

**THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON ASHLEY YOUTH
DETENTION CENTRE MET AT THE YOUTH JUSTICE SOUTH CENTRE,
CHRISTCHURCH, NEW ZEALAND ON THURSDAY 24 MAY 2007.**

**DISCUSSION WITH REPRESENTATIVES OF TE PUNA WAI O TUHINAPO (YOUTH
JUSTICE SOUTH) CENTRE, CHRISTCHURCH, THURSDAY 24 MAY 2007.**

(We do not know who any of the people are except Mr Docherty. He referred to people called 'Maira' and 'Trish', but we don't know their surnames and we have had to guess which is which! We may have them around the wrong way. There is also another unidentified male who answers questions - we assume he is Ken Rand)

Mr DOCHERTY - I am Archuie Docherty, the acting manager of Te Puna Wai. We recently lost our manager, who is transferring to one of our field sites, so Maira has just been appointed our practice manager and we have Trish (?) who has been our ongoing practice manager for how many years?

Mr RAND - A long time.

Mr DOCHERTY - The residence currently holds 32 young people. We have at the moment a full-time staff of 88. We have 10 vacancies at present and we have a casual pool of 44. The reason for the vacancies is that we are currently doing a building project, increasing the residence to 40 beds, that is half-way through progress. Two of the units are to be signed off tomorrow and the builders will start on the other two units this week. So once the builders complete and once we increase our numbers to 40 then our staffing ratio, which is currently 3:8 - three staff to eight young people - will increase to 4:10.

Mr WILKINSON - If I wanted to be a staff member what would I have to have behind me? Would I have to do any courses, would I have to spend three weeks intensive training, a social work course, what do I do?

Mr DOCHERTY - We have our practice managers and they have to carry at least a minimum qualification of a level B social worker. We have our residential social workers who, again, we prefer should be qualified or working towards a qualification. We grandparent about 10 per cent of the staff because they have been with the service for more than 15 to 20 years. At the time that they joined the service there was no requirement for them to get the qualification. So we still have a small percentage of those.

Mr WILKINSON - So your social work course is what - two, three years?

MOIRA - It is a three-year course now and the expectation is that people are 50 per cent through the social work course before we are able to employ them. We have been quite fortunate in that we have been able to recruit a lot of graduates. We have several social work training institutions here in Christchurch locally so we have been able to continue to recruit a high level of qualified people, which is not the experience of the other residences.

Mr WILKINSON - Is it a university course?

MOIRA - There is a university course but there is also a - what do you call it uni tech -

Mr WILKINSON - Like a TAFE course.

MOIRA - They get the equivalency to the university course.

Mr DOCHERTY - Once you are at the university, there are bachelors and masters levels.

Mr WILKINSON - You qualify and you are appointed to work here. Do you then have to go through a process as well prior to letting you loose on the unsuspecting customers?

MOIRA - Very much so.

Mr RAND - Once appointed, the initial stages of the first two weeks of the appointment are taken up with induction and mentoring. We do some desktop exercises for the new appointed staff. We orientate them to site. They have some mentoring with trained staff in the units themselves - normally up to three days - and they do NBCI training in non-violence and defensive training. No-one can go on the floor if they haven't completed that training.

CHAIR - How long a period does that go over that induction?

Mr RAND - Two weeks.

MOIRA - Then refresher courses are now available in NBCI training, which is non-violent.

Mr RAND - That is a yearly refresher. We are going through a three-year change process at the moment and what I will do I will send you our business plan, which is 2007-09. As I said before, we are not changing everything for the sake of changing it but taking the best of what we have and building on it.

In the training area, for instance, we would like to get greater input from some other parts of the department and so there will be a curriculum laid out that is quite structured. A lot of the training that goes on here we use as the model for what will be the sort of national approach.

Mr WILKINSON - So if I came from Palmerston North as a person who has worked up there for four or five years, I would still come down here and do that induction course?

Mr RAND - We would still orientate you into this site.

Mr MARTIN - You seem to be in a fairly isolated area, which is a little bit like ours at Deloraine, I am not sure how close you are to a population area -

Mr DOCHERTY - Three kilometres to Rolleston.

Mr MARTIN - How big is that?

MOIRA - It is a township of 5 000-plus.

Mr MARTIN - It is fairly similar to our situation. Does that create a problem with finding staff?

MOIRA - There is a different trend now in New Zealand and people are commuting from their built up areas to their workplaces in Christchurch.

TRISH - It has taken people a little while to get their heads around that and we have had a turnover. Some of it is related to that because staff from the old site lived very close to that site and instead of jumping in the car and driving six minutes to work they now have to travel probably close to 40 minutes if they live on that side of the town so that has had an impact. But I think for the newer staff and people who are coming in now it is not an issue; it is a given that they will be travelling and they accept that.

Mr MARTIN - That is to commute to Christchurch?

TRISH - Yes.

CHAIR - Would you say about 40 minutes of thereabouts, depending on which side of the town they live?

TRISH - Yes, that would be an average travelling time.

Mrs JAMIESON - But your staff turnover is not that high here?

Mr RAND - It has been recently for a number of factors. For the first 12 months, because we were over the other side of the city, all staff who had been appointed prior to 30 June 2005 when we first transferred were given a travel equalisation allowance of about \$5 000 net and that was basically held and pro-rataed back over a 12-month period. So it was quite stable for that first 12 months, then we started having people trickling away and that was for a variety of reasons. Some of it was because of the travel because the majority of staff still lived over at Brighton, which was a good 40 minutes, depending on traffic. We have had a number of people who basically have become tired of the shift work and some of those people whom we lost moved into our field work so they still stayed with the 'family' but they just moved to another part.

CHAIR - What sort of selection process do you go through given that they have some qualifications and you have say, five or six vacancies here? You go through an interview process and psych test and all that sort of thing?

Mr RAND - Yes.

MOIRA - We don't have a psych test but we do have a robust process where the short list is based on professional qualifications and also competency. Similar to Australia, we have our social work association and registration is taken into account. We select from there who will be on the short list and they will go through two role plays, a panel interview and written exercise. We then evaluate them using a measurement tool that we have to get a consistent outcome.

Mr DOCHERTY - Moira's point is important. New Zealand two years ago introduced legislation to professionalise the social workers in the country and so now there is an expectation and certainly for Child, Youth and Family we have an expectation of all of our staff.

Mrs JAMIESON - That is all staff?

Mr DOCHERTY - All social work staff.

Mr MARTIN - That was legislated?

Mr DOCHERTY - That was legislated, yes. So there is a social work registration board that has been established. It has its act.

Mr WILKINSON - Did you have problems that caused that to come about, Ken?

MOIRA - I think it was matter of accountability. People have assumed a title of social worker claiming they are good with people, but now there is a professional benchmark - you must have professional tertiary qualification and with that is obviously competency. You are accountable for how you practise. So it has really professionalised social work, but it needed to happen.

Mr RAND - The census before the last one had something like 20 000 social workers in the country. We employ 2 000 and we have difficulty finding them, but we had 20 000 people called 'social worker'! I think there were two drivers. One was, 'Hey, what are these people?' and how do they call themselves social workers? They are intervening in individuals' and families' lives.

The second one was an accountability factor. If in fact you are going to do that then there needs to be a body of knowledge that you are part of. There needs to be some competencies that you are demonstrating and you need to be accountable professionally to some structure that can hold you to other than just the employment structure. I think it has been a good thing.

Mrs JAMIESON - So you have a level of worker who is - I won't say below but it is a different -

Mr RAND - Yes. We use to take a diploma of social work as being the entry level qualification. But when the registration board came in they immediately raised that to bachelor level. So it is degree level now rather than diploma.

CHAIR - On the other hand you probably still have some older-style employees -

MOIRA - We do.

CHAIR - who have life skills and commonsense - all that sort of stuff - but no professional qualifications.

Mr RAND - Yes.

CHAIR - What you are saying now is any new entrants to the system would not get a job under that criterion - they must have that professional -

MOIRA - That is the benchmark.

Mr WILKINSON - When you say they are recognised, do you mean they are given this honorary social worker degree or alternatively -

MOIRA - Honorary. They use the title 'social worker' and that is recognised by the department because they have met certain criteria in the skills level.

Mr WILKINSON - I get you.

Mr RAND - It is recognising prior learning.

Mrs JAMIESON - So that would add to your costs presumably because I guess you have gone into another wage structure by then?

Mr DOCHERTY - A social worker is not a well-paid profession in New Zealand.

Mrs JAMIESON - No, but even so it would be higher than the recognised prior learning person probably?

MOIRA - Yes and they can't move out of that range. They can't move into a higher group - they are restricted in that.

Mr RAND - They have just introduced the new pay and development system so with social workers there are four development aspects and two merit aspects so for anyone who is non-qualified the qualification bar stops at development level 4 and they cannot progress past that.

Mrs JAMIESON - So then you would have a level of support worker who supports the social worker?

Mr RAND - Yes.

Mrs JAMIESON - So what is their training? Do they just have an induction here and learn on the job sort of thing or what?

TRISH - We have just introduced an occupational group that are called operational youth workers so we have youth workers who carry a qualification and they run programs where they have a qualification in another area. Operational youth workers can have a lower level of qualification and their job is still developing. We have appointed them to the positions to clarify what the task or tasks will be. They will be responsible for a lot of the day-to-day management in the units. They won't carry some of the specialist tasks of some of the other groups.

Mrs JAMIESON - So if I rolled up to the door and said I would like to have a job here, I am a trained nurse, I love kids but I don't have any social work training or anything like that -

MOIRA - We could appoint you as a youth work programmer.

Mr DOCHERTY - Where we are going as a service is really to stream the work into four streams. There is what we are going to call the service delivery group, which is the group that is working in the units with the kids - a sort of youth worker. You may be differently qualified, you may have a degree or a qualification in sport and recreation, you may have psychology degree, or a qualification in occupational therapy, teaching, nursing - all those sorts of things. But you have a focus on youth, you have experience, you can relate to these young people. That is one group.

Then we have a case work group because often with the people on the floor, the pressure comes on and what gets forgotten is the case work, the planning and more so because we are connecting with outside services more and more. We cannot do this on our own so it is really important that some group has the time to do the intake, make all the connections, get all the information about the young person, get the planning process and then build the networks that need to come on site. All that will all be done by the casework team. Social work will be required to be part of that.

Then there is a programming team, which is about looking after the programs that we are running, continually evaluating them, making sure they are relevant, they are achieving what they set out to achieve and that they are useful for the future so that we are not investing in stuff that is not going forward.

Some of this depends on money but we are absolutely determined to have that operational group and the casework group. Then finally, if we can do it, we would like a sort of practice leadership. We have a practice framework which will have below it the practice triggers, the questions, the standards that then mean that you are meeting those practice triggers and below that a set of measures so that the staff on the floor can look and say, 'If I do this, this and this, I am going to achieve the practice framework and if I achieve that I am going to achieve the eight outcomes of the organisation.' So we have drilled it all the way down.

The practice leadership, which is probably only going to be one or whatever, will be the guardian all of that but also looking at contemporary practice, what is working, keeping up with literature, what is going on around the world, what we can learn from others et cetera. It will be looking at the systems here, the quality of the practice and then making recommendations for changes. So that is the way we want to structure it as we are going forward.

MOIRA - What is really good about what you have just said is that framework is available for all staff to refer to, which is really exciting. The staff can look at their framework.

Mr MARTIN - I am going to change the subject slightly. Staff ratios. I refer to the conversation we had in the car, just for the sake of the tape recording because this point is critical for us, about your changing the figure eight to 10 in your staff ratio. What was your logic there?

Mr DOCHERTY - The eight-bed units came from a notion of managing groups in therapy - it is really what is set below it; the sort of research that says managing groups of five to eight is the ideal sort of therapeutic group. How long have we been on our journey? A couple of years now of moving from sort of a containment model to a more therapeutic model. We did not know what that meant when we said the words originally. We naturally changed that to what we want to move to and that is to a place where our aim is best practice, which is why the practice staff becomes really important, and behaviour modification. That is what we are talking about: that kids get an opportunity when they go out of here to have learnt things that mean they might be able to make some different choices for themselves. We can't change them but we can create the environment of change.

So while we develop this eight beds with group therapy, while we do group management - I do not know that we would ever say we did group therapy - we manage these young people according to individual care plans and we manage them individually and we manage them in groups.

Operationally what we found with the eight-bed units was that it caused us some difficulty. A couple of young people were acting out, we had to move them away and do some one-on-one work with a young person or there was an incident or a staff member needed to go off for supervision and, as a result, we were left with instead of three to eight -

Mr MARTIN - The reason you had three because you -

Mr DOCHERTY - We always had a sort of underwritten ratio - and we will never say this to the union - of one to 2.5 as being the ideal for floor workers and we operated three to eight because that is the nearest.

So we had the opportunity here to redevelop a couple of rooms to provide another couple of bedrooms and turn them into 10-bed units and staff them at the ratio of four to 10, so it is 1:2.5. We believe that will give us both the best of the world in terms of what we know about managing these kids from a theoretical and practical perspective but also what is going to work best for us operationally.

Mr MARTIN - So with the rostering is there difference between how many are on during the day as compared to night?

MOIRA - During the day we have currently 15 plus two or three supervisors, so that is 18, and at night time we have 11.

Mr MARTIN - So what is going on with the staff in each unit there of a night?

MOIRA - Their primary task is the security and supervision of the young people overnight. Okay? So that is their main responsibility and behind they would have some administrative tasks such as recording - they do some data information input for us - and some domestic duties, such as preparing another unit for the morning, setting tables, completing laundry - those types of tasks.

Mr MARTIN - How many in each unit of a night for the night shift?

MOIRA - Two and a roving supervisor.

Mr DOCHERTY - You have half. You have four during the day on a shift and two at night.

Mr MARTIN - What happens if one has to leave to take a kid somewhere or something?
Would the roving one come in?

Mr DOCHERTY - We would hope it was planned at night and backup called for.

Mrs JAMIESON - Do you have any on-call staff if needed at all?

MOIRA - Yes. If something goes down during the night - and it is very rare - then the manager would get a call or I would get a call.

Mr MARTIN - I think I know the answer, but just for the record. Are the kids locked in their rooms?

MOIRA - They are not locked in their rooms, no.

Mr MARTIN - You are not allowed to.

Mr DOCHERTY - We can't get into the rooms it is a one-way locking system. We can with a key, of course. The kids can get out of their rooms, which is different to a lot of the Australian ones. Secure units we can lock, but in the open units the kids can get out of their rooms. However, another kid can't get in -

MOIRA - Well they can. Another young prisoner can be let in by agreement. They can open the door to let somebody in but while their door is shut they are protected from other young people.

Mr DOCHERTY - We are looking at our regulations right now and there are a couple of things that we would want but we haven't got. The regulations are now a generation old. They were introduced in 1995 but they were drafted in the early '90s. There are two things that confront us: first, we would like to be able to lock the bedroom doors so that we could manage young people in the unit at times rather than having to put them into secure unit, which is the end of the consequences chain. If we had the ability to lock the young person in and just quieten them down, we could do that without having to go here.

Mrs JAMIESON - Would you have an issue though with one staff person being in -

Mr DOCHERTY - There is no time when one staff member should be alone with a young person out of sight of other staff. No person ever. And if you do there is the line in the sand stuff and you expose yourself. It is for the staff's safety too because these young people are manipulators - they are wonderful at it, it is an art form. They will very soon say, 'He hit me, she hit me, she did this' and if you are in there on your own what have you got? One against the other and we are into a whole investigation of staff who don't want to be exposed to it. So that is one - the lock down.

The other big one for us is the searching provisions. At the moment for us to search a young person we need to suspect that they are carrying contraband essentially. These days what comes through the mail is quite inventive. Not that we want to open the mail - what we want is for the young person to open their mail, but open it under supervision. We do not want to read their mail, we do not want to invade their privacy, but we do want them to open their mail and put the contents on the table then pick their letter up and go away and do whatever they want to do with it.

Mr MARTIN - Do you have the substance abuse problem?

Mr DOCHERTY - Yes. Some 40 per cent of these kids have diagnosable alcohol and drug addiction issues. That is what we are dealing with. We get mums and dads sending bloody stuff in and bringing it in for the young person - this is the sort of thing we are dealing with.

MOIRA - We have had shampoo bottles arrive or condoms with capsules of cannabis oil in them.

Mr DOCHERTY - I tell a classic little story from Palmerston North and this reinforces it. These young people are quite inventive. We took this young fellow from Palmerston North and he was escorted by two staff from his bedroom out to the van. He sat in the van and two staff sat in the back with him. He went to court they went straight into the protective area of court, he went out of the van and he went up into the cell. He was called, he went from the cell to the courtroom under supervision the whole way and back again. He repeated that journey. When he got back nobody had any reason to search him because we did not suspect he had anything.

Mr WILKINSON - Was he by himself in the cell?

Mr DOCHERTY - He was by himself in the cell, yes, and he was under supervision. Why would you expect he had anything? He had the jack handle of the jack out of the back of the van up his sleeve and he had the jack under his hoody. Now you imagine the damage that young man could have done with that equipment. Yet he had supposedly been supervised from point (a) to point (b) on a round trip where everything was secure.

Mr MARTIN - How did he get caught? By accident?

Mr DOCHERTY - He was caught because the jack was a bit bulky, and he put it in an oven.

Laughter.

Mr DOCHERTY - They found the jack and wondered where it came from? The only place the jack could have come from was the van. Let's have a look in the van. Ah, it's missing. Okay where's the handle?

MOIRA - They are quick aren't they?

Mr WILKINSON - If I come in - and hopefully I am not going to come in again - what do you do with me? After I have been sentenced I come before a board or a group of specialists. Do you try to work out an individual program for me? What happens?

MOIRA - The programs are not individual, they are run for groups. So there is a core group of programs that have been developed by a contractor to the department -

Mr WILKINSON - How would you know which one to put me in?

MOIRA - The groups are generic. So you would be part of the group in that process for programs anyway.

Mr DOCHERTY - Your health needs are assessed, your education needs are individualised and the core programs exist. What we want to put around that is an assessment process; that is why I was talking to you about assessing these kids in a more comprehensive way that individually tailors some of the stuff we do. We do some individual work for these young people now but we want to make that more robust so we are satisfied that it is aligning to the best that we can get for them. But they are reducing youth offending programs life skills - the program people will talk to you about that.

TRISH - And they are also reducing re-offending program we have for young people.

MOIRA - You were referring to how we plan the case in the direct interests of the young people.

Mr WILKINSON - And to try and ensure that I am not going to be a recidivistic fellow.

MOIRA - So a young person is admitted and they are allocated to a caseworker at the unit - a social work trained or training person. They do an assessment on the young person and we hold what is called a multi-disciplinary meeting. We try to do this within the first seven days of the placement and that brings together the social worker, the school and Health, because they have had a complete health screen in that period as well. The field social worker is available either by 'phone or in person and any other professionals who may have been involved in the case. We also use any other information that is available.

Then we go through looking at what information we know, what has come out in the assessment and try to formulate a plan that is going to be observed for that young person based on also the requirements of the admission of the charge as well.

Mrs JAMIESON - So from there do you then decide, okay Jim has had a mental health problem so you would stream him more in that line rather than -

MOIRA - Yes and then you would allocated the class, whose responsibility it would be for following through. The person who drives it is the residential social worker and caseworker.

CHAIR - We have educational programs as one of our in terms of reference. Another is staff safety and training. Do you have any issues with inconsistency in interpreting the standard operating procedures with the staff and does that cause you an operational problem?

MOIRA - Yes!

Laughter.

CHAIR - It is something that we have had evidence on and it happens at home, to be quite frank. .

MOIRA - It would be unrealistic to say that it didn't cause problems of interpretation with SOPs coming out all the time.

CHAIR - New ones?

MOIRA - Amended ones. It is more around communicating that information to staff that is the key.

CHAIR - So you don't have team leaders as such do you?

MOIRA - We have practice leaders, but we have supervisors who are what you might call unit managers. They oversee what happens within the residential unit and they report to the practice leaders. You are always going to have inconsistency in interpretation applied when you are working with people who bring their own sets of values to the unit.

Mr RAND - Talking about the standard operating procedures, we originally didn't have a set of operating procedures - we had a code of practice. But in terms of a set of operating procedures out here, they didn't exist.

MOIRA - Each residence had its own flavour and it was dictated by who was manager.

TRISH - And by the particular passion and interpretation of that person. We ran very differently.

Mr RAND - So, two years ago we set out to introduce standard operating procedures. The framework for it is to say, 'What is the authority for this? What is the definition of the terms we are using in it?' as a way of trying to address some of the stuff you are talking about. What is the procedure? What is it we want you to do? Who has the delegated authority in this issue? How will we measure whether that is being done? So we have set our standard operating procedures in that sort of framework and they are being developed over time. That is why they continue to come out because we probably have about 25 out already and we reckon we will have 100 in the finish, but what we will have is effectively a procedures manual.

CHAIR - Is there correlation between that and Palmerston North in the SOPs?

Mr RAND - The SOPs are consistent they are coming out of the national office. Essentially the architects of them are people from the residences who are rating them within the framework so they know what goes on.

Mrs JAMIESON - And you could transfer from one unit to another if you wanted to?

Mr RAND - They are standard; they are going across every residence and it will get to a point where we are going to get electronic sign-off for every staff member so that we do

not run into issues later which we have run into before of 'I didn't know that', or 'I didn't know that was the expectation.'

We had a classic out of here. A young woman tragically hung herself at Christmas 2005. In going through that whole process, the team leader said, 'I didn't know any of this was expected of me'. He said it through the employment stuff; he said it through the coronial stuff - he just maintained he didn't know this was expected of him. It was tragic and it just cemented the real need to have a satisfactory system in place.

(Changeover of tape - question and some answer missing).

MOIRA - There is a grievance process in place for young people where they can complain about anything that they feel has been unfair or unsafe that has impacted on them while they are in residence. We have grievance forms and a register where everything is recorded, so there is a paper trail. Young people know that it is their right to ask for a grievance form and it is expected that they are given that form as soon as possible after the request. Young people will request a grievance form, the supervisor will come over and issue it and then the young person is offered an advocate. They have the opportunity to have an external advocate to assist them to write the grievance, if they wish, or they may just choose to do it themselves. We have a drop box in the unit, so they can write it and drop it in there and each morning one of the practice managers clears the box. It is then given to the manager, who allocates it to one of the senior management team to investigate and ensure that there is no conflict of interest there. Then there is an investigation which is required to be completed within 14 days. The young person is interviewed, so are the other parties, and then there are recommendations and an outcome is reached. It is either found to be sustained or unsustained. That information is fed back to the young person and they then have a right, if they are unhappy, to ask to go to the grievance panel, which is an independent community group, made up from the different areas of the community. The young people know them because they visit here once a month. They are very proactive in ensuring that young people's rights are upheld. Or the young person can choose to make a complaint to the chief social work office. That is the other avenue.

CHAIR - The Commissioner for Children?

MOIRA - Yes.

CHAIR - What percentage of complaints do you think would get to that panel?

MOIRA - Probably about four a year.

CHAIR - So a lot of them are frivolous complaints? Just testing the system?

MOIRA - Yes. A lot of it is practice and interpretation. We constantly review what we are doing as an outcome of the grievances. I would imagine in a year we would probably have around 120 grievances made. It does create a lot of work. Of those probably, off the top of my head, a third might be withdrawn. I would image maybe a third might be substantiated and one-third not substantiated. It is probably more not substantiated than substantiated.

Mr RAND - It is important too knowing that we have three key stakeholders external of this organisation. We have the Commissioner for Children, the principal Youth Court judge for the Youth Justice facilities and the principal Family Court judge. My team pull the quarterly grievance reports together and put a composite report together. They have to have mitigation reports in with them about what we are doing about what the grievance panel have recommended. Those reports go to the principal judge, either Family Court or Youth Court, and to the Children's Commissioner, who take a high interest in them. They also visit at least once a year. They come through the facility, talk to the staff and the manager. They also spend time talking to the young people on their own. Young people love that opportunity. We get a report back after that.

The other thing is that, in terms of that whole grievance process, we have been beefing it up. The advocates that Trish talked about are something that we just agreed to put in place for young people. The Commissioner for Children would like to see an advocate for every young person who is involved with the Child, Youth and Family system. We say to her, 'You're wrong. We shouldn't have advocates when we're the service delivery. The advocate should be independent of us'. But we have put them in for grievance because of the vulnerability of the young people in the process.

Mrs JAMIESON - Do you have an advocate that is appointed to this centre?

TRISH - We do have a youth advocate who visits and spends time. He is a youth worker for the Rolleston community. He is dealing with young people and visits units and feeds back to Moira and me any concerns he has but also meets quite regularly with us.

CHAIR - I have a couple more questions regarding staff. Do you have many people off on stress leave, workers comp and that type of thing? Is that an issue for you?

Mr DOCHERTY - Not stress as such. Most of the long-term sick leave is related to personal injury. We have people who have high numbers of sick leave and annual leave days and I think some of those people tend to need more time off. Most of that comes through by making good use of their own annual leave, but we monitor that quite closely because we do have a high sick leave ratio. In the last 10 months we have had 1 500 sick days. In saying that, it is high for the number of staff, but we have had a number of people off on long-term sick leave. We have had one person off on long-term sick leave for just over 12 months, and we have had one off for about six months. That is all surgery related. We have had some of our female staff off because of operations requiring long periods of time.

Mr RAND - At a national level we are in line with the departmental average in residential services. Our people are about 1 per cent ahead of the field social work population. We run at about 7 per cent in terms of sick leave and the general field social work group would run at about 6 per cent. Our target is to bring it back but there is no doubt this is the most complex, challenging, stressful social work that you could do. You don't have to just see your case load once every two months, you are going to see this young person every shift from start to finish, for eight hours, and they are going to be challenging every day. So it does happen, but what we try to do is put in place – and they have done it well here - some things to support staff.

Mr DOCHERTY - Some of that is around that 3:8 ratio too because once you take one person off the floor, if someone is on annual leave and someone is called for whatever reason, it alters the dynamics of the team because you have more casual staff.

MOIRA - You may just have one experienced staff member and two casuals because you may have a person on planned leave and then someone goes off sick and then you burden that experienced person.

Mr RAND - We have done some things around staff health here, too, that are quite innovative and progressive.

MOIRA - And self-management too.

Mr RAND - And self-management, yes. We have done some good stuff.

MOIRA - We have a health clinic once a year where an independent person comes in and checks blood pressure, for diabetes, body mass et cetera. He makes recommendations to staff. We have a corporate membership at the gym - \$30 a year - for the staff at Rolleston, which is really good. Also there are some walking groups.

Mrs JAMIESON - How would you manage if gastroenteritis went through and you had staff and/or clients down?

Mr DOCHERTY - With difficulty.

MOIRA - It does happen. As happens in other institutions, it will go through the place. We will have times when we are marginal as far as running 50 staff - 50 experienced and 50 inexperienced - because we have had to call in a casual pool, which we use to back up.

Mrs JAMIESON - How do you organise that casual pool? Is it a group of people who are available for here and maybe work somewhere else too?

MR DOCHERTY - Yes. That is one of the good things about moving out here. We always had difficulty filling our casual pool, but because of our location and the fact that we have a military camp down the road and we also have Rolleston, which is expanding daily - it is quite a new developed area - there are a lot more people who want to do that part-time type of work and want to return to the work force and can do the unusual hours or the odd days.

TRISH - It is a young town so there are people looking for additional income.

Mrs JAMIESON - What sort of training do they go through?

MOIRA - They would do some of the initial induction: NBCI, some core organisational stuff, knowing who they report to, security, health and safety.

Mr MARTIN - On any given normal average day, what is the ratio of experienced to inexperienced?

MOIRA - Are you talking permanent to casual?

Mr MARTIN - Yes.

Mr DOCHERTY - This morning we have two-thirds permanent staff and one-third casual staff.

Mr MARTIN - Is that normal?

Mr DOCHERTY - It would usually be around 11 out of 15 permanent staff.

Mr MARTIN - Does that create inconsistency problems?

Mr DOCHERTY - I think it can at times.

MOIRA - Sometimes we need to relocate where our experienced people work because we need to balance up and move across the site to ensure that that level of experience is there. Sometimes staff don't like that but it is part of their job to move to the other areas and help out.

Mr MARTIN - So ideally you would prefer not to have casuals?

MOIRA - We are always going to have to have casuals because we are always going to have people on training, leave, sick leave. Our staff get that extra weight. Shift workers get seven weeks' annual leave a year, plus they get shift leave on top of that.

Mr RAND - What we are trying to build into this, what we are looking at the feasibility of doing is move forward this building that we call 'permanent relief' into these places. That it is going to bring a very disciplined approach to leave because if in fact you are going to have permanent relievers in your structure then you have to maximise the use of those. This is one way of trying to get over the casual staff. What you are then using casuals for is the bereavement leave or the unexpected, unplanned leave. We are looking at the feasibility of actually introducing permanent relief lines.

Mrs JAMIESON - So you have never used, say, a security company?

Mr RAND - We have used them but we don't like doing that. That is the reality.

Mr DOCHERTY - We do put them through some initial training, but basically we use them for being line-of-sight staff and keep their roles as minimal to be as responsible as possible.

Mr RAND - They are not part of the culture and that is the big issue that you wrestle with. They are not imbued with the same drivers that people who are working here are. To them it is just another task.

Mr DOCHERTY - And there is no stability with them. We don't who is going to arrive. We phone the company and say we need someone for a particular shift and we get what we get.

MOIRA - We have invested a huge amount of money in training security guards in our non-violent crisis intervention, which is de-escalation, being aware of body language. It is a two-day training program and as quickly as we train them they move on to something else, so they are no longer available for our use. That is quite a frustration as well.

Mrs JAMIESON - Has there ever been the use of, say, police still doing their actual training to come out and work in a casual capacity as work experience or anything like that, or the Army boys?

Mr DOCHERTY - No.

Mrs JAMIESON - Is it worth considering using cadets?

Mr RAND - We have a good relationship with the police and there is a developing relationship with the Army.

TRISH - ESSO run some programs for us and they are very welcome.

Mrs JAMIESON - So they would be exterior programs? The kids would go to them?

TRISH - Yes.

Mr MARTIN - Can I ask about something else that impacts on your staffing, as it does for us? As opposed to Palmerston North, you have female residents?

Mr DOCHERTY - Yes.

Mr MARTIN - What is the percentage?

MOIRA - About 10 per cent.

Mr MARTIN - I found this interesting - are they not in a separate unit?

TRISH - We have separate bedroom wings.

MOIRA - We have three units designated to be mixed and we have one that currently operates as male only. Part of the thinking around that was that we were trying to screen where we placed some of the boys because of their charges and the likelihood that they were going to be involved in some sort of predatory or intimidatory-type behaviour. Because our group is so fluid we get what is sent from court basically; we don't have a lot of core. We need to be able to be quite flexible around that as well.

Mr MARTIN - That must create issues.

Mr RAND - But, philosophically, underneath that, we are trying to mirror what the world looks like and young men and young women exist in this world.

Mr MARTIN - The big difference with the real world is the disproportion – in the real world it is 50:50 male/female.

MOIRA - If we have one young woman by herself it is not nice for the young woman.

Mr MARTIN - How do you manage that?

MOIRA - Through a lot of female staff support and discussing and being really open about it. Also with the group about people respecting personal boundaries and space.

Mrs JAMIESON - If she was a young mum, what happens then? Would she bring the baby with her?

MOIRA - No. We have had young women who are parents but none of them had the child in custody with them.

Mrs JAMIESON - What happens to the baby?

MOIRA - Often they will go to the grandparents or they will be placed in departmental care. That has never happened as a result of them being in here. They have actually not been in the mother's custody.

Mr RAND - Going back to your business about the young women, I said to you we had that serious incident in Palmerston North. There were only three young women in there and 27 guys. Some of that incident was about showing off to those young women. Three young women among a population of 30 is difficult. Since we have taken them out of there there has been more here and in Auckland. I don't think we often get it down to two or three young women. We have enough for a wing and sometimes overflow - support for one another.

MOIRA - Generally they tend to be very staunch. Once you have more than two they are very much able to hold their own with the boys.

Mr MARTIN - Do you have a situation where there is one girl with several boys?

Mr DOCHERTY - No.

Mr MARTIN - So there would be at least two girls?

TRISH - We aim for that not to happen. If it does, it is because someone made a transfer.

Mr DOCHERTY - If it does happen, we will often move a young person out of a unit so there is another young woman there.

Mr RAND - This population is interesting when you start to look at it. In Care and Protection we have about 50 per cent young women and 50 per cent young men. It is fairly evenly balanced. When you get to the Youth Justice facilities we have 88 per cent male and 20 per cent young women. Those young women - and I am going to generalise here, but this is a sort of profile of them - are the most aggressive, assertive, usually violent offenders and they are very articulate. Let me tell you, they stick up for themselves, as they have stuck up for themselves in the real world. What we are seeing of the young women who are sentenced to these facilities is the really hard core. It is

hard to watch but when you watch them operate out there, don't have any worries about them. It is important that you know what their profile is.

CHAIR - In regard to staff, if a staff member was seriously assaulted by a resident, what sort of procedure is in place to look after that person's wellbeing, physically and mentally?

MOIRA - We would have a debrief immediately after. The staff member would be needing medical attention so we would arrange for that and have somebody with them. We would have a debrief with the staff who are also involved because they would be traumatised. We would support that person to lay a complaint with the police, however we would expect them to do it themselves but we would be supporting them to do that. We would follow up with a peer support group which is managed by our site manager. She would follow that up and also do follow-up phone calls as well. We would keep in touch with that person and support them through their health recovery process.

CHAIR - Have you had any long-term issues with people who have been in that situation?

MOIRA - We haven't at this site but I do recall a serious incident at the old Kingsley site where a staff member was seriously injured. I have been around for 20 years so I am talking a long time ago, where a young woman seriously assaulted a female staff member. She was so traumatised that she ended up leaving and going to work in the field.

Mr RAND - There were two at Palmerston North in recent years.

Mr DOCHERTY - There is also what we call EAP - early assistance program - which has external councillors available for a series of sessions if there were ongoing issues.

Mr RAND - We do take a view of course that staff safety is important.

TRISH - We had a very dangerous young man who got into an enclosed kitchen area. He climbed over the grill at the top. This was after a staff member had riled him. She had chastised him in front of the group and he got really riled up and climbed into the kitchen area and bounced a staff member all around the kitchen. That was very traumatic for that person because he was locked in there and couldn't get out.

Mr RAND - He was a young man who led the incident at Palmerston North. He was extremely dangerous.

TRISH - He had a very low intellect, a huge body, and was incredibly strong and dangerous. He picked up a rugby league trainer and threw him across the road.

Mr WILKINSON - My question goes back to the question I asked a while ago - that is, me being in here, I am just about out, I just want to know what you do in here to link me up with somebody to make sure that my transitional process is a good process. That is where I was getting to a while ago.

MOIRA - Going back to our multidisciplinary meetings?

Mr WILKINSON - Yes.

MOIRA - Some of those things we would start to look at at the multidisciplinary meeting as well because we believe that transition is as important as the work that we do here. We need to start planning for it very early in the piece. We would be looking at what issues we might be needing to consider for transition for the young person: whether there is a placement; whether there is a program; whether there is support and those sorts of things. We would then review the multidisciplinary meeting four weeks down the track, so we are talking about going slightly over halfway through the placement and looking at what was in place. Most young people do have a placement to go to. The most complex ones often are the ones whose placement falls through, but we know that so we need to start working on that quite early in the piece. We try to include some sort of vocational programs for the young person to go to. They are monitored by a field social worker as well because most of them get a supervision order that places some restrictions on them. That is actually signed off at court and may include things like a curfew, weekly reporting to the field social worker. There may be some counselling for the young person. So it is actually signed off in a formal way as part of that supervision order and it may be built in through the planning that we do here.

Mr WILKINSON - Therefore just before I am going out I will know where I am going to, I will have a plan already developed for me and I will know that there will be a person there to ring if I have a problem.

MOIRA - Yes.

Mr RAND - There is still an opportunity for us to enhance what we are doing now, even more. The organisation has split Care and Protection in the field and Youth Justice because the Care and Protection demands always used to pull the Youth Justice resources and they got forgotten about. One of the things we are saying to the new Youth Justice teams is, 'We are going to be demanding of you that you have a placement for this young person six or eight months out so that we can start to work with them'. The young person needs to know where they are going. We have finished up from time to time, unfortunately, where the day before they leave we can't tell them where they are going. That is just traumatic.

Mr WILKINSON - And often they are left floundering.

END OF DISCUSSION.