

 **Ombudsman**

Fairness for all

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OPCAT Report


Report on an unannounced inspection
of Northland Regional Corrections
Facility under the Crimes of Torture Act
1989

29 July 2019
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Peter Boshier
Chief Ombudsman
National Preventive Mechanism

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Office of the Ombudsman
Tari o te Kaitiaki Mana Tangata





OPCAT Report: Report on an unannounced inspection of Northland Regional Corrections Facility under the Crimes of Torture Act 1989

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Foreword

The following report has been prepared in my capacity as a National Preventive Mechanism (NPM) under the Crimes of Torture Act 1989 (COTA). My function under COTA is to examine and make any recommendations that I consider appropriate to improve the treatment and conditions of detained persons in a number of places of detention, including prisons. This report examines the treatment and conditions of persons detained in Northland Regional Corrections Facility (the Prison).

The Prison opened in 2005 and was the first of four new facilities built as part of the Regional Prisons Development Project. It was the first open style facility of its kind in New Zealand.

The Prison accommodates both remand and low medium and minimum sentenced male prisoners. It has an operating capacity of 652. It has a large Māori population (approximately 47 percent), and a number of foreign nationals (approximately 10 percent).

I authorised my Inspectors to conduct a 10-day examination of the facility in February 2019, using defined criteria to assess the treatment prisoners were experiencing, and their living conditions.

The Prison was originally designed to house 350 sentenced prisoners at the latter stages of their sentence, with a primary focus on supporting successful rehabilitation and reintegration through a transparent progression pathway. The function and focus of the Prison has changed considerably in the last 14 years; initially with the introduction of double-bunking in 2010, and more recently with the introduction of remand prisoners, who comprise 22 percent of the total prison population.

It now holds low medium security and below prisoners, most of whom have requested voluntary segregation, and remand prisoners awaiting trial. At the time of the inspection, many of the processes and practices were more suited to a high security setting and were impeding achievement of the Prison's vision to '*develop a Kaupapa Māori based culture to support tāne to take their proper place in the community*'. Population pressures and staff shortages have also served to limit progress. Twenty-four percent of the population were minimum security prisoners.

A lack of continuity of leadership has had an adverse effect on the development of regimes, routines and consistency of practice at the Prison. It was clear that performance in meeting prescribed standards of practice had not been consistently met but effective remedial actions had not been put in place. Of particular concern were the induction process and practices at the beginning of custody that set the direction, and structure the expectations for prisoners. Critical information was not always provided in ways that were accessible. Too many prisoners were not provided sufficient, suitable clothing. Arrangements for provision of bedding were inadequate.

The Prison was operating a typical, high security, 8am to 5pm unlock for the majority of its prisoners although the Prison did not hold high security prisoners. The unintended consequences of persisting with some practices had an adverse impact on the treatment of prisoners. Restricting prisoners' access to toilets and water is unacceptable and current

mitigations were inadequate. I consider this to be degrading treatment and a breach of Article 16 of the Convention against Torture.

Overall, health services were reasonably good, and I welcome the addition of the mental health In-Reach Clinician to the Prison team. However, there was no separate health complaints system, and patient files were not securely stored.

I found that accommodation was reasonably well maintained and the environment clean. Staffing continuity in the units was an area of frustration for both staff and prisoners. It is a matter of growing concern that 55 percent of prisoners who responded to my survey found it difficult to get a complaint form and that only 13 percent of prisoners had confidence in the complaints process.

Cultural provision across the site was limited. Relationships between the Prison and iwi were fragile however, I am encouraged to learn of the willingness of all parties to overcome difficulties and provide a strong response to shared challenges. The Prison did not always manage the needs of vulnerable prisoners effectively or appropriately, and some prisoners with disabilities did not always have their needs met.

A wide range of employment and constructive activities was available at the Prison. However, too many prisoners were underemployed despite a number of vacancies and waiting lists for employment in workshops. Remand prisoners had little access to constructive activities.

Case management, the process designed to identify prisoners' needs and develop management plans to address the issues in a structured, co-ordinated way, was not meeting standards of practice. Consequently, too many prisoners were appearing at their Parole Board hearing without having attended or completed the requisite courses.

On a more positive note, the partnership work with Redemption Arts and Education Services to build an arts programme was a good initiative. Child centric visits played an important role in maintaining family ties.

My Inspectors observed generally positive staff and prisoner interactions. Prisoners were respectful and generally relaxed and most staff were supportive of the Prison Director' vision. Continuity of leadership, developing partnerships with iwi and consistency in meeting performance standards will enable that potential to be achieved.

In conclusion, I wish to acknowledge and express my appreciation to the managers and staff of the Prison for the full co-operation they extended to my Inspectors. I also welcome the Department of Corrections' responses to my findings and recommendations, which I include in this report. To accept 28 of 31 recommendations reflects our mutual desire to strengthen protections against ill treatment and improve conditions of detention.

Peter Boshier
Chief Ombudsman
National Preventive Mechanism

Facility facts

Northland Regional Corrections Facility

Northland Regional Corrections Facility (the Prison), opened in 2005 and can accommodate 652 remand and sentenced prisoners.

The Prison's residential facilities comprises six residential Units and two Self-Care Units (one inside, and one outside the Prison). Four of the six residential Units contain two separate pods.

Table 1: Short description of residential Units

Unit	Unit description	Capacity
Kea	Sentenced mainstream, under 25 years of age	31
Karamu (Placements Unit)	Management Unit	22
Puukeko North pod	Convicted and sentenced: voluntary segregation	87
Puukeko South pod	Convicted and sentenced: voluntary segregation	87
Kaaka North pod	Convicted and sentenced: voluntary segregation	87
Kaaka South pod	Convicted and sentenced: voluntary segregation	87
Kaahu North pod	Remand accused	39
Kaahu South pod	Remand accused	50
Weka North pod	Convicted and sentenced: mainstream	57
Weka South pod	Convicted and sentenced: mainstream	57
Pipiwaharauoa	Internal Self-Care Unit: mainstream	28
Kuuaka	External Self-Care Unit: mainstream	20
Total capacity:		652

Region

The Prison is part of the Department of Corrections' Northern Region.

Prison Director

Dave Pattinson

Regional Commissioner

Jeanette Burns

Previous inspections

An assessment of double-bunking was undertaken in 2010

A follow up assessment of double-bunking was undertaken in 2011

An inspection of the Separates Unit, At Risk Unit and Kea Unit was undertaken in 2013.

The Inspection

In 2007, the Ombudsmen were designated as one of the National Preventive Mechanisms (NPMs) under the Crimes of Torture Act 1989 (COTA), with responsibility for examining the treatment of, and conditions applying to, detainees in New Zealand prisons.

From 18 February to 27 February 2019, a team of nine Inspectors and Specialist Contractors (the Team) – whom I have authorised to carry out visits to places of detention under COTA on my behalf – made an unannounced ten-day inspection to the Prison.

The Team was informed that, on 18 February 2019, there were 606 prisoners in the Prison, so it was operating at approximately 93 percent capacity.¹

Methodology

Prisoner Survey and Focus Groups

On the first day of the inspection, the Team distributed a voluntary, confidential and anonymous survey to prisoners.² The survey is designed to capture their experiences and perceptions of the Prison.

The Team spoke with prisoners individually and in groups to explain the purpose of the survey. The survey results are just one of several sources of evidence used and triangulated by Inspectors to help me form views about the Prison.³

Five-hundred and sixty-five survey forms were distributed and 407 were returned (72 percent). A copy of the survey and responses is in Appendix 2.⁴

On the sixth and seventh days of the inspection, six focus groups were facilitated by Inspectors to explore prisoners' experiences in the Prison. Sixty-two prisoners participated (approximately 10 percent of the prison population).

Four focus groups were conducted with staff to explore the experience, challenges and achievements of their role.

Inspection criteria

I have developed six core inspection criteria (the criteria), each of which describes the standards of treatment and conditions in prison. These criteria are underpinned by a series of indicators that describe evidence Inspectors look for to determine whether the treatment and

¹ See Appendix 3 for the Prison population demographic (as at 9 April 2019).

² Some prisoners declined a survey form.

³ The survey gives prisoners the opportunity to raise their concerns as well as acknowledging what is working well. Responses to the survey should be used as a tool toward open communication with the client group (prisoners) and predicting future behaviour and feeling.

⁴ The survey used during this inspection is based on Her Majesty's Inspectorate of Prisons (HMIP) prisoner survey, provided with their permission.

conditions are conducive to preventing torture, or cruel, inhuman or degrading treatment or punishment, or impact adversely on detainees. The list of indicators underpinning the criteria is not exhaustive, and does not preclude a prison demonstrating that the expectation has been met in other ways.

This was the seventh full inspection undertaken using my new inspection criteria. These criteria are being trialled and refined as necessary. On completion of the trial, I will publish the criteria on my website. I propose to update the criteria over time.

The following criteria were examined during the 10-day inspection:⁵

Criteria 1: Treatment

Criteria 2: Reception into prison

Criteria 3: Decency, dignity and respect

Criteria 4: Health and wellbeing

Criteria 5: Protective measures

Criteria 6: Purposeful activity and transition to the community.

Evaluation techniques

My Inspectors gathered and assessed a range of information, resulting in the evidence-based findings presented in this report, using a variety of techniques including:

- obtaining information and documents from the Department of Corrections and the Prison;
- conducting a survey of prisoners;
- shadowing and observing Corrections Officers and other specialist staff as they performed their duties within the Prison;
- interviewing prisoners, visitors and staff on a one-to-one basis;
- conducting focus groups with prisoners and staff;
- observing the range of services delivered within the Prison at the point of delivery;
- inspecting a wide range of facilities impacting on both prisoners and staff;
- attending and observing relevant meetings, the results of which impact on both the management of the Prison and the future of the prisoners, such as case conferences;
- reviewing policies, procedures and performance reports produced both by the Prison and by the Department of Corrections; and
- observing early morning, evening, and weekend routines.

Future follow up inspections will be made as necessary to monitor the implementation of my recommendations.

⁵ Our inspection methodology is informed by, but not limited to, the Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), the Association for the Prevention of Torture's publication 'Monitoring Places of Detention', the New Zealand Bill of Rights Act 1990 (NZBORA), the Corrections Act 2004 and Corrections Regulations 2005.

Criteria 1: Treatment

Expected outcomes – treatment

The Prison has robust oversight measures and standards in place for preventing torture and other cruel, inhuman or degrading treatment or punishment. Such protection measures are subject to regular review by senior managers to ensure standards are consistently achieved.

The Prison takes all reasonable steps to ensure the safety of all prisoners. Prisoners live in a safe and well-ordered environment where positive behaviour is encouraged and rewarded. Unacceptable behaviour is dealt with in an objective, fair and consistent manner. There is regular and responsive consultation with prisoners about their safety.

Assessment

Use of force

The use of force in prisons is regulated by section 83 of the Corrections Act 2004 (the Act). Under section 83, physical force can only be used in prescribed circumstances and if reasonably necessary. The level of force used must be reasonable. Where force has been used, a registered health professional must examine the prisoner as soon as practicable.

In the 12 months between 1 March 2018 and 28 February 2019, there were 69 reported incidents involving use of force. There had been 12 incidents of use of force in the four months prior to the inspection.

Use of force records were inspected for the period November 2018 to February 2019. The most recent incident, which occurred on 9 February 2019, was still waiting to be reviewed by the appropriate manager. Of the 11 incidents that had been reviewed, two involved the deployment of pepper spray. One prisoner was involved in two of the use of force incidents in December 2018.

The Prison's internal review carried out on each incident found that use of force was justified in all cases. The review process appeared robust and in line with the required processes.

As part of the review process, areas for improvement were identified including: the use of on-body cameras (OBC), which were not always being activated prior to the use of force; warning prisoners before pepper spray was deployed; and improved record keeping and report writing.

The Prison Director's morning briefings, observed by my Inspectors, routinely included reminders to staff about such issues.

All custodial staff were up-to-date with their restraint training.

Suicide, self-harm and vulnerable prisoners

The Intervention and Support Unit (ISU),⁶ also known as Karo Unit, is a dedicated facility for those prisoners deemed vulnerable or at risk of suicide or self-harm, and those subject to segregation under section 60 of the Act (segregation for the purpose of medical oversight).

At the time of the inspection, the ISU had 12 at-risk cells and two dry rooms.⁷ Cells had their own toilet with hand washbasin and fixed furniture. Cells were of a reasonable size with call buttons, chalk walls and built-in radios. However, air was circulated rather than fresh.



Figure 1: ISU cell



Figure 2: Dry cell

All cells, including the unscreened toilets, were subject to CCTV monitoring, which was displayed in the staff base and master control. The cameras could be viewed by anyone entering the staff base and presented a significant privacy issue. The Department of Corrections' policy for toilets in the ISU cells to be unscreened gave prison staff (and others) the ability to observe, either directly or through camera footage, prisoners undertaking their ablutions or in various stages of undress. I consider that this amounts to degrading treatment or punishment for the purpose of Article 16 of the Convention against Torture.⁸

Some work had been done in the ISU day room to make it look and feel more therapeutic and staff appeared engaged with, and sensitive to the needs of the client group.

There was considerable flexibility in the management of prisoners in the ISU, with different security classifications mixing in the day room and yards. Inspectors observed prisoners, who were subject to 30 and 60 minute observation wearing normal prison clothing, accessing the

⁶ The ISU is designed to enable the observation and safe management of prisoners at risk of self-harm. They were previously known as At Risk Units (ARUs).

⁷ A dry room is a cell without a toilet or water source.

⁸ The Department of Corrections has recently reviewed prisoner privacy and provided me with a copy of their review for comment.

shower and making telephone calls during the hours of unlock. Prisoners could access at least one hour in the fresh air daily. Visits with family and friends took place in the main visits area.

Evening meals were distributed around 3.45pm and breakfast at 8.30am. Inspectors observed prisoners taking their meals in the day room.



Figure 3: ISU day room



Figure 4: ISU yard

My Inspectors reviewed the at-risk paperwork and found good file note entries and reasonable management plans. However, prisoners did not attend their daily reviews and were not provided with a copy of their management plan.

A daily meeting between custodial and health staff determined when a prisoner could be discharged from the ISU. The meeting attended by my Inspector included a detailed discussion of the progress of each prisoner, with the Health Centre Manager (HCM) providing guidance to custodial staff on health issues relating to individual prisoners and suggestions as to their appropriate management. Custodial staff in the Unit informed Inspectors that they had received minimal mental health awareness training.

There were between three and five prisoners in the ISU during the course of the inspection. My Inspectors noted that one prisoner had not received his Unit induction until the third day.

One hundred and seventy-three prisoners had been located in the ISU in the seven months from 1 July 2018 to 31 January 2019. The average length of time spent in the ISU was nine days; the longest period was 46 days. Twenty-nine prisoners had more than one admission. Following a period in the ISU, 53 prisoners (31 percent) were moved to Kaahu Unit, 28 prisoners (16 percent) were moved to the Placement Unit, and 47 prisoners (27 percent) were transferred to Mount Eden Corrections Facility.

Placement Unit

The Placement Unit, also known as Karamu Unit, was used for multiple purposes. At the time of inspection, the Unit was housing an overflow of remand accused prisoners. It was also being used as a 'transition unit' for prisoners who had previously been housed in the ISU or had

spent an extended period on directed protective custody. Several prisoners who had daily court appearances scheduled were being held in the Unit for ease of movement. It was also being used for prisoners serving a period of cell confinement, and as a management Unit for prisoners subject to section 58 to 60 of the Act (directed segregation).⁹

The Unit comprised six single cells and eight double-bunked cells and could hold up to 22 prisoners. Prisoners were accommodated in single cells in the first instance.

My Inspectors noted that the Unit was clean, tidy, and free from graffiti. All cells were monitored on CCTV. However, toilets were pixelated on the CCTV monitors affording a degree of privacy. Mainstream cells in prisons are not subject to CCTV surveillance. I believe the use of CCTV to monitor mainstream prisoners detained in the Placement Unit was an unacceptable invasion of their privacy.

There were no day rooms, designated interview spaces or activities in the Unit, which limited opportunities for staff to have face-to-face contact with prisoners. At the time of the inspection, all prisoners detained in the Unit were subject to a segregation regime irrespective of whether or not they were under directed segregation. Prisoners could access at least one hour fresh air in one of the two external yards, which had telephones. Prisoners ate meals in their cells.

Prisoners placed on directed segregation did not have meaningful management plans, including how they could be assisted in appropriate behaviour change. Prisoners neither attended their management review meeting nor were they provided with a copy of their management plan.

It was disappointing to note that my predecessor had made similar observations in her inspection of the Prison in 2013 and that recommendations made, while accepted by the Department of Corrections (Corrections), had not been implemented.

The segregation register recorded that of the 60 segregation directives made between June 2018 and 18 February 2019, 24 were not revoked prior to the end of the initial 14-day approved period. There is a requirement under the Corrections Act that prisoners are subject to segregation only until such time as the risks associated with the prisoner have been addressed.

Safety (including voluntary segregation)

There is an expectation that prisoners feel, and are safe, from bullying and victimisation, including verbal and racial abuse, threats of violence and assaults.

Corrections data¹⁰ showed an increase in reported violence at the Prison across a range of indicators since 2017.

⁹ Segregation is the restriction or denial of a prisoner's opportunity to associate with other prisoners (refer section 57 of the Act).

¹⁰ Corrections Business Reporting and Analysis (COBRA) system.

Table 2: Violence indicators

Indicator	Recorded incidents 2017 – 18	Recorded incidents 2018 -19
Prisoner verbal abuse of prisoner	26	25
Prisoner verbal abuse of staff	143	176
Prisoner assault on prisoner	32	38
Prisoner assault on staff	17	24

Forty-six percent of prisoners who completed my survey reported having felt unsafe at some point while in the Prison, with 21 percent reporting feeling unsafe at the time of the inspection.

Twenty-nine percent of survey respondents (117 prisoners) said they had been assaulted while in the Prison, while just under a third (40 prisoners) said they had reported the incident.

Sixteen survey respondents reported that they had been sexually assaulted while in the Prison.

Staff and prisoners informed Inspectors that bullying and intimidation occurred around the use of telephones. Dominant prisoners reportedly asserted control over phone usage, as access to telephones in the Units was limited.

At the time of the inspection, nearly two-thirds of the Prison population were on voluntary segregation. Prisoners on voluntary segregation spoke of feeling relatively safe from intimidation but claimed that bullying still occurred.

Appropriate action was taken to separate victims of intimidation and threats of violence from perpetrators. However, Inspectors found less evidence of perpetrators confronted about their actions and support offered to them to modify their behaviour and attitudes.

Access to the full range of activities for voluntary segregated prisoners was available.

Alcohol and other drugs

A key driver of violence in prisons is the use of drugs. Prison staff were working to reduce the supply of drugs entering the Prison. The dedicated Site Emergency Response Team conducted regular, targeted searching for drugs, including the use of drug detection dogs.

The Prison did not have a comprehensive alcohol and drug strategy, despite a number of incident reports identifying alcohol and drug issues being submitted to the security team for action. Of the 345 drug tests carried out between February 2018 and February 2019, five prisoners tested positive. At the time of the inspection, eight prisoners (just over one percent of all prisoners) had Identified Drug User (IDU) status.

Seventy-five survey respondents (19 percent) reported having an alcohol problem on admission, with fewer than one in seven receiving any help with their problem while in the Prison.

One hundred and twenty-four survey respondents (approximately 30 percent) reported having a drug problem when they came to the Prison. Fifty-three respondents (13 percent) reported having developed a drug problem since entering prison. Fewer than one in six reported receiving help with their problem.

Gangs

At the time of the inspection, the Prison was in the process of developing a gang management strategy. The removal of high security prisoners in 2013 had reduced the numbers and influence of gang members in the Prison. Corrections' database¹¹ of gang association at the Prison estimated that 132 prisoners (22 percent) were associated with gangs, which was higher than the figure of 89 (14 percent) provided by the Prison at the time of the inspection, which is shown at Appendix 3. The perceived lack of tension in the Prison appeared to reflect both the low security status of the prisoners and the relatively low level of gang involvement.

Recommendations – treatment

1. I recommend that:
 - a. The privacy of prisoners in the ISU is ensured when they are naked, partially naked, or undertaking their ablutions.
 - b. Prisoners in the ISU, and those on directed segregation should attend their reviews and be provided with copies of their management plans.
 - c. Prisoners in the Placement Unit not be subject to unauthorised segregation.
 - d. Mainstream prisoners in the Placement Unit are not subject to CCTV monitoring.

The Department of Corrections accepted recommendations 1c and 1d.¹²

Corrections partially accepted recommendation 1a and stated:

Corrections acknowledge that balancing the dignity and privacy of prisoners in Intervention and Support Units (ISUs) with the preservation of life presents a unique challenge. As acknowledged by your office, a piece of work is underway in this area, which has been led by the Chief Custodial Officer. This work has looked at research and international practices to support future actions and includes consideration of international practices, legislative instruments and identifying potential options for

¹¹ Corrections Business Reporting and Analysis (COBRA) system.

¹² The Department of Corrections' comments on recommendations 1c and 1d can be found in Appendix 1.

enhancing privacy for prisoners in ISUs. We have provided your office with a copy of the completed review regarding this work, for consultation.

It is expected that initial plans will be established by the end of July 2019. Once received, any feedback from your office will be considered as part of the planning process.

Corrections partially accepted recommendation 1b and stated:

Where appropriate, Corrections agree that prisoners in the ISU are offered the opportunity to have greater involvement in their management, which can also mean attending the weekly Multi-Disciplinary team meeting. However, there are cases where prisoners have been deemed too unwell by mental health professionals, to be engaged in their management plans. The aim is to remove this barrier through appropriate treatment of the prisoner to allow them more autonomy in their management.

Prisoner involvement is considered on a case by case basis and is an ongoing priority for staff in the ISU.

NRCF disagree that prisoners on directed segregation are not provided with their management plans and do not attend their reviews. NRCF have assured that individuals on directed segregation are provided with the opportunity to attend their reviews and contribute to their management plans. The only exception to this is if prisoners are extremely unwell and it is not appropriate to provide them with management plans which is a decision made by the Multi-Disciplinary team.

No further action will be undertaken.

I am concerned that prisoners considered too unwell to attend their review are cared for in a custodial setting as opposed to a hospital one.

Criteria 2: Reception into prison

Expected outcomes – transition to lawful custody

On arrival at Prison, prisoners are safe and treated with respect. Risks are identified and immediate needs met before prisoners move to their allocated Units.

The Prison complies with administrative and procedural requirements of the law. There is a structured process to provide every prisoner with all necessary information about their rights, responsibilities and entitlements, the Prison's expectations of them and the operating and administrative arrangements pertaining to their detention.

Assessment

Receiving Office

Reception and transfer of prisoners took place in a well-designed, modern facility that was originally designed for a stable population of 350. Double-bunking in 2010 and a decision to accommodate remand prisoners in 2015 had increased the Prison's capacity to 652 resulting in additional pressure and complexities for staff working in the Receiving Office (RO).

Procedures for the admission, transfer and release of prisoners were carried out satisfactorily and systems were generally in place to deal with the additional demands presented by a large remand population. However, at the time of the inspection fifty-one prisoners (eight percent of the Prison population) had not had their fingerprints taken on their admission due to equipment failure.

My Inspectors observed the reception process for six prisoners and found it to be generally good. With the consent of three of the prisoners, an Inspector observed the strip search process and noted staff carried out the procedure with sensitivity and according to prescribed guidelines.

Clothing, bedding and toiletries were not issued to prisoners in the RO. Prisoners were given an evening meal before being moved to the Units.

Lengthy delays in access to stored property was a source of frustration for many prisoners — 55 percent of survey respondents. There were 39 complaints relating to property for the period 1 July 2018 to 31 January 2019. RO staff were aware of the problem and motivated to improve the service.

My Inspectors observed staff in the RO calming an agitated prisoner before he was moved to the Placement Unit. They considered it a good example of staff using their de-escalation and tactical communication skills.

Induction

There were no dedicated first night cells and so prisoners arriving at the Prison were allocated to cells in the main residential Units. Inspectors spoke with two prisoners in Weka Unit the day after their arrival into the Prison, both of whom reported that they had not received a Unit induction or initial telephone call. Neither prisoner was shown the features of their cell, including cell call arrangements, prior to being locked up for the night. Staff informed Inspectors that they would facilitate telephone calls for the prisoners.

Fifty-five percent of survey respondents (220 prisoners) reported that they were not given a phone call on their arrival in to the Prison.

Unit information booklets included information about visiting times, health and wellbeing and daily routines as well as listing prohibited activities and the likely consequences of non-compliance with rules. For example, the information booklet for Weka and Puukeko Units stated that using the laundry facilities for washing items other than personal clothing would result in the laundry being locked and the entire Unit forfeiting the use of the laundry the following day. Such blanket punishments are unfair on those prisoners who have complied with the Prison's rules.

My Inspectors spoke with a number of prisoners who had attended an induction briefing yet were unclear about how to access the complaints process, arrange a visit or make a canteen purchase on the information kiosk as their fingerprints had not been registered on admission due to equipment failure. Prisoners confirmed they received clean bedding upon arrival in the Unit, although the provision of pillows and towels was unreliable. Clothing of the correct size was not always available.

The Prison was unable to provide translated versions of key information, such as the Unit information booklet. Inspectors spoke to a number of foreign nationals who were critical of the lack of information and perceived lack of concern about the difficulties they encountered. Few staff were aware of the Language Line translation service¹³ that was available.

The standard for assigning prisoners a Case Officer¹⁴ is within three days from being transferred to a new Unit. At the time of the inspection, this standard was achieved 25 percent of the time.¹⁵ It was not clear to my Inspectors what action the Prison was taking to improve performance in this area.

Fifty-two percent of survey respondents (201 prisoners) reported having a problem when they first arrived at the Prison. Seventy-seven percent of survey respondents (309 prisoners) reported that they did not meet with their Case Officer within the first week of their arrival.

¹³ Language line is a free telephone-based interpreting service provided by the Office of Ethnic Communities, used by many government agencies.

¹⁴ The role of the Case Officer includes looking after the prisoner, ensuring he is aware of routines and arrangements in the Unit and supporting and encouraging him to make positive use of his time in custody.

¹⁵ Corrections Business Reporting and Analysis (COBRA) system.

Recommendations – transition to lawful custody

2. I recommend that:

- a. Arrangements for prisoners to access stored property be improved.
- b. An assurance process is developed to assess and improve the effectiveness of the receiving office and induction process in meeting prisoners' needs and entitlements.
- c. A review of the content and tone of the Unit information booklet is carried out with prisoners involved in its design, content and use of language.
- d. Induction arrangements for foreign nationals and speakers of other languages are improved to ensure they are fully aware of Prison procedures and how to access support.

The Department of Corrections accepted recommendations 2a, 2b, 2c and 2d.¹⁶

¹⁶ The Department of Corrections' comments on recommendations 2a, 2b, 2c, and 2d, can be found in Appendix 1.

Criteria 3: Decency, dignity and respect

Expected outcomes – decency, dignity and respect

The Prison employs fair processes while ensuring it meets the distinct needs of all prisoner groups irrespective of age, disability, gender and sexual orientation, race, religion and belief. A climate of mutual respect exists between staff and prisoners.

Prisoners live in a clean and decent environment which is in a good state of repair and fit for purpose. Each prisoner has a bed, bedding and clean suitable clothing, has good access to toilets and washing facilities, is provided with necessary toiletries and cleaning materials, and is properly fed. The Prison supplies the basic requirements of decent life to the prisoners.

Assessment

Accommodation

The Prison had six main residential Units (including the Placement Unit) as well as two villa-style Self-Care Units. Four of the Units consisted of two pods linked by a staff base and a secure area for prisoner movements. Most cells were double-bunked and opened onto a compound area that was used for recreation. A number of compounds had a security fence erected through the centre to separate prisoners into smaller groups. Concrete exercise yards were also located at the rear of each pod.

Generally, accommodation standards were good. Cells were clean, bright and well maintained, with integral sanitation and shower facilities. However, lack of ventilation in cells was an on-going and unresolved issue. The locked door policy¹⁷ in all Units also meant that condensation was a problem, particularly in cells built to high security standards, which did not have opening windows. Cell temperatures measured during the inspection exceeded 28 degrees Celsius.

Accommodation and facilities in the internal and external Self-Care Units were of a high standard. The self-contained villas were clean and tidy and the prisoners had planted vegetable gardens to supplement their diet. Prisoners shopped for and cooked their own meals. Prisoners appreciated the opportunity to exercise personal responsibility and prepare for release.

The overall appearance of the site was very good.

Clothing, bedding and toiletries

The lack of prison 'kit' is a concern to me. My Inspectors viewed Unit storerooms and found limited stock. Generally, there was a lack of towels, sheets, pillows and clothing.

¹⁷ Cell doors had to remain locked when prisoners were out in the compound.

Inspectors observed many mattresses that did not have fire retardant covers and there were too few pillows; prisoners improvised by using pillowcases filled with duvets and blankets. Bedding, including pillows, mattresses, and duvet-inners, were in poor condition on some Units.



Figure 5: Mattress



Figure 6: Clothing store

Both staff and prisoners reported to Inspectors the long-standing shortages of appropriate clothing and bedding. They reported a lack of underwear and insufficient clothing generally, including a shortage of t-shirts, which resulted in some prisoners wearing track suit tops, some with sleeves torn off, in very high temperatures.

Forty-five percent of survey respondents reported that they were not normally offered enough clean, suitable clothing for the week, and 24 percent reported not regularly receiving clean sheets each week.

Blankets, pillows and duvet inners were laundered every four months, with clothing and sheets laundered weekly in the Prison laundry.

Management arrangements for the control of stock appeared inadequate and little priority was given to supplying prisoners with the standard allocation of clothing.

Access to toilets

In the first six months of 2018, 32 reported incidents of prisoner-on-prisoner violence occurred at the Prison, half of which reportedly took place in cells, resulting in the Prison Director instructing that cell doors would be kept locked when prisoners were in the compound (yard or lock regime) to avoid the risk of further assaults. This instruction was a matter of frustration for prisoners as it had unintended consequences.

Not every Unit had communal toilets for general use when prisoners were locked out of their cells. Staff reported that they were kept busy on a range of tasks, which meant they were not always available in the Units to allow prisoners quick access to the toilet in their cell. Inspectors noted that there were extended periods when staff were not in the Unit compounds

interacting with prisoners. Prisoners resorted to urinating and, on occasion, defecating in the compound because of the lack of a toilet, which was a source of humiliation, particularly for many of the older prisoners.

Prisoners in Kaaka Unit had been advised by staff to appoint an individual to represent the prisoners' views about access to toilets at a meeting with the Prison Director, which had yet to take place. The Prison Director remained firmly of the view that cell doors would remain locked and advised Inspectors that a budget bid was being prepared to install a toilet in all compounds.

I consider prisoners being unable to access a toilet in a timely manner amounts to degrading treatment or punishment and a breach of Article 16 of the Convention against Torture.

Food and meal times

Rule 22 of the Nelson Mandela Rules states *'Every prisoner shall be provided by the prison administration at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served'*.

Meal times across the Prison did not reflect usual meal times, an issue that is of concern across the prison estate. Corrections have acknowledged that there are certain limitations to the current eight-hour shift structure in issuing meals to prisoners, conducting muster checks and the lock up times. Corrections plans to review prisoner meal times nationally as part of the 'Making Shifts Work' project.

Inspectors noted that evening meals, including a 'supper' comprising two slices of bread and margarine and a piece of fruit, were delivered to Units before 3pm, in some cases as early as 2.45pm (Puukeko and Kaaka). The meals were generally issued to prisoners in their cells by 4pm. Kea Unit received their evening meal around 5pm.

Mainstream prisoners and remand prisoners ate all meals in their cell. Meals were eaten in close proximity to the toilet. Dining rooms were being used for various other functions, including classrooms for short duration programmes.

Sandwiches were provided at lunchtime and hot meals were provided at dinner. During the inspection, meals arriving in Units were hot on delivery. Inspectors noted the food was of a reasonable standard.

Twenty-two percent of survey respondents described the quality of food as good or very good, while 37 percent thought it was bad or very bad. Prisoners were critical of the amount of mince in their diet and the delay between hot meals being delivered to the Units and served, by which time it was cold.

Many survey respondents commented on the lack of healthy food options. Some prisoners expressed frustration with what they perceived as the dismissive response by staff to their complaints about the quality of the diet.

The kitchen facilities were good, with generally high standards of cleanliness and hygiene. The Prison kitchen followed the national menu and provided a four weekly menu. Prisoners requiring a special medical or lifestyle diet were catered for.

In order to prevent birds flying into the kitchen area, both external doors to the kitchen were kept closed. The kitchen's ventilation system did not appear to be adequate to maintain a safe working temperature. Inspectors noted a temperature of 38 degrees Celsius in the kitchen. During the course of the inspection, a nurse tended to one kitchen worker suffering from heat exhaustion.

Prisoner canteen

Prisoner canteen (P119) was criticised by both prisoners and staff in a number of areas. Seventy-seven percent of survey respondents claimed the P119 did not sell the items and food supplies they needed.

Staff pointed out differences in price between the P119 form on the prisoner information kiosk and the printed form. Prisoners advised my Inspectors of discrepancies in the range of products available for purchase across the Units. Inspectors obtained hard copies of the P119 order form from two Units, which contained different prices for the same items.

Prisoners whose fingerprints had not been registered on admission into the Prison complained of the lengthy delays and frustrations in receiving their P119. Staff and prisoners expressed disappointment at the lack of effective action to address the issue.

Staff:prisoner relationships

My Inspectors observed generally relaxed and courteous relationships between staff and prisoners, although some staff referred to prisoners in distress as *'the sad, the bad and the mad'*. Inspectors were surprised to hear some staff complaining to their peers about prisoners *'pestering them for information'* when prisoner kiosks were not working or otherwise inaccessible.

Prisoners expressed frustration at the lack of staff continuity in the Units and the impact on *'getting things done'*. Staff reported being deployed across the site to address staff shortages and were conscious that they were not always aware of the routines in the Units to which they were sent.

Prisoners on voluntary segregation reported that some staff threatened to revoke their segregation status or make adverse file notes if they continued to complain about issues not being addressed.

Thirty-six percent of survey respondents reported that there was not a staff member they could turn to for help with a problem, with thirty-seven percent indicating that most staff did not treat them with respect.

Many prisoners said they did not have any regular, meaningful contact with their Case Officer as part of the Right Track¹⁸ process, which appeared to have broken down in most Units.

Equality and diversity

Foreign national prisoners appeared to be managed poorly. A number of prisoners described a lack of effort by staff to explain Unit routines and arrangements in a language that they could understand. Some prisoners expressed their anxiety about some staff's hostile and disrespectful response to their requests for clothing and other entitlements.

Most foreign national prisoners to whom my Inspectors spoke were unaware of the resources and facilities available to them in the library.

Cultural provision

The Prison was the first to establish a working relationship with a recognised iwi. Ngāti Rangī have Kaitiaki status and mana whenua over the site. However, it was evident from discussions with prisoners, staff and service providers that there was a regrettable lack of engagement with mana whenua. The Prison Director reported that relationships with Ngāti Rangī had been difficult for some time. However, I am encouraged to learn of the willingness of all parties to overcome difficulties and provide a strong Māori response to shared challenges.

Thirty percent of survey respondents described themselves as Māori. A further 21 percent described themselves as Māori / Pākehā.

Fifty percent of prisoners identified as being Māori according to the Prison population profile (see Appendix 3).

There was limited and incomplete information about prisoners' whakapapa and iwi affiliation recorded on the Integrated Offender Management System (IOMS), which affected the Prison's ability to provide appropriate cultural support.

I am surprised at the lack of tangible engagement of staff in making the Ara Poutama Practice Framework¹⁹ an integral feature of the Prison's operation. Staff awareness was low and some staff were sceptical about its relevance to their day-to-day duties. A number of Māori staff expressed disappointment at the perceived lack of structured training in such new initiatives. They said that the designated training sessions on Friday afternoons were usually spent catching up on paperwork while the prisoners were locked up.

There was a perception among many staff that muster pressures and staff shortages had resulted in increased workloads and fewer opportunities for personal development and for better understanding of Te Ao Māori.

¹⁸ The Department of Corrections promotes Right Track as supporting staff to take the right action with offenders at the right time, by knowing what is going on in their lives and encouraging them to make positive use of their time in custody.

¹⁹ *Corrections Strategic Plan 2018-19 – Priorities*.

Forty percent of survey respondents indicated that they were able to access cultural services at the Prison, of those 40 percent, only 12 percent were remand prisoners. A significant number of prisoners reported a desire for increased cultural support and input. A common theme from prisoner focus groups was the lack of access to culture support, and cultural programmes and activities, particularly for those prisoners on remand.

Recommendations – decency, dignity and respect

3. I recommend that:

- a. Ventilation in cells should be improved to ensure appropriate temperatures are consistently achieved.
- b. The provision of clothing and bedding meet prescribed standards and sufficient audits are carried out to ensure compliance.
- c. Prisoners have unrestricted access to toilets at all times.
- d. The serving of meals is standardised to normal hours. This would involve lunch being served any time between midday and 1.30pm and dinner to be served any time between 5pm and 7pm.
- e. Discrepancies between P119 lists and prices across units should be addressed.
- f. Foreign national prisoners be provided with reliable information about the Prison and their rights in a form which is easily understandable to them.
- g. Relationships with Ngāti Rangī be re-established as a first step towards implementing a step change in the development and delivery of culturally appropriate services in the Prison.

The Department of Corrections accepted recommendations 3a, 3b, 3d, 3e, 3f and 3g.²⁰

Corrections rejected recommendation 3c and stated:

Corrections acknowledge the importance of prisoners being able to access toilets at all times. As acknowledged by your office, Corrections have instructed that prisoners not be able to congregate in areas that are unmonitored, including prisoner cells during unlock hours, as this can lead to unacceptable prisoner behaviour including intimidation and assaults. This is to maintain the safe and secure running of the prison and the people within it. The safety of the prisoners we accommodate, and the staff working in our prisons is paramount.

²⁰ The Department of Corrections' comments on recommendations 3a, 3b, 3d, 3e, 3f and 3g can be found in Appendix 1.

However prisoners can still access toilets during these lock hours. When in the unit and wanting to access a toilet, a prisoner will have their cell unlocked for them. When in either of the two exercise yards, a prisoner can request to use the facilities there or choose to use the toilet in their cell. Staff continue to facilitate these requests as quickly as possible, while upholding safety and security in the unit at all times.

If a prisoner chooses not to leave their cell during the unlock period, they are not forced to and can remain in their cell. The cell is locked and it is recorded that they did not want to leave.

For the affected units (the north pods), NRCF are also in the process of engaging with relevant teams within Corrections to consider a business case for the cost of additional toilets which if deemed a viable option, would be situated in communal areas.

I note in a number of your responses you highlight that since my inspection a new regime is now operating with free prisoner movement around the Prison, without custodial staff accompanying prisoners to appointments, programmes, interventions and employment obligations. You also comment that due to the minimum and low medium security classification of sentenced prisoners at the Prison, this has been deemed appropriate and does not pose a risk to the safety and security of the Prison. I wonder then, why prisoners in secure areas, such as unit compounds are still unable to freely access toilets when they are supervised by staff in these areas.

Criteria 4: Health and wellbeing

Expected outcomes: health and wellbeing

The Prison takes all necessary steps to ensure the wellbeing of all prisoners. Patients are cared for by services that assess and meet their health and substance use needs and promote continuity of care on release. Patients are treated with dignity, respect and compassion and their right to privacy is respected.

Assessment

Governance arrangements

The minimum standard for the health care of prisoners is set out under section 75 of the Act. Section 75 provides that a prisoner is entitled to receive reasonably necessary medical treatment, of a standard reasonably equivalent to the standard of healthcare available to the public.

Health services were provided by the Department of Corrections, with some essential, specialist contractor input, such as GP provision. There was no local health service strategic plan, nor a process for identifying emerging trends in healthcare needs such as an annual health needs analysis that would inform the delivery and development of the service.

Health services at the Prison, including 14.7 full-time equivalent (FTE) Registered Nurses (RN), were managed by the Health Centre Manager (HCM), supported by a Clinical Team Leader (CTL). All RNs had a current practicing certificate. The HCM informed Inspectors that at the time of the inspection there was one nurse vacancy, for which a recruitment process was underway.

Clinical governance arrangements were in place, and quarterly meetings were well attended. The HCM also met three times per year with representatives from Northland District Health Board (DHB) and St John's Ambulance Service. The Prison's health service had Cornerstone²¹ accreditation.

Inspectors observed respectful, positive and constructive interactions between health staff and patients. Health service staff told my Inspectors that they felt supported in their roles but would welcome the opportunity for clinical supervision. They had opportunities to enhance their professional development through on-the-job training, and for those RNs with portfolio responsibilities in areas such as diabetes, hepatitis and infection control, specific training was

²¹ Cornerstone is an accreditation programme specifically designed by the Royal New Zealand College of General Practitioners for general practices in New Zealand.

provided. Other training activity included one RN attending the Māori clinical leadership programme, *Nga Manakura a Apopo*.²²

Following consultation with Corrections National Office, the HCM denied my Inspectors direct access to MedTech²³ but provided printed copies of the MedTech records for 30 patients identified by Inspectors. On inspection, these records were found to be comprehensive.

The door to the room containing patients' medical files remained open when the room was not in use. I consider that this failure to ensure the security of the patients' files may breach the Prison's privacy obligations.

Inspectors were informed that the health services operated a separate health complaint process. However, many prisoners were unaware how to submit health complaints and used the general prison complaint system (PCO1). During the period 1 August 2018 to 31 January 2019, 32 health-related complaints were received through the general complaint system, with the most common complaints relating to access to medication and other treatments. No register was maintained of the number of complaints received through the health complaints system and so my Inspectors were unable to identify the total number of health-related complaints submitted by prisoners. The HCM told Inspectors that the number of health-related complaints submitted via the general complaints system was an under-representation of the total number of health-related complaints submitted but was unable to quantify the difference. I consider prisoners having little option but to submit health-related complaints through the general complaints process a breach of prisoner's confidential information.

Health services were delivered from the health centre and, when custodial officers were available, from a small satellite clinic located in another part of the Prison. Clinic rooms in the health centre were clean, well equipped and had handwashing facilities. The two holding cells were bare and provided little stimuli for patients.

There was no co-ordinated approach to meeting the needs of disabled prisoners, and, apart from those prisoners with visual and/or hearing impairments, there was no definitive list held by health services of those considered to have a disability. Twenty-four percent of survey respondents reported that they had a physical disability, seventy-one percent of whom reported that they did not feel supported with their disability needs.

When prisoners were asked what they thought of the overall quality of the health service, 37 percent of survey respondents said it was good while 44 percent said it was bad.

Primary health care services

On arrival at the Prison, all prisoners received a basic health screening by a RN, which included mental health and substance misuse. Health screenings were conducted in a small room in the RO. The door to the room was closed during consultations, providing privacy to the prisoner.

²² *Nga Manakura a Apopo*: A marae-based course of six days over four months covering governance and leadership in the health sector.

²³ MedTech is the electronic health management system used by the Department of Corrections.

Inspectors observed the health screening of five prisoners, with their consent. Prisoners were given a leaflet providing brief information about the health services in the Prison but consent forms were not explained in any detail, other than asking the prisoner to sign the form.

Timeframes for completing the Initial Health Assessment (IHA)²⁴ were determined by the health screening and triaged accordingly by the nurse. One of the prisoners observed by Inspectors was triaged at Level 2 (semi-urgent needs) by the nurse, requiring his IHA to be completed within 24 hours. However, the prisoner's IHA did not take place until four days after his arrival in prison.

My Inspectors checked the records of prisoners arriving at the Prison during a one-week period in the month prior to the inspection, and who would be required to have an IHA. Of the 12 prisoners still at the Prison at the time of the inspection, only five had received an IHA within seven days. Of the seven prisoners who did not receive an IHA within seven days, four had had IHA's booked within seven days but they had been rescheduled to later dates (in the case of one prisoner, his appointment for an IHA had been rescheduled on five occasions). IHC appointments were delayed due to the lack of escorting staff.

Health services were provided from 6.30am to 9.30pm, Monday to Friday and from 7am to 9.30pm at weekends. A rostered on-call RN provided after-hours health services. Emergencies were transported either to Bay of Islands Hospital, Paihia or, if the emergency was more serious, Whangarei Hospital.

Access to healthcare was initiated by the prisoner completing a 'Health Request Form'. The RNs collected the forms daily from locked boxes in the Units and they were then triaged by a RN in the health centre. The triaging of health requests was conducted based on the RNs judgement rather than specific criteria. Irrespective of the urgency of a prisoner's health request, a RN saw him in the first instance before referral to another health professional such as the GP or dentist. At the time of the inspection, there was a four-day wait for a prisoner to see the RN for the initial consultation and then a three-day wait to see the GP. Fifty-one percent of survey respondents reported that it was difficult to see the nurse, with 70 percent reporting that it was difficult to see the doctor.

The GP provided clinics at the Prison Monday to Friday from 8.30am to 12.30pm. When necessary, the GP referred patients to external health specialists. During the period 1 August 2018 to 31 January 2019, 251 patients attended consultations with external specialists. Health staff informed my Inspectors that during the same period, 16 consultations were rescheduled owing to lack of availability of escort staff or transportation.

The movement of prisoners to the clinics did not work well and caused significant disruption to the clinics and timely consultations of prisoners with health professionals. My Inspectors monitored attendance at clinics throughout the inspection period and observed disruption to clinics on most days. On one occasion, two nurse-led clinics were scheduled to start at 8.30am but one RN did not receive her first patient until 9.45am and the second clinic did not receive

²⁴ Initial Health Assessments must be completed within seven days of the reception health screening.

its first patient until 11.10am. On another day, 15 patients were booked into the GP clinic, however only six patients were seen.

Dental services

Dental services at the Prison were contracted to Northland DHB. A copy of the dental service-level agreement was requested but not provided.

A dentist and dental nurse attended the Prison for six hours each Wednesday and one Thursday each month. The dentist informed Inspectors that most of the dental work comprised relief from pain and semi-urgent procedures.

Prisoners applied to see the dentist by submitting a 'Health Request Form' and, following an initial consultation with a nurse, were placed on the waiting list to see the dentist. At the time of the inspection, the waiting list for a dentist appointment was approximately six weeks. Urgent cases were seen more promptly and the primary care team provided pain relief to patients when required.

When asked how difficult it is to see the dentist, 73 percent of survey respondents said it was difficult, while 10 percent said it was easy.

The dental room was large, with a separate reprocessing area.²⁵ Dental equipment was maintained and serviced regularly and appropriate infection control processes were in place.

Pharmacy provision

Medicines were provided to the Prison by an external pharmacy. Prescriptions were faxed to the pharmacy daily, Monday to Friday and delivered within 24 hours, or later the same day if necessary. A limited supply of stock medication was stored in the health centre. Medications were stored in their original packaging and kept in each patients medication file in the dispensary.²⁶ The dispensary was well organised and secure.

The Pharmacist was a member of the clinical governance group and had attended one of the previous four meetings. A Pharmacy Technician attended the health centre for three hours per week to check the medication stock for each patient and to remove unused medicines.

At the time of the inspection, 137 prisoners were prescribed weekly 'in-possession' medications. Ten prisoners were prescribed controlled drugs, for which they attended the health centre to be administered the medication from the dispensary. Controlled drugs were stored, administered and recorded appropriately. Inspectors observed adherence to the proscribed process.

Medication rounds occurred twice daily and Inspectors observed an evening round. The nurse conducting the medication round asked each prisoner to identify himself and then checked his

²⁵ Reprocessing refers to the procedures that are undertaken to ensure contaminated reusable items are made safe for re-use and includes processes such as cleaning, disinfecting and sterilisation.

²⁶ For the purposes of this report, a dispensary is a room where medications, including controlled drugs, are stored.

identity using his date of birth and a photograph. There was no privacy or confidentiality for patients when medications were administered at the cell door. Inspectors witnessed sensitive information being sought by the nurse from the patient, with his cellmate and custodial officers in attendance. When the medication was administered, the nurse did not ensure that tablets had been swallowed rather than secreted in the mouth.

Over-the-counter medication (Panadol) was issued in the Units by custodial staff and recorded on log sheets. The sheets were checked daily by nursing staff although Inspectors observed the 'Total tablets left' column of the log sheet was not completed in all Units.

Mental health provision

Mental health screening of prisoners was undertaken on arrival at the Prison, as part of the reception health screening. Referrals to the mental health services could be actioned at this point if required.

The Prison contracted Emerge Aotearoa to provide the services of one mental health In-Reach Nurse (IRN) each day, Monday to Friday. However, prior to the inspection, the full-time nurse had resigned and the new IRN worked three days per week. The IRN provided services to prisoners with mental health conditions such as anxiety, depression and grief, which were of a mild to moderate degree. At the time of the inspection, the IRN had a caseload of four patients.

Prisoners with mild to moderate mental health conditions could also access a counsellor via the Time to Live (TTL) service; an external contractor providing services one day per week. Other health professionals in the Prison referred prisoners to TTL.

When asked if they had any emotional wellbeing/mental health issues, 41 percent of survey respondents said they did. Seventy-five percent of respondents reported that they did not feel supported with their emotional/mental health needs.

Forensic service

The Regional Forensic Psychiatric Service (RFPS) was provided by the Mason Clinic (Waitemata District Health Board) and comprised a consultant psychiatrist, one FTE RN and a Social Worker (0.4 FTE). A copy of the service-level agreement was requested but not provided.

At the time of the inspection, the forensic team carried a caseload of 56 prisoners. Those prisoners requiring a forensic bed were transferred to the Mason Clinic; two prisoners from the Prison were located in the Mason Clinic at the time of the inspection but no prisoners were waiting for a bed.

The High Risk Assessment Team (HRAT) met weekly to discuss the progress and ongoing management of prisoners on the forensic caseload. The meeting attended by Inspectors comprised the HCM, IRN, forensic nurse and custodial staff from the Units and the ISU. Discussion of the prisoners was comprehensive and future action points were identified.

Members of the forensic team conducted consultations with prisoners primarily in the Health Centre and experienced similar problems to other health professionals in relation to the unreliable attendance of prisoners. For example, on one day during the inspection the forensic nurse had a clinic list of five prisoners, of which only one prisoner was seen by the nurse owing to the remaining prisoners not being escorted to the health centre.

The forensic team routinely updated prisoner health records (MedTech) following consultations.

Members of the forensic team told Inspectors that they enjoyed positive and constructive relations with other health service staff at the Prison.

Recommendations – health and wellbeing

4. I recommend that:

- a. An annual health needs analysis be conducted to inform a health development plan and future funding.
- b. The room containing patients' medical files be locked at all times when unoccupied.
- c. To ensure confidentiality, the health complaints process is better promoted throughout the Prison and is used as the sole process for managing health-related complaints from prisoners.
- d. Health services are supported to provide primary care appointments through timely and reliable custodial support.
- e. Care for prisoners with a disability is developed to include prompt identification and assessment of such prisoners; the provision of appropriate support; and ongoing review of individual needs.
- f. Health services are supported to provide clinics, and medicines supervision without compromising prisoner confidentiality and privacy.

The Department of Corrections accepted recommendations 4a, 4b, 4c, 4d, 4e and 4f.²⁷

²⁷ The Department of Corrections' comments on recommendations 4a, 4b, 4c, 4d, 4e, and 4f can be found in Appendix 1.

Criteria 5: Protective measures

Expected outcomes – protective measures

The Prison performs the duties both to protect the public by detaining prisoners in custody and to respect the individual circumstances of each prisoner by maintaining order effectively, with courtesy and humanity. Prisoners are encouraged to take responsibility for themselves, their environment and their future. Their rights to statutory protections and complaints processes are respected.

The Prison takes appropriate action in response to the findings and recommendations of monitoring, inspectorial, audit or judicial authorities that have reported on the performance of the Prison.

Assessment

Remand prisoners

Remand accused prisoners are generally required to be separated from remand convicted and sentenced prisoners. This separation is mandated in the Corrections Regulations (Regulation 186), and is also a requirement under Rule 11 of the Nelson Mandela Rules. This is a protective measure to ensure that those who have not been found guilty of an offence are protected from those who have. Remand prisoners are not classified, and by default are managed as high security prisoners, which limits opportunities to participate in activities.

On the first day of the inspection, there were 138 remand prisoners (22 percent of the prison population), of whom 97 were remand accused prisoners (15 percent of the Prison population) primarily located in Kaahu Unit. About a quarter of remand accused prisoners were experiencing prison for the first time.

Remand accused prisoners were locked for prolonged periods. During the course of the inspection, my Inspectors noted that remand prisoners were locked for up to 21 hours per day.

In 2013, the United Nations Subcommittee for the Prevention of Torture visited several New Zealand Prisons, and stated that limited time out of cells and the limited range and provision of constructive activities were issues for remand prisoners that should be addressed.

With very few exceptions, remand accused prisoners were double-bunked in cells originally designed for single occupancy.

To ensure prisoner safety and separation of categories, a number of different regimes were operated; staff managed the routines effectively but recognised that overcrowding and limited periods of unlock were unwelcome consequences.

A basic yard-to-cell regime was operating for all those on remand. On at least one occasion, Inspectors noted that exercise yards were crowded, which contributed to increased tension and frustrations.

Prisoners said there was nothing for them to do and little or no opportunity to use their time constructively:

'There are no programmes/courses for people on remand that want to change and get help for offending, it also looks bad for the Judge when going for sentencing.'

'I really wanted to get help in here and can't do it all on my own. No support.'

'[There] should be courses for people who want to change and learn life skills to be able to access them on remand.'

'[I] wanted to move forward and do courses, tried hard to get on some but answer is always "wait until you are sentenced."'

Complaints

Under sections 152 and 153 of the Act, the Department of Corrections complaints system must ensure that complaints are investigated in a fair, effective and timely manner. Information explaining the complaints investigation process, how prisoners obtain forms for requesting interviews or make formal complaints, and their right to request assistance from an Inspector of Corrections or an Ombudsman must be prominently displayed in each prison unit. In addition, under section 154, the opportunity to obtain assistance to make complaints, and assistance for persons who have difficulties with verbal or written communication, must be available.

Inspectors had numerous discussions with prisoners, individually and in focus groups, and most expressed a lack of confidence in the complaints procedure. Forty-five percent of survey respondents reported that they had made a complaint while in the Prison but only one in five thought that complaints were dealt with fairly. One in 12 prisoners had faith in the complaints system. Prisoners gave examples of complaints being 'closed' by staff without the issue being discussed at interview, which is an integral part of the process. A number of foreign national prisoners reported that, on occasion, when asking for a complaint form from staff, they had been told that *'you have no rights'*.

The most frequently occurring complaint (67 complaints) was about cell conditions, specifically high temperatures, lack of ventilation and access to cells when doors are locked. Prisoner welfare was the next highest, followed by complaints about property, recreation, health and staff conduct.

Inspectors reviewed the Prison's performance in meeting the practice standards for managing complaints. In the seven months between July 2018 and January 2019, there had been 468 complaints entered on IOMS, of which 86 (18 percent) were not managed in accordance with prescribed timeframes.

Not all prisoners were informed during induction about their right to make a complaint and the process for doing so.

Kiosks, mail and telephones

Prisoner information kiosks were rolled out nationally to all prisons in 2017. The kiosks enable prisoners to order canteen items, see key sentence dates, and request appointments with their Principal Corrections Officer and Case Manager.

Kiosks were positioned throughout the accommodation areas with the exception of the ISU. Not all were operational and prisoners advised my Inspectors that they had to be reset frequently by staff. Prisoners reported that they generally sought advice from other prisoners on how to use the kiosks, although they were briefed by staff as part of the Unit induction process. Both prisoners and staff advised my Inspectors that some prisoners could not access the kiosk, as their fingerprints were not registered at the time of their admission into the Prison.

Sections 76(1) of the Act provides that a prisoner may send and receive as much mail as the prisoner wishes. The Prison Operations Manual specifies that mail should normally be distributed each working day.

Administration staff routinely processed incoming mail Monday to Friday ready for pick up by Unit staff. My Inspectors saw incoming mail sitting in the guardroom in Kaahu Unit from the previous day. Inspectors were advised by staff in Puukeko Unit that mail could sit for several days before being distributed or processed to be sent out.

Sixty-five percent of survey respondents reported having problems sending or receiving mail.

While the approvals process for telephone numbers was operating effectively, Inspectors noted there were issues around prisoners' access to telephones at peak times; particularly when prisoners returned from work and other activities.

Sixty-one percent of survey respondents reported problems with access to telephones. In Weka Unit, this increased to 84 percent of all survey respondents.

In the Units, south pods had only one prisoner telephone in the compound, whereas north pods had two. All exercise yards had a telephone. Prisoners in south pods advised my Inspectors that access to the telephone in the main compound was '*problematic*' and a cause of bullying.

I consider access to telephones is essential for prisoners to maintain contact with whānau and to access advice helplines.

Misconducts

My Inspectors examined the Prison's misconduct book for the period 1 August 2018 to 19 February 2019, during which time 366 charges were recorded. The most common charge (40 percent) was a prisoner having an article in their cell or in their possession without the

approval of a Corrections Officer. Eighty-one charges were withdrawn or dismissed at or before the adjudication stage.

My Inspectors also examined the prison's adjudications and appeals process concerning charges of prisoner misconduct.²⁸ Inspectors observed three adjudications during the inspection. Adjudications were heard in the Unit in which the prisoner was housed.

Prisoners could appeal the outcome of an adjudication to an independent Visiting Justice, who attended the Prison monthly. Eight appeals were observed during the inspection, all of which were recorded by an official from the Kaikohe District Court.

A significant number of appeals were upheld (50 percent) due to the hearing being out-of-time or paper work being unavailable. My team were told that the problem was a lack of rostered, trained adjudicators. In my opinion, there appears to be a lack of resource available to ensure the adjudication process operates effectively.

Recommendations - protective measures

5. I recommend that:

- a. Remand accused prisoners have more opportunities to engage in constructive activities.
- b. Compliance with standards for complaints handling should be improved.
- c. Prisoners' mail is managed in accordance with the Prisons Operations Manual.
- d. Prisoners' access to telephones be improved.
- e. Trained adjudicators be available and appropriately rostered so that alleged offences against discipline can be addressed within Corrections' prescribed timeframes.

The Department of Corrections accepted recommendations 5a, 5b, 5c, 5d and 5e.²⁹

²⁸ The process by which charges are laid, prosecuted and heard is prescribed in Corrections' rules and regulations.

²⁹ The Department of Corrections' comments on recommendations 5a, 5b, 5c, 5d, and 5e can be found in Appendix 1.

Criteria 6: Purposeful activity and transition to the community

Expected outcomes – purposeful activity and transition to the community

All prisoners are encouraged to use their time in Prison constructively and this is facilitated by the Prison. The Prison supports positive family and community relationships.

Prisoners' sentences are managed appropriately to prepare them for their safe return to their community at the earliest opportunity. The Prison provides a broad range of activities, opportunities and services based on the profile of needs of the prisoner population. There are sufficient, suitable education, skills, and work and programme places to meet the needs of the population. Prisoners are consulted in planning the activities offered.

Prisoners have the opportunity to participate in recreational, sporting, religious and cultural activities.

Assessment

Time out of cell

Inspectors undertook two separate muster checks to determine how many prisoners were unlocked and engaged in purposeful activity.³⁰ The majority of prisoners (65 percent) were unlocked on their respective Units and located in either the compound areas or yards. Twenty-two percent of the Prison population was engaged in some form of constructive activity. The other thirteen percent were locked in their cells.

Excluding those prisoners who worked in industries,³¹ the residential Units operated an 8am to 5pm regime for the majority of prisoners.

Inspectors were advised that minimum security prisoners in the Self-Care Units were normally locked at 8.30pm. A review of the log book for the Internal Self-Care Unit showed that between December 2018 and 28 February 2019, prisoners were locked up early almost every other day, reportedly due to staff shortages elsewhere in the Prison.

Sixty-seven percent of remand prisoners who responded to my survey reported that they spent less than four hours per day out of cell. Two-thirds of all survey respondents spent less than six hours a day out of cell. A number of prisoners opted to be locked in their cell during periods of

³⁰ Inspectors undertook a full muster check of the Prison on Friday morning and Monday afternoon to identify how each prisoner was spending their time (including if they were locked or unlocked).

³¹ Prisoners working in industries started work at 6.30am.

recreation and association because of the locked door policy and limited access to toilet facilities.

Inspectors were advised by staff that an instruction had recently been made that prisoners could no longer take water bottles or drinks containers to the exercise yards and were now expected to use the drinking fountain, which was integrated into the lavatory in the exercise yard. The rationale behind this restriction on access to drinking water was not clear, nor who had made such an instruction. Inspectors raised their concerns with the Prison Director who had been unaware of the situation and immediately revoked the instruction.

Gymnasium

Gym facilities included an indoor sports hall and outdoor sports field. The multi gym, which contained a range of exercise, cardio and resistance training equipment, had been out of service for over 12 months due to issues with the flooring. The gym operated Monday to Friday, 6.30am to 7pm and had capacity for 28 prisoners per session. Each Unit was allocated an hour gym session per week. Evening sessions were available to prisoners in Kaaka and Puukeko Units who worked in industries and were unable to attend during the day. The outdoor sports field was utilised during the weekend for remand convicted and sentenced prisoners.

Prisoners were required to wear covered footwear for the gym resulting in some prisoners not being able to attend because they did not have the appropriate footwear.

Gym staff operated a CrossFit programme and a semi-structured Unit based programme which promoted physical and mental wellness.

Gym sessions for remand prisoners were scheduled at the same time as their visits session.

Chaplaincy

Religious support was provided by a Prison Chaplain who led a team of community-based volunteers. Services included spiritual guidance and pastoral support. Bible study classes were held in the Units during the week and Sunday services were held in the Pua, which served as a Chapel and meeting space for up to 20 prisoners. When staffing issues prevented such worship, the Chaplain and volunteers visited the Units to hold religious services.

The Chaplain served as the focal point for spiritual support on release and contact with other religious faiths.

Fifty-eight percent of survey respondents said they were able to access religious services in the Prison.

Library services

The Prison employed a full-time Librarian and two prisoner assistants to manage the library. The range of material was good and included books in languages other than English.

The library was open to all Units with the exception of the ISU, Kaahu and the Placement Units, which had their own small libraries. Prisoners in all other Units were able to attend the library at least weekly.

Nearly 30 percent of survey respondents said they never used the library, rising to nearly three quarters of remand survey respondents who generally reported the lowest rates of access to activities.

Visits

Visits took place from Monday to Sunday in the visits hall. Monday and Tuesday mornings were dedicated to the Storytime³² programme with the afternoons accommodating special visits. The visiting schedule at the Prison had adults-only sessions from Wednesday to Friday. Preschool children could visit on Wednesday and Thursday mornings. Child centric and family visits operated at the weekends.

The visits hall was spacious and comfortable, and there was a well-equipped children's area, which had items such as soft play mats and toys.

Inspectors noted that visits staff were clearly committed to supporting child centric visiting, which included providing a breakfast club that enabled fathers to make and share in breakfast with their children. The Prison also ran a school holiday programme with activities in the visits complex for children and their fathers.

Hot drinks and snacks were available, which visitors appreciated. Visitors my Inspectors spoke with said they were treated and searched respectfully. Although the visits my Inspectors observed started on time, prisoners and visitors told us delays had been an issue.

Eighteen percent of survey respondents said they enjoyed a weekly visit from whānau and friends; 29 percent said that it was easy for family to visit them in the Prison, and one in three said that visits started on time.



Figure 7: Visits complex



Figure 8: Children's play area

³² Storytime Foundation have developed a model of *Early Reading Together* programme which is presented in the prisons visits area on Monday mornings over a four week period of two hourly sessions.

Searching at visits

Sections 98(6)(h) and (i) of the Corrections Act 2004 specify that prisoners 'may' be strip searched before and after any person visits or has visited the prisoner.

In line with the Act, prisoners were not routinely strip-searched when entering and exiting the visits complex. With the consent of prisoners, my Inspectors observed pre and post visit processes, which were conducted in a respectful manner.

Training and employment

The Prison was steadily increasing the number and range of vocational training and employment roles available for prisoners. Prisoners could be employed in a number of industries including: kitchen, laundry, asset maintenance, internal grounds, or employed as Unit cleaners. External employment was available for those prisoners with the necessary security clearance including: community work party; grounds maintenance, and Release to Work (RTW).

Prisoners employed in industries were collected from their Units by the Instructors and were at their work place from 6.30am to 2.30pm, Monday to Friday. Lunch was taken at their place of work.

There were 157 employment roles available for prisoners on site; nine prisoners were employed on RTW with a further 36 RTW positions unfilled.

Inspectors made a full assessment of the number of prisoners in training, or employment, on Day 3 of the inspection, Wednesday, 20 February 2019.

Table 3: Prisoner employment on Wednesday 20 February 2019

Workshop	Workplace capacity	Number on day of assessment	Comments
Kitchen	40	37	Three vacancies
Laundry	10	8	
Asset maintenance & painting	10	8	
Whakairo (carving)	10	8	New course pending (5 on wait list)
New builds	15	12	
Community new builds	12	12	Portable homes (external contract)
Internal grounds – mainstream prisoners	9	2	
Internal grounds – segregated prisoners	9	9	

Workshop	Workplace capacity	Number on day of assessment	Comments
Sewing	10	9	
Community gardens	11	11	
External grounds	10	7	
External community work party/recycling	11	11	
Total	157	134	

Prison Instructors expressed concern at the lack of 'suitable' prisoners to fill employment roles. However, Inspectors noted there was no published selection criteria to work in industries; prisoners were chosen based on past behaviour and current mental state. There were 106 prisoners on the employment waiting list at the time of the inspection.

The kitchen had an operating capacity of 40 prisoners across morning and afternoon shifts of 20 prisoners per shift. On the first day of inspection, there were 18 prisoners on the morning shift, with three vacant positions. The Principal Instructor advised that the kitchen employed up to 54 prisoners with 48 rostered and six spare to cover shortages. Prisoners work toward the New Zealand Certificate in Hospitality.

North Tec³³ offered a range of Level 1 to Level 4 qualifications in five out of six vocational pathways: Primary Industries; Service Industries; Creative Industries; Construction and Infrastructure; and, Manufacturing and Technology. Courses included apiculture, art and design, building construction and an introduction to small business.

Te Pokaitahi (Te Reo Māori) and Kawai Raupapa (Māori Performing Arts) were delivered through Te Wānanga o Aotearoa at Certificate Level 2 and Level 4. Prisoners were placed on waitlists by their Case Manager and added to courses once a place became available.

My Inspectors were particularly impressed with the work done by Redemption Arts and Education Services who were exploring issues around homelessness, suicide, domestic violence and mental health.

Prisoners informed my Inspectors that they enjoyed the training and employment opportunities available to them and were interested and keen to learn. They produced good work and developed a good range of employment skills.

The Prison was unable to provide me with the number of prisoners who had gained qualifications over a six-month period.

³³ Tertiary Education Commission (TEC) provider.

Education

The Education Tutor undertook literacy and numeracy assessments with sentenced prisoners within two weeks of their reception into the Prison.³⁴ Results of the assessment were returned to the prisoner via the tutor who set a learning pathway to meet individual needs, goals and aspirations. Prisoners assessed as below Level 4 were offered an Intensive Literacy and Numeracy (INL) course. Prisoners who achieved Level 4 or above were offered a pathway into further learning, rehabilitation and reintegration programmes. They could also access secure online learning in the Prison's computer suite.

Prisoners with English as a second language were able to access English for Speakers of Other Languages (ESOL) courses, which ran throughout the year. There were two prisoners on an ESOL course at the time of the inspection, and 12 prisoners on the waitlist. The Prison was unable to provide me with the number of prisoners attending, and completing an ESOL course over a given period.

My Inspectors observed good prisoner behaviour in education, training and industries. Prisoners rarely used bad language, and when they did, tutors and instructors challenged them effectively.

Programmes

The Prison provided Short Rehabilitation Programmes (SRP) for those prisoners unable to attend a Medium Intensity Rehabilitation Programme (MIRP). The duration of the SRP was 24 sessions, each of 2.5 hours duration, four days a week.

A Short Motivational Programme (SMP) of five hours duration over five weeks was available for prisoners requiring one-on-one support to enhance their motivation to address their offending behaviour. Other short courses included parenting programmes, first aid, health and safety, and alcohol and other drugs, and were generally Unit based. The Prison was unable to provide accurate figures on the number of prisoners undertaking and completing programmes over a given period.

Te Whare programme, a MIRP programme based in Kea Unit, was designed to rehabilitate and reintegrate young men convicted of offences such as burglary, theft and robbery. The programme was made up of a pre-assessment phase followed by a 10-week core programme and reintegration service for 12 weeks after the programme; and with Prison participation for six months post release.

Te Kura (self-directed learning courses) were available to those who wished to further their learning. However, the Prison was unable to provide data on how many prisoners were undertaking self-directed learning at the time of the inspection.

A source of frustration for tutors and programme providers was prisoners arriving late for class. Late arrivals were usually due to a lack of escorting staff. My Inspectors noted several classes delayed by up to 20 minutes while waiting for prisoners to arrive. Inspectors also

³⁴ Adult Literacy and Life Skills (ALL) International Survey Levels.

observed a number of programmes and courses at less than full occupancy. Inspectors were advised that a lack of suitable spaces and programme rooms across the site prevented more activities taking place.

Inspectors reviewed data provided by the Prison for the period 18 February to 25 February 2019, and noted that 19,183 rehabilitation and reintegration hours had been recorded across the site. This equates to an average of 4.5 hours per day, per prisoner (including remand prisoners), in activities.

Thirty-seven percent of survey respondents (145 prisoners) said they were not engaged in any activities.

Case management

The Case Management team³⁵ comprised two Principal Case Managers (one new to the team), 20 Case Managers, one Parole Board Liaison and one Scheduler. The Practice Leader, who had a background in case management, provided in-house training and practice development for case management staff. A number of Case Managers were relatively new to the role and still in training. Much of their training was virtual learning (iQualify) and delivered by facilitators based in the Learning and Development team. Case Managers described the training as poor, and felt it was not a true reflection of the skills required for the role. They described some of the terminology used in the training as being out-of-date.

Among the concerns raised by the case management team was the lack of dedicated interview rooms across the site; poor communication between Case Managers and Case Officers (Corrections Officer); a lack of involvement in Right Track meetings, and the number of last minute transfers, which affected their caseload. The team described the case management process for remand prisoners as a *'tick box exercise'*, which was neither meaningful nor beneficial, and raised prisoner's expectation that immediate needs and interventions could be offered to them.

Work was underway to improve the timeliness and quality of case management practice across the site; however, there was still some work to be done. For the period September 2018 to March 2019, initial contact meetings³⁶ were trending at 69.4 percent; initial offender plans³⁷ were 42.9 percent and planned contact³⁸ 65.3 percent. Timeframes for providing the New Zealand Parole Board with board reports was trending at 75.6 percent.³⁹ Inspectors reviewed a number of offender plans and noted the quality of the plans was inconsistent and sometimes lacked detail.

³⁵ The process to identify the needs of the prisoner population is through Case Management.

³⁶ Case Managers will meet with every new prisoner on their caseload within 10 working days of allocation.

³⁷ An initial or transitional offender plan must be finalised within 40 working days of the initial reception date.

³⁸ Case Managers will undertake face-to-face contact with a prisoner based on their individual risk, need, and responsivity barriers.

³⁹ Data from Case Management Standards of Practice home page.

It was reported to my Inspectors by both custodial staff and prisoners that the process to see a Case Manager was protracted and slow.

Right Track

Meetings should take place between Case Officers and Case Managers to discuss a prisoner's sentence progression and re-integration needs. The Senior Corrections Officer in each Unit should be responsible for ensuring that the meetings take place and the outcomes are recorded.

Inspectors found that Right Track meetings were not being consistently held across all Units. Kaahu Unit staff advised that they did not have the resources to convene Right Track meetings as they had a number of other tasks to complete.

My Inspectors requested copies of the minutes for Right Track meetings from each Unit for the period August 2018 to January 2019. A review of the minutes found they varied in quality. A number of meeting minutes were found to be 'cut and paste' from one prisoner to the next, some minutes were incomplete and others made reference to other prisoners' behaviours that were unrelated to the individual.

According to my prisoner survey, fewer than 10 percent of prisoners met with their Case Officer once a week.

Recommendations – purposeful activity and transition to the community

6. I recommend that:

- a. Repairs to the gymnasium floor be carried out.
- b. Criteria for access to employment and other regime opportunities be published and processes developed to optimise the number of prisoners engaged in activity.
- c. Quality assurance processes for the collection, collation and analysis of data about regime up-take be developed.
- d. Arrangements for ensuring prisoners' timely attendance at employment, programmes, activities, visits and healthcare be improved.
- e. Prisoners have access to appropriate and timely case management provision.

The Department of Corrections accepted recommendations 6a, 6b, 6c, 6d and 6e.⁴⁰

⁴⁰ The Department of Corrections' comments on recommendations 6a, 6b, 6c, 6d, and 6e can be found in Appendix 1.

Acknowledgements

I appreciate the full co-operation extended by the managers and staff to my Inspectors during their visit to the Prison. I also acknowledge the work that would have been involved in collating the information sought by the Inspectors.

Publication

Under Section 27 and 36 of the Crimes of Torture Act 1989, I will present a copy of my final report to Parliament before publication on my website.

Appendix 1. Department of Corrections' comments on recommendations that were accepted

Recommendations – treatment

1. I recommend that:
 - a. The privacy of prisoners in the ISU is ensured when they are naked, partially naked, or undertaking their ablutions.
 - b. Prisoners in the ISU, and those on directed segregation should attend their reviews and be provided with copies of their management plans.
 - c. Prisoners in the Placement Unit not be subject to unauthorised segregation.
 - d. Mainstream prisoners in the Placement Unit are not subject to CCTV monitoring.

The Department of Corrections accepted recommendation 1c and commented as follows:

There is a wide variety of prisoner regimes accommodated in the placement unit which has meant that staff have had to manage prisoners carefully. The Custodial Systems Manager and Principal Corrections Officer (Operations) are in the process of analysing current practices and ensuring all prisoners who are not subject to cell confinement are provided with an appropriate amount of time out of their cell. This includes those who reside in the placement unit and who are not subject to a segregation direction. It is expected that this initial analysis will be completed by the end of July 2019. Next steps will be considered at this time also.

A recent initiative for prisoners who are Remand Accused (and are being accommodated in the Placement Unit due to constraints on beds in the Remand Unit), is this group being given the opportunity to move to the Remand Unit for exercise time. There is usually a large number of prisoners on remand who have court appearances during the day which enables this movement to be facilitated. This is already assisting with freeing up opportunities and unlock hours for the varying regimes accommodated in the placement unit.

Corrections accepted recommendation 1d and commented as follows:

I can confirm that NRCF have had all CCTV cameras in placement unit cells de-activated. This work has been completed since the time of your inspectors visit in February 2019.

No further action will be undertaken.

Recommendations – transition to lawful custody

2. I recommend that:

- a. Arrangements for prisoners to access stored property be improved.
- b. An assurance process is developed to assess and improve the effectiveness of the receiving office and induction process in meeting prisoners' needs and entitlements.
- c. A review of the content and tone of the Unit information booklet is carried out with prisoners involved in its design, content and use of language.
- d. Induction arrangements for foreign nationals and speakers of other languages are improved to ensure they are fully aware of Prison procedures and how to access support.

The Department of Corrections accepted recommendation 2a and commented as follows:

NRCF will work to enhance the efficiency of the property processes operating on site in order to improve access and reduce delays in prisoners receiving their property in a timely manner. NRCF acknowledge that there are delays on a Friday evening if a prisoner is received and the property staff have left to go home for the weekend. Due to the legislative requirement to have the prisoner present when going through the prisoner's property, Receiving Office staff are reluctant to do this without the presence of the prisoner and the property staff. Property staff in the Receiving Office are responsible for logging property on a prisoners' Integrated Offender Management System (IOMS) profile. This current process is being reviewed by the Operations Manager and Principal Corrections Officer as part of their wider review of the prisoner property process. This is to identify any viable options to support prisoners who arrive on a Friday night in accessing essential items for the weekend. It is expected that this initial analysis will be completed by the end of July 2019.

Corrections accepted recommendation 2b and commented as follows:

NRCF will review the effectiveness of processes in the Receiving Office and in the induction process in meeting prisoners' needs and entitlements. This will be led by the Operations Manager as part of the analysis already being carried out on prisoner property processes in the Receiving Office. If required, any assurance work centred on this process will be led by the Operations Manager and NRCF management. It is expected that this initial analysis will be completed by the end of July 2019.

Your mention of prisoners not having their fingerprints taken on entry into prison due to issues with technology (page 13 of your report) has been identified as an area for enhancement in the Receiving Office. We have worked to resolve the technical issues you have highlighted with prisoners being able to access kiosks through biometric (finger

print) information loaded in IOMS and will continue to do so if technological issues arise again in the future.

It is important to note that scanning prisoners' fingerprints is an exercise undertaken to enable the gathering of biometric information for the specific purpose of prisoners using kiosks. We are not 'taking fingerprints on entry' as part of a criminal justice process or for any monitoring purposes.

Corrections accepted recommendation 2c and commented as follows:

NRCF will review the content and tone of the unit information booklets provided to prisoners. This review will include prisoner representatives from each unit who will engage in focus groups regarding the current information booklets so that prisoner feedback on design, content and the use of language can be considered in any resultant changes to the booklet. NRCF will hold these focus groups throughout August 2019 and then next steps will be established.

The Department of Corrections accepted recommendation 2d and commented as follows:

Work is underway in this area to ensure foreign nationals, speakers of other languages and those with literacy issues in all of our prisons are fully briefed on prison procedures (inclusive of inductions). Corrections are also working with Translation Services at the Department of Internal Affairs with the view to have key documents relating to the reception and induction process of prisoners (including at risk assessments) translated into other languages. Initially, it is envisaged that we will trial translated material in several languages at a couple of prison sites to test that we have covered all of the necessary information and have conveyed the information in a user friendly way to the intended audience. Unfortunately, we are not yet in a position to propose an expected timeframe for completion of this work.

Once implemented, this resource will have similar value to the Language Line telephone interpretation service in assisting staff in their duties and people in Corrections' care.

In the meantime, to increase awareness, Language Line and its usefulness when assisting prisoners who require interpreting services was raised by the Custodial Manager at morning briefings with staff on 28 June 2019. A site wide email reminding staff of this service has also been issued.

Recommendations – decency, dignity and respect

3. I recommend that:

- a. Ventilation in cells should be improved to ensure appropriate temperatures are consistently achieved.
- b. The provision of clothing and bedding meet prescribed standards and sufficient audits are carried out to ensure compliance.
- c. Prisoners have unrestricted access to toilets at all times.
- d. The serving of meals is standardised to normal hours. This would involve lunch being served any time between midday and 1.30pm and dinner to be served any time between 5pm and 7pm.
- e. Discrepancies between P119 lists and prices across units should be addressed.
- f. Foreign national prisoners be provided with reliable information about the Prison and their rights in a form which is easily understandable to them.

Relationships with Ngāti Rangi be re-established as a first step towards implementing a step change in the development and delivery of culturally appropriate services in the Prison.

The Department of Corrections accepted recommendation 3a and commented as follows:

Your report does not note specific units which require an improvement in cell ventilation. I refer to page 16 of your report under the subheading 'Accommodation', where you refer to the lack of ventilation in cells being an ongoing and unresolved issue. You note that the locked door policy in all units has meant that condensation is a problem, particularly in cells built to high security standards which did not have opening windows.

NRCF continue to implement and monitor Hazard Control Plans, as required. This includes attention to heat management, access to air and appropriate ventilation for those in our prisons.

No further actions will be undertaken.

Corrections accepted recommendation 3b and commented as follows:

Corrections acknowledge your finding in your report relating to the provision of clothing and bedding. Unfortunately, it does not appear that the clothing store that you were shown and the store that is photographed in figure six on page 17 is the correct kit locker. We ask that you consider removing figure six on page 17 as it is inaccurate. We apologise that you were not provided further information on this at the time.

The Custodial Systems Manager has advised that NRCF have a central kit locker where all bedding, linen and clothing is stored. While this kit locker is kept well stocked, NRCF management have identified that staff in Residential Units were not completing monthly audits of stock as required. These audits have since been completed with all units requesting further stock. All units now have a well stocked kit and have been reminded to submit monthly orders as required following audits. Mattresses were also ordered and replaced.

We have already taken action to improve this area as detailed above. No further actions will be undertaken.

Corrections accepted recommendation 3d and commented as follows:

The importance of aligning meal times to standardised hours is currently being addressed as part of our ongoing 'Making Shifts Work' project. Corrections have acknowledged that there are certain limitations to the current eight hour shift structure in issuing meals to prisoners, conducting muster checks and the lock up times. The 'Making Shifts Work' project team will provide foundational infrastructure to enable flexible work practices and a modern rehabilitation-focused prison system, supported by up-to-date and effective technology.

Corrections accepted recommendation 3e and commented as follows:

It is important for the P119 system to be supported by both kiosk and paper-based ordering systems. Kiosks offer a convenient, well-integrated method for placing orders. However, an alternative process needs to be available: a manual backup is important should the kiosk system be unavailable, and to support prisoners whose fingerprints have not yet been registered.

The paper-based system makes available personalised forms for each prisoner. Each form includes the prisoner's name, PRN, unit, trust balance and the range of products (and prices) available for purchase. These personalised forms are updated every Friday for the entire prisoner population and made available to each prison's electronic repository of general forms.

All prices are set nationally. As forms are updated each week, administrative staff check to ensure the manual forms' prices match the kiosk. To reduce the likelihood of price inconsistencies, additional communications will be sent from the administration team to all prisons to reconfirm the availability and accessibility of personalised P119 forms through sites' electronic repositories of general forms. This process will also be re-confirmed by the national Prison Industries team to all Assistant Prison Directors. Both of these actions will be completed by the end of July 2019.

Corrections accepted recommendation 3f and commented as follows:

As detailed in response to recommendation 2d, work is underway to translate key information about the prison for foreign nationals. This work will first be trialled with

foreign nationals in pilot prisons to ensure that the translated information is user friendly and easily understood.

Due to the large volume of documentation that requires reviewing and the attention to detail required for this work to ensure it will be useful to foreign nationals; unfortunately, we are not yet in a position to propose an expected timeframe for completion of this work.

Corrections accepted recommendation 3g and commented as follows:

NRCF are actively working to re-establish relationships with Ngāti Rangī as the local iwi and in order to progress culturally appropriate services on site. In the last 12 months, NRCF have welcomed members of the Ngāti Rangī Marae Komiti on site to engage in blessings, karakias and for the provision of cultural advice. NRCF have been regularly meeting with Ngāti Rangī since November 2018. Topics of discussions and outcomes from these discussions have included providing access to NRCF facilities and office space to Ngāti Rangī and ongoing engagement on the MOP. NRCF also have a relationship with Ngāti Rangī Ahuwhenau Trust and are currently working through some options to offer opportunities to prisoners through this trust, for example, the introduction of Manuka/Kanuka oil studies.

NRCF are working to build and strengthen their Kaiwhakamana group and are also working to further support prisoner ethnicity and affiliations through determining iwi, hapu and marae. NRCF staff have been attending hui to encourage kamatua/kuia to participate in this group. NRCF run the Tikanga and Mauri Tu Pae programmes throughout the year. NRCF also offer Whakairo (carving) workshops. NRCF are embarking on a cultural change programme to support the Te Ara Poutama framework and instil the Toko Rima a Maui values in preparation for the Paheretia Te Muka o Tangata (Maori Pathway).

NRCF are currently preparing for a Maori Network Noho Wananga in August 2019 as well as organising a separate leaders Wananga for August 2019.

Recommendations – health and wellbeing

4. I recommend that:

- a. An annual health needs analysis be conducted to inform a health development plan and future funding.
- b. The room containing patients' medical files be locked at all times when unoccupied.
- c. To ensure confidentiality, the health complaints process is better promoted throughout the Prison and is used as the sole process for managing health-related complaints from prisoners.
- d. Health services are supported to provide primary care appointments through timely and reliable custodial support.
- e. Care for prisoners with a disability is developed to include prompt identification and assessment of such prisoners; the provision of appropriate support; and ongoing review of individual needs.
- f. Health services are supported to provide clinics, and medicines supervision without compromising prisoner confidentiality and privacy.

The Department of Corrections accepted recommendation 4a and commented as follows:

The General Manager Health is leading the development of a process to identify the health needs of the people in our care. The development of an appropriate Health Needs Assessment tool is vital to ensuring that the health needs are accurately identified, analysed appropriately, and result in the development of health services which deliver high quality, safe care with measurable patient outcomes.

The recent development of the Health Practice and Mental Health Practice teams provides a new level of resourcing that is able to support the further development, implementation and refinement of this evolving process. It will necessitate working alongside local, regional and other national health and non-health staff (including external providers) to ensure the tool is fit for purpose, accurately implemented and accompanied by a robust analysis, reporting and evaluation process. This has been identified as a priority in the team's 2019 work plan.

Corrections accepted recommendation 4b and commented as follows:

NRCF accept this recommendation and have already remedied this practice. A number of Health Services staff were using the room occupying patient medical files for various administrative tasks during the time of your inspections. Since the time of your inspection, a notice has been re-instated on the door that instructs staff coming and going from the room to shut the door on entry and exit. Health Services staff have been made aware at handover of this requirement when using the patient medical file room.

We have already taken action to improve this area as detailed above. No further action will be undertaken.

Corrections accepted recommendation 4c and commented as follows:

As your office is aware, NRCF have a separate complaints form which is completed and submitted to NRCF Health Services. This means that confidential clinical information is not being managed by custodial staff and is not being entered into the complainants profile in our Integrated Offender Management System (IOMS).

There is also the PC.01 complaint process whereby complainants complete a PC.01 form which is entered into the complainants profile in our Integrated Offender Management System (IOMS). Confidential clinical information is not included in IOMS. Although your office hold concerns about the confidentiality of this process, it means that complainants PC.01 forms are centrally located, there is a clear timeframe and process for response and closure of the complaint and staff compliance with this complaints process is readily auditable. Because of these benefits we are working to further enhance the use of the PC.01 system for health complaints while maintaining a central focus on ensuring that any detailed health information related to the complaint is only entered in MedTech. This will mean that there will be consistent practice and clear expectations reinforced for custodial and health staff about the management and record keeping related to health complaints.

Raising awareness with prisoners regarding the PC.01 complaints process for health complaints is included in plans to enhance the PC.01 process mentioned above. This work is in its early stages and will be initiated over the coming months.

Corrections accepted recommendation 4d and commented as follows:

Since the time of your inspection in February 2019, there has been a large volume of work completed on prisoner movements at NRCF. A new regime is now operating with free prisoner movements around NRCF, without custodial staff accompanying prisoners to health appointments, programmes, interventions and employment obligations.

Due to the minimum and low medium security classification of sentenced prisoners at NRCF, this has been deemed appropriate and does not pose a risk to the safety and security of the prison. It has had the added benefit of allowing prisoners to have greater autonomy over their movements and has meant that prisoners are taking greater responsibility for managing appointments, commitments and attending appointments on time.

For Health Services appointments, free prisoner movements have contributed to a decrease in wait times as prisoners are being seen in the clinic on time. There has been positive feedback on the new free movement's regime from both staff and prisoners.

We have already taken action to improve this area as detailed above. No further actions will be undertaken.

Corrections accepted recommendation 4e and commented as follows:

Management of patients with disabilities is included within the Health Care Pathways Policy (April 2019) including initial triage, assessments (initial and ongoing). Specifically section 17.8 documents the requirements for those with significant and/or complex health needs to have treatment plans developed, of which 'any disability, condition or illness that requires complex nursing or medical intervention and oversight' is a criterion.

NRCF Health Services develop treatment plans for prisoners with high or complex needs as required. If prisoners self-report a disability when they arrive into prison, this will be noted by the nursing staff as part of their reception health triage.

We have already taken action to improve this area as detailed above. No further actions will be undertaken.

We would appreciate clarification on the definition of a disability used by your office when undertaking your inspections. What may present as a disability for one of our prisoners may be considered as more of an inconvenience by another. We do not label our prisoners as disabled if this is not self-reported or if it is not acutely or chronically clinically indicated. We seek clarification on the definition of disability particularly with relevance to the results of your prisoner survey.

I will ensure my Inspectors clarify the definition 'disability' at the time of the inspection.

Corrections accepted recommendation 4f and commented as follows:

Corrections accept that clinics and medication rounds should be completed without compromising prisoner confidentiality and privacy. Nursing staff are aware that medication rounds are exclusively for administering medication and no other medical matters (except true emergencies) are discussed. This is not only to protect a prisoner's confidentiality but also to allow nursing staff to administer the large volume of medication that they are required to manage on medication rounds. A Nursing Council requirement for all nurses is to identify the name of the patient and the name of the medication before administration. This is included in the Five Rights of administering medication (Nursing Council competencies). Currently at NRCF, patients are identified by their name, date of birth and photo identification. This is to support safe administration for both the patient and the nurse whose responsibility it is to manage this task.

We have found that prisoners may see medication rounds as an opportunity to initiate conversations with health services staff regarding health concerns or requests. They may share clinical information with staff and unfortunately they may do so in front of cell mates. Nurses are aware that they are not to engage in this discussion with prisoners. NRCF have identified that an increase in clinical space in the Health Centre will allow for further privacy whilst prisoners are attending appointments with nursing or medical staff. NRCF are currently in the process of scoping the viability of increasing clinical capacity in the Health Centre.

Our Health Practice team at National Office are finalising a nationwide Chaperone Policy which will contribute to greater confidentiality and protection of the patient's privacy.

External and clinic appointments and privacy.

A risk assessment (Prisoner Transport Form) is completed for all prisoners seeing external providers; that assessment will dictate how close the custodial officer is during the consult. All Corrections Officers sign a confidentiality clause regarding these health clinics.

Consultations in the health clinic require custodial staff to be in line of sight of the prisoner and the clinician, however, outside hearing range unless there is an identified risk or prior behaviour that has indicated that this is an unsafe option.

No further action will be undertaken.

Recommendations – protective measures

5. I recommend that:

- a. Remand accused prisoners have more opportunities to engage in constructive activities.
- b. Compliance with standards for complaints handling should be improved.
- c. Prisoners' mail is managed in accordance with the Prisons Operations Manual.
- d. Prisoners' access to telephones be improved.

Trained adjudicators be available and appropriately rostered so that alleged offences against discipline can be addressed within Corrections' prescribed timeframes.

The Department of Corrections accepted recommendation 5a and commented as follows:

NRCF acknowledge that remand accused prisoners should have a variety of opportunities and constructive activities to engage in. NRCF have commenced or are commencing the following activities and initiatives for remand prisoners:

Stand up, Speak up, Be heard – sessions designed to provide prisoners with basic knowledge and tools around how to communicate effectively. Particularly when in front of a judge, attending a Parole Board meeting or hearing and attending a job interview. These one hour workshops are currently being piloted at NRCF and are being held weekly for three weeks to ascertain uptake. So far, feedback from prisoners and the unit staff on these workshops has been positive.

Citizens Advice Bureau – NRCF are working to offer either bi-monthly or monthly sessions where representatives from the Citizens Advice Bureau attend NRCF to speak with remand prisoners about the services they offer. Holding one on one sessions for interested remand prisoners is also an aim. NRCF are hoping to have this established and functional by August 2019 however are awaiting further communication from Citizens Advice Bureau.

Literacy and Numeracy classes – NRCF are communicating with the current provider of literacy and numeracy services for their other prisoners to ascertain the viability of these services being offered to prisoners on remand. This is ongoing.

Library – remand prisoners have access to the library on Tuesday, Wednesday and Thursday.

Storytime foundation – This is a programme run during visits with Whānau that is open to remand prisoners. It encourages bonding between the prisoners and their children through reading and picture books.

Meditation – remand prisoners are offered the opportunity to be led by a qualified individual in mindfulness and meditation.

Motivational speaking – NRCF are working to offer seminars on family violence and drug and alcohol addiction to remand prisoners.

Other services currently being worked on in order to allow remand prisoners to be involved include, social support through prison mentors, budgeting services and classes and yoga classes.

Corrections accepted recommendation 5b and commented as follows:

Your report notes an 18% fail rate with regards to timeliness of response however on balance, there was an 82% success rate for timeliness of response. Notwithstanding this, we agree that there is always more we can do in this area and NRCF accept that compliance standards including response timeframes to complaints are of importance.

The Custodial Systems Manager has reminded the responsible Principal Corrections Officers that they are required to meet complaints response timeframes. Principal Corrections Officers have also been reminded that prisoners need to be interviewed as part of the resolution of complaints. These reminders have been communicated to staff by the Custodial Systems Manager at morning briefings on 28 June 2019. A reminder by email to all Principal Corrections Officers has also been sent.

All prisoners need to be notified at their induction of their right to complain and the process to submit a complaint. Currently, information notices are on prisoner notice boards regarding the complaints process, however, the incorporation of this into the induction process can be discussed at the planned focus groups throughout August 2019.

Corrections accepted recommendation 5c and commented as follows:

The Custodial Systems Manager has confirmed that the mail bag in the administration block is collected daily by New Zealand post. Whilst we are unable to control the timeliness of delivery of mail once it has been collected from site, NRCF have reminded staff of the requirement to action the mail collection and delivery of mail to prisoners as a daily core function.

We have already taken action to improve this area as detailed above. No further actions will be undertaken.

Corrections accepted recommendation 5d and commented as follows:

NRCF are currently in the process of developing a business case to approve additional payphones in the residential units and pods that only currently have headsets. If approved, this may contribute to some of the pressure on the use of telephones (particularly in the evenings as identified in your report) to be alleviated.

Corrections accepted recommendation 5e and commented as follows:

NRCF currently have six trained and certified hearing adjudicators. NRCF consider that the issue does not lie in the number of current hearing adjudicators but in the scheduling of adjudicators. NRCF will continue to encourage prosecutors to schedule adjudicators in advance on an ongoing basis to allow for offences against discipline to be addressed within the prescribed timeframes.

In April 2018, a Prisoner Disciplinary Proceedings Working Group was established, and has recently been re-started. Among the other work being led by this group, work is being completed to enhance the wording of the misconducts section in the Prison Operation Manual (POM) and consequently, the subsequent accuracy of wording used when writing misconducts. A focus is also on the timely process of laying misconducts to enable prosecutors to complete administrative functions for hearings to proceed. Work will continue in this area.

Recommendations – purposeful activity and transition to the community

6. I recommend that:

- a. Repairs to the gymnasium floor be carried out.
- b. Criteria for access to employment and other regime opportunities be published and processes developed to optimise the number of prisoners engaged in activity.
- c. Quality assurance processes for the collection, collation and analysis of data about regime up-take be developed.
- d. Arrangements for ensuring prisoners' timely attendance at employment, programmes, activities, visits and healthcare be improved.
- e. Prisoners have access to appropriate and timely case management provision.

The Department of Corrections accepted recommendation 6a and commented as follows:

NRCF have confirmed that the repairs to the gymnasium floor have been completed since the time of your inspection. NRCF have advised that the initial repair work was not completed to the expected standard which created delays in the completion of this work. The floor is now repaired and is operational for prisoner use.

We have already taken action to improve this area as detailed above. No further actions will be undertaken.

Corrections accepted recommendation 6b and commented as follows:

I can confirm that NRCF have a site wide programmes, employment, industry and regimes opportunities booklet that includes options available to prisoners. This also includes information on prisoner eligibility and criteria to access these opportunities.

With regard to your second point in this recommendation “and processes developed to optimise the number of prisoners engaged in activity”, we have responded in depth to this point in response to recommendation 6C. In short, NRCF are able to run reports which identifies the number of prisoners across all units who are engaged in employment, education, rehabilitation and programmes. Unfortunately it appears that at the time of your inspection you were not shown this. We apologise for this and will facilitate access to this for future inspections of our prisons.

This reporting allows NRCF to see the numbers of prisoners attending activities. Another report generates the total hours of prisoner attendance in industry, educations and rehabilitation programmes by each activity. At the end of each month, an ‘assurance’ report is provided to Corrections National Office and any concerns from this report (for example uptake of activities or optimisation of prisoners in activities) are addressed by the Assistant Prison Director. This provides for oversight and quality assurance of opportunities provided to prisoners and the data collected to reflect this.

No further actions will be undertaken.

Corrections accepted recommendation 6c and commented as follows:

We acknowledge that there is always more we can do in enhancing processes for the collection, collation and analysis of data about regime up take. However, unfortunately, at the time of your inspection you may not have been shown the collection and analysis of data that the site carry out. For future inspections, we are happy to work with you and Prison Management to ensure that you are able to access the information held on site. This is usually a function lead by the Assistant Prison Director and Corrections Officers in the Units are not expected to have such a comprehensive knowledge of our reporting.

Other reporting is the ‘Prisons and Units’ report which pulls together all prisoners per unit and shows which employment and education opportunities, and programmes have been completed by each individual prisoner. In addition, industry and education qualifications data is recorded and captured. With regard to your comments on page 37 relating to numbers of prisoners attending and completing an ESOL course, this course is dynamic and does not have a set start or completion date. This is not a structured programme and follows a continuous learning model whereby prisoners enter and exit ESOL classes when they feel that they have learned what they needed or wanted to learn. Therefore progression is not measured and it is not reported on in terms of prisoner completion rates.

No further actions will be undertaken.

Corrections accepted recommendation 6d and commented as follows:

Since the time of your inspection in February 2019, there has been a large volume of work completed on prisoner movements at NRCF. A new regime is now operating with free prisoner movements around NRCF, without custodial staff accompanying prisoners to health appointments, programmes, interventions and employment obligations.

Due to the minimum and low medium security classification of sentenced prisoners at NRCF, this has been deemed appropriate and does not pose a risk to the safety and security of the prison. It has had the added benefit of allowing prisoners to have greater autonomy over their movements and has meant that prisoners are taking greater responsibility for managing appointments, commitments and attending these appointments on time.

There has been positive feedback on the new free movement's regime from both NRCF staff and prisoners.

No further action will be undertaken.

Corrections accepted recommendation 6e and commented as follows:

Every morning, reports are run regarding standards of case management practice. A daily brief is held with case management staff to identify when initial contact with the individual will be scheduled, when the next planned contact is and whose offender plans are due in the near future. Follow up is also completed with individuals towards the end of each day to ensure that offender plans have been completed.

NRCF senior management, the principal case manager and Corrections' national practice-focused case management team has invested significantly in supporting case management staff on site. Resulting improvements in quality of practice and timeliness is evident. Baseline practice performance has lifted markedly and the following Standards of Practice (SOP) results have been recorded this month.

SOP 1 – Initial Contact: 95.8 % achieved

SOP 2 – Planned Contact: 95.9% achieved

SOP 3 – Risk Assessment: 94.4% achieved

SOP 4 – Initial Offender Plan Timeliness: 100% achieved

SOP 5 – NZPB Report Timeliness: 87.1% achieved

SOP 6 – Release Planning: 65.8% achieved

Site will continue to be supported to maintain the expected standard of practice.

We have already taken action to improve this area as detailed above. No further actions will be undertaken.

Appendix 2. Survey feedback: The Prison

A total of 565 questionnaires were given out and 407 were returned (72 percent).

Section 1: About you

How old are you?		
Under 21	5	1%
21-29	108	27%
30-39	97	24%
40-49	95	24%
50-59	55	14%
60-69	23	6%
>70	21	5%
Total	404	

What is your ethnicity?		
Māori	122	30%
Māori/Pākehā	83	21%
Kiwi/New Zealander	39	10%
NZ European/Pākehā	60	15%
Asian & Pacific Islander	41	10%
Other	56	14%
Total	401	

Is English your first language?		
Yes	318	79%
No	84	21%
Total	402	

Are you sentenced / on remand?		
Sentenced	327	82%
Remand Accused	45	11%
Remand Convicted	25	6%
Other	4	1%
Total	401	

Is this your first time in prison?		
Yes	183	45%
No	221	55%
Total	404	

Do you have children under 18?		
Yes	215	56%
No	171	44%
Total	386	

Section 2: Respect and dignity

Please answer the following questions about the wing/Unit you are currently living on:	Yes	Yes %	No	No %
Are you normally offered enough clean, suitable clothes for the week?	222	56%	178	45%
Are you normally able to have a shower every day?	395	98%	10	2%
Do you normally receive clean sheets every week?	303	76%	98	24%
Can you get cell cleaning materials every week?	326	82%	73	18%
Can you normally get your stored property, if you need to?	171	45%	212	55%

What is the food like here?		
Very Good	33	8%
Good	58	14%
Average	164	40%
Bad	98	24%
Very Bad	53	13%
Total	406	

Does the shop (P119) sell a range of goods to meet your needs?		
Yes	92	23%
No	311	77%
Total	403	

Section 3: Complaint process

Is it easy or difficult to get a complaint form (PC01)?		
Easy	96	24%
Difficult	222	55%
Don't Know	85	21%
Total	403	

Please answer the following questions about making a complaint in this Prison:	Yes	Yes %	No	No %
Do you know how to make a complaint?	324	82%	72	18%
Have you made a complaint in this prison?	178	45%	220	55%
Do you feel complaints are dealt with fairly?	71	20%	285	80%
Do you feel complaints are dealt with promptly? (within three days)	53	15%	304	85%
Do you have faith in the complaints system?	49	13%	325	87%
Would you make a complaint if the situation warranted it?	316	82%	69	18%

Section 4: Safety

Have you ever felt unsafe in this Prison?		
Yes	187	46%
No	216	54%
Total	403	

Do you feel unsafe in this Prison at the moment?		
Yes	93	23%
No	307	77%
Total	400	

Have you been victimised in this Prison?		
Yes	208	52%
No	192	48%
Total	400	

Have you been victimised in this Prison?		
If Yes, was it another prisoner?	30	15%
If Yes, was it a group of prisoners?	35	18%
If Yes, was it member of staff?	55	28%
If Yes, was it both staff and prisoners?	80	40%
Total	200	

Assaults

Physical assaults	Yes	Yes %	No	No %
Have you been assaulted in this Prison?	117	29%	285	71%
Did you report the incident?	40	34%	76	66%

Sexual assaults	Yes	Yes %	No	No %
Have you been sexually assaulted while in prison?	35	9%	341	91%
If Yes, did it happen at this Prison?	16	46%	19	54%
Did you report the incident?	14	41%	20	59%

Please answer the following questions about staff in this Prison:	Yes	Yes %	No	No %
Is there a member of staff you can turn to for help if you have a problem?	245	64%	140	36%
Do most staff treat you with respect?	260	65%	137	35%
Do you know who your case officer is?	256	64%	145	36%
Did you meet with your case officer within the first week?	91	23%	309	77%
Do you see your case officer at least once a week?	36	9%	366	91%

Section 5: Health and wellbeing

When you first arrived in this Prison, did staff ask you if you needed any help with any of the following?	Yes	Yes %	No	No %
Reading and writing?	125	32%	270	68%
Not being able to smoke?	160	41%	234	59%
Loss of property?	84	21%	314	79%
Feeling scared?	157	40%	233	60%
Gang problems?	132	33%	267	67%
Contacting family?	156	39%	245	61%
Money worries?	60	15%	336	85%
Feeling worried/upset/needing someone to talk to?	140	35%	260	65%
Health problems?	272	68%	129	32%
Getting phone numbers approved?	163	41%	238	59%
Did you have any problems when you first arrived?	201	52%	187	48%

When you arrived in this Prison, were you given a phone call (within 24 hours)?		
Yes	180	45%
No	220	55%
Total	400	

Did you have any problems with alcohol when you first arrived?		
Yes	75	19%
No	326	81%
Total	401	

Have you received any help with alcohol problems here?		
Yes	55	14%
No	339	86%
Total	394	

Did you have any problems with drugs when you first arrived?		
Yes	124	31%
No	276	69%
Total	400	

Do you have any problems with drugs now?		
Yes	53	13%
No	345	87%
Total	398	

Have you received any help with any drug problems here?		
Yes	60	15%
No	334	85%
Total	394	

Is it easy to get Illegal drugs here?		
Easy	42	10%
Difficult	297	73%
Don't know	66	16%
Total	405	

Is it easy to get tobacco/ cigarettes here?		
Easy	48	12%
Difficult	287	71%
Don't know	69	17%
Total	404	

How easy or difficult is it to see the Doctor?		
Easy	74	18%
Difficult	285	70%
Don't Know	46	11%
Total	405	

How easy or difficult is it to see the Nurse?		
Easy	164	41%
Difficult	202	51%
Don't Know	33	8%
Total	399	

How easy or difficult is it to see the Dentist?		
Easy	40	10%
Difficult	293	73%
Don't Know	66	17%
Total	399	

What do you think of the quality of the health service from the Doctor?		
Good	178	44%
Bad	143	35%
Don't Know	82	20%
Total	403	

What do you think of the quality of the health service from the Nurse?		
Good	210	53%
Bad	122	31%
Don't Know	64	16%
Total	396	

What do you think of the quality of the health service from the Dentist?		
Good	102	26%
Bad	146	37%
Don't Know	150	38%
Total	398	

What do you think of the overall quality of the health service?		
Good	146	37%
Bad	176	44%
Don't Know	76	19%
Total	398	

Physical disability

Do you have a physical disability?		
Yes	96	24%
No	302	76%
Total	398	

Do you feel supported with your disability needs?		
Yes	25	29%
No	61	71%
Total	86	

Emotional/mental health issues

Do you feel you have any emotional well-being/ mental health issues?		
Yes	164	41%
No	235	59%
Total	399	

Do you feel supported with your emotional/ mental health needs?		
Yes	39	25%
No	119	75%
Total	158	

Section 6: Purposeful Activity

Thirty-seven percent of respondents reported not being involved in any activity. Sixty-three percent of respondents reported being involved in one or more activities.

Are you currently involved in any of the following activities?		
Prison job	89	23%
Vocation or skills training	12	3%
Education (including basic skills)	11	3%
Offending behaviour programmes	10	3%
CIE employment	6	2%
Release to work	3	1%
Multi-activity	115	29%
Not involved in any of these	145	37%
Total	391	

Are you able to access Cultural activities?		
Yes	153	40%
No	233	60%
Total	386	

Are you able to access Religious activities?		
Yes	223	58%
No	159	42%
Total	382	

Do you get at least one hour fresh air daily? (minimum entitlement)		
Yes	381	95%
No	20	5%
Total	401	

How often do you use the library?		
More than once a week	9	2%
Once a week	142	36%
Less than once a week	110	28%
Never	116	29%
Don't want to use it	19	5%
Total	396	

On average, how many times do you go to the gym each week?		
More than 5	19	5%
3 to 5	54	14%
1 to 2	177	45%
Never	102	26%
Don't want to use it	45	11%
Total	397	

On average, how many hours do you spend out of your cell on a weekday? (Please include time at education, at work, showers etc.)		
8 hours +	56	14%
6 to less than 8 hours	72	18%
4 to less than 6 hours	145	37%
2 to less than 4 hours	96	24%
Less than 2 hours	24	6%
Total	393	

External Communication

Have you had any problems with sending or receiving mail?		
Yes	257	65%
No	141	35%
Total	398	

Have you had any problems getting access to the telephones?		
Yes	243	61%
No	155	39%
Total	398	

Do you usually have one or more visits per week from family and friends?		
Yes	69	18%
No	325	82%
Total	394	

Is it easy for your family and friends to visit you here?		
Yes	111	29%
No	272	71%
Total	383	

Do visits start on time?		
Yes	104	32%
No	218	68%
Total	322	

Appendix 3. Prison population profile

The demographics of the Prison population are set out below. Please note that the Prison supplied the following figures, as at 9 April 2019, to the Inspectors.

Status	18 to 20 year old	21 to 65 year old	66 and over
Sentenced	8	399	24
Recall	1	0	0
Remand convicted	4	44	0
Remand accused	10	58	0
Awaiting deportation	0	61	0
Total	23	562	24

Ethnicity	18 to 20 year old	21 to 65 year old	66 and over
Pākehā	0	110	10
Māori	17	287	3
Pasifika	3	40	1
Asian	0	27	0
Other	1	102	8
Total	21	566	22

Sentences	18 to 20 year old	21 to 65 year old	66 and over
Less than 12 mths	2	40	0
12 mths to less than 2 yrs	2	84	1
2 yrs to less than 4 yrs	3	115	10
4 yrs to less than 10 yrs	4	116	7
10 yrs and over (not life)	0	44	6
Preventative Detention	0	6	3
Life	0	13	2
Total	11	418	29

Security category	18 to 20 year old	21 to 65 year old	66 and over
Minimum	1	145	16
Low	3	96	3
Low-Medium	4	145	3
Total	8	386	22

Main offence	18 to 20 year old	21 to 65 year old	66 and over
Violence against the person	6	118	2
Sexual offences	3	96	19
Burglary	5	66	0
Robbery	4	39	0
Theft & handling	2	23	0
Freud and forgery	0	17	2
Drug offences	0	97	0
Traffic	0	20	0
Other	0	57	0
Total	20	533	23

Length of time on remand - accused and convicted	18 to 20 year old	21 to 65 year old	66 and over
Less than 1mth	9	40	0
1 mth to 3 mths	4	76	0
3mths – 6 mths	0	13	0
6 mths – 1 yr	0	1	0
1yr – 2yrs	0	3	0
Total	13	133	0

Gangs (including affiliated)	18 to 20 year old	21 to 65 year old	66 and over
Black Power	1	18	0
Head Hunters MC	1	9	0
King Cobras	0	1	0
Mongrel Mob	0	10	0
Nomads	0	4	0
Tribesmen MC	1	15	0
Killer Beez	1	4	0
Other	3	21	0
Total	7	82	0

Appendix 4. Legislative framework

In 2007, the New Zealand Government ratified the United Nations Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).

The objective of OPCAT is to establish a system of regular inspections undertaken by an independent national body to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment.

The Crimes of Torture Act 1989 (COTA) was amended by the Crimes of Torture Amendment Act 2006 to enable New Zealand to meet its international obligations under OPCAT.

Places of detention

Section 16 of COTA identifies a *'place of detention'* as:

...any place in New Zealand where persons are or may be deprived of liberty, including, for example, detention or custody in...

(a) a prison ...

(c) a court cell.

Pursuant to section 26 of COTA, an Ombudsman holding office under the Ombudsmen Act 1975 (Ombudsmen Act) was designated a National Preventive Mechanism (NPM) for certain places of detention, including prisons and court cells.

Carrying out the NPM's functions

Under section 27 of COTA, an NPM's functions, in respect of places of detention, include:

- to examine, at regular intervals and at any other times the NPM may decide, the conditions of detention applying to detainees and the treatment of detainees; and
 - to make any recommendations it considers appropriate to the person in charge of a place of detention;
 - for improving the conditions of detention applying to detainees;
 - for improving the treatment of detainees;
 - for preventing torture and other cruel, inhuman or degrading treatment or punishment in places of detention.

Under COTA, NPMs are entitled to:

- access all information regarding the number of detainees, the treatment of detainees and the conditions of detention;
- unrestricted access to any place of detention for which they are designated, and unrestricted access to any person in that place;
- interview any person, without witnesses, either personally or through an interpreter; and

- choose the places they want to visit and the persons they want to interview.

Section 34 of the COTA, confers the same powers on NPMs that NPMs have under any other legislation when carrying out their function as an NPM. These powers include those given by the Ombudsmen Act to:

- require the production of any information, documents, papers or things that, in the Ombudsmen's opinion, relates to the matter that is being investigated, even where there may be a statutory obligation of secrecy or non-disclosure (refer sections 19(1), 19(3) and 19(4) of the Ombudsmen Act); and
- at any time enter and inspect any premises occupied by any departments or organisation listed in Schedule 1 of the Ombudsmen Act (refer section 27(1) of the Ombudsmen Act).

To facilitate the exercise of the NPM function, the Chief Ombudsman has authorised inspectors to exercise the powers given to him as an NPM under COTA, which includes those powers in the Ombudsmen Act for the purpose of carrying out the NPM function.

More information

Find out more about the Chief Ombudsman's NPM function, inspection powers, and read his reports online: www.ombudsman.govt.nz under What we do > Protecting your rights > Monitoring places of detention.

