



Ombudsman

Fairness for all

.....

OPCAT Report

**Report on an unannounced inspection of
Spring Hill Corrections Facility
Under the Crimes of Torture Act 1989**


.....

2 August 2017

Peter Boshier
Chief Ombudsman
National Preventive Mechanism

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Office of the Ombudsman
Tari o te Kaitiaki Mana Tangata



Contents

Foreword	6
Facility Facts	8
Spring Hill Corrections Facility	8
Region	8
Operating capacity	8
Prison Director (Acting)	8
Regional Commissioner	8
Last inspection	8
The Visit	9
Visit methodology	9
Inspection criteria (the standards)	9
Evaluation	10
Standard 1: Treatment	11
Use of Force	11
Directed segregation	11
Management Unit (the Unit)	12
At-Risk Unit (ARU)	12
Standard 2: Lawful custody	16
Receiving Office (RO)	16
Standard 3: Decency, dignity and respect	18
Equality and diversity	18
Cultural responsiveness	19
Strip Searching	19
Accommodation	20
Ventilation	21
Unlock regimes	21
Youth prisoners	21
Clothing, bedding and toiletries	22
Food and dining	22
P119 (prisoner shop)	23
Staff/prisoner relationships	23
Standard 4: Personal safety	27
Voluntary segregation	27
Bullying and violence	27
Gang management	28
Double-bunking	29
Standard 5: Health and wellbeing	30

Overview	30
Primary care	31
Pharmacy provision	32
Mental health provision	33
Standard 6: Protective measures	36
Access to mail and telephones	36
Complaints Process	36
Misconduct and the adjudication process	37
Information kiosks	37
Separation of categories	37
Standard 7: Purposeful activity	39
Employment	39
Programmes	40
Access to programmes for remand accused prisoners	40
Outdoor exercise	41
Gymnasium	41
Library	41
Visits	41
Standard 8: Preparation for successful return to the community	43
Case management	43
Case management for remand prisoners	43
Out of Gate activities	44
Right Track	44
Release to Work	45
Te Whare Oranga Ake (the Whare)	45
External Self-Care Unit (SCU)	46
Acknowledgements	47
Consultation	47
Publication of report	47
Appendix 1: Summary of recommendations	48
Recommendations – treatment	48
Recommendation - lawful custody	48
Recommendation – decency, dignity and respect	48
Recommendation – personal safety	49
Recommendation – health and wellbeing	49
Recommendations – protective measures	50
Recommendation – purposeful activity	50
Recommendation – preparation for successful return to the community	50

Appendix 2: Corrections' comments on recommendations that were accepted	51
Appendix 3: Inspection Team (the Team)	58
Appendix 4: Questionnaire Feedback	59
Section 1: About you	59
Section 2: Respect and dignity	59
Section 3: Complaint process	60
Section 4: Safety	60
Section 5: Health	61
Section 6: Purposeful Activity	62
Appendix 5 – Prison population breakdown	64
Appendix 6: Overview of OPCAT – Prisons	67

Foreword

Spring Hill Corrections Facility (the Prison) opened in 2007. The Prison accommodates male prisoners with security classifications ranging from minimum to high, as well as a growing remand population. Currently, it has an operating capacity of 1038.

The Prison was originally designed to house 650 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 seven years; initially with the introduction of double-bunking in 2010, and more recently with the introduction of remand prisoners,¹ who make up just over a quarter (27 percent) of the total prison population. These changes have presented a number of additional challenges for the management team as it sought to establish, incorporate and embed effective systems for the safe and secure operation of a new prison. I noted weaknesses around record keeping and monitoring processes to assure the safe, secure and transparent operation of the Prison, particularly in relation to Use of Force, Directed Segregation and management of at-risk prisoners.

The Prison was dealing with many more prisoner movements and all the associated demands for services, which was placing considerable pressure on current systems. Accommodating remand prisoners has resulted in a significant shift in the general prisoner risk profile. Remand prisoners require a structured environment and range of services that reflect their needs and not those of other established prisoner groups. The Prison was working hard to respond to these new demands. According to the acting Prison Director and prisoner responses to a questionnaire undertaken by my Inspectors, an increase in violence – particularly prisoner-on-prisoner assaults – and the pervasive influence of new psychoactive substances were also presenting challenges.²

Just over half of the questionnaire respondents (fifty-four percent) reported feeling unsafe in the prison at some time and just under half (forty-eight percent) felt unsafe at the time of the inspection. One in three claimed they had been assaulted in the Prison, but only one in three of those assaulted had reported the assault. Prisoners stated that they had no confidence that any action would be taken.

Prisoners were also critical about many aspects of life at the Prison, including their ability to obtain sufficient clothing, bedding and toiletries as well as arrangements for access to their property, and mail distribution.

I found that accommodation was reasonably well maintained and the environment clean. Typically, staff were determined to respond positively to the challenges they faced. They were, however, busy and at times appeared stretched and this limited their ability to engage with and supervise prisoners in a proactive way.

¹ Remand prisoners who are managed at a high-security level were introduced to the Prison in September 2015.

² Psychoactive substances are new drugs that mimic the effects of illegal drugs such as cannabis and heroin.

Inspectors generally found that staff and prisoners were unable to clearly articulate basic expectations and standards in relation to equality and diversity and the management of complaints needed to improve. There was little being done to reduce Māori offending, and cultural support was limited, although chaplaincy services were visible across the site.

Delivery of Health Services was reasonably good overall although staff shortages were impacting on some areas, particularly the development of health promotion activities. There was no structured analysis of health needs and consequently no prisoner health development plan to determine priorities and identify emerging trends. Corrections staff were aware of prisoners who required additional supports in relation to physical disabilities and made suitable adaptations for prisoners in order to meet their unique needs. The lay-out of the Prison did not present any significant challenges to prisoners with mobility issues.

Cooperation and teamwork observed between custodial staff, health staff and case managers was generally poor.

Time out of cell was limited for high-security prisoners; more so for prisoners on voluntary segregation and remand, with thirty-nine percent of questionnaire respondents reporting they had fewer than four hours out of cell a day. This was compounded by having two prisoners in cells originally designed for one, and prisoners being required to eat all meals in their cell.

A wide range of constructive activities was available at the Prison, predominantly for low-security prisoners, who were also subject to reduced unlock hours as a consequence of staff shortages. Access to library and gym time was reasonable depending on security classification.

Some aspects of offender management were good; however, a consistent concern arising from prisoners was sentence progression. The external Self-Care Unit was closed and Te Whare Oranga Ake was operating under capacity, which reduced opportunities for prisoners to progress to less restrictive conditions where they might demonstrate new, pro-social behaviours. Almost half the questionnaire respondents (forty-eight percent) stated they were not engaged in purposeful activities, and two thirds of high-security prisoners were not engaged in purposeful regime activities.

Overall, the significant increase in prisoner numbers and the recent introduction of remand prisoners had placed systems and governance processes under some pressure. It was also concerning that some aspects of early days in custody were weak, particularly prisoner access to clothing and toiletries, and that some prisoners were not consistently provided with an appropriate level of care.

I will continue to monitor progress with follow-up visits.

Peter Boshier
Chief Ombudsman
National Preventive Mechanism

Facility Facts

Spring Hill Corrections Facility

Spring Hill Corrections Facility (the Prison) opened in 2007. The Prison accommodates male prisoners with security classifications ranging from minimum to high. Currently, it has an operating capacity of 1038.

The Prison is made up of a number of high-security, remand and low-security units.

Region

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

Operating capacity

1038

Prison Director (Acting)

Christine Faull

Regional Commissioner

Terry Buffery

Last inspection

An assessment of double-bunking was undertaken in 2010

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

The Visit

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

From 20 to 28 February 2017, a team of nine inspectors and specialist contractors³ (to whom I have delegated authority to carry out visits to places of detention under COTA)⁴ visited Spring Hill Corrections Facility (the Prison).

Visit methodology

At the commencement of the visit the team met with the Acting Prison Director before inspecting the site. On the first day of the inspection there were 969 prisoners in the Prison.

A voluntary, confidential and anonymous prisoners' questionnaire was distributed. The Team spoke with prisoners individually and in groups to explain the purpose of the questionnaire.

Eight hundred and fifty-four questionnaires were given out and 562 were returned (sixty-six percent). A copy of the questionnaire and responses can be found at Appendix 4.

Inspection criteria (the standards)

I have developed eight core inspection standards, each of which describe the standards of treatment and conditions a prison is expected to achieve.⁵ These standards are underpinned by a series of indicators that describe the evidence inspectors look for to determine whether there is anything that could be considered to be torture, or cruel, inhuman or degrading treatment or punishment, or any other issues impacting adversely on detainees. The list of indicators underpinning the standards is not exhaustive, and does not exclude an establishment demonstrating that the expectation has been met in other ways.

This is the second full inspection undertaken using our new inspection criteria. These criteria will be trialled over the coming months and refined as necessary.

On completion of the trial I will publish the final standards on the Ombudsman's website.

The following standards were examined during the nine-day inspection:

- Standard 1: Treatment
- Standard 2: Lawful custody
- Standard 3: Decency, dignity and respect

³ See Appendix 3.

⁴ Acting under delegation of the National Preventive Mechanism, Chief Ombudsman Peter Boshier.

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 NZ Bill of Rights Act (NZBORA) and the Corrections Act and Regulations.

- Standard 4: Personal safety
- Standard 5: Health and wellbeing
- Standard 6: Protective measures
- Standard 7: Purposeful activity
- Standard 8: Preparation for successful return to the community

Evaluation

Inspectors assist me to assess information resulting in evidence-based findings, using a number of different techniques. These include:

- obtaining information and documents from the Department of Corrections and the Prison;
- conducting a questionnaire of prisoners;
- shadowing and observing Corrections Officers and other specialist staff as they perform their duties within the Prison;
- 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;
- interviewing prisoners, visitors and staff on a one-to-one basis;
- conducting focus groups with prisoners and staff;
- attending and observing relevant meetings impacting 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 locally and by the Department of Corrections; and
- undertaking early morning, evening and weekend visits.

Follow-up visits will be made on future dates as necessary to monitor implementation of the recommendations.

Standard 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 should be subject to regular review by senior managers to ensure standards are consistently achieved.

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 necessary. Additionally, the level of force used must be reasonable. Where force has been used, prisoners must be examined by a registered health professional.

Inspectors reviewed the Use of Force Register and found 49 entries for the period 18 February 2016 to 20 February 2017. All incidents of force were spontaneous. All entries contained errors and omissions. The analysis of data to identify trends or patterns was missing and governance arrangements were poor.

Inspectors found some use of force forms had not been completed properly and some were missing altogether. In a number of instances prisoners were not examined by a suitably registered health professional, which is a requirement under the Corrections Act. Two prisoners requested that their Use of Force incidents be referred to the Police as per the Department's national policy, but there was no evidence this had occurred. A copy of the Memorandum of Understanding (MOU) with the Police was requested but not provided.⁶

Consistency of approach with regards to record keeping, process compliance and timely review and follow up were areas requiring improvement.

Twenty-one percent of staff at the Prison were not up-to-date with their Control and Restraint training (63 staff). Inspectors were informed that there were insufficient instructors in the region, which was impacting on the delivery of training. Two training events were planned for later in the year, which were expected to bring the Prison back up to an appropriate level of compliance.

Directed segregation

The Prison had a purpose-built management unit where prisoners who were subject to sections 58 to 60 of the Corrections Act (directed segregation) might be located. Segregation is the restriction or denial of a prisoner's opportunity to associate with other prisoners.

There were 14 prisoners on directed segregation on the first day of the visit. All the necessary paperwork that was inspected was completed and signed within the required timeframes, with copies provided to the prisoners. The Segregation Register and associated paperwork (which

⁶ Inspectors requested a copy of the Police MOU from prison management at the time of the inspection.

was in electronic format) recorded 64 incidents of segregation for the period 1 July to 31 December 2016. Some segregation paperwork (scanned copies) was missing and Inspectors were unable to find the original paper copy. A sample of management plans were reviewed and found to be generic in nature. Behaviour targets were superficial and concentrated exclusively on compliance within the management unit. There were no reintegration plans for prisoners on segregation.

Management Unit (the Unit)

The Management Unit was split into two areas; a 22-bed management facility and a 10-bed Separates area for those prisoners undergoing a period of cell confinement. The Unit was extended as part of the double-bunking initiative. The Unit and cells were clean and tidy and relatively free from graffiti. Cells had their own toilet and shower facilities, which offered an acceptable degree of privacy for those being managed under sections 58 to 60 of the Act. For prisoners subject to a period of cell confinement, cells were monitored on CCTV, including the unscreened toilet area which offered no privacy. Management cells were regularly used for non-segregated prisoners, including youth, when the muster was high.

The daily basic regime, although austere, allowed for minimum entitlements including access to fresh air and telephones. A large open space outside the cells was underutilised.

The caged exercise yard was stark and featureless. Prisoners were not allowed to mix, save in exceptional circumstances.

Staff working in the Unit were typically more experienced and had been selected to work there. In common with many other areas in the Prison, staff secondments to other prisons meant that staff were 'acting up' to cover the first line managers' role, which offered some career development opportunities.

Relationships between staff and prisoners were good and the Unit overall appeared to be well run.

At-Risk Unit (ARU)

The ARU,⁷ also referred to as Te Atawhai Unit, was sparsely furnished with limited communal space and two cage-like exercise yards.⁸ There were seven at-risk cells and two dry rooms. Cells had chalk walls but no chalk. Inspectors pointed this out to staff during our inspection but no remedial action was taken.

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. We consider prison staff (and others) having the ability to observe prisoners, either directly or on camera, undertaking their

⁷ ARUs are designed to enable the observation and safe management of prisoners at risk of self harming.

⁸ Corrections does not accept the description of the ARU as "sparsely furnished" and "cage-like".

ablutions or in various stages of undress amounts to degrading treatment or punishment for the purpose of the Convention Against Torture.

Corrections' Chief Executive has established a working party, including representatives from the Office of the Ombudsman, to examine options to balance necessary prisoner observations with reasonable privacy expectations in the context of ARUs. Corrections view this as good progress towards resolving the disagreement between the Ombudsman and Corrections as to how to balance prisoner safety and prisoner privacy (a recurring theme in previous OPCAT inspections).

Some good work had been done in the day room to make it look and feel more therapeutic, although some staff appeared unsuited to work in the specialist unit due to their lack of mental health training and lack of appropriate communication skills with prisoners at risk of self-harm or suicide. All areas of the facility were clean and tidy.



Figure 1: ARU day room



Figure 2: ARU yard

There was a degree of flexibility in the management of prisoners considered to be at risk, with some being allowed to associate within the dayroom and yards. Despite their level of observation, all prisoners were required to wear rip-proof clothing. Footwear was not provided, even when accessing the yards.

Evening meals were distributed around 3.40pm and breakfast at 8.30am resulting in a gap of 17 hours between meals. All meals were eaten in cells.

In reviewing the at-risk paperwork, Inspectors found only scant entries of prisoner behaviour and progress, and little information appended to the generic management plans. Observation sheets were checked at 9.55am by the Inspectors who noted no entries had been made since 7.39am. Signatures and dates were missing on most of the paperwork checked.⁹

⁹ Corrections has carried out a national review of At-Risk Units and is currently planning a comprehensive programme of work to make practice improvements where practical. Timeframes cannot be confirmed.

A daily meeting between custodial staff and health (the Team Leader) determined when a prisoner could be discharged from the unit. If the Team Leader was unable to attend (which happened twice during the inspection) prisoners remained at risk. The meetings attended by the Inspectors were somewhat perfunctory. Custodial staff in the unit had received no mental health awareness training.

There were between five and seven prisoners in the ARU during the course of the inspection. The Inspectors noted that one prisoner (admitted from the Receiving Office) had not received his initial phone call or unit induction until the third day. One hundred and thirty eight prisoners had been located in the ARU from 1 July to 31 December 2016, an average of five prisoners a week.

There was one working telephone in the unit and a list of 0800 numbers. Prisoners were allowed to attend visits in the main visits hall. However, they could only have a 'closed' visit, which was not appropriate.¹⁰

Management presence was noticeably absent in the ARU.

Recommendations – treatment

1. I recommend that:
 - a. The Prison Director should ensure robust systems are in place to record, review and monitor all use of force paperwork. Referrals to the Police should be forwarded in a timely manner; prisoners should be informed of the outcome of their referral.
 - b. The Prison Director should ensure robust systems are in place to record, review and monitor all segregation paperwork. Formal, individualised reintegration plans should be developed to assist prisoners return to mainstream units.
 - c. The Prison Director should ensure robust systems are in place to record, review and monitor all segregation paperwork. Formal, individualised reintegration plans should be developed to assist prisoners return to mainstream units.
 - d. Measures should be undertaken to better protect the privacy of prisoners in the At-Risk Unit when they are naked, partially naked, or undertaking their ablutions
 - e. At-risk prisoners should not automatically be subjected to closed 'booth' visits.

Corrections accepted recommendations 1a, d and e.¹¹

Corrections has advised that they have accepted recommendation 1b, and commented as follows:

¹⁰ A closed visit, also referred to as a booth visit, is held in a small room with a dividing Perspex partition. The prisoner and visitor do not come in to contact with each other.

¹¹ Corrections' comments on recommendations 1a, 1d and 1e can be found in Appendix 2.

Accepted, but Corrections does not accept that its systems were inadequate at the time of inspection. This recommendation is unnecessary – Corrections ask that it be removed.

In order to provide further assurance, since 1 May 2017 all Directed Segregation paperwork is reviewed and endorsed by the Senior Advisor to the Regional Commissioner which provides an objective and timely assurance to each occurrence.

Corrections has advised that they have accepted recommendation 1c, and commented as follows:

Accepted, but Corrections does not accept that its systems were inadequate at the time of inspection. The Multi Disciplinary Team (MDT) is established, and meets regularly. The MDT is reviewing the plan, with a focus on ensuring that individuals are progressing, transitioning to mainstream units in a timely manner. This recommendation is unnecessary – Corrections ask that it be removed.

The Prisons Director and leadership team will continue to monitor these systems.

Standard 2: Lawful custody

Expected outcomes—lawful and transparent custody

- The Prison complies with administrative and procedural requirements of the law. The Prison takes appropriate action in response to the findings and recommendations of official bodies that exercise supervisory jurisdiction over it.

Receiving Office (RO)

The Prison opened in 2007 and enjoys the advantages of modern, purpose-built facilities and resources. Reception and transfer of prisoners takes place in a well-designed, bright facility that was originally designed for a stable population of 650. Double bunking in 2010 and a decision to accommodate remand prisoners in 2015 have increased the Prison's capacity to 1038 resulting in additional pressure and complexities. Staff in the RO were coping with the additional demands and provided a controlled and relatively calm environment, even at times of peak activity.

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. We did observe, however, that some prisoners were not provided with clothing that fitted or with footwear. We were advised that the RO was short of 'the essentials' and prisoners would be given appropriate clothing, footwear and a 'first night pack' such as a toothbrush and toothpaste and soap and shampoo when they arrive at their unit. Inspectors followed up with three prisoners the day after their arrival and noted two had not received a first night pack; one had no towel, and initial phone calls had not been made.

Lengthy delays in access to personal property were a source of frustration for many prisoners – fifty-eight percent of questionnaire respondents. RO staff were aware of the issue and motivated to improve the service.

Liaison with local Courts was well developed and assisted in optimising the use of available remand accommodation in the Prison. Notwithstanding these efforts, there were occasions during the course of the inspection when remand prisoners were held overnight in Police cells. The introduction of audio-visual links (AVL) for a range of Court hearings had reduced the number of escorts.

The Prison also serves as a 'hub' for the transfer of prisoners to and from other facilities. During the course of our inspection, an escort vehicle arrived with prisoners heading south and who were lodged overnight before continuing their journey the next morning. Generally, they were processed through the RO in a timely, appropriate manner before being allocated to available accommodation. However, a maximum-security prisoner who was being transferred to his home region prior to his release, and a prisoner who had previously been on directed segregation were inappropriately managed when members of the Prison's Site Emergency Response Team (SERT) were present during the nurse consultation and while the at-risk assessment was being carried out.

Recommendations – lawful custody

2. I recommend that:

- a. First night in custody arrangements should be rigorously enforced and audited to ensure all prisoners' needs and entitlements are being met.
- b. All prisoners should be afforded privacy and confidentiality during the receiving (admission) process including during the health consultation.
- c. Arrangements for prisoners to access personal property should be improved.

Corrections accepted recommendations 2a and 2c.¹²

Corrections rejected recommendation 2b and stated:

While Corrections agrees that prisoners should be afforded privacy and confidentiality, safety and security of staff and prisoners is Corrections' priority. Prisoners are afforded privacy and confidentiality in all cases except where these concerns are outweighed by safety concerns. Prisoners need to be seen by Health prior to transfer, and custodial staff need to be present if there is a risk of the staff member being assaulted by a volatile prisoner.

The Prison also has a duty to ensure the dignity of the prisoners in their care. Inspectors observed, on numerous occasions, prisoners' privacy and confidentiality compromised because staff believed prisoners were dangerous or violent. Dignity is inherent to all human beings. It recognises the innate worth and right of individuals to be treated with respect and humanity.¹³

¹² Corrections comments on recommendations 2a and 2c can be found in Appendix 2.

¹³ Article 10 of the International Covenant on Civil and Political Rights (ICCPR).

Standard 3: Decency, dignity and respect

Expected outcomes:

- The Prison employs fair processes whilst ensuring it meets the distinct needs of all prisoner groups irrespective of age, disability, gender and sexual orientation, marriage and civil partnership, pregnancy and maternity, race, religion and belief.
- The Prison supplies the basic requirements of decent life to the prisoners.
- A climate of mutual respect exists between staff and prisoners.

Equality and diversity

The Prison does not have an Equality or Diversity policy, although elements of equality practice are referred to across various Prison and Corrections policies.¹⁴ Inspectors generally found that staff and prisoners were unable to clearly articulate basic expectations and standards in relation to equality and diversity. The Department reports that a national working group has been initiated and a Diversity and Equality strategy will be developed by April 2017.¹⁵

Corrections staff appeared to be aware of prisoners who required additional supports in relation to physical disabilities and made suitable adaptations in order to meet their needs.

The lay-out of the Prison did not present any significant challenges to prisoners with mobility issues. All units had a dedicated cell that had been designed to accommodate prisoners with additional physical needs. Inspectors met with prisoners who were identified as having mobility challenges who reported that they had not encountered any significant adverse conditions during their time at the Prison. However, confidential questionnaire feedback indicated that twenty-three percent of respondents identified as having a physical disability, and of those eighty percent did not feel supported with their disability needs.

Throughout the course of the inspection, we encountered a number of prisoners with a range of learning difficulties and intellectual challenges ranging from literacy and numeracy issues to speech and cognition deficiencies. We were not assured that these prisoners received the same level of attention and support from custodial staff as prisoners with obvious physical disabilities.

Few custodial staff spoken with appeared to be aware of the Department's policy relating to transgender prisoners. The prisoner who identified as transgender at the time of inspection was also unaware of the policy. However, staff had placed her in a cell close to the office to monitor her safety more closely, which she welcomed.

Prison chaplaincy services were visible across the Prison, providing group services as well as one-to-one spiritual support to prisoners who request it. However, thirty-six percent of

¹⁴ While Corrections does not presently have a separate equality and diversity policy, the Department states that provisions are included throughout other policies. Equality for prisoners is provided for in the Prison Operations Manual (POM).

¹⁵ Response and Action Plan to OPCAT Recommendations from Hawke's Bay Prison Inspection, December 2016.

questionnaire respondents, the majority of whom were in high-security units, stated they could not access either religious services or cultural activities.

Cultural responsiveness

The Prison appeared to lack an overarching kaupapa and could be described as lacking cultural flow and cohesion. For example, remand and high-security prisoners could not easily access cultural support and programmes.

At the time of the inspection, the Prison's relationship with Ngāti Naho, the local iwi, was not fully functional. Iwi representatives who spoke with the Team reported a lack of formalised governance structure with the Prison and reported that contact with the senior management team had reduced considerably in recent years. Custodial staff at the Prison also spoke with Inspectors about wanting enhanced links with Ngāti Naho for both staff and prisoners.

The Prison's Fale (meeting room) was built as an integral part of the Pacific Focus Unit-Vaka Fa'aola, to support work with reducing reoffending with Pasifika prisoners. During the inspection we observed that the Fale was used for meetings and studies, but we were disappointed to note that the Vaka Fa'aola Unit was no longer running a structured programme, although some prisoners took part in basket weaving and other cultural activities in the afternoon. We were informed there was no current programme provider for the Unit. The intended cultural focus for the Unit appeared lost.

The Prison also has one of only two Te Whare Oranga Ake in the country. The operation of the Whare is addressed in section eight of the report.

Strip Searching

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

Inspectors observed custodial staff routinely strip searching prisoners before and after visits. Some searches were carried out in rooms with CCTV surveillance. During visits, prisoners were required to wear cable-tied orange jumpsuits and observed by staff and monitored on camera. The blanket policy of strip searching all prisoners attending visits was considered to be disproportionate.

An email was sent to all Prison Directors in February 2017 reminding them that the practice of strip searching all prisoners after visits was not permitted. This communication was in response to a previous OPCAT recommendation.¹⁶

Further, I consider that it would be appropriate for Corrections to review the blanket requirement for prisoners to wear the overalls during visits, irrespective of classification,

¹⁶ Unannounced inspection of Hawke's Bay Prison (28 November – 4 December 2017). Recommendation 7e. Corrections response stated they had accepted the recommendation and that all prisons had been notified of the correct strip-searching procedure on 7 February 2017.

noting that international inspectorates have found that prisoners should generally be allowed to wear their own clothing.¹⁷

Accommodation

The Prison has eight main residential units (including the Special Treatment Unit and Drug Treatment Unit) as well as the villa-style Self-Care Units and Te Whare Oranga Ake.¹⁸ Six of the main units consist of two pods conjoined by a staff base and a secure area for movements.

Each pod can house up to 88 prisoners. All cells are double-bunked and open onto a compound area that is used for recreation. Separate concrete exercise yards are located at the back of the pods. As a result of a serious riot in 2013, all high-security units had a security fence erected through the centre of the compound area which serves to separate prisoners into smaller groups.

Generally, accommodation standards were reasonable. Cells were clean, bright and well maintained. Some over-bunk lights, which permit prisoners to read at night, were faulty and flickered continually. Prisoners reported that they had informed staff about the malfunction but the lights had yet to be fixed. There were limited facilities for interviews and meetings, which meant that confidentiality and privacy were regularly compromised.

The Special Treatment Unit and Drug Treatment Unit each comprise 40 single cells that faced onto a spacious grassed area. Both units and cells were of a high standard and particularly well maintained.



Figure 3: High-security cell



Figure 4: Double-cell toilet area

¹⁷ See UK Inspectorate HMIP report on HPM Whatton.

¹⁸ Te Whare Oranga Ake is villa-style accommodation located outside the perimeter fence.

Ventilation

Ventilation in cells was inadequate. Inspectors took a sample of temperature readings during the day, which averaged 28 degrees Celsius. Vents were clearly not working and staff advised that this had been a problem for several months. The issue had been raised with Spotless¹⁹ but not yet resolved. Some prisoners described the heat in their cells as intolerable.

The lack of ventilation is very concerning. This, combined with lengthy periods of lockup, (up to 22 hours a day) has the potential to increase prisoner unrest.

Unlock regimes

The Prison had previously operated an 8am to 5pm regime in the high-security units and a 7am to 8pm regime in the low-security units. At Christmas, to coincide with reduced staffing levels, low-security units were placed on an 8am to 5pm regime. This is standard practice across the prison estate over the Christmas and New Year period. However, low-security units did not revert to their previous unlock hours of 7am to 8pm after the holiday period.

Unlock times were further eroded on the weekends, with some prisoners locked as early as 3pm and not unlocked until 8.30am the following day. All high-security units were locked by 4pm on the weekend.

We were informed by the Acting Prison Manager and Regional Commissioner that the unlock regime in the Prison had changed to allow staff to be deployed to other sites to address a national staffing shortage. The result was reduced unlock time for low-security prisoners and further erosion of the prisoner progression pathway.

Prisoners in the internal Self-Care Units and Te Whare Oranga Ake were not subject to the restricted regime and were locked later in the evening.

Thirty-nine percent of questionnaire respondents reported spending fewer than four hours unlocked each day while thirty percent stated they spent between four and six hours unlocked. Eight percent of respondents stated they spent two hours or less unlocked each day. From our observations, prisoners in the ARU and Management Unit spent the longest periods locked in their cells.

Youth prisoners

Inspectors were concerned about the unlock regime for youth. The Prison was used as a hub for youth who were to be transported to different sites across the country. Youth were also held at the Prison if they were required to attend court in the region. Youth were usually located on Unit 16A where they spent the majority of their time locked in their cells (approximately 20 hours a day).

Inspectors observed the placement of two youth prisoners in the Management Unit during the course of the inspection due to a lack of beds elsewhere in the Prison (muster pressure). A

¹⁹ Spotless is the contracted maintenance provider.

particularly disruptive and challenging prisoner was housed in the Management Unit at the same time as the youth, which was less than optimal.

Clothing, bedding and toiletries

The lack of 'prison essentials' was of concern. Inspectors viewed unit store rooms and found limited stock supplies. Many store rooms were disorganised. Generally, there was a lack of towels, sheets, pillows, clothing and footwear. Inspectors spoke with several prisoners seen walking around the units, including the external compound area in socks; another was in bare feet for three days. They reported that they had not been issued with footwear. Inspectors checked with staff who confirmed the prisoners' account. In a number of questionnaire responses, prisoners described not having been allocated prison-issue shoes due to a lack of stock and as a consequence being prohibited from attending the gym due to the associated health and safety risk.

Just under a third of questionnaire respondents (thirty-one percent) stated that they did not receive clean bedding each week; the majority were located in the low-security units. Fifty percent reported not receiving enough clean, suitable clothes for the week, particularly the larger sizes.



Figure 5: High-security store room



Figure 6: High-security dining room/laundry

Food and dining

High-security and remand prisoners ate all of their meals in their cell. Low-security prisoners could eat their lunch in the compound, if they chose to. Dining rooms were being used for various functions, including classrooms for short education courses and as improvised laundries.

Sandwiches were provided at lunchtime and hot meals were provided in the afternoon (this was reversed at the weekend). Meals arriving in units were hot on delivery. The food was of a

good standard, with sixty-five percent of questionnaire respondents reporting that the food was very good, good or average. A review of prisoner complaints showed very few related to the quality of food.

Meal times across the Prison did not reflect 'normal' meal times²⁰ with evening meals being served as early as 3.15pm in some units. Breakfast was issued around 8.30am. Notwithstanding the two slices of bread and margarine that are issued with the evening meal to serve as supper, it was a long time between the evening meal and breakfast.

P119 (prisoner shop)

The distribution centre at Waikeria Prison managed the ordering and delivery of all P119 purchases for prisoners. Eighty-three percent of questionnaire respondents stated that the canteen did not provide a wide enough range of goods to meet their needs. Prisoners who responded to the questionnaire reported that there was not enough healthy food available on the P119. Many items were too expensive given the wages prisoners earned. We saw no evidence of prisoners being consulted about the P119 list.²¹

Staff/prisoner relationships

Just over a third of questionnaire respondents (thirty-five percent) reported that there was not a member of staff they could turn to for help with a problem. In some questionnaire responses, prisoners stated they did not have confidence staff would maintain confidentiality if they reported an issue of significance such as bullying or standovers.

Inspectors overheard staff referring to prisoners as 'perps' and 'crims'. This terminology was also utilised in some official documentation.

Terminology aside, we found the staff culture to be reasonably positive, but staff appeared to be very busy and this limited their ability to interact with and supervise prisoners in a proactive way. This was especially noticeable in the remand units.

²⁰ Mandela Rules (Rule 22).

²¹ We have been informed that Corrections is in the process of negotiating a new national canteen supplier's agreement. The agreement will be in place on 1 April 2017.

Recommendations – decency, dignity and respect

3. I recommend that:

- a. Custodial staff familiarise themselves with the policy on the placement of transgendered prisoners, and ensure such prisoners are aware of their rights.
- b. Relationships between the Prison and local iwi should be strengthened.
- c. The policy of strip searching every prisoner after every visit should cease.
- d. Arrangements to improve ventilation in units should be implemented and monitored to ensure appropriate temperatures are consistently achieved.
- e. Youth prisoners should not be housed in the Management Unit unless they are subject to a segregated directive.
- f. Unit store-rooms should be replenished and improvements made to ensure all prisoners have appropriate access to sufficient clean clothing, footwear and bedding.
- g. The serving times of meals needs to be 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. Dining rooms should be reinstated for their intended purpose.
- h. Arrangements for the prisoners' canteen (P119) should be reviewed. As a standard, prices should be comparable with prices in the community.
- i. There should be greater consistency and frequency of staff interactions with prisoners to improve dynamic security and enhance prisoner staff relationships.

Corrections accepted recommendations 3a, 3c and 3h.²²

Corrections has advised that they have accepted recommendation 3b, and commented as follows:

Accepted, but Corrections does not accept the implication that it was not already in the process of strengthening these relationships. Regular scheduled meetings take place between the Prison and the Iwi. The Prison Director and leadership teams will continue to strengthen the relationship, and include Kaitiaki and support from the Regional Māori Service Advisor.

This recommendation is unnecessary; Corrections asks that it be removed.

Corrections rejected recommendation 3d, and stated:

SHCF is a modern facility and units are appropriately ventilated and comply with the appropriate standards. Corrections has investigated the issues raised in the Draft Report. It transpires that certain areas were above the intended temperature

²² Corrections comments on recommendations 3a, and 3c can be found in Appendix 2.

because some ventilation units had been vandalised by prisoners placing toothpaste in them. At the time of the inspection, requests had been made to Corrections' contractor to fix the ventilation units. Additionally, the days that the readings took place were in summer when temperatures were at the upper operating limits of the ventilation system, which occurs very infrequently. The Prison Director will discuss with the contractor the importance of ensuring that critical work of this type is prioritised and is completed in a timely manner.

I note that due to the location of the Prison, temperatures in summer months will be high. Rule 13 of the Nelson Mandela rules states '*All accommodation for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climate conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation.*'

Corrections rejected recommendation 3e, and stated:

Corrections policy is not to keep Youth Prisoners in the Management Unit. However, circumstances may arise in which Youth Prisoners are required to be housed in the Management Unit in order to manage safety and security concerns. Corrections has reviewed the process for placing Youth Prisoners in the Management Unit, and in future this will occur only with the approval of the Prison Director or Deputy Prison Director in each case.

I note that United Nations treaty bodies consistently recommend that juvenile offenders should not be subject to solitary confinement either as a disciplinary measure, or to separate them from the adult inmate population.²³

Corrections rejected recommendation 3f, and stated:

Prisoner complaints on clothing are low. An apparently low stock of spares does not indicate a shortage. Stocks are efficiently managed to enable demand to be met without requiring a constant large surplus of unused items.

Corrections considers that some of the criticism in this respect is unnecessarily trivial for an OPCAT report. For example, the Draft Report states that inspectors observed prisoners walking around the compound area in socks or in bare feet. The Draft Report does not disclose whether those prisoners' reasons for walking around without shoes were investigated, nor does it acknowledge the possibility that it was due to reasons such as prisoner choice.

Corrections notes that the empty cupboard pictured on page 22 (being a cupboard in Unit 15A) was not being used as a store cupboard at the time of the inspection. Accordingly, the absence of any contents does not suggest a shortage of spares.

²³ CAT/C/MAC/Co/4, para. 8; CAT/OP/PRY/1, para. 185; CRC/C/15/Add.151, para. 41; and CRC/C/15/Add.232, para. 36 (a).

I note that many prisoners complained directly to my Inspectors regarding clothing shortages. Prison staff also alerted my Inspectors to stock shortages and specifically showed them sparse and empty store rooms to highlight the issue.

Corrections rejected recommendation 3g, and stated:

Meal times are standardised throughout SHCF. The Draft Report does not provide any justification for its definition of 'normal' hours. Corrections considers that the current meal times comply with section 72 of the Corrections Act 2004, which stipulates that every prisoner is provided with "a sufficient quantity of wholesome food and drink based on the food and nutritional guidelines for the time being issued by the Ministry of Health". There is no reference to the times food is served; rather, the focus is on quality and quantity. The current menus were developed with input from the Ministry of Health, Diabetes Life Education and the Heart Foundation in consultation with a clinical dietician.

Corrections are of the view that concerns about hunger between dinner and breakfast are mitigated by the provision of a sufficient quantity of nutritional food, the provision of supper with the evening meal, and the ability of prisoners to purchase additional food items to sustain them if necessary. It is the prisoner's choice as to when they consume their supper; it is intended to be consumed between dinner and breakfast.

I note that while the Corrections Act does not stipulate the timing of meals, the Nelson Mandela Rules require food to be served at the 'usual' time. I consider it inappropriate for meals to be served at non-standard hours.

Corrections has advised they accepted recommendation 3i, and commented as follows:

The site is always looking towards continuous improvement in its interactions between staff and prisoners. Corrections considers that this recommendation is unnecessary and ought to be removed.

The Prison Director and leadership team will continue to regularly look at and explore how practice can be improved on site and make a quality improvement to engagement between staff and prisoners.

Standard 4: Personal safety

Expected outcomes:

- The Prison takes all reasonable steps to ensure the safety of all prisoners.

Voluntary segregation

At the time of inspection, 63 prisoners (seven percent) of the prisoner population had requested voluntary segregation (VS) under section 59 of the Corrections Act 2004.²⁴ One hundred and forty-eight had requested VS for the period 1 July to 31 December 2016.

The majority of those on VS (49 in total) were housed in Unit 16A. However, due to capacity issues, nine were located in Unit 15. Mainstream prisoners were resentful of sharing the unit with prisoners on VS, believing this negatively impacted on their unlock regime. Segregated prisoners on Unit 15 reported feeling particularly vulnerable as mainstream prisoners in the compound area could stand directly outside their cells. Staff on the unit had attempted to mitigate risks by placing those on VS in cells closest to the guardroom.

Bullying and violence

We were advised that the Prison does not have a specific anti-bullying strategy but the gang management strategy incorporates some anti-bullying elements. Staff to whom we spoke said that prisoners would ask for voluntary segregation if they were being bullied.

Over half of the questionnaire respondents (fifty-three percent) reported that they had been bullied or victimised in the Prison. Eighty-one percent stated that other prisoners had been the perpetrators and forty-five percent reported being bullied and victimised by staff. Thirty-seven percent of respondents reported having been physically assaulted; sixty-five percent said they did not report the incident.

Seven percent of questionnaire respondents reported that they had been sexually assaulted during their time at the Prison, with just over a third stating that they had reported the incident.

Nicotine Replacement Therapy (NRT) in the form of nicotine patches has become a highly-tradable commodity across the site resulting in bullying and standovers. Inspectors spoke with four prisoners who claimed they had their NRT taken from them the day they arrived in the unit.

As reported by the acting Prison Director and staff and prisoners at the Prison, increases in violence – particularly prisoner-on-prisoner assaults – and the pervasive influence of new psychoactive substances were presenting challenges for everyone.

²⁴ Prison Director may restrict or deny the opportunity of a prisoner to associate with other prisoners if the prisoner requests and it is in his best interests, and if the Prison Director is satisfied that the prisoner's safety has been put at risk, and there is no other way to ensure his safety.

Gang management

It is universally accepted that there is a correlation between gang membership, criminal behaviour, imprisonment and reoffending. Just under a third of the Prison population (thirty-two percent) identified as being affiliated with a gang. The main gangs represented at the Prison at the time of the inspection were:

Table 1: Gang affiliation

Gang affiliations	Number
Black Power	80
Head Hunters MC	21
King Cobras	11
Bloods	15
Mongrel Mob	100
Tribesman MC	10
Killer Beez	31
Other	55
Crips	50
Westside - Tauranga	16
TOTAL	389

The influence of gangs was most noticeable in the high-security units, particularly units that housed remand prisoners.

Inspectors were pleased to note a local Gang Management Strategy has been in place at the prison since 2016. While senior managers appeared to have a comprehensive understanding of the strategy, custodial staff did not. However, unit briefings on the strategy took place over the course of the inspection. Primarily, the focus of the strategy was on the correct identification of gang members and associates.

Corrections reports that it is developing a five-year gang strategy. This strategy aligns with the Whole of Government Gang Action Plan. The core of the strategy contains three pillars focussing on containment, disruption of gang activity, and reducing the harm of gangs. When the national strategy is agreed, the Prison Director will create a local policy to meet the needs of the Prison.

We observed gang members distributing lunches without active staff supervision and gang members appeared to hold roles of responsibility in most units. The opportunity for prisoners to hold roles of responsibility is important for personal development and rehabilitation

purposes; however, without appropriate staff supervision the opportunity for standovers and bullying increases.²⁵

Double-bunking

The increase of double-bunking at the Prison has led to an increase in assaults and incidents.²⁶ All prisoners who share a cell must be the subject of a Shared Accommodation Cell Risk Assessment (SACRA) to ensure that they are safely housed with an appropriate cell-mate. Inspectors observed prisoners being placed in double-bunked cells before the SACRA had been completed, undermining the purpose of the assessment.

Recommendation – personal safety

4. I recommend that:

- a. The Prison should develop and implement an anti-bullying strategy that sits alongside the gang management and violence reduction strategy. This should include identifying where prisoners feel least safe, and addressing the findings in an arena that includes prisoner representation.
- b. SACRA assessments should be completed prior to double-bunking a prisoner.

Corrections accepted recommendation 4a.²⁷

Corrections has advised that they have accepted recommendation 4b, and commented as follows:

Accepted, but unnecessary. Assessments are presently completed prior to double bunking, ensuring all safety aspects are considered.

Corrections asks that this recommendation be removed.

Corrections accepts that improvements could be made in the timely recording and documenting of these assessments. The Operation Support Advisor is currently looking at how to ensure this occurs.

²⁵ Corrections stated that they “object to the unqualified but apparently adverse observation that gang members were distributing lunches without active staff supervision. Active supervision is not necessary in all cases. Nor does the fact that the prisoners involved were gang members necessarily mean that they were not distributing lunches appropriately. Many prisoners are gang members – excluding them from such activity on the basis of their gang affiliation alone would be objectionable for a range of reasons. There is no suggestion in the Draft Report of any pressure or stand-over tactics relating to the distribution of food. Complaints about food distribution are a good measure of how the system is working, and the Draft Report notes that there were very few”.

²⁶ We are unable to determine whether the increase of assaults is proportionate to the population increase. Staff, prisoners and questionnaire responses all indicate an increase in the incidences of violence at the Prison.

²⁷ Corrections’ comments on 4a and 4b can be found in Appendix 2.

Standard 5: Health and wellbeing

Expected outcomes:

- The Prison takes all reasonable steps to ensure the health and wellbeing of all prisoners.

Overview

The minimum standard for the health care of prisoners is set out under section 75 of the Corrections Act 2004. Section 75 provides that a prisoner is entitled to receive reasonably necessary medical treatment, of a standard equivalent to the standard of healthcare available to the public.

Health services were provided by the Department of Corrections with some specialist contractors input, such as GP provision. Services were reasonable overall, although there was no analysis of annual health needs or a prisoner health development plan to identify priorities and emerging trends. A copy of the Departments' Māori Health Plan was provided which contained generic targets to treat and monitor specific health conditions. A copy of the health service strategic plan was requested but not provided.

There was evidence of quarterly clinical governance arrangements in place and meetings were well attended. The health service was in the process of renewing their Cornerstone accreditation and a draft copy of the 'Practice Assessment Report' was provided.

The health service manager and both team leaders were registered nurses and provided effective leadership to a team of healthcare professionals. The primary health care team was available seven days a week. All staff had valid registration certification and mandatory training including pre-hospital emergency care. Nursing staff did not have access to clinical supervision.

The service had experienced difficulties in achieving service delivery standards due to staffing shortages and sickness. This had resulted in nurse-led clinics having to be cancelled and non-attendance at daily reviews for at-risk prisoners. An up-to-date contingency plan for staff shortages was available and being utilised at the time of the inspection.

Health staff were clearly identifiable and the interactions we observed with prisoners were generally professional. Relationships between health and custodial staff appeared fragmented and, at times, broken. Inspectors observed some custodial staff being rude and disrespectful to nursing staff.

There were two health centres. The main health centre provided health services for low-security prisoners, while a smaller satellite health centre provided services to high-security and remand prisoners. Both facilities were clean, tidy and well maintained. The Drug Treatment Unit (DTU) had a small treatment room which required cleaning.

There was standard resuscitation equipment and emergency packs in both health centres although daily maintenance checks had not been consistently carried out. The disposal of hazardous waste was poor.

Medtec notes were reasonably comprehensive and subject to regular clinical audit. Hard copy files were located in the main health centre.

There were no prisoner patient forums to seek views about health services although a prisoner patient satisfaction survey was undertaken in February 2015. The main issues raised were waiting times to see the doctor and dentist, access to health information, and how to make a health-related complaint. In our questionnaire, forty-two percent of prisoners said they were not happy with the overall provision of health care.

Despite health services having their own internal complaint system, health-related complaints were managed as part of the Prison's general complaint system (PC.01.Form.01), which compromised patient confidentiality and resulted in unnecessary delays (the average response times were between five and 12 days). The acting health service manager was unable to tell us how many complaints had been received in the previous six months (in the health system) or via the Health and Disability Advocacy Service. However, there had been 53 health complaints logged on the Corrections Business Reporting and Analysis (COBRA) system for the period 1 July to 31 December 2016. The most common complaints related to access to nicotine replacement therapy, medication discrepancies and doctor/dentist waiting times. The Principal Corrections Officer signed off many of the PC.01 forms relating to health.²⁸

Health promotion materials were displayed in the health centre and in some units. Health promotion activity was limited to posters in residential units and some one-on-one consultations. There was smoking cessation support for new arrivals in the form of nicotine replacement patches/lozenges (NRT) although this was not particularly well managed in some units. A lack of NRT stock controls in the units meant the system was open to abuse. Sexual health promotion was underdeveloped. A small number of prisoners (six) were considered to have high and complex needs.

Prisoner transfers were generated through the Prison Population Advisor, Central Region. Prisoner transfers were generally notified in advance. However, during the inspection two late transfer notices (less than an hour's notice) were sent to the health centre for staff to action. This resulted in nursing staff having to stop medication rounds in order to organise files and medication for those being transferred. At least one prisoner went without his medication.

Primary care

All new arrivals received a basic health screening, including for mental health and substance misuse issues, by a registered nurse and appropriate referrals were made. Secondary screenings were determined by the Triage Score Guide (between one and seven days). Health screenings were carried out in a small room in the receiving office. The door to the room remained open throughout the consultation offering no confidentiality or privacy for the prisoner. Increased noise levels in the receiving office exacerbated the issue.

There were two GPs working a total of three days at the Prison (Tuesday, Wednesday and Thursday). Waiting times, depending on urgency, were between one and three weeks. Out of

²⁸ Many of the complaints reviewed were signed off and closed (Section C) by a Principal Corrections Officer.

hours cover was provided by the 'on call' nurse, and all emergencies were transported to the A&E department at Waikato Hospital. A copy of the GP contract was requested but not provided.

When asked how easy or difficult it was to see the doctor, twenty-two percent of questionnaire respondents said it was easy while sixty-six percent said it was difficult.

Health services were provided from 6.30am to 9pm seven days a week, with reduced staffing on the weekend. Nurses provided a daily triage clinic where patients were prioritised for treatment and referrals. Prisoner requests for health services were collected daily from the units by health staff although some units did not have locked medical boxes and prisoners had to hand application forms to officers. Movement of prisoners to clinics was coordinated by a Corrections Officer located in the health centre and appeared to be working well. Relationships between health staff and custodial support staff based in the health centres appeared to be good. When asked how easy or difficult it was to see the nurse, forty-three percent of questionnaire respondents said it was easy, forty-seven percent said it was difficult.

Inspectors observed positive interactions between nursing staff and prisoners with disabilities. On one occasion, a prisoner who was deaf, and unable to communicate easily through speech, was seen by a nurse who put considerable effort into clearly outlining an ongoing treatment plan in writing. Subsequent to the consultation, the nurse spent additional time with the prisoner to ensure he understood how to best manage his ongoing health issue. This consultation was a good example of a nurse providing reasonable accommodation to a prisoner with a disability.

Other clinics available on site were weekly physiotherapy sessions (contract provided), mobile x-ray service (when required) and a podiatrist (no contract provided).

An up-to-date copy of the dental service agreement was provided. Following assessment, health staff determined patients' needs as urgent or non-urgent. The dentist provided one session per week (seven hours). Waiting times were relatively short, although sixty-three percent of questionnaire respondents said it was difficult to see the dentist.

The dental suite was modern and met infection control standards and was appropriately equipped. Dental equipment was maintained and serviced regularly. Good infection control measures were in place.

Pharmacy provision

Medicines were supplied by an external pharmacy. Prescriptions were faxed to the pharmacy when required and delivered the same day. A limited supply of stock medication was kept in the dispensary although the 'Standing Orders Signing Register' was not up-to-date. The pharmacist was part of the clinical governance group and attended governance meetings. A copy of the pharmacy contract was requested but not provided.

A significant amount of nursing time was consumed by carrying out protracted medication rounds. Prisoners received supervised medications at different times depending on where they were located. Nursing staff carried medication around the site in various (unsecure) bags.

Medication sheets were not routinely taken on medication rounds and prisoners were not routinely asked to identify themselves before medication was given (although a photo of the prisoner was placed on the front of the bag containing the individual's medication). Depending on the time of day, the nurse either issued medication in the unit or at the window (in each staff base). Around 200 supervised medications were administered four times a day and 210 weekly 'in-possession' medications given out²⁹.

There was no privacy for prisoners in any of the units when medications were being dispensed or during nurse consultations. Inspectors witnessed two such consultations following a fight between two prisoners. Both prisoners were reluctant to speak with or be examined by the nurse as custodial staff were present during the consultation.

The dispensary was far too small and not fit for purpose. It was cluttered with large quantities of unused medication. Although stored appropriately, medication was not issued in line with Corrections' Health Services Medicines Standard (policy and procedures section 11.2). We observed medications being issued in the main health centre, including controlled drugs from behind the custodial officer's workstation due to a design fault with the dispensing hatch window³⁰. The door to the dispensary remained open while medications were being issued. There were 13 prisoners on controlled drugs at the time of the visit. Community alcohol and drug services (CADS) did not routinely visit the Prison and were not part of the clinical governance forum.

Most medications were stored in their original packaging and clearly labelled. Nursing staff crushed some anti-psychotic tablets before mixing them with water and reissuing them from small bottles. This was not considered safe practice. The fridge used to store vaccines complied with national standards although daily temperatures were not consistently checked.

Over the counter medication (Panadol) was issued in the units by Corrections Officers and recorded on log sheets (B.06.08.F1). The sheets were checked by nursing staff although there was no stock control on the amount of Panadol being given to the units to administer.

Mental health provision

Mental health screening was undertaken on arrival in to the Prison with referrals being made to the regional forensic team. The Regional Forensic Psychiatric Service (RFPS) was provided by Waikato District Health Board. A copy of the service-level agreement was requested but not provided.

Three forensic liaison nurses carried a relatively small case load of 43 prisoners. Referrals to the psychiatrist were generated by the forensic team. Consultations with the forensic nurse took place in the main visits room which was not appropriate. We were informed that this practice was about to change with future consultations taking place in the health centre. The

²⁹ The national Corrections Health Medication Policy is currently under review. The review should be completed by June 2017.

³⁰ The dispensing hatch window was fitted the wrong way round. Prisoners could see in but nursing staff could not see out of the treatment room window.

contract for the in-reach clinician had expired, leaving a gap for those prisoners requiring counselling.

Prisoners requiring a forensic bed were transferred to the Henry Bennett Centre in Hamilton. Four prisoners were out at the time of the inspection.

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

When asked if they have any emotional wellbeing/mental health issues, thirty-nine percent of questionnaire respondents said they did. When asked if they felt supported with these issues, seventy percent replied no.

Recommendations – health and wellbeing

5. I recommend that:

- a. An annual health needs analysis should be carried out to inform the health development plan and future funding. The process should include regular consultation with service users (prisoners).
- b. Nursing staff should have access to clinical supervision.
- c. The disposal of hazardous waste should be rectified immediately.
- d. There should be a separate health complaints process to ensure patient confidentiality.
- e. Prisoners on escort or transfer should always be accompanied by their medication.
- f. Processes for dispensing medication, including controlled drugs should be reviewed to comply with Corrections' Health Services Medication Standards.
- g. Medication rounds should be revised to meet policy standards, particularly in areas of unsafe practice, compromised prisoner confidentiality and identified inefficiencies.
- h. The window in the treatment room should be replaced.
- i. All units should have a lockable 'medical chit' box which only health staff are able to access.
- j. The provision of mental health services should be formalised.

Corrections accepted recommendations 5a, 5e, 5f, 5g, 5h, 5i and 5j.³¹ Corrections rejected recommendation 5b, and stated:

Corrections considers that the present clinical support is appropriate. The Draft Report does not provide reasons for this recommendation.

The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work.

³¹ Corrections' comments on recommendations 5a, 5e, 5f, 5g, 5h, 5i and 5g can be found in Appendix 2.

The focus is on supporting staff in their personal and professional development and should not be confused with managerial supervision. While not a legal requirement, clinical supervision is considered good practice for those working with people with complex and challenging needs. Nursing staff who spoke with the Inspectors (in a focus group) confirmed that no clinical supervision was offered at the Prison but were keen to access it.

Corrections rejected recommendation 5c, and stated:

Corrections is unable to see in the Draft Report any information or evidence to support the need for such a recommendation.

The Team Leader alerted my Inspectors to the situation regarding the disposal of hazardous waste. Inspectors observed a significant amount of clinical waste stored in the health care centre awaiting pick up by the Prison (internal) driver. Some bags had been in the centre for weeks.

Corrections rejected recommendation 5d, and stated:

Corrections reviewed the prisoner complaints process and policy in December 2016 and made a number of changes, including implementing a specialised complaints 0800 support team.

Confidentiality of health information was considered as part of the review. If the complaint is about a health matter, and private health information has been included, the specific pieces of private information are not to be recorded in the Integrated Offender Management System (IOMS), in order to protect patient confidentiality. Complaints about health services must be referred to the health centre manager who will arrange an interview within seven days of being notified. While the complaints are triaged together, they are managed separately.

A free phone contact number for the Health and Disability Commission is provided to prisoners if they have any concerns.

Corrections request that this be noted in the final version of the Draft Report. This response has already been provided to the Ombudsman in the Hawke's Bay Report.

I disagree. After reviewing a number complaint forms, my Inspectors have found clear evidence that private health information is being recorded on the PC.01. Form, in IOMS and on COBRA. I reiterate that there should be a separate health complaints process to ensure patient confidentiality.

Standard 6: Protective measures

Expected outcomes:

- 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 and their future. Their rights to statutory protections and complaints processes are respected.

Access to mail and telephones

Sections 76 and 77 of The Corrections Act 2004 provides that a prisoner may send and receive as much mail as the prisoner wishes and every prisoner is entitled to make at least one outgoing telephone call of up to five minutes' duration per week.

Sixty-eight percent of questionnaire respondents reported problems sending and receiving mail and fifty-nine percent reported problems accessing a telephone. The reduced unlock hours and insufficient numbers of telephones in each unit were adding to the problem (one telephone located in the unit compound for 88 prisoners).

Several prisoners also reported long delays in getting their phone numbers approved. A check of records corroborated that some prisoners were waiting approximately three weeks for numbers to be approved.

Complaints Process

Under sections 152 and 153 of the Corrections Act there must be a fair, effective, comprehensive and prompt internal complaints system prominently displayed in each prison unit, including the right to seek assistance from an Inspector of Corrections or an Ombudsman. Under section 154 assistance for prisoners to make complaints must be available.

A new complaints process was launched on 1 December 2016; however, information regarding the new system was not displayed in areas of the Prison easily accessible to prisoners.

A breakdown of the number of complaints for the period 1 July 2016 to 31 January 2017 was 399. The information was taken from the Corrections Business Reporting and Analysis system (COBRA). A breakdown of complaints from the Integrated Offender Management System (IOMS) for the same period was 367. We were unable to determine which figure was the accurate one. Property, health and transfers were the main subjects of complaint. A number of complaints had been incorrectly categorised.

Inspectors reviewed a sample of responses and found some included full, polite and fair responses, but too many were inadequate. Not all complaints were answered in a timely manner. We were not confident that those referred to a third party received an answer.

Prisoners' views of the complaint system were poor. Eighty-four percent of questionnaire respondents said they did not have faith in the complaints process, eighty-two percent said

they did not feel complaints were dealt with promptly, and seventy-eight percent said they did not feel they were dealt with fairly.

Inspectors were not assured that staff had a good understanding of the new complaints process.

Misconduct and the adjudication process

The misconduct documentation and adjudication process was satisfactory. However, there were concerns raised by staff about the increase in the number of misconducts and adjudications since the introduction of remand prisoners. This had resulted in some charges not being laid or heard within the required timeframe.

Adjudication hearings occurred twice weekly and had recently moved from the visits centre to individual units in order to mitigate the risks associated with keeping remand and sentenced prisoners separate. The number of adjudications per year has more than doubled since the arrival of remands – from 600 to 1500. Over fifty percent of charges were referred to the Visiting Justice.

Information kiosks

The majority of prisoner information kiosks were broken. Inspectors were informed that new updated kiosks were to be installed at the Prison; however, a date for transition to the new system could not be given.

Separation of categories

Remand accused prisoners are generally required to be separated from remand convicted and sentenced prisoners. This separation of categories is mandated in the Corrections Regulations (Regulation 186) and is a requirement under Mandela Rules.³² The mandate is a protective measure to ensure that those who have not been found guilty of an offence are protected from those who have.

The Prison had a dispensation for mixing remand accused prisoners with mainstream prisoners³³ (dated 7 November 2016). The dispensation was to be reviewed six monthly. Dispensations should only be granted in exceptional circumstances; the recorded reason for the dispensation was that compliance with separation of remand accused prisoners *'is not currently possible due to the facility structure, national remand muster pressure and the inability to control the inflow of remand prisoners'*. We were not made aware of any plans to address these issues, or strategies to transition from using the special dispensation.³⁴

³² The different categories of prisoners shall be kept in separate institutions or parts of institutions, taking account of their sex, age, criminal record, the legal reason for their detention and the necessities of their treatment.

³³ The dispensation was approved by Corrections Chief Custodial Officer.

³⁴ Inspectors are not aware of any other prisons in New Zealand which currently have such a dispensation.

For any dispensation to be implemented, assurances need to be made that appropriate safeguards are in place to protect all remand accused prisoners. Historically, remand prisoners have not been classified and managed as high-security prisoners by default.

Corrections trialled a remand classification system in 2015, which classifies prisoners into two categories – Level 1 (high) and Level 2 (low). The system was being used to classify remand prisoners at the time of the inspection. However, classification did not translate from the paperwork assessment to the appropriate placement of remand prisoners. We noted Level 1 and Level 2 prisoners sharing a cell. Custodial staff were unable to explain the purpose of the classification system. Assessments were completed after prisoners had been allocated to units and cells. The system appeared to be a paperwork exercise and was not being applied as an effective protective measure.

We were unable to locate evidence of regular national and regional reviews of the dispensation. Senior management oversight appeared to be lacking.

Recommendation - protective measures

6. I recommend that:

- a. The Prison Director must ensure all staff have a comprehensive understanding of the new complaints process.
- b. Remand accused prisoners should be managed separately from remand convicted and sentenced prisoners (Rule 11(b) – United Nations Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules)).

Corrections accepted recommendation 6a.³⁵

Corrections stated that it ‘*partially accepts*’ recommendation 6b, and commented:

As noted in the Draft Report, the site has a dispensation in place for operational reasons. However, the Prison Director will review the process to ensure that the assessment takes place before the placement takes place.

Corrections will provide an update on this review in September 2017.

The dispensation does not allow remand prisoners to participate in organised activities with sentenced prisoners, and I do not accept that it obviates the need for Corrections to comply with Rule 11 (b) Of the Nelson Mandela Rules. I reiterate that remand accused prisoners should be managed separately from sentenced prisoners.

³⁵ Corrections’ comments on recommendation 6a can be found in Appendix 2.

Standard 7: Purposeful activity

Expected outcomes:

- All prisoners are encouraged to use their time in prison constructively. The Prison provides a broad range of activities, opportunities and services based on the profile of needs of the prisoner population.
- Prisoners are consulted in planning the activities offered.
- Positive family and community relationships are maintained.

Employment

According to the Department of Corrections website there are employment opportunities for 285 prisoners at the Prison.³⁶ During the inspection, we assessed workplace capacity and aligned it with prisoner attendance. Over the course of the inspection, the maximum number of prisoners attending employment was 130 (forty-six percent). Specific findings are detailed below:

Table 2: Prisoners in employment 20 – 28 February 2017

Workplace capacity	Work area	Mon 20	Tues 21	Wed 22	Thu 23	Fri ³⁷ 24	Mon 27	Tues 28	Average
100	Refurbishment	16	20	19	17	17	19	21	18
15	Farm	6	1	0	0	6	5	2	3
21	Grounds Maintenance	10	10	8	8	11	10	15	10
10	Timber fabrication	5	5	5	5	5	5	4	5
12	Asset Maintenance	8	10	9	10	9	9	7	9
12	Components	5	5	6	0	0	6	5	4
12	Engineering	7	7	8	9	7	8	8	8
8	Horticulture	10	10	10	10	0	10	10	9
53	Kitchen	28	31	26	26	26	24	24	26
10	Laundry	7	7	7	7	7	7	7	7
16	Painter Training	14	10	10	9	0	9	0	7

³⁶ Department of Corrections website – Spring Hill Correctional Facility.

³⁷ Shorter working day due to staff training.

Inspectors were unable to ascertain why there were such a large number of employment vacancies at the time of the inspection.

A mobility dog training programme is also in effect at the Prison, whereby minimum-security prisoners train dogs to support individuals with mobility challenges. Both staff and prisoners were enthusiastic about the wide-ranging benefits of the programme.

Programmes

The Prison provided structured treatment programmes in the form of the Special Treatment Unit Rehabilitation Programme (STURP) and the Medium Intensity Rehabilitation Programme (MIRP), as well as a structured drug-treatment programme. At the time of the Inspection, the drug-treatment provider was transitioning from Care NZ, to Odyssey House. Prisoners on the programme expressed anxiety about the transition arrangements, which they felt had not been clearly communicated.

The Prison provided several short courses including: parenting, tikanga, living skills, forward-focus and weaving as well as specific short-educational courses – Intrepid explorer, Brainetics and Plato. Some of the education and living skills programmes were provided to remand convicted and high-security prisoners and were reportedly well received.

Interviews with case managers indicated there appeared to be some difficulties with the scheduling of programmes. One example cited was in the case of a Tikanga Māori Programme that was available to prisoners, but not listed on the programme schedule. This may have been an administrative oversight, however the consensus amongst Case Managers, custodial staff and prisoners suggested the cancellation of programmes was not uncommon.

Questionnaire respondents recorded their participation in purposeful activity as follows:

Table 3: Questionnaire responses - participation in purposeful activity

	High-security (%)	Low-security (%)	Prison total (%)
Prison job	16	35	28
Vocational or skills training	6	21	15
Education (including basic skills)	14	26	21
Offending behaviour programmes	3	24	16
CIE employment	4	25	17
Release to work	-	3	3
Not involved in any of these	66	31	48

Access to programmes for remand accused prisoners

There was very little provision of constructive activities for remand accused prisoners. Inspectors spoke with several long-term remand accused prisoners (six months or more) who

stated they were able to access the prison gym on a weekly basis, but had not taken part in any short courses or purposeful activities. Short courses like the Brainetics course were only offered to sentenced and remand convicted prisoners.

Remand prisoners were not allowed to order library books as it was reported they had a tendency to take them when they left the Prison. A crate of second-hand books was located in the unit, but they did not reflect the reading needs of the prisoners. Despite remand prisoners being classified into two categories, they were still all managed as high-security prisoners by default. Consequently, they were not allowed to attend chapel. Inspectors were informed religious support and services could be provided to remand prisoners in their units.

We observed remand prisoners being locked in their cells and served evening meals as early as 3.30pm. Morning unlock took place around 8.30am.

A basic compound/yard to cell regime was run for remand prisoners, not dissimilar to that provided to high-security and voluntary segregated prisoners.

Outdoor exercise

Under sections 69(1)(a) and 70(1) of the Corrections Act 2004, prisoners (other than those engaged in outdoor work) are entitled to a minimum of an hour of physical exercise, in the open air if the weather permits. This reflects article 21(1) of the United Nations Standard Minimum Rules for the Treatment of Prisoners.

Ninety-six percent of questionnaire respondents stated they received their minimum entitlement of an hour of physical exercise in the open air. Prisoners were observed using the external exercise yards and the open compound areas for fresh air and exercise.

Gymnasium

The Prison has a purpose-built gym, which is managed by dedicated staff who engaged positively with prisoners. All units can access the gym on a weekly basis. Both staff and prisoners recognised the benefit of having structured exercise sessions. Many remand accused prisoners reported that attending the gym was the only purposeful structured activity during their week and stated they would like to attend more regularly.

Library

The Prison had a library that was well-stocked and well run. Sentenced prisoners were provided with a book catalogue in their unit and could order books using a chit system.

Visits

The majority of visits took place in the designated visits room, although prisoners residing in the DTU/STU and Te Whare Oranga Ake received visits in their respective units. Visit times were allocated by unit. Primarily, sentenced prisoners received visits at weekends and remand

prisoners on Wednesdays and Thursdays. The visits area was clean and well maintained; however, it was sterile and sparse with no designated children’s play area.

Custodial staff managed the visits process well and were courteous and respectful to visitors. Inspectors spoke with visitors who reported that they were happy with the visits process and their associated interaction with custodial staff.

Recommendation – purposeful activity

7. I recommend that:

- a. There should be greater opportunities for constructive activities for remand accused prisoners.

Corrections accepted recommendation 7a.³⁸

³⁸ Corrections’ comments on recommendation 7a can be found in Appendix 2.

Standard 8: Preparation for successful return to the community

Expected outcomes:

- Prisoners are prepared for their successful return to the community.

Case management

The Case Management team³⁹ at the Prison comprised three Principal Case Managers and 28 Case Managers. The team had four dedicated Remand Case Managers, two Guided Release Case Managers, one Parole Board Liaison and one Scheduler. At the time of inspection six Case Managers were new to the role and undergoing training. Case Managers were carrying varied caseloads of up to 53 prisoners.

All prisoners were assigned a Case Manager and a Case Officer (Corrections Officer). The fundamental role of Case Managers was to identify the reintegrative and rehabilitative needs of prisoners to ensure their needs were being met.

The Case Officer was to be the prisoners' key point of contact on the unit, working with them on a frequent basis to motivate them and support them to reach goals outlined in their case management plan, and identifying any key issues that may create barriers to making positive progress.

Relationships between the individual case management teams appeared strained and teams did not appear to be working as one-joined up team. The issue regarding collaborative working was hindered by the apparent disconnect between Case Managers and Custodial Officers, who were often not proactive in sharing information regarding prisoners on their caseload.

The majority of Case Managers were not unit based, due to a lack of office space. This further exacerbated the communication barriers with both prisoners and staff. Case Managers did not appear to have much visibility within the Prison.

Case management for remand prisoners

Remand prisoners were seen by Case Managers within 10 days of their admission to the Prison. Both remand prisoners and Case Managers reported finding this process a cursory exercise and neither group described the process as particularly meaningful or beneficial for the following reasons:

³⁹ The process to identify the needs of the prisoner population is through Case Management. Case Managers complete assessments of prisoners to identify rehabilitation and reintegration needs in order to develop a plan to meet the identified needs in areas of offending, behaviour, attitude and compliance, education and work, health and wellbeing, and housing, finance and victim related issues.

- No offending behaviour interventions can be offered to remand prisoners as they had not been found guilty of an offence, so the assessment seemed to primarily be a paperwork exercise.
- Remand prisoners were struggling with immediate needs such as family and housing issues and needed more assistance in these areas. It was evident that large caseloads impacted on the ability of Case Managers to deliver effective service in this area.
- The initial 10-day assessment raised expectations for remand prisoners around opportunities for assistance and interventions; Case Managers dealt with this by telling the prisoners to have little or no expectations regarding outcomes from their meeting.
- If the remand prisoner was to receive a custodial sentence, he would be allocated a different Case Manager who works with sentenced prisoners, so there would be no end-to-end management for the prisoner and no ongoing relationship with his Remand Case Manager.

Much time and effort appeared to be spent on the assessment of remands, but this did not appear to translate into meaningful outcomes for the prisoners. Case Managers stated that there was an obvious need for social workers to work with remands to address their immediate needs.

Out of Gate activities

Out of Gate referrals were made online and were for short-serving prisoners and remands that had been in prison for more than 60 days. The service aimed to assist prisoners with successful resettlement into their respective communities.

Goodwood Park Healthcare Group was the primary provider for Out of Gate services for the Prison. Other Out of Gate providers were MUMA (Manukau Urban Māori Authority) for Auckland referrals, RSLs (Reintegration for Long Servers) Waikato Tiaki Tangata and Support Services and Whānau Link Waikato.

Case Managers identified that there was not enough suitable accommodation and support available to meet the level of referrals made. They also reported a lack of whānau hui and prisoner case conferences which could support successful resettlement. The lack of whānau hui and case conferences was not explicitly linked to Out of Gate services, but to successful prisoner reintegration in general.

Right Track

Generally, custodial staff had a reasonable understanding of Right Track;⁴⁰ however, there was little evidence in terms of offender notes to support any active involvement in the process in some units. Units 15 and 16B staff demonstrated a good understanding of the process and

⁴⁰ Right Track is about 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

were actively engaged. Unit 16B managers encouraged and expected daily engagement from their staff in terms of Right Track.

Other units did not appear to be as active or engaged in the Right Track process. Minimal evidence of Right Track occurring was available in some units. Other units worked on the premise that prisoner's issues would be discussed at their meetings. Prisoners that were compliant and not having issues were not discussed.

None of the units involved the prisoner in the Right Track meeting; they advised that they did however, give feedback to them if they had been discussed at a Right Track meeting.

Not enough Custodial staff had a clear understanding of the interface between the importance of Right Track notes and case management. There was a clear sense from some custodial staff that they did not see the merit in this recording and that their other duties precluded them from being actively involved in this process.

Release to Work

Prior to 2014, the Prison had approximately 45 prisoners undertaking Release to Work (RTW). Following a high-profile abscond from the Prison, numbers reduced significantly. There were 11 prisoners on RTW at the time of the inspection; reportedly some of the highest numbers in the country.

The Prison had a well-established Release to Work Advisory Panel which oversaw decisions relating to temporary release/removal and RTW applications on a weekly basis.⁴¹ Inspectors attended a panel meeting and found the meeting was well organised and proficient. Each application was considered fully and all views were canvassed.

It is clear that the 2014 abscond incident had a dramatic and negative impact on the number of successful RTW applications being approved. While it could be considered that the panel was risk adverse, if any identified risk could be successfully mitigated, the application was usually approved.

Te Whare Oranga Ake (the Whare)

The Department has two Whare Oranga Ake Units;⁴² one 24-bed unit at Hawke's Bay Regional Prison and one 16-bed unit at the Prison. Corrections provide custodial support for the Whare.

Te Whare Oranga Ake is located outside the perimeter of the Prison. Its aim is to support minimum-security prisoners with between three and six months left to serve to: train for employment, find sustainable employment and accommodation on release, and form supportive networks with iwi, hapu and community organisations.

⁴¹ The advisory panel usually comprises of the Prison Director and/or Assistant Prison Director, Psychologist Services, Probation Services, Community Representative, Intel, RTW Coordinator, Principal Case Manager, PCO Internal Self Care and a Police representative.

⁴² Practice: The NZ Corrections Journal Volume 4 Issue 2 December 2016

The management and day-to-day operation was contracted to a local service provider - Raukura Hauora o Tainui, who employ the Niho Taniwha Cultural Framework and Whānau Centered delivery model in their work with prisoners in the Whare.

Prisoners in the Whare were positive about their reintegrative experience. They described how reintegration navigators provided appropriate support and facilitated support from whānau on the outside. This made the prisoners feel confident regarding successful reintegration, and reduced anxieties around release.

At the time of inspection, there were only 10 prisoners located in the specialised 16-bed unit. We were informed that the Whare had never operated at full capacity since it was opened in 2011. This was disappointing, given the high proportion of Māori in the Prison and across the wider prison estate.⁴³

External Self-Care Unit (SCU)

The Prison previously operated an external SCU, comprised of eight houses that could accommodate up to 24 minimum-security prisoners. The majority of these prisoners would be undertaking RTW and preparing for their release into the community. The external SCU was decommissioned in October 2016. Prisoners residing in the unit at the time were either transferred to Te Whare Oranga Ake, or moved back inside the Prison to the internal SCU unit.

The external SCU is now used by Community Probation Services to house offenders on Extended Supervision Orders. There were six offenders residing in the unit at the time of inspection. Despite the unit being under community probation jurisdiction, two custodial staff from the Prison ran the security aspects of the facility.

The decommissioning of the external SCU has further diluted the prisoner progression pathway which was a key component of the original design and intent of the Prison.

Recommendation - preparation for successful release back to the community

8. I recommend that:

- a. More support is provided for remand prisoners to address their immediate needs.

Corrections accepted recommendation 8a.⁴⁴

⁴³ Although the Whare's kaupapa is Māori, the unit is open to prisoners of all cultures.

⁴⁴ Corrections comments on recommendation 8a can be found in Appendix 2.

Acknowledgements

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

Consultation

A draft copy of this report was forwarded to the Prison Director and Corrections National Office for comment as to fact, finding or omission prior to finalisation and distribution.

Publication of report

Under Sections 27 and 36 of the Crimes of Torture Act, the Chief Ombudsman will present a copy of the final report to Parliament before publication on the Ombudsman's website.

Appendix 1: Summary of recommendations

Recommendations – treatment

1. I recommend that:

- a. The Prison Director should ensure robust systems are in place to record, review and monitor all use of force paperwork. Referrals to the Police should be forwarded in a timely manner; prisoners should be informed of the outcome of their referral.
- b. The Prison Director should ensure robust systems are in place to record, review and monitor all segregation paperwork. Formal, individualised reintegration plans should be developed to assist prisoners return to mainstream units.
- c. The Prison Director should ensure robust systems are in place to record, review and monitor all at-risk paperwork. Prisoner-centric management plans should be developed to assist prisoners while they are in the ARU and on their return to mainstream units. The prisoner should receive a copy of their management plan.
- d. Measures should be undertaken to better protect the privacy of prisoners in the ARU when they are naked, partially naked, or undertaking their ablutions.
- e. At-risk prisoners should not automatically be subjected to closed ‘booth’ visits.

Recommendation - lawful custody

2. I recommend that:

- a. First night in custody arrangements should be rigorously enforced and audited to ensure all prisoners’ needs and entitlements are being met.
- b. All prisoners should be afforded privacy and confidentiality during the receiving (admission) process including during the health consultation.
- c. Arrangements for prisoners to access personal property should be improved.

Recommendation – decency, dignity and respect

3. I recommend that:

- a. Custodial staff familiarise themselves with the policy on the placement of transgendered prisoners, and ensure such prisoners are aware of their rights.
- b. Relationships between the Prison and local iwi should be strengthened.
- c. The policy of strip searching every prisoner after every visit should cease.
- d. Arrangements to improve ventilation in units should be implemented and monitored to ensure appropriate temperatures are consistently achieved.

- e. Youth prisoners should not be housed in the Management Unit unless they are subject to a segregated directive.
- f. Unit store-rooms should be replenished and improvements made to ensure all prisoners have appropriate access to sufficient clean clothing, footwear and bedding.
- g. The serving times of meals needs to be 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. Dining rooms should be reinstated for their intended purpose.
- h. Arrangements for the prisoners' canteen (P119) should be reviewed. As a standard, prices should be comparable with prices in the community.
- i. There should be greater consistency and frequency of staff interactions with prisoners to improve dynamic security and enhance prisoner staff relationships.

Recommendation – personal safety

4. I recommend that:

- a. The Prison should develop and implement an anti-bullying strategy that sits alongside the gang management and violence reduction strategy. This should include identifying where prisoners feel least safe, and addressing the findings in an arena that includes prisoner representation.
- b. SACRA assessments should be completed prior to double-bunking a prisoner.

Recommendation – health and wellbeing

5. I recommend that:

- a. An annual health needs analysis should be carried out to inform the health development plan and future funding. The process should include regular consultation with service users (prisoners).
- b. Nursing staff should have access to clinical supervision.
- c. The disposal of hazardous waste should be rectified immediately.
- d. There should be a separate health complaints process to ensure patient confidentiality.
- e. Prisoners on escort or transfer should always be accompanied by their medication.
- f. Processes for dispensing medication, including controlled drugs should be reviewed to comply with Corrections' Health Services Medication Standards.
- g. Medication rounds should be revised to meet policy standards, particularly in areas of unsafe practice, compromised prisoner confidentiality and identified inefficiencies.
- h. The window in the treatment room should be replaced.

- i. All units should have a lockable 'medical chit' box which only health staff are able to access.
- j. The provision of mental health services should be formalised.

Recommendations – protective measures

6. I recommend that:

- a. The Prison Director must ensure all staff have a comprehensive understanding of the new complaints process.
- b. Remand accused prisoners should be managed separately from remand convicted and sentenced prisoners (Rule 11(b) – United Nations Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules)).

Recommendation – purposeful activity

7. I recommend that:

- a. There should be greater opportunities for constructive activities for remand accused prisoners.

Recommendation – preparation for successful return to the community

8. I recommend that:

- a. More support is provided for remand prisoners to address their immediate needs.

Appendix 2: Corrections' comments on recommendations that were accepted

Standard 1 - Treatment

1. I recommend that:

- a. The Prison Director should ensure robust systems are in place to record, review and monitor all use of force paperwork. Referrals to the Police should be forwarded in a timely manner; prisoners should be informed of the outcome of their referral.
- b. The Prison Director should ensure robust systems are in place to record, review and monitor all segregation paperwork. Formal, individualised reintegration plans should be developed to assist prisoners return to mainstream units.
- c. The Prison Director should ensure robust systems are in place to record, review and monitor all at-risk paperwork. Prisoner-centric management plans should be developed to assist prisoners while they are in the ARU and on their return to mainstream units. The prisoner should receive a copy of their management plan.
- d. Measures should be undertaken to better protect the privacy of prisoners in the ARU when they are naked, partially naked, or undertaking their ablutions
- e. At-risk prisoners should not automatically be subjected to closed 'booth' visits.

Corrections accepted recommendation 1a, and commented as follows:

The Custodial Systems Manager developed a process in April to ensure robust systems are in place. The progress will be monitored, and the Prisons Director will update the Ombudsman by 1 September 2017 on the matters discussed in the draft report.

Corrections has accepted recommendation 1d, and commented as follows:

Accepted, but this process is underway. This recommendation is unnecessary – Corrections ask that it be removed.

If this recommendation is to be included the Draft Report should note prominently that these measures are already being undertaken. As footnote 8 of the Draft Report notes, Corrections has proposed a National Working Group including representatives from the Ombudsman's Office to "balance necessary prisoner observations with reasonable privacy expectations in the context of ARUs". The National Working Group is now in place. Corrections views this as good progress towards resolving the disagreement between the Ombudsman and Corrections as to how to balance prisoner safety and prisoner privacy (which has been a recurring theme in previous COTA inspections). Corrections requests that footnote 8 be updated and placed in the body of the Draft Report to fairly explain the position.

Corrections has accepted recommendation 1e, and commented as follows:

Accepted. The Deputy Prison Director is to review process to ensure that this is an exception only.

The Prison Director will update the Ombudsman by 1 September 2017.

Standard 2 – Lawful custody

2. I recommend that:

- a. First night in custody arrangements should be rigorously enforced and audited to ensure all prisoners' needs and entitlements are being met.
- b. All prisoners should be afforded privacy and confidentiality during the receiving (admission) process including during the health consultation.
- c. Arrangements for prisoners to access personal property should be improved.

Corrections has accepted recommendation 2a, and commented as follows:

The Residential Manager is reviewing these arrangements, and will continue to review on a six-monthly basis.

Corrections has accepted recommendation 2c, and commented as follows:

Improvements will be made on timeliness, in particular property being transferred between units and the Receiving Office. This will be led by the Security Manager.

Standard 3 – decency, dignity and respect

3. I recommend that:

- a. Custodial staff familiarise themselves with the policy on the placement of transgendered prisoners, and ensure such prisoners are aware of their rights.
- b. Relationships between the Prison and local iwi should be strengthened.
- c. The policy of strip searching every prisoner after every visit should cease.
- d. Arrangements to improve ventilation in units should be implemented and monitored to ensure appropriate temperatures are consistently achieved.
- e. Youth prisoners should not be housed in the Management Unit unless they are subject to a segregated directive.
- f. Unit store-rooms should be replenished and improvements made to ensure all prisoners have appropriate access to sufficient clean clothing, footwear and bedding.
- g. The serving times of meals needs to be 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. Dining rooms should be reinstated for their intended purpose.
- h. Arrangements for the prisoners' canteen (P119) should be reviewed. As a standard, prices should be comparable with prices in the community.
- i. There should be greater consistency and frequency of staff interactions with prisoners to improve dynamic security and enhance prisoner/staff relationships.

Corrections has accepted recommendation 3a, and commented as follows:

This recommendation is unnecessary - Corrections asks that it be removed.

New policy is being developed at a national level. Reminders on the current process will be communicated by the Ops Support Manager and also to units on a case by case basis when a transgender prisoner is received in a unit, as a reminder and to ensure all staff have awareness of the policy.

Corrections has accepted recommendation 3c, and commented as follows:

Corrections agrees that not every prisoner should be strip searched after every visit. The Prison Director has communicated Corrections' policy to all staff at Spring Hill Corrections Facility

The Chief Custodial Officer sent a practice reminder on strip searching to all prison directors on 7 February 2017.

Corrections also notes the Ombudsman considers the practice for prisoners to wear overalls during visits should be reviewed. As explained in Corrections' response to the

Hawke's Bay Prison report, Corrections policy requires prisoners to wear the overalls during visits in order to maintain the safety and security of the site. The colour was chosen to allow staff to easily distinguish prisoners from visitors, which is vital during visits to reduce the risk of escape or other illegal activity. The overall design is to prevent contraband from entering prisons, which is frequently attempted during visits. Corrections has considered that policy and has decided it is necessary to maintain safety and security.

Corrections has accepted recommendation 3h, and commented as follows:

Accepted, but already underway before recommendation made.

As previously advised in response to the Hawkes Bay Report, Corrections has negotiated a new national canteen supplies agreement. The agreement was signed by the supplier in April 2017 for 12 prisons. The staggered roll-out to remaining prisons, including SHCF, will take place over the next six months. Under the new agreement, there will be a nationally consistent prices for all P119 items.

Corrections is committed to provide consistency and value for money for prisoners on P119 items. Due to the goods being distributed in a prison environment there will always be additional costs that other organisations may not have to contend with. As a result, the prices will be comparable to local Four Square, rather than supermarket, prices.

Once the new canteen supplies arrangement is implemented across all Corrections sites (currently expected to be by the end of September 2017), Corrections will review the product catalogue with a view to identifying healthier options. Corrections expects this review to be completed by the end of 2017.

Corrections requests that this be noted in the final version of the Draft Report.

Standard 4 – Personal safety

4. I recommend that:

- a. The Prison should develop and implement an anti-bullying strategy that sits alongside the gang management and violence reduction strategy. This should include identifying where prisoners feel least safe, and address the findings in an arena that includes prisoner representation.
- b. SACRA assessments should be completed prior to double-bunking a prisoner.

Corrections has accepted recommendation 4a, and commented as follows:

Accepted, but recommendation unnecessary. As previously advised in the response to the Hawke's Bay Report, Corrections is implementing a five-year Gang Strategy. This strategy aligns with the Whole of Government Gang Action Plan. The core of the strategy contains three pillars focussing on containment, disruption of gang activity, and reducing the harm of gangs. When the national strategy is agreed, the Prison Director will create a local policy to meet the needs of SHCF. Corrections requests that this be noted in the Draft Report.

Standard 5 – Health and Wellbeing

5. I recommend that:

- a. An annual health needs analysis should be carried out to inform the health development plan and future funding. The process should include regular consultation with service users (prisoners).
- b. Nursing staff should have access to clinical supervision.
- c. The disposal of hazardous waste should be rectified immediately.
- d. There should be a separate health complaints process to ensure patient confidentiality.
- e. Prisoners on escort or transfer should always be accompanied by their medication.
- f. Processes for dispensing medication, including controlled drugs should be reviewed to comply with Corrections' Health Services Medication Standards.
- g. Medication rounds should be revised to meet policy standards, particularly in areas of unsafe practice, compromised prisoner confidentiality and identified inefficiencies.
- h. The window in the treatment room should be replaced.
- i. All units should have a lockable 'medical chit' box which only health staff are able to access.
- j. The provision of mental health services should be formalised.

Corrections has accepted recommendation 5a, and commented as follows:

Corrections considers that this is an area that should be reviewed nationally. Corrections Health Services is currently completing a quarterly service user survey on 10% of prisoner patients. The site is also finalising its Cornerstone Accreditation which is hoped to be completed in June 2017.

Corrections has accepted recommendation 5e, and commented as follows:

SHCF is putting in place safeguards overseen by the Health Centre Manager and Deputy Prison Director in order to ensure that medication does leave with each prisoner.

Corrections has accepted recommendation 5f, and commented as follows:

The Health Centre Manager has been tasked with ensuring that the processes are reviewed to meet the required standard.

Corrections has accepted recommendation 5g, and commented as follows:

As advised in the Hawke's Bay Report, the national Corrections Health Medication Policy is currently under review. The revised policy will include standards of practice which will strengthen clinical practice in relation to medicine administration and ensure greater consistency across all sites.

Compliance with the new standards will be audited once the policy review has been completed.

Corrections will provide an update in September 2017.

Corrections has accepted recommendation 5h, and commented as follows:

A larger window and more bench space have been requested by staff. A business case by the Housing Control Manager will be submitted for consideration. However, Corrections does not accept that the present treatment room is unfit for purpose.

A Business Case will be completed for consideration by 30 June 2017.

Corrections has accepted recommendation 5i, and commented as follows:

When the units were enhanced, the boxes were not replaced. New ones have been ordered to be made on another site by the Health Centre Manager.

Corrections has accepted recommendation 5j, and commented as follows:

The Service Level Agreement with the Midland Regional Forensic Psychiatric Service will be renegotiated and formalised by August 2017.

Standard 6 – Protective Measures

6. I recommend that:

- a. The Prison Director must ensure all staff have a comprehensive understanding of the new complaints process.
- b. Remand accused prisoners should be managed separately from remand convicted and sentenced prisoners (Rule 11(b) – United Nations Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules)).

Corrections has accepted recommendation 6a, and commented as follows:

Accepted, but recommendation unnecessary — Corrections asks that it be removed.

The new Complaints process has been promulgated and implemented on site. The OSA will follow up and provide assurance to ensure all staff have received information and training, and that they understand the new process.

It is noted that several prisoners reported long delays in their phone numbers being approved on the prisoner phone system. It is suggested this causes up to three week delays in prisoners receiving their first calls. First calls are facilitated through the National Operations Team in Wellington. Delays in processing prisoner phone system requests therefore have no bearing on first calls. Corrections asks that this be noted in the final report.

Standard 7 – Purposeful Activity

7. I recommend that:

- a. There should be greater opportunities for constructive activities for remand accused prisoners.

Corrections has accepted recommendation 7a, and commented as follows:

While there are purposeful activities already in place, the Assistant Prison Director is to work with the Regional Manager Interventions and Programmes and review the list of all constructive activities for remands and explore if there are other opportunities.

Standard 8 – Preparation for successful release to the community

8. I recommend that:

- a. More support is provided for remand prisoners to address their immediate needs.

Corrections has accepted recommendation 8a, and commented as follows:

SHCF is intended to become a pilot site for remand reintegration workers. Additionally, Corrections are pursuing a programme of ensuring all case managers are aware as to what activities are available to address prisoner's immediate needs.

Appendix 3: Inspection Team (the Team)

Jacki Jones	Chief Inspector
Emma Roebuck	Team Leader
Eric Fairbairn	Inspector
Tessa Harbutt	Inspector
Anthony Martin	Acting Inspector
Wayne McIver	Acting Inspector
Simon Latimer	Disability Advisor
John White	Māori Advisor
Sue Silva	Social Worker

Appendix 4: Questionnaire Feedback

Section 1: About you

Q1.1 How old are you?

Under 21	22-29	30-39	40-49	50-59	60-69	70 and over
5%	29%	29%	25%	8%	4%	1%

Q1.2 What is your ethnicity?

NZ European/Pakeha	(18%)	Māori/Pakeha	(25%)
Māori/Other	(2%)	Pasifika & Asian	(9%)
Other	(3%)	Kiwi/New Zealander	(12%)
Māori	(30%)		

Q1.3 Are you sentenced/on remand?

Sentenced	Remand - accused	Remand - convicted
66%	18%	15%

Q1.4

Question	Yes	No
Is this your first time in prison?	31%	69%
Do you have children under 18?	70%	30%

Section 2: Respect and dignity

Q2.1 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No
Are you normally offered enough clean, suitable clothes for the week?	50%	50%
Are you normally able to have a shower every day?	98%	2%
Do you normally receive clean sheets every week?	69%	31%
Do you normally get cell cleaning materials every week?	80%	20%
Can you normally get your stored property, if you need to?	42%	58%

Q2.2

	Very good	Good	Average	Bad	Very bad
What is the food like here?	7%	11%	47%	20%	15%

Q2.3

	Yes	No
Does the shop (P119) sell a wide enough range of goods to meet your needs?	17%	83%

Section 3: Complaint process

Q3.1

	Easy	Difficult	Don't know
Is it easy or difficult to get a complaint form (PCO1)?	27%	53%	20%

Q3.2

	Yes	No
Do you know how to make a complaint?	86%	14%
Have you made a complaint in this prison?	51%	49%
Do you feel <i>complaints</i> are dealt with fairly?	22%	78%
Do you feel <i>complaints</i> are dealt with promptly? (within three days)	18%	82%
Do you have faith in the complaints system?	16%	84%
Would you make a complaint if the situation warranted it?	82%	18%

Section 4: Safety

Q4.1

	Yes	No
Have you ever felt unsafe in this prison?	54%	46%
Do you feel unsafe in this prison at the moment?	48%	52%

Q4.2 Victimisation

	Yes	No
Have you been victimised or bullied in this prison?	53%	47%
If yes, was it another prisoner or group of prisoners?	81%	19%
If yes, was it staff?	45%	55%

Q4.3 Assaults

	Yes	No
Have you been assaulted while in this prison?	37%	63%
If yes, did you report the incident?	36%	65%
Have you been sexually assaulted while in prison?	7%	93%
If yes, did it happen at this prison?	62%	38%
Did you report the incident?	33%	67%

Q4.4 Please answer the following questions about staff in this prison:

	Yes	No
Is there a member of staff you can turn to for help with a problem?	65%	35%
Do most staff treat you with respect?	65%	35%

Section 5: Health

Q5.1 How easy or difficult is it to see the following people?

	Don't know	Easy	Difficult
The doctor	12%	22%	66%
The nurse	10%	43%	47%
The dentist	19%	18%	63%

Q5.2 What do you think of the quality of the health service from the following people?

	Don't know	Good	Bad
The doctor	22%	43%	35%
The nurse	14%	51%	35%
The dentist	32%	33%	35%

Q5.3 What do you think of the overall quality of health service?

	Don't know	Good	Bad
Overall quality	17%	41%	42%

Q5.4 Physical disability

	Yes	No
Do you have a physical disability?	23%	77%
Do you feel supported with your disability needs?	20%	80%

Q5.5 Emotional/mental health issue

	Yes	No
Do you feel you have an emotional wellbeing/ mental health issues?	39%	61%
Do you feel supported with your mental health needs?	30%	70%

Section 6: Purposeful Activity

Q6.1 Are you currently involved in any of the following activities?

	High Security Units	Low Security Units	Prison total	Prison total
Prison job	16%	35%	28%	52% (one or more activities)
Vocational or skills training	6%	21%	15%	
Education (including basic skills)	14%	26%	21%	
Offending behaviour programmes	3%	24%	16%	
CIE employment	4%	25%	17%	
Release to work	2%	3%	3%	
Not involved in any of these	66%	31%	48%	

Q6.2 Cultural/Religious Services

	Yes	No
Are you able to access Cultural services?	34%	66%
Are you able to access Religious services?	60%	40%

Q6.3 Fresh air

	Yes	No
Do you get one hour's fresh air daily? (minimum entitlement)	96%	4%

Q6.4 Library

	Don't want to use it	Never	Less than once a week	Once a week	More than once a week
How often do you use the library?	6%	56%	17%	16%	4%

Q6.5 Gym

	Don't want to use it	Never	1 to 2	3 to 5	More than 5
On average how many times do you go to the gym each week?	7%	28%	46%	16%	4%

Q6.6 Time out of cell

	Less than 2 hours	2 to less than 4 hours	4 to less than 6 hours	6 to less than 8 hours	More than 8 hours
On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)	8%	31%	30%	16%	15%

Q6.7 External communication

	Yes	No
Have you had any problems with sending or receiving mail?	68%	32%
Have you had any problems getting access to the telephones?	59%	41%
Are you able to book/ access visits weekly?	66%	34%

Appendix 5 – Prison population breakdown

Please note: the following figures were supplied by Corrections and any errors are their own.

Based on snapshot data as at 20 February 2017

Status	Under 18 years	18-20 year olds	21 and over
Sentenced	0	24	674
Recall	0	0	0
Remand convicted	1	10	101
Remand accused	1	13	145
Civil prisoners	0	0	0
Awaiting deportation	0	0	0
TOTAL	2	47	920

Age	Number of prisoners
Under 18 years	2
18 - 21 years	72
22 - 29 years	273
30 - 39 years	282
40 - 49 years	224
50 - 59 years	80
60 - 69 years	32
70 - 79 years	4
80 years plus	0
TOTAL	969

Ethnicity	Under 18 years	18-20 year olds	21 and over
European	0	7	242
Māori	1	33	489
Pacific Peoples	1	5	138
Asian	0	0	33
Other	0	2	18
TOTAL	2	47	920

Most Serious Offence (Sentenced prisoners only)	Under 18 years	18-20 year olds	21 and over
Violence	0	11	263
Sexual offences	0	6	139
Burglary	1	4	78
Dishonesty	0	3	27
Traffic	0	1	31
Property abuse/damage	0	1	6
Weapons	0	0	7
Drugs	0	2	105
Other	0	0	13
TOTAL	1	28	669

Gangs (including affiliated)	Under 18 years	18-20 year olds	21 and over
Black Power	0	7	80
Head Hunters MC	0	0	21
King Cobras	0	0	11
Bloods	0	0	15
Mongrel Mob	0	4	100
Tribesman MC	0	1	10
Killer Beez	0	1	31
Other	0	0	55
Crips	0	6	50
Westside – Tauranga	0	2	16
TOTAL	1	21	389

Appendix 6: Overview of OPCAT – Prisons

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 visits 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. 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 was designated a National Preventive Mechanism (NPM) for certain places of detention, including prisons and court cells.

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.