



Fairness for all

OPCAT Report

Final report on an unannounced inspection of Waikeria Prison under the Crimes of Torture Act 1989

August 2020

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National Preventive Mechanism

Office of the Ombudsman
Tari o te Kaitiaki Mana Tangata





OPCAT Report: Report of an unannounced inspection of Waikeria Prison under the Crimes of Torture Act 1989

ISBN: 978-0-473-53770-8 (PDF)

Published August 2020

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Foreword

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

Waikeria Prison (the Prison) opened in 1911 and is situated south of Te Awamutu. It can hold 803 remand and sentenced tāne¹ with security classifications ranging from minimum to high. Over 27 percent of tāne are on remand, and 24 percent are serving sentences in excess of four years. Tāne held at the Prison come from across the country but predominantly from the Bay of Plenty region. The prison has a large Māori population (approximately 67 percent).

I authorised my Inspectors to conduct a nine day inspection of the facility in October 2019,² using defined criteria to assess the standards of treatment tāne were experiencing, and their living conditions.

Prison conditions significantly varied between the high and low security complexes. Most tāne in the high security complex (HSC) were double-bunked in cells originally designed for one, and living conditions were poor. Tāne in the HSC were subject to a basic yard-to-cell regime and limited activities. In contrast, the low security complex (LSC) was spacious, clean, tidy and outdoor areas well maintained. The provision and quality of clothing and bedding was problematic across both complexes.

The Separates Units³ in both the HSC and LSC were no longer fit for purpose, compounded by the lack of natural light, poor ventilation and small cell sizes.

The Prison had a 12 month dispensation from the National Commissioner Corrections Services to mix remand accused with remand convicted tāne, due to the number on remand and the limited number of high security beds. Remand tāne who had been assessed as low risk were placed in the LSC. This resulted in better conditions and access to more purposeful activities for a significant proportion of remand accused tāne.

Levels of violence in the Prison were high and accounted for 22 percent of all incidents over a 12-month period. The Prison had the second highest gang population (44 percent) in the country.⁴

¹ Tāne was the term used to describe prisoners by the Prison. Tāne translates to English as man/male.

² Inspectors were not on site on Sunday 20 October.

³ Separates Units contain cells for tāne undergoing punishment of cell confinement, following a misconduct hearing.

⁴ At the time of inspection.

My Inspectors reviewed the use of force at the Prison and found record keeping and paperwork was of a reasonable standard. However, the use of force review process was not consistently completed in a timely manner.

Induction processes were largely mechanical in nature and were better in some units than others. Arrangements for the reception, induction, and ongoing supervision of foreign nationals, were insufficient with an over-reliance on on-line translation services.

The provision of health services was good, in particular the care provided to older tāne and transgender detainees. The relationship between custodial and health services staff was positive and constructive.

I am particularly pleased to note that the Intervention and Support Unit (ISU) had strong leadership, demonstrating commitment to improving the experience of tāne in their care. I regard the support offered to tāne transitioning out of the ISU to other units to be good practice.

The Prison leadership team demonstrated commitment to the Department of Corrections' (the Department's) Hōkai Rangi strategy⁵ — and had begun to implement change in culture and practice prior to release of the strategy. I welcome the Prison's developing whānau-centric approach to visits.

The HSC environment is not fit for purpose and is impacting adversely on the treatment of tāne, presenting the Prison's leadership team with significant challenges. I am aware a new 600-bed facility is under construction at the Waikeria Prison site. I am told the new prison will include a 100-bed mental health facility co-designed and co-run between the Department and the Waikato District Health Board. The anticipated opening date for the new prison is 2022.

I welcome the building of this new facility which will improve conditions for tāne. I look forward to seeing these developments, including the increased provision in mental health care for tāne experiencing mental distress.

In conclusion, I wish to acknowledge and express my appreciation to the managers and staff of the Prison for the full co-operation they extended to my Inspectors. I also welcome the Department of Corrections' positive response to my findings and recommendations, which I include in this report. To accept, or partially accept, all 24 recommendations reflects our mutual desire to strengthen protections against ill treatment and improve conditions of detention.

Peter Boshier
Chief Ombudsman
National Preventive Mechanism

⁵ Hōkai Rangi is the new Department of Corrections strategy that runs from 2019-2024. The strategy ultimately aims to lower the proportion of Māori in the care of the Department to a level that matches the Māori share of the general population.

Facility facts

Waikeria Prison

Waikeria Prison (the Prison) can accommodate 803 remand and sentenced tāne with security classifications ranging from minimum to high. The Prison opened in 1911 and is operated by The Department of Corrections (the Department).

The Prison is located on a 1200 hectare site situated 16 kilometres south of Te Awamutu in the Waikato.

The Prison is split in to two complexes. The Low Security Complex (LSC) comprises seven residential units. The High Security Complex (HSC) comprises two units (each unit is split into two wings). The Intervention and Support Unit (ISU) is located within the HSC.

Table 1: Short description of residential units

Complex	Unit or Wing	Unit description	Capacity
Low Security Complex (LSC)	Miro	Sentenced – voluntary segregated	66
	Nikau	Sentenced – mainstream	80
	Totara	Remand accused and remand convicted	80
	Puriri	Sentenced – voluntary segregated	80
	Karaka	Sentenced – Special Treatment Unit and Drug Treatment Unit	80
	Rata	Sentenced (including a 20-bed annex for older tāne)	80
	Te Ao Marama	Sentenced – Māori Focus Unit	60
High Security Complex (HSC)	East Unit: South and North Wings (Remand)	Remand accused and convicted, sentenced, and directed segregation	126
	West Unit: South and North Wings	Sentenced – mainstream	125
Total capacity:			777⁶

Region

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

⁶ These numbers do not include the 26 ISU cells which are not considered accommodation.

Prison Director

James Watson

Regional Commissioner

Terry Buffery

Previous inspections

An unannounced inspection of West North, West South units, and the At Risk Unit,⁷ was undertaken in 2010

An unannounced follow up inspection of West North and West South units was undertaken in 2011

An unannounced inspection of the Youth Unit was undertaken in 2014

An unannounced follow up inspection of the Separates Unit was undertaken in 2014

⁷ Now the Intervention and Support Unit (ISU).

The Inspection

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

From 16 October to 25 October 2019, a team of nine Inspectors and Specialist Contractors (the Team) – whom I have authorised to carry out visits to places of detention under COTA on my behalf – made an unannounced nine-day⁸ inspection to the Prison.

The Team was informed that, on 16 October, there were 716 tāne in the Prison, so it was operating at approximately 92 percent capacity.⁹

Methodology

Tāne Survey and Focus Groups

On the first day of the inspection, the Team distributed a voluntary, confidential and anonymous survey to tāne.¹⁰ The survey is designed to capture their experiences and perceptions of the Prison.

The Team spoke with tāne individually and in groups to explain the purpose of the survey. The survey results are just one of several sources of evidence used and triangulated by Inspectors to help me form views about the Prison.¹¹

Seven-hundred survey forms were distributed and 387 were returned (55 percent). A copy of the survey and responses is in Appendix 2.¹²

On the fifth and sixth day, two focus groups were facilitated by Inspectors to explore tānes' experience in the Prison.

One focus group was conducted with staff to explore the experience, challenges and achievements of their role.

Inspection criteria

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

⁸ Inspectors were not on site on Sunday 20 October.

⁹ See Appendix 3 for the Prison population demographic (as at 22 October 2019).

¹⁰ Some tāne declined a survey form.

¹¹ The survey gives tāne the opportunity to raise their concerns as well as acknowledging what is working well. Responses to the survey should be used as a tool toward open communication with the client group (tāne) and predicting future behaviour and feeling.

¹² The survey used during this inspection is based on Her Majesty's Inspectorate of Prisons (HMIP) prisoner survey, provided with their permission.

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

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

The following criteria were examined during the nine-day inspection:¹³

- Criteria 1: Treatment
- Criteria 2: Reception into prison
- Criteria 3: Decency, dignity and respect
- Criteria 4: Health and wellbeing
- Criteria 5: Protective measures
- Criteria 6: Purposeful activity and transition to the community.

Evaluation techniques

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

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

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

¹³ Our inspection methodology is informed by, but not limited to, the Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), the Association for the Prevention of Torture's publication 'Monitoring Places of Detention', the New Zealand Bill of Rights Act 1990 (NZBORA), the Corrections Act 2004 and Corrections Regulations 2005.

Criteria 1: Treatment

Expected outcomes – treatment

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

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

Assessment

Use of force

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

There had been 70 instances of use of force for the six months from 1 April to 30 September 2019. Thirteen of those incidents involved two tāne, who were subsequently transferred to the Midland Regional Forensic Service (MRFS) inpatient unit for assessment and treatment.

Parts of the record keeping and paperwork relating to use of force were of a reasonable standard. However, the use of force review process was not consistently completed in a timely manner. Thirty-eight reviews were outstanding at the time of inspection, some dating back to April 2019. Of concern was the omission of records of when pepper spray had been deployed or if the decontamination process had been carried out.

My Inspectors reviewed 11 use of force incidents, including viewing CCTV, and on-body camera (OBC) footage, which were not always being activated prior to the use of force. Poor practice was identified in a number of incidents. This included one occasion in which staff used unnecessary force, when handcuffed tāne who were being transferred were directed to lie on the ground after disembarking from a transport vehicle. This was raised with senior management at the time of the inspection, who acknowledged it was unnecessary. Management assured Inspectors that training would be undertaken to ensure no further occurrences.

Inspectors spoke with nine tāne who had been involved in various use of force incidents. All tāne confirmed that they had spoken with a senior manager after the event, and were asked if they wanted to make a complaint to the Police, in accordance with Department standard

practice. Medtech¹⁴ notes also confirmed that tāne were seen by a nurse following each use of force incident.

Twenty-one percent of staff were out-of-date with their Control and Restraint training, at the time of the inspection. However, 78 staff were rostered to attend restraint training between 25 October and 22 November 2019.

Directed segregation

The Prison did not have a purpose-built Management Unit where tāne subject to Section 58 to 60 of the Act (directed segregation) could be located. Generally, tāne on directed segregation (DS) would be placed in cells located in the East North Wing of the High Security complex (HSC).

Cells used for DS were run down, with a significant amount of graffiti on cell walls and large sections of vinyl flooring missing on cell floors. Windows did not have curtains and toilets did not have lids. Ventilation in the DS cells was poor. Four cells used for DS were monitored on CCTV.

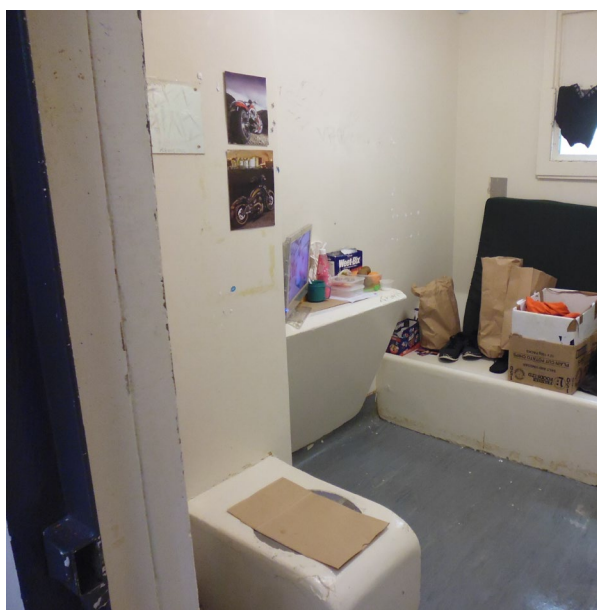


Figure 1: HSC — a directed segregation cell



Figure 2: HSC— a directed segregation cell

All of the 123 segregation directives made between 1 April and 30 September 2019, recorded in the segregation register, were made under Section 58(1)(a) of the Act — which enables the prison manager to segregate a prisoner where the security or good order of the Prison would otherwise be endangered or prejudiced. A review of segregation paperwork by my Inspectors highlighted that a large number of segregation directives should have instead been made under Section 58(1)(b) of the Act — which allows for segregation where the safety of another prisoner or another person would otherwise be endangered. This issue was discussed with a

¹⁴ Medtech is the electronic clinical information system.

senior manager from the Prison at the time of the inspection who agreed to look in to the issue.

The Act requires the prison manager to revoke a section 58(1) direction if the conditions requiring segregation cease to exist. The order expires after 14 days unless extended. According to the segregation register, none of the 123 segregation directives had been revoked prior to the end of the 14-day period. However, a check of the Integrated Offender Management System (IOMS) confirmed that a number of directives had been revoked, indicating that this data was inconsistently recorded across the two systems. This inconsistency in records made it difficult to determine conclusively whether tāne had in all cases been released upon revocation of the segregation directive.

A sample of management plans were reviewed and found to be generic in nature. Behaviour targets were superficial and concentrated exclusively on compliance. It was unclear how much would realistically be achieved to address the underlying issues that contributed to a tāne being placed on DS when tāne were locked in their cell 22 hours a day. There were no reintegration plans for tāne returning to mainstream.

Inspectors spoke with six tāne on DS at the time of the inspection. All six confirmed they had received a copy of their segregation paperwork, and were receiving their minimum entitlement of at least one hour of suitable exercise in the open air daily.¹⁵ There was no evidence in tāne files that tāne were spoken to daily by a manager, as required under Department policy.

Separates Unit in the High Security Complex

The Separates Unit¹⁶ in the HSC's East North Wing comprised nine punishment cells and one dry cell.¹⁷ All cells were in a poor state of repair, with significant graffiti on cell walls and ceilings and were not fit for purpose.

Punishment cells contained a toilet and mattress on a concrete plinth. All punishment cells were monitored on CCTV, including those with an unscreened toilet. Seven cells had no natural light.¹⁸ Section 157(1)(a) of the Corrections Regulations specifies "natural lighting" as a mandatory feature of cells used for penalty of cell confinement unless specific approval has been obtained from the Chief Executive pursuant to section 157(2) of the Corrections regulations. Two shower blocks serviced 10 tāne and were in need of a deep clean.¹⁹

¹⁵ Mandela Rule 23.

¹⁶ Separates Units contain cells for tāne undergoing punishment of cell confinement, following a misconduct hearing.

¹⁷ A dry cell is used for prisoners to prevent the concealment or disposal of unauthorised items (s102 Corrections Act). It contains nothing but a mattress on a concrete plinth. Tāne do not have free access to toilet facilities or drinking water.

¹⁸ Mandela Rule 14 (a) states: *In all places where prisoners are required to live or work: The windows shall be large enough to enable the prisoners to read or work by natural light and shall be so constructed that they allow the entrance of fresh air whether or not there is artificial ventilation.*

¹⁹ Mandela Rule 17 states: *All parts of a prison regularly used by prisoners shall be properly maintained and kept scrupulously clean at all times.*



Figure 3: HSC — Separates Unit



Figure 4: HSC — Separates cell



Figure 5: HSC — Separates Unit - fresh air enters cells through vents above cell doors



Figure 6: HSC — one of the Separates Unit's yards

The Separates Unit did not have dedicated staff. East North Wing staff were responsible for completing the required hourly checks on tāne located in the Separates Unit.

Inspectors spoke with two tāne in the Separates Unit — both confirmed they could access fresh air in a small yard, and shower, on a daily basis if they chose to. Both tāne said there was nothing to do all day.

The yards in the Separates Unit were dirty, with a significant amount of green mould and graffiti. This Unit, and conditions for tāne, were described as 'deplorable' in my predecessor's report of 2016²⁰ and this remains the case.

²⁰ Report on an unannounced inspection of Corrections Service Waikeria Prison (Youth Unit) and a follow-up visit to the Separates Unit under the Crimes of Torture Act 1989. Office of the Ombudsman. 2014.

Separates Units in the Low Security Complex

The Low Security Complex (LSC) contained four Separates Units, which were located in Rata, Totara, Puriri, and Nikau units. Each Separates Unit contained three basic cells, each with a mattress on a concrete plinth and an unscreened toilet, which was monitored on CCTV.

Tāne were locked and left unsupervised as there was no routine staff presence other than to issue meals, deliver medication, and conduct hourly checks. A tāne in a LSC separates cell told my Inspectors that staff were responding to his needs and that he had no issues.

I consider the Separates Units in the LSC are not fit for purpose.



Figure 7: LSC — a separates cell door



Figure 8: LSC — interior of a separates cell

Suicide, self-harm and vulnerable prisoners

The Intervention and Support Unit (ISU) located in the HSC, is a dedicated facility for those tāne deemed vulnerable, or at risk of suicide or self-harm, and those subject to segregation under section 60 of the Act (segregation for the purpose of medical oversight).

The ISU comprised 26 single cells, divided across two wings. It included one dry cell. A number of cells had high ceilings to reduce the risk of self-harm or suicide, and contained a shower and toilet. Other cells had toilets but no showers.

All cells in the ISU had limited natural light. No cells had ventilation. Staff and tāne told my Inspectors of excessive temperatures in the summer, which was compounded by the lack of ventilation, and tāne showering in their cells. There were no radios or TVs in ISU cells.

All cells, including the unscreened toilets and in cell showers, were subject to CCTV monitoring which was displayed in the ISU staff base and master control room.



Figure 9: One of the two ISU wings



Figure 10: Interior of an ISU cell — note camera top right corner

There were two day rooms in the ISU, each of which contained a TV. Four small yards provided the only opportunity in which tāne could access fresh air. Staff recorded in tāne files when tāne were offered yard time, and whether it was accepted or declined.

A small room had been repurposed with some gym equipment. Under the supervision of staff, one tāne at a time was able to use the gym equipment. There were plans to turn another room into a combined library/sensory room.²¹ Staff had improved the look of the ISU where possible by using decals²² and paintings on the walls. A proposal had been made for creating a sensory garden area.

Most tāne in the ISU spent prolonged periods locked in their cells — on average they had a maximum of two hours out of their cell each day. ISU staff determined which tāne could mix in both the TV lounge and in the yard. Only two tāne at a time could be in a yard, due to the yards' small size. While there were therapeutic activities and facilities available in the ISU, it is disappointing that access was restricted by tānes' limited time out of their cells.

²¹ 'Sensory modulation uses a range of tools to help individuals get the right amount of sensory input. In mental health settings, sensory modulation can be used to assist distressed persons to regain a sense of calm'. Te Pou o te Whakaaro Nui (2011). Sensory modulation in inpatient mental health: A summary of the evidence. Auckland. Te Pou o te Whakaaro Nui.

²² A picture or design made to be transferred to a wall from specially designed paper.

The ISU information kiosk²³ was located in an area not freely accessible to tāne, and therefore not used. Custodial staff supplied paper copies of all forms to tāne.

Two hundred and thirty-eight tāne were admitted to the ISU between 1 April and 30 September 2019. The average length of time spent in the ISU was 14 days and the longest period was 110 days. Fourteen tāne had transferred to the ISU from other prisons. In the same six months, 139 tāne were referred to the MRFS for assessment, and seven tāne were transferred to the MRFS inpatient unit at the Waikato District Health Board's Henry Rongomau Bennett Centre, located in Hamilton.

At the time of inspection there were 14 tāne in the ISU. Six tāne were awaiting assessment by the MRFS.

ISU staff actively engaged with tāne on admission to the ISU to assess their needs and address emerging issues. On admission to the ISU, tāne were initially on 15 minute observations, and wore anti-rip shorts and t-shirts. As their risk status reduced, tāne were able to wear standard prison clothing. Custodial staff transitioned those tāne on more than 30 minute observations from the ISU to the general units, taking them to visit their allocated unit and visiting them there until tāne were settled. The ISU team had initiated a practice of 'double exit interviews' with tāne after they were transferred from the ISU into general units, to ensure safe discharge. I regard the support offered to tāne transitioning out of the ISU to be good practice.

Inspectors reviewed the files of all tāne on the ISU. Management plans were, in many cases, generic and not personalised to the individual.

Staff were positive about the leadership in the ISU, and displayed positive, proactive attitudes toward their work. Custodial staff were recruited internally to the ISU by completing an expression of interest and having a trial period in the ISU to assess their suitability to the role. Custodial staff displayed a good knowledge of the support needs of the tāne in the ISU.

Tāne spoken to by Inspectors were positive about staff attitudes on the ISU, describing respectful and courteous interactions, with their requests being responded to.

Safety (including voluntary segregation)

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

Levels of violence in the Prison were high. Prison data confirmed that, on average, violence-related incidents accounted for 22 percent of all incidents over a 12-month period.²⁴ My

²³ Information kiosks (kiosks) enable tāne to order canteen items, see their key sentence dates, and request appointments with their case officer and/or case manager. Kiosks were rolled out nationally to all prisons in 2017.

²⁴ Data contained in Safer Custody Panel Meeting minutes for March, May, August and September 2019.

Inspectors also noted increases in threats to staff, use of weapons, and an increase in female staff being targeted.²⁵

For the period 1 April to 30 September 2019, there were 173 incident reports related to violence, 97 in the HSC and 76 in the LSC. Nine assaults were referred to the Police.

In the six months from 1 April to 30 September 2019, 231 requests for voluntary segregation (VS)²⁶ were made. Inspectors reviewed a selection of requests and noted that the responses to them were completed to a good standard. At the time of the Inspection, approximately 20 percent of tāne in segregation were on VS, the majority in the LSC's Miro and Puriri units.²⁷

Forty-nine percent of tāne who completed my survey reported having felt unsafe at some point while in the Prison, with 24 percent reporting feeling unsafe at the time of the inspection. Thirty-three percent of survey respondents (121 tāne) said they had been assaulted while in the Prison, while just over a third (36 tāne) said they had reported the incident.

Tāne on VS spoke of feeling relatively safe from intimidation but claimed that, even in the segregation environment, they experienced bullying from other tāne. These tāne spoke of the difficulty of identifying the perpetrators within the segregation environment to custodial staff, and the likely consequences of being labelled an 'informer'.

Gangs

According to figures provided by a senior manager, 44 percent of the Prison population identified as gang members or affiliates. The Prison had the second highest gang population in the country which was reflective of the Prison's catchment area – Bay of Plenty.²⁸ The influence of gangs was most obvious in the HSC, although it was also noticeable in a number of the LSC units.

The Prison's strategy for gang management in the HSC was one of containment and separation. It managed gang related risk by closing off communal areas and separating rival gangs. As a consequence, tāne in the HSC had limited opportunities to take part in constructive activities.

The Prison operated a harmony regime in the LSC's Rata Unit, where tāne undertook to put aside gang rivalries and subscribe to a set of agreed behaviours. Induction into the 'harmony unit' included the prohibition of gang-related activities. Tāne and staff who Inspectors spoke with felt the Unit had lost its focus over recent months and, rather than its intended purpose, was becoming a Unit for those tāne who were difficult to place.

Inspectors were given a copy of the Prison's 'Gang Management Plan' which identified areas of focus by all operational and support staff to help reduce gang-related activity in the Prison. Monthly Safer Custody Panel meetings appropriately highlighted a number of security-related

²⁵ *ibid.*

²⁶ 'Voluntary segregation' is defined as tāne requesting to be segregated from other tāne.

²⁷ A small number of VS tāne were accommodated in the HSC.

²⁸ *Waikeria Prison Gang Management Plan* – January 2019.

issues and concerns, including a recognition of increased levels of violence and abuse at the Prison, particularly towards female staff.

CCTV monitoring of cells

The HSC contained a number of cells that were monitored by internal CCTV cameras, with the footage displayed live in the staff base and master control room. These comprised all cells in the ISU, four cells in the East North Wing used for directed segregation, and seven cells in the Receiving Office (RO). The cells in the Separates Units, located in the HSC and LSC, and directed segregation area had no privacy screens and contained toilets. The cells in the ISU had both toilets and showers. The RO cells had toilets with privacy screens, but the position of the cameras enabled tātē to be viewed whilst behind the screen.

I reiterate my position in a number of previous reports that the ability to observe prisoners either directly or via CCTV undressing, showering or using the toilet is a serious breach of privacy and dignity amounting to degrading treatment under Article 16 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment ('Convention against Torture').²⁹

Recommendations – treatment

1. I recommend that:

- a. The Prison Director ensures robust systems are in place to record, review, and monitor all use of force, including ensuring that on body cameras are always used prior to use of force, and paperwork is comprehensive and accurate, including when pepper spray is deployed, and whether decontamination has occurred.
- b. The Prison Director ensures all staff are fully trained in Control and Restraint and comply with all relevant policy and regulatory requirements.
- c. The Prison Director ensures robust systems are in place to record, review, and monitor all segregation paperwork.
- d. Measures are taken as a priority to ensure the poor conditions in the Separates Units are addressed. Cells must be clean, free from graffiti, well lit and well ventilated.

²⁹ UN Convention against Torture, Article 16(1): "Each State Party shall undertake to prevent in any territory under its jurisdiction other acts of cruel, inhuman or degrading treatment or punishment which do not amount to torture as defined in article 1, when such acts are committed by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. In particular, the obligations contained in articles 10, 11, 12 and 13 shall apply with the substitution for references to torture of references to other forms of cruel, inhuman or degrading treatment or punishment."

- e. Tāne-centric management plans be developed to assist tāne while they are in the ISU and on their return to mainstream units. Tāne should receive a copy of their management plan.
- f. Prison management take all reasonable steps to ensure the safety of all tāne.
- g. Measures are taken to ensure the privacy of tāne in directed segregation, the ISU, Separates Units, and the RO when showering or using the toilet.

The Department of Corrections accepted recommendations 1a, 1b, 1c, 1d, 1e, and 1f.³⁰

Corrections partially accepted recommendation 1g and stated:

Waikeria Prison have advised that Receiving Office cameras have been obscured and toilets are now unable to be seen. A full-length curtain has also been added in the Receiving Office strip area to enhance privacy for new prisoners. This was confirmed by the Inspectorate during their recent inspection of Waikeria Prison.

As always, Corrections acknowledge that balancing the dignity and privacy of prisoners in Intervention and Support Units (ISUs) and Separates Units with the preservation of life presents a unique challenge. As acknowledged by your office, a piece of work is underway in this area, which has been led by the Chief Custodial Officer. This work has looked at research and international practices to support future actions and includes consideration of international practices, legislative instruments and identifying potential options for enhancing privacy for prisoners in ISUs. In early 2019 we provided your office with a copy of the completed review regarding this work, for consultation. You provided your feedback on this paper in late 2019, which relevant teams at Corrections have been considering. Currently, this work has been paused due to the requirement to respond to the Covid-19 pandemic. When this work is underway again, priority will be given to providing your office with an update.

³⁰ The Department of Corrections' comments on recommendations 1a, 1b, 1c, 1d, 1e, and 1f can be found in Appendix 1.

Criteria 2: Reception into prison

Expected outcomes – reception into prison

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

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

Assessment

Receiving Office

The Receiving Office (RO) was located in the HSC. It contained eight holding cells that were monitored by CCTV cameras, seven of which had toilets. As noted above the cameras were positioned to bypass the privacy screens in the cells with toilets.

The RO was tired and dated. RO staff recognised that the spaces were old and did not provide adequate degrees of separation and privacy for tāne.



Figure 11: Receiving Office — a holding cell with CCTV camera directed at the toilet



Figure 12: Receiving Office — a holding cell

The RO was a busy environment and received 14 tāne during the afternoon my Inspectors were observing the reception processes. Information from Corrections Business Reporting and Analysis (COBRA) indicates that, between 1 April and 30 September 2019, there were 1171 tāne received into the Prison and 1163 transferred from the Prison.

Inspectors found the staff in the RO professional and respectful, resulting in staff and tāne interactions that were generally calm and courteous. Custodial and health staff in the RO worked together effectively to achieve good outcomes for the tāne.

However, Inspectors noted for the period 1 April to 30 September 2019, procedures were not followed in all cases. A Reception Risk Assessment³¹ was documented in only 82 percent of cases, Immediate Needs Assessments³² were completed in 89 percent of cases, and Induction Interviews³³ were completed 83 percent of the time.

Results of my survey indicated that 161 tāne (45 percent of those surveyed) expressed concerns about reception into the Prison.

The Prison had a dispensation allowing remand accused and remand convicted tāne to be mixed in the RO.³⁴ The details of the dispensation are discussed later in this report, under 'Protective measures'.

On arrival tāne were provided with a meal and a 'first night in custody bag' which included toiletries.

Inspectors were advised by staff that the processes for transfer of tāne property were not consistently applied by staff across the Prison, reportedly due to time pressures. This resulted in a number of claims for lost property and was the cause of the highest number of complaints from tāne.

Fifty-five percent of survey respondents said they could not access their stored property when needed.

Induction

Tāne were allocated accommodation according to their classification and circumstances. Induction processes, which were largely mechanical in nature, were better in some units than others, depending on arrival time.

³¹ Reception Risk Assessments must be completed within four hours of tāne arrival at a prison.

³² Immediate Needs Assessments must be completed within four hours of tāne arrival. There are three exceptions to this standard: remand tāne going to court and returning the same day (unless they return as sentenced tāne); sentenced tāne who go to court on further charges but return the same day after having the charges deferred; and tāne transferring to prisons within the same vicinity.

³³ Induction Interviews must be completed within 72 hours of a tāne being received in to the Prison and details entered in Integrated Offender Management System (IOMS).

³⁴ This dispensation is expected to last until 2022.

Tāne informed my Inspectors that they relied on other tāne for information about unit rules and routines. The following is a quote from a survey respondent:

When I arrived as a first time prisoner without any explanation on prison rules or day-to-day routines or what was expected of me. I felt like a fish out of water with nowhere to turn for support. It took 5 days before being able to make my new arrival call. If it wasn't for my cellmate, I wouldn't have known anything.

The standard for assigning tāne a Case Officer³⁵ is within three days from being transferred to a new Unit. For the period 1 April to 30 September 2019, this standard was achieved 74 percent of the time.³⁶ Sixty-five percent (238) of my survey respondents reported that they did not meet with their Case Officer within their first week, and 86 percent (316) reported that they did not meet with their Case Officer at least once a week. It was not clear to my Inspectors what action the Prison was taking to improve performance in this area.

The delay in Case Officer assignment made it difficult for tāne who could not read and foreign nationals who did not understand English. This caused for example difficulties with understanding Unit rules. There was little information available for those tāne who did not speak English.

Arrangements for the reception, induction, and ongoing supervision, of foreign nationals were insufficient with an over-reliance on on-line translation services.

The Department has a detailed process for carrying out assessments of tānes' suitability to share a cell. Shared Accommodation Cell Risk Assessment (SACRA) assessments must be completed before two tāne are placed in the same cell.

The completion of SACRA assessments between 1 April and 30 September 2019 were trending at 100 percent. However, Inspectors noted some tāne had different dates recorded against their individual SACRA and combined SACRA results.³⁷ This suggests the assessment was not always fully completed before tāne were double-bunked, undermining the purpose of the SACRA.

SACRA results were generic and often lacked detail. Factors recorded as having being considered varied, with some comprehensive and others minimal.

³⁵ The role of the Case Officer includes looking after the tāne, ensuring he is aware of routines and arrangements in the Unit and supporting and encouraging him to make positive use of his time in custody.

³⁶ The Department Custodial Standards of Practice – Case Officer Assignment.

³⁷ Databases reviewed by Inspectors indicated that the Prison made individual SACRA assessments and also separately assessed the suitability of two tāne to share a cell.

Recommendations – reception into prison

2. I recommend that:

- a. Tāne have access to appropriate and timely reception, immediate needs and induction processes.
- b. Arrangements for tāne to access stored property be improved.
- c. Induction arrangements for foreign nationals, speakers of languages other than English, and those with literacy or communication difficulties are improved to ensure tāne are fully aware of the Prison's procedures and how to access support.

The Department of Corrections accepted recommendations 2a, 2b and 2c.³⁸

³⁸ The Department of Corrections' comments on recommendations 2a, 2b and 2c can be found in Appendix 1.

Criteria 3: Decency, dignity and respect

Expected outcomes – decency, dignity and respect

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

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

Assessment

Accommodation in the High Security Complex

The High Security Complex (HSC) comprised two units (East and West), each containing two wings (North and South).

Most cells in the HSC were double-bunked and conditions were unacceptably cramped for many tāne. Inspectors observed tāne unable to sit upright on the bottom bunk bed because of the proximity to the top bunk bed.

Cells were in a poor state of repair. They were poorly ventilated and uncomfortably hot. Most cells accommodated two tāne but only had one chair and lacked sufficient storage space. Inspectors saw bags of clothes being stored under beds. All cells had integral sanitation but toilets did not have lids. Screening had been installed since my predecessor's inspection.

Tāne were required to receive all meals, other than lunch, in their cells due to the yard-to-cell regime. This meant tāne ate meals on their bunks in close proximity to an uncovered toilet. Tāne having to eat in such close proximity to the toilet is, in my opinion, both unsanitary and culturally inappropriate. This arrangement does not align with the Department's Hōkai Rangi strategy relating to the development of minimum 'Manaaki Standards'.³⁹

The following are quotes from my tāne survey:

Lack of fresh air in our cell, can't breathe. Not allowed fans in high mediums – why? Asthmatic, can't breathe at times. Ventilation doesn't work, need to open up windows.

³⁹ Manaaki Standards for people in the care and management of the Department, which includes standards around health and hygiene.

The cells in this prison are too small and too hot for two people. They are two metres by three metres wide and the toilet is in your face ...

The Corrections Regulations 2005 includes as a mandatory feature of existing cells ‘fresh or conditioned air suitable for the number of occupants and the daily regime’.⁴⁰

More generally, Rule 13 of the Mandela Rules requires that cells meet acceptable requirements for health, space, lighting, heating and ventilation:

All accommodation provided for the use of prisoners and in particular all sleeping accommodation shall meet all requirements of health, due regard being paid to climatic conditions and particularly to cubic content of air, minimum floor space, lighting, heating and ventilation.

The ventilation and sanitation in these cells do not meet these standards.

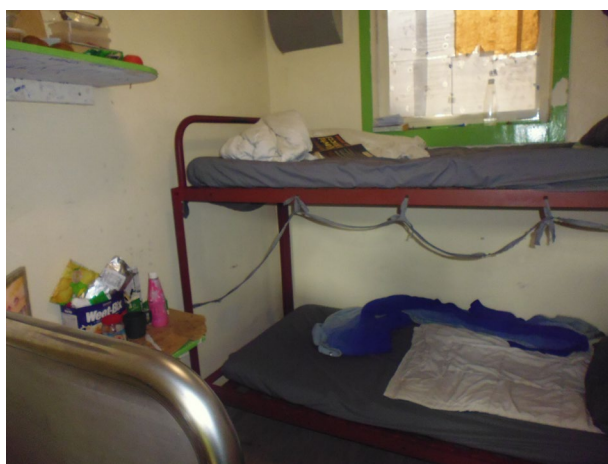


Figure 13: HSC — a double-bunked cell



Figure 14: HSC — a toilet in double-bunked cell

Most of the HSC’s communal areas were in a poor state, particularly the corridor linking North and South wings. Tāne could usually access cleaning materials to clean their cells but the quality of equipment was poor and the same tools were used to clean a number of areas. In my survey, 80 percent of tāne surveyed said they normally got cleaning materials every week.

Most tāne used the shower facilities in the HSC’s yards however Inspectors observed provision being made for tāne with injuries or disabilities to shower on the Unit.

The poor conditions and limited space available for tāne in the HSC continues to be an issue. The HSC is no longer fit for purpose.

Accommodation in the Low Security Complex

The Low Security Complex (LSC) comprised seven residential units, each of which was surrounded by its own perimeter fence.

⁴⁰ Schedule 3 Part A.

Cells in the LSC were clean and tidy and appeared in good condition. All cells had toilets and hand washing facilities. Graffiti was not observed to be a significant issue by Inspectors, other than in separates cells.

The LSC units had a variety of amenities including a gymnasium, laundry, visits room, medical centre, and classrooms. One unit had a large vegetable garden, tended by tāne, which supplied produce to the local community.

Unit grounds were well maintained by tāne and the overall appearance of the LSC site was good.



Figure 15: LSC — grounds



Figure 16: LSC — accommodation

Clothing and bedding

The shortage and quality of Prison ‘kit’ across the facility was problematic. My Inspectors viewed unit storerooms and found limited stock. Generally there was a lack of towels, sheets, pillows, and clothing. Inspectors observed bedding in poor condition, including stained, lumpy and torn pillows, torn mattress covers, and thin duvet inners. Complaints relating to the quality and quantity of clothing were raised by tāne throughout the Prison inspection. There were inconsistencies relating to the process for replacing kit across the site.

In response to my survey, 68 percent of tāne surveyed said they normally received clean sheets every week however 52 percent said they were not offered enough clean and suitable clothes.



Figure 17: LSC — bedding in one of the unit storerooms



Figure 18: HSC — bedding in one of the unit storerooms

Food and meal times

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

Meal times across the Prison did not reflect usual meal times, an issue that is of concern across the prison estate. The Department has acknowledged that there are certain limitations to the current eight-hour shift structure in issuing meals to tāne, conducting muster checks, and the lock up times. The Department is in the process of reviewing tāne meal times nationally, as part of its ‘Making Shifts Work’ project.

Inspectors noted that evening meals were delivered to the LSC units around 3.30pm and issued to tāne in HSC cells by 4pm. A new menu had recently been introduced and tāne feedback to Inspectors was generally positive. There was some inconsistency with sandwiches — some were of good quality, yet Inspectors observed others of poor quality with minimal filling. Tāne reported this variation occurred depending on who was working in the kitchen and to which units the sandwiches were being delivered.

Tāne in the LSC ate meals in their unit’s communal dining room.

Tāne in the HSC did not have access to hot water, and were making their own noodles and hot drinks with water from the yard shower. Inspectors were told the reason tāne in the HSC could not access hot water was due to the security risks associated with high security tāne.

A significant number of tāne expressed concern to my Inspectors regarding the quality of the water, describing the water as dirty and cloudy. Inspectors noted the variation in the colour of the water in a number of the LSC units. They raised the issue of water quality and safety with senior managers at the time of the inspection, and were advised the water quality was regularly tested.

The Department of Corrections' Office of the Inspectorate report⁴¹ made similar observations relating to water quality at the Prison.

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

Twenty-one percent of survey respondents described the quality of food as 'good' or 'very good', while 30 percent thought it was 'bad' or 'very bad'. However, the new national menu had commenced only two days prior to my inspection and tāne feedback directly to Inspectors was positive.



Figure 19: Cheese and onion sandwich



Figure 20: Hot meal

Prisoner canteen

Inspectors observed the canteen distribution in the HSC and found the process to be robust and without issue.

Tāne raised concerns to Inspectors regarding the high cost of items on the F.05 list (canteen list). Sixty-nine percent of survey respondents claimed the F.05 did not sell the items and food supplies they needed.

Staff: tāne relationships

The HSC ran a basic yard-to-cell regime which afforded minimal opportunity for staff and tāne interactions. Tāne who may be at risk of harm, or concerned about their safety, had little to no opportunities to raise any concerns with staff, particularly tāne who were double-bunked.

My Inspectors observed generally relaxed and courteous relationships between staff and tāne in the LSC.

⁴¹ Waikeria Prison Inspection July – August 2017. Office of the Inspectorate.

As part of the Hōkai Rangi strategy, the Prison had recently introduced a change in practice that promoted staff using a tāne's first name, rather than their surname, which is common practice across prisons. While only a relatively recent adjustment in the Prison's culture, I am pleased to learn the Prison management is working to implement the Department's Hōkai Rangi strategy.

Tāne were generally positive about the staff, which was reflected in the responses to my survey: 69 percent of those surveyed stated they felt most staff treated them with respect and 70 percent said there was a member of staff they could turn to for help. However, further analysis of the data demonstrated that 58 percent of tāne surveyed in the HSC said there was not a member of staff they could turn to for help. The yard-to-cell regime in the HSC may well have contributed to this disparity in tāne responses.

Equality and diversity

The Prison did not have an Equality and Diversity strategy yet Inspectors found that staff were generally responsive to tāne with distinct needs. This approach was most noticeable in the culture of staff working in the ISU and the consideration shown by custodial and health services staff to transgender detainees.

The Prison provided Inspectors with the Department's draft Inclusion and Diversity strategy. I look forward to this strategy being finalised and embedded in the Prison's culture.

Prisoners with disabilities

Article 1 of the United Nations Convention on the Rights of Persons with Disabilities provides that people with disabilities includes those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Impairments can be physical, visual, hearing/speech centred, intellectual or mental. An impairment may be temporary, intermittent or ongoing. People may acquire impairment through an accident or illness, or a person may be born with an impairment.

The health services' Team Leaders had a good understanding of those tāne who had complex and diverse needs. The Rata Unit in the LSC provided a dedicated annex of 20 beds for those tāne who required a higher level of care and oversight. The Prison had employed a dedicated member of health staff to support tāne who required assistance with activities of daily living such as showering.

Transgender detainees

Three detainees identified as transgender at the time of inspection. Inspectors noted the care and consideration afforded to these detainees including flexible unlock times to allow for privacy when showering, and allowances regarding kit and laundry. Health services provided to one particular transgender detainee were excellent with evidence of multiple contacts with health services, including strong advocacy relating to their individual health care matters.

Transgender detainees spoke positively to Inspectors about the Prison management, custodial staff and the health services team and the treatment they had received.

I commend the Prison for its clear commitment to the care of detainees who identified as transgender.

Cultural provision

At the time of inspection, 503 tāne identified as Māori (approximately 67 percent).

Inspectors met a number of Kaiwhakamana⁴² from Tainui (Ngāti Maniapoto). The Kaiwhakamana stated that their principal role was to reconnect tāne with their whānau, which was essential to reintegration. Kaiwhakamana also worked to facilitate discussion between the Prison and whānau, who reportedly often contact the Kaiwhakamana before, or instead of, talking to Ara Poutama Aotearoa⁴³ staff.

The Kaiwhakamana worked mostly with tāne from their own iwi, Ngāti Maniapoto. While the Kaiwhakamana would provide some wairua⁴⁴ advice to tāne from other iwi, at the time of the inspection there was no comparable service to refer tāne from out of region to. Senior management told Inspectors they had written to iwi from outside the region in an attempt to expand reintegration support for tāne. At the time of inspection there had not been a response to this request.

The Kaiwhakamana visited the Prison approximately every two weeks and described a good relationship with Prison staff, particularly at a senior level. The Kaiwhakamana stated there were no problems accessing the Prison and the tāne.

Inspectors were advised transfers of tāne had taken place on multiple occasions with little notice for tāne and often no notice for the Kaiwhakamana, which prevented ongoing work.

Some prisoners raised concerns about their placement in the Prison, which was away from their home region and whānau. The audiovisual link (AVL) suite enabled tāne from out of region to contact their whānau, but few tāne were aware of this option.

Inspectors saw no evidence of cultural support or provision to tāne in the HSC. Approximately 90 percent of survey respondents in the HSC said they could not access cultural services.

⁴² Ara Poutama Aotearoa defines 'Kaiwhakamana' as: Kaumātua who have access to prisons to enable the wellness and well-being of their people. Kaumātua is intended to be applied in its broadest sense to include Kaumātua, kuia, tohunga, and others who are commended by their own people.

⁴³ 'Ara Poutama Aotearoa' is the Department's Māori name.

⁴⁴ 'Wairua' is translated as: spirit, soul - spirit of a person which exists beyond death. It is the non-physical spirit, distinct from the body and the mauri. Sourced from <https://maoridictionary.co.nz/>

Recommendations – decency, dignity and respect

3. I recommend that:

- a. Cells and facilities in the HSC should be clean, free from graffiti and well lit. Toilets and showers, ventilation, and exercise yards should be in full working order and offer privacy for tāne.
- b. Tāne should not be required to eat meals in their cells in proximity to an uncovered toilet.
- c. The provision of clothing and bedding meet prescribed standards and sufficient audits are carried out to ensure compliance.
- d. The serving of meals is standardised to normal hours. This would involve lunch being served any time between midday and 1.30pm and dinner to be served anytime between 5pm and 7pm.

The Department of Corrections accepted recommendations 3a and 3b.⁴⁵

Corrections partially accepted recommendation 3c and stated:

Regarding your inspectors' findings that there were inconsistencies relating to the process for replacing kit across the site, Waikeria Prison have collaborated on developing a consistent set of procedures for the entire site. This action was also undertaken in response to the Inspectorate's findings on this matter. This consistent procedure now sees one of the High Security managers placing all orders for new kit across the site. This has streamlined the process and has allowed it to be further controlled and monitored.

Importantly, the Inspectorate visit to Waikeria Prison in late 2019 found that Waikeria Prison had made significant gains in the provision of clothing and bedding to prisoners and that kit was managed well across the site

Corrections partially accepted recommendation 3d and stated:

As your office is aware, the current staffing levels per shift and shift patterns do not allow the serving of meals at any other times.

Corrections have acknowledged in past responses to your office that there are certain limitations to the current eight-hour shift structure in issuing meals to prisoners, conducting muster checks and the lock up times. Corrections are working to provide foundational infrastructure to enable flexible work practices and a modern rehabilitation-focused prison system, supported by up-to-date and effective technology. This is an ongoing focus and we are not yet at a stage where we can confirm any changes to the current mealtimes in our prisons.

⁴⁵ The Department of Corrections' comments on recommendations 3a and 3b can be found in Appendix 1.

In response to concerns about the time between meals in units on 8am to 5pm unlock regimes, Waikeria Prison provide additional food with evening meals.

Criteria 4: Health and wellbeing

Expected outcomes: health and wellbeing

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

Assessment

Governance arrangements

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

Health services were provided by the Department and my Inspectors considered it to be reasonably good overall. However there was no local health service strategic plan, nor a process for identifying emerging trends in healthcare needs, such as an annual health needs analysis, that would inform the delivery and development of the service.

The Prison's health service had a 'Māori Health Plan'.⁴⁶ The stated purpose of the plan was to ensure Māori health needs were met and to ensure the cultural safety of Māori patients when receiving clinical care and treatment. Inspectors observed a Registered Nurse (RN) conversing in te Reo Māori with patients. I consider the use of te Reo Māori a valuable resource in the Prison's health service.

The Health Centre Manager (HCM), supported by two Clinical Team Leaders (CTL), managed health services at the Prison, including 17.7 full-time equivalent (FTE) Registered Nurses (RN) and one Health Care Assistant (HCA). There was a CTL based in the HSC, and one in the LSC.

Both CTL were often required to work in an RN capacity because of shortages of RNs. At the time of the inspection, two RNs were on long-term sick leave and there was one RN vacancy, for which a recruitment process was underway. Usually there would be one RN working in each of the seven LSC units however, due to short staffing, there were three RNs covering all seven units for the majority of the inspection.

⁴⁶ Māori Health Plan. Waikeria Prison. September 2011, April 2014 (review date January 2019).

RNs were on site from 6.30am to 8pm, Monday to Friday, and 6.30am to 9pm on the weekend. A rostered, on-call RN provided after-hours health services. Emergencies were transported either to Mahoe Accident and Medical Centre in Te Awamutu or, if the emergency was more serious, to Waikato Hospital's Emergency Department.

Leadership was evident and the Prison's health service had Cornerstone⁴⁷ accreditation. Site health governance arrangements had been suspended since February 2019, as the result of staffing issues, but were due to recommence in the near future. Regional Health meetings took place quarterly.

Health staff were clearly identifiable and their interactions with patients that Inspectors observed were respectful, positive and constructive. Health staff told my Inspectors that they felt supported in their roles and had regular appraisals. Clinical supervision was in the process of being implemented for those staff who wanted it.⁴⁸ Staff had opportunities to enhance their professional development through on-the-job training, and for those RNs with portfolio responsibilities, specific training was provided. All RNs held a current annual practicing certificate.

The main health centre provided health services for patients in the HSC, while each unit in the LSC had a consultation room, where nurse-led and GP clinics were held and medication issued. All consultation rooms, although dated, were clean, tidy and had hand-washing facilities. Appropriate emergency equipment was available across the site, including in the emergency response vehicle.

Overall, MedTech notes were comprehensive. Hard copy files were located in the HSC and LSC administration offices and were well maintained. There was evidence of patients attending external appointments.

Patients could not complain about health services through a confidential system. There were 32 health service related complaints recorded through the general complaints system between 1 April and 30 September 2019. The most common complaint was about waiting times and access to health services. Timeliness of responses varied with the longest response taking 21 days. The Principal Corrections Officer signed off complaints in just over half of cases.

I consider the requirement for health related complaints to be submitted through the general complaints system to be a breach of patient confidentiality.

When tāne were asked what they thought of the overall quality of the health service, 45 percent of survey respondents said it was 'good' while 34 percent said it was 'bad'.

Primary health care services

All new arrivals received a Reception Health Screen (RHS) to identify and prioritise immediate health needs and to determine the timing of the Initial Health Assessment (IHA). RHS were

⁴⁷ An accreditation through the Royal New Zealand College of General Practitioners where practices must demonstrate compliance with a list of quality indicators and criteria.

⁴⁸ Provision of clinical supervision will be incorporated in the new collective staff agreement.

carried out in a small room in the RO. The door to the room remained open during the consultation, providing no privacy to the patient.

Inspectors observed the RHS of 14 patients, with their consent. The receiving nurse did not explain the purpose of the health screening, or any further health assessments available in the Prison.⁴⁹ Neither did they explain the consent to treatment and privacy policy, including patient's rights as a health and disability service consumer. Contrary to the Department's policy, patients were neither asked to sign the HS 2-1-1 Advice of General Health and Dental Services in Prison Form nor provided with the brochure *Your Health in Prison*.

Timeframes for completing the IHA⁵⁰ were determined by the RHS priority score and triaged accordingly. Two tāne observed by Inspectors were triaged at Priority 1 (High Health Needs), requiring their IHA to be completed within 24 hours. Both patients' IHAs took place within 24 hours. The Mental Health Screening Tool (MHST) was routinely carried out as part of the IHA.

Access to health services was initiated by tāne completing a Health Request Form. The RNs collected the forms daily from locked boxes in the units, which were then triaged by a RN. The triaging of health requests was based on a RN's judgement rather than specific criteria. Irrespective of the urgency of a tāne's health request, a RN saw him in the first instance before referral to another health professional, such as the GP or dentist. Tāne were not informed when they would be seen for assessment, which was a source of frustration for some. Health Request Forms were filed in patients' medical files.

There was evidence in MedTech of two-yearly assessments being undertaken,⁵¹ and annual health assessments for those aged over 65 years.

When asked how easy or difficult it is to see the nurse, 58 percent of survey respondents said it was 'easy', and 36 percent said it was 'difficult'.

Three GPs provided clinics at the Prison three days a week. When necessary, GPs referred patients to external health specialists. The movement of patients to the clinics did not always work well in the HSC, causing significant disruption to clinics and timely consultations of patients with health professionals.

Inspectors noted a custodial officer was present during GP consultations in Totara Unit. Staff advised it was for safety reasons due to the unpredictable behaviour of remand tāne. I consider the routine inclusion of custodial officers in consultations of Tāne from the Totara Unit to be a breach of patient confidentiality and privacy, and that this should occur only as a last resort on a case-by-case basis where serious security issues arise. This would not preclude the ability of custodial officers to be deployed outside the consultation room.

⁴⁹ *Your health in prison* – Department of Corrections.

⁵⁰ Initial Health Assessments are prioritised 1 – Immediate (high health needs), 2 – Semi Urgent (medium needs), 3 – Routine (low health needs).

⁵¹ Two-yearly assessments are offered to patients aged less than 65 years who have not accessed regularly health services in the previous two years.

Other clinics available on site were weekly physiotherapy sessions and a podiatrist. The local GP practice offered an x-ray service, and optical services were provided locally.

When asked how easy or difficult it is to see the doctor, 28 percent of survey respondents said it was 'easy', and 59 percent said it was 'difficult'.

Dental services

Dental services at the Prison were contracted to a local dental practice. A copy of the dental service-level agreement was provided.

A dentist attended the Prison weekly for eight hours – four hours in the HSC and four hours in the LSC.

Tāne applied to see the dentist by submitting a Health Request Form and, following an initial consultation with a RN, were placed on the waiting list to see the dentist. Fifty-five tāne were on the dental waiting list at the time of the inspection — the longest wait was four weeks. Urgent cases were seen more promptly and the primary health care team provided pain relief to patients when required.

When asked how easy or difficult it was to see the dentist, 15 percent of survey respondents said it was 'easy', and 64 percent said it was 'difficult'.

The dental suites were modern and appropriately equipped. Dental equipment was well maintained and serviced regularly. Appropriate infection control measures were in place.

Pharmacy provision

Medicines were provided to the Prison by an external pharmacy. Prescriptions were faxed daily to the pharmacy and the medication was delivered to the Prison. A limited supply of stock medication was stored in the consultation room in each of the units. Medications were stored in their original packaging.

My Inspectors observed four medication rounds. A significant amount of nursing time was consumed by carrying out protracted medication rounds. Patients received supervised medications at different times depending on where they were located. Some patients were able to attend the consultation room in their unit to receive their medication, while others had medication delivered to their cell. For those receiving medication in their cell, nursing staff carried medication around the site in small envelopes. Medication sheets were not taken on medication rounds and patients were not asked to identify themselves before medication was given.

Inspectors observed an example of a potential medication error. The RN responsible for administering the medication offered a patient another patient's medication. The medication error was avoided when the patient corrected the RN.

There was no privacy or confidentiality for patients when medications were being administered as custodial staff supervised the process and remained within both sight and hearing.

The following is a tāne quote from my survey:

Also when you want to talk privately with a nurse, the guard is standing there listening to your conversations and feel it's not confidential because in my head, the guard knows the problems you have and it's embarrassing.

Following a risk assessment, 'contract to hold'⁵² medication was supplied to patients weekly. The number of patients in receipt of contract to hold medication at the time of the inspection was 84.

Controlled drugs were stored, administered and recorded appropriately. The number of patients prescribed controlled drugs at the time of inspection was 22.

Over-the-counter medication (Panadol) appeared to be well controlled in the units; however, health staff were not collecting completed Panadol log sheets and entering medication on patients' treatment sheets.

The Department's Medicines Management Policy details that any patient who is regularly supplied with any over-the-counter medication (including Panadol) will be referred to the medical officer for assessment and, if needed regularly, the medicine may be prescribed. This is only able to happen if there is a record of a patient's use of Panadol.

Mental health provision

Mental health screening of tāne was undertaken on arrival at the Prison, as part of the RHS. Referrals to the Improving Mental Health Service (IMHS) could be actioned at this point, if required.

The Prison contracted Emerge Aotearoa⁵³ to provide the services of two IMHS clinicians each day, Monday to Friday. The IMHS provided assessment and treatment for patients with mild to moderate mental health issues. At the time of the inspection, each held a caseload of approximately 20 patients.

Tāne with mild to moderate mental health conditions could also access a counsellor through the Time to Live (TTL) service; an external contractor providing on-site services two days per week. Forty referrals were made to the TTL service between 1 April and 30 September 2019. While a number of tāne had been transferred or discharged from the Prison before engaging with the service, at the time of inspection, the counsellor had a caseload of 27. Referrals to TTL were generated by the CTL.

The weekly health staff meeting was observed by Inspectors. The meeting was attended by all health service staff on duty. Patients identified as having high and complex needs were

⁵² 'Contract to hold' medication involves patients holding and self-administering their own medication. This practice is commonly referred to as 'In-possession' medication at other prison sites.

⁵³ Emerge Aotearoa provides a wide range of community-based mental health, addiction, disability support and social housing services nationwide. See: <https://emergeaotearoa.org.nz/>

discussed in detail. Previous minutes from the meetings demonstrated good attendance by health staff and action points for follow up on issues raised.

When asked if they had any emotional wellbeing or mental health issues, 52 percent of tāne surveyed said that they did. Seventy-four percent of those respondents reported that they did not feel supported with their emotional or mental health needs.

Forensic service

The Midland Regional Forensic Psychiatry Service provided forensic services at the Prison. The forensic team comprised two full time and one part time forensic nurses, who attended daily, to undertake reception assessments, meet with patients, or attend ISU reviews. A psychiatrist attended three times a week to undertake assessments, and court reports. A full time Occupational Therapist and Social Worker provided support to patients and staff working in the ISU.

There were 66 patients under the care of the forensic team at the time of the inspection. Referrals to the psychiatrist were generated by the forensic team.

Patients requiring a forensic bed were transferred to the Henry Rongomau Bennett Centre. There was one patient waiting for a forensic bed at the time of the inspection.

Inspectors noted the forensic prison team regularly updated MedTech following consultations.

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

Recommendations – health and wellbeing

4. I recommend that:

- a. An annual health needs analysis be conducted to inform a health development plan and future funding. The process should include regular consultation with service users (tāne).
- b. There be a separate health complaint system to ensure patient confidentiality.
- c. The Reception Health Screening process affords privacy for tāne.
- d. Prison health services information is provided and the consent to treatment process is explained to tāne upon arrival at the Prison.
- e. Processes for administering medication should be reviewed to ensure that they comply with the Department's Medicines Management Policy.
- f. Custodial officers are only included in medical appointments as a last resort where there is a serious security issue with respect to an individual tāne. The practice of routine inclusion of a custodial officer in medical consultations for tāne from the Totara Unit is discontinued.
- g. The current practice of recording the administration of Panadol is reviewed to ensure documentation in patient's treatment sheets.

The Department of Corrections accepted recommendations 4a, 4b, 4c, 4d, 4e and 4g.⁵⁴

Corrections partially accepted recommendation 4f and stated:

Waikeria Prison consider that the safety measures taken in Totara Unit are necessary and if discontinued, will result in potentially violent or inappropriate behaviour towards clinical staff. Totara Unit is a remand unit for prisoners with a high security classification. The remand prison population can be unpredictable and therefore the security of Health Services staff is a priority. Individual assessments are undertaken on prisoners arriving in Totara Unit which are used to indicate whether custodial support is required in clinical settings.

Waikeria Prison nurses work alone in the Health Services unit and in the past, nurses have been exposed to a high level of obscene language and on occasion, threatening behaviour from individuals. This has resulted in custodial officers being stationed near the door to the Health Services unit when it is considered necessary by the Principal Corrections Officer, for nursing staff protection.

⁵⁴ The Department of Corrections' comments on recommendations 4a, 4b, 4c, 4d, 4e and 4g can be found in Appendix 1.

We acknowledge the need for privacy during these health assessments, however, this need must be balanced with the safety of our nursing staff. Nursing staff are aware that they can ask the custodial officer to vacate the area if a conversation of a personal nature occurs.

As noted earlier in response to recommendation 4c, our custodial staff are allowed to be present as required for security reasons as per section 6.2 of the Corrections Health Information Policy and Procedure.

Notwithstanding this, Waikeria Prison Health Services will work with custodial staff to consider available options in enhancing patient privacy. These options may include:

- 1. Noise cancelling headphones if the Corrections Officer is in the room with the nurse and patient.*
- 2. Further considering the location of custodial staff stationed outside of the room.*

Criteria 5: Protective measures

Expected outcomes – protective measures

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

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

Assessment

Complaints

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

Inspectors reviewed complaints from 1 April to 30 September 2019 and identified 271 complaints (an average of 45 per month). The most frequently made complaint (57 complaints) was about tāne property, followed by health services (48 complaints). At the time of inspection, there were three open complaints.

Inspectors reviewed a random sample of the responses to complaints (20 responses). Eighteen were responded to satisfactorily and two lacked sufficient information to show if the complaint was adequately resolved.

The complaints process was not well advertised across all the wings in the HSC. Complaint forms in the HSC were also not readily available to tāne. During the inspection, a tāne in the HSC requested a complaint form. There were none available. Staff printed out copies on the request of my Inspectors. Lack of access to kiosks further impeded tāne's ability to understand the complaint process and to make a complaint.

There were inconsistencies in access across the LSC units, with complaint forms available without having to request the forms from staff in some units, but not in others. A number of tāne, across the Prison, told my Inspectors that they believed that this was to discourage them from complaining. Custodial staff advised inspectors that they considered this process enabled

staff the earliest opportunity to address the complaint. I agree that complaint resolution should occur at the earliest opportunity. However I consider that complaint forms should be made available to supplement direct approaches to staff.

In my survey, 77 percent of respondents said they did not have faith in the complaints process. Seventy-eight percent of survey respondents reported they did not feel complaints were dealt with promptly, and 75 percent did not feel they were dealt with fairly.

Section 152 of the Corrections Act requires complaints to be dealt with “reasonably promptly”. According to the practice standard for managing complaints, tāne must be interviewed within three working days of the complaint being registered in IOMS. Inspectors reviewed the Prison’s performance in meeting the practice standard for managing complaints. In the six months between 1 April and 30 September 2019, only 67 percent of complaints had been responded to within the three day timeframe. This result echoes tāne responses to my survey, in particular the high number of tāne who felt complaints were not dealt with promptly.

Kiosks, mail and phones

Several kiosks in the Prison were not operating. Tāne in the HSC were unable to access kiosks located in the wings, due to either being locked in their cells or out on the yard. No opportunity was afforded to tāne to access kiosks prior to being locked back in their cells. Tāne whom Inspectors spoke with did not know how to use the kiosks.

The HSC operated a paper-based system for requests and canteen orders. Several tāne informed Inspectors that they were unable to read or write. Custodial staff were unable to inform Inspectors which tāne required additional support in this regard, as this information was not held in an easily accessible format on the units.

The Prison had dedicated staff for processing tāne’s mail, including emails. Volumes of mail and email correspondence were high. Inspectors observed the processing system, which was robust and efficient. At the time of inspection, mail was distributed to tāne promptly.

Fifty-seven percent of survey respondents stated they had problems sending or receiving mail. Despite this, in the LSC particularly, Inspectors observed good processes in place to ensure tāne received their mail in a timely manner. The Prison had a system in place for whānau and friends to email tāne through a generic Prison email address.

Both tāne and staff reported delays in telephone numbers being approved. This caused a level of frustration for tāne who wanted to contact their whānau. It also reportedly created pressure for custodial staff who were regularly questioned as to why telephone number approvals were taking so long. Inspectors reviewed the phone approval process and associated number logging system, which appeared to be working effectively. Custodial staff reported that they regularly called telephone numbers for approval and there was often no answer. Numbers could not be approved until the call recipient answered and gave verbal authorisation. Staff reported that in previous months, some telephone numbers took up to a week to approve.

Tāne in the HSC accessed telephones while out on the yards. Inspectors also observed staff facilitating legal calls on the wings.

Tāne in the LSC raised no concerns with Inspectors regarding access to phones, and Inspectors did not observe any issues relating to access to phones in the LSC. However, 11 tāne made additional written comments about access to telephones in their survey responses. Comments made were in relation to delays in numbers being approved.

Fifty-three percent of survey respondents said they had not had a problem getting access to a telephone.

Misconducts

Inspectors observed a number of misconduct adjudications in both the HSC and LSC. Adjudications were conducted professionally and fairly. They were structured to facilitate tānes' understanding of the process.

Punishments were appropriate and measured. Tāne could appeal the outcome of an adjudication to an independent Visiting Justice (VJ).

My Inspectors observed good practice with one particular hearing adjudicator incorporating the intent of the Department's Hōkai Rangi strategy into the hearing process. The adjudicator used the hearing as an intervention opportunity and positively engaged with tāne about their personal situation and encouraged positive links with their whānau.

Between 1 April and 30 September 2019, there were 674 misconduct charges.⁵⁵ The most common charge (22 percent) was a tāne having an article in their possession without the approval of a Corrections Officer. Robust analysis of misconducts was undertaken to identify trends and locations. This information was distributed to staff in key positions in the Prison.

Inspectors reviewed the Prison's misconduct book. The majority of charges appeared to be heard within required timeframes, although some hearing adjudicators had not recorded a hearing date in the misconduct book. A further review of the Prison's own internal recording system demonstrated that the majority of charges had been heard in designated timeframes. A review of the Department's national data system indicated that 80 misconducts were still open at the time of inspection. Inspectors were informed that the majority of open misconducts were waiting to be heard by the VJ.

Remand prisoners

As a protective measure, remand accused tāne are generally required to be separated from remand convicted and sentenced tāne. This separation of categories is mandated in the Corrections Regulations (Regulation 186) and is a requirement under the Mandela Rules.

On the sixth day of the inspection, Tuesday 22 October 2019, 204 remand accused tāne were held at the Prison (27 percent of the Prison population). Due to the number of tāne on remand and the limited number of high security beds, the Prison had a dispensation for mixing remand accused tāne with remand convicted tāne. The dispensation stated mixing was required due to

⁵⁵ The process by which charges are laid, prosecuted and heard is prescribed in the Departments' rules and regulations.

‘environmental factors’. It had been approved by the National Commissioner Corrections Services on 11 September 2019. This was to be reviewed by 30 September 2020.

The Department trialled a remand classification tool in 2015, which classified remand accused and remand convicted tāne into two categories – Level 1 (high) and Level 2 (low). The classification system had been effectively embedded at the Prison. Following classification, Level 2 remand accused tāne were placed in the LSC in an 80-bed unit with Level 2 remand convicted tāne, in accordance with the dispensation.

Remand accused tāne in the HSC⁵⁶ were locked for prolonged periods in double-bunked cells and were subject to a basic yard-to-cell regime. Those in the LSC had more time out of their single cells, increased access to gym and library facilities, and access to several short courses.⁵⁷ They also had increased interaction with, and support from, custodial staff in their unit.

At the time of inspection, almost 40 percent of the remand accused population were housed in the LSC. It is my assessment that the remand dispensation has resulted in better conditions and access to more purposeful activities for a significant proportion of remand accused tāne. Risk was robustly assessed using the remand classification system, and managed proactively by staff.

In 2013, the United Nations Subcommittee for the Prevention of Torture visited several New Zealand prisons,⁵⁸ and stated that limited time out of cells, and the limited range and provision of constructive activities, were issues for remand prisoners that should be addressed. I am pleased to see the Prison taking steps to increase purposeful activities and conditions for remand tāne.

Limited short courses were provided for tāne on remand in both the HSC and LSC. My Inspectors were encouraged by the regionally-led ‘Remand Working Pilot Programme’ and the suite of activities being explored for tāne on remand.⁵⁹ The pilot is due to commence in January 2020. I shall monitor progress with interest.

⁵⁶ At the time of inspection, 26 Level 2 remand prisoners were in the HSC waiting for beds to become available in the LSC.

⁵⁷ Out of the Gate, Emerge – Mental Health, Pre-employment, Yoga, Cooking on a Budget, Crossfit, Gym, Bible Studies, te Reo, Kapa Haka, and Chinese.

⁵⁸ The report is available from:
https://tbinternet.ohchr.org/Treaties/CAT-OP/Shared%20Documents/NZL/CAT_OP_NZL_1_7242_E.pdf

⁵⁹ Potential activities included First Aid, CV writing and career planning, yoga, te Reo, Chinese language lessons, and parenting skills.

Recommendations - protective measures

5. I recommend that:

- a. Compliance with standards for complaints handling should be improved; including ensuring that complaint forms are made available to all tāne, support for tāne who have difficulties with verbal or written communication, and ensuring that complaints processes are displayed across all Units.
- b. The Prison prioritises developing a process for tāne in the HSC to access the information kiosks.

The Department of Corrections accepted recommendations 5a and 5b.⁶⁰

⁶⁰ The Department of Corrections' comments on recommendations 5a and 5b can be found in Appendix 1.

Criteria 6: Purposeful activity and transition to the community

Expected outcomes – purposeful activity and transition to the community

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

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

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

Assessment

Outdoor exercise

Sections 69(1)(a) and 70(1) of the Act entitle prisoners (other than those engaged in outdoor work) to a minimum of one hour of physical exercise per day, in the open air if the weather permits. This is supported by Rule 23 of the Nelson Mandela Rules.

Access to fresh air was unlimited during the hours of unlock for tāne in the LSC. Ninety-five percent of survey respondents reported getting at least one hour's fresh air daily.

The HSC yards were generally in a poor state of repair with a large amount of graffiti. Supervision of tāne was conducted by CCTV monitoring and by a custodial officer on a walkway above the yards. Inspectors noted that all telephones in yards were working but some toilets and showers were broken. Yards had shelter and seating.



Figure 21: HSC — walkway to yards



Figure 22: HSC — one of the yards

Gymnasium

The HSC gymnasium was dated, poorly ventilated and no longer fit for purpose. Equipment was old and rusty, and in some cases, a health and safety risk. Toilets were blocked and dirty.

The Prison employed two full time dedicated Activity Officers, to supervise and work with tāne in the gym. The gym operated Monday to Friday, 9am to 2pm, and had capacity for 15 tāne per session. Tāne in the HCS were able to access the gym approximately twice a week.

On occasion, staff were redeployed elsewhere in the Prison, which subsequently impacted on the gym schedule. Inspectors were told the Prison was in the process of recruiting another Activity Officer.

The LSC units each had gym facilities and these were generally in good condition. Tāne did not express any concerns to Inspectors regarding access to gym facilities in the LSC. Inspectors observed the LSC gyms being used regularly, with free access during unlock hours.

Sixty-five percent of survey respondents indicated they could access the gym at least once a week.



Figure 23: HSC — gym equipment



Figure 24: HSC — toilet in gym

Chaplaincy

Religious support was provided by a team of Chaplains. Chaplains worked Monday to Friday and alternate Sundays to supervise the Sunday service on site.

Tāne were able to request to see a Chaplain through a staff referral. Chaplaincy services included Bible studies, pastoral care, Sunday service, and one-on-one support for tāne. The Chaplains would facilitate access to other religious faiths or meet other religious-based needs, as required.

The Chaplaincy team appeared to be well embedded across the site and Inspectors observed Chaplains in the units during the course of the inspection. Inspectors received positive feedback from tāne regarding the Chaplaincy service provided at the Prison.

Sixty-two percent of survey respondents said they were able to access religious activities in the Prison.

Library services

The library, which was disorganised and cluttered, was located in the LSC. The range of reading material was good although many books were dated. Material was available in Easy Read format and languages other than English.

Tāne in the LSC could request books through the information kiosk. Books were regularly delivered to individual units by dedicated staff.

Tāne in the HSC were unable to request books although a small selection was available in each unit. The selection of reading material available in the HSC were not suited to the reading needs of the tāne.

Tāne in the LSC commented that the process of borrowing books was not well advertised and they were not familiar with how to request books.

Forty-six percent of survey respondents said they never used the library.

Visits in the High Security Complex

Visits in the HSC took place from Wednesday to Friday in the visits hall. Monday visits were dedicated to youth and tāne on directed protected segregation. The visits hall could accommodate a maximum of 17 visitors. Visits were one-hour duration, reduced from two hours as a result of staffing availability.

The HSC visits hall was stark, and did not provide adequate facilities for visitors (such as hot drinks or bathroom facilities). Little provision was made to soften the visits area for tamariki.



Figure 25: HSC — visits hall



Figure 26: HSC — a non-contact visits booth

In line with regulations, tāne in the HSC were not routinely strip-searched before or after visits. Tāne were required to wear Prison issue overalls. Overalls were bright orange, zipped and secured at the back of the neck.

The HSC visits hall contained booths that prevent any contact between tāne and their visitor. These booths were used for non-contact visits, usually when a tāne had returned a positive drug test. As at 24 October 2019, there were 25 prisoners with Identified Drug User status at the Prison.

Visits in the Low Security Complex

Visits in the LSC took place in a dedicated room in each unit on Saturday and Sunday afternoons, from 1pm to 3pm. Each Unit offered child protection visits on the Saturday and standard visits on the Sunday. Tāne were not routinely strip searched before or after visits.

My Inspectors observed visits in Te Ao Marama and Nikau units and noted tāne wore shorts and polo shirts, which presented a much more relaxed, informal atmosphere in the visits room, in contrast to the process in the HSC.

Games, books, and bean bags, were available and used by tāne and their tamariki during the visits. Artwork decorated the walls, which had been painted by tāne. Tāne were able to make hot drinks for their whānau. Whānau spoke of the positive and relaxed environment and stated they were consistently treated with respect by staff at visiting time.

Tāne in other LSC units were still required to wear orange overalls during visits, although senior management were working towards a more whānau-centric approach in all units of the Prison.

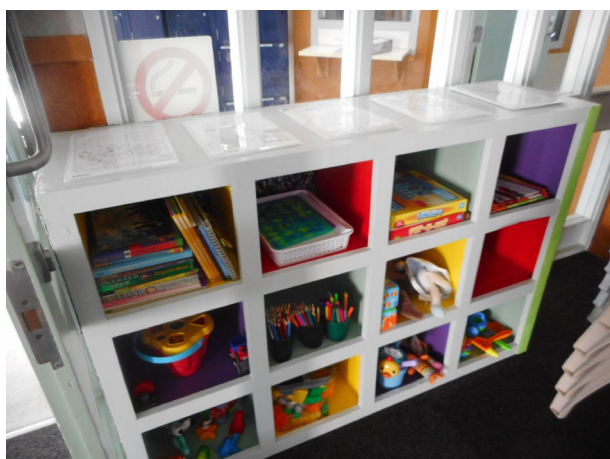


Figure 27: Selection of tamariki oriented activities and books in Nikau unit visits room



Figure 28: Te Ao Marama visits room

I welcome the Prison's efforts to work towards a more whānau-centric approach to visits. I consider this approach humanises the tāne in their care and supports strengthening tāne connection to their whānau.

Training and employment

The Prison had a large number of vocational training and employment roles available to tāne however not all positions were filled at the time of the inspection. Tāne could be employed in a number of industries including: kitchen, laundry, bakery, internal grounds, or employed as unit cleaners. External employment was available for those tāne with the necessary security clearance including: farm, external grounds, and Release to Work (RTW).

There were 209 employment roles available for tāne on site: 12 tāne were employed on RTW, and 34 worked outside the wire (OTW) with a further 37 OTW positions unfilled. The number of OTW vacancies was due, in part, to a lack of eligible tāne — voluntary segregated tāne and tāne on programmes were unable to work OTW. The majority of tāne working OTW were from Nikau and Rata units. I am pleased to note that voluntary segregated tāne were given the opportunity to work in the Prison kitchen by running separate shift patterns.

Inspectors made a full assessment of the number of tāne in training, or employment, on Day 6 of the inspection, Monday 21 October 2019. At the time of inspection, 26 percent of employment roles were vacant.

Table 2: Prisoner employment on Monday 21 October 2019

Work area	Workplace capacity	Number on day of assessment	Vacancies
Farm	43	21	22
Planting	4	3	1
External Grounds	10	4	6
Horticulture	24	21	3
Internal Grounds	24	21	3
Catering	10	9	1
Barista	6	3	3
Bakery	9	8	1
Laundry	3	3	0
Kitchen	22	22	0
Kai Kart	4	2	2
Internal Painting	16	12	4
External Painting	4	1	3
Engineering	17	17	0
Distribution	13	13	0
Total	209	160	49

Vocational training was delivered by a number of providers. Between 1 April and 30 September 2019, 160 tāne achieved qualifications in a variety of areas.

Education

The site had three education tutors and a volunteer network (facilitated by the Volunteer Coordinator) to provide educational support to tāne. Tutors completed literacy and numeracy assessments for all sentenced tāne within two weeks of their reception into the Prison. Tutors were notified of new arrivals via COBRA. Tāne assessed as below Level 4 were offered an Intensive Literacy and Numeracy (ILN) course.⁶¹ Thirty-six tāne had completed an ILN course

⁶¹ Te Wananga o Aotearoa was contracted to deliver the ILN course, providing 32 hours of classroom time a week.

for the period 1 April to 30 September 2019. Education opportunities were only provided in the LSC Units.

The Howard League provided 1:1 tutors for tāne with learning difficulties. There were six⁶² tāne on 1:1 sessions at the time of the inspection. Self-directed learning (SDL) was available to those tāne with the necessary entry level, and serving a sentence of 12 months or more. Ten tāne had completed SDL between 1 April and 30 September 2019.

Tāne with English as a second language were able to access English for Speakers of Other Languages (ESOL) courses, which ran throughout the year.

Programmes

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

A Short Motivational programme (SMP) of five hours duration over five weeks was available for tāne requiring one-on-one support to enhance their motivation to address their offending behaviour. Other short courses included parenting programmes, skills for life, and Tikanga Māori, and were generally unit based.

Te Tirohanga kaupapa Māori rehabilitation programme, a MIRP based in Te Ao Marama Unit, had six phases, each lasting three months. The programme was designed to provide a pathway for tāne to make positive changes, which connected them with their culture and whānau, addressed offending behaviour, and prepared them for reintegration to the community.

Karaka Unit operated as a Special Treatment Unit (STU) with a focus on addressing violent behaviour, drug and alcohol issues, and sexual offending. When tāne were not participating in programmes, they were engaging in other activities including education and cultural activities.

A source of frustration for tutors and programme facilitators was the lack of available rooms.

Case management

The process to identify the needs of the tāne population is through Case Management. The Case Management team comprised three Principal Case Managers and 25 Case Managers, split across three teams. Two dedicated Case Managers were responsible for addressing the immediate needs of remand accused tāne. Teams were located in both the HSC and LSC. While the Case Management team was fully staffed, at the time of inspection a number of staff were on secondment, on ACC approved leave, or in training. Their absence was affecting the timeliness and quality of case management across the site.

Work was underway to improve the timeliness and quality of case management practice across the site however, there was still some work to be done. Between 1 April and 30 September

⁶² Four in Rata and two in Totara.

2019, initial contact meetings⁶³ were trending at 94 percent, initial offender plans⁶⁴ were at 91 percent, and planned contact⁶⁵ at 88 percent. Timeframes for providing the New Zealand Parole Board with board reports was trending at 95 percent completion⁶⁶ and the Six Pillars⁶⁷ of reintegration release planning was trending at 77 percent.

Inspectors reviewed a number of offender plans and noted the quality of the plans was inconsistent, and lacked detail.

The Practice Leader for the Department's Central Region attended the Prison twice a week to facilitate reflective practice with Case Managers. Case Managers appeared to have strong relationships with custodial staff.

Feedback from tāne appeared mostly positive about access to Case Managers however it appeared that planning tānes' release, and finding accommodation, were an issue for many tāne at the Prison.

Guided Release

Guided release supports long-serving tāne (over two years) with re-integrative needs in their transition back to the community. Tāne have to be minimum security and within six months of their parole eligibility date (PED), or low security tāne with a release date from the Parole Board. Reintegration activities include visiting release accommodation, opening a bank account and sitting their driving test. Inspectors noted a number of reintegration activities taking place during the course of the inspection. Two Case Managers were responsible for guided release in the Prison.

Out of Gate

Out of Gate services were provided to short-serving tāne (less than two years) to address any identified re-integrative needs before their release. Three regional Case Workers were at the Prison on a Tuesday and Thursday to undertake assessments and make referrals for community support post release.

⁶³ Case Managers will meet with every new tāne on their caseload within 10 working days of allocation.

⁶⁴ An initial or transitional offender plan must be finalised within 40 working days of the initial reception date.

⁶⁵ Case Managers will undertake face-to-face contact with a tāne based on their individual risk, need, and responsivity barriers.

⁶⁶ Data from Case Management Standards of Practice home page.

⁶⁷ Accommodation, education and training, employment, whānau and community support, skills for life, and oranga.

Recommendations – purposeful activity and transition to the community

6. I recommend that:

- a. Tāne have access to appropriate and timely Case Management provision.

The Department of Corrections accepted recommendation 6a.⁶⁸

Acknowledgments

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

⁶⁸ The Department of Corrections' comments on recommendation 6a can be found in Appendix 1.

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

Recommendations – treatment

1. I recommend that:

- a. The Prison Director ensures robust systems are in place to record, review, and monitor all use of force, including ensuring that on body cameras are always used prior to use of force, and paperwork is comprehensive and accurate, including when pepper spray is deployed, and whether decontamination has occurred.
- b. The Prison Director ensures all staff are fully trained in Control and Restraint and comply with all relevant policy and regulatory requirements.
- c. The Prison Director ensures robust systems are in place to record, review, and monitor all segregation paperwork.
- d. Measures are taken as a priority to ensure the poor conditions in the Separates Units are addressed. Cells must be clean, free from graffiti, well lit and well ventilated.
- e. Tāne-centric management plans be developed to assist tāne while they are in the ISU and on their return to mainstream units. Tāne should receive a copy of their management plan.
- f. Prison management take all reasonable steps to ensure the safety of tāne.
- g. Measures are taken to ensure the privacy of tāne in directed segregation, the ISU, Separates Units, and the RO when showering or using the toilet.

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

Waikeria Prison took immediate steps to address your inspectors' findings in this area. Waikeria Prison had already established a Use of Force panel which reviews and monitors Use of Force incidents. Trends in Use of Force data are also reviewed by this panel which aids in identifying learning opportunities and any requisite next steps.

Managers now have two weeks to complete Use of Force reviews which has mitigated issues of timeliness regarding the completion of reviews. This process was immediately implemented. Staff are also reminded on a regular basis regarding the activation of On Body Cameras prior to the Use of Force.

Waikeria Prison note that the recording of the use of pepper spray has always been captured as part of a Use of Force incident. The recording of the use of pepper spray is a continual focus point for Waikeria Prison.

Concerning, your finding regarding an “unnecessary UOF” relating to the movement of a prisoner from a transport vehicle, you note that your inspectors spoke to management regarding their observation and that management advised that further training would be undertaken to ensure no further occurrences.

Whilst we consider your inspectors observation to be isolated practice, Waikeria Prison have confirmed that the training has occurred and has been incorporated into ongoing training for staff. This training compliments the regular communication regarding Use of Force and Control and Restraint practices and has a particular focus on staff practice when moving prisoners throughout the prison.

Corrections accepted recommendation 1b and commented as follows:

Waikeria Prison agree that staff should be up to date with their Control and Restraint training, and this is a priority. Waikeria Prison continuously provide tactical options training to staff to ensure that their practice remains current. Whilst we agree with the premise of your recommendation, we consider it superfluous based on Waikeria Prison’s current programme of tactical options training and their robust record keeping regarding staff training.

When your office raised your findings regarding staff who were not up to date with their tactical options training, the Prison Director immediately reviewed site records as there appeared to be discrepancies between your findings and site-based records. Following this review, we hold concerns that the OrgChart is not in itself providing an accurate view of training which incorporates staff who, for several reasons, are currently unable to work (and therefore receive the training).

At the time of your inspection, the OrgChart showed that out of 357 staff, 293 appeared to be up to date with their tactical options training, and 64 were considered out of date. This equates to 82.1 percent of staff who were up to date with their training. Following a review of site’s records, it was found that only 34 out of the above 64 individuals were truly out of date with their tactical options training. This updated number gives a 90 percent compliance rate with staff tactical options training. The Prison Director followed up with the relevant managers of the 34 staff identified as out of date with their training to ensure that they were booked on the next available courses.

A further break down of the other 30 individuals (which makes up the 64 staff identified by your inspectors above) out of date with their tactical options training in October/November 2019 is as follows:

- *Eight individuals who were in training as part of the Corrections Officer Development Pathway (CODP).*
- *Six Tactical Options Instructors who are trained due to their work as instructors.*
- *Five staff on long term or parental leave who were not able to be trained.*
- *Seven ‘un-rosterable’ individuals who were either on long term sick leave, on project work or were on suspension.*

- *One individual who was seconded to a position off-site.*
- *Three individuals who had resigned and were working out their notice or were not at work.*

These concerns have been raised with relevant teams within Corrections and are currently being considered. Whilst there may not, at this time, be an opportunity to rectify this issue on the OrgChart, for future inspections, our sites will work with your inspectors to provide site-based records to support the OrgChart in reflecting an accurate picture.

Corrections accepted recommendation 1c and commented as follows:

Waikeria Prison have established a new process to ensure that the system for recording, reviewing and monitoring segregation paperwork is robust, fit for purpose and is consistent across the physical records, and those in the Integrated Offender Management System (IOMS).

This process is as follows:

- *The Custodial Systems Manager ensures that the Prison Director completes the M.05 form when revoking prisoners on directed segregation and then updates the register.*
- *All M.07 forms are scanned into the 'prisoner folder' on the computer system to ensure there is an available copy to review. There is also a new emphasis on reviewing our Integrated Offender Management System (IOMS) and updating prisoner's profiles when an individual's segregation status is revoked.*

Following your inspectors' visit, the Custodial Systems Manager has been reminded that when prisoners are placed on directed segregation for fighting or assaulting staff or other prisoners, that segregation is pursuant to section 58(1)(b) of the Corrections Act and is recorded appropriately.

In addition, the Prison Director will also be periodically reviewing and checking the directed segregation register.

We consider that except for the ongoing monitoring which will be completed by site, the processes detailed above have been embedded. We therefore consider that this recommendation is complete, apart from the Prison Director's ongoing review of the register, which will occur as a continual assurance mechanism.

Corrections accepted recommendation 1d and commented as follows:

Corrections acknowledge that the current build at Waikeria Prison has its limitations. As noted throughout our response, we expect many of the concerns highlighted by your office regarding the physical lay-out and conditions of some of the facilities, to cease once the new build becomes operational.

Aside from this, Waikeria Prison will ensure that the cells in the Separates Units are regularly cleaned, particularly when they are not in use. This work is part of an ongoing programme of maintenance of units, cells and yards.

Waikeria Prison staff have just recently completed re-painting the cells and yards in the Separates Units which has erased the graffiti and freshened up the cells. Please find photographs of the refreshed Separates cells attached as Appendix One.

We further note your inspectors' assessments of the Separates Units in your 2011 and 2014 Waikeria Prison inspection reports. Importantly, whilst we continue to use these cells, we are now in a better position than we were in 2011 and 2014, as the new facility currently being built will remove the concerns your office has regarding the current conditions of the Separates cells.

Corrections accepted recommendation 1e and commented as follows:

Waikeria Prison update prisoner management plans for those in the Intervention and Support Unit (ISU) with weekly input from the Multi-Disciplinary team.

Waikeria Prison agree that where appropriate and clinically indicated, management plans should be provided to prisoners. Whilst there are instances where it is not appropriate that the most acute patients are provided with their management plans, particularly if it will have a negative impact on their treatment, Waikeria Prison consider that following a discussion between the individual and the team, plans can be provided.

As detailed further in the covering letter provided to your office, work is being undertaken alongside the new build, in particular with the new 100-bed Mental Health and Addiction service. The new service being developed includes person-centred plans which will be 'co-owned' by prisoners to further support and assist them with taking responsibility for their own care. This will also afford prisoners a sense of autonomy and control over their treatment. The plans will also be whānau inclusive with permission from the prisoners.

The provision of best clinical practice and support to prisoners are a continuous focus for those working in the current ISU at Waikeria Prison, with staff showing genuine care that prisoners are receiving safe and appropriate care.

Corrections accepted recommendation 1f and commented as follows:

The safety of all individuals in Waikeria Prison has been a priority for the Waikeria Prison management team for quite some time. Waikeria Prison have a zero tolerance towards any form of violence. Proactive steps have been taken to reinforce this, with the formation of a Use of Force panel which considers the consistency of the use of tactical options and lessons learned from incidents. There has also been a focus on the appropriate use of pepper spray and the use of verbal options to de-escalate incidents.

To further endorse safety, High Security night staff spend time planning the yard time for prisoners for the following day to ensure that there is an appropriate mix of prisoners in the yard at any one time and that safety and security aspects have been considered prior to allowing this mix.

In the Low Security units, clear communication is provided to prisoners to ensure they understand unit rules around safety and how staff respond to violence and intimidation.

Waikeria Prison staff rostered to undertake light duties, now monitor cameras in Master Control when prisoners are out in the yards. This is to ensure live monitoring of prisoners and reduce opportunities for violence to occur as well as assisting with quick responses when tension or violence does occur. This has been embedded and is routine practice in the High Security yards.

Prisoners identified as being at risk of experiencing violence, are immediately assessed and follow up action is taken to ensure that prisoners are supported, and any risk is mitigated through separation of individuals, further discussion or ongoing monitoring.

Regarding the safety of our staff, staff are reminded of tactics to keep themselves safe in high risk activities (for example, when entering yards), through brief discussions at the site's morning briefing meetings. In addition to this, a strong relationship exists between Intelligence, drug detection dog teams and the Site Emergency Response Team which enables ongoing collaboration regarding activities that support the safety of the prison for all individuals on site.

Recommendations – reception into prison

2. I recommend that:

- a. Tāne have access to appropriate and timely reception, immediate needs and induction processes.
- b. Arrangements for tāne to access stored property be improved.
- c. Induction arrangements for foreign nationals, speakers of languages other than English, and those with literacy or communication difficulties are improved to ensure tāne are fully aware of the Prison's procedures and how to access support.

Corrections accepted recommendation 2a and commented as follows:

Waikeria Prison have created a comprehensive induction booklet, which covers all aspects of life in a High Security facility, including its rules and regimes. The information booklet is provided to all new arrivals. Prisoners are also made aware of any rules and routines specific to their unit through the printed copies placed in each cell and on unit noticeboards.

Prisoners initial needs assessments conducted in the Receiving Office have been a focus for Waikeria Prison. Receiving Office staff continue to ensure the safety of new prisoners and treat them in a humane and respectful manner. The timely completion of immediate needs assessments is a focus for staff, with the Inspectorate noting in their recent inspection report, that Waikeria Prison have made good progress in this area.

Waikeria Prison have also made progress in preserving the privacy and human dignity of new prisoners through the installation of a full-length curtain around the prisoner strip area.

With respect to your findings, Waikeria Prison consider that any delays in approving prisoners telephone numbers is usually a result of staff not being able to make contact with the intended recipient. Whilst staff follow up on multiple occasions, the length of the process is largely influenced by being unable to make contact with nominated individuals. Waikeria Prison have made good progress in the timeliness and record keeping regarding prisoners' initial telephone calls.

The areas of concern raised by your office are a continual focus for Waikeria Prison and we consider that we are in a good position to continue addressing any shortfalls in practice. Whilst we accept your recommendation, we do not consider any new initiatives are currently required.

Corrections accepted recommendation 2b and commented as follows:

Waikeria Prison have increased the resourcing in the property area, to ensure prisoners are able to access their stored property. A staff member rostered to undertake light duties is now also required to support the provision of property as one of their tasks. This has had a positive influence on timeframes for prisoners wanting to access property.

Corrections accepted recommendation 2c and commented as follows:

Waikeria Prison staff took the opportunity to speak with all foreign nationals following your inspection to identify any concerns or ongoing issues that could be mitigated. Foreign nationals advised that they had no issues at the time of the inspection. Whilst we acknowledge that prisoners may be more inclined to speak with external visitors regarding any concerns, our staff attempted to engage and follow up any concerns raised by prisoners. Waikeria Prison have a small number of foreign nationals and provide one on one support where possible.

Importantly, Ezispeak is relied on by staff as it is the most accessible option available to support prisoners.

As your office is aware, Corrections have been working with Translation Services at the Department of Internal Affairs with the view to have key documents relating to the reception and induction process of prisoners (including at risk assessments) translated into other languages. Initially, it is envisaged that we will trial translated material in several languages at a couple of prison sites to test that we have covered all the necessary information and have conveyed the information in a user-friendly way to the intended audience. Unfortunately, we are not yet able to propose an expected timeframe for completion of this work although in recent months we have extended the scope of this work with the provision of information in Te Reo Māori and NZ Sign Language.

Once implemented, this resource will have similar value to Ezispeak in assisting staff in their duties and people in Corrections' care.

Recommendations – decency, dignity and respect

3. I recommend that:

- a. Cells and facilities in the HSC should be clean, free from graffiti and well lit. Toilets and showers, ventilation, and exercise yards should be in full working order and offer privacy for tāne.
- b. Tāne should not be required to eat meals in their cells in proximity to an uncovered toilet.
- c. The provision of clothing and bedding meet prescribed standards and sufficient audits are carried out to ensure compliance.
- d. The serving of meals is standardised to normal hours. This would involve lunch being served any time between midday and 1.30pm and dinner to be served anytime between 5pm and 7pm.

Corrections accepted recommendation 3a and commented as follows:

Your report offers valuable insight into Waikeria Prison by detailing several challenges. These challenges mainly relate to the high security facilities at the site and areas where significant investment of resources is required. Importantly, the majority of these issues will cease to exist once the new facilities are operational and the planned closure of the existing high security facilities can proceed.

In the interim, the Prison Director is aware of the need to maintain the high security facilities to the best standard possible and the management team remains focused on an ongoing programme of maintenance of units, cells and yards. This maintenance includes a cleaning and painting regime when cells are not in use. High Security Unit yards are checked daily by staff to ensure that any damage is addressed and rectified. Unit showers and toilets are also checked to ensure that they are functioning. Anti-graffiti paint has also been installed on the walls of the yards to help keep them free of graffiti. The Prison also maintains scheduled maintenance of walkways into the yards, to ensure they remain free of slip and trip hazards.

Corrections accepted recommendation 3b and commented as follows:

Corrections' recognise the impact that the absence of a toilet lid in a cell, where prisoners can spend a lot of time (including eating), can have on those in our care.

A consideration for Corrections in responding to this need has been the safety aspect of toilet seat covers in our prisons. For instance, many of the toilets have had lids and/or seats broken off them over the years and used as weapons. It is for this reason that newer toilets were designed without seat covers and other lids have not been replaced.

As your office is aware, safety considerations for staff and those in our care must be paramount in the design of prisons and the infrastructure in cells. Corrections'

acknowledge the unintended consequence that no lid on a toilet has on prisoners who are double bunked, or who are spending periods of time in a cell, including eating meals.

Some preliminary work was undertaken in mid-2018 to ascertain how many toilets had lids across the prison network, and if these were added as a modification or as part of the original installation. Corrections' Lead Adviser Prison Facilities will be exploring this issue further, particularly with regard to what options are available to Corrections across all prisons.

Recommendations – health and wellbeing

4. I recommend that:

- a. An annual health needs analysis be conducted to inform a health development plan and future funding. The process should include regular consultation with service users (tāne).
- b. There be a separate health complaint system to ensure patient confidentiality.
- c. The Reception Health Screening process affords privacy for tāne.
- d. Prison Health Services information is provided and the consent to treatment process is explained to tāne upon arrival at the Prison.
- e. Processes for administering medication should be reviewed to ensure that they comply with the Department's Medicines Management Policy.
- f. Custodial officers are only included in medical appointments as a last resort where there is a serious security issue with respect to an individual tāne. The practice of routine inclusion of a custodial officer in medical consultations for tāne from the Totara Unit is discontinued.
- g. The current practice of recording the administration of Panadol is reviewed to ensure documentation in patient's treatment sheets.

Corrections accepted recommendation 4a and commented as follows:

A Waikeria Prison Health service delivery stock take was completed in November 2018.

Ongoing work that looks to strengthen the current Health Services work plan (through the development of a work programme) will include two critical pieces of work. This work considers the alignment of Hōkai Rangi to Hōkai Nuku implementation plans (July 2020 to 2022):

1. *Revisiting our Health Services vision and purpose and the development of a Health Services and Wellbeing plan (HWSP)*
2. *A key building block of the HSWP will be the enabling of a health needs analysis (for all people in our care).*

A key piece of work that has commenced throughout our COVID-19 environment is the improvement in how we can capture and understand our most vulnerable people across the country. Our plan is to further this work to develop automated reporting that will provide a point in time visibility of our people's health needs with a longer-term goal of using this analysis to better inform recruitment, workforce capability needs and future funding.

The recent strengthening of both the National and Regional health services team has included the recruitment of a new Business Solutions Manager, who will work to enhance the manner in which Health Services data is captured and utilised.

This work is documented within the high-level Health Services work plan, which will complement current work that looks to understand how we implement the plan (noting that the post COVID-19 environment may affect proposed timelines).

In addition, the Waikeria build project team is developing a Model of Care to meet the future mental health needs at Waikeria Prison as well as the region. This will incorporate workforce, Tikanga and population health projections which will influence site health service delivery. Consultation with key partners, including the Waikato District Health Board, prisoners and local iwi is at the forefront of this work.

Corrections accepted recommendation 4b and commented as follows:

Prisoners have several ways to raise issues and are encouraged to resolve these when possible at the unit level. For health specific issues there is access to verbal, 0800 telephone free calls, written (via the health request chit or otherwise) and the custodial PC.01 complaint system in IOMS.

Health Services agree there must be no clinical information in IOMS complaint responses. Health Centre managers are encouraged to meet in person with complainants where possible and this is reflected in PC.01 complaint forms.

The health complaints policy and system are currently under review by National Office Health Services and are considered critical pieces of work. The goal of this work is to ensure an end-to-end confidential complaints process. Work is expected to be completed and embedded into practice by June 2021.

Corrections accepted recommendation 4c and commented as follows:

Staff safety and security is a priority for Waikeria Prison. Each situation is assessed on a case by case basis with both custodial staff and Health Services staff actively following the staff Code of Conduct to maintain patient confidentiality. Health Services are guided by the information provided by Custodial staff regarding the level of risk a prisoner poses to a nurse.

Privacy during assessments is paramount in ensuring that there is trust between the patient and the nurse as well as the subsequent correct recount of health needs. The current physical lay-out of the room is a current barrier to facilitating complete privacy (there is a door on the room for the reception health screening in the receiving office

interview space) whilst ensuring nurse safety. The second door which leads into the custodial workspace if closed, can only be opened urgently by contacting the nurse due to the limited physical space of the room. Whilst this challenge will be addressed with the new build currently underway at Waikeria Prison, the team will look to find additional immediate solutions to ensure confidentiality during assessment. However, we note that staff safety must also remain a priority and that this may require a change in physical location.

Further, our custodial staff can be present as required for security reasons as per section 6.2 of the Corrections Health Information Policy and Procedure. I have attached this Policy as Appendix Two for your review.

Corrections accepted recommendation 4d and commented as follows:

Waikeria Prison consider that this is standard practice in the Receiving Office, as per the Healthcare Pathway Policy. Pamphlets regarding Health Services and the consent to treatment form are provided to prisoners by the Receiving Office nurse. The consent form is signed (or not) by the individual whilst in the Receiving Office and a copy kept on the prisoner's file.

It is disappointing to learn that the experience of your inspectors did not reflect Waikeria Prison Health Service's established process. Waikeria Prison consider this to be an isolated case and not consistent with established site practice. However, we acknowledge that this was the observation of the inspecting team and are grateful that this has now been brought to our attention.

To provide additional assurance both internally, externally and for those in our care, we will conduct a simple audit of the Receiving Office process to ensure that we are confident in our response that this was an isolated case.

Additionally, we will be providing advice and education to our nursing teams on both the recommendations observed in this report, expected best practice standards and how this aligns with Hōkai Rangi. We expect both staff training (by way of messaging and oversight of standards) and the audit of the Receiving Office process to be completed by the end of July 2020.

Additionally, as part of a wider National Office Health Services work plan, following the strengthening of Prison Health Services teams, there will be a National Quality Assurance framework established. This framework will ensure a continuous improvement approach to assurance, with standardised audits and reporting through to our Regional Operations Directors and National Operations team.

Corrections accepted recommendation 4e and commented as follows:

Waikeria Prison agree that medication administration must comply with policy, and when this doesn't occur, an exemption to the policy must be sought. Waikeria Prison Health Services will conduct a medication audit in line with the Medicines Management Policy to ascertain any gaps in practice. Considering the current pressure on Health Services

resources in responding to the Covid-19 pandemic, this audit will be completed by December 2020. The building of the new facility will further enhance the physical environment in which health care is delivered.

Importantly, Waikeria prison will also look to provide additional education and training on current medication protocol and expected standards. As part of this education, nurses will be given access to your report findings (health related). This communication will be critical to ensure staff develop an understanding of quality assurance and the full cycle of audit and reporting that ultimately leads to significant and expected practice change.

Corrections consider that it is a necessary safety measure for custodial staff to support nursing staff on medication rounds. A degree of separation to allow patient confidentiality with medication is afforded however we consider it imperative that custodial staff are present to ensure quick intervention should nursing staff require it.

Corrections accepted recommendation 4g and commented as follows:

Waikeria Prison will include the provision of Panadol and general processes regarding Panadol in the medication audit mentioned in response to recommendation 4e. As noted earlier, this work will be completed by December 2020.

Recommendations – protective measures

5. I recommend that:

- a. Compliance with standards for complaints handling should be improved, including ensuring that complaint forms are made available to all tāne, support for tāne who have difficulties with verbal or written communication, and ensuring that complaints processes are displayed across all Units.
- b. The Prison prioritises developing a process for tāne in the HSC to access the information kiosks.

Corrections accepted recommendation 5a and commented as follows:

Waikeria Prison have had a continual focus on the management of complaints across their site. This has included an emphasis on timely responses to complaints, a focus on the early resolution of complaints with prisoners and continual monitoring of 'open' complaints to ensure that robust rationale exists as to why complaints have not yet been able to be 'closed' off. Currently, Waikeria Prison has less than 10 open, outstanding complaints. There are nine complaints currently open, with most of these relating to property, which can take longer to resolve given they are usually related to property misplaced during a prison transfer. Therefore, consultations are required with other prisons which on occasion can extend the process for responding to the complainant.

Waikeria Prison have also confirmed with unit staff that there is an availability of complaint forms for prisoners across all units and that the complaints process is clearly displayed in all units.

Further, a key focus for Waikeria Prison staff has been ensuring that they work with prisoners (including those who require further support with verbal or written communication) regarding requests and complaints. Waikeria Prison staff aim to resolve prisoner's requests and complaints at the earliest opportunity and therefore the provision of further support to prisoners who require it is prioritised.

Corrections accepted recommendation 5b and commented as follows:

We acknowledge that there are currently significant limitations on prisoners in the High Security Unit accessing information kiosks. Whilst we accept that this is not ideal, this is due to the current physical layout of the prison and corresponding yard to cell regimes. We consider that this limitation will be overcome when the new build becomes operational and kiosks become accessible to all prisoners.

As identified by your inspectors, currently in the High Security Unit a paper-based system for requests and canteen orders operates. Regarding your inspectors findings concerning paper based systems providing little support to those who require further aid with verbal or written communication, we note that regardless of whether a kiosk is available or a paper-based system is used, neither is a supported literacy tool to those who require further support. To complement both systems in use at Waikeria Prison, staff interaction with prisoners is prioritised, particularly with responding to questions, requests or complaints. One of the main roles of a Corrections Officer is to interact with prisoners whilst on shift and have a presence to ensure that support is provided as and when it is required.

This is a continual focus for Waikeria Prison staff, and we do not consider any new initiatives in this area are necessary.

Recommendations – purposeful activity and transition to the community

6. I recommend that:

- a. Tāne have access to appropriate and timely Case Management provision.

Corrections accepted recommendation 6a and commented as follows:

Your draft report notes that in 94 percent of cases, Case Managers were seeing prisoners for initial contact meetings in a timely manner. Furthermore, it notes that 91 percent of initial offender plans were completed on time and that 95 percent of reports submitted to the New Zealand Parole Board were also on time. In addition to these numbers, 88 percent of the time, Case Managers met their planned contacts with their allocated prisoners. Waikeria Prison consider that these figures indicate that Case Managers at Waikeria Prison are, in most cases, completing core tasks on time. Your report goes on to

note that the six pillars of reintegration were included in 77 percent of plans. We would like to advise that there has been a steady improvement at Waikeria Prison since the time of your inspection with most recent data in March 2020 showing an average of 84 percent of plans meeting this standard (including the six pillars of reintegration).

Waikeria Prison welcome the feedback provided by your inspectors relating to offender plans. Your draft report notes that the quality of offender plans was inconsistent and lacked detail. Work will be undertaken by case management at Waikeria Prison to address your concerns through both one on one discussion and group reflective practice sessions relating to the quality of offender plans. This will be monitored by the Practice Leadership team and will be more of a continuous improvement approach, rather than creating new initiatives to address your concerns.

The draft report notes that overall, the feedback from prisoners at Waikeria Prison regarding case management was mainly positive, although prisoners noted challenges in finding accommodation and release planning. Sourcing appropriate accommodation for prisoners on release is a nationwide challenge, and Case Managers are consistently updated on any current or new accommodation options. Of interest to your office, a new initiative commenced in February 2020 whereby Probation in the Bay of Plenty, Rotorua, Tokoroa and Taupo districts work alongside Waikeria Case Managers to strengthen release plans for prisoners being released into those districts. This initiative has provided greater engagement across our services and aims to provide greater support to individuals transitioning into the community.

Appendix 2. Survey feedback: The Prison

A total of 700 questionnaires were given out and 387 were returned (55 percent).

Section 1: About you

How old are you?		
Under 21	15	4%
21-29	88	23%
30-39	128	34%
40-49	81	21%
50-59	36	9%
60-69	18	5%
>70	14	4%
Total	380	

What is your ethnicity?		
Asian & Pacific Islander	19	5%
Kiwi/New Zealander	34	9%
Māori	139	36%
Māori/Pākehā	91	24%
NZ European/Pākehā	66	17%
Other	34	9%
Total	383	

Is English your first language?		
Yes	334	89%
No	44	12%
Total	378	

Are you sentenced / on remand?		
Sentenced	245	64%
Remand Accused	70	18%
Remand Convicted	64	17%

Are you sentenced / on remand?		
Other	4	1%
Total	383	

Is this your first time in prison?		
Yes	139	36%
No	242	64%
Total	381	

Do you have children under 18?		
Yes	219	60%
No	143	40%
Total	362	

Section 2: Respect and dignity

Please answer the following questions about the wing/unit you are currently living on:	Yes	Yes %	No	No %
Are you normally offered enough clean, suitable clothes for the week?	182	48%	200	52%
Are you normally able to have a shower every day?	353	93%	27	7%
Do you normally receive clean sheets every week?	254	68%	122	32%
Can you get cell cleaning materials every week?	271	71%	109	29%
Can you normally get your stored property, if you need to?	161	45%	194	55%

What is the food like here?		
Very Good	19	5%
Good	58	16%
Average	185	50%
Bad	58	16%
Very Bad	50	14%
Total	370	

Does the shop (P119) sell a range of goods to meet your needs?		
Yes	112	31%
No	255	69%
Total	367	

Section 3: Complaint process

Is it easy or difficult to get a complaint form (PC01)?		
Easy	75	20%
Difficult	159	42%
Don't Know	143	38%
Total	377	

Please answer the following questions about making a complaint in this Prison:	Yes	Yes %	No	No %
Do you know how to make a complaint?	268	72%	104	28%
Have you made a complaint in this prison?	128	35%	235	65%
Do you feel complaints are dealt with fairly?	73	25%	223	75%
Do you feel complaints are dealt with promptly? (within three days)	65	22%	225	78%
Do you have faith in the complaints system?	72	23%	239	77%
Would you make a complaint if the situation warranted it?	274	80%	70	20%

Section 4: Safety

Have you ever felt unsafe in this Prison?		
Yes	184	49%
No	189	51%
Total	373	

Do you feel unsafe in this Prison at the moment?		
Yes	89	24%
No	280	76%
Total	369	

Have you been victimised in this Prison?		
Yes	147	41%
No	212	59%
Total	359	

Have you been victimised in this Prison?		
If Yes, was it another prisoner?	21	14%
If Yes, was it a group of prisoners?	44	30%
If Yes, was it member of staff?	18	12%
If Yes, was it both staff and prisoners?	64	44%
Total	147	

Physical assaults	Yes	Yes %	No	No %
Have you been assaulted in this Prison?	121	33%	243	67%
Did you report the incident?	36	31%	80	69%

Sexual assaults	Yes	Yes %	No	No %
Have you been sexually assaulted while in prison?	28	8%	324	92%
If Yes, did it happen at this Prison?	18	67%	9	33%
Did you report the incident?	10	42%	14	58%

Please answer the following questions about staff in this Prison:	Yes	Yes %	No	No %
Is there a member of staff you can turn to for help if you have a problem?	249	70%	109	30%
Do most staff treat you with respect?	252	69%	114	31%
Do you know who your case manager is?	215	58%	153	42%
Did you meet with your case officer within the first week?	130	35%	238	65%

Please answer the following questions about staff in this Prison:	Yes	Yes %	No	No %
Do you see your case officer at least once a week?	53	14%	316	86%

Section 5: Health

When you first arrived in this Prison, did staff ask you if you needed any help with any of the following?	Yes	Yes %	No	No %
Reading and writing?	116	32%	249	68%
Not being able to smoke?	200	55%	163	45%
Loss of property?	88	24%	278	76%
Feeling scared?	138	38%	228	62%
Gang problems?	124	34%	240	66%
Contacting family?	159	43%	209	57%
Money worries?	75	21%	290	79%
Feeling worried/upset/needing someone to talk to?	130	36%	235	64%
Health problems?	253	69%	114	31%
Getting phone numbers approved?	142	39%	226	61%
Did you have any problems when you first arrived?	161	46%	193	54%

When you arrived in this Prison, were you given a phone call (within 24 hours)?		
Yes	171	48%
No	182	52%
Total	353	

Did you have any problems with alcohol when you first arrived?		
Yes	76	21%
No	284	79%
Total	360	

Have you received any help with alcohol problems here?		
Yes	32	9%
No	315	91%
Total	347	

Did you have any problems with drugs when you first arrived?		
Yes	123	34%
No	236	66%
Total	359	

Do you have any problems with drugs now?		
Yes	58	16%
No	295	84%
Total	353	

Have you received any help with any drug problems here?		
Yes	49	14%
No	299	86%
Total	348	

Is it easy to get Illegal drugs here?		
Easy	75	25%
Difficult	220	75%
Total	295	

Is it easy to get tobacco/ cigarettes here?		
Easy	70	23%
Difficult	227	77%
Total	297	

How easy or difficult is it to see the Doctor?		
Easy	99	28%
Difficult	211	59%
Don't Know	47	13%
Total	357	

How easy or difficult is it to see the Nurse?		
Easy	207	58%
Difficult	128	36%
Don't Know	23	6%
Total	358	

How easy or difficult is it to see the Dentist?		
Easy	53	15%
Difficult	226	64%
Don't Know	75	21%
Total	354	

What do you think of the quality of the health service from the Doctor?		
Good	158	45%
Bad	118	34%
Don't Know	74	21%
Total	350	

What do you think of the quality of the health service from the Nurse?		
Good	199	57%
Bad	115	33%
Don't Know	37	11%
Total	351	

What do you think of the quality of the health service from the Dentist?		
Good	89	26%
Bad	118	34%
Don't Know	138	40%
Total	345	

What do you think of the overall quality of the health service?		
Good	152	44%
Bad	157	45%
Don't Know	37	11%
Total	346	

Physical disability

Do you have a physical disability?		
Yes	94	27%
No	258	73%
Total	352	

Do you feel supported with your disability needs?		
Yes	19	23%
No	65	77%
Total	84	

Emotional/mental health issues

Do you feel you have any emotional well-being/ mental health issues?		
Yes	183	52%
No	168	48%
Total	351	

Do you feel supported with your emotional/ mental health needs?		
Yes	45	26%
No	130	74%
Total	175	

Section 6: Purposeful Activity

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

Are you currently involved in any of the following activities?		
Prison job	82	23%
Vocation or skills training	1	0%
Education (including basic skills)	7	2%
Offending behaviour programmes	6	2%
CIE employment	8	2%
Release to work	7	2%
Multi activity	119	33%
Not involved in any of these	128	36%
Total	358	

Are you able to access Cultural activities?		
Yes	123	38%
No	205	62%
Total	328	

Are you able to access Religious activities?		
Yes	204	62%
No	126	38%
Total	330	

Do you get at least one hour fresh air daily? (minimum entitlement)		
Yes	337	95%
No	19	5%
Total	356	

How often do you use the Library?		
More than once a week	24	7%
Once a week	43	12%
Less than once a week	93	27%
Never	160	46%
Don't want to use it	26	8%
Total	346	

On average, how many times do you go to the Gym each week?		
More than 5	60	17%
3 to 5	77	22%
1 to 2	89	26%
Never	87	25%
Don't want to use it	31	9%
Total	344	

On average, how many hours do you spend out of your cell on a weekday? (Please include time at education, at work, showers etc.)		
8 hours +	88	25%
6 to less than 8 hours	68	20%
4 to less than 6 hours	110	32%

On average, how many hours do you spend out of your cell on a weekday? (Please include time at education, at work, showers etc.)		
2 to less than 4 hours	71	20%
Less than 2 hours	12	3%
Total	349	

External Communication

Have you had any problems with sending or receiving mail?		
Yes	154	43%
No	202	57%
Total	356	

Have you had any problems getting access to the telephones?		
Yes	167	47%
No	189	53%
Total	356	

Do you usually have one or more visits per week from family and friends?		
Yes	67	19%
No	285	81%
Total	352	

Is it easy for your family and friends to visit you here?		
Yes	118	35%
No	216	65%
Total	334	

Do visits start on time?		
Yes	124	47%
No	142	53%
Total	266	

Appendix 3. Prison population demographics

The demographics of the prison population are set out below. Please note that the following figures, as at 22 October 2019, were supplied to the Inspectors by the Prison.

Status	Under 18	18 to 20 year olds	21 to 65 year olds	66 and over
Sentenced	0	10	421	23
Recall	0	0	2	0
Awaiting deportation	N/A	N/A	N/A	N/A
Remand accused	0	15	187	2
Remand convicted	0	5	78	0
Total	0	30	688	25

Ethnicity	Under 18s	18 to 20 year olds	21 to 65 year olds	66 and over
Pākehā	0	4	143	14
Māori	0	26	469	8
Pasifika	0	0	37	1
Asian	0	0	19	2
Other	0	0	20	0
Total	0	30	688	25

Sentenced prisoners	Under 18s	18 to 20 year olds	21 to 65 year olds	66 and over
Less than 12 months	0	2	76	1
12 months to less than 2 years	0	4	73	1
2 years to less than 4 years	0	4	111	5
4 years to less than 10 years	0	1	98	10
10 years and over (not life)	0	0	30	3

Sentenced prisoners	Under 18s	18 to 20 year olds	21 to 65 year olds	66 and over
Preventative Detention	0	0	13	0
Life	0	0	22	2
Total	0	11	423	22

Security category	Under 18s	18 to 20 year olds	21 to 65 year olds	66 and over
Minimum	0	3	164	13
Low	0	3	116	4
Low-Medium	0	4	115	6
High	0	0	28	0
Not Applicable (Remand Prisoners)	0	20	265	2
Total	0	30	688	25

Main offence	Under 18s	18 to 20 year olds	21 to 65 year olds	66 and over
Violence against the person	0	9	166	2
Sexual offences	0	2	93	17
Burglary	0	4	81	0
Robbery	0	4	38	0
Theft & handling	0	6	27	0
Fraud and forgery	0	1	17	2
Drug offences	0	1	80	0
Other	0	3	186	4
Total	0	30	688	25

Gangs (including affiliated)	Under 18s	18 to 20 year olds	21 to 65 year olds	66 and over
Bandidos	0	0	0	0
Black Power	0	2	64	0
Head Hunters MC	0	0	19	0
Hells Angels MC	0	0	1	0
Highway 61 MC	0	0	0	0
Killer Beez	0	0	16	0
King Cobras	0	0	3	0
Mongrel Mob	0	7	126	0
Nomads	0	0	8	0
Tribesmen MC	0	1	11	0
Other	0	5	65	0
Total	0	15	313	0

Appendix 4. Legislative framework

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

The objective of OPCAT is to establish a system of regular 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.

Places of detention – prisons

Section 16 of COTA defines 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 ...

Ombudsmen are designated by the Minister of Justice as a National Preventive Mechanism (NPM) to inspect certain places of detention under OPCAT, including prisons and court facilities.

Under section 27 of COTA, an NPM’s functions include:

- to examine 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; and
 - for preventing torture and other cruel, inhuman or degrading treatment or punishment in places of detention.

Carrying out the OPCAT function

Under COTA, Ombudsmen 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 people they want to interview.

Section 34 of COTA provides that when carrying out their OPCAT function, Ombudsmen can use their Ombudsmen Act (OA) powers to require the production of any information, documents, papers or things (even where there may be a statutory obligation of secrecy or non-disclosure) (sections 19(1), 19(3) and 19(4) OA). To facilitate his OPCAT role, the Chief Ombudsman has authorised inspectors to exercise these powers on his behalf.

More information

Find out more about the Chief Ombudsman's OPCAT role, and read his reports online: ombudsman.parliament.nz/opcat.