

OPCAT Report

Report on an announced inspection of  
Auckland South Corrections Facility  
under the Crimes of Torture Act 1989

Publication date: 20 February 2019

**Peter Boshier**  
Chief Ombudsman  
National Preventive Mechanism

Office of the Ombudsman  
Tari o te Kaitiaki Mana Tangata



## Contents

<b>Foreword</b>	<b>7</b>
<b>Facility facts</b>	<b>9</b>
Auckland South Corrections Facility	9
Region	10
Operating capacity	10
The facility can accommodate 960 prisoners in total. It consists of:	10
Prison Director	10
Regional Commissioner	10
Previous inspections	10
<b>The Inspection</b>	<b>11</b>
Methodology	11
Prisoner Survey and Focus Groups	11
Inspection criteria	11
Evaluation techniques	12
<b>Criteria 1: Treatment</b>	<b>13</b>
Assessment	13
Use of force	13
Suicide, self-harm and vulnerable prisoners	14
Separation and Reintegration Unit	15
Safety (including voluntary segregation)	16
Restricted regimes — processes and practices	17
Prisoner placement	18
Drugs	19
Gangs	19
Good practice	20
<b>Criteria 2: Reception into prison</b>	<b>21</b>
Assessment	21
Receiving Office	21
Induction	21
Cell sharing	22
<b>Criteria 3: Decency, dignity and respect</b>	<b>24</b>
Assessment	24
Accommodation	24
Clothing and bedding	25
Food and meal times	26
Staff:prisoner relationships	26
Equality and diversity	27
Prisoners with disabilities	28

Transgender prisoners	28
Cultural provision	28
Good practice	30
<b>Criteria 4: Health and wellbeing</b>	<b>31</b>
Assessment	31
Governance arrangements	31
Primary health care services	32
Dental services	33
Pharmacy provision	34
Mental health provision	35
Forensic service	35
<b>Criteria 5: Protective measures</b>	<b>40</b>
Assessment	40
Security and supervision	40
Prison Monitors	40
Complaints	41
Kiosks, mail and phones	42
Misconducts	43
Good practice	44
<b>Criteria 6: Purposeful activity and transition to the community</b>	<b>45</b>
Assessment	45
Time out of cell	45
Outdoor exercise	46
Gymnasium	46
Chaplaincy	47
Library services	47
Legal visits	48
Visits	48
Training and employment	49
Education	51
Programmes	52
Case management	52
Reducing Reoffending Coordinator	53
Prisoners' experience of Reintegration Officers & Case Managers	54
Case management induction	54
Release to Work	54
Guided Release	55
Out of Gate	55
Interview spaces	55
<b>Appendix 1. ASCF's and the Department of Corrections' comments on recommendations that were accepted</b>	<b>57</b>

Appendix 2. Survey feedback: The Prison	71
Section 1: About you	71
Section 2: Respect and dignity	72
Section 3: Complaint process	73
Section 4: Safety	73
Section 5: Health	75
Section 6: Purposeful Activity	78
Appendix 3. Prison population demographics (as at 10 August 2018)	81
Appendix 4. Prisoner placement by security classification (as at 14 August 2018)	84
Appendix 5. Overview of OPCAT	86
Places of detention	86
Carrying out the NPM's functions	86
More information	87
Appendix 6. Glossary	88

## Tables

Table 1: Short description of residential units	9
Table 2: Prisoner employment on Thursday 16 August 2018	50

## Figures

Figure 1: High security cell	25
Figure 2: High security cell	25
Figure 3: All-weather sports field	46
Figure 4: Exercise yard	46
Figure 5: Visits room	48
Figure 6: A horticulture area	51
Figure 7: An employment workshop	51



## 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 Auckland South Corrections Facility (ASCF), which is also known as Kohuora.

Auckland South Corrections Facility (the Prison) opened in 2015; it accommodates sentenced male prisoners with security classifications ranging from minimum to high. The Prison is operated by Serco New Zealand under a Public Private Partnership between the Prison's consortium SecureFuture and the Department of Corrections. The Prison has an operating capacity of 960. Kohuora has a large Māori and Pasifika population (approximately 40 percent and 30 percent respectively).

I authorised my Inspectors to conduct a nine day examination of the facility in August 2018, using defined criteria to assess the standards of treatment prisoners' were experiencing, and their living conditions.

The Prison was well designed and maintained, with impressive workshop facilities for prisoner employment. Senior management described an operating model underpinned by the Responsible Prisoner Model and a clear progression pathway for prisoners through its three high security House Blocks to its low security residences, which promoted increased self-responsibility.

The Prison has undertaken to encourage and support prisoners to behave positively by providing resources, information and procedures via prisoner kiosks and in-cell information and communication systems, that enable prisoners to contribute to identifying their rehabilitation and reintegration needs, identify and participate in services and programmes including health and education, and to prepare for their release. However, the operating model was undermined by the Prison's staffing situation and an over-reliance on kiosks and in-cell systems as a primary means of communication with prisoners. Further, professional staff:prisoner relationships were not well established.

I am concerned by the availability and quality of case management provision at the Prison. Too many prisoners lacked a case management plan, and access to case managers was variable and reactive. Rehabilitative programme provision at the Prison was not sufficient to meet the required demand.

The Prison has recently undergone a period of staff recruitment and retention issues, which was evident by a lack of custodial experience in the reintegration officer roles. There was a high turnover of staff, 21 percent in the last calendar year. My Inspectors observed poor quality case management for prisoners and problems with the complaints process and misconduct system. The Prison's record keeping and paperwork relating to the use of force incidents was not satisfactory. There were several incomplete records and the review process

was not consistently completed in a timely manner. All of these issues could, in part, be attributed to various staffing issues.

I am particularly concerned by the Prison's use of extended lock (Restricted Regimes) across the Prison to manage staff shortages or rostering issues. This has resulted in prisoners spending long periods in their cells and caused irregular unlock routines. The Prison had also introduced a specific restricted regime on House Block 1 for some of the more problematic and complex prisoners, where those prisoners' ability to associate with other prisoners was restricted for extended periods.

It was pleasing to see that health services were reasonably good. Service planning was informed by the Prison's strategic health plan 2017-2020, and the health service annual plan. Strong leadership was evident and staff had access to a range of training and development opportunities. While primary mental health services were in their infancy, the team appeared to be working well with the wider health team. However, there was no confidential health complaint system and access to a GP and dentist was problematic. Reception screening and daily triage processes needed to be reviewed.

The physical environment of the new prison was well designed and prisoners with mobility needs or other impairments were able to navigate their surroundings. Prisoners with disabilities were generally satisfied with the care they received from custodial staff. At-risk cells were subject to CCTV monitoring, however privacy screening was in place to maintain the dignity of prisoners when carrying out their ablutions.

Overall, there appeared to be a genuine intent by the Prison to be culturally responsive, and the Prison had positive relationships with the Mana Whenua; Te Akitai Waiohū and Ngāti Te Ata. However, the Executive Cultural Advisor position had been vacant for a considerable period of time (over 12 months).

The Prison had several areas of good practice — the employment and horticulture workshops, good quality food, well-maintained facilities, in-cell telephones and cell-systems. However, the Prison's potential has yet to be fully realised due to a number of operational issues, which negatively influence prisoners' day-to-day routines and sentence progression.

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' and Serco's responses to my findings and recommendations, which I include in this report. To accept, or partially accept, 35 out of 36 recommendations reflects our mutual desire to strengthen protections against ill treatment and improve conditions of detention.

Peter Boshier  
Chief Ombudsman, National Preventive Mechanism



## Facility facts

### Auckland South Corrections Facility

Auckland South Corrections Facility (ASCF), also known as Kohuora, can accommodate 960 sentenced male prisoners with security classifications ranging from minimum to high. The Prison opened in 2015 and is operated by Serco,<sup>1</sup> under a Public Private Partnership between the Prison's consortium SecureFuture and the Department of Corrections.

The Prison's residential units comprises three House Blocks (HBs), each containing four separate Wings that house 60 prisoners. Residences (also known as Internal Self-Care Units) house low security prisoners. There are 10 separate Residences containing four Units with six prisoners per Unit.

**Table 1: Short description of residential units**

Block	Unit	Unit description	Capacity
House Block 1	Wing 1	Voluntary segregation	60
	Wing 2	Restricted regime	60
	Wing 3	Restricted regime	60
	Wing 4	Induction wing with single and double cells.	60
House Block 2	Wing 1	Voluntary segregation	60
	Wing 2	Voluntary segregation	60
	Wing 3	Mainstream	60
	Wing 4	Mainstream	60
House Block 3	Wing 1	Mainstream	60
	Wing 2	Mainstream	60
	Wing 3	Mainstream	60
	Wing 4	Whare ora (At-Risk Unit). Eight at-risk cells.	60
Residences	10 Residences	Internal Self-Care Units. Low security. Each Residence contains four Units, with six prisoners per Unit.	240
<b>Total capacity:</b>			<b>960</b>

<sup>1</sup> Serco is a FTSE top 250 company managing over 500 contracts in the defence, transport, justice, immigration, healthcare and other citizen services in UK & Europe, North America, Asia Pacific and the Middle East.

## **Region**

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

## **Operating capacity**

The facility can accommodate 960 prisoners in total. It consists of:

- 720 high security beds
- 240 low security beds.

## **Prison Director**

Mike Inglis

## **Regional Commissioner**

Jeanette Burns

## **Previous inspections**

This was the first inspection of the Prison.

## 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 14 August to 22 August 2018, a team of eight 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 announced nine-day inspection to the Prison. The Prison was provided with four days' notice of the inspection.

The Team was informed that, on 14 August 2018, there were 926 prisoners in the Prison, so it was operating at approximately 96 percent capacity.<sup>2</sup>

## Methodology

### Prisoner Survey and Focus Groups

On the first day of the inspection, the Team distributed a voluntary, confidential and anonymous survey to prisoners.<sup>3</sup> The survey is designed to capture their experiences and perceptions of the Prison.

The Team spoke with prisoners individually and in groups to explain the purpose of the survey. The survey results are just one of several sources of evidence used and triangulated by Inspectors to help me form views about the Prison.<sup>4</sup>

Nine-hundred and nine survey forms were distributed and 555 were returned (61 percent). A copy of the survey and responses is in Appendix 2.<sup>5</sup>

On the fifth and sixth days of the inspection, four focus groups were facilitated by Inspectors to explore prisoners' experiences in the Prison. Thirty-seven prisoners participated (approximately four percent of the prison population).

### 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

---

<sup>2</sup> See Appendix 3 for the Prison population demographic (as at 10 August 2018) and Appendix 4 for prisoner placement (as at 14 August 2018).

<sup>3</sup> Some prisoners declined a survey form.

<sup>4</sup> The survey gives prisoners the opportunity to raise their concerns as well as acknowledging what is working well. Responses to the survey should be used as a tool toward open communication with the client group (prisoners) and predicting future behaviour and feeling.

<sup>5</sup> The survey used during this inspection is based on Her Majesty's Inspectorate of Prisons (HMIP) prisoner survey, provided with their permission.

indicators that describe evidence Inspectors look for to determine whether the treatment and 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 sixth full inspection undertaken using my new inspection criteria. These criteria are being trialled and refined as necessary. On completion of the trial, I will publish the criteria on my website. I propose to update the criteria over time.

The following criteria were examined during the nine-day inspection:<sup>6</sup>

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

## Evaluation techniques

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

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

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

---

<sup>6</sup> 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 58 instances of use of force in the six months, February 2018 – July 2018, prior to the inspection. Force was most frequently used in House Block (HB) 1 (33 incidents), which accommodated a mixture of high security prisoners on induction, voluntary segregated prisoners, and prisoners whose behaviour had been challenging and assaultive. HB 2 accounted for 10 incidents, HB 3 seven incidents, and five in the Separation and Reintegration Unit (SRU).<sup>7</sup>

Single incidents of use of force were also reported each in the Health Centre, Receiving Office and Internal Visits (search area).

The Prison's record keeping and paperwork relating to the use of force incidents was not satisfactory. There were several incomplete records and the review process was not consistently completed in a timely manner.

I am concerned that, occasionally, staff used non-approved techniques to control prisoners. I also consider it unacceptable that, on some other occasions, force had been used to control and restrain prisoners who were not at that time presenting a threat.

On-body cameras (OBC) were not always used when the situation required it despite staff being reminded of correct procedures at staff briefings. Arrangements for saving OBC and CCTV footage after incidents were satisfactory.

---

<sup>7</sup> Separation and Reintegration Units (SRUs) are also known as Management Units in other facilities. SRU cells are not included in the Prison's operating capacity numbers.

Pepper spray had been used on three occasions. Learning points had been identified and reminders given to staff and supervisors to consider the wider tactical situation.

The Prison data indicated that 97 percent of staff were up to date with their Control and Restraint training and 79 percent of staff were up to date with their core first aid certification.

## Suicide, self-harm and vulnerable prisoners

Te Whare Ora,<sup>8</sup> located in HB 3, Wing 4 (the Wing) is a dedicated facility for those prisoners deemed vulnerable or at risk of suicide or self-harm, and those subject to segregation under section 60 of the Act (segregation for the purpose of medical oversight).

At the time of the inspection, the Wing comprised 60 cells, including eight at-risk cells located on the ground floor. At-risk cells were monitored using CCTV and privacy screening was in place to maintain the dignity of prisoners when carrying out their ablutions.<sup>9</sup>

Inspectors were pleased to observe that at-risk prisoners had access to the same facilities, including the external yard, as other prisoners in the Wing. Where appropriate, at-risk prisoners also had access to programmes off the Wing.

All prisoners referred to the Wing were first assessed by the Prison's primary mental health team and referral discussions were detailed and minuted. At-risk paperwork was in place but the Wing prisoners' wellness management plans were generic. Multi-disciplinary meetings were initiated before removing prisoners off at-risk status. My Inspectors observed that the head of Health Services had an in-depth knowledge of all prisoners in the Wing.

There were 60 admissions to the Wing during the period 1 February to 31 July 2018. The average length of stay was 9.5 days. There were no prisoners with an at-risk status at the time of the inspection.

Nine prisoners were segregated in the Wing under section 60 of the Act due to a gastric outbreak. Wing staff were unable to provide my Inspectors with copies of the section 60 paperwork<sup>10</sup> and subsequent management plans at the time of the inspection.

Basic infection control measures were in place, and health staff were communicating with the local Public Health Unit. Infection control measures in the Wing were confusing and not well publicised to prisoners, staff or visitors. Handwashing facilities and hand sanitiser were not easily accessible by staff or visitors.

---

<sup>8</sup> The 'House of Wellness'.

<sup>9</sup> Privacy screening in at-risk cells is not common practice throughout the New Zealand prison estate.

<sup>10</sup> The Head of Health Services provided my Inspectors with copies at a later date.

## Separation and Reintegration Unit

The Prison had a purpose-built unit where prisoners subject to section 58 to 60 of the Act (directed segregation) could be located. Segregation is the restriction or denial of a prisoner's opportunity to associate with other prisoners (refer section 57 of the Act).

The Separation and Reintegration Unit (SRU), split over two levels, consisted of 10 cells and two dry cells<sup>11</sup> and was located at the end of HB 1. The unit and cells were clean, tidy, and relatively free from graffiti. Each cell had integral sanitation, and means of raising the alarm.

The daily regime, although austere, allowed for minimum entitlements including access to fresh air, the telephone and the kiosk. However, daily visits by the Duty Manager did not take place, in accordance with Corrections Regulations.

At the time of the inspection, nine prisoners were located in the SRU under various segregation directives including one for the purpose of medical oversight pending transfer to a mental health facility.<sup>12</sup> Three prisoners were held in HB 3 for the purpose of protective custody at the Prison Director's direction pending transfer to a different prison, as part of the Prison addressing gang issues. All prisoners in the SRU were interviewed, and none raised concerns about their treatment.

During the inspection, my Inspectors found that one prisoner, segregated since 6 August 2018, had not received any segregation documentation. Inspectors raised this with staff who then provided a copy of the segregation documents to the prisoner. The documentation had not been approved locally until 13 August and was authorised by the Regional Advisor on 14 August.

The Prison did not maintain a central Segregation Register. A 'Segregation Log Book' tracked when the Prison Director received segregation documentation for recommendation, when the segregation paperwork was forwarded to the Regional Advisor for approval, and when they were returned.

The Regional Advisor informed Inspectors that the standard of segregation documents received for approval had improved markedly over the previous year but local co-ordination and quality assurance processes to demonstrate compliance could be improved further.

A multi-disciplinary meeting to review progress and placement in the SRU was held weekly. There was little evidence of engagement with the prisoners to identify and address the issues that resulted in their being segregated. Management plans were generic, and cut and pasted from previous plans, which resulted in some inaccuracies around dates. File notes were superficial and reflected a lack of purposeful engagement between prisoners and staff.

---

<sup>11</sup> Dry cells contain nothing but a mattress on a concrete plinth. Prisoners do not have free access to toilet facilities or drinking water.

<sup>12</sup> This is covered in more detail in Criteria 4 – Health and wellbeing (page 32).

## 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.

At the time of the inspection, the Prison had a zero-tolerance approach to bullying and was committed to investigating all incidents of assault and intimidating and abusive behaviour to ensure the effective implementation of its anti-bullying strategy.

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

A key element of the Prison's anti-bullying strategy was to ensure that all prisoners had a nominated officer (known as a Reintegration Officer) they could approach as an initial point of contact for support or to resolve problems. However, 97 percent of survey respondents reported that they did not meet with their Reintegration Officer at least once a week.

Three of the Prison's 12 Wings provided accommodation for prisoners who had asked to be separated from their peers for their own protection (voluntary segregation); about 25 percent of them in high security accommodation. Prisoners on voluntary segregation spoke of feeling relatively safe from intimidation but claimed that, even in the segregation environment, bullying featured. These prisoners recognised the difficulty of identifying the perpetrators within the segregation environment to staff and the likely consequences of being labelled an informer.

Some voluntarily segregated prisoners complained their regime was unfairly restricted at times to allow mainstream prisoners more time out of their cells, which they considered to be the result of staff shortages. Inspectors examined contingency planning for times of staff shortages and found unlock periods to be equitable for all prisoners located in all House Blocks, including those in voluntary segregation.

Access to the full range of purposeful activities for voluntarily segregated prisoners was constrained by the priority to ensure their safety; consequently, they did not have access to the same range of opportunities as their mainstream peers. Prisoners recognised the issues associated with them moving safely around the Prison but argued that better use could be made of the various meeting rooms within the House Blocks without it impacting adversely on the movement of voluntary segregation prisoners around the site.

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

Thirty survey respondents (approximately five percent) reported that they had been sexually assaulted while in the Prison.



## Restricted regimes — processes and practices

The Prison had clear processes in place to establish and maintain a safe environment to support positive change. As part of the contract management arrangements, these processes were subject to internal monitoring by both Prison staff and Department of Corrections' Monitors.<sup>13</sup>

Inspectors were advised that the Prison had reviewed the instances of prisoner violence and non-co-operation and had introduced a restricted regime (also called 'extended lock') for some of the more problematic and complex prisoners. These prisoners were located in HB 1, Wing 3 (the Wing) where their ability to associate with other prisoners was restricted.

None of the prisoners placed on the restricted regime were subject to a segregation directive. This was contrary to sections 58 - 60 of the Act.<sup>14</sup> I am concerned that some prisoners in the Wing were either low-medium or low security classification, meaning their security classification had not been reviewed despite them being placed on the Wing due to their behaviour. Also of concern was that some prisoners did not have file notes entered on the Integrated Offender Management System (IOMS) to explain their removal from mainstream accommodation.

Some prisoners told Inspectors that their behaviour had been no worse than other prisoners who had remained in mainstream accommodation. Others claimed that although they had been charged with offences against discipline, these charges were often withdrawn or abandoned.<sup>15</sup> Some prisoners also said that, even if the charges against them had been withdrawn or abandoned, staff would refer to their poor disciplinary record, which precluded their progression back to mainstream accommodation.

Inspectors reviewed a selection of prisoner's files and found limited evidence to support placement on a restricted regime. Event-based security classification reviews were also missing. I believe this is contrary to the principles of natural justice.

A number of prisoners said they were unsure why they had been placed in the Wing and did not know what they had to do to in order to return to mainstream. There did not appear to be individual management plans for these prisoners or regular, minuted staff meetings to review behaviours and set expectations. Inspectors were advised by prisoners and staff that some prisoners had been placed on the restricted regime directly following their transfer to the Prison and consequently had no file notes to support their segregation, when reviewed by Inspectors.

Inspectors spoke to a number of staff in the Wing, some of whom did not demonstrate a clear understanding of what the prisoners were expected to do to progress from the Wing into mainstream accommodation. The staff spoken to pointed out that they were not normally deployed in the Wing and referred questions from the prisoners to the HB Supervisor, who

---

<sup>13</sup> This is covered in more detail in Criteria 5 – Protective measures - Prison Monitors on page 41.

<sup>14</sup> Segregation is the restriction or denial of a prisoner's opportunity to associate with other prisoners (refer section 57 of the Act).

<sup>15</sup> This is covered in more detail in Criteria 5 - Protective measures on page 41.

advised that progression from Wing 3 to Wing 2 was permitted after a sustained period of improved behaviour and compliance with staff instructions.

The restricted regime lacked purposeful activity and prisoners typically spent the limited time out of cell in the exercise yards or talking to their locked peers through cell doors. In contrast, the prisoners in HB 1, Wing 2, all of whom were classified as high security, enjoyed a longer period of unlock and the atmosphere was noticeably less confrontational.

The Deputy Prison Director considered that prisoners on the Wing were not limited in, or denied association with their peers and consequently did not require to be managed in accordance with sections 58 – 60 of the Act. Inspectors were advised that the Prison operated a risk assurance process for some of its more problematic and complex prisoners. However, it was concerning that only two prisoners held in the Wing were being managed under that process, despite there being other prisoners placed on the Wing due to their challenging behaviour.

Corrections' Monitors<sup>16</sup> had submitted reports to the Prison Director highlighting how the Prison had failed to meet Corrections Regulations (sections 58 – 60 of the Act) in relation to the regime on the Wing. At the time of the inspection, 15 prisoners had been on the restricted regime for over six months.

## Prisoner placement

At the time of the inspection, there were 37 low-medium security prisoners and 20 empty places in the Prison's Residences.

However, there were 236 low and minimum-security prisoners in the Prison's high security accommodation – the House Blocks (HBs).<sup>17</sup>

All prisoners in the HBs had the same amount of unlock times, regardless of security classification, which appeared to do little to reward prisoners who had worked to reduce their security classification. Equally, it seemed to do little to motivate high security prisoners to use their time in custody more positively.

At the time of inspection, a number of the Residences' low and minimum-security mainstream prisoners, having successfully completed rehabilitation programmes at other prisons, had been transferred back to the Prison. Instead of returning to live in the Residences, they were located in HB 1 — in either its induction wing or in its other three Wings, alongside high security prisoners.

Prisoners told Inspectors that they had been advised there were no spaces in the low security Residences for them. Some prisoners reported being concerned for their safety and, to remove

---

<sup>16</sup> The Monitors' role is to confirm whether Serco is operating the Prison according to its contractual requirements; adhering to its own and relevant Department of Corrections' policies and procedures; and is complying with relevant legislation and mandatory international prison standards. The Monitors are able to review all aspects of the Prison's operations.

<sup>17</sup> See Appendix 4 on page 85 for more detail about prisoner placement by security classification.

themselves from HB 1, had opted for voluntary segregation until places became available in the Residences. They stated they had already spent some months in a 'holding pattern' on the HB 1's induction or segregation wings while other mainstream prisoners progressed to the Residences. They felt this was unfair and jeopardised their chances for release when they appeared at the Parole Board. Inspectors reviewed the criteria for placement in the residences, it was not accompanied by a comprehensive placement policy.

## Drugs

A key driver of violence in prisons is the introduction and use of drugs. The Prison's Gatehouse staff were working to reduce the supply of drugs entering the Prison. The dedicated Site Emergency Response Team conducted regular, targeted searching and, during the inspection, dog handler coverage across the site was evident.

Ninety-six survey respondents (18 percent) reported having a drug problem when they came to prison. Forty-four respondents (eight percent) reported having developed a drug problem since entering prison. At the time of inspection, 34 prisoners (approximately 4 percent of all prisoners) had Identified Drug User (IDU) status.

Of the 419 randomised drug tests conducted at the Prison during the six months prior to the inspection,<sup>18</sup> 89 percent returned negative results, five percent tested positive for cannabinoids and three percent for amphetamine type substances.

## Gangs

Data provided by the Prison showed 380 prisoners had been identified as gang members or affiliates, approximately 40 percent of the Prison population.

The Prison is required by the terms of its contract to operate a gang neutral prison and to take action to reduce gang recruitment activity within the Prison. In order to meet this requirement, the Prison had developed its own gang management strategy, which included actions around: staff training; prisoner induction; active discouragement of gang recruitment activity; support to prisoners seeking to exit gangs; and conducting research into gang management.

The Prison's gang management strategy sought to establish a balance between, and a separation of, rival gangs. However, at the time of the inspection, little was being done to reduce the influence of gangs and their recruitment activities by separating gang-members from non-affiliated prisoners.

Some prisoners in the restricted regime in HB 1, Wing 3, indicated that they did not intend to moderate their behaviour and appeared determined to gain status and recognition within their gang hierarchy. Inspectors were advised that the Department of Corrections was considering what could be done with *'...troubled or troublesome young prisoners to keep them from progressing down the security classification system'*.<sup>19</sup> The Prison had been in discussions with

---

<sup>18</sup> From February 2018 – July 2018.

<sup>19</sup> Email from Senior Advisor at Department of Corrections National Office.

the Department of Corrections and was exploring how to improve practice to divert young men from further involvement in gangs.

### 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 paperwork.
  - b. The Prison Director ensures robust systems are in place to record, review and monitor all directed segregation paperwork.
  - c. There be greater opportunities for constructive activities for voluntary segregated prisoners.
  - d. There be greater transparency and consistency around the management of prisoners subject to restricted regimes in HB 1.
  - e. Returning low and minimum-security prisoners back to Residences should be ‘fast tracked’ after successful completion of courses and interventions off-site.
  - f. The reasons for restricted regimes is actively addressed. The Prison Director ensures that the reasons for placing prisoners on restricted regimes are clearly identified and compliant with current segregation legislation.

Auckland South Corrections Facility (ASCF) and the Department of Corrections accepted recommendations 1a, 1b, 1c, 1d, 1e and 1f.<sup>20</sup>

### Good practice

At-risk cells were subject to CCTV monitoring, however the Prison should be commended for having privacy screening in place to maintain the dignity of prisoners when carrying out their ablutions.

---

<sup>20</sup> ASCF’s and 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 – transition to lawful custody

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

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

## Assessment

### Receiving Office

I was pleased to note that procedures in managing the processing of new arrival prisoners to the Prison were generally good. During the inspection, Inspectors observed the reception process for a group of 10 prisoners on transfer via the scheduled escort bus.

Staff had prepared all documentation prior to the arrival of the prisoners, which contributed to a smooth reception process. Each prisoner received their allocated bedding, a towel, clothing of an appropriate size, and a microwaveable evening meal and breakfast pack. Staff interacted with the prisoners in a respectful manner.

A New Arrival Risk Assessment (NARA)<sup>21</sup> was carried out on each prisoner in a private area. Nine of the 10 assessments observed were completed to a good standard.

Property was issued and signed for and information about mail and telephone arrangements was communicated.

### Induction

Nine of the 10 new prisoners were located in the assessment wing in House Block 1 (the Wing). Prisoners remained in the Wing for a minimum of five days, during which time a series of daily induction presentations were given. These presentations were often process driven, with presenters failing to check the understanding of prisoners or address their specific needs. Information booklets were given to all but one of the nine prisoners. The ninth prisoner received the induction booklet the following day. Newly received prisoners were not shown the features of their cells, including cell call arrangements or use of in-cell technology, prior to being locked up for the night.

Inspectors spoke to all nine prisoners the day after arrival and all requested assistance in being able to have a phone call to contact family. Inspectors passed on the prisoners' request to the HB Supervisor who gave an assurance that calls would be actioned. On checking the following

---

<sup>21</sup> The purpose of a NARA is to assess the risk of the prisoner to self-harm by carrying out a structured interview.

day, only three of the nine requests had been actioned. A further follow-up with the Supervisor by the Inspectors was required before all prisoners received their admission phone call. It appeared that the provision of calls for new arrivals is a low priority in a busy induction unit.

Survey results indicated that only 34 percent of respondents reported being able to make an initial telephone call within 24 hours of admission.

The Prison was unable to provide translated versions of key prison information, such as the information booklet. Some staff were aware of the Language Line translation service<sup>22</sup> that is available.

Some prisoners expressed concern about poor induction into the Prison. New prisoners reported they had to rely on the goodwill of other prisoners to learn about the procedures and rules of the Prison. Some prisoners had little understanding of how to operate the Kiosk system, which appeared to be a vital link in terms of knowing their entitlements and making contact with their case manager, or family, and applying for regime activities such as programmes and employment.

Lengthy delays in access to personal property were a source of frustration for many prisoners – 71 percent of survey respondents reported difficulties accessing stored property. Receiving staff and managers were aware of the issue.

## Cell sharing

The Department of Corrections has a detailed process for carrying out assessments of prisoners' suitability to share a cell. A Shared Accommodation Cell Risk Assessment (SACRA) must be completed before two prisoners are placed in a cell in order to assess their compatibility to share.

Inspectors observed the completion of a number of SACRA assessments and noted there was no discussion with prisoners about any concerns they might have about cell sharing.

---

<sup>22</sup> Language line is a free telephone-based interpreting service provided by the Office of Ethnic Communities, used by many government agencies.

### Recommendations – transition to lawful custody

2. I recommend that:

- a. Prisoners be able to make a phone call on the day of their arrival.
- b. Prisoners receive a comprehensive induction on kiosks and in-cell systems.
- c. Delays to property distribution are addressed.
- d. Prison management review induction arrangements for foreign nationals, speakers of other languages, and those with literacy or communication difficulties, and improve these arrangements to ensure these prisoners are fully briefed on the Prison procedures.
- e. An induction quality assurance process be established.

ASCF and the Department of Corrections accepted recommendations 2a, 2b, 2c, 2d and 2e.<sup>23</sup>

---

<sup>23</sup> ASCF's and the Department of Corrections comments on recommendations 2a, 2b, 2c, 2d, and 2e, can be found in Appendix 1.

## Criteria 3: Decency, dignity and respect

### Expected outcomes – decency, dignity and respect

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

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

## Assessment

### Accommodation

The Prison was opened in 2015 and its buildings, accommodation and facilities were found to be fit for purpose and generally maintained to a good standard. Cells and communal areas were generally free from graffiti and offensive displays, were well lit, ventilated and well decorated. There was some variability in the degree to which cell standards were maintained. Cell standards in HB 1, Wing 3 (for prisoners on restricted regimes) were generally lower than elsewhere.

Residence accommodation (for lower-security prisoners) was generally cleaner and tidier. Many prisoners in the House Blocks (HBs) – high security accommodation – raised concerns about a lack of cleaning materials, which made maintaining their personal living areas more difficult. Seventy-nine percent of survey respondents from the HBs stated they did not normally receive cell-cleaning materials each week

Cells had integral sanitation<sup>24</sup> and showers. However, Inspectors witnessed an event in HB 2 in which a drainage problem caused an overflow of excrement in a double cell. The prisoners remained in the cell overnight and were directed to clean the cell, following repairs the following day, without the appropriate training, equipment or supervision. This was a breach of the Prison's Biohazard Policy.

In line with the Prison's original design and build, the majority of cells in the HBs were double-bunked. I am concerned at the extended periods prisoners were locked in these shared cells, particularly in HB 1.<sup>25</sup>

<sup>24</sup> Toilet and washbasin facilities (running water) in cells.

<sup>25</sup> Time out of cell is covered in Criteria 6 – Purposeful activity and transition to the community (from page 45).





*Figure 1: High security cell*



*Figure 2: High security cell*

Toilets in all Wings were identified by staff as a potential location for bullying and organised violence. Consequently, the toilets were permanently locked. Prisoners raised concerns that staff were reluctant to unlock the toilets during periods of association on the Wings and, as their cell doors were also locked at these times, they had no alternative but to urinate in the exercise yards. I consider this to be unacceptable. Prisoners further stated that staff made adverse file notes when such events happened, despite refusing prisoners access to the toilets.

### Clothing and bedding

Bedding provided was fit for purpose and regularly laundered. Seventy-nine percent of survey respondents reported they received clean sheets each week. Prisoners expressed some frustration about delays in providing pillows.

The provision of clothing was problematic in some Wings. Many prisoners felt that most staff were not interested in addressing the issues. Inspectors were advised by both prisoners and staff that there was a shortage of clothing, particularly in HB 1, and that a delivery was expected. Fifty-four percent of survey respondents stated they were offered enough clean, suitable clothes for the week, but this fell to 32 percent in HB 1.

Prisoners expressed some dissatisfaction with the service provided by the Prison's central laundry, with specific concerns around the provision of towels. In some cases, prisoners had resorted to washing their clothes and bedding using the Wings' laundry machines, which are solely intended for personal items of clothing. Clothing and bedding was seen draped over the Wings' railings to dry, contrary to Prison's rules and procedures, which were not enforced consistently by staff.

## Food and meal times

The Prison offered prisoners a range of hospitality and catering sector skills training and operating experience that reflected positively in the quality of the meals and their presentation. The meals served to prisoners conformed to their dietary needs, cultural and religious norms, and were nutritionally sufficient, well-balanced and well-presented. Prisoners spoke favourably of the quality and the quantity of the food and the fact they were able to order their preferred meals through the Kiosk system. Seventy-four percent of prisoners surveyed reported that the food was either good or very good.

Prisoners in the Residences prepared their own meals and received a weekly budget of \$52, which supported self-responsibility and better reflected life outside the Prison. Prisoners ordered from a comprehensive grocery list and deliveries were made to the Residences each Saturday. Prisoners appreciated the benefits of self-care living and some Residences settled on division of labour that equitably matched skills and aptitudes. The Prison's kitchen facilities were good, with generally high standards of cleanliness and hygiene.

Prisoners in the Residences were able to eat their evening meals at their leisure. Prisoners in the House Blocks were served their evening meal at approximately 4.30pm.

## Staff:prisoner relationships

Inspectors observed some respectful interactions between staff and prisoners. However, Inspectors observed a lack of professional boundaries and the failure of some staff to challenge prisoners about their offensive language and behaviour, particularly in House Block 1, Wing 3.

Prisoners voiced frustration at the perceived lack of interest by staff in dealing with their issues. Prisoners stated that staff appeared unwilling or unable to progress repairs to in-cell systems or to respond to requests for complaints forms in a timely fashion.

The 'Responsible Prisoner' model, promoted by the Prison, places more responsibility on the individual to organise his life and relies on easy access to the technology that will allow him to do so. Where familiarity with, or access to, such technology is insufficient, prisoners approach staff with the expectation that something will be done. Their obvious frustration was compounded both by a lack of continuity in staff deployment and the time available to staff to carry out their range of duties.

Only half of survey respondents (51 percent) stated that there was a member of staff they could turn to for help if they had a problem, but 61 percent stated that most staff treated them with respect.

Inspectors saw little evidence of a well-established, cohesive workforce on the House Blocks. The high turnover of staff (21 percent for the last calendar year) and the practice of deploying Officers and Supervisors to different locations within the Prison appeared to have hindered the establishment of good staff-prisoner relationships across the Prison.

## Equality and diversity

The Prison had a comprehensive and up-to-date Equality and Diversity Policy. Service requirements in the Policy stated that *'The Prison will identify individual needs during the reception procedure and induction programme and ensure these are addressed on the prisoner's individual management plan, including by taking a multi-disciplinary approach where necessary.'* However, Inspectors saw little evidence of this occurring or any supporting documented evidence during the inspection.

The Policy also stated that *'Prisoners will be surveyed twice a year to assess that they are being treated equally, respectfully, and address any areas of concern and that results of equality monitoring are communicated in an easy to understand format to staff and appropriate action is taken when necessary.'* Inspectors were not provided with this information and prisoners did not report that they had been surveyed in this regard.

Prisoners raised concerns about an inconsistent application of the rules, which they attributed to a lack of staffing continuity. There were reported issues around the serviceability of the Kiosk and in-cell systems, which impacted adversely on prisoners' ability to exercise an appropriate degree of autonomy and personal responsibility in regards to programmes, booking visits and making telephone calls.

A number of prisoners did not have a good command of the English language, and several indicated they did not know how to access English language courses despite their obvious interest in improving their written and spoken skills. However, some prisoners indicated that they were being provided with resources in their native language and they were happy with this arrangement.

A number of situations arose where prisoners who spoke the same language were double-bunked or placed in adjoining cells in a Wing. In many cases, one of the two prisoners had an adequate understanding of English and could assist his fellow prisoner to understand instructions. This seems to be a sensible, pragmatic practise. In almost every case, however, the prisoner who understood only limited English expressed concern about the prospect of losing his cell mate and finding himself in a position where he could understand very little of what was going on and would become increasingly isolated. Prisoners without a good understanding of the English language relied on their peers for information.

## Prisoners with disabilities

The physical environment of the Prison was well designed and prisoners with mobility needs or other impairments were able to navigate their surroundings.

The Prison ensured that prisoners with disabilities were afforded reasonable accommodation in the workplace. Inspectors observed prisoners who were blind (or had significant visual impairments), and a prisoner with an amputated arm working in key industries.

While prisoners with disabilities were generally satisfied with the care they received from staff, there were some concerns that requests for health or disability-related assistance were slow to be actioned. This was evidenced by the wheelchairs used by two prisoners. Both wheelchairs appeared to be fit for short-term use only and using them for extended periods caused the prisoners pain. Both prisoners had a degree of mobility in their lower limbs but were concerned that the uncomfortable seat and the difficulties they experienced manoeuvring the wheelchairs might potentially contribute to further degeneration of their health.

## Transgender prisoners

There was one transgender prisoner at the Prison who arrived at the facility towards the end of the inspection. This prisoner was happy with the processes followed by Receiving Office staff and during the induction process. The prisoner also indicated prison staff had shown dignity and respect and felt comfortable confirming they were transgender.

## Cultural provision

Overall, there appeared to be a genuine intent by the Prison to be culturally responsive, and the Prison had positive relationships with the Mana Whenua; Te Akitai Waiohū and Ngāti Te Ata. However, the Executive Cultural Advisor position had been vacant for a considerable period of time (over 12 months).

At the time of the inspection, 386 prisoners identified as Māori (approximately 40 percent) and 279 as Pasifika (approximately 30 percent).<sup>26</sup> The Prison employed a full-time Pacific Advisor, and a Māori Advisor. During the inspection, the Prison's Fale Pasifika was in regular use with prisoners attending cultural programmes and music classes. The Whare Manaaki did not appear to be as regularly utilised. Seventy-three percent of survey respondents reported they were not able to access cultural activities.

A number of prisoners approached Inspectors and stated that they were willing to set up Kapa Haka groups in the House Blocks but had been unable to make progress in this area, which appeared to be inconsistent with the 'Responsible Prisoner' model, and the Prison's goal to ensure better outcomes for Māori. Many prisoners voiced the view that there was not enough done for Māori in terms of Te Reo and Tikanga. Some viewed the existence of the Whare as a '*showpiece for outsiders*' and that its full potential was not being properly utilised. Staff and prisoners reported they would like to see more Kaumātua and Kuia involvement at the Prison.

---

<sup>26</sup> See Appendix 3 (page 82) for a breakdown of prisoner ethnicity.

Inspectors found little evidence that the Prison was addressing Māori reoffending, with few activities related to cultural identity, with the exception of the Tama Tu, Tama Ora pilot programme which five prisoners were attending.

Some prisoners raised concerns about their placement in the Prison, which was away from their home region and whānau. There was little evidence that the Prison held whānau hui, and audio video link (AVL) visits were not available to prisoners from out of region to assist in maintaining whānau links. Prisoners however recognised the benefit of the in-cell phones as a means of facilitating whānau contact.

There were some culturally appropriate policies and strategies in place for Māori. For example, the Prison identified opportunities by applying the whānau ora concept to prisoners by involving local Māori in the planning, management, delivery and evaluation of Prison services. However, implementation in some critical areas such as reintegration, cultural responsiveness, and programme and service provision, needed improvement.

There was a clear focus in staff training on cultural responsiveness. An internal staff network, He Waka Angamua, was established to support Māori staff (and anyone else who wished to participate) in the Prison's endeavour to promote the *'strategic direction and leadership of Māori on site through the proactive acknowledgement, integration and celebration of the Māori world view'*.<sup>27</sup>

According to Prison records, nine percent of staff identified as Māori, eight percent as Māori/Pākehā, and 44 percent as Pacific Islander and Asian. Prison records did not distinguish between Pacific Islander and Asian.

### Recommendations – decency, dignity and respect

3. I recommend that:

- a. Prisoners have easy access to toilets.
- b. Arrangements to provide prisoners with sufficient clothing suitable for the range of activities they undertake should be improved.
- c. The Prison enhances relational security by further developing staff training in this area.
- d. The Prison prioritises recruitment for the Executive Cultural role and actively implements their Achieving Effectiveness with Māori Prisoners strategy.

ASCF and the Department of Corrections accepted recommendations 3a, 3b, and 3d.<sup>28</sup>

---

<sup>27</sup> He Waka Angamua – Role and Purpose.

<sup>28</sup> ASCF's and the Department of Corrections' comments on recommendations 3a, 3b and 3d can be found in Appendix 1.

ASCF partially accepted recommendation 3c and the Department stated:

*ASCF have advised that all custodial staff are trained in appropriate staff-prisoner relationships, including the expectations around mutual respect, de-escalation techniques and appropriate professional boundaries. Mandatory refresher training is conducted in accordance with specific requirements annually or bi-annually. Reintegration Officers are also supported by Supervisors, Operations Managers and Senior Management team members, to ensure that the message that all prisoners are treated fairly and consistently is sustained.*

*ASCF acknowledge that staff ignoring disrespectful behaviour from prisoners is contrary to the zero tolerance approach set out in the Violence Reduction plan. In all cases, ASCF expect their staff to model the respectful behaviour that is expected of prisoners. All staff, particularly Reintegration Officers, play an important role in encouraging the prisoners to understand and meet the standards of behaviour that will assist them in progressing during their time in ASCF.*

*ASCF have advised that they do not tolerate any form of workplace bullying and do not expect any staff member to tolerate abuse by prisoners. Where the perpetrators have been identified, prisoners are charged. Managers are informed when abuse occurs and staff are well supported through this process by colleagues, their line manager and/or the Wellbeing Manager.*

*ASCF have identified the comment on page six of the draft report which advises that there is “an over reliance on kiosks and in-cell systems as a primary means of communication with prisoners”. ASCF have advised that the responsible prisoner model means that prisoners are expected to manage certain aspects of prison life, including arranging family visits, booking medical appointments and ensuring that they know their daily schedule. ASCF do not consider that this equates to the in-cell technology as being a primary means of communication, or that it replaces the positive conversations staff have with prisoners daily. The Custodial Management System (CMS) encourages prisoners to arrange and engage in activities that they would be expected to manage in the community.*

*Corrections continue to support ASCF in the area of relational security, gang management and population management as an integrated part of the regional leadership team in the Northern region.*

## **Good practice**

The Prison should be commended for ensuring that prisoners with disabilities were afforded reasonable accommodation in the workplace.

## 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 at the Prison were provided by Serco and Inspectors considered it to be reasonably good overall. Service planning was informed by the Prison's Strategic Health Plan 2017 – 2020, and the health service Annual Plan. Some representative prisoner input into the delivery of care was evident in the form of patient experience forums, and prisoner representation on the quarterly clinical governance meetings.

Partnership working between providers and the Prison was effective. Strong leadership and robust governance was evident, although custodial management support was missing from governance meetings. The Prison's health service had Cornerstone<sup>29</sup> accreditation.

Inspectors observed good interactions between health staff and patients. The primary care team comprised 10 registered nurses (including the Head of Health Services and Team Leader) and six health care assistants (HCAs). All registered nurses had a current practicing certificate. HCAs worked under the direction and supervision of registered nurses and were trained to Level 4 Certification for health support workers.

Health services staff felt supported and had regular appraisals and clinical supervision. They had opportunities to enhance their professional development through on-the-job training and weekly training sessions. Some staff were undertaking under-graduate and post-graduate studies.

MedTech<sup>30</sup> notes were reasonably comprehensive although some interactions observed by Inspectors, particularly during evening medication rounds, were not always recorded which meant that some care provision could not be evidenced.

---

<sup>29</sup> Cornerstone is an accreditation programme specifically designed by the Royal New Zealand College of General Practitioners for general practices in New Zealand.

<sup>30</sup> MedTech is the Prison's electronic health management system.

Health services were delivered from the health centre and from small clinic rooms in each of the three House Blocks (HBs). The HB clinic rooms did not have handwashing facilities and lacked privacy. Clinical rooms in the health centre were clean and well equipped. Waiting rooms were bare and provided little stimuli for patients.

Inspectors observed there was a regular schedule of audits, which were complied with. Medical emergencies were managed by appropriately trained staff and the emergency equipment was appropriate and checked regularly.

There was no confidential health complaint system. The process by which prisoners could complain about health services was confusing; consequently many prisoners used the general prison complaint system (PCO1). Seventy-one health-related complaints were received for the six month period, 1 January to 30 June 2018; two-thirds (66 percent) via the general complaint system. The responses to complaints that the Inspectors sampled were easy to understand, polite in tone, and dealt directly with the concerns raised. The most common complaints related to GP and dental waiting times, access to medication, and access to external appointments.

There was limited health promotion material available, and no prison-wide approach to general health promotion. The Head of Health Services provided details of pending health promotion activities, including tattoo removal, a head injury group, anxiety and sleep hygiene clinics.

Immunisation and vaccination programmes were in place and well utilised. Barrier protection was not offered, either on arrival or on discharge from the Prison.

When asked what prisoners thought of the overall quality of the health service, 32 percent of survey respondents said it was good while 52 percent said it was bad.

## Primary health care services

Upon entering the Prison, all prisoners were assessed by a registered nurse using a Reception Health Triage (RHT).<sup>31</sup> Timeframes for completing the Initial Health Assessment (IHA) and follow up screenings were determined by the RHT and triaged accordingly. Follow-up health assessments had to be completed within 21 days of arrival.<sup>32</sup> Health screenings were conducted in a room in the Receiving Office (RO). During the inspection, the door to the room remained open throughout the consultation, offering no confidentiality or privacy for the prisoner. Increased noise levels in the RO holding rooms directly opposite the room exacerbated the situation.

---

<sup>31</sup> Reception Health Triage (RHT) is the first opportunity that health services staff have to obtain health information about prisoners who may need health services while they are in prison. The purpose of the RHT is to ensure that the prisoner's immediate health needs are clinically addressed in a timely manner. The RHT is completed on the day of reception.

<sup>32</sup> Within Department of Corrections' facilities, Initial Health Assessments (IHAs) have to be completed within seven days of the Reception Health Triage (RHT).



Inspectors observed the RHT of 10 prisoners. Prisoners were not given any information about health services, and consent forms were not explained in any detail, other than asking prisoners to sign the form. Inspectors observed one physically unwell prisoner in considerable pain, who had no physical observations taken and no pain relief was offered. Inspectors followed up with the prisoner the following day; his condition remained unchanged and he continued to be in considerable discomfort. This delay in treatment, including access to analgesia, was unacceptable and contrary to the IHA policy.

Health services were provided from 7.15am to 8.30pm, seven days a week, with reduced staffing on the weekend. After-hours health services were provided by a rostered on-call nurse, and all emergencies were transported to the A&E department at Middlemore Hospital.

Access to health care was initiated by the prisoner via the Custodial Management System (CMS) or verbally. A nurse triaged all referrals for health appointments on a daily basis and responded back via the CMS, with an appointment time. Appointments were prioritised as one, two or three; with priority one patients seen by an appropriate practitioner within the day; priority two within three days; and priority three within 10 days.

Inspectors observed the triage process in action and noted significant numbers of priority one, two, and three patients on the GP and dentist lists who had been waiting many weeks or months for an appointment. Inspectors were concerned that not all prisoners could access health services in a timely manner.

A locum GP attended the Prison on Mondays through to Fridays, for a total of 21 hours a week. Waiting times for an appointment, depending on urgency, were usually between three and four weeks. This had increased at the time of the inspection however as the GP was on leave for a month. When asked how easy or difficult it was to see the doctor, 15 percent of survey respondents said it was easy, while 75 percent said it was difficult.

Other clinics available on site included: physiotherapy, podiatry, optometry, and portable radiography on an as required basis. A number of nurse-led clinics were also available, and included: cardiovascular risk assessment; diabetes care; palliative care; and wound management. When asked how easy or difficult it was to see the nurse, 46 percent of survey respondents said it was easy, while 45 percent said it was difficult.

While the health service appointment system was efficient, the movement of patients from their units to scheduled appointments at on-site clinics was problematic due to the availability of escorting staff and resulted in failure to attend.

## Dental services

A local dental service offered a full range of dental treatment at the Prison, including good oral health advice, 12 hours a week. A dental hygienist also provided services for six hours a week. A number of patients told Inspectors that they were generally satisfied with the care provided by the dentist but waiting times were much too long. Waiting times fluctuated but, at the time of inspection there was over a six month waitlist. Health Service staff prioritised appointments based on clinical need.

When asked how easy or difficult it was to see the dentist, 11 percent of survey respondents said it was easy, while 76 percent said it was difficult.

The primary care team offered support and pain relief to patients when required, and there appeared to be effective communication with the dental team. Urgent referrals were seen promptly.

Inspectors noted the dental room met current infection control standards and dental equipment was maintained and serviced regularly, and waste material disposed of safely.

## Pharmacy provision

Medicines were provided to the Prison by an external pharmacy. Prescriptions were faxed to the pharmacy Monday to Friday and delivered in the afternoon. A limited supply of stock medication was kept in the health centre. Medications were stored in their original packaging and clearly labelled. At the time of inspection, 157 prisoners were on weekly 'in-possession' medications. The medication fridge had been checked daily with the temperature recorded. The pharmacist was part of the clinical governance group and attended its quarterly meetings.

Eleven prisoners were prescribed controlled drugs, which were delivered weekly. The dispensary<sup>33</sup> was well organised and secure. Controlled drugs were stored and recorded appropriately and in adherence with the Prison's Medicines – Policy and Procedures. While HCAs were able to administer medication to prisoners, only registered nurses were authorised to administer controlled drugs. Adherence to this process was observed by Inspectors.

A significant amount of nursing time was spent carrying out lengthy medication rounds. Inspectors observed an evening medication round which took over two and a half hours to administer medication to 34 patients as custodial staff were unavailable to escort health staff in the House Blocks. Furthermore, there was no privacy or confidentiality for patients when medications were administered at the cell door. Inspectors witnessed sensitive information being sought by the nurse from a prisoner, with his cell-mate and reintegration officers in attendance.

Prisoners received supervised medications at different times, depending on where they were located. Medication sheets were routinely taken on medication rounds and prisoners were consistently asked to identify themselves before medication was given. Biosecurity measures were in place for administration of medication in the House Blocks.

Over the Counter (OTC) medication (paracetamol) was poorly managed by reintegration officers and open to abuse, as highlighted to the Head of Health Services at the time of the inspection. This was an ongoing issue.

---

<sup>33</sup> For the purpose of this report, a dispensary is a room where medications, including controlled drugs, are stored.

## Mental health provision

Two mental health nurses were employed within the primary care team. While a relatively new team, Inspectors observed cohesion between the mental health nurses and the wider health service. A clear theme from Inspectors' discussions with health service staff was acknowledgment and appreciation of the strong leadership and support from the health services management team.

Mental health screening of prisoners was undertaken on arrival at the Prison, as part of the RHT. Referrals to the mental health nurses for follow-up could be actioned at this point if required.

The High Risk Assessment Team (HRAT) met weekly to discuss and plan interventions as necessary for those prisoners with high and complex mental health needs. The meetings were attended by the mental health nurses, an intern psychologist, Head of Health Services, and a representative from the forensic prison team. Two Supervisors were also present. These meetings were comprehensive, purposeful and minuted.

When asked if they had any emotional wellbeing/mental health issues, 38 percent of survey respondents said they did. When asked if they felt supported with these issues, 81 percent replied no.

## Forensic service

The Regional Forensic Psychiatric Service (RFPS) was provided by the Mason Clinic (Waitemata District Health Board) and comprised two registered nurses, a social worker, psychologist and consultant psychiatrist. A Service Level Agreement between RFPS and the Prison was provided to Inspectors (dated 1 July 2018) but was unsigned. The forensic prison team carried a relatively small caseload of 44 prisoners. The forensic prison team generated referrals to the RFPS psychiatrist.

Prisoners requiring a forensic bed were transferred to the Mason Clinic. Two prisoners were waiting for a forensic bed at the time of the inspection. One prisoner, who Inspectors were advised was third on the list for admission, had been on the waitlist for a number of weeks. The prisoner was subjected to restricted unlock time due to his placement in the SRU. Although health care staff reviewed the prisoner daily, they described his day as *'a day locked in'*. There was no therapeutic engagement undertaken due to his level of acuity and placement in the SRU.

Inspectors noted the forensic prison team regularly updated prisoner health records (MedTech) following consultations and attended all health service meetings during the inspection, including the daily de-brief meetings. Forensic prison team staff stated they felt supported and included as members of the wider health services team at the Prison.

## Recommendations – health and wellbeing

### 4. I recommend that:

- a. All health care delivery be captured in MedTech.
- b. Hand washing facilities are available in all clinic rooms.
- c. There be a separate health complaint system to ensure patient confidentiality.
- d. Prisoners have access to regular, systematic health promotion campaigns throughout the Prison, including easy and confidential access to barrier protection.
- e. Training for registered nurses conducting the Reception Health Triage (RHT) is improved to ensure newly arrived prisoners receive timely and appropriate treatment. The training should include the consent to treatment process.
- f. Reception health screening is undertaken in an area that facilitates prisoners' privacy.
- g. In consultation with prisoners, the health triage system is reviewed.
- h. Health services are supported to provide primary care appointments through timely and reliable custodial support.
- i. Greater access to the dentist is investigated.
- j. Health services are supported to provide medicines supervision through timely and reliable custodial support, and without compromising prisoner confidentiality and privacy.
- k. The current practice of paracetamol administration is reviewed and more robust safety measures are implemented.
- l. A comprehensive Service Level Agreement between the Prison and the Regional Forensic Psychiatric Service, which details maximum wait times for forensic beds, is formalised and signed.

ASCF and the Department of Corrections accepted recommendations 4a, 4d, 4e, 4h, and 4i.<sup>34</sup>

ASCF rejected recommendation 4b and the Department stated:

*ASCF have advised that hand washing facilities are available in all clinic rooms, which are located in the Healthcare Centre. Triage rooms, located in the House Blocks, are designed to allow private conversations only.*

<sup>34</sup> ASCF's and the Department of Corrections' comments on recommendations 4a, 4d, 4e, 4h, and 4i, can be found in Appendix 1.

*Hand sanitiser dispensers are provided in the triage rooms, however all assessments which require a detailed physical examination are conducted in the Healthcare Centre.*

While I acknowledge that the triage rooms are designed for private conversations, my Inspectors observed physical observations being undertaken in these areas. Through the review of documentation and prisoner interviews, I have also been made aware that oral swabs were also obtained in a triage room. If triage rooms continue to be used for physical examinations, it is my expectation that handwashing facilities will be installed.

ASCF and the Department of Corrections partially accepted recommendation 4c and the Department stated:

*The ASCF Prison Practice Manual 24.02 outlines the Healthcare complaints process which acknowledges the need for an effective complaints procedure that reflects the requirements of the Health Information Privacy Code. The policy confirms that all health complaints will be treated with confidence. Healthcare complaints are entered into the Offender Information system with no clinical information or details of the complaint that may be considered confidential or a breach of privacy.*

*Currently, the Healthcare team receive complaints via the ASCF complaint form (F24), through letters to the Healthcare Centre, verbally or through external agencies (for example, the Health and Disability Commissioner). ASCF recognise the potential concerns regarding complaints submitted via F24 forms which may not be clearly identified as healthcare complaints. The review of the induction process by the prisoner placement working group will include quality assurance measures to ensure prisoners understand how to make a confidential healthcare complaint. As induction is one of the areas under review in the prisoner placement review, it is anticipated this will be completed by the end of March 2019.*

ASCF and the Department of Corrections partially accepted recommendation 4f and the Department stated:

*ASCF have advised that staff safety when conducting reception health screening assessment of new prisoners whose behaviour is largely unknown, is a significant consideration. In keeping with prisoner privacy requirements, Reintegration Officers are not present in the room whilst the screening process is undertaken; however, the door is left open to ensure nursing staff can easily call for assistance if required. The reception health screening process does not consist of a physical examination and is an interview only.*

*Health staff have been reminded however, of the need to maintain patient confidentiality and ensure that their conversation cannot be overheard by custodial staff.*

I recognise that staff safety is a significant consideration. However, I do have concerns regarding the integrity of the reception health screening assessment, which covers sensitive

information such as self-harm and suicidal ideation. Prisoners may not be so inclined to share personal information if privacy is not guaranteed.

ASCF and the Department of Corrections partially accepted recommendation 4g and the Department stated:

*ASCF consider that health professionals should largely determine triage categories. However, the Head of Healthcare has advised that they are working with prisoners on additional services to assist certain groups of prisoners. For example, staff are currently working with prisoner representatives to consider walk-in clinics for prisoners who work during the day, to enable a more flexible healthcare system.*

ASCF and the Department of Corrections partially accepted recommendation 4j and the Department stated:

*ASCF advise that patient confidentiality is maintained throughout medication rounds. They note that the only information requested from patients is their name, date of birth and allergy information, which is standard practice throughout New Zealand, including in hospitals, which have similar constraints regarding private spaces.*

*ASCF note that completing medication rounds within acceptable timeframes is challenging within the constraints of prisoner activities. The volume of prisoners requiring medication in the evening varies from day to day. The ASCF healthcare team is staffed to ensure that the round is completed within the nurses' daily shifts, irrespective of the number of prisoners requiring medication. The Head of Healthcare is aware of four occasions in the past 12 months when the round was not completed within the allocated timeframe. In the event of an onsite emergency that impacts the medication round, the team leader or Healthcare Manager assists in completing the medication round as soon as possible. At the time of the Ombudsman's inspection, the round was completed within the normal schedule.*

*ASCF consider that although what was observed by your Inspectors is not the standard that is expected, this is not an accurate reflection of the large number of medication rounds that are carried out in both a timely and confidential manner.*

My Inspectors report on what they observe at the time of inspection. Over the course of four separate observed medication rounds, confidentiality was breached on each round. Inspectors observed personal health information being sought from prisoners by health service staff. Both reintegration officers and other prisoners were in hearing (and sight) of these sensitive conversations and assessments.

ASCF and the Department of Corrections partially accepted recommendation 4l and the Department stated:

*While Auckland South Corrections Facility is committed to ensuring prisoners receive the mental health services that they need when they need them, it must be acknowledged that forensic mental health services are the responsibility of district health boards.*

*Further, our understanding is that district health boards are experiencing significant demand in the area of mental health beds.*

*Auckland South Corrections Facility will engage Waitemata DHB, with a view to signing a Service Level Agreement in relation to maximum wait times for forensic beds. However, as fulfilling this recommendation is contingent on Waitemata DHB, we cannot guarantee the outcome of any future discussion or that a Service Level Agreement will be signed.*

## 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

### Security and supervision

Inspectors noted that security intelligence gathering and management at the Prison was conducted in a structured and lawful fashion. They observed a clear focus on reducing the supply of contraband and sensitive use was made of drug detection dogs and other approved intelligence gathering methods. The Prison's security staff collated and analysed the collected information to identify threats to security and safety, and appropriate actions to mitigate threats were carried out. Cell and other searches were carried out in accordance with clearly understood processes and chain of custody procedures were followed when unauthorised items were found.

Inspectors observed poor practice in relation to the searching, supervision and escorting of prisoners. For example, staff were observed to be escorting and searching prisoners in ways that did not comply with custodial standards of practice. The standard of rub-down searches was varied and was generally insufficient to detect contraband.

### Prison Monitors

When the Prison opened in 2015 there were five full-time Prison Monitors<sup>35</sup> employed by the Department of Corrections, based at the Prison. At the time of inspection, there were two full-time Prison Monitors based at the Prison.

<sup>35</sup> Under Section 199E(1)(a) of the Corrections Act 2004, the Chief Executive must appoint, under the State Sector Act 1988, one monitor in respect of each contract prison.



The Prison Monitors' role is to confirm whether Serco is operating the Prison according to its contractual requirements; adhering to its own, and relevant Department of Corrections, policies and procedures; and is complying with relevant legislation and mandatory international prison standards. The Prison Monitors are able to review all aspects of the Prison's operations.

## Complaints

Under sections 152 and 153 of the Act, the Department of Corrections complaints system must ensure that complaints are investigated in a fair, effective and timely manner. Information explaining the complaints investigation process, how prisoners obtain forms for requesting interviews or make formal complaints, and their right to request assistance from an Inspector of Corrections or an Ombudsman, must be prominently displayed in each prison unit. 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.

Problems with the Prison's complaints system were significant. Prisoners complained that the system was not operating effectively and Prison Monitors also raised concerns with Inspectors regarding prisoner complaints.

Complaints were not being resolved in a timely manner. Of the 140 complaints submitted in July 2018, action on 19 complaints had not been initiated and 33 had not been processed to completion within the appropriate timeframes (approximately some 40 percent of all the complaints submitted in that month were not responded to within expected timeframes).

Additionally, Prison Monitors expressed concern that complaints made on the Custodial Management System (CMS) might not be recorded in the Integrated Offender Management System (IOMS) where complaints are officially lodged. This could be because some were being reclassified as requests; therefore the number of complaints being made by prisoners could be higher than those actually recorded in the system.

The following comment from a prisoner in the survey reflected many prisoners' frustrations with the system:

*Complaints are not loaded into IOMS and therefore near impossible to elevate a complaint to Corrections, Complaints Desk or Inspectorate. Complaints Response Desk and Inspector don't have access to Serco complaints system given they are two separate systems.*

Inspectors witnessed prisoners experiencing difficulties submitting complaints. As a result I do not have confidence that active measures were being taken by the Prison to address issues with the system. Prisoners reported that complaints submitted to officers were not registered and that parallel processes (both paperwork and electronic) for complaints resolution existed, which caused confusion and issues with tracking the progress of the complaint.

Eighty-six percent of survey respondents reported they did not feel complaints were dealt with promptly, and 80 percent did not feel they were dealt with fairly. Prisoners provided 45 additional survey comments on the complaints system.

Inspectors reviewed complaints from 1 February 2018 to 31 July 2018 and identified 857 complaints for the six month period. The primary area of complaint (242, 28 percent) related to prisoners' property, with a large number of complaints from prisoners arriving, on transfer, with no property. At the time of the inspection, there were 65 open complaints (8 percent).

A sample of the responses to complaints were reviewed by Inspectors, and were superficial and lacked detail. There was also evidence of complaints being closed without the complaint being fully addressed.

Prisoners appeared to be relying on the complaints system as a means of highlighting issues that they should have been able to have addressed through communication with officers but had not been able to do so. Prisoners were also unable to access information that they required through the Kiosk system and so lodged complaints instead of simple information requests.

Prison management advised Inspectors they were aware of the problems with the effectiveness of the complaints system and were working to address them. The Prison had formulated an assistance guide for staff in relation to complaints, listing key points of contact for specific issues. However, some staff reported that this had not improved the complaints process.

## Kiosks, mail and phones

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

The provision of in-cell telephones at the Prison meant that prisoners could communicate in private with their families, legal representatives, and official bodies such as the Ombudsman. However, Inspectors noted that prisoners in the Residences appeared unable to telephone the Ombudsman's freephone number.

Staff reported it was prison policy that when prisoners arrive in the induction wing (House Block 1, Wing 4), night staff check the approved telephone numbers in IOMS and load them on to the telephone system within 24 hours. However, some prisoners raised concerns about delays in having their telephone numbers approved by the Prison.

On 18 August 2018, Inspectors asked to view the records for one of the prisoners received in HB 1 on 16 August and noted there were no numbers loaded. The record in IOMS showed that, prior to being transferred to the Prison, the prisoner had three approved numbers but these had not been reloaded on arrival at the Prison. Upon being made aware of this, the Supervisor arranged for the telephone numbers to be reloaded to the system.

Thirty-three percent of survey respondents reported difficulties in accessing telephones. Prisoners reported that due to delays in repairs to in-cell telephones and often long periods of lock-up, it was difficult to access the phones in the wings.

Kiosks and in-cell user interfaces were a fundamental aspect of the Prison's operating model. Prisoners could order their canteen<sup>36</sup> and meals, correspond with their Case Managers, book visits, make health-related requests and lay complaints and request information, through the system.<sup>37</sup>

Some prisoners reported that their in-cell user interfaces were not functioning. During the inspection, Inspectors saw several examples of non-operational systems in the House Blocks. Each Wing had two Kiosks installed in the HBs' communal areas, yet only one Kiosk in each Wing was working. Inspectors were informed that Kiosks had been disabled to prevent prisoners from *'abusing the system when it came to canteen orders'*. Inspectors observed queues of prisoners waiting to use the one working Kiosk in each Wing.

Effective use of the Kiosk system was reliant upon user aptitude and a good command of the English language. Several prisoners reported struggling with the system.

The Prison provided an email system which allowed prisoners' whānau and friends to send emails to the site. The site received approximately 1,400 emails for prisoners each month.

The Prison also had a dedicated staff member for processing prisoners' mail (including email). Inspectors observed the processing system, which was robust and efficient. However, Inspectors did not observe any mail being distributed on the House Blocks during the time of inspection. Fifty-eight percent of survey respondents reported having problems sending and receiving mail.

## Misconducts

Inspectors observed a number of misconduct adjudications, which were conducted fairly and structured to facilitate the prisoner's understanding of the process. Punishments were appropriate and measured. Staff informed Inspectors that there had been occasions when punishments had not been implemented, which undermined the process. Remedial actions were implemented, including providing more support to staff to ensure the misconduct process functioned effectively at all stages.

In July 2018, Prison Monitors raised concerns in regards to the number of misconducts that had been withdrawn by staff, some of which were for serious offending. They reported that during the period 1 July – 31 July 2018, approximately a quarter of all misconducts were withdrawn.

Inspectors analysed the misconduct data for 1 July – 31 July 2018 and identified an increase in the number of charges being laid, and a rise in the number of charges being withdrawn.

These increases could be explained by the Prison's improved record keeping, which started in April 2018, allowed the Prison more in-depth analysis of incidents and misconducts. However, it is concerning that during the six month period between 1 March and 31 August 2018, 1,136

---

<sup>36</sup> Canteen, also known as P119, a list of items available to prisoners for purchase.

<sup>37</sup> Kiosks and in-cell interfaces provide the same functions.

misconduct reports were made and 307 reports were withdrawn (27 percent). About a third of all charges laid were for disobedience, offensive language and obstructing an officer.

Inspectors were informed that in July 2018, a group was established to address the concerns about the failures that were undermining the disciplinary processes at the Prison.

### Recommendations - protective measures

5. I recommend that:

- a. The prisoner complaints system is fixed as a matter of urgency.
- b. Prisoner in-cell user interfaces, such as in-cell telephones and the Kiosk, are serviced and repaired in a timely manner.
- c. Governance arrangements for managing misconducts is improved.

ASCF and the Department of Corrections accepted recommendations 5a and 5c.<sup>38</sup>

ASCF and the Department of Corrections partially accepted recommendation 5b and the Department stated:

*ASCF have advised that on-site Information Technology (IT) staff endeavour to fix damaged telephones and in-cell user interfaces (CMS), as quickly as possible. Between March and November 2018, 1819 requests for repairs were logged with 1519 (84%), either resolved remotely within one or two days or the requests were withdrawn by the prisoner. The remaining 300 (16%) repair requests required in-cell repairs, which are more likely to result in delays as these can only be facilitated in line with prisoner lock up periods.*

*In an effort to maintain the technology, IT staff visit each House Block three times a week to reset all of the in-cell computers.*

*A significant proportion of damage to telephones and CMS is caused by prisoner vandalism. Prisoners have access to telephones and CMS kiosks in the day room if the technology in their cells is damaged and yet to be fixed.*

## Good practice

The Prison should be recognised for its installation of in-cell telephones and user interfaces, which were a positive initiative.

<sup>38</sup> ASCF's and the Department of Corrections' comments on recommendations 5a and 5c can be found in Appendix 1.

## Criteria 6: Purposeful activity and transition to the community

### Expected outcomes – purposeful activity and transition to the community

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

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

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

## Assessment

### Time out of cell

Inspectors undertook two separate, full muster checks to determine how many prisoners were undertaking purposeful activity, including education, work or programmes.<sup>39</sup> At the time of the musters, 47 percent of prisoners were unlocked on their respective units or associating, or exercising in the yards. Twenty-six percent of prisoners were engaged in some form of constructive activity outside of their unit; the remaining 28 percent were locked in their cells.

The Prison reported that it had been running exceptional periods of extended lock (also known as Restricted Regime<sup>40</sup>) primarily due to staff absences and gaps on the roster. In the eight months between 1 January 2018 and 1 August 2018, there had been 165 incidences of an individual House Block (HB) being placed on a restriction regime. All of these restrictions were because of staff absences or shortages.

I am concerned that prisoners, particularly on HB 1, did not have sufficient time out of their cells to promote mental wellbeing.

Thirty percent of survey respondents indicated that they spent between two and four hours out of the cell daily. Twenty-nine percent reported spending six or more hours or more out of

---

<sup>39</sup> The two full-muster checks of the Prison were conducted by the Inspectors on the afternoon of Wednesday 15 August 2018 (day 2 of the inspection) and the morning of Wednesday 20 August 2018 (day 7) to identify how each prisoner was spending their time (including if they were locked or unlocked).

<sup>40</sup> See Criteria 1 – Restricted regimes on page 18 for more detail.

their cell, with the majority of those respondents being housed in the Residences (58 percent).

Prisoners in the House Blocks were generally locked in their cells at 5pm for the night. The Residences were locked at 6pm, but prisoners in these units had free access around their unit and could utilise communal areas.

## 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.

Eighty-six percent of survey respondents stated that they received their minimum entitlement of one hour of physical exercise in the open air. The House Block yards were basic, but clean and well-maintained.

Prisoners were observed regularly training and playing rugby league on the large grass pitch directly opposite the House Blocks.



*Figure 3: All-weather sports field*



*Figure 4: Exercise yard*

## Gymnasium

The Prison boasted an impressive gymnasium and exercise facilities: indoor sports hall; multi-gym room with a range of cardio and resistance training equipment; outside sports field; and, outdoor, multipurpose, all weather sports pitches. Exercise equipment was also located in the Residences complex and upstairs in each House Block.

A weekly gym programme included scheduled sessions for prisoners in each of the House Blocks and the Residences, and more formal programmes such as Kick for Seagulls.<sup>41</sup> Of those prisoners who completed the survey, 59 percent reported attending the gym at least once per week. However, only 42 percent of respondents in HB 1 reported attending the gym weekly.

During the course of the inspection, gym activities were cancelled on the Sunday (day 6 of the inspection), owing to staff shortages. Data provided to Inspectors indicated that staff shortages also caused the cancellation of gym activities on a Sunday in July 2018.

## Chaplaincy

Religious support was provided at the Prison. The Prison employed two full-time chaplains supported by a group of volunteers. Services included spiritual guidance, Bible study, Holy Communion, and pastoral care. During June and July 2018, 202 prisoners accessed religious services. When services were not held, the reasons were recorded. Reasons ranged from staff shortages, site restrictions and volunteer/chaplain unavailability. In the same month, 158 individual sessions with prisoners were conducted.

Chaplains noted that communication with the Prison management could be improved, especially in getting permission for various planned activities, and getting approval for new services.

Just over half (51 percent) of survey respondents stated they could access religious services. Some prisoners in the House Blocks reported that on occasion, they wanted to attend services but could not as services were over-subscribed.

## Library services

The Prison employed a full-time Librarian and had a well-stocked library containing approximately 9,500 books. The range of publications include titles covering Māori and Pacific Island cultures and a selection of Chinese language books for the approximately 65 Chinese speaking prisoners held at the Prison. The library also contained a large selection of classroom resources, such as literacy, numeracy and Te Reo Māori books.

Prisoners could request books from the library catalogue system using their in-cell user interfaces (where available) or by completing a manual request form. Books were then delivered to the Wings. Sixty-seven per cent of all survey respondents reported that they never used the library, with this figure rising to 83 percent in HB 1.

---

<sup>41</sup> An introduction to sport and exercise, incorporating numeracy and literacy tuition.

## Legal visits

Legal visits, scheduled for Monday and Tuesday each week, took place in designated rooms in the visits complex, enabling such visits to be within sight, but not within hearing, of prison staff.<sup>42</sup> No prisoners raised issues in relation to accessing their legal representatives.

## Visits

Visits took place from Wednesday to Sunday in the visits complex, with four, separate, 45-minute sessions each day. Each Wing has designated visiting sessions throughout the week. Some prisoners raised concerns that the length of visits sessions were shorter than the one hour visiting times they had enjoyed in other facilities operated by the Department of Corrections.

Each session could accommodate 25 prisoners and their visitors. The number of visitors who could visit a prisoner at any one time was a maximum of three adults. There was no restriction on the number of children who could visit a prisoner during a session. One side of the visits room was used primarily for families with children and was adjacent to a small children's play area. This area contained a television and a small number of toys, but was otherwise sparse and uninviting. One visitor described the children's area as 'empty and cold'.



*Figure 5: Visits room*

---

<sup>42</sup> Rule 61. The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules).



A number of private rooms were located off the visits room, which could be used for larger family gatherings or when greater privacy was required. For example, on the day of the inspection, one room was being used by a prisoner and his family whose mother had died recently.

Eighty percent of survey respondents reported that visits did not start on time. Inspectors observed a visits session scheduled to start at 1.45pm that did not start until 2.20pm. The main cause of the delay appeared to be the slow transfer of prisoners between the House Blocks and the visits complex.

The implication of visits not starting on time is the flow on effect: if one session starts late, there is a potential delay in the start times of the rest of the sessions that day, causing inconvenience to other prisoners and visitors. In addition, some prisoners informed Inspectors that delays in start times had sometimes resulted in visits being shortened.

Prisoners also raised concerns that the process used to book visits was unfair and resulted in them often not getting visits at the times they wished. In particular, prisoners stated that they were required to book visits via the Kiosk system on a 'first come, first served' basis and this meant that they had to get up in the early hours of the morning (3.00am) in order to ensure obtaining their desired session. Some prisoners informed Inspectors that this system had particularly disadvantaged them when their in-cell Kiosk was not working and they had to submit a manual visits request form. Inspectors consider it unacceptable that prisoners should have to get out of bed in the early hours of the morning in order to book a visit at the time they desired.

In line with regulations, prisoners were not routinely strip-searched when entering and exiting the visits complex. However, they were subject to a rub-down search.

## Training and employment

The Prison had 356 employment roles available for prisoners, but the average monthly attendance rate was 85 percent (approximately 304 prisoners).<sup>43</sup> It was reported that 100 percent attendance had not been achieved due to process issues. Prisoners could be employed on site in the industry workshops, the kitchen, laundry, ground maintenance, horticulture, or employed in their units. This could include vocational training. The Prison had a number of commercial partnerships with companies to support employment in prison industries.

Inspectors made a full assessment of the number of prisoners in training, or employment, on Day 3 of the inspection, Thursday, 16 August 2018.

---

<sup>43</sup> Figures provided by the Prison.

**Table 2: Prisoner employment on Thursday 16 August 2018<sup>44</sup>**

Work area	Workplace capacity	Number on day of assessment	Comments
Workshop D	40	28	20 undertaking carpentry and 20 assembling pre-cut wiring
Workshop C	25	19	Refurbish skips Construct containers Construct trailers for cabins in workshop A
Workshop B	35	30	Construct wooden frames for houses.
Workshop A	15	8	Construct holiday cabins.
Kitchen	44	25	
Laundry	20	15	
Horticulture	15	8	

The Assistant Director, Reintegration informed Inspectors that she was currently exploring options to increase the number of prisoners who are able to engage in employment. For example, new opportunities involving the cleaning and maintenance of scaffolding equipment, operating a two-shift system in the workshops, and possibly operating workshops at the weekends. I support these efforts to increase the number of employment opportunities for prisoners.

Vocational training opportunities were available to prisoners in some of the employment areas.

For example, Workshop D operated as a training centre for the other workshops, with prisoners able to undertake the Trade Start Level 2 Foundation Training covering carpentry, plastering and painting. Twenty prisoners had completed this training just prior to the inspection and a further 19 prisoners started the training on 13 August. A further seven prisoners had completed a Certificate in Horticulture Level 2 just prior to the inspection.

In the kitchen, all prisoners had completed the basic unit standard Working in a Safe Kitchen and at the time of the inspection, six prisoners were training for a national Level 3 qualification in Food Preparation and Cooking. A further six prisoners had already completed this training.

<sup>44</sup> Main workplaces only.



*Figure 6: A horticulture area*



*Figure 7: An employment workshop*

## Education

The Prison's Education Department offered a large number of classes, ranging from basic literacy and numeracy tuition to formal qualifications such as Level 3 Certificate in Business and Leadership. Examples of other classes included: creative writing; visual arts; financial literacy; English as a Second Language (ESOL); Te Reo Māori; cookery; and basic computer skills.<sup>45</sup> Prisoners also had the opportunity to undertake self-directed learning with outside providers such as the Open Polytechnic. The Prison's education prospectus was summarised on Moodle<sup>46</sup> and could be accessed by prisoners on the CMS and Kiosks.

Despite the potential number of educational classes available, some prisoners expressed to Inspectors their frustration at not being able to participate in classes. Information provided to Inspectors by the Prison indicated that, at the time of the inspection, there were waiting lists for 25 classes. For example, ESOL had a waiting list of 26 prisoners; the financial literacy class had 29 prisoners waiting; and 20 prisoners had yet to be able to access the Basic Computer Skills course.

Prisoners in House Block 1 were particularly under-represented among participants in education classes. Just six percent of survey respondents in this House Block reported participating in education classes. While the Assistant Director, Reintegration's plans to appoint two additional tutors to deliver basic literacy and numeracy classes in HB 1 and 2 was a positive step, a broader range of educational activities should also be provided for these prisoners.

---

<sup>45</sup> This list is not exhaustive.

<sup>46</sup> An online learning platform.

## Programmes

Data provided by the Prison showed that, in the six month period, February 2018 to July 2018, 215 prisoners participated in programmes to assist their rehabilitation and address offending behaviour.

At the time of the inspection, 55 prisoners were participating in programmes including individual interventions and group programmes such as the Medium Intensity Rehabilitation Programme (MIRP).

However, a large number of prisoners had yet to access programmes and the waiting lists for some were high. In particular, at the time of the inspection, 378 prisoners were on the waiting list for programmes facilitated by the Prison's Psychological Services and Interventions Department. This included 100 prisoners waiting for a place on MIRP; 49 prisoners were awaiting individual treatment programmes; and the Alcohol and other Drug Intermediate Programme had a waiting list of 82 prisoners. Inspectors were informed that staff shortages had contributed to the infrequency of the provision of some courses.

## Case management

At the time of the inspection, the Prison was improving the case management of prisoners. A 'Case Management Recovery Plan' was in the process of being phased in across the Prison to address a number of issues: the high number of unallocated prisoners to Case Managers (CMs); the number of unallocated referrals (PERFs)<sup>47</sup> to programmes; and the timeliness of Parole Board reports.

The Case Management team consisted of a Manager, two Acting Team Leaders<sup>48</sup> and 14 Case Managers (CMs). It was reported that six staff were new to the role and nine had been in the role less than a year. The Case Management team's attrition rates were reasonably high (17 percent in 2017/18).

A Practice Manager provided in-house training and development for case management staff, including on-line learning. Inspectors were told the on-line learning was not specific to case management and did not provide sufficient detail of the skills required for the role.

Case Managers were not able to confirm their exact caseload numbers, however those interviewed estimated having caseloads of between 10 prisoners (for a new CM), to a reported 100 prisoners. There was no obvious system for case management allocation.

Prisoner assessments, once completed, had to be captured in a number of recording systems: Meganexus, IOMS, and CMS.<sup>49</sup> The duplication of work and dual recording added to the workload for CMs resulting in inefficiencies and poorer outcomes for prisoners.

---

<sup>47</sup> Purposeful Engagement Referral Forms.

<sup>48</sup> The Acting Team Leader is a new position that was being trialled at the time of inspection.

<sup>49</sup> Meganexus (Serco's database), IOMS (Department of Corrections database) and CMS (Serco's Custodial Management System).

Inspectors observed that current case management practice appeared to be task driven, with limited interactions between CMs and prisoners.

In April 2018, the New Zealand Parole Board (the Board) raised concerns with the Prison about the quality of prisoners' release plans and the lack of rehabilitative and reintegrative activities completed by the prisoners appearing before them. The Board (and Department of Corrections) also commented on the lack of the timeliness of the Parole Board reports prepared by CMs.

The Practice Manager had put systems in place to address these concerns. The Prison Monitors reported in July 2018<sup>50</sup> that *'...the Prison had demonstrated their commitment to ensuring that Parole Boards reports are provided in a timely manner. In July 2018 ASCF performed well with a 94% compliance rating for timeliness.'*

The Prison's 'Responsible Prisoner' model<sup>51</sup> placed a strong emphasis on the Kiosk/CMS system as the primary mode of interactions between CMs and prisoners. Inspectors noted that this reliance on an IT system was at odds with best practice case management, which supports the development of relationships.

CMs said they were aware that they were meant to be working more closely with prisoners but cited the high demand for Parole Board Reports as a barrier to this level of interaction.

CMs expressed their frustration to Inspectors as they were also unable to progress some other matters, such as programmes, Release to Work (RTW) and Guided Release (GR), due to lack of programme availability; and lack of RTW and GR opportunities.

## Reducing Reoffending Coordinator

Inspectors were told that the Reducing Reoffending Coordinator (RRC) had approximately 300 unscheduled Purposeful Engagement Referral Forms (PERFs) to complete in the eight month period 8 March 2018 to 21 August 2018. Inspectors were informed that this had reduced to 123 by the end of the inspection.

The RRC was responsible for managing the backlog of PERFs, assisting with the allocation of prisoners to CMs, and monitoring the timeliness of Parole Board reports. Recording initial contacts in the Department of Corrections' IOMS was now the responsibility of the RRC.

I am concerned that delays in referring prisoners to programmes that would assist in their rehabilitation and address offending behaviour put prisoners at a disadvantage when appearing before the Parole Board.

---

<sup>50</sup> Auckland South Corrections Facility Monitors Report, July 2018.

<sup>51</sup> See section on Criteria 3 - Staff:prisoner relationships on page 27, for more detail about the model.

## Prisoners' experience of Reintegration Officers & Case Managers

A large number of prisoners were unaware of who their Reintegration Officer (RO) or Case Manager (CM) was (53 percent of survey respondents). Most prisoners surveyed had little faith or confidence in the current case management system approach. Throughout the duration of the inspection, prisoners were consistently asking Inspectors if they were their CM.

Prisoners who had come from other facilities expected they would see their CM on a reasonably regular and predictable basis. Some prisoners reported that the reliance on the Kiosk to engage with CMs was foreign to them. Inspectors found that the Kiosk system was not user-friendly for prisoners who were not IT literate, or had English as a second language.

Inspectors found that, from the prisoners' point of view, case management seemed unavailable and that CMs only engaged with them to undertake Parole Board reports. Prisoners had minimal positive feedback about case management. Prisoners' family and friends also raised concerns with Inspectors about the quality of case management at the Prison.

## Case management induction

An induction session on case management for newly arrived prisoners occurred every Friday in Wing 4 of House Block 1. Responsibility for running the sessions was assigned to a single Case Manager (CM), in addition to their substantive role.

Inspectors noted that this approach appeared to further undermine the essence of case management, which is to build relationships with prisoners through collaboration and purposeful engagement.

Inspectors attended the case management induction session and were of the view that it did not cover the 'Responsible Prisoner' model sufficiently. Prisoners were not well informed of the different IT systems, including the Kiosks and CMS, that operated in the Prison.

## Release to Work

A number of external providers offered work placements to prisoners who met the eligibility criteria for Release to Work (RTW). Prisoners could apply for RTW through the CMS.

At the time of the inspection, there were five prisoners on RTW across three providers. These providers had five additional vacancies available for RTW prisoners. Six applications were to be considered at the next RTW Panel and seven new applications were underway. There were 17 other vacancies across four other providers.

## Guided Release

Guided Release (GR)<sup>52</sup> is a relatively new programme that supports long-serving prisoners in transitioning back into the community. Only prisoners who are eligible for temporary release can take part.

Inspectors noted that GR was not yet embedded in the Prison. Inspectors were advised that a business plan had been developed identifying the need for a GR Case Manager.

It is my view that prisoners in the reintegrative phase of their sentence require activities such as GR to continue on their reintegration pathway.

## Out of Gate

Out of Gate (OoG) is a nation-wide service that assists short-serving prisoners and remand prisoners to readjust to life outside prison. Providers are contracted by the Department of Corrections to work with prisoners to reconnect with their families and the community before and after they are released.

Inspectors noted that Case Managers made referrals to OoG providers as required. The Prison's Community Reintegration Services (CRS) also made referrals.

## Interview spaces

Case Managers (CMs) highlighted to Inspectors the lack of dedicated interview space in the House Blocks and Residences. The Prison had attempted to address this by allocating four interview rooms to CMs in the internal visits complex, however a lack of available staff to escort prisoners to the visits centre was problematic.

---

<sup>52</sup> Guided Release (GR) is a Department of Corrections programme that began in September 2016. It is aimed at long-serving prisoners who need help transitioning back into the community and who are eligible for temporary releases from prison. Under Guided Release, Corrections staff take approved prisoners out into the community to address outstanding reintegrative needs. Release activities could include attending a job interview, registering with Work and Income New Zealand and obtaining accommodation.

**Recommendations – purposeful activity and transition to the community**

6. I recommend that:
- a. Steps are taken to ensure visits sessions start promptly on all occasions.
  - b. The visits booking system is reviewed to ensure it is fair and accessible for all prisoners.
  - c. All prisoners are able to access, in a timely manner, the range of educational activities available in the Prison.
  - d. The frequency of programmes is increased to address the number of prisoners waiting on programmes.
  - e. A review of the Case Management System be undertaken to ensure prisoners receive appropriate and timely service provision.
  - f. Guided Release is better utilised to support eligible prisoners' reintegrative needs.

ASCF and the Department of Corrections accepted recommendations 6a, 6b, 6c, 6d, 6e and 6f.<sup>53</sup>

---

<sup>53</sup> ASCF's and the Department of Corrections comments on recommendations can be found in Appendix 1.



## Appendix 1. ASCF's and the 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 paperwork.
- b. The Prison Director ensures robust systems are in place to record, review and monitor all directed segregation paperwork.
- c. There be greater opportunities for constructive activities for voluntary segregated prisoners.
- d. There be greater transparency and consistency around the management of prisoners subject to restricted regimes in HB 1.
- e. Returning low and minimum-security prisoners back to Residences should be 'fast tracked' after successful completion of courses and interventions off-site.
- f. The reasons for restricted regimes is actively addressed. The Prison Director ensures that the reasons for placing prisoners on restricted regimes are clearly identified and compliant with current segregation legislation

Auckland South Corrections Facility (ASCF) and the Department of Corrections accepted recommendation 1a, and the Department commented as follows:

*ASCF have advised that they have reviewed and strengthened their use of force review process. The process now directs that the duty supervisor flags all use of force incidents to a senior Control and Restraint instructor who reviews the relevant documentation as well as CCTV and on body camera footage. The senior Control and Restraint instructor sends a report regarding their findings to the Prison Director (PD) and Deputy Prison Director (DPD) within five working days, with the PD and DPD then reviewing all evidence before deciding whether further action is required.*

*Depending on the seriousness of the incident and the outcome of the review, further action could include a commendation, disciplinary action for the officers involved in the incident or refresher training for staff.*

ASCF and the Department of Corrections accepted recommendation 1b, and the Department commented as follows:

*ASCF and Corrections acknowledge the importance of ensuring robust systems for directed segregation paperwork. There has been a dedicated focus from ASCF to ensure the approval paperwork for directed segregated prisoners is submitted within accepted timeframes in accordance with documented procedures. The Assistant Director Residential and Separation and Reintegration Unit (SRU) Supervisor are tasked with ensuring that the directed segregation Multi-Disciplinary Team (MDT) meeting is held weekly to monitor systems and paperwork around directed segregation.*

*ASCF accept that there have been instances where segregation management plans have been generic and acknowledge that there is room for enhancement. ASCF are currently developing detailed plans to prevent this in the future. These management plans set out for each prisoner the changes they can make to get out of the SRU. For example, if a prisoner is in the SRU following an anger related incident, the prisoner will be given three targets directly related to managing his behaviour. Prisoners sign their individual plan, and all plans are reviewed by the MDT weekly. Additionally, each plan may be changed to reflect changes in behaviour. This work has commenced and an update will be communicated via the contractual reporting process monthly.*

*ASCF have also appointed a new SRU supervisor who works closely with the Operations Managers to develop segregation management plans that are appropriate for each individual prisoner.*

ASCF and the Department of Corrections accepted recommendation 1c, and the Department commented as follows:

*ASCF have advised that the prison was not designed with the expectation that it would house the current number of voluntary segregation prisoners. Like the rest of the prison network managed by Corrections, the prison population has put certain pressures on ASCF's facilities. The logistics of safely managing segregation prisoners in an open campus style prison poses challenges. ASCF acknowledge that there are challenges in providing segregation prisoners with equivalent opportunities and the same access to prison activities as mainstream prisoners, without increasing the risk to this cohort.*

*ASCF note that House Block Two currently offers voluntary segregation prisoners exercise time each day in the cardio room. This activity is incorporated into the House Block schedule. There are also employment opportunities for voluntary segregation prisoners which include recycling, work in the canteen store and in the kitchen. The recent addition of employment opportunities for voluntary segregation prisoners in the House Block provides further constructive activities for this group.*

*ASCF have advised that they are currently reviewing their schedules to accommodate the needs of voluntary segregation prisoners when accessing*

*facilities and programmes. It is anticipated that this will be completed by the end of March 2019. Purposeful Activity forms part of the contractual monthly report to Corrections.*

ASCF and the Department of Corrections accepted recommendation 1d, and the Department commented as follows:

*ASCF have advised that House Block One is designed to accommodate High Security prisoners which includes prisoners that are among the most difficult to manage. ASCF's focus is on promoting responsible behaviour from all prisoners (including the prisoners housed in House Block One), while maintaining the safety, security and good order of the House Block. Staff are trained to encourage mutually respectful behaviours which begins the process to earn progression through the prison.*

*Since the time of your office's inspection, ASCF have established a prisoner placement working group to review all aspects of the prisoner accommodation process. This working group have drafted a Terms of Reference which will include a number of different aspects relating to prisoner placement. This project will have an impact on the management of all prisoners, and the use of restricted regimes. It is anticipated that the plans will be shared with Corrections by March 2019.*

ASCF and the Department of Corrections accepted recommendation 1e, and the Department commented as follows:

*ASCF have advised that as a general rule, prisoners must earn the right to progress to residence accommodation. The decision making process regarding the placement of former residence prisoners on their return to ASCF after successfully completing courses off-site, will also be included in the prisoner placement review, and plans shared with Corrections in March 2019.*

*One of the first initiatives of the working group is the development of a new initial assessment placement form. Testing of this form has begun in House Block one. "Prisoners returning to ASCF" is a category in the form. Following a review of the testing, stage two will involve a pilot in two House Blocks, possibly beginning at the end of January 2019. It is anticipated that the form review will be completed by the end of March 2019.*

ASCF and the Department of Corrections accepted recommendation 1f, and the Department commented as follows:

*ASCF consider that the paramount consideration across the site is the safety and security of prisoners and staff. Accommodation configurations and regimes must be carefully considered in conjunction with safety and security, for example, the prevalence of gangs across the site. Accommodation configurations must also prioritise the most suitable accommodation option for the individual's specific rehabilitation and reintegration needs.*

*The prisoner placement working group will review all aspects of the prisoner accommodation process, including the basis for establishing regime restrictions. Decisions regarding potential changes to regime restrictions are dependent on the final accommodation model agreed to as a result of the prisoner placement project. All aspects of the process will comply with existing legislation.*

*It is anticipated ASCF will be in a position to share this plan with Corrections by the end of March 2019.*

## **Recommendations – transition to lawful custody**

### **2. I recommend that:**

- a. Prisoners be able to make a phone call on the day of their arrival.
- b. Prisoners receive a comprehensive induction on kiosks and in-cell systems.
- c. Delays to property distribution are addressed.
- d. Prison management review induction arrangements for foreign nationals, speakers of other languages, and those with literacy or communication difficulties, and improve these arrangements to ensure these prisoners are fully briefed on the Prison procedures.
- e. An induction quality assurance process be established.

ASCF and the Department of Corrections accepted recommendation 2a, and the Department commented as follows:

*ASCF and Corrections acknowledge the correlation between new arrival prisoners being able to contact family and friends in a timely manner and their increased ability to settle in and feel supported in a new environment. ASCF have advised that new arrivals are generally not new to the prison environment, and instead have transferred from another facility. Staff aim to arrange telephone calls for all prisoners in a timely manner and \$1 is credited into each new prisoner's account to facilitate this.*

*Prisoners are permitted up to 10 personal telephone numbers. The names and contact details of these individuals are provided to staff during the induction process so that staff can verify the contact person and number. Every effort is made to achieve this verification process in a timely manner, however, ASCF acknowledge that this does not always occur immediately due to the inability to establish contact with the person on the first attempt.*

*A prisoner transferring from another facility may already have their approved personal telephone numbers loaded into the offender information system. ASCF have advised that they are currently reviewing the process to streamline approved personal telephone numbers to allow prisoners to contact friends and family as soon as possible following their arrival.*

*ASCF anticipates completing this work in January 2019.*

ASCF and the Department of Corrections accepted recommendation 2b, and the Department commented as follows:

*ASCF have a dedicated induction wing with an induction officer to provide support to all new arrivals. This process is directed by the induction programme. ASCF have reminded their induction wing staff of their obligation to ensure that all new arrivals are shown all of the features of their cells, including the in-cell technology and Kiosk systems.*

*As previously advised in this response, ASCF have established a prisoner placement working group to review all aspects of the prisoner accommodation process. The induction process, including content and consideration of delivery models will be included in this review. It is anticipated ASCF will be in a position to share the plan with Corrections at the end of March 2019.*

ASCF and the Department of Corrections accepted recommendation 2c, and the Department commented as follows:

*ASCF acknowledge that there is room for enhancement in the management of prisoner property. ASCF have advised that at the time that their site opened, the large volume of property accompanying prisoners was not anticipated.*

*ASCF have re-allocated resources to address the property management process and have re-prioritised prisoner property complaints. In support of this, an Operations Manager has been allocated to the Receiving Office to drive and monitor continuous improvement. Additionally, ASCF note that they have improved their analysis of prisoner complaints to better understand and address the challenges in managing prisoner property. This is included in the monthly contractual report.*

ASCF and the Department of Corrections accepted recommendation 2d, and the Department commented as follows:

*The ASCF Prison Practice Manual, 08.01. Section 6.1, outlines three possible solutions in supporting a prisoner who requires the services of an interpreter upon arrival at ASCF. These solutions include contracting a certified interpreter, contacting the prisoner's embassy or consul in New Zealand to organise a phone interview, or asking a staff member to interpret.*

*ASCF acknowledge that in some circumstances, prisoners may ask their peers for clarification, however this is not an approved method of interpretation services and is not encouraged or supported by ASCF. All custodial staff have been reminded to ensure that prisoners understand prison information and directives.*

*A review regarding the induction arrangements for foreign nationals, speakers of other languages and those with literacy or communication difficulties will be completed by the end of January 2019.*

ASCF and the Department of Corrections accepted recommendation 2e, and the Department commented as follows:

*ASCF note that the quality assurance process for inductions is addressed in 'first line assurance internal audits' as well as being included in ASCF's monthly performance reports to Corrections.*

*As part of the review being carried out by the prisoner placement working group, aspects of the induction process, including its timing and delivery will be reviewed. The process may include a combination of presentations by staff, 'frequently asked questions' and familiarisation videos. ASCF have advised that in certain circumstances, they may also consider employing prisoners in peer support roles. ASCF consider that any changes to the induction process will also address the induction quality assurance process. It is anticipated ASCF will be in a position to share the plan with Corrections at the end of March 2019.*

### Recommendations – decency, dignity and respect

#### 3. I recommend that:

- a. Prisoners have easy access to toilets.
- b. Arrangements to provide prisoners with sufficient clothing suitable for the range of activities they undertake should be improved.
- c. The Prison enhances relational security by further developing staff training in this area.
- d. The Prison prioritises recruitment for the Executive Cultural role and actively implements their Achieving Effectiveness with Māori Prisoners strategy.

ASCF and the Department of Corrections accepted recommendation 3a, and the Department commented as follows:

*ASCF have advised that they remain vigilant in mitigating the possibility of prisoner violence. Cells, wing laundries, kitchens and toilets are routinely locked when prisoners are unlocked to reduce the possibility of violence, due to some of these areas not being monitored by cameras.*

*ASCF accept that at times, this process has been applied too rigorously and have taken your Inspectors findings in this area seriously. All custodial staff have been reminded of the need to provide prisoners with access to toilets as required during unlock periods and have been advised that a failure to do so may result in disciplinary action against the staff involved.*

ASCF and the Department of Corrections accepted recommendation 3b, and the Department commented as follows:

*ASCF are working to ensure that there is sufficient clothing for all prisoners. Where prisoners have insufficient numbers of t-shirts, ASCF have worked with the laundry team to launder items within a day; in other cases, ASCF have identified that some prisoners have more t-shirts than they require.*

*ASCF have conducted a review to determine how many t-shirts each prisoner requires, so that a consistent and clear directive can be given when allocating them. The number of t-shirts required by prisoners differs depending on the nature and requirements of each prisoner's daily activities. Since the time of your inspection, ASCF have purchased more t-shirts in a range of sizes which have been distributed to the prisoners appropriately.*

ASCF and the Department of Corrections accepted recommendation 3d, and the Department commented as follows:

*The Prison Director and Mana Whenua iwi (Ngati Te Ata and Te Akitai Waiohau), are currently discussing the recruitment campaign for the Executive Cultural role. In line with cultural protocol, this role has been vacant following the sudden death of the former Executive Cultural Adviser which initiated a mourning period. This mourning period was observed in partnership with Mana Whenua iwi. ASCF consider that they could not have retained Mana Whenua engagement and support if they had commenced the recruitment process for the Executive Cultural role any earlier.*

*ASCF offer a variety of programmes and activities to engage with and enhance outcomes for Māori. These programmes include Te Reo courses for beginners and more advanced speakers, the kaitiakitanga programme (facilitated by Ngati Te Ata), cultural induction courses sponsored by Mana Whenua, Māori art programmes, including creating pou on display in the Whare Manaaki, kapa haka competitions and the inclusion of traditional Māori sports and games in Physical Education activities. Throughout October and November 2018, ASCF also held three intensive wānanga in partnership with Ngapuhi. ASCF staff and prisoners observe tikanga Māori principles throughout the prison, including karakia to open and close meetings and programmes.*

*ASCF engage closely with many iwi, including Mana Whenua, on a range of issues and activities affecting the prison and the wider community. ASCF apologises that the Māori Cultural Advisor was on leave and not available to assist the Inspectors while they were visiting the prison.*

## Recommendations – health and wellbeing

### 4. I recommend that:

- a. All health care delivery be captured in MedTech.
- b. Hand washing facilities are available in all clinic rooms.
- c. There be a separate health complaint system to ensure patient confidentiality.
- d. Prisoners have access to regular, systematic health promotion campaigns throughout the Prison, including easy and confidential access to barrier protection.
- e. Training for registered nurses conducting the Reception Health Triage (RHT) is improved to ensure newly arrived prisoners receive timely and appropriate treatment. The training should include the consent to treatment process.
- f. Reception health screening is undertaken in an area that facilitates prisoners' privacy.
- g. In consultation with prisoners, the health triage system is reviewed.
- h. Health services are supported to provide primary care appointments through timely and reliable custodial support.
- i. Greater access to the dentist is investigated.
- j. Health services are supported to provide medicines supervision through timely and reliable custodial support, and without compromising prisoner confidentiality and privacy.
- k. The current practice of paracetamol administration is reviewed and more robust safety measures are implemented.
- l. A comprehensive Service Level Agreement between the Prison and the Regional Forensic Psychiatric Service, which details maximum wait times for forensic beds, is formalised and signed.

ASCF and the Department of Corrections accepted recommendation 4a, and the Department commented as follows:

*ASCF have advised that they expect all healthcare staff to ensure that all care delivery is recorded in MedTech. All health staff have been reminded of their obligation to update care notes in the MedTech system prior to leaving the facility at the end of their shift.*

ASCF and the Department of Corrections accepted recommendation 4d, and the Department commented as follows:



*The healthcare team undertake health promotional activities with prisoners which are now being reported in Serco's monthly report to SecureFuture and to Corrections. Group sessions led by healthcare staff with prisoners are underway with more planned over the coming months.*

*An educational video, providing information about diabetes will also be available for prisoners to access by the end of 2018. Prisoner feedback will be sought on the usefulness of this video and the ease of access to inform further action in this area.*

ASCF and the Department of Corrections accepted recommendation 4e, and the Department commented as follows:

*The Head of Healthcare at ASCF will be working with each member of the Receiving Office team, credentialing all staff on the initial screening process and ensuring that there is effective communication with prisoners. It is anticipated that this programme of work will be completed by the end of this year (2018).*

ASCF and the Department of Corrections accepted recommendation 4h, and the Department commented as follows:

*ASCF have advised that getting high security prisoners to health appointments can be a challenge, as operational issues to maintain safety and security are a priority. Nursing staff are aware that all patients with a health appointment must be seen by the end of the day (the day that the appointment is scheduled for). Daily clinics are scheduled to take half a day but nursing staff will continue to run the clinic until all prisoners have been seen. If there is any difficulty in seeing prisoners, the expectation is that this will be escalated to a senior manager to follow up with.*

*The Head of Healthcare has been tracking the 'Did Not Attend' rate for three months and this data is now included in ASCF's monthly report to Corrections. This data will be continued to be monitored by the Head of Healthcare.*

ASCF and the Department of Corrections accepted recommendation 4i, and the Department commented as follows:

*ASCF have advised that they have increased their dental care resource by 50 per cent to manage the demand for dental care. ASCF have changed their dental strategy, so at present only painful, urgent cases will be treated until the dental list (backlog) is more manageable. When the dental list becomes more manageable, ASCF will explore options for preventative dentistry more thoroughly.*

*The Head of Healthcare meets with the dental service provider each month to track progress against the waitlist. ASCF have advised that they will review their contractual requirements for dental work against evidence of prisoner need and if necessary, discuss resourcing for additional services with Corrections. It is anticipated this review will be completed by the end of April 2019.*

ASCF and the Department of Corrections accepted recommendation 4k, and the Department commented as follows:

*ASCF advise that they have introduced a new system to issue paracetamol, which was first trialled in House Block One. The process is as follows:*

*Each wing is provided with a clearly labelled zip lock bag containing paracetamol and a signature sheet. This is issued at the morning unit briefing by the Supervisor to one Reintegration Officer, who maintains responsibility for issuing paracetamol throughout the day. At the end of the day each bag is returned and checked by the Supervisor and health staff, who replenish supplies and provide a new form for the following day. There are also zip lock bags for night staff and one bag for each House Block. The bags are locked away by the Supervisor when not in use.*

*ASCF note that by following such a controlled process for administering paracetamol, they have recognised a reduction in the amount of paracetamol being issued each week. This model has been received positively by prisoners and staff and has now been implemented across each of the House Blocks.*

### Recommendations - protective measures

#### 5. I recommend that:

- a. The prisoner complaints system is fixed as a matter of urgency.
- b. Prisoner in-cell user interfaces, such as in-cell telephones and the Kiosk, are serviced and repaired in a timely manner.
- c. Governance arrangements for managing misconducts is improved.

ASCF and the Department of Corrections accepted recommendation 5a, and the Department commented as follows:

*ASCF acknowledge that there have been difficulties in managing prisoner complaints, to the extent that prisoner confidence in the process has decreased. ASCF have reviewed and refreshed the complaints process which is currently being trialled in the Residence blocks. This refreshed complaints process involves prisoners posting their complaints into a drop box which is cleared daily by a staff member not working in the Residential team. Complaints are then allocated to a subject matter expert, who is required to resolve the complaint within seven working days.*

*To support this process, the ASCF Performance Team has run a series of complaint management workshops for Supervisors and Operations Managers to reinforce the need for timely resolution of complaints. Custodial staff receive effective complaint resolution training in the Initial Training Course and further training as part of their on-going professional development.*

ASCF and the Department of Corrections accepted recommendation 5c, and the Department commented as follows:

*ASCF acknowledge that in the past, they have experienced challenges in managing the volume of misconduct charges and in some cases; charges were not served*

*within the seven day time frame. ASCF have advised that the process for managing misconduct charges has been reviewed since the time of your inspection. The prosecutor on site has been provided with more support and Supervisors have received additional training in supporting Reintegration Officers to complete documentation to allow misconduct charges to proceed in a timely manner.*

*A significant improvement in completing misconduct hearings is evidenced in the data ASCF sent to the Ombudsman following the inspection.*

### **Recommendations – purposeful activity and transition to the community**

#### **6. I recommend that:**

- a. Steps are taken to ensure visits sessions start promptly on all occasions.
- b. The visits booking system is reviewed to ensure it is fair and accessible for all prisoners.
- c. All prisoners are able to access, in a timely manner, the range of educational activities available in the Prison.
- d. The frequency of programmes is increased to address the number of prisoners waiting on programmes.
- e. A review of the Case Management System be undertaken to ensure prisoners receive appropriate and timely service provision.
- f. Guided Release is better utilised to support eligible prisoners' reintegrative needs.

ASCF and the Department of Corrections accepted recommendation 6a, and the Department commented as follows:

*ASCF recognise the importance of facilitating timely prisoner movements to activities and appointments. Daily route movement strategies are currently under review to support all aspects of prison life, including the movement of prisoners to visit sessions. It is anticipated that the route movement review will be completed by the end of February 2019. ASCF recognise that at times, delays may be the result of other operational issues and prison demands.*

*Until the route movement review is completed in February 2019, staff continue to be reminded of the need to ensure that prisoners leave the House Blocks at the appropriate time to attend visit sessions.*

ASCF and the Department of Corrections accepted recommendation 6b, and the Department commented as follows:

*ASCF have advised that the responsibility is on prisoners to book family visits, which they book on the CMS, located in their cells or in the House Block day room. Prisoners are also responsible for advising their family members or friends of the*

*day and time of the booked visit. This is consistent with the responsible prisoner model.*

*ASCF acknowledge that weekend sessions are popular, however not all visit sessions are filled. The booking system resets each week, at a time when there is reduced usage of the system. They acknowledge that some prisoners will choose to wake at this time to secure a weekend visit, however ACF consider that no prisoners are disadvantaged by the reset which occurs when there is minimal usage of the system.*

*ASCF have advised that they review the visits process and allocated visit times for prisoner groups twice a year to ensure the process is fair and transparent. This process will continue.*

ASCF and the Department of Corrections accepted recommendation 6c, and the Department commented as follows:

*ASCF acknowledge the importance of equal access to a range of education activities. They are currently delivering education classes in House Blocks One and Two. ASCF's aim is to deliver 20 classes, which range from one to two hours each class, per week in House Blocks One and Two.*

*ASCF are currently exploring the viability of additional activities within the House Blocks, to extend the use of the upstairs facilities in these blocks. These activities may include prisoner hobbies or cottage industry activity. Prisoners have recently been surveyed on the variety and types of activities they would like added to the schedule. The survey results are now being reviewed. The Assistant Director Reintegration is in discussion with third party stakeholders and it is anticipated ASCF will be in a position to roll out new activities for prisoners by the end of March 2019.*

ASCF and the Department of Corrections accepted recommendation 6d, and the Department commented as follows:

*ASCF have advised that all prisoners are prioritised on waitlists according to needs identified through the case management process. Referrals are received by Psychological Services and Interventions (PS&I), and reviewed to ensure relevance and suitability. On approval, the referral is updated on the relevant waitlist. To ensure fairness, the waitlists are organised chronologically in order of s21, Sentence Release Date (SRD) and thereafter by Parole Eligibility dates.*

*If a prisoner has not received the required programme or intervention they were waitlisted for and their SRD is pending, they are held on a priority waitlist. They will then receive either individual or group support to develop strategies, plans and learn skills appropriate to support their transition into the community. This process ensures that all prisoners with identified needs receive the support they require prior to being released.*

*ASCF acknowledge that there has been a high demand for medium intensity intervention programmes. Part of the challenge in meeting this demand relates to a decrease in the availability of facilitators to deliver Medium Intensity Rehabilitation Programmes (MIRP). Vacancies for these roles have now been filled.*

*PS&I also undertook individual interventions through facilitators, supervised by psychologists, where priority interventions were required. ASCF continues to work on effective streamlining of referrals and triaging of interventions to meet the significant demand.*

*A review will be discussed and completed by the end of February 2019 in partnership with Corrections to assess needs against programme delivery.*

*A key function of Corrections led justice sector High Impact Innovation Team (HIIT) is assessing how Corrections can prepare prisoners for parole earlier in their sentence. This team appointed regional senior advisers (who commenced their positions in May 2018), to focus on a number of areas to support prisoners in addressing their offending behaviour. This includes ensuring activities specified by the board are followed up on and enacted in a timely manner and where appropriate, brought back before the board for earlier consideration. Focus is also given to an improved understanding of the demand for programmes and subsequent optimisation of these schemes. The Northern Region have appointed an additional Senior Adviser – Parole Ready, with two advisers now servicing this region's prisons, including, ASCF.*

ASCF and the Department of Corrections accepted recommendation 6e, and the Department commented as follows:

*ASCF advise that in 2017, they tested a different operating model for the case management team. This model aimed for greater efficiencies. The model placed Case Managers in task-specific teams rather than allocating individual caseloads to each Case Manager. This model has since been reviewed by the newly appointed Assistant Director Rehabilitation. It has been determined that the vision was not as successful as anticipated with prisoner feedback supporting this finding.*

*ASCF have implemented a Five Phase Plan to return to a caseload model where prisoners are allocated to specific Case Managers to oversee and manage their time in ASCF. The Five Phase Plan also aims to rectify historical information that had been missed as a result of the previous Case Management Team Model.*

*The function of allocating Case Managers to prisoners was taken over by the Manager, Case Management (MCM). Caseloads for individual managers vary between 34 and 75 prisoners. The MCM is tasked with balancing caseloads according to complexity, staff capability and experience. ASCF anticipate that the MCM role and the effective spread of caseloads will give Case Managers the opportunity to attend to more qualitative interactions with prisoners, including short focussed interventions.*

*At the end of January 2018, the Assistant Director Rehabilitation conducted a full Case Management Prison Practice Manual review, which identified practice weaknesses. A second review will be conducted by the end of January 2019, in which it is anticipated that there will be evidence of improvements in the case management process against Prison Practice Manual requirements. The results of the review will be shared with Corrections, as the previous review was.*

ASCF and the Department of Corrections accepted recommendation 6f, and the Department commented as follows:

*ASCF have advised that Guided Release is a relatively new initiative adopted from Corrections. They advise that they support the initiative and have identified a number of prisoners who would benefit from the programme.*

*All applications for Guided Release are submitted to the monthly Release to Work (RtW) panel for approval to participate in the relevant activities. For example, in November, the RtW panel considered a proposal to escort a prisoner to open a bank account in the period preceding his expected release from custody.*

## Appendix 2. Survey feedback: The Prison

A total of 909 questionnaires were given out and 555 were returned (61 percent). Percentages have been rounded and therefore may not add up to 100 percent.

### Section 1: About you

How old are you?		
Under 21	17	3%
21-29	111	20%
30-39	165	30%
40-49	126	23%
50-59	88	16%
60-69	34	6%
>70	7	1%
<b>Total</b>	<b>548</b>	

What is your ethnicity?		
Asian & Pacific Islander	166	30%
Kiwi/New Zealander	52	10%
Māori	147	27%
Māori/Pākehā	62	11%
NZ European/Pākehā	66	12%
Other	53	10%
<b>Total</b>	<b>546</b>	

Is English your first language?		
Yes	395	72%
No	154	28%
<b>Total</b>	<b>549</b>	

Are you sentenced / on remand?		
Sentenced	547	99%
Other	7	1%
<b>Total</b>	<b>554</b>	

Is this your first time in prison?		
Yes	267	49%
No	282	51%
<b>Total</b>	<b>549</b>	

Do you have children under 18?		
Yes	321	61%
No	201	39%
<b>Total</b>	<b>522</b>	

## 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?	294	54%	252	46%
Are you normally able to have a shower every day?	532	96%	22	4%
Do you normally receive clean sheets every week?	435	79%	115	21%
Can you get cell cleaning materials every week?	181	33%	366	67%
Can you normally get your stored property, if you need to?	153	28%	390	71%

What is the food like here?		
Very Good	180	33%
Good	227	41%
Average	124	22%
Bad	18	3%
Very Bad	5	1%
<b>Total</b>	<b>554</b>	

Does the shop (P119) sell a range of goods to meet your needs?		
Yes	146	26%
No	407	74%
<b>Total</b>	<b>553</b>	



### Section 3: Complaint process

Is it easy or difficult to get a complaint form (PC01)?		
Easy	125	23%
Difficult	311	56%
Don't Know	116	21%
<b>Total</b>	<b>552</b>	

Please answer the following questions about making a complaint in this Prison:	Yes	Yes %	No	No %
Do you know how to make a complaint?	465	85%	82	15%
Have you made a complaint in this prison?	361	65%	190	35%
Do you feel complaints are dealt with fairly?	86	16%	430	80%
Do you feel complaints are dealt with promptly? (within three days)	55	10%	466	86%
Do you have faith in the complaints system?	76	14%	455	84%
Would you make a complaint if the situation warranted it?	415	77%	113	21%

### Section 4: Safety

Have you ever felt unsafe in this Prison?		
Yes	256	47%
No	291	53%
<b>Total</b>	<b>547</b>	

Do you feel unsafe in this Prison at the moment?		
Yes	113	21%
No	422	79%
<b>Total</b>	<b>535</b>	

Have you been victimised in this Prison?		
Yes	256	47%
No	288	53%
<b>Total</b>	<b>544</b>	

<b>Have you been victimised in this Prison?</b>		
If Yes, was it another prisoner?	67	26%
If Yes, was it a group of prisoners?	32	13%
If Yes, was it member of staff?	74	29%
If yes, was it both staff and prisoners?	81	32%
<b>Total</b>	<b>253</b>	

## Assaults

<b>Physical assaults</b>	<b>Yes</b>	<b>Yes %</b>	<b>No</b>	<b>No %</b>
Have you been assaulted in this Prison?	138	25%	410	75%
Did you report the incident?	56	41%	83	59%

<b>Sexual assaults</b>	<b>Yes</b>	<b>Yes %</b>	<b>No</b>	<b>No %</b>
Have you been sexually assaulted while in prison?	57	11%	471	89%
If yes, did it happen at this Prison	30	54%	26	46%
Did you report the incident?	15	34%	29	66%

<b>Please answer the following questions about staff in this Prison:</b>	<b>Yes</b>	<b>Yes %</b>	<b>No</b>	<b>No %</b>
Is there a member of staff you can turn to for help if you have a problem?	273	51%	263	49%
Do most staff treat you with respect?	336	61%	213	39%
Do you know who your case manager is?	257	47%	295	53%
Did you meet with your case officer within the first week?	133	24%	418	76%
Do you see your case officer at least once a week?	18	3%	534	97%

## 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?	113	21%	430	79%
Not being able to smoke?	101	19%	437	81%
Loss of property?	81	15%	462	85%
Feeling scared?	108	20%	432	80%
Gang problems?	100	19%	441	81%
Contacting family?	186	34%	356	66%
Money worries?	68	13%	472	87%
Feeling worried/upset/needing someone to talk to?	136	25%	405	75%
Health problems?	313	58%	229	42%
Getting phone numbers approved?	214	39%	329	61%
Did you have any problems when you first arrived?	223	41%	318	59%

When you arrived in this Prison, were you given a phone call (within 24 hours)?		
Yes	184	34%
No	359	66%
<b>Total</b>	<b>544</b>	

Did you have any problems with alcohol when you first arrived?		
Yes	56	12%
No	483	88%
<b>Total</b>	<b>548</b>	

Have you received any help with alcohol problems here?		
Yes	35	6%
No	507	94%
<b>Total</b>	<b>542</b>	

Did you have any problems with drugs when you first arrived?		
Yes	96	18%
No	451	82%
<b>Total</b>	<b>547</b>	

Do you have any problems with drugs now?		
Yes	44	8%
No	503	92%
<b>Total</b>	<b>547</b>	

Have you received any help with any drug problems here?		
Yes	44	8%
No	500	92%
<b>Total</b>	<b>544</b>	

Is it easy to get Illegal drugs here?		
Easy	143	28%
Difficult	299	58%
Don't know	70	14%
<b>Total</b>	<b>512</b>	

Is it easy to get tobacco/ cigarettes here?		
Easy	149	29%
Difficult	292	57%
Don't know	69	14%
<b>Total</b>	<b>510</b>	

How easy or difficult is it to see the Doctor?		
Easy	83	15%
Difficult	415	75%
Don't Know	52	9%
<b>Total</b>	<b>550</b>	

How easy or difficult is it to see the Nurse?		
Easy	254	46%
Difficult	246	45%
Don't Know	46	8%
<b>Total</b>	<b>546</b>	

How easy or difficult is it to see the Dentist?		
Easy	60	11%
Difficult	414	76%
Don't Know	176	33%
<b>Total</b>	<b>548</b>	

What do you think of the quality of the health service from the Doctor?		
Good	183	34%
Bad	237	43%
Don't Know	126	23%
<b>Total</b>	<b>546</b>	

What do you think of the quality of the health service from the Nurse?		
Good	241	44%
Bad	228	42%
Don't Know	73	13%
<b>Total</b>	<b>542</b>	

What do you think of the quality of the health service from the Dentist?		
Good	186	34%
Bad	177	33%
Don't Know	179	33%
<b>Total</b>	<b>542</b>	

What do you think of the overall quality of the health service?		
Good	177	32%
Bad	285	52%
Don't Know	86	16%
<b>Total</b>	<b>548</b>	

### Physical disability

Do you have a physical disability?		
Yes	127	24%
No	411	76%
<b>Total</b>	<b>538</b>	

Do you feel supported with your disability needs?		
Yes	26	25%
No	80	75%
<b>Total</b>	<b>106</b>	

## Emotional/mental health issues

Do you feel you have any emotional well-being/ mental health issues?		
Yes	209	38%
No	338	62%
<b>Total</b>	<b>547</b>	

Do you feel supported with your emotional/ mental health needs?		
Yes	39	19%
No	163	81%
<b>Total</b>	<b>202</b>	

## Section 6: Purposeful Activity

Forty-eight percent of respondents reported not being involved in any activity. Fifty-two percent of respondents reported being involved in one or more activities.

Are you currently involved in any of the following activities?		
Prison job	110	21%
Vocation or skills training	12	2%
Education (including basic skills)	45	8%
Offending behaviour programmes	1	0%
CIE employment	9	2%
Release to work	2	0%
Multi activity	99	19%
Not involved in any of these	255	48%
<b>Total</b>	<b>533</b>	

Are you able to access Cultural activities?		
Yes	144	27%
No	393	73%
<b>Total</b>	<b>537</b>	

Are you able to access Religious activities?		
Yes	275	51%
No	267	49%
<b>Total</b>	<b>542</b>	

Do you get at least one hour fresh air daily? (minimum entitlement)		
Yes	472	86%
No	74	14%
<b>Total</b>	<b>546</b>	

How often do you use the Library?		
More than once a week	16	3%
Once a week	33	6%
Less than once a week	90	17%
Never	363	67%
Don't want to use it	37	7%
<b>Total</b>	<b>539</b>	

On average, how many times do you go to the Gym each week?		
More than 5	12	2%
3 to 5	52	10%
1 to 2	254	47%
Never	176	33%
Don't want to use it	45	8%
<b>Total</b>	<b>539</b>	

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 +	62	12%
6 to less than 8 hours	93	17%
4 to less than 6 hours	138	26%
2 to less than 4 hours	158	29%
Less than 2 hours	84	16%
<b>Total</b>	<b>535</b>	

## External Communication

Have you had any problems with sending or receiving mail?		
Yes	312	58%
No	229	42%
<b>Total</b>	<b>541</b>	

Have you had any problems getting access to the telephones?		
Yes	182	33%
No	360	67%
<b>Total</b>	<b>542</b>	

Do you usually have one or more visits per week from family and friends?		
Yes	212	40%
No	321	60%
<b>Total</b>	<b>533</b>	

Is it easy for your family and friends to visit you here?		
Yes	264	50%
No	264	50%
<b>Total</b>	<b>528</b>	

Do visits start on time?		
Yes	102	20%
No	409	80%
<b>Total</b>	<b>511</b>	



## Appendix 3. Prison population demographics

(as at 10 August 2018)

The demographics of the prison population on are set out below. Please note that the following figures, as at 10 August 2018, were supplied to the Inspectors by the Prison.

Status	Under 18s	18 to 20 year olds	21 to 65 year olds	66 and over
Sentenced	0	44	894	22
Recall	0	0	0	0
Remand convicted	0	0	0	0
Remand accused	0	0	0	0
Civil prisoners	0	0	0	0
Awaiting deportation	0	0	0	0
<b>Total</b>	<b>0</b>	<b>44</b>	<b>894</b>	<b>22</b>

Ethnicity	Under 18s	18 to 20 year olds	21 to 65 year olds	66 and over
Pākehā	0	3	143	9
Māori	0	27	356	3
Pasifika	0	12	259	8
Asian	0	0	84	1
Other	0	2	52	1
<b>Total</b>	<b>0</b>	<b>44</b>	<b>894</b>	<b>22</b>

Sentenced prisoners	Under 18s	18 to 20 year olds	21 to 65 year olds	66 and over
Less than 12 months	0	3	30	0
12 months to less than 2 years	0	8	105	0
2 years to less than 4 years	0	27	218	0
4 years to less than 10 years	0	5	284	7
10 years and over (not life)	0	0	141	9

Sentenced prisoners	Under 18s	18 to 20 year olds	21 to 65 year olds	66 and over
Preventative Detention	0	0	26	4
Life	0	1	89	2
<b>Total</b>		<b>44</b>	<b>894</b> (including 1 unknown)	<b>22</b>

Security category	Under 18s	18 to 20 year olds	21 to 65 year olds	66 and over
Minimum	0	1	197	14
Low	0	6	189	5
Low-Medium	0	9	266	3
High	0	28	242	
Maximum	0	n/a	n/a	n/a
<b>Total</b>	<b>0</b>	<b>44</b>	<b>894</b>	<b>22</b>

Main offence	Under 18s	18 to 20 year olds	21 to 65 year olds	66 and over
Violence against the person (including Firearm)	0	12	284	2
Sexual offences	0	1	217	20
Burglary	0	9	77	0
Robbery (including Aggravated Robbery)	0	21	100	0
Theft & handling (including receiving)	0	0	21	0
Fraud and forgery	0	1	10	0
Drug offences	0	0	162	0

Main offence	Under 18s	18 to 20 year olds	21 to 65 year olds	66 and over
Other (includes arson, perverting the course of justice, driving offences)	0	0	23	0
<b>Total</b>	<b>0</b>	<b>44</b>	<b>894</b>	<b>22</b>

Length of time on remand - accused and convicted	Under 18s	18 to 20 year olds	21 to 65 year olds	66 and over
Less than 1month	0	0	0	0
1 to 3 months	0	0	0	0
3 – 6 months	0	0	0	0
6 months – 1 year	0	0	0	0
1 – 2 years	0	0	0	0
More than 2 years	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Gangs (including affiliated)	Under 18s	18 to 20 year olds	21 to 65 year olds	66 and over
Bandidos	0	0	3	0
Black Power	0	2	47	0
Bloods	0	2	27	0
Crips	0	12	63	0
Head Hunters MC	0	1	33	0
Hells Angels MC	0	0	3	0
Highway 61 MC	0	0	0	0
Killer Beez	0	8	55	0
King Cobras	0	0	23	0
Mongrel Mob	0	2	46	0
Nomads	0	0	6	0
Tribesmen MC	0	3	17	0
Other	0	3	24	0
<b>Total</b>	<b>0</b>	<b>33</b>	<b>347</b>	<b>0</b>

## Appendix 4. Prisoner placement by security classification

(as at 14 August 2018)

The tables below show the prisoner placement by security classification on the first day of the inspection.

### House Block 1

Wing	High	Low Med	Low	Minimum	Total
1 (Voluntary Segregation)	30	16	5	5	56
2 (Restricted Regime 2)	60	0	0	0	60
3 (Restricted Regime 1)	37	2	1	0	40
4 (Induction)	33	6	14	6	59
<b>Total</b>	<b>160</b>	<b>24</b>	<b>20</b>	<b>11</b>	<b>215</b>

### House Block 2

Wing	High	Low Med	Low	Minimum	Total
1 (Voluntary Segregation)	22	16	16	13	67
2 (Voluntary Segregation)	23	20	12	9	64
3	0	34	26	9	69
4	0	40	22	8	70
<b>Total</b>	<b>45</b>	<b>110</b>	<b>76</b>	<b>39</b>	<b>270</b>

### House Block 3

Wing	High	Low Med	Low	Minimum	Total
1	41	14	3	0	58
2	0	38	21	11	70
3	0	30	23	17	70
4 (Whare Ora)	9	18	6	9	42
<b>Total</b>	<b>50</b>	<b>100</b>	<b>53</b>	<b>37</b>	<b>240</b>

On the first day of the Inspection, the secure House Blocks accommodated a total of 725 prisoners as shown below:

- High Security: 255 prisoners;
- Low Medium: 234 prisoners;
- Low Security: 149 prisoners; and
- Minimum security: 87 prisoners.

The Residences, which offer internal self-care places accommodated a total of 220 prisoners as shown below:

- Low Medium security: 37 prisoners;
- Low security: 59 prisoners; and
- Minimum security: 124 prisoners.

## Appendix 5. Overview of OPCAT

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

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

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

### Places of detention

Section 16 of COTA identifies a ‘*place of detention*’ as:

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

- (a) a prison ...
- (c) a court cell.

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

### Carrying out the NPM’s functions

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

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

Under COTA, NPMs are entitled to:

- access all information regarding the number of detainees, the treatment of detainees and the conditions of detention;
- unrestricted access to any place of detention for which they are designated, and unrestricted access to any person in that place;

- interview any person, without witnesses, either personally or through an interpreter; and
- choose the places they want to visit and the persons they want to interview.

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

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

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

## More information

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

## Appendix 6. Glossary

Canteen	Canteen, also known as P119, is a list of items available to prisoners for purchase.
CMS	Custodial Management System
CMs	Case Managers
Dispensary	For the purpose of this report, a dispensary is a room where medications, including controlled drugs, are stored.
HB	House Blocks
HCA	health care assistants
HRAT	High Risk Assessment Team
IHA	Initial Health Assessment
IOMS	Integrated Offender Management System
MedTech	The Prison's electronic health management system
Meganexus	Serco's internal data recording system
MIRP	Medium Intensity Rehabilitation Programme
Moodle	The Prison's online learning platform
P119	Canteen, also known as P119, is a list of items available to prisoners for purchase.
PCO1	The prison's general complaints system
PERFs	Purposeful Engagement Referral Forms
Responsible Prisoner Model	'All Prisoners are encouraged and actively supported to behave positively in an environment of mutual respect; and Prisoners who display unacceptable behaviour are managed in an effective, objective, fair and consistent manner, which, where appropriate and possible, addresses the underlying reason(s) for their behaviour.' Schedule 14 Corrections Services Requirements (Serco Contract).
RFPS	Regional Forensic Psychiatric Service
RHT	Reception Health Triage (RHT) is the first opportunity that health services staff have to obtain health information about prisoners who may need health services while they are in prison. The purpose of the RHT is to ensure that the prisoner's immediate health needs are clinically addressed in a timely manner. The RHT is completed on the day of reception.
RO	Receiving Office
RO	Reintegration Officer
SRU	Separation and Reintegration Unit