer courses). Two did not know if arrangements had been made and three said that none had. Teaching staff at Te Poutama made the arrangements for mainstream schooling in all but one case and assisted with other enrolments, although social workers and CBT therapists were also sometimes involved.

Had families' views changed?

At the second interview, the families were asked again to rate the youths on the four dimensions of health. The questions were put to 18 of them. Table A7.1 in Appendix A shows the results.

Of these 18 family members, at least 15 gave a rating of 4 or 5 for 10 of the 16 questions. Fourteen did so with regard to four other items.[123] There was a somewhat poorer response on this (13 of the 18 giving a rating of 4 or 5) to the questions about 'Feeling physically healthier' and 'Being healthier from a spiritual point of view' – though this reflected the fact that some family members said they did not know. On balance, as in the first interviews, the ratings are very positive. If anything, there were proportionately more family members at the second interview than at the first who saw improvement on the four dimensions of health. However, one mother voiced concerns about her son. He had regressed since leaving Te Poutama and found it less easy to talk to his family now. She was concerned about his drug use and his health in general. She commented:

> His general attitude now is almost worse than it was before he went to Te Poutama. Because at Te Poutama he was always told what to do and when to do

123 These were (1) Managing difficult or problematic thoughts and feelings, (2) Better about his relationships with other people, (3) Being more able to participate/interact with his whānau/wider community and (4) Being more able to understand how physical health makes you feel better.

it, he never fully took in what not to do. So he couldn't make good choices and wouldn't think of the consequences.

Family or whānau general comments

We asked the families if they had any other comments about their young person or Te Poutama. It was not uncommon for them to talk about how grateful they were that Te Poutama existed. One father said that he had written a letter of thanks and appreciation to the staff. He talked about the meals they had had there, how they had been made welcome and how his son had been helped. Te Poutama had "saved him". The following give the essence of what families said:

> We were lucky to get him in Te Poutama – we don't know where he would've ended up – he tried to commit suicide. If he wasn't in hospital he was in the Police cells every week. I can't thank Te Poutama enough for what they did for him. He said, "Next time I'm in Christchurch I'm going to go there and see them". (Mother)

> I've seen the positive outcomes and [youth] constantly alludes to what he learnt there. He's so proud of the skills he learnt there. He has shown me all his certificates and work books – he's very, very proud of his accomplishments. I could never criticise anything they did. In all the years, all the organisations he's been involved with, Te Poutama has been the most productive given the outcomes and changes – he's definitely a better person for the whole experience. (Mother)

Chapter 8 Te Poutama therapists

8.1 Introduction

The young people at Te Poutama were all assigned a primary therapist who was closely involved with them in individual therapy. As a result of the trust built between them, and the disclosures that the young people made to their therapist, it was not unusual for a reasonably close relationship to develop. Therefore, interviews with therapists provided an insight into how the youths had changed over their time in the programme, and the challenges they faced at discharge.

We interviewed 17 of the primary therapists after the youths had been discharged from Te Poutama.[124] The therapists were asked about changes they had seen in their client during his time on the programme, how well equipped he was for reintegration back into the community, his strengths and weaknesses when he left Te Poutama, issues related to finding a placement and ongoing therapeutic work with a CBT. They were also asked the generic set of cultural questions.

8.2 Changes in the youths at Te Poutama

Therapists felt that all the youths had made significant progress while in the programme, even though nine of the 17 young people referred to had not completed the STEPS programme.[125] The youths came into the programme with very little, if any, sense of self worth. They were "fearful and mistrustful". This is how one of them was described:

> He was dramatic in his way of relating to other people, hostile and unpleasant. This was reflective of his view of himself as a freak, difficult and unlovable. He rejected others before they had a chance to reject him. His view of himself became more positive. He had had to reject all those thoughts he had of himself as a hopeless, useless bastard. Any positive feedback made him act out, he couldn't deal with it as he didn't feel he was deserving.

The progress of one youth was described in a way that indicates the importance of context, of his personal and family background:

> Tremendous progress, but because his baseline was so low, he was still fragile. He came from a disadvantaged, disorganised background, so he still needs lots of support and guidance.

Overall, those on the programme were considered to be more positive, more open with their families, and more confident and self-aware. Their levels of aggression had decreased, they were more able to manage emotions, particularly negative emotions, and regulate their behaviour. The therapists felt the participants had gained educational skills and social skills, and developed new coping strategies. The following comment describes one youth who had previously relied on maladaptive methods of coping:

124 As described in chapter 2, these were the young people who were discharged during the data collection period of the evaluation.

125 Three were discharged for lack of progress, one for violent behaviour and five were discharged at 17.

> He had more control over impulsiveness particularly when he was struggling with feelings over family – he did a lot of damage – self-harmed. He experienced a major shift from seeing himself as a complete failure – anything difficult or stressful he used to harm himself.

Participants were judged as showing more empathy, being more able to express their emotions and more able to develop relationships with others. For one youth:

> The biggest fact was he went from having few or no attachments to being able to connect with people. Staff commented on this at his graduation. He developed the ability to manage his behaviour. He used to be bouncing off the walls, thought the rules didn't apply to him.

Therapists saw progress for some of their clients in terms of the development of honesty and transparency around behaviour which they had previously denied or minimised. But this was not always the case, for example:

> He couldn't participate in group therapy in the community. He would stay in the room but be passive or minimally disruptive. He had started talking about his offending towards the end. Then negative changes increased – more verbal and physical abuse. Hence the discharge.

Overall, the young people were judged to have gained a greater understanding of personal boundaries, sexually and in intimate relationships; of acceptable sexual behaviour; and of their sexual offending.

8.3 Changes in the youths at time of discharge

Therapists were asked the same series of questions asked of the young people and family members based on the four dimensions of health based on the Hua Oranga model. They rated the young people on each dimension at the time of discharge compared to how they were when they came to Te Poutama. These ratings were on a scale from *1=much less* to *5=much more*.

Every youth was regarded by the therapists as having got much better (a rating of 4 or 5) with respect to recognising if they were becoming stressed or angry. For seven items, only one youth was thought to have shown no change. Two participants showed no change with respect to 'being healthier from a spiritual point of view' and 'easier to talk to his whānau'. Three had not changed with regard to 'more able to manage problematic thoughts and feelings'. Three of the health dimensions produced a less positive picture: six youths showed no improvement in 'taking more care of physical health' and 'feeling physically healthier'; five had not got better with respect to 'being more able to understand how physical health makes you feel better'. Four youths seemed no better at 'understanding their place in their family'.

Strengths

Therapists were asked what strengths or positive attributes the young people displayed when they were discharged from Te Poutama. Although their responses related to a particular youth with whom they had often worked intensively, some clear themes emerged. The youths were felt to have improved with regard to self-esteem, belief in themselves and responsibility for their offending. They also understood better the

unacceptability of sexual abuse, and displayed a commitment to staying safe in the community. Some were less violent and others more caring and supportive of other people. Five were considered to have 'a number of interests and vocational aspirations', which would stand them in good stead in the community.

Two of the New Zealand European youths who did the bone-carving programme had benefited from their involvement in it, developing into more tolerant and self-assured people:

> He was very racist when he first came to Te Poutama but by the time he left his favourite staff were [Māori tutor] and [Kaihāutu Māori], through learning about things Māori with them. Mum is now really supportive of him and he is carrying on with bone carving.[126]

Some participants had prepossessing attributes: they were described as "charming" nd "likeable", or "engaging" and "able to draw people into him". These comments were interesting in light of the fact that it was not unusual for these young people to have very low opinions of themselves.

Weaknesses

Some clear themes emerged as regards weaknesses the youths still displayed when they were discharged from Te Poutama. One problem was enduring anti-social attitudes. This was seen as an issue for six of the 17 youths. They tended also to have similarly minded peers and often came from families that supported anti-social lifestyles, for example.

Where family systems were anti-social or dysfunctional, this had the tendency to impact negatively on any progress the young people had made in Te Poutama. The following illustrates one case where after discharge the youth's family undermined his support systems, resulting in his placement breaking down:[127]

> It was such an incredibly dysfunctional family system that exerted such a great pull on him. I told him it was fine to love them but that he needed to be careful. He idolised them. I predicted that would be the downfall of him.

Five youths were judged to have an inability to manage stress or moods: they overreacted to situations, "catastrophised" or were hypersensitive to perceived criticism. One of them was described as "fragile with a lack of ability to manage his emotions". Three were still perceived to be egocentric and/or to have a sense of entitlement[128] when they left. This had an effect on their ability to show empathy for others. Two still did not fully trust other people, which had led to their isolation and a lack of honesty in acknowledging their feelings and the extent of their offending. Not acknowledging their offending was a problem for another two youths. In relation to one of these, his therapist observed:

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126 His mother had initially been very scathing of his involvement in all things related to Māori culture.

127 Once he turned 17, he was told by one of his parents that 'You don't have to do what they say anymore' in relation to caregivers, his social worker and his CBT therapist.

128 This refers to an attitude of entitlement, where someone believes that they are entitled to whatever they want. Families often struggled with such demanding young people.

> [He] still wasn't able to be totally honest about his offending. Always denied level of violence used. It was also indicated that he had penetrated one of the [victims] but he still denied it.

Four youths were assessed to have a lack of insight into their offending and "very little insight into some risk, and the factors associated with these". None of these youths had completed the programme; three had exited when they turned 17. Other limitations the therapists noted were a tendency to fall back into 'old me' behaviour, mood instability and a resistance to trying new things. One youth who had been discharged early due to violence was perceived to be:

> A pretty dangerous young man. As his anxiety around life stresses get bigger, coping becomes less. He is proud of the way he can set up offending and he exhibits little to no empathy or remorse for his offending.

Ability to live safely in the community

The therapists had somewhat mixed views about how well equipped they thought particular individuals were for living back in the community, and their comments usually included caveats around either individual skills or support systems. Only two youths were deemed to be 'pretty well' equipped in terms of both. They were able to identify problems and source the help; previously, they would not even have acknowledged that they had any problems. A remark made by one therapist encapsulated the views of the majority: "He was as equipped as you can be having been in an institution".

Lack of support systems, or the presence of dysfunctional ones, was a concern to the therapists. Families were often part of the problem for the young people, rather than a solution:

> The number of abused or abusers in the family was amazing – a difficult family system to change – it's a big ask.

> His support systems were not that great. I was worried the changes he made could be easily lost. He was very much involved in cycles of abuse and gangs. Drugs and alcohol were one of the most difficult issues. Family problems wouldn't change; he was a lone voice, the youngest of three brothers. One was in prison for sex offending.

In addition, the level of damage some young people displayed on coming to Te Poutama meant that even huge improvements could leave problems that could undermine progress made, for example:

> He definitely developed lots of skills, but was so damaged when he came here. He's still fragile in terms of how long it would take him to get into a fight. There are also issues around whether he would stay with positive supports or seek gang affiliation. However, he is in good hands, and attending [high school]. I haven't heard he's not doing well.

Although therapists were sometimes concerned that their clients would get into trouble with the law, they did not voice any direct concerns about sexual reoffending. One exception was the youth who was discharged early for violence and was 'high risk'. He went from Te Poutama to a placement where he was supervised 24 hours a day while waiting for his Court sentencing date.

The following illustrates the common concern felt for those with anti-social peers and families. The concern was justified. This youth criminally reoffended on leaving Te Poutama:

> He has a good social worker and reasonable caregivers. He has a good family but some have gang connections. My sense is he maybe will get involved in anti-social behaviour, but I don't think he will sexually offend.

Engagement with CBT and family or whānau therapy

Therapists reported that arrangements had been made for 14 out of the 17 young people to engage with a CBT provider on leaving Te Poutama. They also said that the families of seven of these young people had been involved to some extent in family therapy with a CBT while the youth was in the residence. When there was commitment by the family, it was useful for all concerned, as one therapist noted:

> It has been really good. I know that [CBT] have had a few issues because of the family [dynamics] but the parents have been supportive. They've gone to therapy and taken on board what they've learned. This has been hugely important to [youth].

It was not unusual for family therapy to focus on managing safety in the family rather than dealing with underlying issues. However, not all families were willing or able to engage with a CBT. In one situation, the lack of engagement of the family with the CBT led to a private practitioner being employed by CYF to work with the youth after he had left Te Poutama. In two cases, therapists commented that there had been some sessions of family therapy in Te Poutama.

Placement

There were problems finding a placement or accommodation for 13 of the 17 young people when they left Te Poutama. Only two of them were able to go home to their families. There were few placement options for the rest, and it was impossible to predict whether a potential caregiver would change their mind or not be approved:

> It was a huge dilemma. It was almost like a miracle that we found one [when] an ad was placed in the paper.

It was common for therapists to talk about the issues they had with CYF and social workers in relation to finding somewhere for the young people to live. Therapists observed that it was a lengthy process often held up by CYF 'red tape'. There were difficulties in contacting social workers, a lack of preparation by them, changes in social workers close to the time of discharge and lack of understanding of the needs of the young people. There were also problems relating to clarity about responsibilities when cases were transferred from one CYF site office to another. The following comment illustrate some of these issues:

> It was a long process … there were caregivers that withdrew but got other caregivers through Richmond Fellowship, but by the time he met them it was only two to three weeks before he was due to leave. CYF process was held up by red tape.

One therapist commented on the effect that such uncertainty had had on one of the youth:

> His anxiety and acting out behaviour came down to uncertainties – his personal skills were mood dependent. We had to cancel outings because he was acting out, much stressed.

However, therapists acknowledged that CYF social workers often had large caseloads. One noted:

> There was lack of clarity around who was doing what. [Social worker] appeared at the end to be under the impression [CBT] would find a placement, but she worked extremely hard. I know staff change, but things were left too late. There was not enough supervision to see that the social worker had found a placement. It was the same with [another youth]: the social worker was over-worked.

When discharge and placement had gone well, therapists were quick to praise the efforts made by CYF social workers. In one case, the social worker had been working for a considerable time before discharge on placing the youth back with his family:

> He had a very committed social worker who worked really hard. It all came together in the end.

As noted in chapter 3, in an effort to streamline procedures around discharge and placement, a new position of transitional social worker was established at the end of 2005 – funded, in the first instance, until June 2006. The social worker was to work closely with the clinical team to free them up to focus on therapeutic work with the youths. An existing staff member with the requisite social work qualifications was appointed to this role.

8.4 Other issues raised

The therapists raised three main issues that were outside the focus of the questions they were asked.

Post-discharge contact between staff and the young people

The youths on the programme invariably developed close relationships with their individual therapists and case workers, but protocols prevented any ongoing contact with the case worker once they left Te Poutama and no more than six weeks' contact with the clinician. In one situation, a form of ongoing contact was negotiated between a youth and his case worker. This is described below by his therapist who herself had views on the standard protocol:

> It was extremely rewarding working with [youth]. Bits of this job aren't. You can't maintain clinical detachment really. You wonder how [youth] is going. He has texted [case worker], and we have negotiated exceptions to protocol around not having further contact. It's six weeks' contact for clinician then fade out. My view is that it's unnatural, uptight and unreasonable given relationship [case worker] has with [youth]. Both [case worker] and [youth] questioned the rule. It was decided that the protocol needed to stand, but some contact could occur in this

> case. [Youth] and that [case worker] said they would let us know when this happened.

Accepting 16-year-olds

It was frustrating for all concerned when youths were not able to stay in the residence long enough to complete the STEPS programme. Once they turned 17, they could no longer be the subject of s101 custody orders. The conundrum was whether some treatment was better than none, and it was also felt that at least some treatment at Te Poutama could prepare the young person for ongoing treatment in the community after they were discharged:

> He was a very complex young man and was disappointed at not finishing treatment. Still, at present he's engaged with and attending [CBT]. He was just starting to blossom when it came to discharge – it's a shame. We put much hard work into him. It would be ideal if we could refuse 16-year-olds. But on the other hand any treatment is better than none – that was our argument. Our goal was to get him to be treatable in the community. When he left he was, but not before.

A half-way house or step-down facility

Therapists picked up a recurring theme throughout this report: the provision of a half-way house or step-down facility. They felt it would help with the problem of those who had to leave at 17, as well as with transitional difficulties in general, for example:

> There was the dilemma of giving him safety and containment and also the period when he became too institutionalised. A half-way house would have been useful – a place that the youth can think of as his family home and feel safe.

Chapter 9 The CBT and CYF staff

9.1 Introduction

CYF social workers and CBT therapists[129] were the two groups of professionals, excluding those at Te Poutama, with whom the young people and their families/whānau were predominantly involved. CYF social workers were ultimately responsible for those at Te Poutama who were the subject of s101 and s110 custody and/or guardianship orders under the CYP&F Act 1989. CBT therapists played an integral role working with the programme participants and their families following discharge from Te Poutama but were also involved during the young people's time in the residence.

CYF social workers (n=20) and CBT therapists (n=19) were interviewed once, in most cases after the youth had left Te Poutama. Both groups were asked for their views on identical issues, including referral processes, the Joint Admission to Discharge Protocol, working relationships with Te Poutama and the quality of residential care. Their opinions were also sought on the salient issues relating to individual cases, discharge planning and how well the programme participants were prepared for reintegration into the community. In addition, CBT therapists were asked for their views on how well individual youths had engaged with their organisation on leaving Te Poutama and what therapeutic needs they had at this stage. Finally, both groups were asked generally about their views of Te Poutama. This chapter presents the views of the CYF social workers and CBT therapists interviewed.

9.2 Referral of youths to Te Poutama

Reasons for referral

Social workers and CBT therapists reported that the main reasons that youths were referred to the residence were for sexualised offending often accompanied by out-of-control behaviour, combined with a lack of placements and complex family dynamics. This was a challenging group of young people. Some of the scenarios which led to their being referred to Te Poutama are described below:

> It was the level and seriousness of his sexual offending, also his behaviour. We couldn't find a placement that would accept someone with his credentials. Placements he had had broken down and he had to be placed in a secure unit [CYF residence], then he went to Te Poutama. (Social worker)

> His behaviour pattern was well established. Through his primary school years he had been kicked out of a whole bunch of schools and was way behind educationally. We struggled to get him back into school. One of my major concerns was some quite major depression issues he was having. We were keeping a close eye on him and thought community therapy he was having was helping, but only to contain him rather than turn him around. I thought if we don't do something drastic we might as well give him a one-way ticket to prison. (Social worker)

129 The term 'therapist' is used to describe all those interviewed, from CBT providers (including social workers, and family and individual therapists), and clinical team supervisors.

> He was a sex offender with a very enmeshed, entrenched, dysfunctional, sexually unaware family. [Sibling] was his victim. It was best to get him right out of it really. (Social worker)

Referral process

A typical referral process started with a notification to CYF followed by an assessment by a CBT therapist.[130] As a consequence of the assessment, a recommendation would be made that the youth be referred to Te Poutama.

Social workers said that the referral process was complex. It involved a lot of paperwork and invariably took a significant amount of time:

> It's relatively complex in terms of my experience. And I have had experience in the financial referral for another [youth] as well. It's an extremely complex financial requirement that the social worker has to prepare. Then it has to go through a tiered system through CYF for approval. That's after the [CBT] assessment but prior to admittance to Te Poutama.

CBT therapists agreed that the referral process often took a long time. However, their main concern was with the selection criteria for young people to Te Poutama. Specifically, they were concerned about the exclusion of conduct-disordered youths and those with intellectual disabilities ('special needs') in conjunction with the requirement for individuals to leave when they turned 17. The following quotation encapsulates these concerns:

> If we have a really complex client who needs that wrap-around package, often their anti-social behaviours have excluded them from accessing Te Poutama as a treatment option. ... Then there's a problem of boys in there that on their 17th birthday they have to leave. You have to somehow have completed everything you have to do by then. (CBT therapist)

The referral of 16-year old youths compounded the difficulties, as one social worker noted:

> The problems were huge. It took a long time, months. It was his age and status, because Te Poutama did not want to bend on the two years. They were adamant that the programme is for two years. Youth can't do it in any less. So you [CYF] need to get some other kind of custody of this boy for when he turns 17. And I kept saying, "We can't. We can't make them stay wherever through additional guardianship".

Admission to Te Poutama

It was usual practice for social workers to escort new entrants to Te Poutama. They viewed the admission process positively, as the following quotations illustrate:

> I went down with him and spent the day. It was handled really carefully. He had trouble farewelling me and needed to be politely held back because it had been a long journey to get to Te Poutama and he'd tried to attempt suicide quite a few times. But Te Poutama were awesome.

130 This was often as a result of a recommendation from a Youth Justice or Care and Protection FGC. There were various routes to Te Poutama for young people, as has been described in chapter 4.

> Basically they had a pōwhiri. When we arrived we got into the main foyer and the staff greeted us. We had a meet and greet session there, and then [youth] and his folks went off to a side room with the social worker down there. They had refreshments and had a talk about what goes on down there and spent about two hours talking with [youth]. They also went through and did all the usual housekeeping like checking his belongings, keeping a record of everything he'd brought with him. We were then led into the main dining room area and the young fellas down there they have a haka. There were formal speeches.

None of the social workers who had been involved had anything negative to say about the way in which young people were received into the programme.

9.3 Joint Admission to Discharge Protocol

Level of knowledge and roles under the protocol

Social workers and CBT therapists were asked if they were aware of the Joint Admission to Discharge Protocol.[131] More CBT therapists than social workers reported being aware of this (79% or 15 compared with 40% or 8).

Few had any in-depth knowledge of the protocol, with seven of the CBT therapists responding that they were just aware of its existence. Those who had some knowledge agreed that the protocol set out clearly the roles for CYF, CBTs and Te Poutama. Examples of how social workers and CBT therapists described their generic roles under the protocol are as follows:

> My role becomes more of a supportive role while [youth] is in Te Poutama, whereas before and after the roles are reversed – I have the key role. But there are one or two exceptions based around the guardianship order. We have custody and additional guardianship. The guardianship order gives you a small number of options that custody can't – medical decisions, finance, nature of schooling. Those decisions only a guardian can make so they have to be referred back to me. (Social worker)

> We're a point of contact that's stable and ongoing. Most [youth] are assessed in a CBT programme and so we have that initial contact with them. It makes sense to carry that contact on if they've had a really good engagement with us. Then when they transition out the other end we can kind of wean them back into the community. (CBT therapist)

> One of the social workers felt that Te Poutama sometimes made decisions that should be made by the social workers as the custodians or the additional guardians.

Another explained how the process should in fact work:

> When the boy goes into Te Poutama they take control over what happens 24 hours a day for the length of time he stays there. He becomes their client. They can act as an extension of us as far as custody is concerned. We have the right to place wherever we will when we have custody.

131 See chapter 2 for a description of the Joint Admission to Discharge Protocol developed collaboratively by CYF, Te Poutama and CBTs.

Quality of information-sharing under the protocol

Both groups of professionals were asked for their views on the quality of information-sharing between CYF, CBTs and Te Poutama. Most were happy with the quality of information they received (eight social workers and seven CBT therapists). One therapist commented that, "We're working more collaboratively now". However, a number were ambivalent, with social workers being more likely to express this (12 or 55% compared with 5 or 33% of CBT therapists). Social workers considered that the quality of information-sharing was adequate but could be improved. Five of them noted that they seemed to receive only an edited version of what was happening:

> I don't think we get all the information all of the time. You sort of only get what you ask for. There's a sort of thing, 'I don't know if I can tell you because it might be a breach of confidence'. I don't know how things are currently now and they may have improved but for me this is my young person and I want to know what's going on. I want to know all the details and I don't just want some of it. Because then you fall into that trap of not actually knowing the whole story if you only get selected bits. I understand that they need to foster that relationship with the young person but once they've finished, someone else needs to foster that relationship and protect the community and ensure that this young person is doing the right things for them. You need all the information. (Social worker)

However, others were more than happy. In fact, one noted that any shortfalls in communication were probably his fault:

> I couldn't fault the work from the clinicians at Te Poutama. If anything, there was more fault at my end, I wasn't always available. (Social worker)

Those CBT therapists who were ambivalent about the efficacy of information-sharing systems said good communication depended on their role and the individuals involved on a case-by-case basis. Some referred to the lack of continuity of social workers and therapists at Te Poutama. Changes in staff had the potential to cause glitches in the flow of general information and the loss of valuable case information:

> It depends on the individuals involved – and I own a role in that. It works really well in some cases but it only takes one [party] to step back ... and changes in social workers and in therapists down at Te Poutama, they have a major impact. The turnover at Te Poutama has unfortunately got very high and that is quite impacting for anyone to have continuity on the case, especially over a two-year period. Every time someone new comes in a lot is lost. (CBT therapist)

Views of the protocol

Finally, a few professionals made observations about the perceived shortfalls of the protocol. One social worker pointed to what s/he perceived as a potential flaw that relates to a recurring theme throughout this report: issues related to these young people turning 17:

> There is a minor problem regarding legal issues. With [youth], for example, the protocol is two years at Te Poutama and one year at [CBT] treatment. Whereas CYF Act can only last from Youth Court jurisdiction point of view up to 17 and a half. [Youth] is now going through his treatment here at [CBT]. He's now on supervision and because he's 17 now it's not a problem because there's a

> supervision order. But once that's finished in six months, it then becomes a matter of goodwill for [youth] to continue his treatment at [CBT]. And from CYF point of view, once that supervision order is over and he's over 17 that's the end of our involvement. It's a legal thing that needs to be addressed. Raising the age to 18 is one option or amend the Act to extend the period of a supervision order to 12 months. It's nothing to do with Te Poutama, [CBT] or CYF. It's to do with amending the Act for the three years of the treatment to be effective.

The admission to discharge protocol requires CYF social workers to have identified a caregiver and placement three months prior to discharge, and for CBT work with caregivers to have begun in liaison with the social worker. However, one of the CBT therapists was of the opinion that it was unrealistic for a social worker to have a placement identified three months prior to a client's discharge:[132]

> They're not going to set something up several months in advance because that might not still be there ... and the boy changes in those months and his aspirations and dreams. The family's ability to do something with this boy is also going to change. I understand there's this whole way of thinking that when he goes in he must have a discharge plan to come out but ... it's not realistic.

Finally, in relation to how well the protocol itself worked, one of the CBT therapists thought there was a need for more flexibility:

> It's not realistic. It needs to be a flexible working document. The importance around any protocol is around it being flexible. No two boys who come out of Te Poutama are in my view going to need the same thing. And no two boys going into Te Poutama are going to need the same thing. And as community-based providers, what we can offer at any given point in time [differs] because of the number of clinicians we've got available and their skill base. I think it has to be read as a flexible document around what does this person need right now. It needs to be able to be reviewed. I think if it says that [CBT] will provide family therapy, that is acceptable ... but the way in which that happens I think is the bit that you need to have discussion around.

9.4 Issues for those involved with Te Poutama

Issues for the youths

Both groups of professionals were asked what issues they thought the youths at Te Poutama were facing. A large proportion described young people with life histories fraught with abuse and rejection. These factors were referred to by comparable numbers of social workers (n=7) and CBT therapists (n=6). This particular group of young people would present a challenge to the success of any intervention programme.

In addition to taking responsibility for their sexually abusive behaviour, some of these youths had to deal with their own sexual and/or physical abuse:

> It was both his own offending and what happened to him. His older brother and stepfather abused him. He had blocked it away and had only dealt with the stuff with his brother. There were also the problems with his impulsivity, aggression and violence. (CBT therapist)

132 CYF Joint Admission to Discharge Protocol, Te Poutama Ārahi Rangatahi (2004), 16.

Professionals described a number of young people who had been rejected by their family or whānau. Other youths received conflicting messages from their families or were missing them intensely.

Some were described as suffering from depression. A number had to learn to manage their violent and destructive behaviour or their anger.

CBT therapists (n=4) commented on the fact that some of these youths had a sense of entitlement which was inevitably endorsed by the way their families treated them. Two therapists also observed that those who had been in care for significant periods of time inevitably had problems with forming attachments and subsequently being able to trust people.

Issues for family or whānau

CYF social workers and CBT therapists related that family or whānau of youths at Te Poutama often found it difficult to discuss their problems as a family. This was compounded where the violence and abuse within families was endemic. In such families, there was a culture of learned violence. For example, a youth who had sexually offended against his sibling(s) may also have been the victim of abuse himself. A social worker described one such situation:

> There was no family at that FGC except for Mum and Dad. There was a reason for that, the inappropriateness of getting other whānau. I can still remember because I was fairly new to [CYF] at that time, going through the computer and everyone there was either a victim of abuse or an offender of abuse. [Youth] had offended against their children or other whānau had offended against him or other people.

Parents were often caught in an unenviable position where other children within the family were the victims of the sexual abuse. On the one hand, they wanted to support the abuser, but on the other, they wanted to ensure that their other children were safe and that their needs were being met.

This was even more difficult when a parent had also been the victim of sexual abuse. Some of these parents were unable to deal with their son and others were stressed trying to cope with their own recovery. Other parents were angry or blamed themselves for their son's abusive behaviour. This often led to the youth being rejected. Sometimes families were, in fact, destroyed by the youth's sexually abusive behaviour.

One father had had a history of abuse himself as a ward of the state when he was a child. Seeing his son go into Te Poutama was traumatic for him. The CYF social worker involved reflected:

> [Youth] going into a secure institution just brought back literally nightmares for him. He had such a bad childhood that he's almost fully focused on that all the time. It's very hard for him to step out of that role and focus on [youth's] issues. He's starting to be able to do this but it's taken 14 hard years of work from me and several from [CBT therapist] to achieve that. I think Te Poutama played a great role in that by showing [father] that there were institutions that could do some good for kids that were staffed by people that did not want to harm the young people placed in their care and actually wanted to help them.

CBT therapists and CYF social workers said that some families found it difficult being separated from their young person. Yet they also had grave concerns about what would happen when the youth came back into the community, for example:

> He's sexually abused their other two children so there were huge issues around trust and around his disrespectful behaviour towards [parents]. (CBT therapist)

Issues for professionals

CBT therapists and CYF social workers were also asked about the issues they and other professionals faced in working with young people at Te Poutama. One social worker noted that in the case of those who had been in long-term care, "It's almost like you're extended family". However, some also felt that focusing only on those who came to notice was possibly short-sighted:

> CYF never took the whole family and background issues within the family into account. Rather than just focusing on kids that came to notice, [mother] also needed to be supported. She needed respite care for the other kids so she could spend time with [youth].

The refusal of young people and/or their families to engage was an issue raised by both groups of professionals. For some, there were behavioural problems that had to be addressed before the youth could meaningfully engage in therapy.

CBT therapists added that an additional concern was the extent to which these youths had taken on board the therapy at Te Poutama:

> We can sometimes be misled into thinking they've got it – they're better. We could have been sucked into thinking he was fine. (CBT therapist)

In the view of some social workers (n=9) and CBT therapists (n=6), there was little that could have been done to address the issues discussed. As one CBT therapist succinctly stated, "It's not straightforward. These are complicated cases". Others considered that "Working as a team" would have helped. It was thought that sometimes this did not happen:

> We were not working against each other [but] we should be working together … In the end it did come out really well but it took a lot of effort. (Social worker)

One CYF social worker talked generally about the difficulty of dealing with Pacific Island families and young people in the absence of adequate cultural advice. This was also an issue that Te Poutama faced. Having access to appropriate cultural advisors would solve some problems in working with adolescents and their families.

And the pervasive concerns about placement issues were revisited – the lack of available placements and the lateness of their allocation:

> I think what [youth] needed was to be in a safe environment where he could settle. He was in a motel for a period of time. He was traumatised, anxious and distressed. The environment that had been provided by Te Poutama had had a huge positive effect. (CBT therapist).

9.5 Te Poutama

Working relationships and communication

CBT therapists and social workers said that the person they most frequently dealt with at Te Poutama was the young person's clinician/therapist. With the establishment of the dedicated social worker position at the residence, this changed somewhat and the majority of communication was with him. On occasion, CYF social workers also had contact with the young person's case worker. Social workers and CBT therapists unreservedly described their working relationship with Te Poutama in glowing terms.

> It was good. They've been wonderful and very welcoming and [manager's] been marvellous. I took [youth] when he went down there. They just welcome you with open arms. (Social worker)

> It's professional but also an environment where we can discuss and offer opinions. If things are unclear I can approach [clinician] and vice versa. It's a good relationship. (CBT therapist)

CYF social workers and CBT therapists did not report having any difficulties communicating with people at Te Poutama other than the inevitable 'phone tag' often played by busy professionals. CBT therapists said they tended to rely on emails because of this. However, one social worker made a comment about the difficulty in returning calls to young clients who had been trying to contact them, which may explain why some youths reported that their social workers did not return their calls:

> It was really difficult to ring into Te Poutama after hours which is something that they need to remember for us here. You might come back into the office and you get a message from a youth that's asking to be phoned. You're returning that call and it might be between five and six o'clock and you still want to return his call. It was absolutely and totally difficult ... but no problems with contacting staff.

Both groups of professionals were asked how any of their concerns were dealt with by Te Poutama. The general consensus was "We talked these through", either on the phone or during the professionals' meeting that is always part of the case conferences. However, in one instance, there was a problem that could not be solved through discussion, which had left the social worker involved dissatisfied with the whole process:

> There was an incident where [youth] managed to get himself discharged. I felt they wanted to get rid of him. It was only a week to his Court hearing. I thought it was unreasonable of them; they could have waited until then. I had a week to move him. I didn't think the situation warranted his immediate leaving. I felt they could have supervised him and worked through it.

In the main, both groups were satisfied that communication between clinicians outside and inside Te Poutama was good. One CBT therapist said, "It works really well … we have a frank discussion and reach a consensus".

Residential care

CYF social workers and CBT therapists were asked for their opinions about the quality of residential care for young people at Te Poutama. Seven therapists and five social workers said that they were not able to comment on this. However, those who were able

to provide an opinion overwhelmingly agreed that the quality of care was 'good' and 'very good'. The remarks they made mainly focused on the physical structure of the residence.

Three social workers compared Te Poutama to other CYF residences. It was judged favourably:

> I think it's great – certainly a lot better than most of our other residences. (Social worker)

CBT therapists concurred with this view:

> When compared to other residences it has good structures and good boundaries and consequences for the youth. (CBT therapist)

Therapy

CBT therapists were asked for their views on the quality of therapy at Te Poutama. Those who felt able to comment thought that the clinical programme at Te Poutama generally met the needs of the young people, particularly in respect of the nature of relationships that they developed with their clinicians/therapists: they learned to trust people and gained a sense of belonging from being at Te Poutama. Eight of the therapists felt positive and five were partly positive about the programme. Those who qualified this said they thought that two years in the residence was too long, that therapy could be individualised and that transition into the community needed to start sooner.

One therapist thought the general approach was not always helpful as it relied on risk-based models of therapy such as the STEPS programme, as opposed to models which include "human goods or goals for wellbeing" (Ward & Marshall 2004):[133]

> I have some clients down there and I think maybe that's not what this young person needs but there's no room in there to move on that. I'm working with family and youth and have to stay within the language of the relapse model. But how can I support this youth to have a good life, to get work, to find friends, to have an argument and not hit somebody? It's very important.

Although the programme met the needs of many of the youths, those with less optimum cognitive skills did not do as well.

Some CBT therapists had had the experience of being involved with young people leaving the programme who could 'talk the talk' but who had difficulty in applying the concepts learned at Te Poutama to their lives:

> The impression I was left with was that [youth] came out of there not really 'getting it'. Presenting his cycle was a big thing but when I sat him down and asked a couple of simple questions he just didn't get it. His safety plan was too specific. This is ever-changing depending on the environment ... It was a great place personally for him but he didn't get the therapy at all – concepts of cycles, exits or risks. Another youth was fantastic at the language of therapy but couldn't understand basic concepts when you asked him for detail or elaboration.

133 The authors define these as the positive 'goods or goals' all humans seek in order to live satisfying and good lives, for example, life skills, knowledge, work, relationships, happiness and creativity.

However, other CBT therapists thought that the needs of the young people were being more than adequately met by the clinical programme at Te Poutama:

> It provides good incentives in terms of the STEPS programme. I think they can see where they're up to. They can visualise where they've got to get to next and what they have to do to do that. I think that as a cognitive behavioural process it motivates the guys pretty well.

Six CBT therapists said that they could not really comment.

Two CBT therapists felt that the changes in clinician that the programme participants sometimes experienced resulted in a lack of engagement of these young people and a disruption of the therapeutic process. Changes in primary therapist could also result in the participants being exposed to clinicians with different styles of working and different levels of expertise around sexually abusive behaviour and trauma.

Case conferences

Almost two-thirds (14 out of 20) of the social workers and more than one-half (10 out of 19) of CBT therapists had attended case conferences held for the young people either at the residence or off-site nearing the time of discharge.

Generally, it was agreed that the conference process itself was valuable:

> Something I like about their processes is that the clients come very prepared and come with a statement of what they want to share with others and I think that part of their review process is quite valuable. (CBT therapist)

They all said that they received adequate notice of when these conferences would be held and almost all agreed that communication in relation to case conferences worked well. The one CBT therapist who thought there were communication difficulties in relation to case conferences thought that this was more often than not a result of lack of clarity about CYF travel arrangements.

Most (9 out of 14) social workers said that although they usually attended case conferences, they were sometimes unable to be present due to other work obligations. One social worker said that s/he had another reason for not attending on one occasion, and another who did not like flying only attended one.

Only two CBT therapists reported that they had been able to attend case conferences. This was because of changes in dates or a combination of late notice and work obligations.

Staff at Te Poutama were appreciative when professionals made the effort to attend case conferences. One social worker observed:

> I think they made the comment that they appreciated the fact that I made the effort to travel over – three hour trip each way – [West Coast] to Christchurch. (Social worker)

9.6 Working with family or whānau

Social workers and CBT therapists reported that families were, for the most part, co-operative with and supportive of the referral to Te Poutama. However, it was not unusual for them to be unsure or resistant at the beginning, and one therapist remarked that "Mum was very reluctant for him to be there". In addition, four social workers talked about cases where family were, "predominantly unco-operative", "very, very difficult to work with", "accepting … but unhappy" or "in denial around his sexual offending". The level of co-operation waxed and waned for some family members over the period of time the young person was in the programme and continued to vary after discharge. One social worker commented, "On the one hand they co-operate. On the other hand they co-operate when it suits them".

CYF social workers and CBT therapists frequently continued to have contact with each other about their particular clients and their families during the time the youth was in the residence and after discharge.

Both these groups of professionals commented on the level of engagement by family members in family therapy with CBTs. They talked about the difficulty of engaging and working with family, for example, in trying to get family to have some insight and awareness as to risk factors and safety plans. The consensus was that where therapy with CBTs had taken place, this had worked well and it was crucial to the best outcomes for the young people and their families.

One social worker had a stronger comment to make about the lack of engagement by family or whānau in family therapy:

> Te Poutama has to be really careful because they do deal with a group of kids who are bloody dangerous when they first go in. I'm quite happy with their transitioning. I think it's a time when you have to sit and think about who can help you and what you will do – and they do some outings [with the youth] towards the end. My only big problem with the whole process is that the kids get a lot of work. The parents can opt in and out of the work up here and so the kids often come back, they've moved 'up here' [and] the parents are still 'back here'. And they inevitably drag the kids back. I say to my social workers that [whatever families are like] the kids still go back and see them.

Three CBT therapists did not think that family therapy worked well at present in relation to families and young people involved with Te Poutama, for example:

> I don't think it works particularly well because the kids are too far away. The key player (i.e. the youth) is not there and the longer that goes on the more difficult it becomes. I think you can do work without the young person. But as time goes on if you want to generalise any of this stuff you kind of need them there, especially when they'll probably go back to the family. If we see the family monthly or fortnightly that's a lot of work without the young person if we want to generalise what we're doing and keep them motivated and interested. They're not experiencing the ups and downs of having the young person around. The theory is that it might work and it should work but ... It's academic without the chance to practise.

9.7 Discharge

Planning

Sixteen out of the 20 social workers interviewed had been or were currently involved in the discharge planning for those leaving the residence. They all agreed that this was challenging. They said, however, that it was a collaborative process, that it was, “An integrated effort. We all did our part”.

Fewer (11 out of 19) CBT therapists were able to comment on the discharge planning for programme participants. However, those who had been involved also said that it had been a collaborative process. One commented that s/he had not had much involvement but was open to the possibility of more.

Social workers saw their role in the discharge planning as pivotal and CBT therapists concurred with this view. Social workers had the ultimate responsibility for the young people under custody and additional guardianship orders, and were responsible for funding the transition and finding a placement, often with the help of others. One social worker thought that dealing with those leaving a therapeutic residence such as Te Poutama possibly required more training in specialist skills:

> Our role is pivotal. We’re the ones who pick the responsibility up. We are in the thick of it and at the hub of planning although it is a combined collaborative approach. That’s where it falls down. You have the situation where a youth is discharged from a specialist environment and a generic social worker is trying to pick up on that specialist environment. There is a requirement for specialist skills and knowledge. We can’t afford to learn this in retrospect. These are hugely risky clients.

CBTs were sometimes involved in attempts to find a placement for these young people. However, their primary role was to carry on the therapeutic work with them and with their families and to manage the young person’s risk in the community.

CYF social workers and CBT therapists were asked if there were any problems around discharge that had to be considered. Not surprisingly, the main problems they referred to were the scarcity of placements and the lack of specialised caregivers.

It was relatively rare for the process of placement to go smoothly:

> I think the issue of placement is always [an issue]. I think all the guys I’ve worked with have had delays or some complications with whether the placement was to go ahead. Now I can imagine them being in residence and them being very unsettled especially when they’ve been held for so long in a safe environment. Them thinking, ‘Is this going to go ahead?’ Then it’s not and another caregiver not working out. (CBT therapist)

Despite these logistical and practical problems, CBT therapists and CYF social workers said that there were adequate resources in terms of funding for discharge and placement, particularly since the implementation of the Joint Admission to Discharge Protocol. But CBT therapists noted that although there was in theory adequate funding for placements, “When kids are coming up to 17 there is a debate over whose responsibility this is”.

The young people were generally able to be enrolled in a course or a mainstream school once they left Te Poutama although, as several CBT therapists noted, this often took a lot of hard work. The remarks one made illustrate the generic problems faced:

> [Youth] was originally declined flat out by the school. It wasn't until [Te Poutama teacher] put together a very well-crafted letter to the school basically saying 'give this boy a shot' and she brought him up for an interview and he got accepted. It's difficult sometimes if we have kids in here who are not predatory and who are very, very low risk. Sometimes schools are not informed at all and historically there have been cases where they have been informed and they've made the kid a target so it's based on judgement on a case-by-case basis. We discuss it as a team. (CBT therapist)

The youths on leaving Te Poutama

CYF social workers and CBT therapists generally noticed that the young people changed during their time at Te Poutama, echoing the comments of family members and Te Poutama therapists. Young people had taken responsibility for their offending, were more able to develop relationships with others, were more confident, and could manage difficult situations and regulate their behaviour. In sum, they had matured. The change was significant for some, for example:

> He's taken more responsibility for his offending. He's more serious, more mature. He's more reflective, capable of reflection about himself now. He seems more able to make good choices. (CBT therapist)

> He was very confident. I suppose it's the old cliché: he went in as a boy and came out as a man. He could articulate his thoughts. He had built up his confidence level and at the same time was taking responsibility for what he'd done. There were times when he was challenging the caregivers over something that had happened. He was doing this without acting out. (Social worker)

Although generally, the young people made significant changes over their time in Te Poutama, there were still problem areas. Some of them continued to display anti-social behaviours, had "a bad attitude" and did not choose their friends wisely; others had enmeshed dysfunctional family relationships or no family support; and a few were judged to be naïve, vulnerable, impulsive or socially isolated.

Reintegration into community

CBT therapists and social workers generally thought that those leaving were adequately equipped for reintegration into the community in terms of their sexual safety. They were, however, deficient in other ways. They were still needy and required support, and they were not always emotionally equipped to live independently, for example:

> We had good supports in place. Even though he was in a caravan park he was monitored. He had resources, paid rent, bought food and had a phone card. We were working with [Work and Income] to get him on a benefit. [CBT] and Te Poutama didn't like where he was. But then he went to board with someone and ripped the guy off. Financially he was okay but emotionally he was not equipped. He needed a supportive environment. (Social worker)

> He was very, very scared of the world. He clung to his [caregivers]. He would go to classes and then scurry back home. (CBT therapist)

Young people frequently found their way back to their families where their anti-social behaviours had been generated:

> I don't think the young people are equipped to come home. They go from this really, really tight structured environment and then they come home. They come back to the same things, the same behaviour. Their parents haven't normally changed since they've been gone. We often put them back into the same family environment that created the behaviours that we didn't like. They haven't changed or modified their behaviours enough to stop themselves. They may not offend again but they fall back into the same old behavioural patterns. They will always have feelings for their families and I don't think that there's enough work done about preparing them to come home. (Social worker)

The following comments were made by one of the social workers who did not consider that the youth she was dealing with had been well equipped for discharge. She raised a number of issues which have been discussed by other informants throughout this report:

> He wasn't [well prepared] …. He graduated from Te Poutama. It was a beautiful ceremony. There wasn't a dry eye in the house. But it's all about structure. A transition [half-way] house would be wonderful. But these kids come out in our care and we don't do enough to support them either. Okay, we had a supervision plan, and went through the Court and he was living in a caregiver's home but the caregivers were elderly but they were the only people who would take him on. You couldn't put him with a family. And I don't think we do it well for any of our Care and Protection kids. They're nearly 17 or 17 when they come out. ... [CYF] are their parents. We've set them up to be dependent on us. And I think to a degree at Te Poutama we set every kid up to be dependent on us because we provide for them. We tell them what to do for 18 months. There's a huge gap between 17 and 18. You can't get a flat. You can't sign on [for a benefit]. There should be some more funding put into place to find caregivers for sexual offenders. Or there should be another half-way house/family home where you can have lots of monitored family contact and slowly release these youth.

All of the social workers and six of the therapists thought that the young people had adequate personal skills to enable them to live safely within the community, but they were dubious about whether they had support systems that were comprehensive enough to help them if they ran into difficulties. In addition, CBT therapists made some observations which related to the generic issue of whether or not those leaving would be able to apply the skills they had learnt at Te Poutama to other situations. The following quotation is illustrative of these views:

> He's learnt some skills. It's up to him to apply them now. I think it's a huge ask to ask them to generalise the skills they've learnt in Te Poutama to other situations. It's an awfully controlled environment down there and he's come to an environment where pretty much he can do what he likes. Pornography and things like that have just become so accessible for everyone, e.g. cell phones with video clips. So he's got to be able to manage that and I'm not sure how much they've prepared him for that stuff. Time will tell. (CBT therapist)

One CBT therapist talked about the possibility of these young people engaging in criminal offending rather than further sexually abusive behaviour:

> Our role is to treat these guys for their sexually abusive behaviour. The stats show that a lot of these guys go on where they don't engage in sexually abusive behaviour but they do engage in other kind of criminal activity, anti-social activity. If their behaviour is all over the place, it doesn't mean that they've been ineffectually treated for their sexual behaviour. They may not ever do that again. But when they get out in the community they fall back on the [anti-socia] behaviours they know best.

The comments made by one social worker reiterated one of the recurring themes throughout this report:

> We also need to focus on post-discharge monitoring and support. We invest a huge amount of money at the residential level and little at discharge. It's almost like we've ticked the box and said, "Yes, we've dealt with that, now on your bike". But as [CBTs] say, sexual offending is a life-time problem and we need to focus on relapse prevention strategies.

Therapeutic needs of youths on discharge

CBT therapists were asked to comment on how well this group of young people had engaged with their organisation on leaving Te Poutama. Only 13 out of the 19 felt able to comment on this. Nine of them said that those with whom they had been involved had engaged 'well' with the CBT:

> He had a tendency to want to please, so that helped. He wasn't hard to engage with and still has the sense of commitment to wanting to see this through.

However, at least one therapist qualified this assessment:

> Bear in mind he had Youth Court hanging over him and it wasn't until he finished here that he was discharged. He could've ended up in District Court and gone to prison. He was bailed until he finished here. His parents were sharp enough to know, 'You have to do this', and he came to every session.

Those who did not engage well considered that they had done all the therapy they needed to do at Te Poutama, especially if they had completed the STEPS programme. This was an issue to which CBT therapists often referred, for example:

> It was difficult. He had sense of, 'I've completed treatment. I've done what I need to do'. He didn't have that much buy-in to coming here. We didn't have that much time to engage with him before he completed his treatment. And he also got a very strong message that he didn't have to do anything here – from Te Poutama. In terms of informing him of his rights, he was informed that his transition and stuff here wasn't mandated from any Court or anything like that.

CBT therapists were asked for their views on what therapeutic needs these young people had when they left Te Poutama. They talked about them needing assistance to work on transition into the community, victim empathy, social skills, and addressing their own abuse and traumatisation. They also needed support to be able to make good choices. Work with the young people and their families needed to be undertaken. But, as one therapist commented, some of the needs of the young people at this stage were more to do with support and guidance than to do with therapy. The issue re-emerged of some of them having only a superficial understanding of the therapy model. Young

people may have learnt the language of therapy but not the underlying concepts. However, therapists reported that several of the young people with whom they had been involved had completed their requirements with the CBT.

Finally, one CBT therapist summed up a pervasive concern related to the lack of support for 17-year-olds:

> A kid at 17 might leave home, that's fine if they've got a home to go back to if things fall down. These kids don't a lot of the time. So they leave treatment. They become independent and if they've had no opportunity to practise those social skills and build up a good pro-social peer group, they just fall back into some pretty bad behaviour.

9.8 Te Poutama – strengths and opportunities for improvement

Strengths

The two groups of professionals overwhelmingly thought that there were a number of areas where Te Poutama excelled. These were therapy, education, culture and providing those doing the programme with a safe environment. The staff was competent, dedicated and cared about the residents, they kept families involved and, "provided kids with extra opportunities". They said:

> I think they do really good critical therapy in the programme they provide. It seems to be quite structured. And it's good for kids like that because they can get their education too. They also focus on relationships and social skills training and I guess too keeping family involved making sure they're always invited to meetings. (Social worker)

> It's a therapeutic community so for those young people who may not have had a home life of care and boundaries, they get that at Te Poutama. They can learn about the family environment they've missed out on. (CBT therapist)

CBT therapists had additional comments to make about the strengths of the therapeutic process at Te Poutama, its holism and its ability to respond flexibly to presentations of behaviour:

> [They] have the ability to set up therapeutic relationships. I think they're very clear within themselves about their programme and their structure. I think the residential workers are a real strength. The positive moves for youth are most likely to come from them as they spend a lot of time with the youth. They experience someone in their life who cares for them, is there for them, has fun with them. I think that's a real strength. They're the ones on the ground.

> I think through supervision they pick up the little bits of information quite well which, in a community placement like [specialist group home], for example, would otherwise go amiss. For example, [youth] was engaged in a conversation with staff around sex education and he was getting aroused by that information. Staff picked that up and relayed that on to [clinician] and it became a therapeutic issue. Whereas in a community agency they'd be thinking, well, he's just doing sex education.

Finally, as one CBT therapist stated:

> I think they do the endings very, very well. I'm really impressed with how they do that. One of the most impressive finishings I've ever seen was at [youth's] farewell. The boys got up and did a haka and it was awesome. You can really feel it. I think they've got that nailed very well. And then symbolically leaving and going through the door and guys stand up and wish them well.

Opportunities for improvement

There were aspects of Te Poutama that social workers and CBT therapists thought could be improved. The most important of these was discharge and transition into the community. Transition needed to be a longer process. There needed to be more opportunities for the young people to experience being out in the community before they left Te Poutama.

They also talked about the advantages of having a step-down facility or half-way house which is one of the ways that young people could be gradually transitioned back into the community.

Two social workers felt that the security systems (for example, locked doors and having to hand over their wallets and keys) at Te Poutama were sometimes excessive. Others felt that staff at Te Poutama should have more knowledge of the CYP&F Act 1989, that there should be more communication at a management level between CYF and Te Poutama so each had an understanding of what the other was and was not able to do, and that there should be more interaction between clinical staff at Te Poutama and others in the same field. CBT therapists and social workers thought there should be a greater focus on family therapy. In addition, therapists talked about the problems with staff retention at Te Poutama.

Chapter 10 Outcomes

The preceding chapters have discussed a range of outcomes for those attending Te Poutama, including their struggles to live safely in the community after discharge. Many were intermediate outcomes, such as educational achievement, employment, improved family relationships and personal wellbeing. These factors are thought to be linked to a reduced likelihood of offending (Beckett 1999, Efta-Breitback & Freeman 2004, Worling & Langstrom 2003). Improvements are therefore seen as an indication of the programme's success.

This chapter covers the outcomes of the Te Poutama programme as detailed by programme records and official statistics on post-programme convictions. It examines possible reasons for some youths failing to complete the programme and addresses non-sexual and sexual reoffending after the youths left Te Poutama.

10.1 Programme completion

A useful way of seeing how well the programme worked is to look at how successfully it engaged participants and how effectively it delivered therapy. However, not all those admitted to the programme managed to complete it and those who were discharged early received little therapeutic input. In this section, we explore reasons for non-completion.

As noted in chapter 3, only 17 of the 41 youths who left Te Poutama graduated from the programme. Reasons for early discharge fell into three main categories:
- 11 were discharged for various behaviours such as violent conduct
- five were discharged after their progress stalled, although some were at Te Poutama for some time
- eight left when they reached the age of 17 years.

Indicators associated with early discharge

We compared youths who were discharged early with those who graduated to assess whether individual characteristics or factors associated with offending or family history were also associated with placement failure. Because small numbers are involved, the data can show only pointers rather than robust statistical differences. The most common factor to emerge amongst those who did not seem to make progress at Te Poutama and who subsequently failed to complete the programme was a history of general offending, particularly violent offending, prior to placement in Te Poutama:

- Of the 11 early discharges, 10 (91%) had a history of general offending and six (55%) had a history of violent offending.
- Of the 17 who graduated, 12 (71%) had a history of general offending and four (24%) had a history of violent offending.

The file data also indicated that those discharged early tended to have more severe conduct disorder and acute problems with anger management. They had higher rates of absconding from family homes and were more likely to have been placed in a controlled residence. They also appear to have witnessed family violence more often. Pre-

placement assessments suggested that they tended to take less responsibility for and were more likely to deny their offending.

At the same time, it must be noted that some young people with violent histories graduated from Te Poutama. It is not always possible to ascertain from the research data why individuals with similar backgrounds responded differently to Te Poutama, but there may be a discernible link between some of these early discharges and what may be called a 'cohort effect'. When we examined the timing and circumstances surrounding early discharges, we observed that a youth who did not wish to remain at Te Poutama sometimes deliberately sought discharge through violent acting out, potentially inciting similar behaviour among others. The circumstances surrounding the first cohort of youths at Te Poutama, which had a notably high rate of discharges, are discussed in chapter 3. It was clear that the behaviour management system was inadequate at the time, and behaviour deteriorated to the point where some of the programme participants were discharged.

The second series of early discharges, involving four youths, occurred between December 2002 and January 2003. Incident reports and key informants (including programme participants) suggest that a number of individuals were acting out at the same time. They reinforced each other's disruptive and violent behaviour, creating a series of situations dangerous for staff and youths in residence. At certain times, youths who had been at Te Poutama for longer, who were advanced in the therapy programme and able to model positive behaviour, would challenge such behaviour and help to keep some level of control in the residence. At the time of the second series of early discharges, there were relatively few of these older participants in residence. We observed staff working hard to maintain the motivation of youths, but when the majority of young people are new to the programme and some begin to act out together, the situation can become difficult to manage.

Other early discharges

The other two groups of early discharges – those who turned 17 years and those discharged through lack of progress – were not obviously different from the other youths. Discharge through lack of progress became more common after the violent incidents of 2002/03 and subsequent staffing changes. This may reflect a different mix of young people being placed in the residence, or the lesser experience of new staff – particularly therapy staff.

10.2 Achievements at discharge

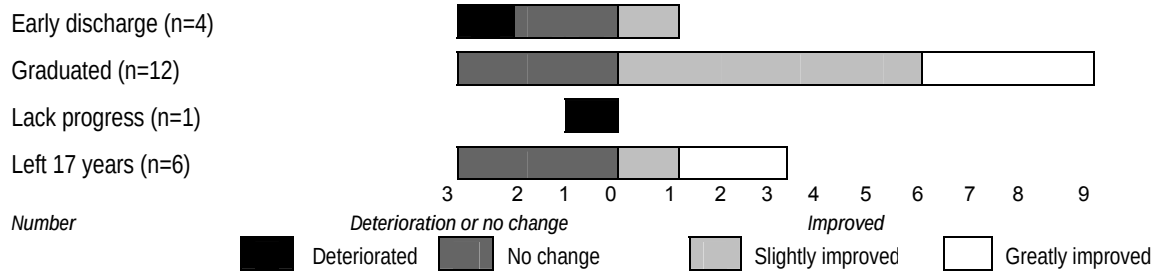
Te Poutama therapists write a discharge report on all those who leave the programme. We examined either full or preliminary discharge reports for 35 youths. Unfortunately, there was no set format for the discharge report and there was a significant amount of missing information for some variables we coded. This should be borne in mind when interpreting results.

In Table 4.9 in chapter 4, we rated the status of the youths on a number of important therapeutic variables prior to their entry into Te Poutama. On the same ratings, 17 youths at the time of discharge were seen as being open about their sexually abusive behaviour and willing to discuss it. Most of them graduated from the programme. On the

other hand, those who were unwilling to discuss their offending were those who were discharged early.

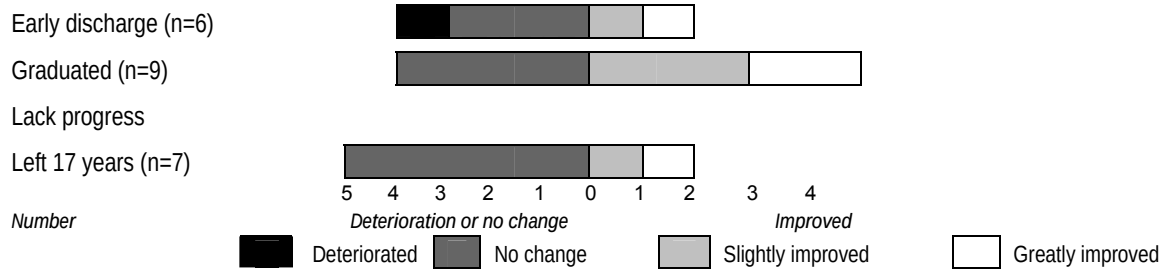
The therapists indicated the degree to which the youths had *changed* on a dimension since entering Te Poutama.[134] The change in willingness to discuss sexually abusive behaviour was clearly associated with the youths' status at discharge (Table 10.1). Nine of the 12 youths who had graduated had become more willing to discuss their sexually abusive behaviour, compared to only one of the four youths who were discharged early.

Table 10.1 Change in willingness to discuss sexually abusive behaviour – those showing improvement compared to no change or deterioration, by status at discharge



Changes in the youths' denial of sexually abusive behaviour were also associated with their status at discharge (Table 10.2). It was mainly those who graduated who reduced their denial (five of the nine for whom we have data), although some of those discharged early also did so (two of the six for whom we have data).

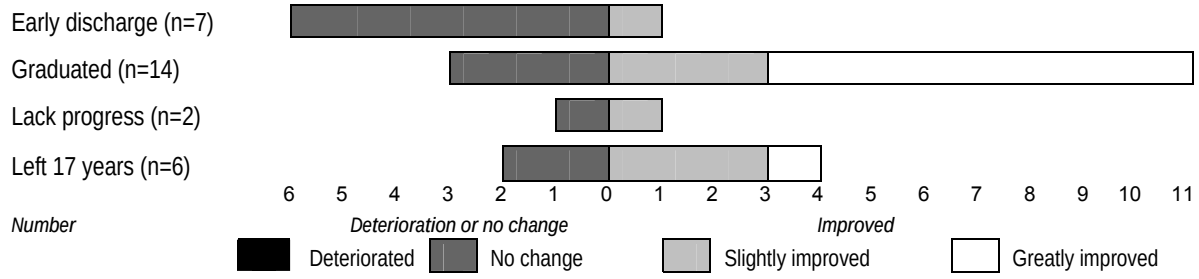
Table 10.2 Change in degree to which youth denies sexually abusive behaviour – those showing improvement compared to no change or deterioration, by status at discharge



134 In some cases, the therapist rated the youth on a dimension rather than the degree of change. In these cases, the researcher coded the degree of change based on the rating at admission compared to the rating in the discharge report.

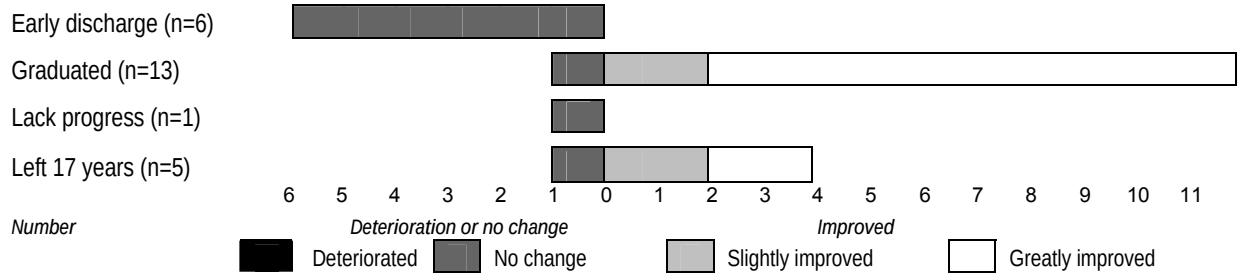
Much greater change had been made in youths' acceptance of responsibility for their offending (Table 10.3). Eleven of the 14 who graduated had improved; while only one of the seven discharged early had done so.

Table 10.3 Change in degree to which youth accepts responsibility for his sexually abusive behaviour – those showing improvement compared to no change or deterioration, by status at discharge



Finally, the extent to which youths were able to engage in victim empathy most clearly delineated the graduated group from those discharged early (Table 10.4). Almost all those who graduated (12 of the 13 for whom we have data) showed improvements in victim empathy, while none of those discharged early did.

Table 10.4 Change in degree to which youth can empathise with victims – those showing improvement compared to no change or deterioration, by status at discharge

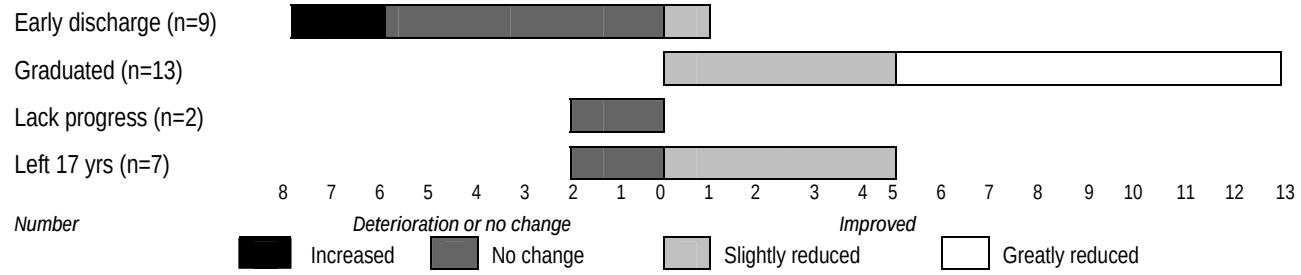


The differences identified in Table 10.4 between those discharged early and those who graduated are not unexpected. In the short time those discharged were in the residence, a few of them made some improvement, but it was clear that major change in important clinical dimensions came about only for those who graduated or were discharged on turning 17, i.e. those who were on the programme for longer.

At discharge, most of the youths (n=16) were still rated as being at high risk of reoffending. Ten were rated as being at moderate risk and seven of these had graduated. All those rated as being of low risk (n=5) had graduated.

As can be seen in Table 10.5, change in risk was related to whether youths graduated from the programme or were discharged early. Compared to the early discharge group, all those who graduated had reduced their risk of reoffending. In addition, most (five out of seven) of those who left when turning 17 years of age had also reduced their risk of reoffending.

Table 10.5 Change in overall risk of offending – those showing improvement compared to no change or deterioration, by status at discharge



Static and dynamic risk factors

The relatively high levels of risk are partly explained by the way that the overall risk assessment is calculated. It is made up of two components: static and dynamic risk factors. Static risk factors are not amenable to change. They include factors such as gender, the nature of prior offending or family background. Dynamic risk factors are open to change through treatment and intervention (albeit sometimes with difficulty) or may change naturally over time. They include factors such as victim empathy and family relationships. Only high-risk youths were accepted into Te Poutama. Most were rated as high risk on static risk factors and low-to-moderate risk on dynamic risk factors; 28 of 29 rated high on static risk factors, compared to 13 of 31 rated high on dynamic risk factors. Therefore, static risk factors would have substantially influenced measures of change.

An individualised relapse prevention programme is integral to reducing the risk of future offending and was an important element of the Te Poutama programme. Reports on 32 youths showed that:

- of the 13 with a good understanding of their relapse prevention strategy, 11 had graduated from the programme
- of the 12 who were rated as having a poor understanding, nine were discharged early, two left at 17 years and one left through lack of progress
- the seven rated as having an incomplete or partial understanding were spread across all groups.

Residential adjustment

The discharge reports also summarised youths' adjustment and behaviour within the residence. Even those who completed the programme had periods of difficulty. This tended to be more noticeable early in the programme and just prior to discharge. Ratings of residential adjustment painted a picture of instability: 10 youths were rated as highly unstable, 10 as unstable and seven as stable.

Behavioural issues

This instability was often reflected in the need for 'specialling'. This was when a youth's behaviour was so extreme and disruptive that he had to be placed under intensive supervision in a part of the residence separate from other youths, usually with additional security staff brought in. We did not have complete information on 'specialling', but more often than not these youths would fail to complete the programme, with most being

discharged for violence. Almost all those discharged early were rated as having problems with anger control.

One of the concerns about placing adolescent sex offenders together is the potential for covert sexual behaviour that reinforces their sexually abusive behaviour. There was relatively little covert behaviour reported by youths or detected by staff, and only seven of the 28 discharge reports mentioned sexual behaviours in Te Poutama. (These usually involved sexually suggestive comments or youths exposing themselves to others.) The relatively low rate of sexualised behaviour in Te Poutama partly reflects the young people's ability to use the coping skills learned in therapy (but see the young people's comments in chapter 5). Only six of the 22 youths for whom we have this information were unable to apply any coping behaviours, and all were discharged early. They were also the least supportive of their peers and most often in conflict with others.

It is clear from the discharge reports that those discharged early exhibited a range of behaviours that made them difficult to manage. They were usually disengaged from therapy, in conflict with staff and other youths in residence, and often resorted to violent and aggressive behaviour in order to force their early expulsion from the programme. By contrast, those who engaged with the programme were able to complete a substantial part of it. As noted, though, not all of these graduated: some had to leave when they turned 17, and others came to a point where they were no longer making progress.

Educational achievements

A major component of the youths' time in Te Poutama is spent in the classroom. We collected information on their educational progress and achievements from their educational records and reports to case conferences and case reviews. Unfortunately, there were a number of difficulties with the analysis of these data. Firstly, the nature of the recording of progress changed over the course of the evaluation. For the first intake, only general comments were made. This approach was followed by the introduction of rating scales (e.g. for numeracy, literacy and problem-solving); later on, the 1–5 scale was replaced with an assessment of whether or not educational goals were met ('yes', 'no' or 'partially'). Secondly, the introduction of NCEA in 2002/2003 changed the nature of the qualifications for which the youths were studying. Thirdly, there was very little information on those who left the programme early, often before their educational assessments were completed. Finally, there was consistently a problem with missing data (e.g. ratings of progress were missing for some areas of achievement, and details of NCEA credits passed were not recorded). It was, therefore, not possible to provide an overall quantification of educational achievement for all programme participants.

However, it is possible to make some general observations on the content of the educational records. It was clear that almost all the youths were actively engaged in learning. Where appropriate, they were studying for formal qualifications and many of them were accumulating a number of NCEA credits. For the 15 for whom we have ratings of achievement on two or more occasions, all were reported to have made progress across all areas.[135] Table 10.6 shows the average improvement for these individuals across the domains of assessment. The greatest improvement was made in

135 The following areas were rated on a 1–5 scale from: 1=demonstrates no skills in this area, 2=can achieve in this area only with adult guidance, 3=is starting to achieve by self but requires adult guidance, 4=achieves well in this area most of the time, 5=has mastered this skill.

numeracy skills, which were often very low at entry to Te Poutama. Work and study skills and the ability to co-operate and work with others were also rated as increasing two scale points on average. Records also note the youths' active enjoyment of their Māori culture and language lessons and their achievement of a range of life skills.

Table 10.6 Average improvement in educational ability (n=15)

Educational area	Average improvement
Numeracy	2.1
Work and study	2.0
Social co-operation	2.0
Self or 'mana'	1.9
Information skills	1.8
Oral communication	1.7
Visual communication	1.7
Literacy	1.6
Thinking and problem solving	1.5
Written communication	1.5

Note: Improvement is the difference between first and last assessment on a five-point scale.

10.3 Offending after leaving Te Poutama

Reoffending data

It is important to assess whether offending reduced after discharge. The Ministry of Justice supplied the offending records (for all offence types) for all those who had been placed in Te Poutama. The records contained details of post-programme charges and convictions for all finalised Court appearances up to 15 January 2007.

Limitations

There are several limitations to the reoffending analysis. The main ones are:

- **Lack of information on possible unknown offending**. Most importantly, reconviction data only tap into offences which the Police come to know about. There is no way of knowing the extent of offending that remains hidden from official view.
- **Lack of information on possible other known offending**. Some youths may have been charged with offences that had not been finalised by mid-January 2007. There was also no information about any offending by those who left Te Poutama under 17 years, which might have resulted in referral to CYF or prompted Police Youth Aid action. The offending would only be recorded in our data if the case went to the Youth Court. Given the offending history of these youths, it is likely that they would have appeared in Youth Court, especially for sexual offences.
- **Small numbers**. International evidence shows that rates of sexual recidivism amongst adolescent perpetrators are generally low. This makes it difficult to demonstrate statistical significance unless very large groups are tracked over long follow-up periods (Barbaree 1997, McConaghy 1999). The numbers going through Te Poutama were low, with reconviction data available for only 41 youths. Low numbers preclude much statistical analysis.

- **Follow-up period**. The follow-up period was relatively short for many youths whose reoffending records were available. It was less than a year for five of them and under three years for 17.
- **Lack of other benchmarks**. While a comparison group would have been valuable, there was no estimate of sexual reoffending rates among 'untreated' juvenile sex offenders in New Zealand (P. Speir, Ministry of Justice, personal communication). Those at Te Poutama are also distinct in being at high risk of reoffending. The closest 'treated' comparison group – young people from CBT programmes for adolescent sex offenders – are lower risk. Also, CBTs provide part of the post-release follow-up for the young people who leave the residence, thus confounding comparative analysis. The small numbers going through Te Poutama would also have limited the power of any statistical analysis to compare different groups.

The following analysis is therefore based on the youths' reconviction rates as a measure of their *known* offending, and in a context of the above limitations. As the youths from Te Poutama exited from the programme at different times over the previous seven to eight years, the follow-up period varied greatly. Table 10.7 shows the length of follow-up for the 41 youths for whom we requested offending data.[136] The figures have been adjusted to allow for a shortened follow-up period for two young people who died, one within a few months and the other two years after leaving Te Poutama. Youths were followed up on average for three years and seven months (range three months to seven years three months, standard deviation one year 10 months).

Table 10.7 Number of years follow-up of post-Te Poutama offending

Years follow-up	Number
Up to 1	5
1–2	6
2–3	6
3–4	3
4–5	13
5–6	4
6 years plus	4
Total	**41**

The period of 'exposure' for offending is important in assessing indicators of reoffending. The literature suggests that the most suitable follow-up period for tracking reoffending depends on the type and frequency of offence. Since 'general' offending is relatively common, a two year follow-up period is usually considered sufficient. However, it is generally agreed that a minimum five-year period is desirable for tracking sexual recidivism, given its relatively low base rate in *official* records. As only eight youths were followed up for five or more years, our findings on sexual reoffending must be treated with caution.

A further point here relates to the youths' status on discharge. If the programme achieved its aims, it is reasonable to assume that there would be differences between the 17 youths who graduated, the 11 discharged early who spent a relatively short time in the programme and achieved relatively modest therapeutic progress, the five who

136 Only 41 of the 47 youths were followed up as six of them were still in the residence at the end of the evaluation.

were discharged for lack of progress, and the eight who were discharged when they turned 17 and made varying degrees of progress with therapy.

The following analysis examines the post-programme offending of all young people after their discharge from Te Poutama, including differences in status at discharge. We first examine general offending, followed by sex offending. We then discuss factors linked to *known* offending, although the analysis is limited by the small number of youths and the relatively short follow-up period.

Non-sexual offending

Three-quarters of the 41 youths had been convicted for general offences since leaving Te Poutama and one had been charged for breaching a liquor ban.[137] Three of the nine who had not offended were followed up for less than six months; the reoffending rate would be likely to be higher had they been monitored for a longer period. This general reoffending rate was comparable to reoffending rates in an earlier study, which monitored young generalist offenders who went through an FGC (Maxwell et al 2004). That study found that 77% reoffended within three years of entering the adult system (i.e. when they were between 17 and 20 years of age).[138]

There was a great deal of variation in the number of convictions against individual youths, ranging from three young people convicted of one offence to one youth convicted of 70 offences. Table 10.8 shows how many youths were convicted of how many offences. On average, these young people had been convicted of 19.4 offences (median 19), although this statistic is influenced by a few individuals with a large number of convictions.

Table 10.8 Number of convictions for non-sex offences post-Te Poutama

Number of convictions	Number
1–5	9
6–10	5
11–20	1
21–30	11
31–40	2
41+	3
Total	**31**

Table 10.9 shows the most serious non-sex offences for which the youths were convicted. The majority (n=21) committed relatively serious offences, including aggravated robbery and assault. The violent nature of the offending is a concern as violent offending has been found to be a strong predictor of subsequent sexual offending (e.g. Epps & Fisher 2004, Lievore 2004).

137 One youth had been discharged after completing diversion. However, to be eligible for diversion an offender must acknowledge guilt.

138 There are some differences between the two groups. For example, not all those at Te Poutama had prior recorded offences; those identified in Maxwell et al's (2004) study of young generic offenders were all 16-years-old, while Te Poutama youth ranged in age; Maxwell et al's participants had a three year follow-up, while follow-up was longer or shorter than this for some who had been at Te Poutama.

Table 10.9 Most serious type of non-sex offence committed since Te Poutama

Type[1]	Number
Aggravated robbery	7
Arson	1
Assault	7
Possess offensive weapon	1
Burglary	5
Unlawfully take car	5
Theft	4
Wilful damage	1
Total	**31**

1 Ordered by seriousness of offence.

The number of youths sentenced to prison reflects the relatively serious nature and frequency of offending. Table 10.10 shows the penalties handed down for non-sex offending after Te Poutama. Imprisonment rates are higher than for Maxwell et al's (2004) sample, where 25% were sentenced to a custodial sentence. It is not clear whether those who had been at Te Poutama committed more serious offences or whether their prior history of sexual offending may have influenced sentencing.

Table 10.10 Most serious sentence for non-sex offences committed since leaving Te Poutama

Sentence[1]	Number
Prison	14
Supervision	4
Community work	5
Fine	6
Diversion	2
Total	**31**

1 Ordered by seriousness of sentence.

We did not find any differences in general offending after Te Poutama when we considered how long the young people had been there or the reason for their discharge. Records for 40 youths showed that those who had prior histories of general offending carried on offending after discharge (Table 10.11). Some of those without prior general histories also offended non-sexually after leaving Te Poutama.

Table 10.11 Offending before attending Te Poutama compared to offending post-Te Poutama (non-sexual offending only)

Post-Te Poutama offending	Pre-Te Poutama non-sex offending		
	No	**Yes**	**Total**
No	3	6	9
Yes	4	27	31
Total	7	33	40

Sexual offending

Three of the 41 youths were convicted of sex offences after leaving Te Poutama. The details are given in Table 10.12. The first youth had been discharged early having made little progress through the therapy programme. He was sentenced in the Youth Court, as

he was under 17 at the time of his offending. The second was close to completion but left at 17. The third had graduated from the programme. We were able to follow up these three individuals for at least four years. Their sex offending occurred two to three years after leaving Te Poutama. All three had been before a Court for a range of other offences both before and after the sex offences. The sexual offences were serious and resulted in imprisonment in two cases.

Table 10.12 Details of youths who committed sex offences after Te Poutama

	Status on leaving Te Poutama	Risk on leaving Te Poutama	Follow-up period	Offence details	Sentence	Other offences
Youth 1	Early discharge Achieved Step 1 L3	High	4–5 years	Indecent assault on female under 12 years of age 2 years after Te Poutama	Community work – Youth Court	Total of 24 offences – aggravated robbery (imprisoned), assaults, stealing cars, drunk driving, dangerous driving
Youth 2	Graduated Achieved Step 5	Moderate	4–5 years	Indecent assault on boy under 12 years of age. Unlawful sexual connection on a male under 12 years of age. 2 years after Te Poutama	Imprisonment – 2 years, 6 months	Total of 27 offences – wilful damage, burglary, assault, aggravated robbery, stealing cars
Youth 3	Left 17 years Achieved Step 4 L5	High	5–6 years	Indecent assault on boy aged between 12–16 years of age. 3 years after Te Poutama	Imprisonment – 6 months	Total of 25 offences – theft, stealing car, breaches

Offences not resulting in conviction

Key informants told us about two other individuals. One was on remand after being charged with assault with intent to commit sexual violation. The other had been involved in an incident of a sexual nature which did not involve a victim, and was dealt with informally by Police and CYF. Both left Te Poutama because of lack of progress, having spent over two years in the programme. The exact date of reoffending was unavailable, but one youth had been out of Te Poutama for less than one year, the other for just under three years. We mention these incidents to emphasise that 'reconviction' data may give an incomplete picture of the extent of actual reoffending.

We cannot reach a conclusion about Te Poutama's success or factors that may be associated with successful outcomes. The fact that two of the reconvicted youths had completed or almost completed the programme could indicate that the programme did not achieve its aim of reducing reoffending. However, since we are not able to assess the potential reoffending rate of these youths if they had not undergone treatment, it is not possible to draw a definitive conclusion. While only one of those discharged early

had reoffended, most early discharges would have been engaged in other treatment programmes in the community after discharge. Therefore, even those discharged within a few months of admission were treated through some form of community intervention.

Estimates of reoffending from other research

There are a number of reviews which provide information about the level and patterns of reoffending by juvenile sex offenders (Edwards & Beech 2004, Efta-Breitbach & Freeman 2004, Righthand & Welch 2001). They come to far from consistent conclusions, due to the large number of factors that influence the recidivism rates reported, including how recidivism is measured, the length of the follow-up period and so on. This said, sexual recidivism rates for juveniles have been estimated to range from 2% to 37%, averaging out at about 15% for a five year follow-up period (i.e. slightly longer than the period during which we examined data on the three Te Poutama youths who were convicted). A recent study of New Zealand CBTs for adolescents (Lambie et al 2007) found that 6% of those entering a community treatment programme reoffended sexually.[139]

One problem with drawing a comparison between these figures and the present data is the fact that the Te Poutama sample may be higher risk than the samples in other studies generally. An even bigger problem lies in the difficulty of determining the appropriate denominator for calculating the Te Poutama reoffending rate. One issue is whether the two youths who died should be excluded from the data. Another is whether a minimum follow-up of two years be set. A third is whether to exclude those who were discharged early from the programme. These decisions make some difference to the reoffending rate, as Table 10.13 shows.

Table 10.13 Variation in reoffending rates using different denominators

	Reoffend	Denominator	Recidivism rate
	Number	Number	Percent
All youths	3	41	7
Exclude 2 who died	3	39	8
Follow-up at least 2 years	3	30	10
Only those completing programme	1	17	6
Completed and 2 years follow-up	1	14	7

Given the small numbers of participants in the evaluation, the relatively low graduation rate, missing data and the short monitoring period, it would be dangerous to do more than cautiously suggest that the sexual recidivism rate *may* be less than might be expected for high-risk offenders. We could not analyse the data statistically and a larger sample and even marginally longer follow-up period could potentially produce additional offenders.

10.4 Those who sexually reoffended

While we could not identify statistically either programme or individual youth factors that might be associated with an increased risk of sexual reoffending, we examined the

139 These figures are not strictly comparable with the current study, as length of follow-up differed, as did the measures of reoffending. In addition, the CBT youth were of a range of risk ratings whereas youth at Te Poutama were all 'high risk'.

histories of the three youths who reoffended after leaving Te Poutama to identify factors qualitatively that might help to explain why they, rather than others, reoffended.

There were few common features amongst those who reoffended. Instead, each presented a unique conglomeration of risk factors. The first had, at a young age, been identified as having relatively severe behaviour problems and had been on medication. His behaviour included aggression, bestiality and general oppositional/defiant behaviour. As a result, he had poor relationships with caregivers and peers. He had been resistant to CBT treatment and as a result was referred to Te Poutama. Within a short time he was discharged from Te Poutama because of his violence. The therapist concluded at discharge that "[Youth] has a significant history of avoiding facing difficulties and his behaviour suggests he could pose a high risk of violently reoffending".

The second youth had had an unsettled childhood with multiple caregivers and had been using alcohol and cannabis, and sniffing solvents. In contrast to the first youth, he was regarded as highly intelligent and had used this intelligence to manipulate others during therapy. Due to difficulties finding a secure placement, he was referred to Te Poutama. He graduated from the programme, but it was hard finding him an appropriate placement afterwards. As a result, he returned to live with a relative who minimised the seriousness of his sexually abusive behaviour. He failed to engage with the CBT programme on returning to the community, began taking drugs and drifted into a transient lifestyle before eventually reoffending.

The third youth had a background of abuse and neglect, mainly by his parents. Like the first youth, his schooling was disrupted as a result of his unstable family background, and he was noted for his disruptive and sexualised behaviour from age six. Because of his offending, he was placed in a CYF residence, and a Care and Protection FGC recommended he be placed in Te Poutama. He took time to settle in but had completed most of the programme by the time he was discharged when he turned 17. Although he did well in therapy, his therapist was concerned that he might minimise his own risk to others and the effect of his behaviour on others. In addition, the therapist considered that "he has still not developed the necessary skills and understanding of his offending to a level that would lower his risk". Once back in the community, this youth started committing non-sexual offences (as did the other two youths), before being imprisoned for sexual offending.

The above vignettes have highlighted some characteristics of those who reoffended. Factors specific to these individuals include early behavioural difficulties, relatives who minimised the sexual abuse, and early sexual and physical abuse. It is notable that all three committed a number of non-sexual offences after leaving Te Poutama, suggesting a high degree of general anti-social behaviour, before they committed sexual offences. While these factors may provide possible reasons for the reoffending, none of the features described above is unique to these individual youths – others had families who minimised the offending, many had problems adjusting to living in the residence and others also failed to attend CBT therapy after discharge. Yet they did not reoffend or at least get reconvicted. It is likely that offending is partly the product of inherent risk (e.g. static factors), the ability of the youths to manage life in the community, the availability of pro-social support systems and situational circumstances that present offending opportunities.

Chapter 11 Programme costs

There has been relatively little research into the costs and benefits of treating sex offenders. This is not surprising given the problems of getting the necessary data (cf. Donato & Shanahan 1999, Potas et al 1990, Prentky & Burgess 1990). This chapter starts by considering different types of economic evaluation and the information required for them. It then assesses programme costs for Te Poutama and compares them with the costs of other placement options for young people.

11.1 Types of economic evaluation

There are three broad types of economic analysis used in programme evaluation.[140]

- Programme cost estimation is concerned simply with recording the costs of running a programme. Getting an estimate of programme costs can be a useful part of process evaluation as it gives a perspective on the level of resources required to run a programme. It may also be possible to compare the costs of different programmes.
- Cost-effectiveness analysis is used where there are data on programme outcomes. Outcomes (e.g. a specific reduction in offending) are then linked to programme costs. It is most valuable to compare outcomes and costs across programmes. Other things being equal (e.g. similar cohorts of young people), this would assess which programme achieved its outcome at lowest cost. This type of analysis is not possible, of course, if there are no outcome data.
- Cost-benefit analysis goes beyond cost-effectiveness analysis and tries to take into account all costs and benefits of a programme, turning these into monetary amounts. Theoretically, this allows different programmes aimed at different objectives to be compared in terms of their net benefit or costs. This is controversial and usually only applied in areas where it is possible to get reasonable data on costs and benefits. For instance, in the road transport area, estimates are made of the costs and benefits of building new roads, or undertaking preventive work, with figures put into the equation for the cost of accidents and deaths.

Following Donato and Shanahan (1999), a full cost-benefit analysis involves estimating the ratio of the costs of programme provision to its benefits. This is essentially calculated as follows: [141]

Net Benefits = Tangible Benefits + Intangible Benefits – Programme Costs

11.2 What we were able to measure

In essence, we could only conduct a *programme cost estimation* for Te Poutama, albeit comparing these costs with the costs of running similar programmes. The limitations of

140 There are a number of different typologies of economic evaluation (e.g. Dhiri and Brand 1999, Sefton et al 2002), and much of the work has been done in the area of health and road accident research. This typology is based on work by Duignan (2002).

141 Opportunity costs are sometimes also considered in a cost-benefit analysis, although these do not feature in Donato and Shanahan (1999). Opportunity costs take into account the possible alternative uses of the money spent on the programme, for example, the costs of staff remuneration and the capital value invested in buildings could be used to fund other programmes.

this approach are discussed below. We start with the issues to do with tangible and intangible benefits, and what programme costs comprise.

Tangible benefits

Tangible benefits represent resource savings from no longer having to outlay expenditure which would otherwise have to be made. For example, by stopping reoffending, a programme saves the costs of processing an offender through the criminal justice system – including, perhaps, imprisonment.

To assess tangible benefits, one needs to know how far a programme achieved its goals. In the case of Te Poutama, the primary goal is to reduce the rate of sexual recidivism. To assess this, the recidivism rate of those from Te Poutama needs to be compared to a recidivism rate for a population not exposed to the programme. This was not possible in an academically robust way (see Appendix A).

- We did not have reoffending rates for the five-year period which is generally agreed to be a reasonable one.
- Inquiries to the Ministry of Justice indicated that there were no estimates available of the rate of sexual reoffending for a similar cohort of juvenile sex offenders in New Zealand.[142]
- An inspection of the literature on estimates of recidivism for young people with similar characteristics to those at Te Poutama did not offer sufficiently similar enough comparison groups (see Appendix A).

There are additional potential benefits of Te Poutama that we did not cost. For example, programme participants attend school within the residence and therefore benefit educationally. Improved educational achievement may lead to more productive employment and less need for state support (e.g. the unemployment benefit). Similar benefits may come from better physical and mental health and reductions in high-risk behaviour (e.g. drunk driving). Even when a young person does not complete the Te Poutama programme, the therapy they have had may return some benefit in terms of reduced reoffending or lesser need for support by the state in the future.

Intangible benefits

Intangible benefits are those which relate to savings in fear, pain and lost quality of life. They do not reflect savings in any resource use, but are now seen as a legitimate element in a cost-benefit equation. Estimates of intangible costs are the most tenuous.

The main intangible benefit from Te Poutama is the reduction in victimisation as a result of reduced reoffending, but this is particularly difficult to assess in monetary terms. A guide might be ACC payments. The ACC makes payments for the counselling of victims of sexual abuse and, in some cases, pays an independence allowance, based on an assessment of permanent mental injury. However, these payments are relatively low and

142 In fact, such data would not be sufficient for the present evaluation, as relatively few Te Poutama incumbents have been prosecuted in the Youth or District Court. Rather, we would have required follow-up data on those initially referred for sexually abusive behaviour through the Youth Justice or Care and Protection sections of the CYP&F Act.

it is difficult to know how well they serve as an estimate of the suffering of victims. In any event, many victims are unlikely to come to the attention of formal agencies.

Te Poutama may well produce other intangible benefits also, such as improved relationships with programme participants' family or whānau and partners. Costing this is clearly also difficult.

Programme costs

As Te Poutama is bulk funded and stands alone, programme costs are on the face of it relatively easy to estimate. Some costs are also met by other agencies (e.g. the Ministry of Education) and we have been able to take some account of these. Other programme costs not accounted for are returned to later.

What was possible for the evaluation, then, was to assess most of the cost of running Te Poutama and to compare this with the cost of other care options (e.g. a CYF residence or a specialist family home). The major limitation of the comparison, however, is that the costs of other care options cover only alternative residential placements. A youth in a specialist family home will also be attending CBT, some form of education and have social work supervision, all with their associated costs. Residential costs do not include educational or therapy costs though they are included in the Te Poutama costing.

11.3 Programme costs of Te Poutama

The first way of measuring the cost of Te Poutama is through the contract payments that CYF makes to Barnardos (Table 11.1). The initial contract was for $1.8 million in the first four years, followed by an increase to over $2 million upon renegotiation of the contract.

Table 11.1 Contract payment for Te Poutama, and average cost per youth

Financial year	Contract payment	Average number of youths	Cost per youth
1999/2000	$1,800,000	5	$360,000
2000/01	$1,800,000	11	$164,000
2001/02	$1,810,000	12	$151,000
2002/03	$1,810,000	9	$201,000
2003/04	$1,829,250	8	$229,000
2004/05	$2,122,500	9	$236,000
2005/06	$2,254,725	9	$251,000

Table 11.1 also shows the average number of young people resident in Te Poutama in each year and the average cost per youth each year. The first year is exceptional in that it involved setting up the programme. Average costs in the six subsequent years ranged from $164,000 up to $251,000 per youth depending on occupancy rates. If the residence was full in 2005/06, the average cost per youth would have been $188,000 a year.

Te Poutama also receives funding from the Ministry of Education for the educational programme and the employment of teaching staff. In 2003, this amounted to an annual grant of $169,000, which rose to $220,620 in 2005. We have treated this as a legitimate cost of running Te Poutama, and for simplicity have assumed this applied to all years.

Since 2004, CYF has put aside an allocation of $208,000 for the transitioning of young people from Te Poutama back into the community. Some of this is spent on them while they are in the residence and covers the cost of the transitional social work position at Te Poutama. Agencies have to apply to receive this money, and it is our understanding that the number of calls on the allocation have been such that it has not been spent. For the purpose of current estimates, we have assumed that a quarter of the allocation has been spent.

Table 11.2 takes into account these additional expenses. Average costs per youth after the first year now range from $165,000 to $280,000, depending on occupancy rates. If the residence was full in 2005/06, the average cost per youth would have been $210,612 a year. It needs to be noted, however, that this analysis using average costs is somewhat artificial since most of the costs of Te Poutama are relatively fixed. For example, irrespective of how many youths are in residence, it must be heated and there must be core staffing levels.

Table 11.2 Contract payment and additional costs, and average cost per youth

Financial year	A Contract payment	B Education & transition cost[1]	A + B	Average number of youths	Cost per youth
1999/2000	$1,800,000	$169,000	$1,969,000	5	$394,000
2000/01	$1,800,000	$169,000	$1,969,000	11	$179,000
2001/02	$1,810,000	$169,000	$1,979,000	12	$165,000
2002/03	$1,810,000	$169,000	$1,979,000	9	$220,000
2003/04	$1,829,250	$221,000	$2,050,250	8	$256,000
2004/05	$2,122,500	$221,000	$2,343,500	9	$260,000
2005/06	$2,254,725	$272,620	$2,527,345	9	$280,816

1. Ministry of Education costs set at $169,000 up to 2004/05, then $220,620 for 2005/06, plus a quarter of the $208,000 transition costs made available by CYF.

Costs not accounted for

The sums above will underestimate the full programme costs of Te Poutama as we have not been able to take all of them into account. Those omitted are below:

- **Other agency costs**. Other agencies providing support to the programme – for instance, the Police and CYF social workers who attend case conferences and are involved in making arrangements for transition into the community.
- **Barnardos costs**. The cost of running Te Poutama included, in theory, a charge from Barnardos for national office overheads. However, in the two years preceding 2003, Barnardos had not been recovering these overheads from Te Poutama, effectively subsidising the running of the programme. In recent years, some overheads have been recovered from the contract payments. Barnardos has also supported the operation of Te Poutama from its own resources to provide services above those agreed in the contract. For example, they paid for a Kaihāutu Māori to join the management team.
- **Major maintenance**. CYF resources are likely to have been spent on major maintenance and capital work.

- **Capital invested**. The Te Poutama residence, and most of the fittings and furniture, is owned by CYF, and was valued at $3.9 million in 2003. (Barnardos does not pay rent for the use of the facilities.) We have not taken the value of the property into account, i.e., we have not considered the 'opportunity cost' of possible alternative uses of the capital.

Box 11.1 summarises potential tangible and intangible benefits of Te Poutama not accounted for, as well as those programme costs not included.

Box 11.1 Benefits from and costs of Te Poutama not accounted for

	Savings
Reduced reoffending outcomes	Tangible benefit
Educational advancement	Tangible benefit
Better physical and mental health, and possible reductions in other high-risk behaviour	Tangible benefit
Improved quality of life – particularly through reduced victimisation	Intangible benefit
Improved quality of life for the offenders and others	Intangible benefit
	Costs
Costs to other agencies in supporting Te Poutama (programme cost)	Programme cost
Barnardos' subsidy	Programme cost
Additional payments from CYF for exceptional expenses	Programme cost
Opportunity costs (what else might have been done with the money)	Opportunity cost
Value of the residence if used for other purpose	Opportunity cost

The independent financial review

In 2003, an accounting firm conducted an independent financial review of Te Poutama. When the costs of running Te Poutama were broken down, over three-quarters of the cost was attributable to personnel costs. Only 4–5% of costs were due to residential costs, such as food, medical care, clothing and laundry.

The financial review compared the operational costs of Te Poutama to those of the Epuni Care and Protection Residence, while also acknowledging that there were important differences between the two in the intensity of supervision and the extent of therapeutic work. Because of the nature of Te Poutama, staffing levels were higher – and thus costs. For example, Te Poutama incurred costs for clinical staff, which Epuni did not. However, residential costs were similar for the two residences.

The independent analysis of the cost of running Te Poutama revealed that there were no significant areas of overspending – if the assumption was made that staffing levels were appropriate, which the review felt unable to judge. The reviewers concluded that "we consider for Te Poutama to be a viable operation, it requires funding in the range of $1.85 million to $1.9 million per annum to operate and provide the services as per the agreement with the Crown" [2003 prices]. They also said that "we do not consider there are any areas where Te Poutama can reduce costs other than salary and wage costs".

Also noted was the semi-fixed nature of most operational costs, giving little leeway to reduce costs when numbers in residence were down.

11.4 Comparative costs

High-risk young people in the community require high levels of supervision, often 24 hours a day every day. Some youths are unable to be placed in CYF homes and require accommodating on their own (e.g. in a family home or a motel) with full-time supervision. We collected some information about the costs of placement of other high-risk young people.

Table 11.3 presents some costs for different types of care arrangements. A, B and C include security supervision (as does Te Poutama), but take no account of the costs of education and therapeutic programmes, the latter being a particularly large component of Te Poutama costs. Costs for Te Poutama at $280,000 per youth in 2006, or $210,612 if the residence was full, are in line with A and B and appear reasonable given that therapy and education are included. The most salient comparison may be with E – a specialist family group home for adolescent sex offenders. Here, Te Poutama costs are much higher, albeit with therapy and education.

Table 11.3 Projected annual costs per high-risk youth under arrangements

A	Motel with tracker[1]	$259,000	Includes security supervision, but not education and treatment
B	Social service agency care (high risk)	$250,000	Includes security supervision, but not education and treatment
C	Early Te Poutama discharge[2]	$184,000	Includes security supervision, but not education and treatment
D	CYF residence[3]	$138,000 to $162,000	Excludes security supervision, and treatment
E	Family group home for adolescent sex offenders[4]	$100,000	Includes some security supervision. Costs exclude treatment, though this is available from CBTs
F	Residential home placement[5]	$70,000	Excludes security supervision, and education and treatment
G	Social service agency care (low risk)	$24,000 to $92,000	Includes security supervision, but not education and treatment

1. Based on daily costs of motel ($150), tracker ($480), food ($50), and activities and incidentals ($30).
2. The cost of care for this youth for 91 days was $46,700 covering accommodation with a caregiver and a tracker for 16 hours per day.
3. Youths do not usually spend more than a few months in a CYF residence.
4. There are two of these in Auckland, one in Wellington and one in Christchurch. These are contracted out and provide accommodation for five youths, who attend therapy provided by CBTs.
5. Based on a residential home for six. Church-run homes may be partly subsidised by the church in question.

The figures in Table 11.3 are broadly within the range suggested by one well-informed key informant who estimated that relatively low-end one-to-one care cost approximately $75,000 per year, while a youth needing intensive care and supervision (e.g. with a security guard) could cost up to $350,000.

Chapter 12 Conclusions

12.1 Aims

The primary goal of the evaluation was to assess the extent to which Te Poutama residential treatment centre for sexually abusive male adolescents meets its aims. These are stated as:

- to assist young people to stop, or reduce in frequency and seriousness, their sexually abusive behaviour
- to be integrative across residential, therapeutic and educational settings
- to enhance positive life outcomes for sexually abusive young people
- to prepare young people for non-abusive lives in the community by providing them with safety plans and life skills
- to develop ongoing therapeutic support for young people in the community
- to involve family or whānau as key agents of change and support for young people where appropriate
- to support and encourage contact between young people and family or whānau when appropriate.

An additional aim has been identified at Te Poutama of meeting the cultural needs of Māori and Pacific youths.

To the extent to which we can assess this, our overall conclusion was that the programme's aims were being met. Te Poutama has shown a willingness to respond to the challenges it has faced and has continued to aspire to best practice for the clientele within its therapeutic environment and for their families where possible.

Reducing sexually abusive behaviour and generic offending

The first criterion of success must be the extent to which the programme successfully engaged the young people in therapy as a way to reduce offending. As has been shown in this report, only 17 of the 41 youths graduated from the programme, with 11 being discharged early, five for lack of progress and eight leaving on turning 17 years. Some of those discharged at 17 years had made progress through the programme. The main reason for early discharge was persistent violence and Te Poutama's inability to contain such young people. The provisions of the CYP&F Act 1989 place a significant constraint on the operation of Te Poutama in this regard. Data show that most programme participants had histories of aggressive behaviour and violence and so it is not unexpected that they would continue with this behaviour once in the residence.

The early discharge of participants has had two consequences. First, it has resulted in a lack of confidence in the programme by some CBT and CYF staff. Secondly, because of this, there has been a reduction in referrals to the programme. Te Poutama has also been more selective about the individuals it takes in, turning away those with extensive histories of violence. There is an anomaly in that these young people are precisely the ones that key informants suggested needed to be placed in Te Poutama.

The question of whether Te Poutama helped those who participated in its programme to stop or reduce their sexually abusive behaviour was a primary concern of most key informants. The evaluation could not provide a definitive answer on this. Reconviction

data for follow-up periods ranging from one to six years – with most being three or more years – showed that three of 41 youths were convicted of a sexual offence after leaving the residence. Another had been charged and was awaiting a Court appearance at the time of writing. The difficulty in interpreting the figures is that there is no basis for comparison: there was no control group, and there are no New Zealand estimates of sexual recidivism rates for 'non-treated' juvenile sex offenders. However, the rate of reoffending was no higher than that suggested by international research on adolescent sex offenders (e.g. Righthand & Welch 2001).

The reoffending analysis also considered other types of post-programme offending of a non-sexual nature. Some comparative data were available from the *Achieving Effective Outcomes in Youth Justice* study of 16-year-old generic offenders (Maxwell et al 2004). Te Poutama and AEO young people had similar family backgrounds characterised by multiple adversities, although the AEO youths were not involved in a therapeutic programme.

Around three-quarters of the young people at Te Poutama were convicted of a non-sexual criminal offence after leaving the programme and just under half of those were sentenced to a term of imprisonment. A similar proportion of the AEO young people reoffended within three years of turning 17. This suggests that the Te Poutama programme did not affect rates of non-sexual recidivism. Recently, Epps and Fisher (2004:66) have argued that because of the relatively high rate of general offending amongst serious sexually abusive young people, "it would be a mistake for treatment programmes … to be so sexual-offence specific that they fail to address the broader psychosocial problems associated more generally with criminal behaviour". The argument has force in the light of present results.

Developing pro-social attachments and relationships is a significant protective factor in reducing the likelihood of offending in general, and peer groups play a significant role (McLaren 2006). More than half of the Te Poutama young people engaged in organised recreation or leisure activities at some time after leaving, although they tended not to maintain involvement over time. Most reported that they had a close friend, a number had a girlfriend or partner, and three of them had children. Some had relationships with girls who were under 16 years, which may be indicative of continuing inappropriate sexual behaviour. The majority also reported being involved with anti-social peer groups, which would increase the potential for criminal offending.

Integrative programme design

The therapeutic programme at Te Poutama was designed to provide a therapeutic community, by integrating residential, therapeutic and educational settings. Our analysis of programme documentation, observations and interviews with key informants, including programme participants, led us to conclude that this aim was largely achieved. For example, the programme made efforts to ensure that residential, clinical and educational staff were all involved in promoting therapeutic change. However, some residential staff felt that their contribution was not valued as highly as that of therapeutic staff.

Enhancing positive life outcomes and reintegration into the community

Two further aims of Te Poutama are to enhance positive life outcomes for sexually abusive young people and to prepare them for non-abusive lives in the community by

providing them with safety plans and life skills. Interviews with Te Poutama participants and a review of programme documents revealed that during the programme most youths progressed educationally, as well as in terms of their vocational aspirations, relationship skills, managing anger and aggression, social skills and practical life skills, such as cooking and looking after their health. To this extent the programme has done much to meet its aims. However, an important caveat is that the young people have limited opportunities to practise these skills in real-life situations before leaving Te Poutama.

Preparation for life in the community: safety plans and life skills

All those not discharged early developed a safety/coping plan before leaving Te Poutama and it was evident that some of them had internalised the skills needed to address risk and avoid confrontation. On this score, Te Poutama does well. However, although they left well-prepared in having a plan, which was generally seen as useful, many did not use their plans. Moreover, the plans often had to be adapted in relation to individual circumstances in the community. This was usually done during their engagement with CBT providers.

Ongoing therapeutic support in the community

Te Poutama had limited success in ensuring ongoing support in the community. A number of programme participants engaged successfully with CBT providers after leaving Te Poutama, but it was not a consistent success. Young people who completed the STEPS programme often resisted further therapy or involvement with CBT providers on the grounds that they had 'graduated' from Te Poutama. They considered that they had done all the work required and did not believe they needed to practise these skills in the community.

Transitioning young people into the community from residential care is a widely recognised problem, particularly for those who have been in therapeutic facilities (Grant 2000). This was discussed by all involved with Te Poutama. It was felt that young people who have been in long-term care can become dependent on their therapists and social workers, so that when they are released into the community at discharge or on turning 17, they may find it difficult to manage independently.

The problem with finding placements for these young people has been identified throughout this report. There were few options and even fewer caregivers with the requisite skills. There were also other difficulties surrounding discharge. One of these – a lack of clarity around the roles of the professional groups involved (i.e. Te Poutama, CYF and CBTs) – was alleviated somewhat through the implementation of the Joint Admission to Discharge Protocol, which clearly stated each group's responsibilities. However, it continued to be the case that young people often left the residence without a firm idea of where they were going; in some cases, this uncertainty persisted until the day they left. In some extreme cases, they were placed in motels with trackers.

Family or whānau

Te Poutama also aimed to involve family or whānau as key agents of change and support for young people. As part of this, it was intended to support and encourage contact between the young people and their families when appropriate. Te Poutama made every endeavour to include family in the therapeutic process and sought to

establish contact between programme participants and estranged family members, although this was not always achievable. The literature notes that adolescents who engage in sexually abusive behaviours often come from families characterised by instability, disorganisation and violence (Grant et al 2006). We have seen that many of the young people from Te Poutama had complex and dysfunctional family backgrounds and relationships with biological parents were often fraught with difficulty. Associations with families inevitably improved while the young people were in Te Poutama, but some of these relationships were so damaged that this involved simply establishing contact.

Families varied in terms of their motivation and ability to support the young people during and after their time at Te Poutama. However, the young people invariably sought out their families at some stage after they left the residence – even if they had not been placed back with them and irrespective of how abusive or dysfunctional the relationship had been. Their connections to their families are indicative of the power of the familial relationship and its potential to be harnessed as an agent of change.

Meeting the cultural needs of Māori and Pacific youth

An additional aim of the evaluation was to assess the extent to which the programme met the needs of Māori and Pacific youth. It took some time to establish the Māori component of the Te Poutama programme, but it was evident that it was meeting the needs of Māori youth. There was also success in engaging some non-Māori youths in tikanga Māori, te reo, kapa haka and bone carving. However, there was no indication that young people were incorporating the concepts learned in cultural sessions into their daily lives.

Although significant progress has been made in establishing the Māori content of the programme at Te Poutama, this is still not firmly established as an integral part of the programme; and both participants and professionals said that the needs of Pacific youth in the programme were not being met, either in terms of programme content or cultural advice.

12.2 Findings

We assessed the Te Poutama experience from three main perspectives: (a) progress made; (b) programme delivery; and (c) data on reoffending after discharge based on Ministry of Justice records of charges and convictions until mid-January 2007. In assessing progress, we drew on therapists' clinical reports (including discharge reports), and interviews with the youths, their families, their therapists and others involved in their treatment. This information covers different periods of the youths' therapy and includes their readjustment to life in the community; and a wide range of 'life outcomes', including application of therapy skills, educational and vocational achievements, and relationships with others.

Progress made: Te Poutama and beyond

Between August 1999 and the end of data collection in June 2006, a total of 47 youths had entered Te Poutama. By the end of the evaluation, 41 of these young people had left the residence. The time spent in Te Poutama varied considerably. Of the 41 youths for whom there was information, 23 spent 18 months or more in the residence. Those who graduated from the programme spent 22 months on average at Te Poutama. Those

who left at age 17 years spent 15 months on average. Most of those discharged early left within six months of entering – before having entered the real therapeutic element of the programme. Five discharged for lack of progress spent on average as long in Te Poutama as those who graduated.

Information has also been presented on the family background of the young people, their offending and other behaviours that caused concern for their development. While we have presented data for each adversity on its own, most youths had a number of adverse experiences while growing up. Almost all had experienced the separation of their parents and most had either no contact with their father or a difficult relationship when they did have contact. Relationships with mothers were generally more positive. Out-of-home placement was typical, with some of the youths having many changes of caregiver. Absconding from these placements was common and over half the young people had spent time in a residence.

It was clear that three-quarters of parents had had difficulty controlling their son's behaviour and this had often resulted in poor parenting practices (e.g. inappropriate discipline and inconsistent parenting). Parent also had difficulties of their own, for example, with drugs and alcohol or offending.

Eighty percent of the youths were either known to have been sexually abused or there was a strong suspicion that this was the case. Almost as many of them had been physically abused and many had witnessed family violence.

This group of young people typically came to notice because of their disturbed behaviour, including that indicative of their own sexual abuse. For the majority, the sexually abusive behaviour that led them to Te Poutama was preceded by indications of disturbance. As well as exhibiting a range of disruptive behaviours (e.g. fire setting and cruelty to animals), sexually inappropriate behaviours were displayed by these youths at a young age. Over half had at some time been diagnosed with conduct disorder. It was not surprising, therefore, that half had either disengaged from the education system or had very poor attendance. Four in five of the youths were also known to have offended non-sexually prior to placement in Te Poutama, with a quarter involved in over 10 offences. The non-sexual offences committed by a third of these youth were serious (e.g. assaults).

They showed a range of sexually abusive behaviours occurring over various periods of time and involving victims of different ages. Some abused boys, some girls and some both sexes. They generally knew their victims, either because they were family members or people in their local communities. For a third of these youths, only one case of sexual abuse was known about prior to placement in Te Poutama, but a third had been responsible for five or more cases. Some continued to disclose more cases in therapy.

Generally, the young people interviewed while they were at Te Poutama acknowledged that they were learning useful skills there both to help them address their sexual offending or other deviant behaviour, and to prepare them for a better life in the community. As they progressed through the programme, their skill base increased educationally, with relationship skills and with life skills.

By the time they were interviewed for the second time, the majority of the young people considered that they had changed for the better in Te Poutama on all of the health

dimensions based on the Hua Oranga model. These views coincided with their reports on the skills they had gained. They thought they were more able to understand how to deal with their sexual offending problems; manage difficult or problematic thoughts and feelings; think, feel and act in a safe, respectful and positive manner; set goals; and recognise if they were becoming stressed or angry. Respondents said that they now felt more valued as a person, and were feeling happier/more content with themselves. Their views were initially less positive in relation to health issues but these changed over time. For example, they were slightly more positive at second interview as to whether they felt stronger in themselves as young men as a result of being at Te Poutama.

However, leaving the residence frequently caused disquiet. In some cases, individuals had no firm idea of what was going to happen up until the time they left. Almost half expressed concerns about leaving – anxieties to do with where they were going to live and how they might behave. This echoes concern voiced throughout this report relating to the paucity of placements for sexually abusive young people and their transition back into the community.

Once the youths had been discharged, they expressed anxiety about the lack of security they felt in the community as compared to the security and safety of Te Poutama, but otherwise they expressed a general sense of wellbeing as a result of relationships, work or study-related achievements. Most had at least one close friend and got on well with their peers. They also said that they had other close relationships, often with family members. Some had established intimate relationships and had children. Most reported that they had contact with their families and felt close to them. While they sometimes fell out with their families, they still rated these relationships as having generally improved since being at Te Poutama.

Te Poutama was highly successful in engaging the youths who were placed there in education and enrolling them in courses after discharge. This was encouraging, given the difficulty of finding schools and polytechnics willing to enrol sexually abusive youth, although very few completed courses or gained qualifications that would have helped them in the job market. Moreover, while almost two-thirds of the respondents said that they had had a job since leaving Te Poutama, few were in full-time and/or stable employment and many were in unskilled or labouring jobs when we interviewed them. The number of youths involved in sport or other forms of pro-social leisure programmes also declined over time.

Most respondents were fairly transient over the follow-up period. For some, this was associated with growing independence, but others were in potentially dangerous situations and some faced uncertainty about where they would live from the time they were discharged from Te Poutama. A sizeable number said that they had close friends who had been in trouble for offending and some admitted that they belonged to a gang.

Their patterns of substance use did not change markedly over time. They were most frequently using tobacco, and using alcohol and cannabis to a lesser extent.

Being at Te Poutama had helped them to deal with their own victimisation and to understand better how their victims might have felt. Most regarded their safety/coping plan as useful and some comments suggested that they had internalised the information in their plan and used it almost every day in a variety of situations, even if not consciously. More than half of the respondents were confident that they were no longer

at risk of sexual offending, although others were more cautious and thought there would always be some level of risk. The heightened awareness resulting from the programme extended to recognition of indicators that could warn them they were at risk of sexual offending such as inappropriate or 'red light' fantasies, being aroused, being in a bad space, feeling depressed or angry, and being in risky situations (e.g. around children).

The majority of parents/caregivers considered that their young person had changed since they had been in Te Poutama on all of the health dimensions based on the Hua Oranga model. If anything, proportionately more family members at the second interview than the first saw improvement on the four dimensions of health. Their views concurred in the main with those of the participants. They were perceived to be more capable of setting goals, thinking and acting respectfully, managing problematic thoughts and feelings, having insight into how to deal with their sexual offending, and recognising stress or anger.

Families were divided on how they thought the young person had changed with regard to family relationships, although most considered that the youth was finding it easier to communicate with them and was better at developing relationships with others. They were unanimous that Te Poutama was helping their young person not only to address his sexual offending and anti-social behaviour, but also with his education and personal and social skills. This coincides with the assessments the young people made themselves.

Research typically suggests that parents of sexually abusive young people have experienced higher rates of abusive experiences in their own childhoods and have more difficulties with family functioning generally (Duanne et al 2004, cited in Boyd 2006). Professionals agreed that this was often the situation for families, particularly the parents, of those at Te Poutama. In addition, where the sexual abuse is intrafamilial this produces conflict for families who have the desire to protect both victim(s) and abuser (Grant et al 2006). The parents of those at Te Poutama were facing such issues. They often blamed themselves for the abuse and were angry with the young person in question. This sometimes led to rejection. In extreme cases, families were destroyed by the abuse. Furthermore, although families missed their young person, they were really worried about what would happen when the youth left Te Poutama.

In the interviews after discharge, family members often talked of the maturation of the young people. They were considered to be more positive, more open with their families, more confident and self-aware, and better equipped with coping skills. They had grown up and their families were proud of them.

A less positive note was that more than three-quarters of family members felt that their young person had not been well equipped for going back into the community from the restrictive environment of Te Poutama. Familiar issues emerged, including being placed in the area where they had offended, concerns around staying safe, having difficulty coping with freedom and having to develop life skills. Despite having made progress in the residence, one or two youths had regressed or rebelled when faced with a less restrictive environment.

All families acknowledged that there were still problems, some of which were typical of adolescent youth (for instance, self-centredness and having anti-social friends), and some of which were related to the particular behavioural issues affecting these young

people and their relationships with their families and others (for instance, lack of trust, a rejection of their safety plans, and an ongoing lack of empathy and responsibility).

It is well recognised that placement options for adolescent youth with challenging behaviours, especially sexual offending, are few (Grant et al 2006). This is reflected in what families told us about finding placements on discharge from Te Poutama. Three-quarters understood that the responsibility for placement rested with social workers, as the young people were in CYF custody. Mostly, they were satisfied with the placements eventually arranged (specialist group homes, CYF caregivers) but two were not. In one case this was not surprising, as the youth had been temporarily placed in a motel with a tracker. It was not the first time that this happened in the absence of other placement options.

Almost all of the parents interviewed said that arrangements had been made at discharge for the young person to engage therapeutically with CBT. Nine family members also said that they had been involved in family therapy with CBT and that this had sometimes included the young person. Their comments indicated that where there was a commitment to this within the family it was usually beneficial for all concerned. This coincides with what professionals told us. It is well documented that family involvement in therapy is crucial to successful treatment for sexually abusive adolescents (e.g. Hackett 2004, Lambie et al 1997). Intervention with the family is at least as important as intervention with the youth.

The therapists thought some of the youths continued to be unable to manage stress or moods, or were perceived to be egocentric and/or to display a sense of entitlement at the time they left the residence. They continued to exhibit enduring anti-social values. These were characteristics that parents or caregivers had also noted. Other youths still did not fully trust others, a factor that had helped contribute to their sense of isolation and their disfunctionality. Some still exhibited the lack of honesty that characterised their owning of their feelings and/or the extent of their offending.

Social workers and CBT therapists generally agreed with Te Poutama clinicians that those who took part in the programme were adequately equipped for leaving Te Poutama in terms of their sexual safety. But they identified other problems that affected their reintegration into the community: they required support, were not emotionally equipped to become independent and frequently found their way back to the families where their abusive behaviour had been generated. The issue of whether the Te Poutama young people would be able to apply the skills they had learnt at Te Poutama to other situations was also discussed. Others have noted that this is an inherent problem with young people treated in residential facilities (Grant 2000, Lambie et al 1997).

Programme delivery issues

Social workers and CBT therapists were clear about the strengths of Te Poutama: therapy; education; cultural content; providing a safe, ‘home-like’ environment for the young people; involving family where appropriate and achievable; providing participants with extra opportunities; and having competent, dedicated staff who care about those doing the programme. Interviews with the young people, their families and Te Poutama clinicians tended to support these views.

More specifically, our document review (which included four clinical audits) and observations of various processes led us to the conclusion that the STEPS programme was based on and met current standards of best practice for treatment of adolescent sex offenders. As this is a developing field, these standards may be revised, in which case the programme will need to be updated.

In general, the programme was delivered as intended, but there were some implementation and evaluative issues worth discussing.

Staffing recruitment and turnover

It was widely recognised by all informants that Te Poutama staff were a dedicated group of professionals. However, as in many such programmes, there was a high staff turnover. This is unsurprising given the nature of the work, the isolation of the residence, the requirement for shift work, the often depleted levels of staffing and the remuneration rates. There were particular difficulties in recruiting and retaining Māori staff, particularly clinical staff – an issue for the mental health industry in general. In Te Poutama, there was general lack of qualified and experienced clinical staff.

Staff training

There were additional problems relating to staff training, although these go beyond the Te Poutama programme. For one, there is no recognised training programme in New Zealand for residential youth workers. Moreover, the shortage of clinical staff was addressed through 'on the job training', which involved upskilling therapists under the supervision of the clinical director. However, this had the effect of significantly increasing the scope of the director's role and workload.

Containment of violent young people

The ability of staff to deliver the programme as intended was also affected by their capacity to contain violent or aggressive adolescents safely. This was an ongoing problem in the residence. A number of suggestions for addressing it were made following periods of disruption, including an isolation room where young people can be contained until they settled down. However, the use of secure containment is precluded in CYF Care and Protection residences such as Te Poutama, where the day-to-day operations are contracted out. Under s367 of the CYP&F Act, only CYF employees may place a child or young person in secure care in a residence.

Age of admission

A major factor that affected programme delivery centres on the age of those admitted to Te Poutama. All young people are at Te Poutama under custody and/or guardianship orders, which expire when they turn 17. It is unlikely that those who are older than 15.5 years when entering Te Poutama will have sufficient time to complete the programme, which requires 18 months to two years to complete. This also raises issues related to the Joint Admission to Discharge Protocol which includes a period of post-programme involvement with one of the CBTs. This is difficult to manage for youths who are 17 and no longer involved with CYF.

Three youths who did not complete the programme because they turned 17 were assessed as having lack of insight into their offending and associated risk factors, underlining the dilemma of whether they should have been accepted in the first place. On balance, though, the therapists tended to feel that any engagement in therapy by sexually abusive youths was preferable to none.

A half-way house or step-down facility

The concept of a half-way house or step-down facility was mentioned by almost all of the informant groups as a way to address the problems of 17-year-olds as well as transitional problems in general. It was felt that such a place would reduce the distress felt by many on leaving Te Poutama where they were necessarily going to have to move from a secure and safe environment where they were monitored 24 hours a day and given constant therapeutic and personal support, into the unpredictability and potential risk of the community outside.

Current protocols about post-discharge contact

Current protocols mean that specific therapists can remain in contact with their clients for only for six weeks after discharge, and case workers not at all. The fact that the close relationships that had been built up could not continue was considered unhelpful by many, both the youths on the programme and the therapists themselves.

Costs

It is clear from this and other recent evaluations (Grace et al 2007, Saville-Smith et al 2005) that much more needs to be done to assess whether youth offending programmes in New Zealand offer good value for money. This is well beyond the scope of the resources most individual evaluations have allocated to them. An example of the development of a model for cost-benefit analysis of offending programmes is Dhiri and Brand's (1999) work for the UK Home Office.

Little research has been conducted internationally on the costs and benefits of sex offender programmes. Those studies that have made an attempt to assess these have often lacked accurate data on some of the significant costs and have resorted to assumptions or 'educated guesses' about these costs. As a major potential benefit of sex offender programmes derives from any reduction in reoffending, accurate measures of programme impact on reoffending are crucial. This is problematic in the area of adolescent sex offending, as lengthy follow-up periods are needed and comparison groups are difficult to identify.

The average cost per youth in Te Poutama has varied greatly over its years of operation, because of variations in the number of young people in residence. However, the independent financial review of the residence noted that there were no significant areas of overspending. It also commented on the fixed nature of most costs. When full (i.e. with 12 youths), the cost is comparable to that of placing young people in specialist family homes or in a residence, if education and treatment costs are taken into account. Te Poutama costs when it is full seem lower than the cost of high end one-to-one supervision. If the residence is not full, as has been the case for the last four to five years, then average costs per youth rise to a level that may make other options more

cost efficient. A full residence costs on average $210,612 a year per youth, while on current numbers it costs $280,000 on average.

Outcomes: Data on reoffending

This evaluation reviewed outcomes as recorded by programme records and Ministry of Justice convictions data. While one measure of programme success is reconviction data, another must be the extent to which the youths complete the STEPS programme and graduate. The results indicate that less than half the young people (17 out of 41) 'graduated' from the programme after completing all STEPS; some of the group of eight, discharged on turning 17 years and unable to graduate because of the nature of the provisions of the CYP&F Act, completed a substantial part of the programme. Eleven of the 41 participants were discharged early from Te Poutama because of behavioural issues and a further five were discharged at various points after their progress in therapy stalled.

Those discharged early had greater rates of violent and aggressive behaviour prior to attending Te Poutama, had absconded more often, were more likely to deny their offending and were less likely to accept responsibility. Those discharged for lack of engagement had sometimes completed substantial parts of the programme.

Information in discharge reports confirmed that those discharged early had made little progress in addressing major features of therapy, such as victim empathy. Those who graduated had generally made improvements on these clinically significant variables, but most were still judged to be at high or moderate risk of reoffending by their therapists.

Analysis of convictions data from the Ministry of Justice for youths who had left Te Poutama showed a high rate of general non-sexual reoffending, with three-quarters of them convicted at least once. Almost half of those who had reoffended had been imprisoned, reflecting the relatively serious nature of some of the offending (e.g. aggravated robberies and assaults). These rates of reoffending are comparable to rates for a sample of 16-year-old young offenders in an earlier study of youth offenders (Maxwell et al 2004).

The main goal of Te Poutama is to reduce rates and seriousness of sexually abusive behaviour. Ministry of Justice data indicated that of the 41 youths who left the programme during the period of this research, three were convicted of a sexual offence after leaving Te Poutama. One graduated from the programme, a second completed most of the STEPS and the third was discharged early. Two other youths had come to the attention of the Police for sexual offences but did not appear in reconviction data. It is not possible to establish a sexual reoffending rate in New Zealand with which to compare the young people from Te Poutama. Estimates from overseas research show a range of figures against which the Te Poutama figure compares reasonably favourably.

12.3 Concluding statement

This report has shown that the young people referred to Te Poutama have often experienced considerable levels of adversity, which may have contributed to their sexually abusive behaviour. For many, Te Poutama was their first experience of living in a safe, caring family environment and they had fond memories of their time there. Family or whānau members also voiced their appreciation for what the programme did for them

and their young person. The statements by clinicians reflect the ways in which the programme made a difference to many of these young people and their families, while fully acknowledging the difficulties of working with young people who exhibit a range of behaviours and backgrounds that make therapeutic intervention challenging and difficult. However, there was general agreement among those consulted that a residence of this nature is essential, and that Te Poutama meets and exceeds many of its aims.

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