

BEFORE CHRISTCHURCH CITY COUNCIL

Independent Hearings Commissioners

UNDER THE

the Resource Management Act 1991
(the **Act**)

IN THE MATTER OF

A request by Ara Poutama Aotearoa/Department of Corrections for resource consent to establish a rehabilitative and reintegrative residential accommodation programme within an existing property at 14 Bristol Street, Christchurch (RMA/2020/173)

**STATEMENT OF EVIDENCE OF GLEN KILGOUR ON BEHALF OF ARA
POUTAMA AOTEAROA / DEPARTMENT OF CORRECTIONS**

(Manager Psychological Services, Tai Aroha)

Dated: 16 August 2021

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1 INTRODUCTION, QUALIFICATIONS AND EXPERIENCE

- 1.1 My name is Glen Kilgour. I am a qualified and registered Clinical Psychologist and the Manager Psychological Services for Tai Aroha, a community-based rehabilitation and reintegration programme operated by Ara Poutama Aotearoa – Department of Corrections (the **Department or Ara Poutama**).
- 1.2 I hold the qualifications of a Masters in Psychology and a post-graduate Diploma in Clinical Psychology both from the University of Waikato. I am a member of the New Zealand Psychological Society, including the divisions of Clinical and Criminal Justice.
- 1.3 I have been employed by Ara Poutama since March 1995. Prior to that time, I worked for Lakeland Health's District Health Board in a community mental health centre, following my university graduation in 1992.
- 1.4 My role at Ara Poutama involves managing the team delivering the therapy at Tai Aroha. I have previously held positions within Ara Poutama of Psychologist, Senior Psychologist, Principal Psychologist, and Principal Advisor Special Treatment Unit Development. In this later position I was responsible for assisting with programme development for Ara Poutama's high intensity programmes, policy development, research and evaluation, and supervision and training of other staff, including psychologists. I returned to the role of Manager Psychological Services (formally Principal Psychologist) for Tai Aroha in February 2019 and have been in this position since.
- 1.5 Given my experience with the Tai Aroha programme in Hamilton and other programme developments in Ara Poutama, I have also been consulting with my Canterbury counterparts to assist in the development of the Bristol Street programme. As such, my evidence outlines some of the similarities and differences of approach proposed between the two locations.
- 1.6 I am authorised to give this evidence on behalf of the Department.

2 SCOPE OF EVIDENCE

2.1 My evidence is structured as follows:

- (a) An overview of the Tai Aroha programme including how it has evolved over time. While the proposed programme at Bristol Street is not an exact replica of Tai Aroha, it does draw much of its approach from the existing programme.
- (b) Commentary on the eligibility and selection criteria for residents.
- (c) An outline of how the programme is managed at Tai Aroha.
- (d) Commentary on the importance of reintegration and how that is undertaken.
- (e) An analysis of safety considerations including how incidents of concern are dealt with.
- (f) How Tai Aroha connects with the surrounding community.
- (g) Specific responses to matters raised by submitters which are within my area of expertise.
- (h) In preparing my evidence, I have reviewed the following documents:
 - (i) the updated application for resource consent for the Proposal (including the Social Impact Assessment), notified in March 2021;
 - (ii) the June 2021 response to the Council's request for further information;
 - (iii) the submissions and the Council Officer's section 42A report (**Report**); and
 - (iv) the evidence of Ara Poutama's expert witnesses.

3 TAI AROHA OVERVIEW

- 3.1 The Tai Aroha programme was introduced by Ara Poutama in 2010, with the aim of providing an intensive rehabilitation and reintegration programme for men on home detention.
- 3.2 Tai Aroha originally occupied a seven-bedroom property (providing for up to 10 residents) in the residential neighbourhood of Angelsea Street, Hamilton. In 2020, significant issues with the structural integrity and safety of the Angelsea St building (for example, building subsidence, rotting timbers) saw the programme move temporarily to Hukanui a Muri Marae in Huntly while alternative arrangements for a permanent location are being secured.
- 3.3 Tai Aroha uses a therapeutic community approach to assist men to break the cycle of offending – particularly violent offending – in their lives for the betterment of themselves, their whanau and the broader community.
- 3.4 Tai Aroha is run by Ara Poutama and it is broadly based on a Community of Change (**CoC**) model which means the entire house and all the people in it, contribute to the therapy process.
- 3.5 In practice there are nine principles behind the CoC:
- (a) *Participant roles* refer to all the individuals (residents and staff) working together to contribute directly to the daily functions in the therapeutic community.
 - (b) *Membership feedback* is about providing constructive feedback about what and how to change behaviour.
 - (c) *Members as role models* involves each participant being supported to role model the change process, including showing other participants examples about how and what they can change.
 - (d) *Warm and trusting but firm and fair relationships* are used to foster change and personal growth in various ways. Relationships facilitate engagement, encourage safe and healthy emotional expression and self-learning, and teach

interpersonal skills. Relationships developed in treatment often become the basis for helping the resident transition to a new social network needed to sustain recovery beyond the CoC environment.

- (e) *Collective learning formats* help to create experiences needed to make changes and personal growth through social interactions. Therefore, therapeutic activities, education and training occur in groups, meetings, seminars, assigned responsibilities, and recreation.
- (f) *Culture and language.* Traditions, rituals and celebrations are used to enhance community cohesiveness and to reinforce individual progress. In particular, the concepts, beliefs, and values that guide treatment change and 'right-living' are used every day. As such, learning the therapeutic community 'language' reflects the culture of the community and the gradual process of identity change. At Tai Aroha, we talk about five values, in particular - Rangatira (leadership); Manaaki (support of others); Kaitiaki (responsibility and responsiveness); Whanau (supportive networks); and Wairua (shared purpose) - to encourage and model pro-social behaviour.
- (g) *Structure and systems.* Routine, structure and activities strengthen self-agency of participants and are vehicles for teaching self-development, in particular, around accepting and respecting supervision, the rules of society, and in behaving as a responsible member of the community upon whom others rely.
- (h) *Open communication* is modelled, encouraged and supported to allow participants to meaningfully address their issues of concern and to maintain the safety, credibility, and health of the community.
- (i) *Community and individual balance.* The needs of the therapeutic community and of the individual must be balanced to sustain each member's positive perceptions of the therapeutic community as authentic and credible. This requires

that the community has a capacity for self-criticism through continued self-examination of the behaviour and attitudes of staff and residents.

3.6 Some examples of these principles in practice include:

- (a) Weekly Community of Change meetings where residents lead discussions (rangatira) about how to work together effectively over the coming week (kaitiaki) and provide acknowledgements to one another and staff (manaaki). In these meetings residents will often take the opportunity to ask for support and feedback around an issue they may be struggling with (e.g., coping with structure, getting to class on time, learning to accept feedback).
- (b) Residents take turns to be the 'kaiawhina' (roughly translated as 'helper') who leads activities (rangatira) for the week, such as encouraging new residents to learn the whare's routines (manaaki), leading karakia and waiata at the start of groups, working with the supervisory staff to plan meals for the week (kaitiaki), and coordinating kitchen duties.
- (c) Existing residents will contribute to powhiri (whanau and kaitiaki) processes for new residents or staff and other guests to the whare.
- (d) Residents at later stages of the group will manaaki newer residents with the concepts and skills required in the therapeutic programme, including explaining and giving feedback on assignments.
- (e) Residents will be shown how to challenge each other in supportive ways if someone is not fully participating in the programme or is struggling with motivation for change.

3.7 The rehabilitation and therapy programme undertaken by residents at Tai Aroha is unapologetically intense. It requires a strong commitment to identify and confront unhelpful or problematic patterns of interpersonal behaviour and work towards significant and lasting change. This involves a mix of individual therapy sessions

and group sessions designed to identify and address each resident's specific risk factors for crime and violence. The foundation for this is each resident's treatment plan which is generated from the psychological assessments that occur both prior to arrival and early in the programme, and includes a range of measures that help identify offending pathways, treatment targets, treatment goals, and the activities to be undertaken during the programme. This plan is regularly revised with input from programme staff (individual psychologist, other therapy team members, reintegration coordinator) and the resident.

- 3.8 By the end of the programme each resident will have a good understanding of their criminal behaviour and the strengths and assets they have to manage this. They will have identified 'new-thinking' and practiced using this thinking in role-plays that approximate situations that would normally have led to criminal behaviour. They will have learned and practiced a range of skills to better manage their relationships, emotions, and difficult situations in their lives. They will have developed a 'safety plan' that brings this learning together and that they are able to share with people in their lives to help support them. They will also have a reintegration plan covering accommodation, work or study, prosocial supports, and other needs related to their daily living, including any follow-up therapy required.
- 3.9 Many of our residents have led unstructured and disorganised lifestyles. The Community of Change is often a complete contrast for these men. By way of an overview of a typical day in the life of a resident at Tai Aroha I have prepared the attached **Appendix A** which has been reviewed and contributed to by residents at Tai Aroha to accurately reflect their experience. This demonstrates the highly structured and supervised nature of the programme which is designed to assist participants to learn to cope with structure and routine, and develop the skills to self-manage their behaviour. This helps them to prepare for a more prosocial lifestyle, particularly around maintaining stable employment, and contributing more effectively to the needs of their partners and children.

Programme Evolution

- 3.10 The Tai Aroha programme operates a continuous improvement model. For example, there was an initial evaluation of the first two years of the programme carried out in 2012, a further evaluation in 2015, and there is currently a third underway by independent evaluators.
- 3.11 Examples of changes to Tai Aroha that have been made to improve the programme based on previous reviews and evaluations include:
- (a) Focussing largely on accepting Home Detention participants who were shown to have better completion rates and outcomes than men on Intensive Supervision.
 - (b) Developing and implementing a comprehensive reintegration needs assessment and planning framework to improve Tai Aroha's ability to prepare for each resident's transition to the community.
 - (c) Increasing the therapy team's opportunity for training on personality-focused interventions, and setting up weekly meetings with all clinical staff that assess personality factors and variables, and how these impact on the treatment of specific residents.
 - (d) Employing a full-time Manager Psychological Services - my current role - to support and manage the programme.
 - (e) Revising and updating all our therapeutic programme manuals to reflect changes and best practice when working with offender populations.

4 ELIGIBILITY AND SELECTION

- 4.1 Referrals or requests for referrals to Tai Aroha come from:
- (a) the Probation Officer working with the applicant in the process of preparing their pre-sentence report;
 - (b) the lawyer acting on behalf of the applicant;

- (c) the Case Manager working with men on remand (prior to sentencing) to plan and recommend possible rehabilitation options;
- (d) the Judge seeking an assessment of the applicant's suitability for the programme; or
- (e) a self-referral from the applicant.

4.2 Most commonly referrals come from either Case Managers or by way of self-referrals.

4.3 At Tai Aroha only those applicants eligible for the programme can be accepted. Eligibility criteria is strictly adhered to, requiring potential residents to:

- (a) have a RoC*RoI score of 0.7 or higher or be eligible for an 'override' to high risk based on other measures of reoffending. The RoC*RoI is an assessment tool used to estimate the risk of future offending. A score of 0.7 or more identifies someone within a group that may have a high-risk of reoffending in the future;
- (b) be capable of being alcohol and drug free during attendance. All residents on the programme complete an initial drug test within 24 hours upon entry. After that, residents are drug tested on a random basis. Tests that don't show substances declining in the resident's body generally lead to an exit from the programme;
- (c) have at least four months left to serve on a sentence of Home Detention;
- (d) be at least 18 years of age;
- (e) have no convictions for sexual offending; and
- (f) be ready, willing and able to participate in an intensive programme.

4.4 At Tai Aroha, referrals are managed by the Case Management team consisting of the Programme Manager, the Liaison Probation Officer,

and myself as the Manager Psychological Services. I understand a similar team will be established at the Bristol Street programme and referred to as the 'Residence Review Panel'.

- 4.5 Referrals received across the course of a week are initially screened by the Case Management team at a weekly referral meeting.
- 4.6 At that meeting an applicant will either be:
 - (a) rejected on the grounds that they do not meet the eligibility criteria;
 - (b) provisionally accepted but placed on a 'holding' list pending the outcome of any trial if the applicant is at pre-conviction stage; and/or
 - (c) provisionally accepted and placed on a list to allocate for a full psychological assessment to determine suitability for the programme.
- 4.7 If the applicant proceeds to a full psychological assessment the resulting draft psychological report makes an initial recommendation about the applicant's suitability. Suitability is assessed against a variety of factors including:
 - (a) The applicant's background.
 - (b) Their offence history.
 - (c) Their current convictions.
 - (d) Any active charges.
 - (e) Their risk (including information such as that gathered as part of the Violence Risk Scale; a measure that assesses risk and treatment needs related to violence).
 - (f) Any responsivity issues.
- 4.8 Responsivity issues include motivation, willingness to adhere to the rules, safety-related issues, ability to learn (cognitive capacity, literacy, vision and hearing disability), behavioural stability, cultural support needs, mental health issues, substance abuse issues,

medical issues, ability to tolerate group-based treatment, and social support needs.

- 4.9 The draft report also considers whether any of these factors would impact the wider programme.
- 4.10 The Case Management team then review and make their final decision (either decline or accept). The psychological report is then finalised based on the decision from Case Management and advice is then provided to the Court around suitability.
- 4.11 On many occasions applicants who meet the eligibility criteria are not accepted because they are not considered suitable for the programme. By way of example, from mid-2018 to May 2021 approximately 400 people have been either agency or self-referred for acceptance to Tai Aroha Hamilton and approximately 320 of those have been declined. Some of those applicants were declined because they did not meet the eligibility criteria. However, many were declined because they were not considered suitable for the programme (taking into account the various matters described above).

5 PROGRAMME MANAGEMENT

- 5.1 Ensuring the smooth running of the residence and ensuring the safety of residents, staff and the wider community are critical matters for our staff.
- 5.2 Staff and management pay careful attention to the running of the residence to ensure this occurs including by:
- (a) Ensuring that there are sufficient staff to resident ratios on all shifts (see below) and having casual staff available to cover shifts at short notice if other staff are sick or training.
 - (b) Maintaining a regular documented system to review the whereabouts and behaviour of residents, and relate any issues of concern across shifts.
 - (c) Holding a briefing/debriefing meeting between shifts to assist with resident management and decisions.

- (d) Employing a Lead Supervisor on each shift – this staff member is responsible for managing and communicating any incidents to the Programme Manager.
- (e) Holding weekly Community of Change meetings including representatives of staff and all residents. This meeting helps to organise and plan the week ahead, including any changes to the routine and the alternative plan.
- (f) Providing a comprehensive operations and procedure manual for staff that covers broad supervisory activities, such as shift responsibilities, managing visitors, managing outings, health emergencies, and managing unapproved absences, etc.

5.3 As set out previously, the programme also requires a high level of therapeutic intervention to create lasting change in the lives of residents, which also brings with it a high level of oversight and supervision.

5.4 At Tai Aroha this equates to a minimum of 2 staff on shift at all times, with additional staff for some activities (e.g., supervised outings) when resident numbers reach 9-10. I understand at the Bristol Street programme there will be a minimum of two staff on site at all times, with the requirement for additional staff during certain times of the day/week. In addition, aside from therapy groups, residents at Tai Aroha have regular on-site appointments with other staff, such as their Probation Officer and, if required, mental health provider (for example, EMERGE in Hamilton).

5.5 All residents are sighted by staff at 20-minute intervals and staff are required to appraise the Programme Manager of any concerns about changes in behavior of any resident (for example, agitation, concern about issues external to the programme) which may signal the need for additional support or closer monitoring.

5.6 All residents agree to a kawa/code of conduct/set of house rules when entering the programme which sets out the standards of conduct to be adhered to. These comprise:

- (a) The **cardinal rules** which include behaviours that are absolutely unacceptable in Tai Aroha. Violence or threats of violence, alcohol and drug use, or sexual acting out in the Tai Aroha programme are directly threatening to the safety and well-being of the community and therefore unacceptable.
- (b) The **major rules** which include behaviours that are unacceptable in Tai Aroha but less severe than cardinal rules. These rules include things like destroying or deliberately breaking property, stealing, possession of contraband or weapons of any kind, and displaying gang signs or having or wearing gang insignia or gang colours.
- (c) The **house rules** which include behaviours that are very similar to the norms, values and expectations of daily community life. These rules are important for safe and orderly community living.

5.7 If a Tai Aroha resident breaks the cardinal rules and/or consistently breaks the major and/or house rules, the following disciplinary actions would be considered:

- (a) Exiting the programme to maintain the integrity and safety of the Tai Aroha community.
- (b) A formal warning which will count towards being exited from the programme if further rule breaking occurs.
- (c) Loss of privileges (for example, having potential outings cancelled) or other sanctions (being assigned extra chores in the whare).
- (d) If, as a group, residents of Tai Aroha display negative/pro-criminal attitudes (for example, not wanting to address issues in group therapy, failing to follow a routine instruction) everyone in the residence may be subjected to a house ban. House bans are the taking away of all privileges for everyone in the house for a specified period of time. This situation occurs very rarely.

- (e) When a house ban is put in place a community meeting will follow. In this meeting the problems which led to a house ban will be discussed to help residents learn from their mistakes.
- 5.8 Any disciplinary actions will be undertaken as 'contracts' with the individual. These contracts help provide residents with positive learning experiences from mistakes.
- 5.9 The contracts also outline what a resident would have to do as a consequence for breaking the rules. They describe the behaviours that need to change, the steps required to stop the behaviour from happening again (for example, working with the resident's individual therapist and other staff) and the possible consequences if a resident chooses not to change behaviour (for example, being exited). Contracts also outline the appropriate behaviours to be practiced, and how long the contract will be in place for. Contracts are either verbal or written.
- 5.10 Cell phone use is considered a privilege and is contingent on the maintenance of appropriate behaviour and use. As such, residents are not permitted to use telephones or personal cell-phones without prior approval. Residents are permitted to have in their possession a cell-phone for personal use beginning phase three of the programme (at around week 11 if all required therapeutic tasks have been completed and the resident's behaviour has been consistently appropriate). A cell-phone use contract is explained and signed before use is approved.
- 5.11 If someone is exited from Tai Aroha he may apply to be re-admitted to the programme; however, re-admission would be on a case-by-case basis and dependent on certain conditions. These conditions may include things like accepting a treatment support plan or having to repeat programme phases.
- 5.12 In addition to the kawa, all staff are inducted into the programme with a full understanding of the Operations Manual, which contains information about the day-to-day management of the facility to ensure the safety, security and wellbeing of all residents, staff and the wider community. It includes the following matters of note to this consent hearing:

- (a) Security: cameras, participant activities etc.
- (b) Protocol for residents leaving the site without permission.
- (c) Protocols for threatening behaviour or assaults to staff or other residents.
- (d) Supervision on outings.
- (e) Powhiri timing and location.
- (f) Kapa haka timing and location.
- (g) Protocol for whanau visits.

5.13 The Operations Manual is regularly reviewed and updated to ensure that it reflects any operational changes in the programme (which may be prompted by things like changes to the physical site or updates to Departmental procedures/protocols to promote best practice). I understand that the Bristol Street programme will also have an Operations Manual and, based on my experience, it will be important that the staff have flexibility to similarly adapt that Manual over time to ensure it responds to and reflects updates and improvements in operating procedure.

6 REINTEGRATION

- 6.1 An important aspect of the programme involves the provision of support to reintegrate residents back into the post-treatment living environment.
- 6.2 A Reintegration Coordinator (**RC**) is assigned to each resident. Their role is to formally assess the reintegrative needs of the resident, develop a plan to address these needs, and assist the resident with making concrete steps to achieve the plan. The RC may continue to support men following their completion of the programme, particularly with any further employment or accommodation issues that might arise.
- 6.3 The RC role is highly practical and early in the programme may be assisting residents with a range of activities and appointments such as medical appointments, shopping for personal hygiene items and

clothing, organising formal identification so bank accounts can be set up, and facilitating telephone hui (meetings/gatherings) with potential support people to screen the suitability of these contacts.

- 6.4 While these initial wellbeing issues are being addressed the RC also undertakes a broader needs assessment, looking at matters including financial stability, suitable living environments, accommodation, training or employment, victim issues (such as victim location, suitability of contact, etc), and personal and community supports. Once these have been identified the RC works with other programme staff, and often external providers, to address the needs of each resident. Examples include building prosocial support networks for the resident, developing a CV to assist with work or study applications, securing accommodation (if required), identifying suitable employment, managing safe contact with past or current victims who are still wanting involvement in the resident's life, and organising driver training courses and licences.
- 6.5 Many of these activities occur in conjunction with individuals and services in and around Hamilton (for example, General Practitioners and other health practitioners, Howard League (for driver's licenses), MSD offices, banks, accommodation providers, employers and training providers, the Hamilton Probation Hub for meetings with victims).
- 6.6 The temporary transition to the marae in Huntly, which is effectively in a rural setting, has added a significant level of complexity to this work, mainly in the form of additional travel for our RC and residents. This impacts on the available time for the other aspects of the programme – such as the therapeutic groups – and makes it harder for residents to establish effective links into the community. The therapeutic benefits of locating programmes like Tai Aroha within a residential neighbourhood (as opposed to a more isolated rural or industrial area) are addressed in further detail by Dr Polaschek in her evidence. Based on my experience, I agree with Dr Polaschek's opinion, and consider that our Anglesea Street location in Hamilton has had a positive "normalising influence" on our men during their stay there. We are hoping to return our programme to a residential setting, as soon as possible.

7 SAFETY/INCIDENTS

- 7.1 Tai Aroha in Hamilton has clear processes for staff in the management of the behaviour of residents and I have outlined some of the options around responding to behaviour above. Staff are trained in communication techniques and managing conflict, and are skilled at de-escalating conflict. Because the requirements on residents are clear, and staff are good at providing clear limits and boundaries around appropriate behaviours, incidents are well managed on the programme. In the event of a resident presenting as a risk to others in the programme, including staff, then we are quick to exit individuals to minimise the potential for harm.
- 7.2 I am conscious that many of those who have submitted against the Bristol Street programme are concerned particularly around the risk to members of the community should a resident leave the programme without permission. As set out in the preceding paragraphs, we have clear procedures that dictate how staff respond to these incidents and this involves notifying relevant authorities including Police at the earliest possible point.
- 7.3 In my experience programme residents who leave without permission are typically doing so because there have been factors external to the programme that have been stressful and distracting for them (for example, family situations) and they want to return home or to the homes of whanau. When they have left, there has been no immediate risk to the local community, with the residents leaving the area without threatening or harming any members of the community in the process.
- 7.4 Providing information to the public (via requests for information under the Official Information Act) has identified an issue with centralised record keeping in relation to this matter and, while I have no concerns about how the individual incidents were handled, I accept that there has been room to improve our centralised database. I understand that these updated processes will be in place at the Bristol Street programme from the outset.
- 7.5 Personally, I experience the Tai Aroha setting as a safe one to work in and my staff describe the environment similarly. Because there is

a high level of communication with one another and there are clear boundaries and expectations for residents about what is appropriate behaviour, the environment can be very rewarding to work in as we see men make changes in their lives and behaviour. Any safety issues are addressed promptly with good supports for staff in the occasional circumstances where an individual has used threatening or hostile language.

8 COMMUNITY LIASION

- 8.1 At Tai Aroha, the Programme Manager maintains relationships with our immediate neighbours and provides his contact details to neighbours directly if there are issues they want to discuss. Direct neighbours will sometimes contact him if there are issues that impact on them. For example, we had an enquiry from a neighbour – prior to our marae move – who was concerned about a rumour that the property was going to go on the market and we were able to reassure them that this was not the case.
- 8.2 Other issues that we have addressed in the past included the men talking loudly on our upstairs balcony or having waiata practice too late in the evening. These issues are able to be resolved quickly though adjustments to our timetable or simple instructions to our men.
- 8.3 On occasions we have had community open-days where local residents have visited the whare to see how we operate and talk with the men about their experiences. These have generally been well received through informal feedback to the programme manager.
- 8.4 As set out in the evidence of Mr Clark, at the Bristol Street programme, it is intended to formalise this with the provision of a contact phone number that will be made available to the public, and the establishment of a Community Liaison Group. Based on my experience at Tai Aroha I think these will be useful ways to retain contact with the surrounding community.

9 RESPONSES TO SUBMITTER CONCERNS NOT ALREADY COVERED

Programme effectiveness

- 9.1 Some submitters have suggested that the recidivism rates for Tai Aroha don't reflect a successful programme. Recidivism is, however, only one way of looking at outcomes for programmes and, when represented statistically, can provide an untempered and overly simplistic measure of success. Because these men come from groups who are high-risk (in general they have convictions across the span of their adulthood), further offending is not unlikely.
- 9.2 As much as a 'cure' for harmful behaviour would be anyone's ideal, this is rarely a realistic outcome for any habitual behaviour, including offending. Rather, for many men, the programme is part of their 'desistance' pathway, whereby they start to make prosocial connections and invest in a non-offending lifestyle.
- 9.3 Desistance, as the word implies, is a process that over time sees a person reduce harmful behaviours through support and skill acquisition. For some of our men this means they may reoffend but will do so in a less serious way. For others it may mean they are quicker to reach out for support when they are struggling because they have experienced a positive treatment environment. Occasionally men make a radical shift away from their criminal lifestyles and start to influence others around them in highly positive and significant ways.
- 9.4 Ultimately, we hope to speed up the move to an offending free life and provide men with more skills and choices when confronted with situations that trigger their risky behaviours, or temptations to return to an offending lifestyle.
- 9.5 This is particularly important to Ara Poutama because these men often live with whanau and partners, and there can be children in the home. The feedback we typically have is of the benefits in those living situations that are not easily captured by traditional recidivism measures. It is my experience as relayed to me by former participants of the programme that Tai Aroha has reduced violence

and other substance abuse or financial problems for a number of whanau within their homes.

- 9.6 Dr Polaschek, who has been working on the latest evaluation of Tai Aroha alongside a cultural evaluator, has been looking carefully at a wide range of information related to the service that Tai Aroha provides in developing desistance pathways for the men. Findings of her assessment, including specific feedback from some previous participants, are described in her statement of evidence. I have read her evidence and find that it correlates well with my own experience of the programme.

Outdoor space

- 9.7 A number of submitters have expressed concern about the lack of outdoor space available for residents at the Bristol Street site compared to the Anglesea Street Tai Aroha location.
- 9.8 I can advise that aerial views of the Anglesea Street property are misleading in that the large grass area at the rear of the building consists mainly of a steep slope down to the residential properties in the street below. With the exception of the clothes-line area and a vegetable garden on the southern border of this slope, functionally this part of the property is not usable for activities for our men other than mowing the grass. In contrast, the Bristol Street section has a greater area and more varied outdoor spaces available than Anglesea Street.

Visitor management

- 9.9 The section 42A Council Officer's report highlights some concerns from submitters around the nature and management of visitors to residents, particularly during Saturday visiting. The report also notes the efforts Ara Poutama proposes to go to, to minimise the impact of visitors, and Dr Cording's observations around "extensive visitor vetting procedures" to assist with managing any risk around visitors.
- 9.10 In reviewing these comments, I have made enquiry of our Tai Aroha team regarding how Saturday visits are organised and supervised. Our Reintegration Coordinator has the delegated role of assisting

with vetting visitors and has attended many Saturday visiting sessions at Tai Aroha as a result. I am informed that visitations are rarely a management concern due to a number of factors.

- 9.11 Firstly, as previously set out, visitors are selected because they have expressed a commitment to support the resident in their change process. People with gang associations or affiliations are ruled out of visitation, as are people with current or recent convictions. If visitors have criminal histories, these are well in the past and they are on a prosocial pathway in their own lives. All visitors are prosocial supports that have already had an initial phone meeting with the resident and the RC to discuss the purpose and goals of the support relationship. They then have at least a week of phone contact with the resident before any visits take place on site. When there is any concern about the nature of the interactions, staff will have monitored these phone-calls on speaker-phone, allowing us to have a good idea if there is any tension or concern in these relationships.
- 9.12 Visitors are instructed clearly about the purpose and rules of the visit, including not to bring anyone who is not already approved, and how to conduct themselves prior to entry to the residence. In the event that there are concerns about any visitation conduct, be that from the resident to the visitor, or in relation to the visitor either outside the residence or during the visit, the visit will be ended by staff. Approval for that visitor will then be reviewed and may be withdrawn.
- 9.13 There have been very few instances of these types of visitation conduct issues at Tai Aroha, and visits are generally a very positive aspect of the residence culture. Residents are typically glad to see their whanau and supports, and primarily want to impress them with how hard they are working on the programme. Typically, this means they are on 'best behaviour' during visit times and their focus is on ensuring the visit goes well. I have personally seen the efforts that residents have gone to during a week to prepare for a positive and meaningful visit experience. Staff manage and monitor visitors and residents at a dedicated area for the duration of the visits. All visitors over the age of 18 years are required to bring photo ID.

- 9.14 On the basis of my own observations ahead of the visiting process at Tai Aroha and the enquiries I have made of others, I hold no concerns about the visiting arrangements at the Bristol Street location (which, I understand, will be similar to Tai Aroha). Visits can be expected to be well managed and provide essential opportunities for our residents to re-connect and gain support for their life changes.
- 9.15 The Council Officer has recommended that visits be 'staggered' to avoid multiple groups of people arriving at the site simultaneously. In my view (which draws from my discussions with Tai Aroha's RC), this is not necessary. If this recommendation was accepted it would serve to increase the overall length of time visitors were at (and coming to and from) the residence. Managing staggered entry and exits of visitors may also serve to divert staff from supporting and monitoring the time visitors are with residents. For these reasons I do not consider that staggering of the visitors to the Bristol Street programme should be required.

Staffing

- 9.16 The Council Officer's report has recommended a condition requiring a minimum of three staff be on-site during weekends and evenings (paragraph 89), whereas the application describes a minimum of two – three staff for operations. I have discussed this further with the Tai Aroha programme manager and regional operational performance advisor.
- 9.17 On the basis of those discussions and my own experience, it is my opinion that a requirement to have a minimum of three staff on any overnight shifts is excessive and unnecessary. It is uncommon for there to be issues with residents when they are asleep and, even in such circumstances – for example a medical event or a resident leaving without approval – our shift management procedures at Tai Aroha (which will be the same at the Bristol Street programme) have been designed to work with a minimum of two staff members, and have, to date, supported the continued safety of other residents and/or the surrounding community. Those procedures also ensure that additional staff can be proactively rostered on, and that staff

members can contact the programme manager or other staff for additional support if that is required. I note that the Bristol Street programme night shift is scheduled to commence at 10.30pm and go through to 6.45am. During this time, residents are in their bedrooms other than for bathroom or medical needs. The physical layout of the Bristol Street premises is such that I cannot see issues arising that would require more than a minimum of two to properly manage the night time period, with the support of CCTV.

9.18 In reaching this view, I am aware that the Bristol Street programme will have an allowance for up to 12 men, which is two more men than we would accommodate at Tai Aroha Hamilton. I nevertheless remain of the opinion that the staff procedures and matters such as physical layout will mean that a minimum of two staff during weekends and overnight will be satisfactory.

10 CONCLUSION

10.1 For me personally violence prevention is a key issue in society. We have a responsibility to do all we can to prevent violence for our communities, victims, and our clients, and for many of the men this directly impacts safety in their homes. This work is hard and confronting, and it is not always immediately successful. Sometimes it would be easier to step away, declare it too difficult, and leave the problem of developing effective desistance focused rehabilitation for others. I believe as an individual and as a society we have to keep trying and work all the time to get better and better at what we do, and that the service culture of continuous improvement is one of our fundamentals at Tai Aroha. My passion for Tai Aroha and supporting our men in changing their lives, and in the lives of their whanau and partners, is my contribution to this work and I hope that the Bristol Street residential programme will be able to be the passion for others who have a similar desire for safer whanau and a safer society.

Glen Kilgour

16 August 2021

APPENDIX A – DAY IN THE LIFE

The typical resident's activities/progress through the programme.

1. Prior to applying for Tai Aroha I had likely heard about the programme through a friend, my lawyer, Probation Officer, or Case Officer. Typically I will be motivated for changing my life because I am feeling guilty about my latest offending, I am sick of the roundabout in and out of jail or community sentences, and I am seeing the pain and hurt being done to my family. I want to be a better partner/father but I'm feeling hopeless or unsure about how to change. Most often I will have written to the programme manager asking for help and consideration of an application. Sometimes my Probation Officer or lawyer might have put an application in on my behalf. If I met the initial eligibility criteria then a psychologist will assess me, either on remand, or in a Probation Office if I am on a community remand. They will want to know if I am ready, willing and able to complete the programme, and will prepare a report for the programme about my suitability. If I am found suitable and my application is approved by the programme, then a recommendation is made to the Court for sentencing and the Judge will make the decision about whether I get to go. If so then it will be on a Home Detention sentence of at least four months.
2. Week one. Following sentencing I will arrive at the programme and be met by a member of staff who will support me through a powhiri that introduces me to the other participants and staff on site. The electronic monitoring company will come and fit my electronic bracelet for Home Detention on the day I arrive. In my first week I will meet with a number of the staff for inductions; these will include how the programme operates (Household Supervisor), how the therapy works on the programme (my one-on-one therapist), my Home Detention sentence (Probation Officer), and how the weekly Case Management reviews occur (the Case Management Team of Programme Manager, Liaison Probation Officer, and Manager Psychological Services). I will start group therapy at the first available opportunity (often the day after I arrive), although within the first couple of days I will also be prioritised for some additional psychological testing measures (beyond the pre-programme suitability assessment). These extra measures help me and the therapy team plan my treatment goals while I am at the programme. I will also meet with my Reintegration Coordinator (RC) to start identifying my needs for when I leave the programme. If I have arrived at the programme with limited gear, an approved absence will be requested of my Probation Officer and I will do my first supervised outing with the RC to shop for clothing and personal items. Most days during the working week I will be up around 07:00 (or 08:00 on the weekends) for an early activity (e.g., workout, waiata practice, mihi practice) with breakfast at 07:30 and then the whanau work together to clean-up dishes and vacuum the lounge before the first meeting of the day, Kotahitanga. There, the whanau member who has been allocated the lead role in the whare for the week (Kai Awhina), will outline the schedule for the day and as a whanau (staff and participants) we will identify any concerns or issues between us and address them before the day starts. There might be time for a quick vape (we don't smoke cigarettes at the programme but we can vape in a private and designated area on site) before our first therapy group of the day (Mon-Thu) at 09:00. In this group – called 'CORE' – we will focus on identifying risky and non-risky thinking for crime and violence, and practice ways of changing our thinking. We also have groups each afternoon except for Wednesday when Case Management sessions happen. Other groups include one with a focus on 'AOD' (alcohol and other drugs) – how any past use has been involved in my crime and how to manage it better in the future; 'SKILLS' which focusses on learning better ways to relate to others in my life and manage my emotions; and 'PARENTING' skills for being a better father. Groups range in length from 1.5 hours for PARENTING (once a week); 2 hours for AOD (once a week) and SKILLS (twice a week); to 2/5-3 hours for CORE (four times a week). We will also attend a couple of sessions a week on Maori Tikanga which can

include Te Reo, learning about my whakapapa, and cultural values. Along with our individual therapy sessions (1-2 hours a week) we can have close to 20 hours a week of group therapy sessions so it's pretty full-on.

3. During this first week I am also learning about how I contribute to the running of the whare and some of the more experienced programme participants will be supporting me with this. Some of the duties will include cooking, cleaning and garden maintenance. We get a bit of relaxation time on Wednesday afternoons when we are not in Case Management and in the evenings when we mainly watch TV or play cards. During the first week I identify one or two people in my life who will support me while I am on my programme. My RC will check that these people don't have a current offence and are not involved in crime or gangs and will give them a call to confirm that they are prepared to support my change. If so, the RC will organise a phone meeting between them, me and the RC to talk about their role as a supporter. A recommendation about this person or persons will be made to the Case Management Team about approving them to be a supporter and, if they are, I will be encouraged to have two monitored fifteen minute phone calls per week for the first three weeks while I am settling in (early contact). On Friday afternoon I attend my first Community of Change meeting. Here we get together as a broader whanau with all participants, the supervisory staff on shift and therapy team. We start with karakia, waiata and a whakatauki (proverb) and then review any actions from the last meeting, discuss upcoming events, identify and resolve issues in the whare, and make acknowledgements of those who have supported us in one way or another during the week. Someone will then lead an activity which is often focussed on one of our values as a therapeutic community; Manaaki (supporting others); Whanau; Wairua (spirituality and shared focus); Rangatira (leadership); and Kaitiaki (taking ownership and responsibility). In therapy I will be given my first 'assignment' which asks me to establish my goals for the programme. My therapist may challenge me to think broadly but realistically around these goals and to ensure that violence prevention is a key part of my focus. I will then present this assignment in group and get feedback from the other programme participants and the group therapists. Once this assignment is completed my goals will be turned into a A3 poster and put up in the group therapy room for ongoing reference. I will now be almost at week 3 of the programme and with the completion of this assignment Case Management will now be able to progress me to Phase 2 of the programme.
4. Weeks 3 to 10. This second phase will combine a range of therapy and reintegrative activities. I will continue groups through the week but also have at least one individual session with my assigned therapist. These individual sessions may help me with working on my further assignments ('life history', 'offence pathways', and 'safety plan') or other issues that might help me address my offending (e.g., helping me identify my risky thinking for crime and violence, and practicing the communication and emotional management skills we're learning in group). The therapists will talk about three main areas where I can make changes: my thinking (from risky to non-risky thinking); my skills (to deal with challenges in life); and my environment (making changes in my friends and lifestyle). With my Reintegration Coordinator I am continuing to identify supporters who will go through a vetting process and approval by Case Management. Once approved I will have supervised calls for a week before these supporters can come to the whare at a set time during the weekend. If I have a partner or other supporter who is a victim, before there is any contact the RC will first ask them if they want to have contact with me. If they do then around the end of the sixth week of the programme, I will have a hui (Tautoko Hui a Whanau), with this person or persons at the local Probation Office. This hui will include the programme's Probation Officer, the RC, my individual therapist, my victim and me. The focus of this hui will be on safe contact during and beyond the

programme, including identifying potential supports for my victim. The programme has a relationship with a local provider of non-violence and well-being programmes for partners and children, and so they may refer my family members to this programme while I am at Tai Aroha. That way my whanau can get healthy and strong while I am doing my therapy. If I have children with my partner the Probation Officer will also investigate any protection orders (related to family violence) before I can have any contact. If there are any risk issues identified, then I may not be allowed contact. However, if my partner provides written consent then sometimes children can visit, and these visits will be supervised. The programme is really clear with me about safety of my partner and children being the first priority. During Phase 2 I will also be underway with my reintegration planning. Some of this will be routine like setting up a bank account, getting a GP, organising other health visits if needed. We will either go to a local gym or have them come to the whare to organise workouts a couple of times a week. As a whanau we may have a 'Sunday outing' which is supervised by at least two staff. These will only occur if there are no new group members in the preceding few days. These outings might be a short tramp, historical visit to a marae, or other similar pre-approved activity. If I have issues with my driver's license then the programme will organise a meeting with the Howard League, who will support me with studying for the relevant test and organise testing. My RC will help me identify opportunities for study or work and assist me with preparing a CV or job applications. If I am not already registered with my local Iwi, then I will be encouraged to do so because this may provide me and my whanau with access to some additional social services support. Thursday afternoon we will undertake shopping for personal items and clothing if needed. All these visits will be supervised by at least one staff member; two if we are going out as a group (e.g., for gym or shopping). Towards the end of Phase 2 I should have progressed with group therapy to the point where I am ready to present my 'Safety Plan' assignment. This plan will identify – among other things – my prior risky and some new 'non-risky' thinking, high risk situations for violence and other crimes and my strategies to manage these, emotional management strategies and other skills I have learned, my plan for my new life in the first three months following the programme, my strategies to manage any prior difficulties with substance use, and my supporters (personal and professional). By now other participants and my individual therapist will have supported me to draft this. This will be presented in group and Case Management will see this before I can move to Phase 3 at the beginning of week 11.

5. Weeks 11-16. At this point I am able to obtain a personal cell phone to assist with my reintegration planning. If I am still looking for a suitable address (all have to be approved by Probation) then I may set up a Trade Me property account where I will check regularly for properties and set up viewings. I may also start applying for work if I haven't got a job, or contact other agencies or organisations for post-programme support and activities (e.g., ACC counselling, sports clubs). During Phase 3 I can reduce one group therapy session a week to engage in these reintegration activities. I can contact my approved supporters on my phone, but the Programme Manager will check my phone intermittently to make sure I am not contacting other people. Our phone use can be suspended or withdrawn if I don't comply with a 'phone contract' that I have signed. During Phase 3 I can also have some approved unsupervised outings with whanau or supporters on the weekend (Sunday only). These can be up to two hours a week, although I can 'bank' a week and go for up to four hours if approved. I have to put in a proposal for each outing which is signed off by Case Management and formally approved (activity, venue and route) by Probation. During Phase 3 I have some extra responsibilities around the whare including supporting newer residents with their adjustment to the programme and advising them on their assignment work. I may lead powhiri for visitors to the site and talk to them about how the programme works and my experience in it. My final week of the programme is quite busy. I have a couple of assignments to complete including

reflecting on the programme for the benefit of newer participants. I will be assisting with planning my poroporoaki (farewell) at the programme, including inviting approved guests (e.g., normally between one and three whanau who have already been on site). I may have a Court hearing to confirm my post-Home Detention conditions and length. I may have job interviews or last-minute interviews with landlords if accommodation has been a problem. Before my poroporoaki I may have a final whanau hui at the programme site if my supporters attend along with my individual therapist. This will give me the chance to share parts of my Safety Plan such as high-risk situations that may come up and what help I would like if I am struggling or don't see these situations coming. At my poroporoaki each member of the whanau (staff and participants) will reflect on my journey and provide me with additional thoughts and challenges. I will have an opportunity to thank those who have helped me through the programme. Typically I will talk about how the whare has been a safe place (both physically and emotionally) to open up and talk and learn about my offending and problem behaviour, but also learn and practice new ways of thinking and developing more options and choices in my life. We will have kai together and the other participants may perform a haka for me on departure.

6. Post-programme. Depending on my sentence I may have further Home Detention or post-HD conditions to meet. I will be reporting to my Probation Officer for some months yet. If I have come from and still live in Hamilton, then my Probation Officer will be the same person as in the programme so that helps with ongoing trust and sharing around high-risk situations that may come up. I will have the opportunity for ongoing appointments with my individual therapist who will assist me to apply the learning from the programme. My whanau may be getting ongoing support from other agencies as well. If I run into any problems with work or accommodation then I can continue to get support from the Reintegration Coordinator from the programme until things are stable again.