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ARA POUTAMA AOTEAROA
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Editorial

It is with considerable satisfaction that I write this editorial which heralds a “resurrected” *Practice: The New Zealand Corrections Journal*. The journal was first published in 2013, and the following years saw 14 editions published, comprising over 200 original articles. The hiatus of the last two years came about during a major Departmental re-think of strategic direction. In 2019 the executive team were concerned that everyone’s energy and time should be focused on ensuring that a new strategy (now named *Hōkai Rangī*) should be well-formulated and that implementation should be successfully begun. Now that implementation is underway, we’re able to re-introduce what had become a reputable and well-received publication.

The journal exists to present new developments in correctional practice in Aotearoa New Zealand to a wider audience. The Department of Corrections has a large and competent workforce devoted to the design, planning and delivery of rehabilitative and reintegrative interventions. This is reflected in the regular piloting and evaluation of new services designed to reduce re-offending. We also have many very experienced frontline custodial and probation practitioners who have evolved a culture of innovation and improvement.

The reintroduction of the journal at this time is appropriate as our new strategic direction has significant implications for practice on the ground; there is a great deal of innovation and change to talk about. Our direction is based in a renewed appreciation of certain realities: first and foremost the fact that Māori continue to be over-represented in the population the Department is called upon to manage. The current level of Māori over-representation is similar to, if not slightly more pronounced, than it was 25 years ago when the Department of Corrections came into existence.¹ A wide range of societal-level factors undoubtedly have contributed to this, such as continuing social disadvantage, and barriers to engagement in education. However, while traditional correctional approaches have been highly effective in specific areas (especially intensive psychologically-based rehabilitation programmes), overall impacts have been inadequate, and it is reasonable to conclude that new ways of working should be explored.

In addition, our new strategic direction reflects a potent social-political trend across the public service, and beyond, of harnessing the strengths and potential of tikanga Māori in bringing about positive change. For Corrections this is reflected in many actions flowing from *Hōkai Rangī*, which involve a more authentic embrace of tikanga principles in our work.

These include:

- **rangatiratanga** – authentic shared decision-making with Māori to support and deliver a holistic and integrated service
- **manaakitanga** – promoting humanising and healing environments, showing care and respect, and upholding the mana and dignity of those in our care
- **whānau** – supporting family/whānau to walk alongside those in our care on their rehabilitation and reintegration journey
- **a te ao Māori worldview** – treating access to culture as a right, not a privilege; prioritising, embedding and protecting mātauranga Māori to innovate and improve what we do
- **whakapapa** – creating a safe environment for Māori to strengthen and/or maintain their cultural identity, their connection to people and place, and their sense of belonging.

As Corrections embarks on this new journey, we will endeavour to grow the evidence base of what works for Māori, as well as for all people in our care and management. That evidence will in turn lead to the refinement of our strategy over time.

I hope this journal will play a part in making our journey of discovery known by all who have an interest in this mahi (work).

Dr Peter Johnston

Editor

¹ Prior to 1995, prisons and probation services were located within the Department of Justice.

“I can’t change my past, but I can change my future”: Perpetrator perspectives on what helps to stop family violence

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Marianne Bevan was a member of the Research and Analysis team at Corrections from 2014 - 2019. During this time, she worked on a range of projects, including: women’s offending, the case management of women in prison, family violence offending, prisoners’ trauma exposure, and youth units. Prior to working at Corrections, she conducted research, and implemented projects on gender and security sector reform in Timor-Leste, Togo, Ghana and Liberia. She was a 2019 O’Brien Fellow in Residence at the Centre for Human Rights and Legal Pluralism, McGill University, Montreal. She has subsequently worked on the Royal Commission of Inquiry into the terrorist attack on Christchurch masjidain on 15 March 2019.

Phil Meredith has worked for the Department of Corrections for 19 years. He started his Corrections’ career as a Probation Officer and held positions as Senior Probation Officer and Service Manager prior to joining National Office in 2008. He has since worked in a variety of analytical roles, including making significant contributions to the Community Probation Change Programme. He joined the Research and Analysis team as a Principal Analyst in early 2014. He is currently Manager, Strategic Analysis, working for DCE Māori.

Introduction

Each year around 7,000 people start a Corrections-managed sentence for which family violence is the lead offence,¹ and one-fifth of people on a Corrections sentence at any given time will have a family violence conviction associated with their sentence. Over half of men and a third of women currently in New Zealand prisons have either current and/or previous convictions for family violence. Further, survey data suggests that over half of all prisoners (53%) have experienced family violence victimisation in their lifetime, with 48% experiencing family violence as children (Bevan, 2017). Women in prison reveal especially high levels of exposure to family violence victimisation, with 68% of women (compared to 52% of men) having experienced family violence victimisation.²

Statistics reveal that Māori arrive in prison with very high levels of exposure to family violence, with 60% of Māori in prison having previously been a victim of family violence, and 63% of Māori men and 37% of Māori women having prior convictions for family violence.

Reductions in family violence would be expected to have a significant impact on imprisonment and victimisation rates in Aotearoa, New Zealand, particularly for Māori. Understanding how to help people stop using violence constitutes a key area of focus for Ara Poutama Aotearoa, and will be a critical enabler of the Department achieving the goals set out in *Hōkai Rangi: Ara Poutama Aotearoa Strategy 2019-2024*.

1. “Lead offence” is the offence which attracted the most significant sentence. Note that this does not mean it is the only offence associated with someone’s sentence.

2. This difference is statistically significant at the 95% confidence level.

Research led by the Department as part of the Ministerial Review of Family and Sexual Violence in 2015 revealed considerable gaps in our knowledge about those who perpetrate family violence in New Zealand (Morrison et al 2015). The review found that there was limited understanding about when and why people start using violence against family members, and how the nature of people's violence evolves over time and across different relationships. While frequently speculated upon, it found that the links between family violence victimisation and perpetration were typically poorly evidenced. Little was known about the volume or mix of interventions people had received across their lifetime, and how effective these interventions were from the perspective of those receiving them.

Responding to this need, the Department embarked on an in-depth study of people in prison for family violence offences in 2017. This article presents the results of this research in relation to people's treatment experiences, including what they believed helped or hindered their journeys towards living from violence, and what other assistance they felt was needed.

Method

The research was based on in-depth qualitative interviews with people serving prison sentences for family violence. Fieldwork was conducted by Department researchers across five prison sites between January and May 2017, including three men's prisons and two women's prisons. Interviews ranged from 45 to 90 minutes' duration and took place in private rooms within prison units. In total, 36 men and 12 women were interviewed. Three-quarters of the sample identified as Māori, a fifth identified as Pākehā/NZ European, and three identified as Pasifika. The average age of those interviewed was 35, with the youngest participant aged 20 and the eldest participant aged 56 at the time of interview.

While broadly comparable to other prison-based family violence offenders, participants for the study were selected primarily on the basis of having recently completed a treatment programme. This criterion was in place to increase the likelihood that people would be willing to discuss their family violence offending, having recently discussed this within a treatment setting, and with recent treatment experience on which to draw. This aspect of the study group means that their perspectives may differ from those who had not experienced interventions. By virtue of being in prison for family violence, this group is also likely to differ in important respects to other populations of community-based family violence perpetrators. For example, study participants had typically committed serious offences, with over half of people's recent family violence involving weapons and a third involving strangulation. Most had multiple convictions for family

violence and had previously served prison sentences for this type of offending. As they were in prison for family violence re-offending, this group were likely to view pre-prison interventions as having been ineffective.

The study population was dominated by people serving sentences for intimate partner violence (43/48). Six people had committed offences against children (including three who had done so alongside intimate partner violence), although two fifths of participants reported that children witnessed their latest family violence offending. Just two people had used violence against other family members, and two participants (both female) had committed intimate partner violence within the context of same-sex partnerships. Further research using specially selected samples is needed on family violence involving other family members, violence against children, and intimate partner violence within same-sex relationships.

It is important to note that the focus of the research was perpetrator perspectives on their own behaviour and experiences; victim perspectives were not included within the research. The absence of victims' voices is a limitation; it is very likely that victims, had they been included, would have offered different and at times conflicting perspectives about the dynamics and causes of violence, and their perpetrator's treatment needs (see, for example, the Backbone Collective, 2020).

In addition to qualitative interviews, the research utilised information from administrative records, including provision of advice to court (PAC) reports, parole reports, summaries of fact, and, where summaries were not available, judicial sentencing notes.

Understanding participants' needs

It is useful to understand participants' treatment experiences in the context of their needs. For most participants, convictions for family violence offending followed convictions for other forms of offending. For example, 60% of participants had received convictions for other offences prior to age 20, with most not receiving their first family violence conviction until their 20s (48%) or 30s (21%). Several participants commented that factors associated with desistance from general offending (for example, entering more serious relationships and having children) coincided with the onset of their family violence offending. In addition to having long histories of general offending, over half (58%) of participants were gang associated.

Just under half of the participants had mental health issues noted in their files and/or disclosed a mental health issue during their interview. A similar proportion reported that they were abusing alcohol at the time of their latest offending, and half reported regular drug use, most typically methamphetamine.

A quarter were classified as “high risk” according to the Department’s standard risk categorisation system (RoC*RoI), just over half were “medium risk”, and a fifth were categorised as “low risk.”³ Three-quarters had three or more prior convictions for family violence, and the majority had been in prison previously for family violence offending (96%), with 40% having served between two and four prior terms of imprisonment for family violence.

During interviews, most (83%) participants disclosed that they had been exposed to family violence as children. Eight participants reported experiencing sexual violence as children committed by family members. The violence experienced was often frequent and extreme, with participants recalling regular “hidings” which involved being kicked, punched, put in headlocks, hit with electrical cords, and choked. Participants often reported that they felt they “deserved” this violence because they had misbehaved. A large proportion also remembered witnessing routine and serious violence between other family members, particularly their parents.

As discussed in Morrison and Bevan (2018) this exposure to violence had a range of impacts for participants, most notably in reinforcing the view that family violence was a normal and expected feature of intimate relationships. Many participants described that they felt that their own violence was automatically triggered in response to situations which replicated their childhood experiences of violence. Childhood exposure to violence contributed to difficulties with accepting responsibility for violence, as participants struggled to reconcile their own abusive behaviours with their negative views of their parent’s violence. Others had come to view violence as an inherited and/or ingrained character feature beyond the scope of rehabilitation programmes to alter. Participants also acknowledged that childhood experiences of violence had detrimentally impacted upon their relationship choices, as many gravitated toward partners with similar childhood experiences and, often, a tolerance for violence. Others reported that childhood exposure to violence discouraged help seeking, as violence had always been treated as a ubiquitous but also “private matter”.

In relation to their most recent offending, participants identified a range of factors which they felt contributed to their family violence. Drugs and alcohol were the most frequently mentioned precursors to violence. Importantly, participants emphasised that it was less the case that their violence was committed under the influence of drugs and/or alcohol per se, but more that drug and alcohol use by either or both partners contributed to broader relationship conflict.

3. It is important to note that these Departmental actuarial risk ratings predict general re-offending and not family violence re-offending specifically.

This was because alcohol and drug use strained financial resources, fuelled suspicions of infidelity when couples socialised apart, and generated arguments about apportioning childcare and domestic responsibilities. AOD use also contributed to irritability owing to a lack of sleep and dealing with the effects of withdrawal. More generally, trust and jealousy issues were identified as key contributors by half the participants.

Many participants acknowledged having a general “anger problem”, something that was not specific to the context of intimate relationships. A handful of participants felt that grief had played a central role in their latest offending as they had struggled to manage emotions following close family bereavements and/or removal of children by state agencies. Tensions around parenting were also more broadly identified by participants as a common contributory factor to relationship conflict.

Collectively, these factors provide the necessary context for understanding how participants approached and responded to different types of intervention and services, and the degree to which they felt that these adequately met their needs.

The nature and extent of interventions experienced

Almost three-quarters of study participants had attended at least one family violence treatment programme in their lifetime, and over a quarter of this group had experienced two or more family violence programmes. Conversely, just over a quarter of participants (29%) had never attended a targeted family violence programme, although they had attended other rehabilitative programmes. Almost nine in ten participants had attended some form of alcohol or other drug (AOD) programme on their current or very recent sentence, and just under half had completed one of the Department’s criminogenic programmes.⁴

Almost two-thirds of participants experienced their first treatment for family violence in their 20s, which is consistent with participant accounts that family violence perpetration typically commenced in their late teens and early twenties. For just over half of participants, a family violence programme was the first type of treatment programme they had ever undertaken, with just seven people undertaking other programmes prior to their twenties, suggesting that family violence programmes represent an important gateway into treatment which can, in turn, influence how people approach subsequent treatment programmes and other interventions.

4. Including the Medium Intensity Rehabilitation Programme (MIRP), Mauri Tu Pae (medium intensity criminogenic programmes for men), Kōwhiritanga (medium intensity criminogenic programme for women), and the Special Treatment Unit Rehabilitation Programme (STURP), or the Short Rehabilitation Programme (SRP).

When asked about the effectiveness of their initial treatment experience, six people claimed that the programme (most typically a community-based family violence programme) had been effective and had helped them to stop using violence for some time. In some instances, people reported that this hiatus in offending lasted for multiple years, with one participant claiming a nine-year gap in family violence offending following his attendance at a family violence programme.

Participants were asked about which aspects of programmes they found useful, and which aspects they found less useful. They were also asked about what could make interventions for family violence more effective and what other forms of help they would find beneficial.

What worked?

Participants identified a common set of factors which increased programme success. These success factors are briefly outlined below.

Non-judgmental and authentic facilitation

Good programme facilitation was widely noted by participants as a critical success factor. There was a high level of consensus evident amongst participants about what constituted “good” facilitation, this included facilitators being “non-judgemental, informative, and non-pressuring”. Participants emphasised the importance of facilitators having “lived experience” of family violence as opposed to simply being “taught from a book”. As one male participant noted:

“Some facilitators are just more engaging. They can see where we’re coming from and they’ve experienced similar realities that we’ve experienced. Some tutors probably just went to university and ... are just teaching us what they’ve learned out of a book.”

Several men noted the value of Māori facilitators, who were perceived to have a better understanding of the reality of Māori men’s lives and were considered more trustworthy and relatable. Men also commented on the benefits of having female facilitators involved in programme delivery. It was agreed that women brought an important perspective to family violence programmes that was critical to helping men develop victim empathy. Several men also noted the importance of feeling that the facilitators were “experienced” and could demonstrate how their facilitation had led to positive changes in the lives of past participants. In this sense, successful experience of programme facilitation was important and could, at times, compensate for a lack of lived experience of violence.

Understanding and addressing trauma

Participants claimed that arriving at an understanding of how their own exposure to violence growing up

had affected their intimate relationships and parenting was the most useful part of treatment. This was a common benefit identified by those who had undertaken the Department’s Drug Treatment Programme and/or ACC-funded individual counselling. Far from avoiding culpability for their violence, participants felt that being able to acknowledge the role of their upbringing in their offending assisted them to take responsibility. As George, a Māori participant in his early 50s whose family violence convictions spanned three decades, noted about his Māori Drug Treatment Programme facilitator:

“She was facilitating things that would turn us inside out and trying to understand ... coming from a family of violence It was all around me, alcohol was all around me, I didn’t realise that I had developed into that kind of person, like my father. What the programme has done for me, is made me aware of the person who I thought I wasn’t, but I actually am. That is the good thing about the programme, is learning where our problems come from and knowing that it actually came from my upbringing.”

Cognitive behavioural techniques

Participants widely endorsed the cognitive behavioural therapy (CBT) techniques and skills taught on Departmental programmes. Participants valued the offence mapping exercises contained in Departmental programmes which enabled them to link their emotions to thoughts and behaviours. Learning mindfulness techniques was also rated positively, and participants frequently talked about occasions in prison where they had applied these techniques to better manage conflict situations, thereby avoiding recourse to violence. Participants who had completed the Department’s family violence programme reported that the CBT techniques included on this programme made this programme more useful than other family violence programmes they had undertaken in the community. Several male participants also claimed that their prison-based rehabilitation programmes were the first interventions they had experienced where they had been able to talk honestly about their emotions.

Small and stable groups

While there were mixed views about whether individual or group programmes worked best, there was agreement that group-based programmes worked best when the group sizes were not too large (12 participants or less) and remained relatively stable for a programme’s duration. Many described that receiving support from other participants provided additional motivation to attend programmes and complete them. For example, Tom, a Pākehā participant in his late 40s, made the following comment about his recent experience of the Department’s Family Violence Programme:

"I am quite a subdued person and in a big group you won't get boo out of me, but four people, you get to know one another and earn a bit of trust. There was no holding back and I think that is why it worked ... there were some testing times and we kind of supported each other through it. That was good, you kind of felt you didn't want to let the rest of them down by not attending, or not pulling your full weight."

Drug and alcohol programmes

While there is some international evidence that addressing drug and alcohol dependencies reduces family violence, the research is far from unequivocal (see Foran and O'Leary, 2008). For this reason and given the high prevalence of AOD treatment programme experience among participants, some time was spent in interviews trying to understand if and how participants felt AOD programmes helped to address their family violence offending.

Generally, AOD programmes were considered useful to the extent that participants believed that similar underlying factors were driving both their drug and/or alcohol use and their violence, or alternatively saw their family violence as being directly related to their drug and alcohol use. Jason, a Pākeha participant in his early 40s, for example, felt that the Drug Treatment Programme (DTP) had successfully addressed his family violence. Jason was a methamphetamine dealer, who repeatedly entered relationships with drug-dependent women (or women whom he quickly encouraged to become reliant on him for drugs). His partners tended to leave or become unfaithful when Jason's drug supply dried up. Through dealing with his own addiction issues, Jason was confident that his DTP experience would help him to abstain from drugs in future, and from the "toxic" relationships which accompanied this lifestyle.

Three women within the study found that therapy delivered through the DTP had enabled them to understand how they had used drugs and/or alcohol to block negative thoughts and feelings associated with childhood sexual abuse trauma. Because these women saw their family violence offending underpinned by the same trauma, they felt that disclosing and having support to deal with the underlying trauma on the DTP had, in turn, simultaneously addressed their use of drugs and violence.

What didn't work?

The research also explored why initial interventions were not as effective as they might have been in addressing family violence. Such insights point to ways in which effectiveness can be enhanced. Many participants had engaged in multiple family violence-focused interventions, some while in their early 20s, but as a large proportion had gone on to commit

further family violence offences, it was clear that these early treatment experiences were not particularly effective.

Not being in "the right mindset"

The most common reason people provided for their initial treatment being ineffective was the fact that, at the time of participating, they were "not in the right mindset". On further probing it became apparent that people had struggled, often over years, to acknowledge their violence and therefore their need of treatment. As noted above, exposure to violence growing up had the effect of making violence seem normal, and therefore not a problem in need of intervention. Some participants reported that they felt "shamed" by the prospect of attending a family violence programme. These were typically people who had grown up with violence and vowed never to repeat the behaviour of their violent parent.

Some participants acknowledged also that their ability to engage in programmes was marred by their ongoing alcohol and/or drug use, while two others also felt that mental health difficulties had impaired their engagement. Other participants acknowledged that they attended programmes to satisfy the needs of others, either partners, the courts or child and family services. These people reported that they had tended to approach programmes as a "tick box" exercise.

A lack of practical strategies that "worked"

Just over a fifth of participants felt that their earlier rehabilitative experience did not provide enough strategies to enable them to avoid further violence. Some complained that the only practical strategy taught was simply to "walk away" from "high risk situations". However, several commented that this strategy was often ineffective in reality when partners would follow them as they attempted to leave, shouting and hitting them. Several male participants noted that "walking away" threatened their sense of masculinity because "a real man doesn't walk away".

Missed key need

Six people felt that their initial programme had "missed the mark" with respect to what they perceived to be their key need. This was common amongst participants whose first intervention was focused on addressing AOD issues. As noted above, while many felt that alcohol "shortened the fuse" they did not see alcohol or drugs as lighting the fuse in the first instance. Rather, many felt that they had underlying "anger issues" which needed to be addressed in addition to their AOD use.

More partner and whānau involvement needed

Six participants felt programmes were ineffective because their partner was either not allowed or unwilling to participate. As one male participant

observed, “[it was] a waste of time me going without the other person”. In half these cases the intervention in question was couple counselling which often ended when partners refused to continue, typically after perpetrators became dissatisfied when partners refused to accept joint responsibility for the violence within the relationship. Others, however, felt the effectiveness of programmes was undermined when partners weren’t kept informed about the techniques people were learning (such as walking away) so that they could better support them to use these techniques outside the programme. Others commented that the absence of whānau involvement in interventions undermined effectiveness, especially when family violence was intergenerational in nature.

Group composition, facilitation and content

Around a quarter of participants raised issues with programme membership, facilitation, or content. For some it was the large size of the group, while others mentioned the diversity in mix of ages, young participants especially reported feeling “put off” when programme participants were mostly older and perceived to be more criminally entrenched. Some young participants, however, also reported finding it hard to talk about family violence alongside other young people who had not experienced intimate relationships and/or committed family violence offences.

Some of the women in the study commented that the content of their family violence programmes seemed concerned more with women as victims, rather than perpetrators, of family violence. Female perpetrators often found this approach unhelpful. As one female participant observed:

“I felt alienated because I felt like I was sitting with women who get beaten. I was sitting there with women who weren’t beating but were mentally and sexually abused and I’m thinking ‘Yes, I have been physically abused in my relationship, but then again, I am the perpetrator, so I need to get my shit together.’”

Lack of housing, mental health and addictions support

Five participants also felt the value of their programme was compromised by the lack of reintegration support provided during and after programmes. Unstable accommodation and/or homelessness was not infrequently identified as a barrier to treatment engagement.

Responding to research findings: New initiatives under Hōkai Rangi

Ara Poutama Aotearoa endeavours to maintain a learning culture in which observations, reviews, research and evaluations all feed into a process of

continuous improvement. Findings from focused research are particularly valuable when it comes to reviewing the content, design and delivery models for specific forms of intervention, and making changes. Correctional rehabilitation faces unusual challenges in first ensuring that participants become engaged in programmes, and then – equally importantly – are retained once they have started. Findings such as those presented here have particular value in improving the content and delivery of programmes and other interventions to ensure that satisfactory participation occurs.

Three years on from the research, changes are underway across Ara Poutama Aotearoa which are starting to address issues identified. These are occurring under the banner of *Hōkai Rangi: Ara Poutama Aotearoa Strategy 2019-2014*. Hōkai Rangi places a strong organisational focus on practice that is humanising and healing, and has catalysed additional investment in the development of trauma-informed practice models. For example, the Tēnei Au, Tēnei Au approach, co-designed by Ara Poutama Aotearoa and Ngāti Kahungunu iwi, includes Ngākau Ora, a Māori trauma-informed practice model based on Whare Tipuna – He Ara Uru Ora (Smith, 2019).⁵ The Department has also designed a Māori trauma-informed family violence training package for use by frontline probation staff, Hoaki Te Manaakitanga. These developments will help to answer people’s core need to address historical trauma and develop an understanding of how and why they came to use family violence.

Work is also underway to support connections between those within the care and management of Ara Poutama Aotearoa and their whānau, which was identified as a key need by research participants. The Whānau Manaaki Plan piloted as part of the Māori Pathways Programme at Hawke’s Bay Regional Prison is a good example of this approach, whereby whānau are invited to participate in sentence planning processes for tāne. Paiheretia Te Muka Tangata, which is also part of the Māori Pathways pilot, is a further example. Paiheretia Te Muka Tangata is operating in the Hawkes Bay and Te Tai Tokerau pilot sites and involves Whānau Ora navigators supporting whānau to realise their goals and aspirations, thereby strengthening their oranga (wellbeing) and positioning whānau to tautoko (support) tāne on their release from prison. Such interventions aim to strengthen connections between people in the care and management of Ara Poutama Aotearoa with their whānau and have the potential to empower whānau to begin acknowledging and addressing intergenerational family violence.

⁵ This model is based on the work of Māori academic, Tākirangi Smith (2019), and involves working with Māori clients to move from the “patu ngākau” or initial trauma to oranga (present wellbeing).

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Assessing risk of re-offending: Recalibration of the Department of Corrections' core risk assessment measure

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Dr Peter Johnston, DipClinPsych, PhD, has been with the Department of Corrections for over 30 years. He started with the Psychological Service in Christchurch as one of three psychologists who set up the first special treatment unit, Kia Marama, at Rolleston Prison in 1989. He then moved to the (then) Prison Service, where he was involved in setting up prisoner assessment centres and designing an end-to-end case management system. As GM Research and Analysis since 2004, he led a team of nine staff who undertake research and evaluation, and in-depth analysis of criminal justice data, to measure the impacts of rehabilitation, shed light on trends and developments in the offender population, and support new policy initiatives.

Introduction

Risk assessment remains a cornerstone of modern correctional practice internationally. Among a range of approaches, many correctional systems utilise actuarially-based¹ risk assessment tools in the day to day management of their Corrections systems. These assessments influence decision-making at critical decision stages of the criminal justice process, such as custodial remand, sentencing, prisoner placement, eligibility for rehabilitation programme entry, parole decision-making, and general level of monitoring and oversight in the community.

The New Zealand Department of Corrections' actuarial risk assessment tool was developed in 1995, in a joint venture between the Department's Psychological Service and the Maths and Statistics Department at the University of Canterbury. It was piloted over a period in the late 1990s before being implemented for general use by staff in 2001.

Known as "RoC*RoI" (an abbreviation of "risk of (re)conviction x risk of (re)imprisonment"), scores express the probability that an individual will be both reconvicted and re-imprisoned within a five-year period. For a person on a community sentence, the five-year period starts on the day the sentence starts; for a person in prison, the five-year period starts on the date of release.

The statistical equation which underpins the measure largely draws on an individual's criminal history data, collected through their various interactions with the criminal justice system, and stored in the Ministry

of Justice's Courts Management System (CMS) database. Patterns and relationships in the data form the basis of the probabilistic predictions of future conviction and sentencing.

Over the years RoC*RoI has proven to have both high validity and considerable utility. Its validity was confirmed early on in a 2004 study that revealed very high correlations between risk scores and actual rates of reconviction and re-imprisonment (Department of Corrections, 2005). Its utility has remained evident in its continuing influence across the span of sentence management processes, particularly in sentence planning, rehabilitation programme targeting, community management, and New Zealand Parole Board decision-making.

The Department uses a straightforward three-tiered risk framework to determine the meaning of individual scores. The current risk banding is as follows:

RoC*RoI score	Risk band
0.0 - 0.29999	Low risk
0.3 - 0.69999	Medium risk
0.7 - 0.99999	High risk

The formulation of these bands was made in the course of a major Departmental project around 15 years ago which substantially revised and enlarged the entire rehabilitative framework and the processes around it. Bands were specified in accordance with both theoretical and pragmatic considerations. However, it is noted that this framework is under current review, as international best practice with respect to correctional risk assessment favours a five-tier approach. The Department is currently considering the implications of moving to this new approach.

1. Actuarial tools in the correctional domain typically rely on criminal history data at the individual level which is then processed via an algorithm to produce a risk score, valid for that person, at that time in their life, which in turn signifies probabilities of a specific outcome, such as re-offending leading to reconviction or reimprisonment within a certain time frame.

The need for recalibration

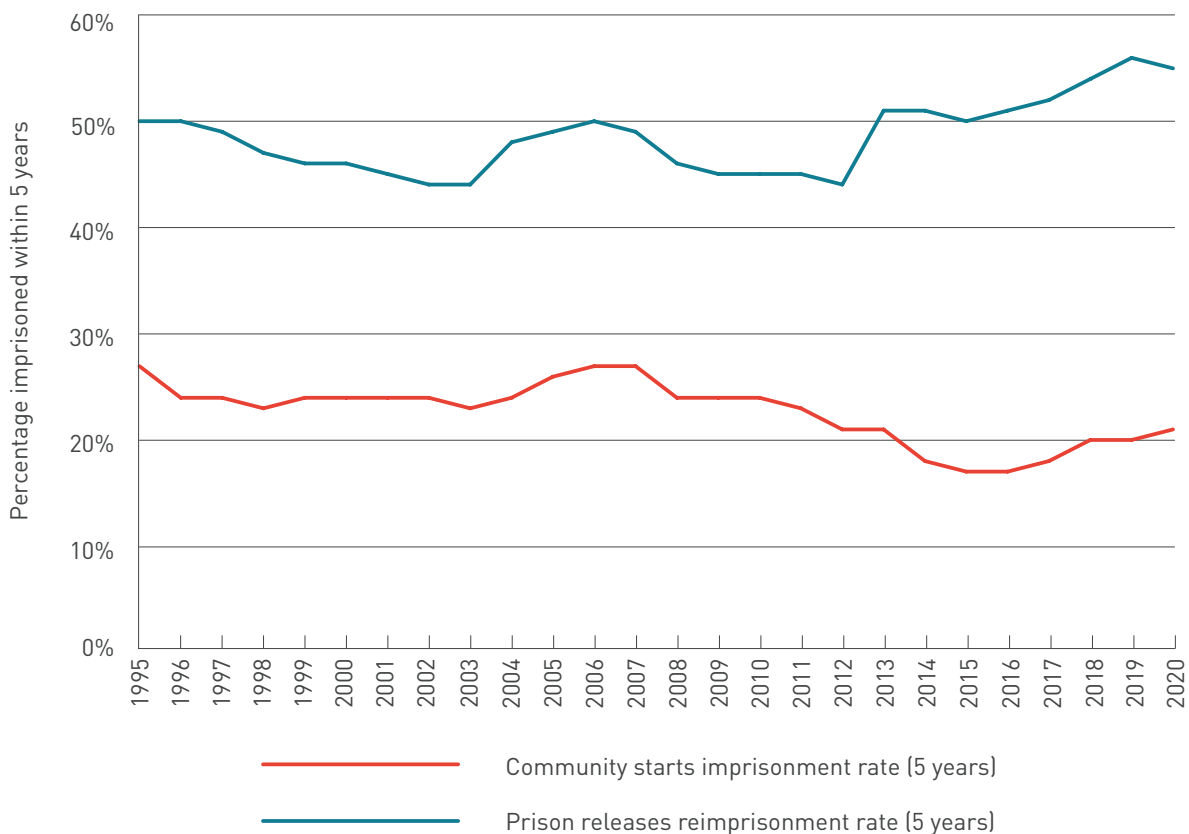
The accuracy of actuarial measures such as RoC*RoI is heavily dependent on the relevance of the raw data on which the algorithm has been “trained”. RoC*RoI was originally developed using conviction and sentencing data on people who had been convicted of offences punishable by imprisonment in years 1983, 1988, and 1993. It is a general truism that actuarial measures can become less accurate over time, and require recalibration using more up-to-date base data. Such a diminishment in accuracy of RoC*RoI scores has become apparent in the last decade, leading to a Departmental decision to undertake a full recalibration.

The reason for the loss of accuracy is that, over time, offending, conviction and sentencing practice (and legislation) undergo various types of change. A simple example illustrates the issue. With respect to drunk driving, Police practice, involving aggressive targeting of intoxicated drivers, combined with legislative

change in the mid-2000s, made imprisonment significantly more likely for this type of offence. This in turn altered the probabilities associated with future convictions after recording one or two drink-driving convictions. Someone convicted of drunk driving in 2010 was considerably more likely to be (a) convicted of a second or subsequent offence, and (b) imprisoned for that subsequent offence, than was the case in the 1980s and early 1990s. Another example, which further illustrates the dynamic, was the advent of new community sentences in October 2007, which significantly altered the probabilities of receiving a sentence of imprisonment, relative to a community sentence, for offences in the mid-seriousness range.

Analysis in fact shows that, while five-year imprisonment rates for community sentences have fallen over the last 25 years (and especially the last ten), re-imprisonment rates for released prisoners have remained relatively flat; since 2010, they have begun to trend upwards. This is evident in Figure 1.

Figure 1: 60-month (re)imprisonment rates, all offenders released from prison / commencing community sentences 1990-2011 (date legend relates to year result published).



RoC*RoI has been found to be remarkably accurate for prisoners over time, despite the passage of time, right up into the late 2010s. The problem of reduced accuracy was mainly for those on community sentences: correlations at group level between “predicted” reconviction rates and “actual” reconviction rates have fallen, particularly in the middle range of the risk scale. This divergence is more pronounced for certain offence sub-groups, such as burglary and driving offences. In general, the existing RoC*RoI has been found more recently to be over-estimating the likelihood of reconviction for people with community sentences. For instance, for a cohort of 100 community-sentenced people with scores between 0.4 and 0.5, RoC*RoI predicted that 45 of these individuals would be reconvicted and imprisoned within five years. The actual imprisonment rate has been about half that rate.

While this situation is undesirable for a range of reasons, it is unlikely to lead to any injustices for given individuals in the community. For instance, RoC*RoI scores are not reported to sentencing judges when someone is reconvicted, thus avoiding the potential “vicious cycle” dynamic (i.e., having a higher score results in a more severe sentence; a more severe sentence further inflates the risk score; any future sentence for new offending is even more severe, and so on). Similarly, community management has no comparable decision points analogous to Parole Board decision-making, where a high risk score could, potentially, decrease the likelihood of early release. At worst, an inflated score for a community-based offender might mean that someone was expected to complete a rehabilitation programme that under different circumstances might not have been required.

It is also important to note that, over time, an increasing number of tools have been introduced to inform assessment of risk in relation to any individual. These include adoption of additional risk-related assessment tools, such as:

- DRAOR (Dynamic Risk Assessment on Offender Re-entry) – used by probation officers for on-going assessment of risk and programmes
- SDAC (Structured Dynamic Assessment for Case Management) – used by Case Management staff in prisons
- ASSIST (Alcohol and Substance Involvement Screening Test) – used to assess need for alcohol and other drug treatment
- VRS (Violence Risk Scale) – used to assess level of risk of violence re-offending
- ASRS (Automated Sexual Recidivism Scale) – used to assess level of risk of sexual re-offending.

Further, risk assessments are increasingly made with reference to positive attributes displayed by the

individual, as well as the social, environmental and relationship circumstances in which they live. Greater appreciation of such additional sources of information has meant that individual RoC*RoI scores are no longer as influential as they were in previous times.

In addition, staff involved in managing sentences and orders, such as probation officers, psychologists and case managers can opt for what is known as “professional override”; this occurs in situations where relevant clinical information, which is not included in calculation of RoC*RoI, is strongly suggestive of a higher (or lower) risk level than the RoC*RoI score indicates. Override decisions are made mainly to permit entry to certain rehabilitative programmes, but can be made only when sound reasons are provided, usually generated from other risk-related tools and risk assessment perspectives.

Recalibration, and implementing the change

To ensure optimal accuracy across the board, the decision was taken a few years ago to recalibrate the RoC*RoI algorithm. This exercise was undertaken by statisticians within the Research and Analysis team of Corrections, using modelling functionality within a SAS² application. The data sets used for this exercise were the reconviction and sentencing histories of approximately 40,000 individuals who had either been released from prison, or who commenced a community sentence, over the 2011 year. Their combined five-year reconviction histories became, essentially, the raw material upon which the algorithm was recalibrated.

The RoC*RoI algorithm consists of around 35 highly specific variables, including sex, age at first conviction, number and seriousness of offences, length of time elapsed between offences, and length of time between prison episodes. Each of the variables has a numeric multiplier, or value, which influences the final score. The modelling process was intended to revise those numeric values; no new variables were introduced or removed. Essentially, the process sought the highest level of “fit” between possible values across the variables, and correlation with actual reimprisonment outcomes.

A review of the results indicated that changes made to the algorithm which were influential in producing shifts in individual scores, included the following:

- stronger weighting on presence of prior convictions, the seriousness of previous offending, and overall seriousness of lifetime offending
- heavier weighting on the rate of offending, such as time between the two most recent sentences
- reduced weighting on driving offences and drug offences.

2. SAS is a sophisticated statistical package, used under license.

Once the modelling was complete, and the highest possible degree of fit was determined, the modelling work was sent to external expert reviewers, who tested the work to determine whether it was sound, as well as to see whether further enhancements of accuracy could be achieved. Reviewers included academics from Canterbury University, and a private-sector analyst in a Wellington consultancy. These reviews confirmed the quality of the work completed, and the validity and reliability of the outputs from the recalibrated model. The university reviewer, Dr Randolph Grace, reported that the results “*produced in the updated RoC and Rol models are independently replicable, and that the models’ predictions are accurate*”. He concluded that “... *the Department can be confident that the updated RoC*Rol will provide improved risk assessment compared to the previous version*” (Grace, 2018).

At this point the decision was made to implement the model across Corrections. This meant recalculating the risk score of every person currently under management, as well as using the refreshed tool with every new reception at a prison or community sentence start.

Better accuracy in risk assessment achieved through the recalibrated RoC*Rol is expected to incrementally improve the quality and efficiency of sentence management generally, for example through more accurate targeting for engagement in rehabilitation programmes, better risk management with respect to release on parole, and greater efficiency in offender management through tailoring level of oversight and controls more appropriately in relation to risk.

The implementation project was recognised as being a sensitive matter especially as, for some prisoners, a change in score might also mean a change of risk band (e.g., if a score changed from 0.75 to 0.65, the individual concerned would technically, no longer be “high-risk” but instead “medium-risk”). Careful planning was undertaken to ensure that any individuals subject to such changes were individually assessed and managed to minimise disruption to their current management, and to ensure procedural fairness.

At time of writing (February 2021), the implementation of the recalibrated RoC*Rol is proceeding well; ongoing monitoring and feedback is being sought but no significant issues have been identified, or complaints from prisoners or offenders on community sentences received.

Algorithms and the public sector

Concurrently with, but independently of, the process of recalibrating the RoC*Rol, Statistics New Zealand launched a review of algorithm use across the public sector. This review responded to growing concerns internationally that algorithms can have unintended adverse effects for some sub-groups within

populations. Particular concern exists in relation to their potential to perpetuate bias against minority groups. Such concerns have arisen also in relation to correctional risk assessment tools, particularly when the results of such assessments are used in sentencing decisions (which, as noted above, is not a practice in New Zealand). This can come about for instance as a result of police racial profiling in pursuit of people suspected of crimes, leading to higher arrest and imprisonment rates for minority groups. These higher conviction rates then translate to higher risk scores, which can then, in a court sentencing situation, lead to more severe sentencing. NZ Police have in fact recently acknowledged that bias has affected their front-line practice.

A similar issue was tested some years ago when the Department’s use of the RoC*Rol algorithm for offender management purposes was scrutinised in a Waitangi Tribunal hearing (WAI1024 [2005] *The Offender Assessment Policies Report*).³ The tribunal concluded that the Department’s failure to consult adequately with Maori during the development of the RoC*Rol tool was “plainly inconsistent with Treaty principles”, however, in terms of the Treaty of Waitangi Act 1975, the Tribunal found it had “*not been established that prejudice flows from the operation of RoC*Rol*” (pp 129-130).

The main outcome of the Statistics New Zealand review is the production of an “algorithm charter”, which commits agencies to abide by certain principles of use in relation to these tools. The Department of Corrections is currently preparing to sign the Charter. The following outlines the principles of the Charter, and the ways in which the Department has, or intends to, conform its practice to them, in relation to RoC*Rol.

Principle 1: Clearly explain how decisions are informed by algorithms

The Department regularly responds to enquiries, often made under the OIA, on how its offender management decisions are made, including the influence of risk data on such decisions. Front-line staff are trained in the preparation of reports which include risk data, and can thus explain to the person concerned how risk information is used in recommendations. An article for publication in a peer reviewed journal is currently under preparation which will document the recalibration of RoC*Rol and its increased levels of accuracy; this article will also explain how offender management decisions are informed by RoC*Rol.

Principle 2: Embed a Te Ao Māori perspective in algorithm development or procurement

In order to minimise the potential for bias, ethnicity is not a variable within the RoC*Rol algorithm.

³ https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_68001752/Offender%20Assessment%20Policies.pdf

Nevertheless, the tool performs very well in terms of accuracy in assessing risk of re-offending amongst Māori. We are committing to on-going review and recalibration in the future to ensure that the tool remains optimally accurate for Māori. In addition, we have invited Māori academics to advise us, both on any risks associated with the use of the tool with Māori, as well as to monitor the on-going implementation of the revised tool.

Principle 3: Focus on people, identifying and engaging with groups or stakeholders with an interest in algorithm development

Staff involved with the recalibration exercise are already engaging with external stakeholders, especially New Zealand academics, who have an interest in algorithms, such as the Law School at Otago University.

Principle 4: Make sure data is fit for purpose

The data which informs the risk scoring comes from core sector and departmental systems with rigorous processes for ensuring accuracy, especially in relation to the key variables. The recent recalibration modelling and testing described above is entirely based on validating, to the highest degree possible, the scores on the measure, with the predicted outcomes (i.e. rates of reimprisonment).

Principle 5: Ensure privacy, ethics and human rights are safeguarded

Our recalibration project has involved extensive expert independent peer review and validation of the methodology. Staff within the Research and Analysis team at Corrections are available to manage and respond to enquiries from interested parties who wish to understand how the method works. We also maintain involvement with current public sector working groups with an interest in algorithm safety and ethical soundness.

Human rights are also protected though rights of legal challenge to decisions made by judicial bodies where RoC*RoI scores may play a part in deliberations (e.g. parole release).

Principle 6: Retain human oversight

A good example of this is the way in which RoC*RoI scores are treated as simply one of a number of considerations used by the NZ Parole Board in making decisions about release. Further, in relation to another important way in which RoC*RoI is used – as a determinant of programme eligibility – we have the facility for professional over-ride, which essentially is

the application of human oversight to such decisions.

Conclusion

The NZ Department of Corrections remains committed to best practice in delivering correctional management. Risk assessment remains a cornerstone of that practice, and the RoC*RoI tool is central to our risk assessment methods. The recent recalibration exercise demonstrates our commitment to ensuring that the tool is optimally accurate and, as a result, our practice is as informed, targeted and effective as possible.

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Hōkai Rangi: Context and background to the development of Ara Poutama Aotearoa Strategy 2019-2024

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Editor's Note: This article is the first in a series on Hōkai Rangi. An article detailing the methods of engagement, data gathering, co-design and development process for Hōkai Rangi will be published in a future edition, along with articles reporting on the progress towards meeting our Hōkai Rangi goals.

Introduction

This paper places the development of *Hōkai Rangi: Ara Poutama Aotearoa Strategy 2019-2024* (Department of Corrections, 2019) into its historical context, noting changes from the late 1980s until the start of the strategy's development at the end of 2018. Socio-political ebbs and flows have influenced the way successive governments and thus the Department of Corrections have referred and committed to Te Tiriti o Waitangi / The Treaty of Waitangi, and to Māori. The department's development and adoption of its strategies through the years reflected these currents. Claims to, and recommendations from the Waitangi Tribunal—together with strong calls for justice sector change—culminated in the development of *Hōkai Rangi* as the department-wide strategy, with a clear focus on Māori.

Past Māori-focused strategies

The Department of Corrections was founded on 1 October 1995. Prior to this, the management of prisons and probation sat with the Department of Justice. At the time the new department was established, public sector energy and commitment to Te Tiriti o Waitangi

or the Treaty of Waitangi (hereafter "the treaty"¹) and Māori issues was high. This commitment was driven by notable events that included breakthrough Waitangi Tribunal reports in the mid-1980s, the *Lands*² case (*New Zealand Māori Council v Attorney-General*, 1987), and the sesquicentenary of the 1840 signing of te Tiriti at Waitangi. In addition, the release of Moana Jackson's *He Whaipanga Hou* in 1988 (Jackson, 1988) and the "Roper Report" in 1989 (Roper & New Zealand Government, 1989) raised awareness of pressing issues for Māori, and called out changes required across the criminal justice sector. In the late 1980s, many departments, "including Conservation, Education, Environment, Health, Inland Revenue, Justice, Labour, Social Welfare, and Women's Affairs, created specific Māori divisions, units, or secretariats to serve as repositories of expertise and advice on issues relating to Māori affairs" (Boston et al., 1996, p. 150).

1. We have chosen to follow the practice used in the Waitangi Tribunal's report on *He Whakaputanga me te Tiriti*, where "the treaty" (not capitalised) refers to both the te reo Māori and English texts together. Where the Māori text specifically is referred to, we use "te Tiriti".

2. The Court of Appeal held that, under section 9 of the State-Owned Enterprises Act 1986, the Crown needed to safeguard Māori interests prior to any sales of SOE lands.

The new Department of Corrections took its direction from this trend, beginning the development of a treaty-based strategy. In 1999, it prepared a discussion document called *He Whaakinga: Treaty of Waitangi Draft Policy Statement*. “He whaakinga” was translated as “an acknowledgement”, which the department considered gave “an appropriate reflection of the contents of this paper” (Department of Corrections, 1999, p. 1). The document, which was widely distributed for comment, announced that the department aimed “to be a role model for other government agencies by encouraging Māori participation and ensuring that it conducts its business in accordance with the Treaty of Waitangi” (p. 9).

In 2000, ten hui with Māori communities and six hui with people in six prisons were held to gather their responses to He Whaakinga. A further 101 written submissions were received in response to *He Whaakinga* from staff, and five submissions from non-staff (Department of Corrections, 2001a, p. 1).

This engagement eventually led to the department’s development of its *Treaty of Waitangi Strategic Plan 2001-2003* (TOWSP). This strategy expressed strong commitment to the treaty, stating that the department would provide corrections services “in a way that upholds the Treaty of Waitangi” (Department of Corrections, 2001b, p. 4). It set clear and specific targets in areas such as recruitment and staff cultural capability and set out the ways in which progress towards them would be measured. Targets included that:

- ten percent of psychologists appointed each year would be Māori
- the proportion of psychologists identifying as Māori would grow from 2% in December 2000 to 8.8% in 2010
- the overall proportion of staff identifying as Māori would likewise grow from 19.6% to 24.8% (Department of Corrections, 2001b).

The TOWSP also adopted the kaupapa statement “Kotahi ano te kaupapa; ko te oranga o te iwi” (as has *Hōkai Rangī*). As the strategy document explained, “an over-riding concern for the wellbeing of our communities” was “[w]oven throughout the korero at every hui and meeting as well as the many written submissions we received about the draft policy statement”. The kaupapa statement was the “most eloquent” expression of that sentiment, and was translated into English as “There is only one purpose (to our work); it is the wellbeing and wellness of the people” (Department of Corrections, 2001b, p. 10).

In 2002, the department sought feedback on the TOWSP. Doing so barely a year into the plan’s existence, and without an evaluation of how its implementation was proceeding, was not ideal. Some unhappiness about this was expressed by those who

made submissions (Department of Corrections, 2003a, p. 2). Nevertheless, the department began planning its next Māori-focused strategy, circulating a draft for comment and explaining that:

A full-scale open-ended national consultation process was undertaken in preparation for the original Treaty Strategy. It was neither appropriate nor feasible to undertake another national consultation for the update, as the earlier feedback was comprehensive, of high quality, and is still relevant. (Department of Corrections, 2003a, p. 1)

Nonetheless, a further seven hui took place around the country, and a submissions process produced 38 submissions (Department of Corrections, 2003a). This engagement led to the development of the *Māori Strategic Plan 2003-2008* (Department of Corrections, 2003b).

The Māori Strategic Plan 2003-2008 was designed and presented to be more accessible than the TOWSP, which was text heavy, and only the Chief Executive’s foreword was in both languages. The new strategy was less than half the length, and had full text in both te reo Māori and English. It retained the kaupapa statement from the 2001 strategy, but content changes reflected a change in direction.

Significantly, the 2003 strategy no longer stated that corrections services would be provided “in a way that upholds the Treaty of Waitangi” (Department of Corrections, 2001b). Instead, it said that the department would provide corrections services “in a way that has regard to the Treaty of Waitangi” (Department of Corrections, 2003b, p. 7) (emphasis added). This suggested a retreat from the much stronger commitment in the 2001 strategy. The removal of the reference to the treaty in the strategy’s title also reflected this change of approach.

The new strategy had less of an emphasis on increasing the proportion of Māori staff year on year. Targets to be met by 2010 were set for managers, frontline staff, and the overall workforce, but there was no mention of increasing the number of Māori in specialist roles, nor any explanation of whether the previous targets outlined in the TOWSP had been met over the first two years.

It is not clear how or if the effectiveness of the 2003-2008 strategy was evaluated before its replacement with the *Māori Strategic Plan 2008-2013* (Department of Corrections, 2008). The 2008 strategy was again fully bilingual, and repeated the kaupapa statement. However, it made no mention of the treaty whatsoever. It was also very high level in its approach: any reference to explicit staffing targets was absent, replaced with a general aspiration to have “high levels of Māori staff” (Department of Corrections, 2008, p. 16). The strategy was terminated before it had run its full course, as the following sections make clear.

Changes in both the political climate and Corrections' approach

For some time, since the *Lands* case, the government had been avoiding firm statements of commitment to the treaty in legislation. This reluctance became more general after 2004, as anti-Māori sentiment was stirred by issues such as the foreshore and seabed (Mitchell, 2020) and by the speech about supposed Māori privilege at Ōrewa in January 2004 by Don Brash, the Leader of the Opposition, (Johansson, 2004). The government of the day responded to this by appointing Trevor Mallard as “Co-ordinating Minister, Race Relations”. This Minister was tasked with reviewing government policies and programmes to ensure that they were “targeted on the basis of need not on the basis of race” (Mallard, 2004). References to the treaty by the government diminished, with Prime Minister Helen Clark mentioning the treaty in one in every eight speeches and press releases in 2004, but only one in a hundred in 2005. There was a similar reduction in mentions of the treaty from her ministers, a pattern that continued for many years (Fyers, 2018).

The Department of Corrections also moved in this direction (see Figure 1 with regard to the department's publications). In 2011, its various strategies and plans were subsumed by a single overarching plan, *Creating Lasting Change 2011-2015* (Department of Corrections, 2011). This one simplified strategy had a single measurable target of reducing re-offending by 25% by 2017 (RR25). This was explained in 2016 by Executive Leadership Team member Vince Arbuckle as being “in recognition of the need to provide a much stronger collective focus on achieving specific priority areas including reducing re-offending” (Arbuckle, 2016, p. 17).

From 2011, specialist Māori roles began to be removed from the department. The Chief Executive's Māori Advisory Group was disbanded, and kaiwhakahaere—the specialist Māori-focused role in probation—was disestablished. Further, a restructure entitled “Unifying Our Efforts” saw the disbanding of the Māori and Pacific policy unit in favour of a generic policy team. These moves were in keeping with broader trends across the public service toward “mainstreaming”, with a generally reduced emphasis on Māori-specific policy and treaty issues, as noted at the time by former Corrections staff member Haami Piripi:

Te Tiriti and the principles of Te Tiriti have lost momentum in the public sector, languishing for recognition in statute and starving for status among ordinary New Zealanders – Pākehā and Māori alike. The appreciation of Te Tiriti has waxed and waned, and it seems that the meeting of Treaty obligations within the public sector has risen and fallen with it. (Piripi, 2011, pp. 240-241)

Waitangi Tribunal 2015-2017

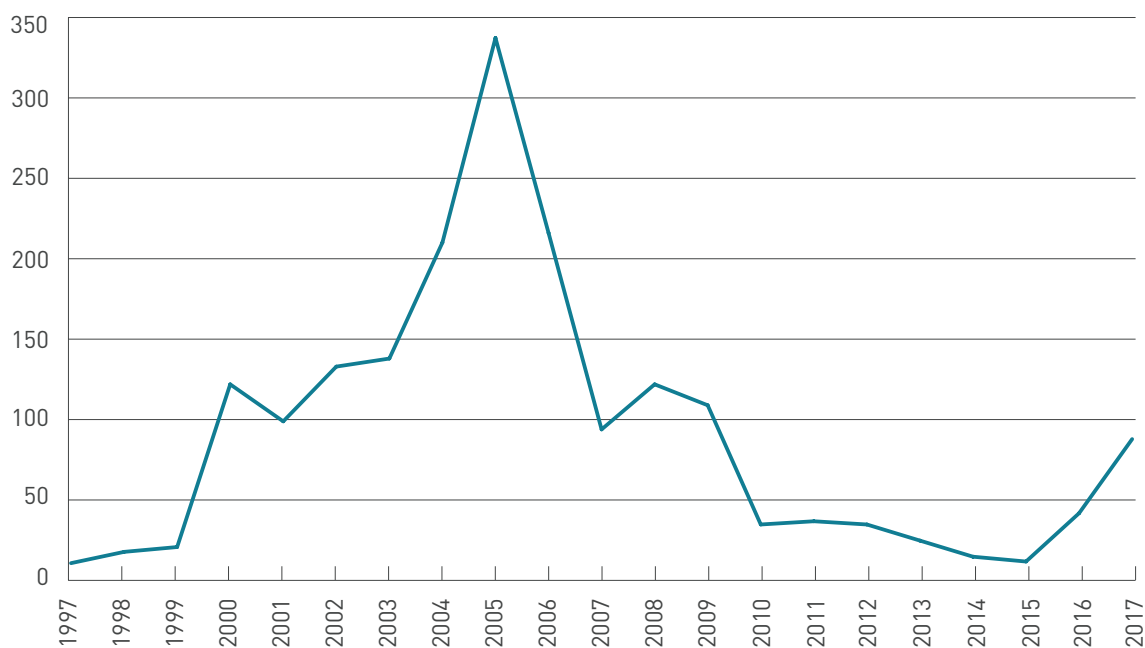
Having a single over-arching strategy meant that the department no longer had a strategic focus on Māori. Under RR25, the disparity between Māori and non-Māori re-offending rates grew (Waitangi Tribunal, 2017, p. 45). This situation was a major driver behind a claim to the Waitangi Tribunal (Wai 2540) taken in August 2015 by Tom Hemopo “on behalf of himself and his iwi, Ngāti Maniapoto, Rongomaiwahine, and Ngāti Kahungunu” (Waitangi Tribunal, 2017, p. 1). This claim was pivotal in the lead up to the development of *Hōkai Rangī*. It alleged that:

The Crown had failed to make a long-term commitment to bring the number of Māori serving sentences in line with the Māori population generally... [and] had failed to reduce the high rate of Māori re-offending proportionate with non-Māori. Further, Mr Hemopo claimed the Department of Corrections allowed its Māori Strategic Plan 2008–2013 to lapse without replacement, and had not consulted Māori in making this decision... [and] failed to provide measurement of its performance in reducing Māori re-offending. (Waitangi Tribunal, 2017, p. 1)

The high-level nature of the *Māori Strategic Plan 2008-2013*, subsumed by *Creating Lasting Change*, was discussed during proceedings, with Crown counsel telling the Tribunal that the 2008 strategy “did not have firm targets in respect of re-offending, and the nature of the plan was such that it did not lend itself to being measured for its effectiveness” (Crown Law Office, 2016, pp. 18-19). This submission was based on the evidence of Vince Arbuckle, who had told the Tribunal that “Although the *Māori Strategic Plan 2008-2013* provided evidence of a commitment to reducing re-offending amongst Māori, of itself it did not achieve meaningful change” (Arbuckle, 2016, p. 17).

Mention of “Māori” in departmental documentation fell drastically in the years leading up to the Wai 2540 hearing. In 2005, “Māori” was mentioned 337 times in the annual report and 77 times in the *Statement of Intent*. By 2015, the annual report mentioned “Māori” just 12 times, and the 2015 *Statement of Intent* mentioned “Māori” only once. The word appeared only seven times in *Creating Lasting Change*. The Waitangi Tribunal also noted that the word “Māori” appeared only three times in 93 pages of the department's *Four Year Plan 2015* (Waitangi Tribunal, 2017, p. 41). This was not to suggest that the department's commitment to reducing Māori re-offending could be assessed by the number of mentions in strategic documents. Rather, it reflected the lack of specific focus on Māori in the department's planning since the abandonment of a Māori-specific strategy in 2011.

Figure 1: Number of mentions of “Māori” in each year’s annual report, 1997-2017



Such was the lack of focus on Māori that, in August 2015, when claimant counsel requested information from the department on the effectiveness of its rehabilitative programmes for Māori in the lead up to the Waitangi Tribunal hearing, the department declined because it “does not calculate these results separately by ethnicity” (Waitangi Tribunal, 2017, p. 32).

The Tribunal released its report, *Tū Mai Te Rangī!*, in April 2017, finding that the department had breached the treaty principles of active protection and equity. As the Tribunal put it:

If Māori were not significantly over-represented in the corrections system, a generalised approach for all may be defensible. ...Subsuming Māori reoffending in an overall target is a model that, with respect, leaves too much to chance. It is our view that the Department needs to specifically target disproportionate rates of Māori reoffending. (Waitangi Tribunal, 2017, pp. 41, 47)

Hōkai Rangī’s development, 2018-2019

Tū Mai te Rangī! laid out six recommendations, including that the department work with its Māori Advisory Board “to design and implement a strategy that addresses Māori reoffending specifically” (Waitangi Tribunal, 2017, p. 65). The department responded by establishing the Rautaki Māori (Māori Strategy and Partnerships) team, whose key task was to work with the Māori Advisory Board on the development of the new strategy. The board itself was thereafter renamed Te Poari Hautū Rautaki Māori, or the Māori Leadership Board (the Poari).

The Wai 2540 case was one of several important factors that aligned to bring about optimum conditions for the development of *Hōkai Rangī*. The incoming government of 2017 was looking for alternative approaches that would better align with its agenda of wellbeing, and was more receptive to the Māori voices that had been calling for systemic change in the criminal justice system for decades. Kelvin Davis sought out – and was appointed to – the role of Corrections Minister, largely due to his motivation to reduce the acute over-representation of Māori in the system. The government soon rejected the idea of building a new 1,500-bed prison at Waikeria (Davis, 2018). The Hāpaitia te Ora Tangata / Safe and Effective Justice workstream was also established, and an advisory group, Te Uepū Hāpai i te Ora, was tasked with engaging the public in a conversation about the criminal justice system, and canvassing a range of ideas about how it could be improved (Ministry of Justice, 2018). A criminal justice summit was held in Porirua in August 2018, and its perceived lack of focus on Māori (Stewart, 2018) led to a Hui Māori in Rotorua in April 2019, followed by the publication, *Ināia Tonu Nei*.

The department put forward a proposal to Minister Davis in November 2018, outlining a process to develop the new Māori-focused strategy recommended by the Tribunal. Rather than await the outcome of the Hāpaitia process, as anticipated, the Minister directed the strategy be completed by May 2019, a much shorter timeframe than had initially been envisaged. Moreover, he also supported it being driven by the voices of Māori caught up in the system. (The actual process of developing *Hōkai Rangī* will be discussed in a subsequent article in this journal).

Conclusion

This paper has explained the historical background to the development of *Hōkai Rangi: Ara Poutama Aotearoa Strategy 2019-2024* (Department of Corrections, 2019). In the late 1980s, the treaty was high on the governmental agenda, but this enthusiasm waned. Successive departmental strategies and plans in the 2000s and beyond reflected governmental trends towards “mainstreaming” and an associated move away from a focus on Māori. But neither a partial strategic focus on Māori nor a mainstreamed approach worked. The over-representation of Māori in the corrections system if anything increased during the application of past strategies.

Renewed calls for changes in the justice sector, underlined by the Waitangi Tribunal’s 2017 report, thus created the most favourable conditions for a strategic focus on Māori since the foundation of the department in 1995. The result was *Hōkai Rangi*, the first overarching departmental strategy specifically focused on improving outcomes for Māori.

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Intervention and Support Project

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Rachel started work for Corrections in August 2017 as Senior Adviser for the Intervention and Support Project. Her background is in community safety and emergency management. Rachel has worked in the Victorian Fire Service and New Zealand local government in a range of hands-on and managerial roles. Rachel has an MA in Psychology focused on behaviour modification, as well as post-graduate diplomas in community safety, and emergency management. Rachel is currently Senior Adviser on the Mental Health Quality and Practice Team.

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Joanne started work for Corrections in September 2017 as Clinical Adviser for the Intervention and Support Project. Her professional background is mental health nursing, having worked in crisis teams, as a police watch house nurse, a clinical nurse specialist and in psychiatric liaison roles. Her Master of Nursing thesis was around the recognition by police officers of mental illness in detainees.

Key words

Intervention and support, self-harm, suicide, mental health, stepped care, model of care

Introduction

It is well established in international and New Zealand literature that a higher prevalence of mental distress occurs among prisoners compared to the general population, particularly psychosis, major depression, bipolar disorder, and substance dependence / misuse. Furthermore, people subject to custodial care identified as at risk of suicide or self-harm have significantly higher rates of clinically significant symptoms of mental illness, as measured by a standardised instrument, than the general population (Senior et al, 2007).

In some instances, being in custody can create or precipitate mental health difficulties and heighten the risk for those who are susceptible to self-harm and suicide.

Globally the rate of suicide in prisons is between three to nine times higher than that in the general population (Martin et al, 2014), with some studies reporting it as much as 15 times higher (McArthur, Camilleri and Webb, 1999). Relative to the New Zealand community rates standardised by age band, sex and ethnicity, annual prison suicide rates here are up to three times higher (Mental Health Foundation, 2020)¹.

Early identification of, and intervention with, someone at risk of self-harm or suicidal behaviour has the potential to reduce the need for more intensive and more expensive approaches, such as forensic inpatient services, later in a person's time in prison. As such our focus moved beyond just the immediate safety of at-risk prisoners to creating a therapeutic, needs-based approach for at-risk prisoners, adopting a graduated, multi-disciplinary response focused on intervention and support.

Background

In 2016-17 the Intervention and Support Project Team undertook a series of literature reviews, qualitative interviews and site visits to investigate self-harm, suicide, and the management of these conditions within prisons. The intent was to determine the themes that needed to be addressed when creating a model of care² (the model) for people vulnerable to self-harm and suicide.

1. The Mental Health Foundation report indicates 2019/20 rates of suicide nationally for males aged between 20 and 50 years at between 22 and 34 per 100,000; the comparable average annual rate amongst prisoners (last five years) was 58 per 100,000.

2. A Model of Care describes the way health services are delivered. It outlines best practice in care and services for a person as they progress through stages of health or illness (Agency for Clinical Innovation, 2013).

Key themes from the research were factored into the model's design (Department of Corrections, 2019a). These included:

- incorporating a te ao Māori worldview
- the importance of a robust mental health screening and triage process
- use of a “stepped care approach” in the treatment of mental health issues
- individualised care plans
- increased information sharing pathways
- improved physical environments
- more opportunity for building social connections
- a strong multi-disciplinary approach.

Māori have their own worldview of what constitutes health and wellbeing. A key difference discussed by McNeill (2009) between Western and most Māori models of health is that Māori models include a spiritual component. It is this spiritual component which becomes particularly important in the field of mental health.

Reduction of stigma and discrimination, improving resilience of both staff and those in our care, the physical setting, and expanding health literacy were identified as key to building a more therapeutic environment.

The high-level design for the model (see Figure 1) was approved in April 2017 and provided the basis for development of the detailed components which underpin the approach.

The model takes a “whole of prison” approach to people in the care of Ara Poutama Aotearoa who are vulnerable to self-harming behaviour or suicide, through:

- identifying those who need support earlier in their sentence
- improving people's experience of mental health services
- empowering those in need to identify and manage their own stress
- streamlining some business processes to support timely referral and intervention
- increasing staff capability through education and skills development
- progressing the development of an evidence based multi-disciplinary practice.

The model was piloted in three prisons: Christchurch Men's Prison, Auckland Prison, and Auckland Region Women's Correctional Facility.

Model of Care

The detailed specifications of the model expanded on the high-level design, in order to operationalise the approach.

Intervention and Support Practice Teams

A specialist Intervention and Support Practice Team (ISPT) has been introduced at each of the pilot sites. Each team includes:

- a clinical manager mental health
- psychologists (working with a clinical or counselling scope of practice)
- clinical nurse specialists – mental health
- an occupational therapist
- a clinical social worker
- a cultural support worker.

The clinical team is supported by an administration officer and two dedicated custodial officers.

The ISPT leads health and custodial staff in the delivery of services in the Intervention and Support Unit (ISU). This includes assistance with care and treatment planning and transition back to mainstream units. Structured support is also provided to those individuals in mainstream who are vulnerable to suicidal or self-harming behaviour.

Recruitment for the ISPTs commenced in April 2018, well in advance of completion of the service design; this long lead-in was planned in recognition of the international shortage of mental health professionals.

A shortage of mental health professionals was not the only challenge encountered. Site change leads were appointed at each site to support the pilot sites to prepare for and embed the new model of care into “business as usual” practice. However, operational realities often diverted their focus to other business requirements.

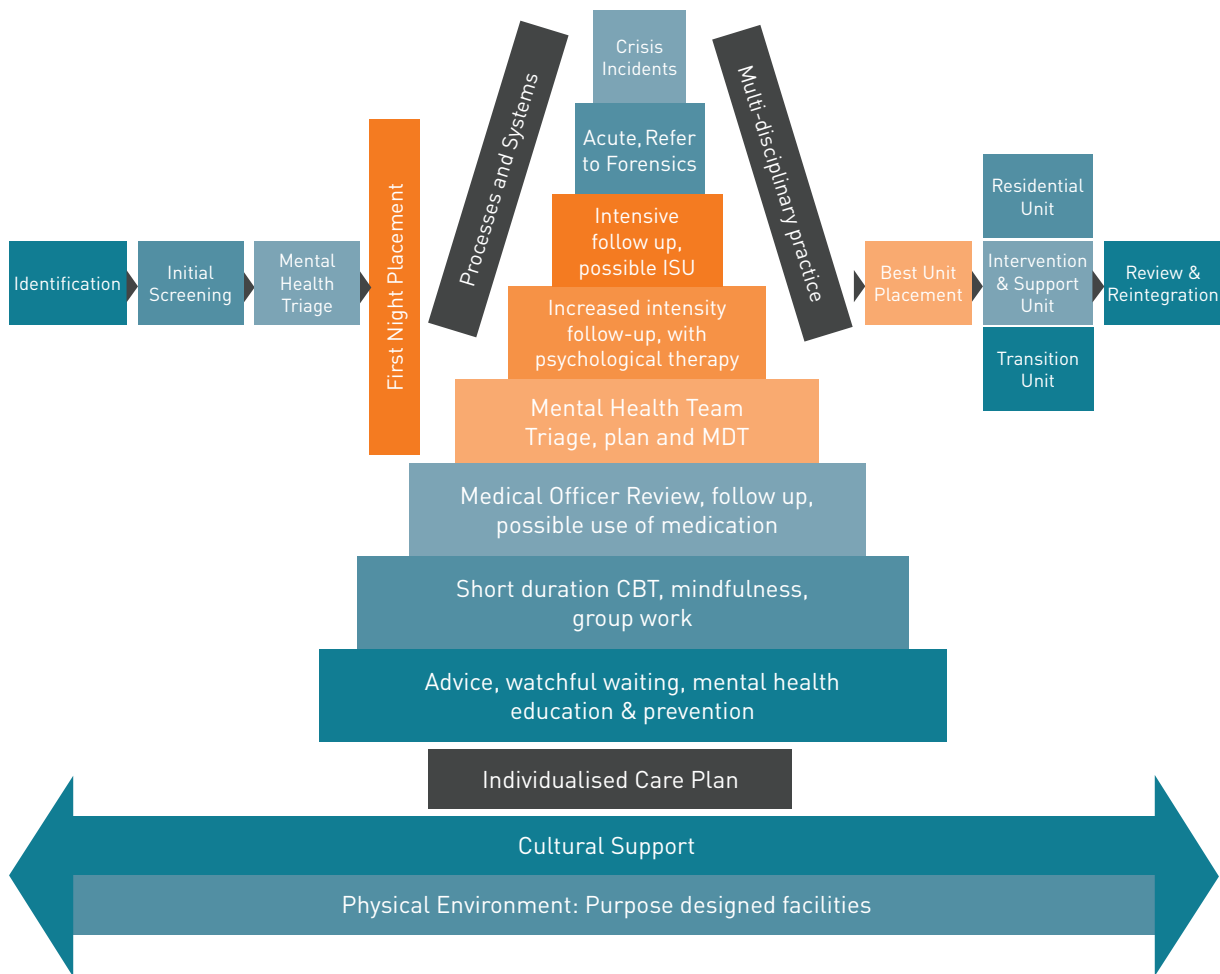
Given the recruitment difficulties, a phased service implementation approach was adopted, aimed at providing a clinically and culturally safe, individualised service in the ISU based on the recruited staff member's professional scope of practice. As more staff were recruited, the service was extended beyond the ISU to support the wider prison. The approach identified the minimum number of ISPT members who needed to be in place at each phase of implementation, requirements to support each phase, and the components of the model able to be delivered within a safe clinical framework.

Screening

Suicidal or self-harming behaviour is routinely screened in prisons using an abbreviated version of the Columbia-Suicide Severity Rating Scale (C-SSRS). This is done by custodial staff as part of the reception risk assessment, and the review risk assessment.

To strengthen the identification of those most vulnerable, an additional assessment for those who screen positive, or for those who health centre staff or custodial staff have concerns about, has been added.

Figure 1: Transforming Intervention and Support for people in prison vulnerable to suicide and/or self-harming behaviour (high level design)



A member of the ISPT who is a registered mental health professional undertakes a comprehensive clinical assessment and mental status exam, within 24 hours of intake. A suite of additional assessment tools has been assembled for this purpose.

Following the clinical assessment, the ISPT clinician determines the level of risk of each individual. If deemed low risk, the receiving officer completes the induction process with the person and they are placed in a mainstream unit.

A cultural assessment framework was developed to support the cultural support workers to:

- work with people with mental health needs, including those vulnerable to self-harming behaviour or suicide, to encourage and build relationships/connections with their family/whānau and their communities
- initiate, organise and collaborate with staff involved in the care of people with mental health needs to increase awareness of staff knowledge of Māori culture to better monitor progress and provide additional support where required

- provide cultural assessment and treatment reports for those under the care of the ISPT
- advise and assist the ISPT multi-disciplinary team to ensure treatment, activities and programmes are appropriate to the cultural and mental health needs of individuals.

Post Screening Triage

A post screening triage tool called the “Care Continuum” is applied to all those assessed as vulnerable to suicide or self-harm following the clinical assessment. The Care Continuum matrix is shown in Table 1.

The Care Continuum tool combines the risk of self-harm and suicidality with the level of mental health acuity to indicate the best placement and support decisions for the person, including:

- the prison unit most suitable for placement
- the level of mental health support required
- identification of the lead clinician for provision of support, and
- initial care actions.

Table 1: Care Continuum Matrix

Self harm and suicidality (S)					
5 Active harm to self	ISU ISPT C1 S5	ISU ISPT C2 S5	ISU ISPT C3 S5	ISU ISPT C4 S5	ISU Forensics ISPT C5 S5'
4 Significant risk to self	ISU ISPT MHC C1 S4	ISU ISPT MHC C2 S4	ISU ISPT MHC C3 S4	ISU ISPT MHC C4 S4	ISU Forensics ISPT C5 S4
3 Current potential risk to self	Mainstream/ISU ISPT MHC C1 S3	Mainstream/ISU ISPT MHC C2 S3	Mainstream/ISU ISPT MHC C3 S3	Mainstream/ISU ISPT (liaise with Forensic Team) C4 S3	ISU Forensics ISPT C5 S3
2 Previous risk to self	Mainstream Health Centre Staff C1 S2	Mainstream Health Centre Staff C2 S2	Mainstream MHC Health Centre Staff C3 S2	Mainstream/ISU ISPT MHC (liaise with Forensic Team) C4 S2	ISU Forensics ISPT C5 S2
1 No known previous risk to self	Mainstream Health Centre Staff C1 S1	Mainstream Health Centre Staff C2 S1	Mainstream MHC Health Centre Staff C3 S1	Mainstream ISPT MHC (liaise with Forensic Team) C4 S1	ISU Forensics ISPT C5 S1
Mental Health Acuity (C)	No previous history of mental health issues 1	Previous history of mental health issues 2	Mild to moderate, mental health conditions 3	Enduring mental health condition 4	Acute mental health presentation 5

(S) – Suicidality and Self Harm
(C) – Care Requirement

ISPT – Intervention and Support Practice Team

ISU – Intervention and Support Unit
MHC – Mental Health Clinicians

The placement decision may result in transfer to the ISU, to hospital, or to a residential unit (with or without specific recommendations for support) or to a first night or transition unit (where available).

Guidelines on the use of the Care Continuum have been developed (Department of Corrections, (2019b). Based on best practice, the Care Continuum offers staff a common “language” that does not disclose sensitive health information, thereby addressing some concerns around privacy. This was successfully trialled in Christchurch Men’s Prison.

Intervention and Support Unit

Those individuals at immediate risk of self-harm or suicidal behaviour (“active harm” or “significant risk”), or those with acute mental health needs, and thus awaiting transfer to hospital or forensic in-patient mental health care, are placed in the ISU.

People transferred to the ISU outside of ISPT working hours have an initial care plan developed and maintained by custodial staff, until such time as the ISPT can assess them and the multi-disciplinary team can identify a key clinician.

Transition Unit

Once assessed, those new to prison are placed in a “first night” or reception/transition unit where close monitoring and support are available.

Unless there is concern about the individual’s vulnerability, or risks of victimisation, self-harm, or suicide, a first night unit is the preferred option and has the additional benefit of stigma reduction.

Intervention and Support Care Plan

A needs-based individualised care plan is completed for each person under the care of the ISPT, whether they are housed in the ISU or not. It is completed after the clinical and cultural assessment. The risk formulation developed through the clinical assessment informs the focus of the care plan.

The care plan specifies the practical support strategies that custodial staff, mental health clinicians and health staff can all use. Care plans are developed in consultation with appropriate support personnel, with input from health services medical staff, specialist ISPT cultural advisers and whānau.

Whenever possible, the person under the care of the ISPT contributes to the development of their own plan. While some people accommodated in an ISU may initially need staff to determine what is best for them, others are quite capable of contributing.

A multi-disciplinary team meeting is convened to ensure the plan is tailored to individual needs. For each person in our care there is a custodial lead, as well as a key clinician. The key clinician is identified at the multi-disciplinary team meeting and is responsible for ensuring the care plan is implemented and updated as needed.

The key sections of the care plan are:

1. a wellness plan which is completed by the person in care to provide information on “what distress looks like” for them, their triggers, and what others ought to do in response
2. the clinical aspects of assessment and treatment (including cultural, health and other services)
3. a custodial management strategy, including decisions around locking and unlocking, association, and meals.

Review processes

An individual’s vulnerability to suicide or self-harm must be reviewed when there are any significant changes, including changes in their custodial status, whānau circumstances, health status, a transfer, or if an individual begins to display changes, either positive or negative, in mood or behaviour.

The Review Risk Assessment must be completed within four hours of staff being advised of any of the above events and be conducted by trained custodial staff in a private location. If there are any concerns about a person’s vulnerability to suicide or self-harm, custody staff must notify the ISPT.

If there is a delay between the event that warrants a Review Risk Assessment and the assessment taking place, the individual will be treated as vulnerable and placed under observation not exceeding 15 minutes intervals, until the Review Risk Assessment can begin.

The review of circumstances for individuals already under the care of the ISPT is managed as per their care plan.

Service Exit Criteria

The services for an individual under the care of the ISPT come to an end when one or more of the following criteria have been achieved:

The individual:

- is successfully self-managing their mental health needs
- has accomplished the ISPT-related goals set out in the care plan

- has been referred to other mental health services and no longer requires ongoing support from the ISPT
- has left prison and been referred to a community provider.

No individual under the care of the ISPT is transferred between prisons without consultation and approval from the ISPT clinical manager mental health.

The ISPT clinician completes formal discharge/ handover advice to the receiving agency and makes any follow-up recommendations if appropriate.

Implementation Approach

The model is a transformational change in practice for Ara Poutama Aotearoa. In recognition of the size and scale of the change, support was provided to pilot sites through change management activities. This included targeted communications and training to prepare staff for the implementation of the new model, and support to successfully embed it into “business as usual” practice.

A staged implementation of the model was planned on a site-by-site basis; reflecting the recruitment build up and specific requirements for that site.

Implementation at Christchurch Men’s Prison began in August 2019 with practice focused on delivering services in the ISU. As additional members of the team were appointed, the implementation approach assumed that the service would expand to deliver across the prison, beginning with mainstream units, then into the Receiving Office. However, a review was undertaken after three months to assess the site’s readiness to move to the next stage of implementation.

Outcomes of Christchurch Review

The review highlighted a number of issues that impaired the team’s ability to deliver the treatment and care as was envisaged. A number of key recommendations were made as a result, including:

- the need to acquire additional space within the site for meetings and consultations
- an increase in the number of ISPT team members to meet the level of demand
- the need to adopt a wider range of assessment tools
- increased levels of cultural support needed to support the wider site
- generally broadening the scope of the model of care to encompass mental health needs beyond suicide and self-harm.

The “go live” date for the implementation at the two Auckland sites was delayed to accommodate the learnings from the Christchurch Review. Unfortunately, this new date was further delayed due to the emergence of COVID-19 in early 2020.

However, by April 2020, the two teams were operating at the Auckland sites with the recommendations from the Christchurch Review incorporated into practice. An operational guideline was then co-produced to ensure that cultural and clinical practice aligned at all three sites.

Between July 2020 and February 2021, the three teams have worked with over 500 individuals. At the time of writing (March 2021), there are 185 active cases, with each clinician managing between five and fourteen cases at any one time. The reasons for referral vary between the sites but include suicidal and/or self-harming behaviour, trauma, personality disorders and psychotic disorders.

Changes in ISUs in Non-Pilot Sites

As well as the introduction of the clinical teams at the three pilot sites, in June 2018, the project's scope was extended to include some activities being rolled out to non-pilot sites. This followed a national Intervention and Support Learning Event held in April 2018 that introduced new tools and techniques to improve management of those vulnerable to self-harm or suicide. The enhancements included renovations to the therapeutic environments of ISUs such as painting, furniture and equipment, as well as:

- a supported decision-making framework (SDF) for staff in ISUs
- guidelines for working in a multi-disciplinary teams
- renaming of At-Risk Units to Intervention and Support Units
- sensory modulation training and resources.

Next steps

Ara Poutama Aotearoa is currently (2021) developing a mental health and addiction service at three prison sites (Rimutaka, Waikeria, and Mount Eden). An additional eight prison sites will be provided with a clinical nurse specialist (mental health) role reporting to the health centre manager, further supporting the specialist mental health response on each site.

Suicide prevention training for staff is being delivered at four sites initially, and a training package is being developed to roll out to other sites. This training is for frontline prison staff including custodial staff, case managers, and health staff, with the initial focus on custodial staff in the ISUs.

Clinical supervision is currently being rolled out for custodial staff in ISUs. Clinical supervision and support for these staff is vital because they are at the "sharp end" of managing some of the most vulnerable people in our care.

A Suicide Prevention and Postvention Group has been established to oversee research, analyse relevant data, and provide advice on prevention and management of suicide and self-harm. Ara Poutama Aotearoa is developing a Suicide Action Plan aligned to *Every Life Matters – He Tapu te Oranga o ia Tangata*³.

Ongoing support for the Intervention and Support Project has been integrated into business as usual for the Mental Health Quality and Practice Team at Corrections National Office. Part of this support will include the development of a peer support programme for those in our care, and a move towards a single point of entry for all mental health needs.

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“It made me realise it was time to wake up”: Evaluation of Tāmaua Te Koronga – a prison-based alcohol and other drug programme for young men

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Jill joined the Ara Poutama Aotearoa (Department of Corrections) Research and Analysis Team in 2010, and retired in early 2021. She conducted extensive research on prisoners’ post-release experiences, drug and alcohol use (especially methamphetamine), and the work of probation officers. She has managed a wide range of other projects, including a large-scale study of substance abuse disorders and mental disorders amongst prisoners, literacy and numeracy amongst offenders, and youth desistance.

Background

Recognising a gap in its suite of interventions, the Department of Corrections partnered with local iwi provider Te Taiwhenua O Heretaunga to design and pilot a culturally responsive alcohol and other drug (AOD) programme for young men at Hawke’s Bay Regional Prison (HBRP). Corrections’ desired outcomes for programme participants were to improve their health, increase their participation in other rehabilitation programmes, enable them to function better in society, and reduce their re-offending.

Tāmaua Te Koronga adopts a cultural framework and incorporates Māori health models to address participants’ alcohol and drug issues as well as improving their overall health and wellbeing. It runs as an eight-week group session for men under the age of 25, followed by an after-care phase. Up to 12 people can take part in each group session.

The evaluation of the programme discussed here took place during 2019. The purpose of the evaluation was to understand the impacts the programme was having on participants, and to determine if and how the design and operation of the programme could be further strengthened. Lessons from the evaluation had the potential to inform the development of programmes and interventions envisaged under *Hōkai Rangi: Ara Poutama Aotearoa Strategy 2019-2024* (Department of Corrections, 2019) as well as providing a valuable contribution to the Māori pathway at HBRP¹.

A kaupapa Māori evaluator provided advice on the evaluation approach, including holding preparatory meetings with stakeholders, topics to be covered in interviews, and the way interviews should be

conducted. She also led many of the interviews. The evaluation commenced with a kōrero with current programme participants and providers in July 2019, covered interviews with programme graduates as well as those delivering the programme, and concluded with a feedback session on findings.

Method

Tāmaua Te Koronga is run alternately in the youth unit and high security in the main prison. In the 15-month period between its commencement in May 2018 and August 2019, when the interviews were undertaken, 61 people across the two units had started the programme. Forty-two participants had graduated. Transfers, releases and exits accounted for the non-completions. Fourteen of the programme graduates, four of whom were in the community, as well as eight Taiwhenua staff and 10 Department of Corrections staff were interviewed for the evaluation.

For the evaluation, programme participants were asked about:

- their backgrounds
- their AOD use prior to prison
- their motivation for doing the programme
- what they found most useful
- what could be improved
- the involvement of their whānau
- their engagement with aftercare
- the programme impacts on their wellbeing, motivation to do other programmes, and likelihood of re-offending.

Staff who deliver the programme were asked about:

- its development and its cultural underpinning
- its operation, its strengths
- areas that could be improved.

The Māori Pathways programme supports the corrections system to be more effective by using kaupapa Māori and whānau-centred approaches.

Corrections staff were asked about:

- the challenges in running the programme
- observed impacts on participants
- programme strength
- areas that could be further improved.

Two evaluators visited the prison to carry out the interviews, many of which were conducted with both interviewers present.

Findings

Most of the graduates who were interviewed attributed their offending to abuse of drugs and/or alcohol, with methamphetamine being a problem for the majority. None had done a prison AOD programme previously. While many acknowledged their initial motivation for taking the programme was to “get a tick” to help with their parole application, they typically became more invested in the programme once underway, with many expressing in interview their newfound desire to give up or reduce their use of drugs or alcohol. Other motivators for completing the programme came from a desire to improve family relationships, become a better father, find employment, stay out of prison, and learn waiata, haka, karakia and mihi.

Participants generally found the programme useful. In respect of alcohol and drugs, they described learning:

- why they used them, including boredom and thrill-seeking
- the impact of alcohol and drug use on themselves as well as others
- that the daily and heavy use some of them saw in their families was not typical
- tools and strategies for cutting down, or avoiding use, once they were released
- the link between their problematic use and their offending.

People who were interviewed in the community explained how they were practising the tools they had learnt on the programme to remain alcohol and drug-free.

Participants had varied levels of knowledge of tikanga before they started Tāmaua Te Koronga, and some were hesitant initially about enrolling in a kaupapa Māori programme. Whānaungatanga by the facilitators ensured that participants felt comfortable with the reo and tikanga of the programme. The facilitators noted kaupapa Māori was the context and informed the tikanga and approach to delivery, rather than being a specifically taught cultural component of the programme, so was relevant for everyone.

Most participants were enthusiastic about learning tikanga skills and knowledge – haka, karakia, waiata, pepehā and mihi. They were looking forward to sharing their new skills with whānau, and they were generally

able to cope with the level of te reo on the course.

Most said they had learnt useful ways of improving their health, and some had been motivated at the conclusion of Tāmaua Te Koronga to do a more intensive drug treatment programme.

Many of the interviewees said that the programme had encouraged them to think about ways to avoid re-offending once they were released; they could identify their likely risks (returning to alcohol or drug use, anti-social associates, and unemployment) as well as mitigation strategies to minimise these.

Facilitation was identified as a particular strength of the programme, with the facilitators described as caring, encouraging and non-judgemental.

While most of the interviewees found the programme useful, a small number had clearly struggled with the experience: some were vague about the things that they had been taught, or were unable to articulate how the things they had learned might help them. Others expressed the view that the things taught were already familiar concepts from other prison tikanga programmes they had experienced.

Overall, the evaluation indicated that the programme format demonstrated a range of positive attributes. Some key lessons were identified also in terms of ways in which the programme could be further enhanced. One of the main issues was the need for a programme manual to be developed: the absence of this at the time of the evaluation meant that the evaluators were unable to understand how kaupapa Māori supports the programme to achieve AOD outcomes. It also creates a risk of facilitators deviating from core programme principles. Further work seemed advisable also to further develop clear understanding of the clinical basis of the programme.

Although it was intended that the programme should have a strong level of engagement by whānau members, in reality this had proven difficult to achieve, with any involvement largely being restricted to whānau members attending programme graduations. The original conception was that whānau could help encourage rangatahi while they were undertaking the programme, as well as assist in planning for release. These remain important objectives for the programme.

Another issue that will require further attention is follow-up support. Programme staff maintained contact with graduates while they were still in prison, meeting with them to offer “maintenance” type support, but follow-up in the community was restricted to the probation officer’s input. Enhancing aftercare with more structure, including support for people released to other regions, was indicated as necessary.

Although it was too early to assess offending outcomes from the programme, probation officer case notes indicated some notable successes amongst those who

had been released. Recorded in these notes were references to young men who had remained abstinent from drugs and alcohol, were working fulltime, had gained a driver's licence, had handed back gang patches, had reconnected with whānau, and were re-engaged in parenting their children.

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“It’s the right path for me”: Findings from an aromatawai of Te Ira Wahine

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Bronwyn Morrison has a PhD in Criminology from Keele University, UK. She has worked in government research and evaluation roles for the last 15 years. She joined Ara Poutama Aotearoa (Department of Corrections) in 2015 as a Principal Research Adviser. She has previously conducted research on women and drinking, post release experiences of people leaving prison, the needs of people on custodial remand, women and imprisonment, family violence, public perceptions of crime and safety, and victimisation. She is also a proud member of the Arohata Book Club.

Kym Hamilton (Ngāti Kahungunu, Ngā Rauru, Ngāti Raukawa) is a kaupapa Māori researcher, evaluator, strategist and facilitator. She has worked with and for iwi organisations, government and the not for profit sector for 17 years. She is the managing director of Karearea: Institute for Change, a partnership company with the mission to create social and organisational change, through evaluation, research, facilitation and innovation. She has conducted research and evaluation across a range of justice programmes and strategies, te reo revitalisation, Māori education, family violence, health innovation, rangatahi and mental health, whānau ora, equity, housing, employment and training, Te Tiriti o Waitangi and regional regeneration. Kym is also a technical advisor to the National Iwi Chairs Forum: Pou Tikanga and Iwi Monitoring Mechanism for the United National Declaration on the Rights of Indigenous Peoples and has assisted with projects for Pou Tikanga including the pandemic response, Aotearoa 2020 Vision and Constitutional Transformation.

Layla Lyndon-Tonga (Ngāti Porou, Ngā Puhī) holds the role of Service Manager Auckland at Te Hā Oranga, Te Runanga o Ngāti Whātua and brings with her more than 10 years of Māori health leadership in the Māori non-government sector. An array of expertise and skills are at the helm with Layla’s continued support for Māori development now integrated through the services being delivered at Auckland Women’s Corrections Facility. The team consists of peer support, clinical, cultural and social work expertise and with an enormous amount of groundwork undertaken by Consumers, Whānau and Wāhine of Te Hā Oranga, support for integrating the Hōkai Rangī Strategy across all work streams has been a seamless process.

Kupa Arataki: Introduction

“I knew by doing it, it’s the right path for me. With Te Ira Wahine, because it’s a Māori programme, it gives you a sense of belonging ... it just makes you feel at peace within yourself and spiritually connected. It just made me feel like I belong somewhere.”

“I’ve done many courses ... but this is the only course I’ve done where they’ve actually made me feel good, not just in my mind, but in my mind, body and soul.”

“It actually showed me that there are people willing to help you ... it felt like I mattered. They made me feel like I mattered.”

“If there is going to be anything that snaps us out of our way of thinking, our constant chain of coming back to

jail, this is the closest thing ... because this is what will stop a lot of behaviours, a lot of us re-offending, all this support. These people love us.”

“This course has brought some sort of light that there is a way out of this world.”

(Programme participants)

Te Ira Wahine (refers to “the divine spark of woman”) is an eight-week kaupapa Māori alcohol and other drug (AOD) programme delivered to remand-convicted and sentenced wāhine in high security at Auckland Region Women’s Corrections Facility (ARWCF). It is delivered by Te Hā Oranga of Ngāti Whātua rūnanga.

Te Ira Wahine was designed by Māori, for Māori. Those with experience of addiction and imprisonment helped inform the programme’s design.

The programme includes group-based sessions, which focus on tikanga, whakapapa, Tiriti o Waitangi, and exploring the impact of colonisation on wāhine Māori. It incorporates Māori treatment models, such as Te Whare Tapa Whā, and re-envisioning Western clinical approaches to AOD treatment (including cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT) and the Alcoholics Anonymous 12 Step Programme) through Māori epistemology. Kapa haka, matāuranga Māori, Māori cosmology, the Māori calendar and pūrākau (Māori narratives) are utilised in the programme delivery. Te Ira Wahine addresses links between AOD use and offending.

Alongside group sessions, Te Ira Wahine includes individual sessions delivered by clinical staff, and an aftercare service. The aftercare service involves group-based sessions delivered by clinicians to wāhine who have transitioned to low security. The programme has a dedicated reintegration kaimahi (staff member) who helps to prepare wāhine for release and provides post-release support to wāhine in the community. In addition to their contract with Ara Poutama Aotearoa, Ngāti Whātua operate a community-based kapa haka recovery group, He Waka Eke Noa. Several Te Ira Wahine graduates were attending this group following their return to the community.

Te Ira Wahine began as a pilot in May 2018. Since this time, 65 wāhine have started the programme and 44 wāhine have completed it¹. In June 2019, the programme was reviewed by an evaluator from Ara Poutama Aotearoa working in partnership with an independent kaupapa Māori evaluator from Karearea Institute for Change. The aromatawai (review) design incorporated many kaupapa Māori principles², including:

- examining the broader custodial operating environment of the programme
- focusing on how the programme worked for wāhine rather than solely on what content was taught
- adopting a strengths-based approach by understanding what works and why, as well as identifying opportunities for further strengthening the programme
- reducing power imbalances between the researcher and the researched throughout all phases of the research (kau e takahia te mana o te tangata – do not trample on the mana of people)
- maximising aroha, manaaki, whanaungatanga and respect during the research process (aroha ki te tangata – a respect for the people)

1. Delivery was affected by Covid-19 pandemic in 2020.

2. These principles are derived from the work of Māori kairangahau (researchers), Linda Tuwhai Smith (2001) and Cram (2001).

- privileging the views of Māori wāhine, providers, and other stakeholders (titiro, whakarongo, kōrero – look, listen, then speak)
- privileging face-to-face interactions (kanohi kitea – present yourself to the people face to face)
- practicing reciprocity through provision of kōha and sharing knowledge (manaaki ki te tangata – share and host people, be generous)
- increasing participation of programme stakeholders in the review (kau e māhaki – don't flaunt your knowledge).

The aromatawai explored the following questions:

- What happened during the initial design and implementation of Te Ira Wahine? What worked well and why?
- How is Te Ira Wāhine operating in practice? What works well and why? What aspects of the programme could be improved?
- How are whānau involved in the programme and with what effects?
- How does the context in which Te Ira Wahine operates affect delivery? How can the operating context best support programme outcomes?
- What impact is the programme having on wāhine and what could be done to enhance and sustain positive impacts?

The aromatawai was based on in-depth semi-structured interviews with Te Ira Wahine stakeholders, including: programme participants (tauirā), Te Hā Oranga kaimahi and management, ARWCF kaimahi, including prison management, the site kaitiaki (guardian), pōu tūhono (Māori reintegration officer based in low security), a prison scheduler, case management staff, the principal advisor for rehabilitation and learning (PARL), as well as Corrections officers working in high and low security environments. In total, 36 interviews were completed, with each lasting between one and two hours. While most interviews took place in prison, four wāhine were interviewed in the community. Nine of the 16 wāhine interviewed had completed the programme. Four were currently on the programme at the time of the aromatawai, two had been exited from the programme, and one had been released prior to completing the programme. All interviews were recorded with participants' permission, transcribed and analysed alongside administrative data using NVivo (a qualitative data analysis software package). The evaluation utilised the Ara Poutama Aotearoa values (ūara): Manaakitanga, Whanaungatanga, Wairuatanga, Kaitaikitanga, Rangatiratanga, as well as the additional ARWCF values of Oritetanga (balance) and Whare Tangata (the womb/house of humanity) to guide the analysis.

A meaningful values and tikanga-based evaluation partnership between the two evaluators of Te Ira Wahine enabled the voices and determinations of wāhine participants to be central to the aromatawai. The aromatawai required trust between those participating and those conducting the evaluation, the challenging of bias and the “taken for granted”, the sharing of power and whakapapa (genealogy). One of the most powerful wananga during the aromatawai was the reading aloud of wāhine kōrero (participant feedback) by participants and staff to share findings and insights. This wananga allowed for the aromatawai to be acknowledged and heard explicitly through wāhine kōrero and was an emotional experience that connected the information back to the purpose of the aromatawai and the programme.

Ngā hua: Findings

Ngā taurira: Who participated?

Analysis of the first six cohorts of Te Ira Wahine revealed that most taurira identified as Māori (93%) and had a younger age profile than the general women’s prison population, with two-thirds under the age of 25 at the start of the programme. Taurira most commonly identified as Ngā Puhī, followed by Tainui and Tuhoe. They typically began Te Ira Wahine with strong backgrounds in tikanga, with most having attended kōhanga reo, kura kaupapa, and kapa haka groups as children and young people. Most also grew up alongside whānau active on their marae. Overall, Te Ira Wahine worked best for wāhine with at least some background in tikanga and te reo and/or a desire to learn more.

Wāhine often arrived at Te Ira Wahine with high and complex needs. These needs included high levels of recent AOD use (particularly methamphetamine) and histories of prolonged AOD use, with many wāhine having used alcohol and other drugs at harmful levels for a decade or more. Many had histories of trauma, including experiences of childhood neglect, violence and/or sexual abuse. Around a third presented with mental health issues, including post traumatic stress disorder, post-natal depression, general anxiety disorder (GAD), and depression. Many of the wāhine interviewed reported whānau histories of intergenerational AOD abuse. Most were gang affiliated and over half had recent convictions for violent offending. While many had histories of previous imprisonment, most had little or no experience of prison-based rehabilitation programmes, having previously served short sentences or only spent time in prison as remand prisoners. Te Hā Oranga was working with wāhine with significant needs and little prior experience of group therapy.

Of the 42 wāhine who started Te Ira Wahine at the time of the aromatawai (August 2019) 28 had completed it.

Excluding those women on remand who were released prior to completing the programme, the completion rate for the programme was 80%. This exceeded the expectations of the service outcome agreement and is equivalent to other programmes offered in women’s prisons.

Ngā Whakaaweawe: What impact did the programme have?

Wāhine identified more than 40 positive impacts associated with the programme. The most frequently mentioned impacts were:

- increased motivation, pro-social goal setting (including aspirations for desistance and sobriety)
- increased whanaungatanga (connection)
- an enduring sense of tautoko (support)
- uplifted wairua and a new feeling of tūmanako (hope/optimism)
- increased rangatiratanga: self-determination, increased personal agency
- mana Māori: a sense of pride in being Māori
- turangawaewae: a feeling of belonging and finding one’s place (often facilitated through identifying whakapapa/genealogy and whakapapa connections)
- improved emotional management
- whānau (re)connection.

Wāhine summed up the impact of the programme in the following ways:

“What I got out of it was that it brought me back to my roots ... where I’m from, you know, my people. I identified that I’m a Māori, and I lost that.”

“It was mending my wairua, because my wairua was broken. Everything in my Te Whare Tapa Whā was broken.”

“When I did that course, it gave me hope ... that’s the biggest thing I took from it.”

“They’re teaching me to just feel belonging again and just to feel like someone does care.”

“Now I am stepping in the right direction for me, and they are not telling me which direction to go in, they’ve just guided me and I am choosing the direction or path I want to take.”

“I believe it will help me to achieve the goals I’ve set: a crime free lifestyle and other core things ... I believe it has opened up a big pathway for me to be able to get those sorted.”

Staff and wāhine reported better emotional management amongst Te Ira Wahine taurira, with the number of misconducts declining during and post programme. Three quarters of wāhine who undertook the programme as sentenced prisoners (as opposed

to remand prisoners) had transitioned to low security following the programme suggesting an improvement in, or continuation of, “good behaviour”.

In terms of re-offending, just over half of the wāhine who had completed the programme at the time of the aromatawai had been released (n=23), and few had been released for more than 12 months. This prevents the completion of standard Departmental re-offending calculations. Despite this, initial re-offending results appear promising. Keeping in mind the seriousness of participants’ previous offending and addiction issues, just five had been reconvicted of new offences since release, and none at a greater level of seriousness³.

Ngā Otinga: What worked?

The aromatawai focused on understanding how Te Ira Wahine “worked” from the perspective of wāhine. Wāhine identified a number of factors which they felt were critical to the programme’s success. These are discussed briefly below.

Highly skilled and authentic facilitators

The most important success factor was a strong facilitation team, reflecting the values of whanaungatanga and manaakitanga. Wāhine said they found Te Ira Wahine facilitators to be genuine and authentic, caring and compassionate, trustworthy and non-judgmental. Wāhine spoke of the importance of facilitators speaking to them “at the same level” and being honest and direct. Wāhine particularly valued the presence of peer support workers within the facilitation team, who openly shared learnings from their own recovery journeys. As one wāhine noted:

“It’s inspiring hearing their stories, you know, how they’ve gone from being that person to just changing their ways and how they’ve gone through recovery. Just hearing it, I think, I can do that too, now I want to do that, I want to be that person. The similarities, I can really relate to a lot of their stories so it gives me hope that I can change too.”

Wāhine also commented favourably on the involvement of male facilitators in the programme. They explained that male staff brought important balance (ōritetanga) to the programme and made the programme feel more “normal” (noa). Wāhine appreciated that male kaimahi offered different perspectives on healthy relationship dynamics, which, in turn, helped some women critically re-evaluate their intimate relationships and understand the contributory role these played in their AOD use. Several wāhine commented on the importance of having Māori staff delivering the programme, which they felt increased their engagement. Many also commented favourably about the Pākehā facilitator. As one Māori facilitator put it,

“There is so much skill and expertise that whether you’re Māori or not has nothing to do with it. In that therapeutic space there’s no race, there’s no ethnicity: there’s just hope.”

Building a recovery whānau

The whanaungatanga developed between wāhine on the programme was also identified as a strength by participants. This was developed through whakapapa connections discovered by wāhine as they learned and shared their pepeha. Whakapapa helped wāhine feel connected and obtain the support and encouragement needed to make positive changes. In this respect the programme was contributing towards the *Hōkai Rangi* whakapapa outcome: *Māori in the care and management of Ara Poutama Aotearoa are supported to have a sense of their cultural identity, connection to people and place, and a sense of belonging*. Wāhine often reported starting the programme feeling isolated and lonely but left with a wide group of friends similarly focused on making positive changes. Wāhine described feeling accountable to other wāhine on the programme and felt a sense of belonging to a recovery whānau within the prison. The tuakana/teina model employed on the programme strengthened whanaungatanga and many women reported commencing the programme due to encouragement of Te Ira Wahine graduates. Te Ira Wahine permitted graduates to intermittently attend the programme in an informal capacity, which further enhanced connections between wāhine and provided strong motivation for wāhine still in high security to progress to lower security classifications.

Kapa haka

Kapa haka was widely identified a programme strength and represented a central means through which women developed and strengthened relationships between each other and with Te Hā Oranga kaimahi. Kapa haka provided an immediate sense of belonging and connection, and encouraged a sense of pride in “being Māori”. Kapa haka required wāhine to work together as a group. Wāhine reported that once they had sung in front of other participants, sharing more personal aspects about their lives in a group setting came more easily. Wāhine also reported that kapa haka and karakia improved their focus by enabling them to let go of difficulties and dramas happening in units and focus fully on programme content. Some wāhine suggested that kapa haka provided an important sense of normalcy to what was an abnormal environment:

“With the waiata and the haka ... it takes the tapu out, it brings the norm back into the zone, meaning how we deal with heavy subjects or things within ourselves and all the things we are trying to heal ... for me all that, all that pain and that, it’s tapu and it’s something I want

3. Based on the Ministry of Justice Seriousness Scale.

to keep safe and locked ... so when we are singing we bring out the tapu. The haka and waiata, just the kapa haka in general, to me that's cleansing, it's bringing us back to the normal ... it's really uplifting."

Kapa haka was a form of trauma-informed practice. Kapa haka was also taught as an emotional management tool, with wāhine encouraged to utilise haka (particularly, the recovery haka, E Tu Ha!) to manage their anger and pain inside prison and beyond. Kapa haka provided a strong motivation for women to enrol in the programme. Many wāhine reported that hearing others return from the programme, upbeat and singing waiata, encouraged them to do Te Ira Wahine.

Post release, several women attended He Waka Eke Noa (a community-based kapa haka recovery group operating in central Auckland with Te Hā Oranga o Ngāti Whātua). Like Te Ira Wahine, He Waka Eke Noa was viewed as a positive and supportive experience. He Waka Eke Noa is open to both men and women in recovery and their whānau. Attendance is voluntary. Participants sing waiata and haka, share celebrations, challenges, and kai. Individual clinical support is available in the sessions to participants as required. The group also travels throughout the region to tangi and other functions to tautoko (support) members of the recovery community and their whānau. Those interviewed in the community who attended, credited He Waka Eke Noa as being a key reason for their ongoing sobriety and desistance from offending.

Enduring tautoko

The ongoing support offered by Te Ira Wahine was identified by wāhine as a key point of difference, which set Te Ira Wahine apart from other programmes. Wāhine understood that they would be supported for as long as they needed post programme, and that this support extended beyond prison and into the community. This support took many forms, including prison-based clinical and peer support, and reintegration support. A number of women had transitioned from the programme into residential community-based AOD programmes, where they continued to receive regular support from Te Ira Wahine facilitators and the reintegration kaimahi. As one wāhine noted,

"having that guidance in there to full on have that tautoko when you get out, it was just awesome ... if it wasn't for [Te Hā Oranga] I wouldn't be sitting here right now."

Te Whare Tapa Whā model

From the perspectives of wāhine, the precise content of the programme was less important than other aspects of the programme delivery; however, wāhine enjoyed the holistic focus of the programme rather than focusing narrowly on drug and alcohol addiction.

Many wāhine noted that Te Ira Wahine had helped them to understand why they used drugs and alcohol, providing a necessary foundation on which to make positive changes. Mason Durie's Te Whare Tapa Whā resonated strongly with wāhine, who said that thinking about different dimensions of wellbeing was a useful way to identify where changes were needed in their lives (Durie, 1994). As one wāhine observed,

"So, you look at a house, and in that house, the four walls, and if any of those walls fall down, the house falls with it ... it all made sense when you look at it being a Māori."

Wāhine valued the one-to-one counselling sessions provided by clinical staff, which enabled sensitive issues and historical trauma to be more fully disclosed and appropriately supported.

Whakawhanake: Opportunities for improvement

The aromatawai identified several opportunities for improvement. Key recommendations included:

Strengthening programme design and implementation

It was agreed by stakeholders that it would be useful to have an established framework in place to guide co-design practice, to ensure Māori, including mana whenua, can be meaningfully involved in the design and implementation of new programmes and services. The aromatawai found that more could be done to leverage existing matāuranga Māori and Māori clinical expertise within Ara Poutama Aotearoa when designing new programmes. Site-based stakeholders should be included in the design of new programmes to ensure local knowledge is incorporated. For this to occur, iwi and Department stakeholders agreed that more flexibility for pilot timeframes is needed to allow key relationships to be developed and stakeholders to be meaningfully included in the process.

Lengthening the programme duration

It was unanimously agreed by stakeholders that given the high and complex needs of wāhine in high security, more time was needed on the programme to fully address trauma and achieve enduring change. It was widely felt that extending the programme from eight to 12 weeks would be advantageous. This would also enable more time to meaningfully involve whānau in the programme.

Increasing access to tikanga

Te Hā Oranga felt that participant responsiveness would be enhanced by expanding the range of opportunities to practice or apply programme tikanga. Raranga (weaving), rongoā (Māori traditional herbal medicine), ahu whenua/mara kai (Māori horticulture) were identified as possible additions to the programme. Facilitators wanted the flexibility to deliver some programme sessions outside on an adjacent lawn to

enable wāhine to reconnect with the whenua (land) and Papatūānuku (earth mother) and reiterated the importance of having continued access to Papa Mauri, the marae at ARWCF, for celebrating programme milestones.

Additional content was needed for dealing with grief, giving up smoking and short-term goal setting

Although most wāhine were satisfied with the programme content, there were several gaps identified. Wāhine wanted more support to deal with grief, which many reported had contributed to their AOD use. Acknowledging the association between smoking and other addictions, wāhine also reported they would like more support for giving up smoking. Finally, recognising that around a third of wāhine had some time between programme completion and parole eligibility, more help was wanted to identify short-term goals and access meaningful education, training and employment opportunities within prison.

Extending and enhancing aftercare

There was widespread belief that more could be done to provide a seamless Māori pathway across these services and interventions for wāhine. All stakeholders agreed that the aftercare model associated with the programme could be improved with better links between the programme and other tikanga-based services and activities in prison. For example, Mirimiri Te Aroha (the Māori focus unit at ARWCF), the pou tūhono (Māori navigator associated with Mirimiri Te Aroha), the site kaitiaki, tikanga programmes, and the Māori women's leadership course could support ongoing programme gains. Relatedly, wāhine wanted greater cultural authenticity within mainstream rehabilitation programmes. Wāhine also wanted better connections between the programme reintegration kaimahi and education, training and employment services to ensure their short-term goals identified through the programme could be achieved. Wāhine were particularly keen to see aftercare provision extended to high security and wanted a kapa haka-based recovery community to be created within the prison. Wāhine further noted the importance of prison-based staff supporting their recovery journeys by recognising and championing kaupapa Māori interventions and tikanga practice within the prison.

One year on from the aromatawai: Reflections from Te Hā Oranga

We have observed excellent progress with the programme delivery since the aromatawai. The programme continues to be flexible and applies learnings in real-time, so the changes are meaningful. The programme has evolved from being a one-off eight week intensive treatment programme, which addresses alcohol and drug problems, to a holistic wraparound service for wāhine Māori, strengthening the Te Hā Oranga commitment as an iwi health service

in Tamaki Makaurau (Auckland), to care for and cater to the needs of whānau who reside there.

The responsibility for kaitiakitanga and manaakitanga is something Te Hā Oranga takes seriously. As such, mahi has been undertaken to strengthen the aftercare associated with the programme since the aromatawai. A Te Ira Wahine community recovery group is being developed for wāhine who have left prison and remain in the Auckland area (although the group also plans to do some travel to other regions). The recovery group will focus on progressing the growth of the programme beyond the eight-week prison-based programme into the homes and lifestyles of the wāhine we have been privileged to meet. This is not a funded kaupapa, but an important learning we have courageously adopted to meet the needs of the wāhine and whānau we serve. The group focuses on the development of life skills to ensure the cycle of recidivism is disrupted and that tamariki and whānau become the beneficiaries of these efforts.

As part of this mahi, Te Hā Oranga is supporting some wāhine to develop peer support skills and qualifications which pave the way to new employment opportunities. Te Hā Oranga has a long-term commitment to providing tautoko (support) to wāhine and facilitating employment opportunities for Te Ira Wahine graduates. We have a strong belief in the power of those with lived experience to influence change and support the development of new behaviours in a Corrections' environment. Our team remains strong and continues to flourish with the inclusion of peer support workers. The addition of kuia and kaumatua as a fixed feature of the programme is a further achievement in our opinion.

Wāhine Māori are a critical part of the future and should be at the forefront of leading our pēpi and rangatahi toward achieving their true potential. The more wāhine we can support to confidently assume their role as mothers, future change makers and heroes to many, the more we will see the landscape of our society improve. We know that the experiences of the wāhine speak to the success of Te Ira Wahine and we look forward to continuing to achieve our kaupapa.

“Kaua e mahue atu tētahi ki waho.”

“Don't leave anybody out.”

Book Review: *Gangland* by Jared Savage

Harper Collins, 2020

Reviewed by Peter Johnston

General Manager Research & Analysis, Ara Poutama Aotearoa (Department of Corrections)

Dr Peter Johnston, DipClinPsych, PhD, has been with the Department of Corrections for over 30 years. He started with the Psychological Service in Christchurch as one of three psychologists who set up the first special treatment unit, Kia Marama, at Rolleston Prison in 1989. He then moved to the (then) Prison Service, where he was involved in setting up prisoner assessment centres and designing an end-to-end case management system. As GM Research and Analysis since 2004, he led a team of nine staff who undertake research and evaluation, and in-depth analysis of criminal justice data, to measure the impacts of rehabilitation, shed light on trends and developments in the offender population, and support new policy initiatives.

The author of this book, a *New Zealand Herald* journalist, draws on his years of court reporting in Auckland to convey the history of methamphetamine importation, manufacture and distribution in New Zealand. This is an accessible rather than a scholarly treatment of the subject, and the book sticks to the public events and those facts that anyone who attended the court cases might have learned from doing so.

Through a series of chapters each focused on a specific individual, or a criminal court case, the narrative created is alarming and horrifying in equal measure. It appears that New Zealand, since the late 1990s, has become a magnet for international drug dealers, initially mostly from China, but more recently from Mexico and South America also. These organised crime groups have linked up with New Zealand gangs, and via that conduit have pushed methamphetamine into every nook and cranny of New Zealand society. The result is that, at a per capita level, New Zealand now has one of the highest rates of meth consumption in the world.

The main reason for this influx has been the unusually high price that users in this country are willing to pay. Consequently, the profits to be made through importation and supply are extremely high, leading to a “gold rush” mentality amongst those involved.

The ways in which volumes of the drug coming into the country have grown is remarkable. When meth first began to be noticed by Police, the usual “bust” involved just a few grams of the drug. Over time the size and frequency of individual busts has simply grown and grown. Jared Savage notes how a 100kg find in 2006 was seen as a shocking, record-breaking haul. Finding that amount of the drug in any given operation is now no longer unusual, with a 500kg shipment located on a Northland beach a few years back the current record.

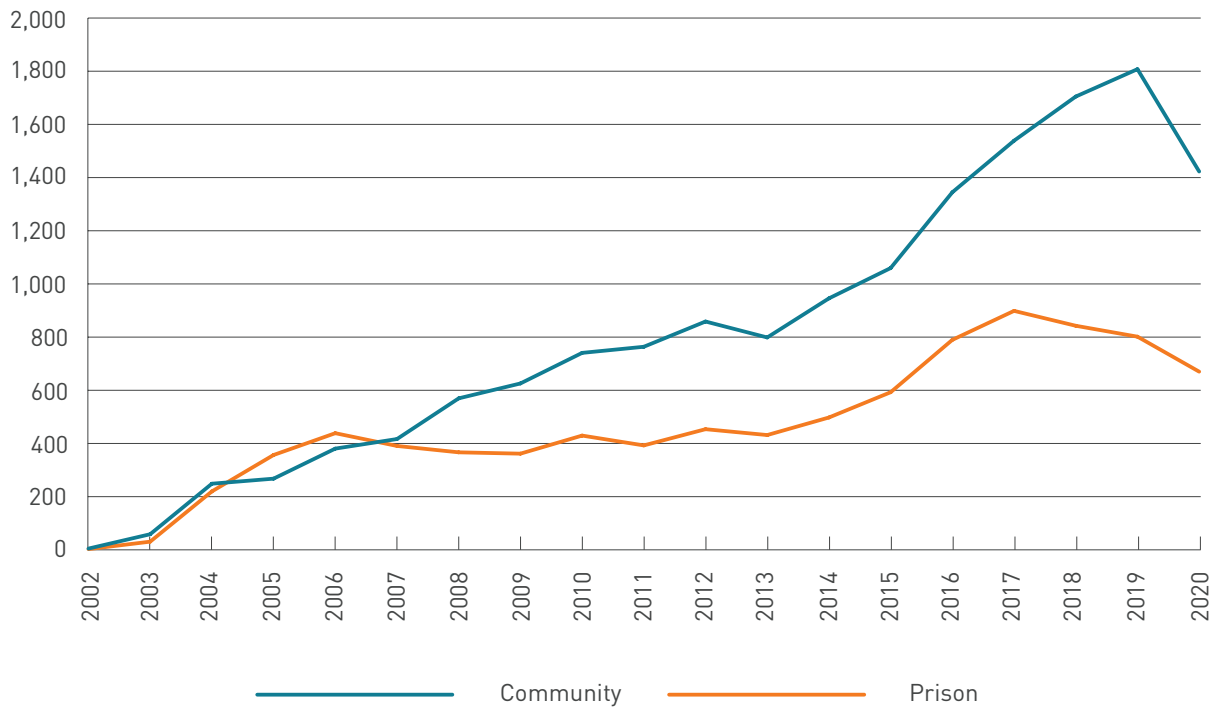
The book is strong in painting a picture of the personalities of the key players involved, especially those who ended up in court. It outlines the sophisticated methods employed to get the drug into the country. There are also interesting details on how various gangs have risen and fallen in prominence with respect to the trade, including the emerging impact of imported gangs whose membership is largely drawn from Australian criminals deported here.

The cat-and-mouse dynamic between criminals and the Police is laid out in intriguing detail. The author pays special tribute to the skills, dedication and dogged determination of the Police officers who work on these cases, commenting at one point that we as a country are very lucky to have such skilled and committed staff, who often work long hours, at times facing intimidation and threats from the criminals they are targeting. The fact that New Zealand continues to have a police service which is largely free from corruption is remarkable, given the level of sophistication that the drug dealers display, and the huge amounts of money they have at their disposal for “turning” officers.

Reading this book as a justice sector professional, I couldn't help considering the havoc wrought in our society through the rampant peddling of this drug. Methamphetamine is a uniquely criminogenic drug (Foulds et al, 2020), in particular in its propensity to motivate individuals to commit the most appalling crimes while under its influence (Yi Liu et al, 2017). The meth trade has inflated crime levels throughout the country, particularly serious crimes committed by users in pursuit of their next fix, or as a result of the near-psychotic states of mind that meth consumption can induce.

The other dimension of the meth trade that has a huge impact on us at Corrections is the significant growth

Figure 1: Annual new sentence starts for methamphetamine offences



in the prisoner population driven by the growth in numbers of people imprisoned for dealing in meth. From just a handful of individuals in the early 2000s, the number of people imprisoned peaked at just under 1000 in 2017, though it has fallen back since. Given the grievous harms caused by the drug, the sentences imposed on these individuals can often be very lengthy, including life sentences with non-parole periods in excess of 20 years. Consequently, meth dealers now constitute around 10% of the prisoner population, which is a significant reason why the overall population has swelled in the last decade.

As the graph indicates, the last year has seen an unusual and abrupt dip in numbers in new sentence starts, which is almost certainly associated with the reduced volumes of imported meth, in turn related to the more or less complete cessation of international

travel since the COVID-19 pandemic lock-down early in 2020. However, as *Gangland* clearly shows, the ruthlessly determined players in the meth scene doubtless have been busy working out new ways of getting their product to the market, so there is little basis for hoping that a corner has been turned.

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