



# Ombudsman

Fairness for all

.....

## OPCAT Report

# Report on an unannounced inspection of Christchurch Men's Prison Under the Crimes of Torture Act 1989


.....

**5 December 2017**

Peter Boshier  
Chief Ombudsman  
National Preventive Mechanism

.....

Office of the Ombudsman  
Tari o te Kaitiaki Mana Tangata





## Contents

Foreword	6
Facility Facts	9
Region	9
Operating capacity	9
Prison Director	9
Regional Commissioner	9
Previous inspections	9
<b>The Visit</b>	<b>10</b>
Visit methodology	10
Inspection criteria (the criteria)	10
Evaluation	11
<b>Criteria 1: Treatment</b>	<b>13</b>
Assessment	13
Use of Force	13
Management Unit (MU)	14
Directed Segregation	15
At-Risk Unit (ARU)	16
Management of prisoners in the ARU	17
<b>Criteria 2: Transition to lawful custody</b>	<b>22</b>
Assessment	22
Receiving Office (RO)	22
Prisoner transport	22
Audio Visual Links (AVL)	23
Telephone and visitor approvals	23
Induction	23
Good practice	24
<b>Criteria 3: Decency, dignity and respect</b>	<b>25</b>
Assessment	25
Equality and Diversity	25
Dignity	26
Prison entry search	26
Staff/prisoner relationships	26
Meal times	27
Clothing and wet weather gear for prisoners	28
Chaplaincy	28

Cultural support	29
Accommodation and unlock times	29
<b>Criteria 4: Personal safety</b>	<b>33</b>
Assessment	33
Violence	33
Drug Testing	34
Gang Management	34
Harmony agreements	35
<b>Criteria 5: Health and wellbeing</b>	<b>37</b>
Assessment	37
Overview	37
Primary health care	38
Dental Services	39
Pharmacy	39
Mental health	41
Alcohol and drug service	41
<b>Criteria 6: Fairness and protective measures</b>	<b>44</b>
Assessment	44
Complaints	44
Voluntary Segregation (VS)	44
P119 and TV	45
<b>Criteria 7: Purposeful activity and family contact</b>	<b>47</b>
Assessment	47
Visits	47
Telephone	48
Consultation with prisoners	48
Remand Prisoners	48
Time out of cell	49
Activities	49
Industry Treatment and Learning (ITL)	50
Case management	51
Employment	52
Programmes	53
Scheduling	54
Education	54
Outdoor exercise	54
Physical education	55
Library	55
<b>Criteria 8: Preparation for successful return to the community</b>	<b>57</b>
Assessment	57
Progression	57

Guided release	57
Out of Gate (OOG)	57
<b>Youth Unit</b>	<b>59</b>
Assessment	59
Facilities	59
Accommodation	59
Clothing and bedding	60
Routines	60
Visits	60
Purposeful activities	60
Staff/prisoner relationships	61
Case management	61
Misconducts	61
Complaints	62
<b>Appendix 1: Corrections’ comments on recommendations that were accepted</b>	<b>63</b>
<b>Appendix 2: Inspection Team (the Team)</b>	<b>75</b>
<b>Appendix 3: Questionnaire feedback</b>	<b>76</b>
Section 1: About you	76
Section 2: Respect and dignity	77
Section 3: Complaint process	77
Section 4: Safety	78
Section 5: Health	79
Section 6: Purposeful Activity	81
<b>Appendix 4: Prison population breakdown</b>	<b>83</b>
<b>Appendix 5: Overview of OPCAT – Prisons</b>	<b>85</b>

## Foreword

Christchurch Prison is one of New Zealand's larger prisons, and the largest in the South Island. The make-up of the prisoner population in New Zealand has been changing recently with increased numbers of remand prisoners, which has contributed to unprecedented prisoner numbers. This was reflected in the population in Christchurch Prison, where at the time of inspection 33<sup>1</sup> percent of prisoners were on remand and 30 percent were experiencing prison for the first time.

Inspectors noted areas of good practice in the way prisoners were received into lawful custody; procedures for access to telephones and visitor approvals were effective; efforts to maintain standards of decor were having a positive effect on the environment; and staff engagement and interaction with young offenders was positive. Health care services for prisoners were reasonably good with some impressive work being undertaken by the clinical in-reach nurse.

Initial impressions of a safe and secure environment were not entirely borne out in the inspection.

Inspectors were reminded by managers and staff during the course of the inspection that staff safety, security and control were priorities. It was therefore concerning to discover that force had been used on prisoners and had not been recorded in the Use of Force Register, and that the Prison had not complied with processes for the management of prisoners suspected of concealing articles.

I share Corrections' disappointment, expressed in their media release of 15 April 2017, about a report into the security breach at Christchurch Men's Prison in June 2016, that standard policies and procedures were not being followed. The Prison Director was to provide assurance that all staff and managers are aware of their obligations in regards to incident reporting in accordance with the Prison Operations Manual.

The report into the security breach also included recommendations that the Prison Director review the method by which staff provide meals to the prisoner population; and review the employment of prisoners holding influential positions such as the kit locker, servery worker and other internal employment, to ensure that they are the correct prisoners in these roles and that all prisoners are receiving their appropriate entitlements.

During the inspection, prisoners were asked by Inspectors to complete questionnaires about their experience in the Prison. The information gathered as a result of these questionnaires provides indicative contextual information for my Inspectors' observations during the inspection.

---

<sup>1</sup> Based on the Prison data made available at the time of the inspection. Thirty-three percent of questionnaire respondents identified as remand.

A considerable number of questionnaire respondents<sup>2</sup> said they had no confidence in the complaints system, which is similar to the findings in other recent prisoner surveys undertaken by the OPCAT team.

Thirty-seven percent of the prisoners who completed the questionnaire identified as Māori or Māori/Pakeha. There was limited provision of services to meet their cultural needs; nearly seventy percent of questionnaire respondents reported difficulties in accessing cultural services.

There were areas of the Prison that experienced high levels of violence. Sixty-seven percent of questionnaire respondents stated that they had felt unsafe in the Prison, an increase of 16 percent from our 2012 survey. Over 60 percent of questionnaire respondents said they had been bullied at some time in the Prison. Nearly half of all questionnaire respondents—49 percent—said they had been assaulted, but only 27 percent reported the matter to staff.

Conditions for prisoners in the At-Risk Unit were unacceptable. The environment does not provide suitable accommodation for distressed individuals assessed as likely to commit self-harm or suicide, or who may be suffering serious mental health issues. The Prison's efforts to improve the environment and treatment were superficial. Corrections had committed to addressing concerns and criticisms made in my report '*A Question of Restraint*'.<sup>3</sup> It has been disappointing to note a lack of any real progress in improving conditions or treatment for mentally unwell and suicidal people.

The Management Unit was similarly unfit for any purpose other than the secure containment of prisoners. I note that there were plans to redevelop both facilities, and expect that not only new facilities but also new approaches will be developed in line with modern thinking and international best practice.

The regime for remand prisoners remains inadequate. It was particularly disappointing to note that opportunities and conditions for remand prisoners at the Prison had not significantly improved since the 2013 visit to New Zealand of the UN Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Periods of unlock had not changed and access to constructive activities was limited.

The regime for high-security prisoners was largely lacking in imagination and impoverished. Prisoners spent too long locked up and had access to few meaningful activities when unlocked. Generally, low-security prisoners enjoyed longer unlocks, access to employment, and interventions to address offending.

Coordination of access to such rehabilitative provision is one purpose of the case management system, which at Christchurch Men's Prison was a highly controlled process. The reported focus was on meeting deadlines for compiling reports, which appeared to be of limited utility in

---

<sup>2</sup> Eighty-two percent - the design of the questionnaire was such that it would have included complainants who had not themselves made a complaint. The questionnaire has been revised to provide clearer statistics on this matter in the future.

<sup>3</sup> '*A question of restraint – Care and management for prisoners considered to be at risk of suicide and self-harm*', Office of the Ombudsman, March 2017.

informing the range of constructive and purposeful activities on offer. Scheduling of courses and subsequent progression following successful completion were acknowledged as areas for improvement, which were also identified during the UN Subcommittee's visit in 2013.

It was disappointing to note that a number of issues that were identified during the course of this inspection, not least the conditions for remand prisoners and the management of prisoners in the At-Risk Unit, had been raised before. Concerns raised in prisoner surveys in 2012 and 2013 remained unaddressed, leading to prisoner frustration and cynicism. Corrections' Well Functioning Site Assessment carried out in February 2014 identified a number of areas for improvement that had not been progressed. Some recommendations made in the summary report into the security breach in June 2016 regarding distribution of prisoners' food had not been fully embedded into practice.

We will continue to monitor and report on the Prison's progress with follow-up visits.

Peter Boshier  
Chief Ombudsman  
National Preventive Mechanism



## Facility Facts

Christchurch Men's Prison (the Prison) is situated to the West of the central city and is one of New Zealand's larger prisons accommodating both remand and sentenced prisoners.

The original prison was opened in 1915 and could accommodate 81 prisoners. Subsequent wings have come on stream over the years with the Remand Centre opening in 1999.

There are five specialist units, including a Youth Unit, which provide long and intensive rehabilitation programmes aimed at specific causes of offending.

## Region

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

## Operating capacity

920

## Prison Director

John Roper

## Regional Commissioner

Ben Clark

## Previous inspections

Unannounced Inspection, Youth Unit (and questionnaire)—July/August 2013

Unannounced Inspection, J Block—June 2013

Announced (site wide) Prisoner Questionnaire—June 2012

Informal visit—December 2008.

## The Visit

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

From 3 April to 12 April 2017, a team of eight Inspectors and specialist contractors<sup>4</sup> (to whom I have delegated authority to carry out visits to places of detention under COTA)<sup>5</sup> visited Christchurch Men's Prison (the Prison).

### Visit methodology

At the commencement of the visit the inspection team (the Team) met with the Prison Director before inspecting the site. On the first day of the inspection, there were 897 prisoners in the Prison.

A voluntary, confidential and anonymous prisoners' questionnaire was distributed. The questionnaire is designed to capture prisoners' experiences and perceptions. The Team spoke with prisoners individually and in groups to explain the purpose of the questionnaire. Results of the questionnaire are just one of several sources of evidence used and triangulated by Inspectors to help them form judgements about the Prison.<sup>6</sup>

Eight hundred and fifty-three questionnaires were given out and 534 were returned (63 percent). A copy of the questionnaire and responses is at Appendix 3.<sup>7</sup>

The Prison has one of two Youth Units in New Zealand. All inspection criteria standards were applied to the Youth Unit inspection, and we report on the Youth Unit separately at page 59.

### Inspection criteria (the criteria)

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

---

<sup>4</sup> See Appendix 2 for list of inspectors.

<sup>5</sup> Acting under delegation of the National Preventive Mechanism, Chief Ombudsman Peter Boshier.

<sup>6</sup> The questionnaire gives prisoners the opportunity to raise their concerns as well as acknowledging what is working well. Responses to the questionnaire should be used as a tool toward open communication with the client group (prisoners) and predicting future behaviour and feeling.

<sup>7</sup> Prisoner questionnaire is based on Her Majesty's Inspectorate of Prisons (HMIP) prisoner survey.

This was the third full inspection undertaken using my new inspection criteria. These criteria will be trialled and refined as necessary. On completion of the trial we will publish the final criteria on the Ombudsman's website.

The following criteria were examined during the ten-day inspection:<sup>8</sup>

Standard 1: Treatment

Standard 2: Transition to lawful custody

Standard 3: Decency, dignity and respect

Standard 4: Personal safety

Standard 5: Health and wellbeing

Standard 6: Fairness and protective measures

Standard 7: Purposeful activity and family contact

Standard 8: Preparation for successful return to the community

## Evaluation

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

- obtaining information and documents from the Department of Corrections and the Prison;
- conducting a questionnaire of prisoners;
- shadowing and observing Corrections Officers and other specialist staff as they perform their duties within the Prison;
- 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 impacting on both the management of the Prison and the future of the prisoners, such as case conferences;
- reviewing policies, procedures and performance reports produced both locally and by the Department of Corrections; and

---

<sup>8</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 NZ Bill of Rights Act 1990 (NZBORA) and the Corrections Act 2004 and Regulations.

- observing early morning, evening and weekend routines.

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

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

## Assessment

### Use of Force

The use of force in prisons is regulated by section 83 of the Corrections Act 2004. Under section 83, physical force can only be used in prescribed circumstances and if reasonably necessary. Additionally, the level of force used must be reasonable. Where force has been used, prisoners must be examined by a registered health professional.

Inspectors examined the paperwork for the 60 instances where use of force was reported in the period from 3 August 2016 – 28 March 2017. Inspectors noted that the records were generally of a good standard and procedures satisfactory. It was also noted that a high number (15) of incidents of use of force involved prisoners either in, or relocated to the At-Risk Unit (ARU), which was a cause for concern.

Inspectors reviewed the small number of reported incidents that involved mechanical restraints and noted that the duration had been quite short. We were advised that handcuffs had been applied only during the movement of the prisoners between the accommodation areas and the Management Unit. The tie-down bed had been used in the ARU on 14 November (for 15 hours). Reasons for its use were questionable as the records did not indicate a life threatening situation. Inspectors were concerned to note that the incident was not recorded in the Use of Force Register.

It was also a matter of considerable concern that a number of incidents were brought to Inspectors' attention by prisoners who claimed to have been the subject of use of force or mechanical restraints that were not recorded. They had made complaints that they claim had been ignored by staff.

We were also later advised by Corrections National Office that mechanical restraints had been used on a prisoner who was segregated under section 60<sup>9</sup> of the Act on two occasions in September and October 2016. He was suspected of swallowing an article while at work. He was taken for an x-ray, which was 'inconclusive'. On his return to the Prison he was handcuffed and located in a dry cell in the ARU. He was denied access to a shower, his bedding was removed during the day, he was not allowed any hot drinks, he was compelled to wear strip clothing and not allowed to wear underwear for a total of nine days. Nothing was found on either occasion.

---

<sup>9</sup> Segregation for the purpose of medical oversight. There had been 53 recorded instances of segregation in the period January 2016 to April 2017.

There were no entries in the Use of Force Register for either event. The Prison had not complied with policies and procedures for the management of such cases.

One entry did record the use of force on a prisoner who was also detained in the ARU under section 60 of the Act as he was believed to have swallowed an article he received at a visit. The record stated that 'pressure was applied around his Adam's apple to prevent him swallowing the article'. This is not an approved restraint technique.

Two prisoners had asked staff for the use of force against them to be referred to the Police as they believed they had been assaulted during the incidents. The matters were reported promptly and one case was dealt with quickly. The other case, which occurred in January 2017, was not formally recorded as closed until 12 April. In both cases, the Police did not interview the prisoners concerned before deciding there was no merit to their complaint.

It was also noted that force had been used on a prisoner who had apparently been suffering a seizure, which was notified to staff by his cell mate. The prisoner was removed from the cell and was described by staff as agitated, disoriented, bleeding from the mouth and confused. Staff reported that he had subsequently become aggressive towards them and force was used to restrain him. He was handcuffed and moved to the Management Unit during which time he continued to offer hard resistance to the extent that he was taken to the ground multiple times during the removal. He was strip searched under restraint when placed in a cell in the Management Unit. After assessment by the on-call nurse, he was taken to hospital for further assessment and treatment before returning to the Prison where he was placed on 30 minute observations in the ARU.

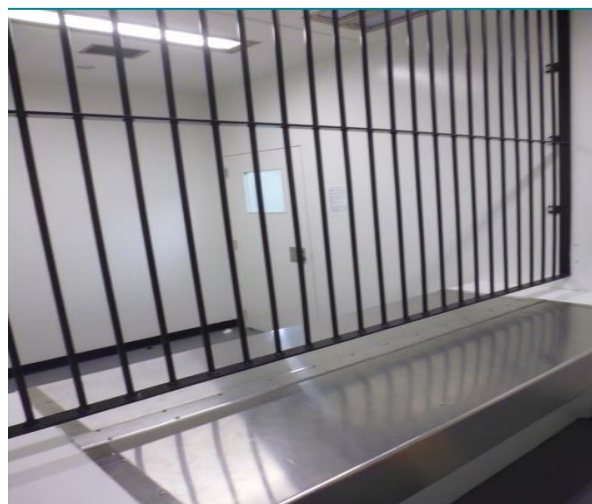
### Management Unit (MU)

The MU was divided into two areas: a 14-bed management facility and a three-bed Separates area for those prisoners undergoing a punishment of cell confinement. The MU, which could hold 17 prisoners, was relatively clean and tidy and free from graffiti.

Cells had their own toilet and shower facilities, which offered an acceptable degree of privacy. Access to the yards was controlled from the staff base. Prisoners undergoing a period of cell confinement were required to shower in their exercise yard. In our report of an unannounced visit to the MU in August 2013, we recommended that suitable alternatives should be made. Corrections accepted the recommendation and were '*currently looking into facility options to address the issue of prisoners showering outdoors in these circumstances*'. It was noted that '*these facility options will be expensive and take time to implement*'.



*Figure 1: Management cell-exercise yard*



*Figure 2: Visitor/interview room*

There were no dayrooms or activities in the MU, which limited the opportunities for staff to have face-to-face contact with prisoners. Prisoners spent little time out of their cells—between one and two hours a day. Visits took place in the MU and visitors were separated from the prisoner by a grille. Prisoners had access to a payphone in a locked room, which provided both privacy and security. All meals were eaten in cells. An out-of-date notice describing the former complaints process was pinned on a notice board. Inspectors noted the noise level after 6pm (from a prisoner’s radio) was excessive. Staff did not consider it sufficiently unusual, which would suggest they had become conditioned to the situation.

The MU was not fit for purpose other than the containment and isolation of prisoners. We were pleased to note that a new, purpose-built management facility was planned with a completion date of late 2017. We recommend that the design should incorporate the standards set out in Mandela Rule 42,<sup>10</sup> and that interventions be developed to engage more actively with prisoners whose behaviours require them to be kept separate from their peers.

### Directed Segregation

Prisoners who were subject to sections 58 or 59 of the Corrections Act (Directed Segregation) were held in the MU. Segregation is the restriction or denial of a prisoner’s opportunity to associate with other prisoners.

There were 12 prisoners on Directed Segregation on the first day of the visit—seven had been on segregation between three and four months. All the necessary paperwork that was inspected was completed and signed within required timeframes, with copies provided to the prisoner. The Segregation Register and associated paperwork recorded 168 incidents of segregation for the period January 2016 to 28 March 2017.

---

<sup>10</sup> Mandela Rule 42 addresses general living conditions including those related to light, ventilation, temperature, sanitation, nutrition, drinking water, access to open air and physical exercise, personal hygiene, health care and adequate personal space.

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

### At-Risk Unit (ARU)

The ARU comprised 14 at-risk cells and two dry rooms. The ARU was sparsely furnished with limited communal space and two cage-like exercise yards adjoining two unfurnished recreation rooms. There were three showers in locked metal cubicles. Cells on the east side had no windows and consequently no natural light. Air vents above the cell door had been covered with black plastic bags from the outside. Natural light and fresh air are a requirement under Rule 14(a) of the Nelson Mandela Rules.

Inspectors were concerned that prisoners considered to be at risk of self harm were not afforded the same standard of facilities as those prisoners subject to Directed Segregation.<sup>11</sup>

All cells, including the unscreened toilets, were subject to CCTV monitoring, which was displayed in the staff base and master control. The cameras could be viewed by anyone entering the staff base and presented a significant privacy issue. Corrections' policy for toilets in the ARU cells to be unscreened<sup>12</sup> gave prison staff (and others) the ability to observe, either directly or through camera footage, prisoners undertaking their ablutions or in various stages of undress. I considered this amounted to degrading treatment or punishment for the purpose of the Convention Against Torture.

However, I note that Schedule 2 Part C of the Corrections Regulations provides that cells for prisoners at risk of self-harm must have *'no privacy screening or other barrier that prevents a full view of the cell from the door window'*, which constrains Corrections' ability to fully address this issue.

Corrections has set up a comprehensive working party to address balancing the privacy rights of prisoners with prisoner observation, and to engage with the Office of the Ombudsman to this end. I consider that amending Schedule 2 Part C should be considered in the context of this working party.

---

<sup>11</sup> Corrections Regulations 2005 r58 states segregation facilities must have natural lighting.

<sup>12</sup> Cells for the management of at-risk prisoners in the privately operated Auckland South Corrections Facility afford prisoners an appropriate degree of privacy and dignity.





Figure 3: ARU—dry room entrance



Figure 4: ARU—dry room

Inspectors sighted plans for a redeveloped ARU; however, there was no commencement date and it was not listed on the capital expenditure project plan. The ARU design and operating regime were anti-therapeutic and not fit for purpose.



Figure 5: ARU—showers



Figure 6: Recreation room with adjoining yard

## Management of prisoners in the ARU

There were 372 admissions to the ARU for the period 16 October 2016 to 17 April 2017. The average length of stay was five days; the longest stay was 83 days. Five prisoners were transferred to the forensic service during this time. The average waiting time for a forensic bed was four weeks.

One prisoner in the ARU had been secured to the tie-down bed for over 15 hours. With the exception of recording its use in the Use of Force Register, the Prison had completed the necessary paperwork. However, there was no record of any attempts to engage with the

prisoner to establish why he was so distressed. Inspectors subsequently spoke with the prisoner who informed them that while he had been in hospital receiving treatment following a self-harming incident, he was allowed to wear normal clothing and associate with other patients. On his return to the Prison, he was told he was going to be segregated in the ARU and would be wearing a strip gown.

The Prison Director informed Inspectors that local policies and practice for the care of prisoners at-risk of suicide and self-harm were being revised as a matter of priority and would include an increase in mental health support.

As part of the 'Canterbury Seamless Transition' project, Inspectors were encouraged to hear and read<sup>13</sup> about the introduction of new processes for the transition of at-risk prisoners back to mainstream units. Mention was made of mental health awareness training for staff and the introduction of chalk walls and board games for use in the recreation rooms. It was also noted that prisoners may be permitted to wear tracksuits in preparation for return to the units. The reality was markedly different. Inspectors did not observe prisoners playing board games in the day rooms or using the chalk walls. Prisoners were not wearing track suits; strip gowns remained the default garment, and time out of cell was limited to between one and two hours a day.

We were especially concerned about the removal of a prisoner's hearing aid during his placement in the ARU. We did not accept Corrections' explanation that this was necessary for safety reasons.

Staff reported that they had received little in the way of mental health awareness training or how to de-escalate or divert mentally unwell prisoners. This may, in part, account for the number of times force was used in the ARU. We were pleased to note that the Prison's psychological services team were planning to conduct fortnightly supervision sessions with ARU staff. However, at the time of the inspection interactions with prisoners were limited and transactional. Several opportunities were missed to engage positively with vulnerable prisoners.

Generally, paperwork that was presented was of a reasonable standard. Health staff conducted an initial in-depth assessment with prisoners transferred to the ARU and completed an exit/transfer guide (for staff) to accompany prisoners returning to their units. Plans identified triggers and warning signs for staff to observe in relation to deterioration in the prisoner's wellbeing. There was little documented in terms of therapeutic work with the prisoners whilst they were in the ARU. One prisoner who had been placed in the ARU to 'detox' reported '*When I first arrived I was put into ARU to detox. I was in an empty cell with no entertainment such as TV, radio or book. The light was on 24/7 and the only noise was a loud fan in the roof.*'

Inspectors were concerned to see a derogatory poster, created by staff, in the ARU guardroom, which mocked a prisoner who had been in the ARU for an extended period including a period

---

<sup>13</sup> Christmas edition of the Prison's staff newsletter – 'Reflections'.

on the tie-down bed. The Prison Director took prompt action to remove it when it was brought to his attention.

There were two working telephones in the ARU (one in each recreation room). The prisoner complaints process was not visible although the free-phone number for the Ombudsman was displayed next to the phones.

Evening meals were distributed as early as 3.15pm and breakfast at 8.30am, resulting in a gap of over 17 hours between meals. All meals were eaten in cells.

In the absence of a new, national policy and no real changes in local practice for the care of prisoners assessed as at risk of self-harm or suicide, there remained little diversion for prisoners in the ARU. The Department has informed us that a full review of ARUs will commence in July 2017.

### **Recommendations—treatment**

1. I recommend that:
  - a. The Prison Director investigates the prevalence of use of force in the ARU.
  - b. Firm action is taken to ensure the integrity and reliability of records and the reporting systems.
  - c. Only approved Control and Restraint techniques are used by staff at the Prison.
  - d. The Prison Director ensures that processes for referral and subsequent management of prisoner complaints to the Police are followed.
  - e. Processes to easily identify prisoners in the wings with a recognised health condition should be implemented.
  - f. Prisoners in the ARU are held in cells that meet Corrections' standards for natural light.
  - g. Measures be undertaken to better protect the privacy of prisoners in the ARU when they are naked, partially naked, or undertaking their ablutions.
  - h. The Prison Director reviews the treatment of prisoners considered to be at risk of suicide or self harm. Prisoner-centric management plans should be developed to assist prisoners while they are in the ARU and on their return to mainstream units. The prisoner should receive a copy of their management plan.
  - i. Staff selection processes for the ARU should be improved to ensure staff with the necessary skills and attitude work in the Unit.
  - j. Training, supervision and support of staff in the ARU should be improved.
  - k. Meals should be served at normal hours. This would involve lunch being served any time between midday and 1.30pm and dinner to be served any time between 5pm and 7pm.

Corrections accepted recommendations 1a, 1b, 1c, 1d, 1f, 1g, 1h, 1j and 1k.<sup>14</sup>

Corrections rejected recommendation 1e and stated:

*These processes have existed for a long time. Upon arrival in prison, each prisoner is given a Reception Risk Assessment (or RRA, also called a New Arrivals Risk Assessment or NARA). Identifying recognised health conditions is one of the core functions of the RRA. Additionally, all prisoners newly arrived into custody are assessed and provided the information booklet 'Managing your health in prison'.*

*There is nothing in the Draft Report to suggest that there is any inadequacy in the existing processes. The criticism implied by this recommendation is therefore unwarranted. A reader of the Draft Report could reasonably draw the alarming (and incorrect) conclusion that no such processes exist.*

*Health conditions that emerge while a prisoner is in the Prison are primarily identified by prisoners' self-reporting. A working group was put together in late 2016 to review the current process of managing health request forms. This group was tasked with addressing a backlog of health request forms, some of which had not been actioned within the recommended 7 day timeframe. The working group reviewed current local procedure of responding to health request forms, and made significant changes to how these were being managed. In December 2016 the new process was implemented on site. Team Leaders now oversee the management of health request forms, and allocate these to nurses each day, taking into account the priority of the need, and the availability of specialist staff. Since the new process has been in place, prisoners are having their health needs met within a much shorter timeframe (and within the recommended 7 day timeframe). Team Leaders have oversight of the prisoner health needs on the site.*

*Also, custodial staff on units are aware that they should contact a nurse in the Health team if they have concerns about a prisoner's health (such as possible deterioration of mental health, or a physical health concern which a prisoner has not identified to health via the Health Request Form. Health and Custody staff at Christchurch Men's Prison prioritise maintaining their good working relationship in order to ensure the health and wellbeing of prisoners.*

There is still no easily accessible process in place, particularly for night staff, which discreetly notifies staff of those prisoners with particular health issues, such as epilepsy or diabetes, who may require assistance or display unusual behaviour that needs to be managed more sensitively or urgently.

Corrections rejected recommendation 1i and stated:

*Staff placed into this area are selected from those who have expressed an interest.*

In my report 'A Question of Restraint', I noted that the general management of at-risk prisoners was substandard and detrimental to their wellbeing. There was a danger that order and

---

<sup>14</sup> Corrections' comments on recommendations 1a, 1b, 1c, 1d, 1f, 1g, 1h, 1j and 1k can be found in Appendix 1.

security prevailed too easily over dignity and fairness; specifically, the care and treatment of adult prisoners considered to be at risk of suicide and self-harm.

## Criteria 2: Transition to lawful custody

### Expected outcomes—transition to lawful custody

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

## Assessment

### Receiving Office (RO)

The RO was a busy place where storage and capacity were under pressure. Inspectors were pleased to note that the procedures and practices in managing the transition to custody were good. Inspectors observed the admission of a first offender and were impressed with the way that staff dealt with him, managing the process with sensitivity and empathy. The prisoner was given footwear because his shoes were unsuitable. While in the RO, staff arranged a phone call to his father, who was anxious, and ‘first night in custody’ supplies were provided. The prisoner was made fully aware of what would happen next, what support and advice was available and how to access such assistance. Inspectors observed the operation of the RO over the course of the inspection and were satisfied that the good practice that we noted was the norm. However, 50 percent of questionnaire respondents said they could not readily access their property.

Prisoners reported that the holding areas were cold; Inspectors agreed with this. The holding areas had little written information for prisoners about the range of services provided or safeguards such as complaints procedures, and no information was provided in languages other than English. Arrangements for quick access to translators to assist in the admission and induction of prisoners who did not understand English were under-developed.

Other jurisdictions routinely use video to inform prisoners in waiting areas and holding cells about the range of services, prison routines and arrangements to access support as part of a ‘rolling induction process’. We suggest that Corrections explores how this might enhance current practice, in light of the low literacy rate in prisons.

### Prisoner transport

The Kaikoura earthquake has presented a number of challenges in servicing the Courts in the upper South Island. Pragmatic arrangements have been made with the Police to move prisoners to and from court. We recognise that a degree of pragmatism and compromise is to be expected, but note inconsistencies in practice regarding the handcuffing of prisoners being

transported in secure vehicles,<sup>15</sup> and in providing—or not providing—prisoners with drinking water.<sup>16</sup>

Vehicles were not particularly comfortable. Cubicles were small and cramped. The journey from Christchurch to Greymouth takes approximately four and a half hours. Prisoners were offloaded for around half an hour for lunch, a toilet break and to stretch their legs; the journey from Greymouth to Nelson takes a further four and a half hours.

### Audio Visual Links (AVL)

The use of AVL has been successful in reducing the number (and associated disruption) of Court appearances for routine and often very short appearances. The process was managed satisfactorily in the Prison. We would encourage efforts to further improve efficiency and collaboration with criminal justice colleagues, as well as encouraging greater use of AVL for family contact. A prisoner reported that AVL was not used to support family contact, stating *'the PCO is denying my request for AVL visit with my partner and son. It is the only visit I can get as they live in Nelson. I know AVL visits can be done as I had them in OCF last year'*.

### Telephone and visitor approvals

An important issue in reducing the stresses around coming to prison is the ability to re-establish contact with whānau and friends. We were pleased to see that the procedures and practices around access to telephones and visitor approvals were efficient and effective. One minor area to be addressed was the timely provision of a telephone PIN<sup>17</sup> number to those prisoners who do not submit personal numbers for approval to allow them access to the approved range of 0800 numbers.

### Induction

RO staff advised prisoners about the next stage in their transition to custody. Prisoners were allocated to accommodation according to their classification and circumstances, and escorted to their units.

An induction process took place in the units where the routines were explained. Prisoners were provided with advice about their entitlements and arrangements for family contact. They were also reminded that they should approach a member of staff for clarification rather than relying on guidance from other prisoners. Cell sharing assessments were completed before the prisoners were located in a cell. Up-to-date notices describing routines and arrangements were not available in all units.

---

<sup>15</sup> Police do not apply handcuffs to prisoners who are being transported in secure vehicles. Corrections do apply handcuffs to prisoners being transported in secure vehicles. Police and Corrections vehicles are similar in design. Water is not routinely provided for the journey.

<sup>16</sup> Section 72 of the Corrections Act states that 'drinking water must be made available to every prisoner whenever he or she needs it'.

<sup>17</sup> PIN – personal identification number.

Inspectors followed the progress of a prisoner who had been remanded in custody for the first time. He was fully aware of what had taken place, described how he could contact his family and demonstrated a satisfactory level of understanding about unit routines and arrangements. However, arrangements for foreign nationals, speakers of other languages and those with literacy issues were less effective.

## Good practice

Procedures for receiving and discharging prisoners and for processing telephone and visitor approvals worked well at the Prison.

### Recommendations—transition to lawful custody

2. I recommend that:

- a. Prison management review the procedures for access to property to ensure prisoners can readily access their property.
- b. The RO improve the accessibility of notices and key information for prisoners.
- c. Prison management review induction arrangements for foreign nationals, speakers of other languages and those with literacy issues, and improve these arrangements to ensure these prisoners are fully briefed on prison procedures.

Corrections accepted the recommendations.<sup>18</sup>

---

<sup>18</sup> Corrections' comments on recommendations 2a, 2b and 2c can be found in Appendix 1.



## Criteria 3: Decency, dignity and respect

### Expected outcomes—decency, dignity and respect

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

## Assessment

### Equality and Diversity

The Prison did not have an Equality or Diversity policy, although elements of equality practice are referred to across various prison and Corrections policies.<sup>19</sup> Inspectors generally found that staff and prisoners were unable to clearly articulate basic expectations and standards in relation to equality and diversity. Corrections report that a national working group had been initiated and a Diversity and Equality strategy would be developed by April 2017.<sup>20</sup> We suggest that our observations about the provision of information and support to speakers of other languages and those with literacy issues might usefully be included in any future strategy.

Prisoners who were identified as having mobility challenges reported to Inspectors that they had not encountered any significant adverse conditions during their time at the Prison. However, confidential questionnaire feedback indicated that 23 percent of respondents identified as having a physical disability, and of those 79 percent did not feel supported with their disability needs.

Throughout the course of the inspection, we encountered prisoners with a number of learning difficulties and intellectual challenges ranging from literacy and numeracy issues to speech and cognition impairments. While Corrections advised that tailored support to prisoners with cognitive impairments exists through established relationships with external providers, the efficacy of that support was not evident.

Forty-seven percent of questionnaire respondents identified as having emotional/mental health issues, and of those 76 percent did not feel supported with their mental health needs. We were not assured that these prisoners received the same level of attention and support from custodial staff as prisoners with obvious physical disabilities.

---

<sup>19</sup> While Corrections does not presently have a separate Equality and Diversity policy, the Department states that provisions are included throughout other policies. Equality for prisoners is provided for in the Prison Operations Manual (POM).

<sup>20</sup> Response and Action Plan to OPCAT Recommendations from Hawke's Bay Prison Inspection, December 2016.

## Dignity

Inspectors spoke with a prisoner who had all his teeth removed whilst in the Prison and had requested that Corrections arrange for him to have dentures. The prisoner complained that he could not eat in front of other prisoners, was not confident talking and was becoming quite socially isolated and embarrassed. We were concerned to be told that Corrections would not consider him for dentures until he had paid for his prescription glasses (at \$6.00 a week). The prisoner had no further funds available to pay for the dentures.

Inspectors drew this issue to the attention of the Prison Director and Health Centre Manager and were pleased to report that arrangements were made for the prisoner to be supplied with dentures, which he would pay off at an agreed rate.

## Prison entry search

Sections 94(2)<sup>21</sup> and 99 of the Corrections Act, and Corrections Regulations Part 8 describe the general rules and requirements when entering prisons.

Entry to the Prison was controlled by staff at the gatehouse. The process was similar to airport security checks, with articles scanned electronically and visitors and staff passing through a walk-through metal detector (WTMD). If the WTMD indicated (beeped), gatehouse staff would use a hand-held detector to identify more accurately the location on the body of any metal. The Prison policy was that entry would be denied to anyone who could not pass through the WTMD after three attempts.

There were notices in the gatehouse for visitors that suggested that they should not wear any garments that might trigger the WTMD. The setting of the WTMD was such that garments such as underwire bras would routinely activate it.

Prisoners reported to the Inspectors that their female visitors had been taken to a search room and asked to remove their bra to demonstrate to staff that they were not attempting to introduce contraband. There were four complaints logged in IOMS<sup>22</sup> relating to female visitors being asked to remove their bras. Furthermore, several female staff members also complained that they had been asked to remove their bra before being allowed entry to the Prison. Inspectors whose clothing activated the WTMD were advised to fold their arms as they walked through.

## Staff/prisoner relationships

Interactions between staff and prisoners were reasonably positive and appropriate. Inspectors observed staff actively engaging with prisoners, particularly in the remand wings. This engagement contributed to dynamic security. On one occasion however, Inspectors observed that 15 high-security prisoners in Matai 2 were unlocked but no staff were deployed in the

---

<sup>21</sup> Section 94(2) requires that 'a person who carries out a search must conduct the search with decency and sensitivity and in a manner that affords the person being searched the greatest degree of privacy and dignity consistent with the purpose of the search'.

<sup>22</sup> Integrated Offender Management System - the Departments' prisoner data base.

wing to supervise them; staff were relying on CCTV surveillance from the staff base. Lack of direct supervision may partly explain why 69 percent of high-security prisoners who responded to our questionnaire had felt unsafe. It had been recognised in Corrections' review into the circumstances surrounding organised prisoner fighting at Mt Eden Correctional Facility that leaving prisoners unlocked and unsupervised for long periods provided opportunities for bullying and organised fighting to occur. It was pointed out by staff that the prisoners were generally compliant.

Sixty-eight percent of questionnaire respondents in high-security prisoners said staff treated them with respect, and 67 percent said there was a member of staff they could turn to if they had a problem.

Low-security prisoners were able to exercise greater personal responsibility and autonomy consistent with their status. Staff in the low-security units seemed to be kept busy on a range of tasks that curtailed opportunities to be as visible in the units as their colleagues in high-security units, but they were clearly aware of the environment's dynamics and how their prisoners were progressing. Eighty-one percent of questionnaire respondents in low security said there was a staff member they could turn to for help with a problem, and 73 percent said most staff treated them with respect.

## Meal times

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

Meal times across the Prison did not reflect standard meal times; an issue that is of concern across the prison estate. Evening meals, including two slices of bread and margarine that was called 'supper', were distributed to high-security prisoners by, and in some cases before, 3.30pm. Breakfast was issued after staff came on duty after 8am. Lunch was issued in high-security units by 11.15am.

Inspectors observed unsupervised prisoners (unit workers) issuing meals and passing items between cells in the remand wings. In Matai, Inspectors observed poor practice in the distribution of 'attractive' food, with unit workers collecting apple pies that were given to them by prisoners and distributing them to a high-ranking gang member. It was clear that the recommendations made in the report into the security breach in June 2016 regarding employment of prisoners as server workers, distribution of prisoners' food and assurances that prisoners receive their appropriate entitlements had not been fully embedded into practice. At times, the presentation of the meals was poor and meal trays were heavily tagged.

Food was the subject of much criticism by prisoners. They complained about the frequency of mince and sausages in their diet. In spite of the fact that the current menus were developed with input from the Ministry of Health, Diabetes Life Education and the Heart Foundation in consultation with a clinical dietician, prisoners were not persuaded that the diet was healthy or

adequate,<sup>23</sup> with 50 percent of respondents describing it as bad or very bad. Inspectors thought the variety and quality of meals at the Prison could be improved.



Figure 7: Evening meal



Figure 8: Evening meal

### Clothing and wet weather gear for prisoners

Generally, most units had an adequate stock of clothing, towels and bedding. In spite of this, 32 percent of questionnaire respondents said they could not access suitable, clean clothing and 20 percent said they could not access clean bedding weekly.

In Kotuku Unit (low security), prisoners complained about the limited provision of prison-issued clothing and the lack of a serviceable washing machine or dryer, which had been the situation for some time. Prisoners were using buckets to wash personal items as they did not wish to send personal items in bags to the main laundry. They also reported a shortage of personal laundry bags. Staff advised that the main laundry service offered a same-day service and also remarked that prisoners send personal clothing to the main laundry *'at their own risk'*. It was also reported that there were ongoing problems with the hot water supply in this unit.

Prisoners in the low-security units were required to change into orange overalls in their units prior to being escorted to the visits room. On one particularly wet day during the inspection, prisoners were escorted to visits by staff wearing waterproof clothing. No such provision was made for prisoners who had to spend two hours at their visit in wet overalls.

### Chaplaincy

The Chaplains were finding it increasingly difficult to have easy access to prisoners; we were told that this was due to changes in contractual arrangements. Thirty-nine percent of questionnaire respondents said they could not access religious services. The chapel was also being used as a temporary storeroom for furniture for education classes.

<sup>23</sup> Inspectors calculated that the average prisoner was provided with approximately 77 slices of bread as part of their weekly diet.

## Cultural support

Māori made up 37 percent of the Prison's population. A number of Māori prisoners to whom we spoke expressed concern about a lack of cultural support. Inspectors were concerned to note that there was little evidence of efforts to address Māori reoffending and few activities that related to cultural identity. Only 31 percent of questionnaire respondents were satisfied with access to cultural services.

The relationship with Ngai Tahu was less developed than might be expected and did not appear to be a priority for the Prison.

## Accommodation and unlock times

There was a wide variation in cell standards across the Prison. Low-security units were typically much cleaner and brighter than the high-security accommodation.

Unlock times in most of the low-security units were between 7am and 8.45pm. One exception to this was in the Disaster Recovery Unit (DRU), which was a 20-bed facility originally established as contingency accommodation in the event of a pandemic. It was being operated as a minimum and low-medium security unit, with many of the prisoners serving long sentences including life. The unit operated a similar 8am to 5pm regime to the high-security units. It was not clear why this unit operated a restricted unlock regime. With the exception of the DRU, all low-security prisoners could eat their meals in association with others in dining rooms or in the fresh air.



Figure 9: Low-security cell



Figure 10: Low-security cell

High-security units operated an 8am to 5pm regime but there were variations in the regimes operating in the various units. Some units unlocked all the prisoners at the same time but took steps to keep groups separate by locking half of the prisoners in the exercise yards while the rest were allowed access to recreation equipment and facilities. The prisoners swapped over after the lunchtime lock up.

In other units, only half of the prisoners were unlocked at a time and had access to exercise yards and recreation equipment and facilities. The remainder spent their time locked in their cell. The prisoners swapped over after the lunchtime lock up. High-security prisoners were locked up by 11.45am on Fridays to allow staff training. Consequently, half of the prisoners were not unlocked until after 8am the following day and the other half until after 1pm. High-security prisoners ate all meals in their cells even though there was adequate seating and table space in the units.<sup>24</sup>

Cell standards were more variable in the high-security units. There was an on-going, rolling programme of painting that was proving helpful in raising standards and reducing tagging. Some units were more effective than others in setting and maintaining standards of cleanliness. The ability to observe prisoners was compromised by use of blankets as makeshift curtains in some shared cells.



Figure 11: High-security cell



Figure 12: High-security cell

Muster pressures had led to a number of single cells in remand units being modified to hold two prisoners. These cells, referred to as *'single doubles'*, were small, narrow and cramped with insufficient seating, shelving and storage for authorised property. There were acknowledged problems with condensation and dampness due to inadequate ventilation, which resulted in growth of black mould. The air in these cells was noticeably stale and unpleasant despite the occupants' efforts to keep the cell ventilated.

<sup>24</sup> Not every prisoner had a seat or table space on which to eat his meal, which is a requirement of Corrections Regulation 66 and Schedule 3.



Figure 13: Single double cell

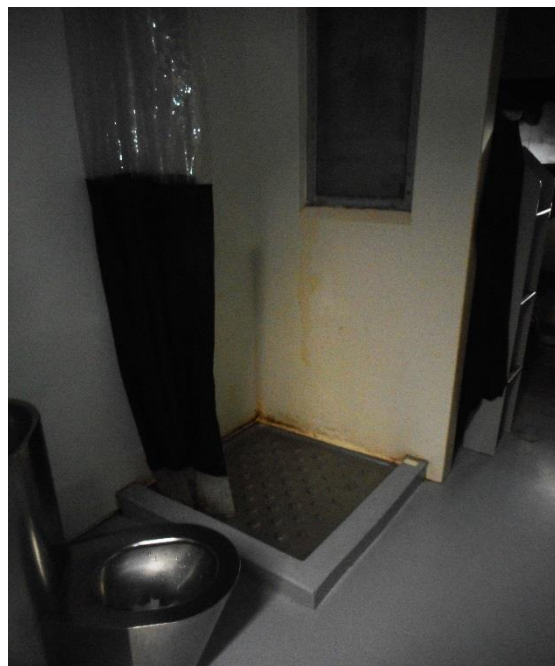


Figure 14: Shower in single double cell

Staff reported that they tried to limit the time that prisoners were accommodated in these cells but muster pressures meant that they were in constant use. It was generally acknowledged by staff and the Inspectors that these cells were not fit for purpose in terms of space and adequate ventilation.<sup>25</sup> Forty-six percent of questionnaire respondents in high security said they had between two and four hours out of their cell on a week day. Twenty-one percent said they had less than two hours.

Staff and prisoners in Matai, Echo and PRC (high security) expressed their concerns around pigeons roosting on external cell window ledges, and the associated health issues. Efforts to address the infestation have so far been ineffective.

### Recommendations – decency, dignity and respect

#### 3. I recommend that:

- a. There be tailored support for prisoners with cognitive impairments.
- b. Prison management review the prison entry search procedures with some urgency.
- c. The distribution of meals is supervised by custodial staff.
- d. All prisoners should be able to access adequate clean clothing, footwear and bedding including wet weather gear.
- e. The Prison makes greater efforts to engage with their local iwi to better support the needs of Māori prisoners.

<sup>25</sup> A cell that is acceptable for one prisoner to spend eight hours a night in is not adequate for two prisoners to spend 20 or more hours a day.

- f. A washing machine and dryer are installed in Kotuku Unit.
- g. High-security prisoners spend more time out of cells engaged in purposeful activities.
- h. Unlock arrangements for high-security prisoners should be consistently applied.
- i. Unlock times in the DRU should be in line with other low-security units.
- j. Mould in 'single double' cells is removed as a matter of urgency.
- k. 'Single double' cells should revert to single occupancy or time out of cell for prisoners significantly increased.
- l. Health and safety issues associated with roosting pigeons are addressed as a matter of urgency.

Corrections accepted recommendations 3b, 3c, 3d, 3e, 3f, 3g, 3h, 3j, 3k and 3l.<sup>26</sup>

Corrections rejected recommendation 3a and consider that current support arrangements are adequate.

Corrections rejected recommendation 3i and stated:

*The DRU is currently a calm and successful unit under its current regime. The unit will need greater staffing resource to achieve the same unlock times as other low-security units. As the DRU is already viewed by prisoners as a desirable unit in which to be housed, the Prison does not intend to prioritise staff resourcing in the DRU at present.*

Corrections has not explained why they operate a high security 8am to 5pm unlock regime for low-security DRU prisoners.

---

<sup>26</sup> Corrections' comments on recommendations 3b, 3c, 3d, 3e, 3f, 3g, 3h, 3j, 3k, and 3l can be found in Appendix 1.



## Criteria 4: Personal safety

### Expected outcomes—personal safety

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

## Assessment

### Violence

In his briefing at the start of the inspection, the Prison Director noted an increase in the use of prisoner-on-prisoner violence in the Prison, which was attributed to the increased numbers of remand prisoners, increased use of synthetic drugs, and gangs.

Inspectors reviewed recent Corrections national statistics and noted an increasing trend in the incidence of serious violence perpetrated by prisoners against both staff and other prisoners. Serious violence against staff in Christchurch did not reflect that trend but there was a worrying level of serious violence perpetrated by prisoners on other prisoners, which included the murder of a prisoner in March 2015, and a serious assault on another prisoner in March 2017.

When asked if they had ever felt unsafe in the Prison, 67 percent of questionnaire respondents reported that they had. When asked if they currently felt unsafe, 25 percent responded 'yes'. When asked if they'd been assaulted in the Prison, 49 percent of questionnaire respondents said they had; however, only 27 percent said they had reported the assault. Among the reasons that prisoners gave for not reporting assaults was that *'staff don't take reports seriously and complaints are ignored'*. A prisoner had complained to staff about being sexually assaulted, which he claimed had been ignored. Inspectors raised the issue with staff and were satisfied that the complaint had been referred to the Police. However, staff had not thought to advise the prisoner that the appropriate action had been taken. Eleven percent of questionnaire respondents said they had been sexually assaulted whilst serving a prison term; 82 percent of those respondents said it happened in the Prison, which is very concerning. Only one in three of these sexual assaults had been reported to staff.

Corrections carried out an analysis of prisoner-on-prisoner violence<sup>27</sup> (PPV) as part of their review of controls to prevent prisoner violence following events in Mount Eden Corrections Facility in 2015. The Prison was one of eight similar prisons included in the review that looked at reported PPV over a four-month period. The overall rate of reported violence in Christchurch Men's Prison was second highest, with a total of 129 violent events.<sup>28</sup> The Prison also had the second highest rate of notifiable incidents of violence (75) for that period.<sup>29</sup> Corrections' Chief

---

<sup>27</sup> Chief Inspector's Phase Two Report into: *'Circumstances surrounding organised prisoner on prisoner fighting (Fight Club) and access to cell phone contraband in New Zealand prisons other than MECF'*, June 2016.

<sup>28</sup> Number of reported violence incidents/prison population.

<sup>29</sup> Number of serious violent incidents/prison population.

Inspector also commented on the cumbersome incident reporting system and poor quality of incident reporting relating to PPV and recommended a systemic review.

In the course of the inspection, staff emphasised to Inspectors that staff safety was a priority, which is accepted as fundamental to the provision of a safe environment within every prison. The Prison also has a continuing duty of care for prisoners' safety.

## Drug Testing

As noted above, drug use was believed to be a factor in the increasing violence that had been recorded in the Prison. In the six months prior to the inspection, there had been seven positive tests from a total of 298 tests carried out, which is less than three percent. We were advised that synthetic cannabis and other psychoactive substances were not tested for currently. Prisoners said that random drug testing was not a deterrent to drug misuse, with 23 percent of questionnaire respondents saying it was easy to get illegal drugs into the Prison, and 26 percent reporting it was easy to get tobacco.

## Gang Management

Corrections recognises that the negative influence and impact of gangs in prisons and in the community affects its ability to meet the target of reducing reoffending. Corrections estimates that around one third of prisoners are gang members. Its vision is *'for all prisons to be safe environments that promote the safety of staff and aid the rehabilitation and reintegration of offenders – free from gang intimidation, violence and the manipulation of people and controls that aid illicit activities and anti-social behaviour'*.<sup>30</sup> Success measures will include reductions in gang-related assaults, fewer prisoners affiliating themselves with gangs, improved management of vulnerable and at-risk prisoners, and an increase in prisoners reporting that they feel safer. We look forward to the development and introduction of a national Gang Management Strategy that incorporates a sharper focus on reducing Māori re-offending.

Inspectors noted the local efforts to address the issues around gangs in the Prison, and commend the initiative. The Prison's Gang Management Plan 2016 estimated that about 20 percent of its prisoners were gang members or associates. The action plan described a number of activities that were 'current practice' and 'ongoing'. Discussions with staff suggested that they were focussed primarily on separation and containment of gang members. The design of the units offered a degree of flexibility in separating gang members and their associates from the rest of the prisoner population and the difference in atmosphere between the units was noticeable.

---

<sup>30</sup> Corrections Gang Strategy 2017 – 2021.

Recent analysis of current statistics suggested that there were 384 prisoners with gang associations in the Prison; this is 42 percent of the Prison population, as shown in the table below:<sup>31</sup>

**Table 1: Gang connections**

Gang	Number
Mongrel Mob	118
Crips	85
White Power	35
Black Power	31
Bloods	28
Killer Beez	28
Head Hunters	23
Highway 61	12
Nomads	12
Bandidos	11
Hell's Angels	1
Total	384

## Harmony agreements

A Block in the remand centre (PRC) operated as a Harmony Unit. Prisoners signed an agreement that described a range of acceptable behaviours they would demonstrate, including treating others with respect regardless of their offence, culture, religious beliefs or sexual orientation. The atmosphere in A Block was more relaxed and prisoners told Inspectors that they much preferred being in a Harmony Unit to being on Voluntary Segregation. Prisoners who did not comply with the agreement were held to account. If their conduct and attitude did not improve, they were placed on a behaviour plan, subjected to some restrictions and greater staff supervision. Should they continue not to meet the required, agreed standards, they would be removed from the unit. The use of behaviour plans had proved to be an effective approach and was being deployed more widely in the PRC.

The design of the units in the PRC facilitated the operation of Harmony Units, although limited unlock was a consequence of separating would-be 'predators' from their potential victims. It was noted that in some units holding only prisoners assessed as potential victims, those prisoners were subject to further separation from their peers.

<sup>31</sup> Data captured from IOMS.

## Recommendations – personal safety

4. I recommend that:

- a. The Prison Director conduct a survey of prisoners to establish the circumstances and locations where prisoners feel unsafe, and address the findings in an arena that includes prisoner representation.
- b. Drug testing should be extended to include synthetic psychoactive substances.

Corrections rejected recommendation 4a and stated:

*Corrections does not consider that another survey is likely to significantly enhance the understanding of safety issues. Corrections will carry out prisoner focus groups to identify precisely the areas of concern, as part of site-wide efforts to reduce violence and enhance safety.*

Sixty-seven percent of questionnaire respondents stated that they had felt unsafe in the Prison, an increase of 16 percent from our 2012 survey. Over 60 percent of questionnaire respondents said they had been bullied at some time in the Prison. This suggests an incomplete understanding and lack of effective action to reduce violence and improve safety.

Corrections accepted recommendations 4b.<sup>32</sup>

---

<sup>32</sup> Corrections' comments on recommendation 4b can be found in Appendix 1.

## Criteria 5: Health and wellbeing

### Expected outcomes: health and wellbeing

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

## Assessment

### Overview

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

Health services were provided by the Department of Corrections with some essential, specialist contractor input, such as GP provision. Services were good overall. There was, however, no process for identification of emerging trends in healthcare needs such as an annual health needs analysis that would inform the delivery and development of the service.

Clinical governance arrangements were robust. There was evidence of quarterly clinical governance arrangements in place, and meetings were well attended. Health services were preparing for renewal of their Cornerstone accreditation (May 2017). The Prison was part of the Canterbury Clinical Network, an alliance of health providers across Canterbury including the DHB and the three Primary Health Organisations.

The Health Service Manager and both Team Leaders<sup>33</sup> were registered nurses and provided good leadership to a team of healthcare professionals. The primary health care team was available seven days a week. All staff had valid registration certification and mandatory training including pre-hospital emergency care. Nursing staff did not have access to clinical supervision.<sup>34</sup>

The service had experienced difficulties in achieving service delivery standards due to staffing shortages and sickness. This had resulted in some nurse-led clinics having to be cancelled. Health staff were clearly identifiable and the interactions we observed with prisoners were generally good. Health staff knew their patients well.

There were two health centres. The main health centre provided services for high-security and remand patients, while a smaller health centre provided services to low-security patients. The main health centre, which included two health beds, lacked space and natural light and was not fit for purpose. Plans for a new health facility had been drawn up, but no completion date was confirmed. Holding cells were small and contained no health promotion material.

---

<sup>33</sup> One team leader had resigned at the time of the inspection and was serving her notice.

<sup>34</sup> Clinical supervision in the workplace is a way of using reflective practice and shared experiences as a part of continuing professional development.

There was standard resuscitation equipment and emergency packs in both health centres and maintenance checks had been consistently carried out. The disposal of hazardous waste was of a good standard and infection control measures were effective.

Overall, Medtec<sup>35</sup> notes were reasonable and subject to regular clinical audit. Hard copy files were located in the main health centre and maintained by three administration officers. There was evidence of patients attending external appointments; few appointments were cancelled.

The number of health complaints recorded in COBRA<sup>36</sup> for the period 1 September 2016 to 24 March 2017 was 55. The system was not confidential. The health managers' database for the same period recorded 47. We were unable to determine which figure was accurate. The average response time was between three and five days. There had been two health complaints logged with the Health and Disability Advocacy Service. The most common complaints related to patients' clinical care and treatment.

Health promotion materials were displayed in both health centres and in some low-security units. Health promotion activity was limited to some one-to-one consultations. There was smoking cessation support for new arrivals in the form of nicotine replacement patches/lozenges (NRT). A lack of NRT stock control in the units meant the system was open to abuse. Sexual health information was increasingly promoted although access to condoms was not routinely publicised.

## Primary health care

The delivery of primary care services was reasonably good despite staff shortages and the increased workload generated by rising remand prisoner numbers.

All new arrivals received a basic health screening, including mental health and substance misuse, by a registered nurse and appropriate referrals were made. Secondary screenings were determined by the Triage Score Guide (between one and seven days). Health screening was carried out in a small room in the RO. The door to the room remained open throughout the consultation, offering little confidentiality or privacy for the prisoner. Prisoners were not informed of the health services on offer or how to access them. Patient consent forms were signed but rarely read. Access to interpreters was poor.

There were three GPs working a total of four days at the Prison (Monday, Tuesday, Thursday, and Friday). Waiting times, depending on urgency, were between one and three weeks. Out of hours cover was provided by the 'on-call' nurse, and all emergencies were transported to the A&E department at Christchurch Hospital. GPs attended the clinical governance meetings and met with the forensic team quarterly.

---

<sup>35</sup> Medtec – the electronic clinical information system.

<sup>36</sup> Corrections Business Reporting and Analysis system (COBRA).

When asked how easy or difficult it is to see the doctor, 17 percent of questionnaire respondents said it was easy while 68 percent said it was difficult; slightly more than in our 2012 prisoner survey.<sup>37</sup>

Health services were provided from 6.30am to 8pm seven days a week, with reduced staffing on the weekend. Team Leaders triaged patient applications and prioritised for treatment and referrals. Prisoner requests for health services were collected daily from the units by health staff although some units did not have a locked 'medical chit' box. Movement of patients to clinics was coordinated by a group of Corrections Officers based in the health centre and appeared to be working well. Relationships between health staff and Corrections Officers appeared to be good.

When asked about ease of access to see a nurse, 56 percent of questionnaire respondents said it was easy; 35 percent said it was difficult. The numbers who found access difficult was significantly more than in our 2012 prisoner survey when 11 percent of questionnaire respondents said it was difficult or very difficult to see a nurse.

Reading glasses could be purchased from the prison canteen (P119); all other eye assessments were undertaken by an optician.

## Dental Services

An up-to-date copy of the dental service agreement was provided. Following assessment, healthcare staff assessed patients' needs as urgent or non-urgent. The dentist provided two sessions per week. Waiting times for pain relief were short although according to our questionnaire, 71 percent of questionnaire respondents said it was difficult to see the dentist, which was an increase of 16 percent since our 2012 prisoner survey.

Too many patients were waiting to receive non-urgent treatment. The national policy states that all prisoners should be provided pain relief. It also provides that prisoners who had a history of routine dental care and visiting the dentist would be accorded similar dental care. Other prisoners would only be given pain relief. This policy is unacceptable in that it discriminates against prisoners without the financial means for regular dental treatment prior to imprisonment.

The dental suite was small but reasonably well maintained. Dental equipment was serviced regularly. Good infection control measures were in place.

A denture service was available twice yearly. Patients generally had to purchase their own dentures.

## Pharmacy

Medicines were supplied by an external pharmacy. Prescriptions were faxed to the pharmacy Monday to Friday and delivered before 3pm the same day. On-call arrangements were in place for weekends and public holidays. A limited supply of stock medication was kept in both health

---

<sup>37</sup> Sixty-five percent said it was difficult or very difficult to see the doctor in the 2012 survey.

centres. The pharmacist was part of the clinical governance group and attended governance meetings.

Inspectors observed a significant amount of nursing time spent carrying out protracted medication rounds. Patients received supervised medications at different times depending on where they lived. Nursing staff carried medication around the site in various non-secure bags and boxes. Medication sheets were not routinely taken on medication rounds and prisoners were not always asked to identify themselves before medication was dispensed. Depending on the time of day, the nurse either issued medication in the unit or through the dispensing hatch in each health centre. The average number of prescriptions dispensed each month was 2500, with a further 600 monthly 'in-possession' medications given out. Not all risk assessments had been carried out for 'in-possession' medication. Some night-time medications were given out as early as 3pm, which is unacceptable.

There was no privacy or confidentiality for patients in any of the units when medications were issued or during nurse consultations. We witnessed two nurses assessing a patient in his cell with three custodial staff present, and nurses speaking with patients in double-bunked cells with their cellmate present. Some nursing staff reported having to assess patients in the units when nurse clinics were cancelled.

The dispensary<sup>38</sup> in the main health centre was small and not fit for purpose. Its location was a potential health and safety risk. Nursing staff had to issue medications through a window in the staff office. Staff had to retrieve the medication from the dispensary and cross in front of the door leading into the office to get to the window. There were a number of prisoners on controlled drugs at the time of the visit. Christchurch Opioid Recovery Service (CORS) routinely visited the Prison and were part of the clinical governance forum. All controlled medicines were stored in a locked metal drug cupboard. Entries in the controlled drug register did not always have two signatures (as is required under NZNO Guidelines for Nurses on the Administration of Medicines).

Inspectors noted that not all medication charts were legible and entered onto Medtec. Some prescriber signatures were missing and not all verbal orders were signed by the GP. There was no clear policy for the treatment of patients with Attention Deficit Hyperactivity Disorder (ADHD). As a consequence, one patient had to wait over a week for his medication due to disagreement over who should write the prescription. Discontinued medications were not always signed off by the doctor although there was a locked box for medication being returned to the pharmacy. Medications were stored in their original packaging and clearly labelled. The refrigerator used to store vaccines complied with national standards and daily temperatures were routinely recorded.

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

---

<sup>38</sup> For the purpose of this report a dispensary is a room where medications, including controlled drugs are stored. A treatment room is where assessments and treatment can be undertaken.



## Mental health

Primary, in-reach and forensic mental health services were well integrated.

Mental health screening was undertaken on arrival at the Prison with referrals being made to the regional community forensic team provided by Canterbury District Health Board.

The forensic team carried a caseload of 53 patients. Referrals to the psychiatrist were generated by the health team and the mental health in-reach clinician. Consultations took place in the health centre during the week. Two additional in-reach clinicians were undergoing their induction at the time of the inspection, bringing the total to three.<sup>39</sup> The service was invaluable.<sup>40</sup>

Weekly forensic prison team meetings were held to discuss new and current patients. These were well attended and informative. Monthly site liaison meetings to discuss complex cases were also well attended. There were good links between community and inpatient forensic teams. Discharge planning worked well for those patients who met the threshold for secondary services but not for those who did not meet the threshold. Patients under forensics were seen every four to six weeks. The forensic team did not routinely update Medtec notes.

Patients requiring a forensic bed were transferred to Hillmorton Hospital. Twelve patients were in the hospital at the time of the inspection and two were waiting to be admitted.

Seventy packages of care were available annually.<sup>41</sup> Prisoner questionnaire responses would indicate that more packages of care were required.

## Alcohol and drug service

Christchurch Opioid Recovery Service (CORS) held twice-weekly clinics. New referrals were picked up and current clients reviewed. Significant work was undertaken to prepare prisoners for release back in to the community.

Relationships with the forensic team and the GP were good, although it was not uncommon for some new prisoners to go four days before accessing their medication. Prisoners received into prison on a Friday evening, weekend or public holiday could wait several days before they received their medication. This is of significant concern.

---

<sup>39</sup> Mental health in-reach clinician's services were provided by Rural Canterbury Primary Health Organisation.

<sup>40</sup> Mental health in-reach clinicians work directly with individuals to stabilise and address their mental health needs. They also support health and custodial staff in their work with these same individuals.

<sup>41</sup> Packages of care—six counseling sessions for prisoners with low to medium mental health needs.

## Recommendations – health and wellbeing

5. I recommend that:

- a. An annual health needs analysis be carried out to inform the health development plan and funding.
- b. There be a separate health complaint process to ensure patient confidentiality.
- c. Nurses have access to clinical supervision.
- d. Processes and practices for dispensing medication, including controlled drugs and night sedation, comply with Corrections' Health Services Medication Standards.
- e. Areas of unsafe practice such as compromised patient confidentiality and identified inefficiencies in the operation of medication rounds be addressed as a matter of urgency.
- f. Corrections develop a national policy for the treatment of patients with ADHD.
- g. Dental treatment is based on dental need.

Corrections accepted recommendations 5c, 5d, 5e and 5g.<sup>42</sup>

Corrections rejected recommendation 5a and stated:

*Corrections holds detailed health records for prisoners.*

*Corrections considers that an annual exercise would not add anything to its ongoing efforts to improve and develop health services together with its partner organisations.*

*The Draft Report provides no basis for assessing that an annual health needs review is necessary.*

In the absence of an annual analysis, we shall watch with interest how Corrections' current processes for identification of healthcare needs and analysis of emerging trends inform service delivery.

Corrections rejected recommendation 5b and stated:

*Corrections accepts that health information should not be stored in IOMS. All staff will be reminded that health-related information should not be captured in IOMS, and Corrections will conduct regular random monthly audits to ensure the practice is being followed. The Health Centre Manager will be responsible for ensuring this change in practice is adhered to.*

*However, a new complaint process is not required.*

*There are a number of options available to prisoners when making a health complaint. These are communicated in the 'Managing Your Health in Prison' booklet which is issued*

<sup>42</sup> Corrections' comments on recommendations 5c, 5d, 5e, and 5g can be found in Appendix 1.

*to all new prisoners. The National Health Services Complaints Policy (currently being reviewed) also outlines how prisoners are able to maintain confidentiality when making a health complaint. Some of the options include:*

*Making a written complaint on a Health Request Form or the HS 2.4.4 Health Complaint Form.*

*Making a verbal complaint directly to health staff.*

*Using the PC01 system. Health staff will meet with the prisoner who has made a complaint using the PC01 system and after this meeting will enter a response into Section C of this system – no health or sensitive information will be provided in the response.*

We will monitor how the change in practice is implemented and its effectiveness in maintaining clinical confidentiality in managing medical complaints.

Corrections rejected recommendation 5f and stated:

*Corrections Health Services have in place national policies which include the Medicines Policy and the Health Care Pathway which guide staff in the management of patients who are on any type of medication. Health Staff will follow pathways and recommendations outlined in the DHB Clinical Health Pathways which all staff have access to.*

*Corrections does not consider that a bespoke national policy for the treatment of patients with ADHD is required at this time. Prisoner mental health is currently being considered as part of the Change Lives Shape Futures Strategic Plan, which was launched in August 2016.*

We continue to consider that the needs of prisoners with ADHD are such that they warrant a specific treatment in national policies.

## Criteria 6: Fairness and protective measures

### Expected outcomes—fairness and 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 and their future. Their rights to statutory protections and complaints processes are respected.

## Assessment

### Complaints

Prisoners had made 427 complaints between 1 September 2016 and 31 March 2017. The main issues that prisoners complained about were: health—60 (14 percent); other—56 (13 percent); property—46 (11 percent); and staff conduct and attitude—33 (8 percent). Complaints about food and sentence management each accounted for five percent of the total complaints. A considerable number of questionnaire respondents expressed no confidence in the complaints process. Some prisoners reported that staff actively discouraged them from raising issues, especially in the low-security units where, it was claimed, they would be threatened with removal from the unit or programme if they *'rocked the boat'*.

Inspectors spoke with a number of prisoners, both individually and in groups, to understand why they had such a low opinion of the complaints process. Prisoners said that they had raised complaints that had been closed by staff without the issues having been addressed. We reviewed a number of complaints and found that there was merit in some of their claims. They reported that *'staff do not take complaints seriously, the unit as a whole have been complaining about the loss of recreation time and cold showers but when we ask for PC01 forms staff threaten us with loss of our jobs, they even threatened to move some people to other prisons if we do not drop these issues'*.

There was no process for analysis of complaints data to identify any systemic performance issues. The complaints process was not well advertised. There were few notices advising prisoners of the revised process that was introduced in December 2016.

### Voluntary Segregation (VS)

The number of prisoners who request to be kept separate from their peers is an indicator of how they perceive their safety. There had been 54 requests from prisoners since October 2016. Sentenced and remand prisoners on VS were located in Kauri Unit where they were kept separate.

In the course of 2016, focussed efforts had been made to rationalise the management of high-security prisoners, which led to reported improvements in the atmosphere in the units. Prisoners were employed in the P119 (prisoners' shop) distribution store, laundry and library as

well as being employed as unit painters, which contributed to the generally satisfactory standards of cleanliness and maintenance.

However, VS prisoners were only unlocked for two or three hours a day, with limited activities and diversion available.

## P119 and TV

P119 was criticised for high prices, lack of healthy options and an apparent reluctance to consider prisoners' views and preferences in the choice of goods on offer. Eighty-three percent of prisoners said the P119 did not sell a wide enough range of goods to meet their needs.

The weekly cost of renting a TV was \$2.00 and the limited range of channels was a source of irritation for prisoners, particularly unemployed prisoners who received only \$2.70 per week and high-security prisoners who had limited opportunities to work and earn wages. Some longer-serving prisoners were of the view that they had paid for the cost of their TV several times. It was reported that there had been plans to review the range of available channels but this had not been carried out. Prisoners complained that staff would remove remote controls when they found them. Enquiries uncovered that staff were indeed removing 'remotes' from circulation as some prisoners had been using the batteries as ignition devices for tobacco. Prisoners pointed out that the relevant section of the Prison Operations Manual (POM) specified that the Prison would issue a television, coax cable and television remote control (with batteries) for which they would pay a weekly rental fee, and that the arbitrary removal of TV remotes was unfair.

### Recommendations—fairness and protective measures

6. I recommend that:

- a. The Prison Director conducts an analysis of prisoner complaints, and implements improvements that address the underlying reasons why prisoners have such little faith in the complaints process.
- b. Regimes available for prisoners on Voluntary Segregation are further developed.
- c. The range of healthy goods available through the P119 be improved.
- d. TV rental charges for long serving prisoners should be reviewed.

Corrections rejected recommendation 6a and stated:

*Corrections accepts that it is imperative that prisoners have confidence in the complaints system. However, Corrections considers that prisoner focus groups are a far more effective means of understanding prisoners' experiences of the complaints system. Work with prisoner focus groups is already underway.*

We commend any initiatives to conduct prisoner focus groups on the complaints process, but consider an analysis of prisoner complaints would significantly enhance the efficacy of this initiative.

Corrections accepted recommendations 6b and 6c.<sup>43</sup>

Corrections rejected recommendation 6d and stated:

*The TV scheme is voluntary, and access to a TV is regarded as a privilege not a right. Prisoners can apply for financial assistance in the Prison Operations Manual (P.11.05: Request for financial hardship assistance / exceptional circumstance).*

*Corrections does not propose to review rental charges at this time. While some long-serving prisoners may feel that they have paid the capital cost of their TV through weekly rental, this does not take account of ongoing costs and maintenance, and replacement of TVs when old or damaged.*

I consider the Prison's partial application of the TV policy and practices specified in the POM is unfair.

---

<sup>43</sup> Corrections' comments on recommendations 6b and 6c can be found in Appendix 1.

## Criteria 7: Purposeful activity and family contact

### Expected outcomes—purposeful activity and family contact

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

### Assessment

The Corrections Act<sup>44</sup> requires that prisoners are provided with an opportunity to make constructive use of their time that is detailed in a management plan, which outlines an assessment of needs and how these needs may be met, including preparation for release and successful reintegration into the community.

### Visits

The Prison did not have a Visitors Centre that offered support for families visiting a friend or relative; this is especially important for first-time visitors who may be unsure of prison procedures. Information for visitors was provided in the form of a leaflet that had recently been updated in light of new child protection arrangements. The leaflet mainly described a range of restrictions, prohibitions and consequences for non-compliance with Corrections' requirements.

Visits took place in the designated visit rooms. The high-security visits area was a spacious and well-designed area that consisted of separate visit areas, which offered a high degree of flexibility and separation of prisoner types and classifications. Prisoners and their visitors could either sit in the fresh air or in the visit room. Visits for remand accused prisoners took place on Mondays and Tuesdays, and at the weekends. Visits for sentenced prisoners took place at the weekends. Supervision was exercised discreetly and effectively.

Low-security visits took place in a separate visit room at the weekends. This visit room was brightly decorated with a children's play area and a number of family rooms where prisoners could enjoy a more relaxed visit with their children. Pillars<sup>45</sup> provided support for families with a relative in prison.

The approval process for visitors was managed effectively, which meant that prisoners could enjoy visits shortly after being received into custody. Corrections staff were courteous and

---

<sup>44</sup> Corrections Act s. 50 and 51.

<sup>45</sup> Pillars is a children's charity operating in Christchurch and Auckland that can help children and families of prisoners.

respectful to visitors. Inspectors spoke with visitors who generally reported that they were satisfied with the visits process and their associated interaction with custodial staff, although some complained about delays at the point of entry, which meant that the length of their visit was curtailed. As mentioned above, the Kaikoura earthquake had resulted in very long journey times from the Nelson area. One prisoner commented that *'it is a seven-hour drive each way for my family to get to see me now due to the earthquake damage. Visits often start late. It is a 16 hour day with 14 of those driving, for a short and late visit'*. His requests for extended visits with his whānau had not been granted.

## Telephone

The approvals process for telephone numbers was operating effectively. There were sufficient telephones in the units and exercise areas but the limited unlock times in the high-security units meant that demand was high. We were concerned to be advised by prisoners that access to the phone was controlled by gang members who extorted an *'access fee'*. Fifty-three percent of questionnaire respondents in high-security said they had trouble accessing the telephone, saying *'there are too many people trying to use one phone - some people hog it and staff do not monitor use so many people miss out.'*

Access to the phone in the low-security units was easier and less subject to abuse. There were times of peak demand when prisoners returned from work and other activities, when access was more problematic. Thirty-one percent of low-security prisoners said they had trouble accessing the telephone.

## Consultation with prisoners

There was neither process nor appetite for prisoners' views to be gathered on issues that affected them. Prisoners' lack of confidence in the complaints process, particularly their concern that those who *'rocked the boat'* would receive unofficial sanctions, led to expressions of frustration and cynicism. One prisoner remarked *'I do not want to complain as I want to keep whatever little things we have left instead of being punished with it being taken away'*. Prisoners believed that their views were discounted and staff were not interested in making improvements.

## Remand Prisoners

In 2013, the United Nations Subcommittee for the Prevention of Torture visited several New Zealand prisons, including Christchurch Men's Prison, and stated that limited time out of cell and the limited range and provision of constructive activities were issues for remand prisoners that should be addressed.

At the time of inspection, 200 remand accused and 113 remand convicted prisoners were held at the Prison. The Prison Director reported a recent increase in the remand population that reflected an increase in the remand muster nationwide. Some single cells in the remand units had been converted to double cells to accommodate the population increase.



## Time out of cell

Remand accused prisoners continued to be locked for prolonged periods. During the course of our inspection we noted that prisoners in E wing were locked for up to 22 hours a day. The unit was divided into two sections to manage rival gang tensions. One section was unlocked for two hours in the morning from approximately 9.30am to 11.30am, and the afternoon group was unlocked from 1.15pm until 3.15pm. This unlock pattern alternated on a weekly basis, with a variation at weekends whereby prisoners were unlocked for an hour in the morning and an hour in the afternoon.

We observed remand prisoners being served evening meals in their cells as early as 3.30pm.

## Activities

The range of constructive activities for remand prisoners was limited. Inspectors observed remand prisoners visiting the library; however, long-serving remand prisoners stated that this was the first time they had been offered access to the library in a 12-month period. The Prison librarians were keen that remand prisoners should visit the library on a weekly basis.

A short first-aid course was available to remands, although spaces on the course were limited. A brief alcohol and drug course and problem gambling support were also available. However, for prisoners without alcohol, drug or gambling issues there was very little to occupy them. One prisoner had spent over a year on remand and had only attended a short first-aid course during this time.

The Prison had a designated walking track which remand prisoners were scheduled to access once a week. Prisoners reported that they did not access the track each week as it was dependent on staff escorting and supervising them and sometimes officers were too busy or not inclined to spend time in the fresh air. Inspectors observed prisoners using the walking track once during the visit.

The Prison is currently running a five-month pilot scheme in conjunction with Care NZ to address the immediate needs of remand prisoners such as housing, employment, finances and family/whānau liaison. At the time of inspection the pilot was in its initial stages so we are unable to comment on its outcomes/success.

Inspectors noted that the Regional Commissioner had signed a dispensation<sup>46</sup> for three Voluntary Segregation remand prisoners to attend a programme with the Voluntary Segregation sentenced population.

Opportunities and conditions for remand prisoners at the Prison have not significantly improved since the UN visit in 2013. Periods of unlock remained unchanged and constructive activities were limited.

---

<sup>46</sup> Remand accused prisoners are to be separated from remand convicted and sentenced prisoners. This separation of categories is mandated in the Corrections Regulations (Regulation 186) and is a requirement under The Nelson Mandela Rules. The mandate is a protective measure to ensure that those who have not been found guilty of an offence are protected from those who have.

Inspectors considered the treatment of remand accused prisoners to be of a lower standard than that of sentenced prisoners, and recommend that urgent action be taken to improve the conditions and treatment of remand prisoners to better reflect their legal status and principles of natural justice.

## Industry Treatment and Learning (ITL)

Corrections describe the Industry, Treatment and Learning Programme<sup>47</sup> as *'based on a structured environment where all prisoners take part in some form of work, education or rehabilitation programme. They provide offenders with the skills and opportunities that they need to take greater control of their lives'*. In 2015/16, Corrections completed implementation of the ITL framework in all public prisons. Prisoners are allocated to one of three groups (A, B or C). On the second day of the inspection, the number of prisoners available for work, education or rehabilitation programmes was:<sup>48</sup>

- Category A—Remand prisoners; segregated prisoners; maximum and high-security prisoners (333 + 14 + 108 = 455)
- Category B—All other prisoners eligible to engage in a 40-hour week (437)
- Category C—At-risk and medically unfit prisoners (11)

Prisoners in Categories A and C were to be encouraged to engage for as many hours as possible.

Under the current framework, every eligible prisoner (Category B) was expected to be engaged in education, training, employment programmes or constructive activity as part of a structured 40-hour week. Corrections advised that *'there is no 'standard' day at a prison as each prisoner's day is targeted towards their individual needs – whether that is studying towards qualifications, learning a trade or attending rehabilitation programmes. Whatever their day looks like, most prisoners in ITL prisons are active for 40 hours of every week'*. Success measures include full engagement of prisoners in structured activities, increased education levels and greater community participation in the reintegration of prisoners.

The Prison's weekly target for all activity hours was in the region of 36 500 hours, which equates to approximately 39 hours per prisoner per week, or roughly five and a half hours per day. The Prison reported that it was achieving an average of 98 percent of its target over a period of fifteen weeks.

Inspectors noted that in one week over 8000 hours were recorded for constructive activities described as *'cell cleaning/self-cleaning/recreation'* for 876 prisoners, an average of over nine hours per prisoner, while *'Sports, Structured Recreation and Walking Track'* occupied 335 prisoners for over 5250 hours, an average of 15 hours per prisoner per week. *'Yards'* accounted for almost 5500 hours for 240 prisoners, an average of 22 hours per prisoner.

<sup>47</sup> Department of Corrections Annual Report 2015-16.

<sup>48</sup> Numbers in brackets are the number of prisoners in each category on the first day of the inspection.

Fifteen percent of low-security prisoners (Category B) and 61 percent of high-security prisoners (Category A) who responded to the questionnaire said they were not engaged in any activities. Furthermore, the hours of unlock for high-security prisoners was less than five hours a day.

High-security prisoners in Matai Unit had been noticeably unwilling to engage in purposeful activities. Staff took the initiative and asked the prisoners what subjects and types of activities they were interested in. Consequently, arrangements were made to offer a range of activities including health and physical education, employment skills, music and art for two hours, three days per week. Information and brief interventions about alcohol and other drugs were also provided from time to time. It was reported that there had been a marked improvement in the atmosphere in the Unit. We commend the initiative.

## Case management

The Case Management Team (CMT) at the Prison consisted of three Principal Case Managers (PCM) and 18 Case Managers (CM), one of whom was a Youth Worker. There were three teams; a youth team (up to 24 years) and two generic teams. In November 2016 the CMT was reorganised to deliver 'end-to-end' case management; previously, there were separate case management teams for remand and sentenced prisoners.

The CMTs were experiencing difficulties in achieving service delivery standards due to staffing shortages and sickness. It was reported that the team had never been fully staffed. Supervision was not available to all members of the CMT.

The CMT was conveniently located in the same area as the Parole Board and Volunteers co-ordinator, schedulers and the Care NZ pilot worker. Guided release case managers were located in a different area of the prison but had a desk available to them in the CMT office. Similar links with healthcare and probation had yet to be developed although staff were optimistic about a new approach to information sharing.

The PCMs had developed a 'Work Management Tool' to assist with allocating and managing caseloads and establishing follow-up requirements. 'Standards of Practice' and quality check frameworks provided a structured decision framework and practice measurement. Limited unlock hours and a lack of 'face-to-face' time with prisoners was seen as problematic by most case managers and prisoners.

Inspectors noted that 'Assessment of Offending' reports took a significant amount of time to compile but were of limited use. Plans for remand accused prisoners were lacking in meaningful content with no tangible outcomes and plans for remand convicted prisoners were put on hold until after sentencing.

Case management was seen by some case management staff as compliance driven. Inspectors noted prisoners' needs were usually assessed within the standard timeframes although family engagement and multi-disciplinary working were not always evident. Case managers relied on case officers, offender notes and incident reports to monitor prisoners' progress. Case managers expected custodial staff to motivate prisoners; however, 80 percent of questionnaire respondents said they did not meet with their case officer at least weekly. Standards of

practice, understanding and involvement in Right Track were inconsistent across the Prison. Right Track was underdeveloped and appeared uncoordinated.

There was a lack of interview rooms in high-security units and Inspectors observed case managers engaging with prisoners in association areas. There were long waiting lists for one-to-one interventions for prisoners who presented with high needs in terms of engagement, and for whom a group approach was unsuitable.

Competing demands in terms of case management, offender employment and the Prison's daily routines were impacting on prisoners attending programmes and progressing through their sentence. It was reported, and observed by Inspectors, that prisoners often stayed in high-security units during the day without anything constructive to do. Sixty-one percent of questionnaire respondents in high security reported that they were not involved in any work, programmes or learning opportunities.

Release planning was undertaken by external providers: the Salvation Army, Care NZ, Pathways and Salisbury Street Foundation. Short-serving prisoners were referred to Care NZ if they had any identified re-integrative needs. Most providers would either do bulk interviews, phone conferences or one-to-one interviews.

## Employment

In addition to unit-based employment, which includes cleaners, servery and laundry workers, the Prison provides employment and training activities as shown in the table below.<sup>49</sup>

**Table 2: Work opportunities for prisoners**

Employment	Number of spaces	Hours per day
Farm Shepherds	10	8
Farm & Piggery Training	16	2
Piggery	13	8
Timber Processing	4	8
Horticulture Training	8	6
NTA Horticulture Training	12	4
Ext Grounds Maintenance	4	8
Int Grounds Maintenance	12	8
Plumbing	14	7
Automotive	17	7

<sup>49</sup> The data was provided by the Prison for prisoners employed during the week 3-7 April 2017.

Employment	Number of spaces	Hours per day
Painting	14	7
Youth	0	4
Remands - Unit Based	0	4
Engineering Workshops	20	8
Engineering Training	0	4
Distribution Store (P119)	18	8
Painters	21	8
Central Kitchen	40	8
Function Catering	6	6
Youth Training Kitchen	0	4
Laundry	17	10
<b>Total</b>	<b>246</b>	

In the six months prior to the inspection, prisoners achieved a total of 403 qualifications in subjects as diverse as forklift operations, cookery and hospitality, and pork production.

## Programmes

The Prison provided a range of programmes to address offending including a Special Treatment Unit (STURP) for violent offenders, which seeks to help prisoners assessed as highly likely to reoffend, to understand their offending and develop ways to change their behaviours. Prisoners' security classification must be no higher than low-medium. The actual programme takes place over 32 weeks, including the preparation phase and pre- and post-treatment assessments. The core treatment takes a minimum of one year.

The Adult Sex Offender Treatment (ASOTP) programme is for prisoners assessed as being medium-to-high risk of further sexual offending against adult females. Treatment takes a similar time as the STURP.

The Medium Intensity Rehabilitation programme is designed to treat prisoners with a medium risk of reoffending and security classification of minimum to high security. The programme operated from a low-security unit in the Prison; high-security prisoners were consequently ineligible. The treatment programme takes 14 weeks to complete.

The Drug Treatment programme was provided by an external provider and took place in Paparua Unit, which holds low-security prisoners. The programme took place over six months but the programme provider was about to change while the inspection was taking place. A shorter programme over three months was to be delivered.

## Scheduling

Prisoners remarked that they were unable to attend courses or access employment training until they were classified as low-medium. Prisoners complained that in order to be reclassified to low-security, they had to achieve elements of their sentence plan which they could not do until they achieved low-medium security status. They also pointed out that access to education was dependent on security classification and the provision for high-security prisoners was inadequate.

Corrections' practice has been for courses and other interventions to be scheduled towards the end of a prisoner's sentence. Difficulties in coordinating courses and prisoners' parole dates have resulted in prisoners appearing at the Parole Board hearing without having attended or completed the requisite courses. *'I have to do the STURP programme, and the wait list is ridiculous. It looks like I won't start it until around my parole date. As far as I can see, I will be doing an extra 12 months in prison because I won't have STURP completed in time for my first parole hearing.'*

The Parole Board has been understandably reluctant to order release in such cases, which results in frustration and cynicism among prisoners, and contributes to muster pressures. This is of significant concern as prisoners can end up serving longer sentences than necessary for reasons out of their control.

## Education

Education provision ranged from everyday skills and intensive literacy and numeracy skills to Open Polytechnic courses. Access to learning opportunities was enabled in a similarly broad range of methods such as one-to-one mentoring; secure on-line learning; class work and self-directed learning. Some 250 prisoners were engaged for an average of nearly four and a half hours per week.

## Outdoor exercise

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

Ninety-two percent of questionnaire respondents stated they received their minimum entitlement of an hour of physical exercise in the open air. Prisoners were observed using the external exercise yards and the open compound areas for fresh air and exercise. Six percent of prisoners surveyed reported that they did not have access to fresh air. Sentenced prisoners explained that exercise areas were not properly supervised and therefore not safe. PRC prisoners said that *'being in a cage is not proper exercise'*; other prisoners stated that they were locked up at weekends if they were not getting a visit.

High-security exercise yards were in a generally poor state of repair and heavily tagged. Supervision of prisoners was carried out via CCTV and by an officer patrolling the catwalk. Inspectors noted that all telephones were working but some toilets and showers were broken. Yards had shelter and seating.



Figure 15: Kauri exercise yard



Figure 16: Kauri exercise yard toilet area

## Physical education

The Prison had a purpose-built sports hall although no timetable for its use, so it was being used on an ad-hoc basis. There were no outdoor facilities for team sports for high-security prisoners although a walking track was available occasionally. Some high-security yards had pull-up bars and low-security units had access to a small range of cardiovascular equipment.

Sixty-three percent of questionnaire respondents said they never used the gym.

## Library

The library service for Canterbury prisons was operated by the Department. The timetable for the Prison operated between Monday and Thursday but did not schedule access periods for every unit. The 13 sessions per week were for up to 10 prisoners at a time and an average of 130 prisoners used the Library each week. There was a 'distance library service' for prisoners in the units that did not have scheduled access who were able to order books using a 'chit system'.

The library was well organised and well run. It stocked a wide range of books, including easy-read and audio books. Library staff promoted reading for new and developing readers through positive engagement and assessment of individual needs.

A study area displayed prisoners' art work on a rotational basis. Five percent of questionnaire respondents said they did not want to use the library, while 34 percent of high-security respondents said they never got the chance to use the library.

**Recommendations – purposeful activity and family contact**

7. I recommend that:

- a. The information leaflet for visitors should be reviewed to better reflect the Prison's focus on supporting positive family relationships.
- b. Immediate measures need to be taken to eliminate the practice of extortion by gang members for the use of the telephone.
- c. There should be greater opportunities for constructive activities for remand accused prisoners.
- d. Remand prisoners should have longer periods out of their cells on a daily basis.
- e. ITL data collection processes are reviewed and improved for accurate reporting.
- f. Case management remand plan objectives should be specific, measurable, achievable, and realistic and time bound.
- g. High security prisoners should have access to education, programmes and employment training.
- h. Access to interventions should be better sequenced so prisoners can address their needs prior to their appearance at the Parole Board.
- i. Toilets and showers in exercise yards should be better maintained.

Corrections accepted all the recommendations.<sup>50</sup>

---

<sup>50</sup> Corrections' comments on the recommendations can be found in Appendix 1.



## Criteria 8: Preparation for successful return to the community

### Expected outcomes—preparation for successful return to the community

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

### Assessment

#### Progression

Prisoners did not believe that there was any recognition of their achievements in addressing their offending. There was a lack of transparency about placement on programmes such as the drug treatment programme or the violence prevention/general offending programmes. Inspectors reviewed the information provided to course participants and noted that the focus was on conduct expectations, unit routines and consequences of non-compliance.

Programme providers and some Corrections staff acknowledged that following successful completion of a programme, prisoners would benefit from placement in an environment where they might practice new behaviours and consolidate learning. It was recognised that such a progression system was not in place. Some staff pointed out that when prisoners return to their units after the course, it provides a real test of their motivation and commitment to demonstrate changed behaviours and attitudes. Prisoners said they felt they were being set up to fail.

#### Guided release

Guided release supports long-serving prisoners with reintegrative needs in their transition back into the community. Release activities could include attending a job interview, registering with Work and Income and obtaining accommodation. Prisoners must be eligible for temporary releases from prison.<sup>51</sup> There had been a number of *'teething problems'* resulting from a lack of coordination but there was also determination to improve, and recognition of the potential value of such an initiative.

#### Out of Gate (OOG)

Out of Gate is available to offenders serving sentences of two years or fewer, or who have been on remand for more than 60 days. There are two levels of service—standard and intensive, which is for younger prisoners with complex and challenging needs. Corrections contracts five providers to deliver OOG across New Zealand.

---

<sup>51</sup> Corrections Act s62 and Corrections Regulations 26 and 27.

Corrections' research suggests that the re-imprisonment rate for completers of the Out of Gate service has been four percent lower than for comparable offenders who did not receive the service.

There was a perception amongst many staff that OOG was under staffed and under resourced. Comment was made that a person can only be referred to Out of Gate three times and that to refer a person who has already had two referrals required approval from National Office.

It was reported that the Out of Gate Standard Re-integration Service had been reduced to one month from three months, and Enhanced Re-integration Youth Service had been reduced from six months to three months. It was also reported that prisoners had little faith and low expectations in the service.

### Recommendations – preparation for successful return to the community

8. I recommend that:

- a. Prisoners and their whānau be consulted about the development of a progression system that acknowledges achievements and supports 'new behaviours'.
- b. Re-integrative services are further developed.

Corrections accepted the recommendations.<sup>52</sup>

---

<sup>52</sup> Corrections' comments on the recommendations can be found in Appendix 1.

## Youth Unit

### Assessment

The Department recognises that to achieve a significant reduction in re-offending overall, it must improve outcomes for youth.<sup>53</sup> The Department introduced its Youth Strategy in 2013 and in 2015, increased its efforts through the 'Youth Strategy Acceleration Project', which set aspirational goals to:

- develop Youth Units as centres of excellence;
- provide exceptional staff engagement with a focus on Youth Champions; and
- develop world leading rehabilitation and reintegration services.

Christchurch Men's Prison has one of two Youth Units in New Zealand (the other is in Hawke's Bay Regional Prison). On the first day of inspection there were 39 youth in the Unit. The atmosphere was relaxed and staff were enthusiastic about working in the Unit.

### Facilities

The Unit had several reasonable-sized classrooms which were clean and tidy and well maintained. A well-stocked library could be accessed throughout the day.

The woodwork shed was out of use but due to reopen following the appointment of an instructor.

As well as a central courtyard there was a sports field where staff organised and participated in touch rugby and football with the prisoners. The exercise area for Kiwi Block lacked suitable equipment.

### Accommodation

The Unit had 40 cells: 20 in Kiwi Block, 10 in Tui Block and 10 in an adjacent low-security unit (the Huts). New admissions were inducted and housed in Kiwi Block and progress to Tui Block and the Huts. There were both single and double cells in Kiwi and Tui Blocks. All cells had a shower and toilet.

There were two cells with CCTV cameras in Kiwi Block; shower and toilet facilities had privacy screens. Double cells were used for prisoners needing additional support during induction. Youth prisoners assessed as being at risk would be managed in the ARU.<sup>54</sup>

Cell standards were generally good with the exception of the windows and privacy screens, which had been extensively tagged. Several cells were in need of refurbishment as a result of wear and tear and a planned redecoration programme was underway.

---

<sup>53</sup> 'Practice: The NZ Corrections Journal' (December 2016) Volume 4 Issue 2.

<sup>54</sup> At the time of the inspection there was one youth prisoner in the ARU.

The communal areas were featureless and bland. There was limited seating in the association rooms; the kitchen areas required cleaning and meals were eaten in cells.



Figure 17: Kitchenette



Figure 18: Privacy screen in cell

## Clothing and bedding

Youth said they were provided with adequate clothing and sufficient bedding as a matter of course.

## Routines

On weekdays, youth were encouraged to participate in a morning run at 6am with staff. On the second day of the inspection 23 out of 39 youth participated in the early morning run, which was followed by breakfast at 7am.

Education and programmes took place between 9am and 11am. Lunch was distributed at 11am and the youth were locked at 11.45am. Afternoon activities took place after unlock at 1pm with dinner being served around 4.30pm. Evening recreation was available from 6pm in Tui Block and the low-security huts. Lock-up took place at 8.30pm.

At weekends, youth prisoners were unlocked from 8am to 4.30pm.

## Visits

Visits generally took place at the weekends but could be facilitated during the week if required. Audio Visual Link was available but uptake was reportedly low. Due to only having two youth units in New Zealand, many youth were far from home and family support.

## Purposeful activities

Educational/vocational needs were assessed as part of the induction process. There were a number of programmes on offer including problem solving, stopping violence, painting and a bike repair shop.

The computer suite was used to deliver relevant online activities such as driving licence training. The Howard League offered daily one-to-one educational support classes. Practical support in the form of drug and alcohol awareness, career advice, cooking, budgeting and first aid was offered and well received. Staff worked together to ensure the youth had something meaningful to do every day. Youth were locked in their cells if they did not wish to attend education.

An incentive scheme operated in the Unit. The reward for positive behaviour was access to a DVD player and a selection of DVDs. However, most of the youth reported having seen the movies and suggested that new options might be explored.

### Staff/prisoner relationships

Unit leadership was visible. Staff reported positive relationships with both management and youth. Ninety percent of youth questionnaire respondents reported that they were treated with respect and had a member of staff they could turn to if they had a problem.

### Case management

Corrections Regulations<sup>55</sup> require that prisoners under the age of 18 years are to be kept apart from older prisoners. A purported dispensation to this regulation allowed under-18s to mix with under-21 year old prisoners. Similarly, remand accused prisoners were able to mix with convicted and sentenced prisoners. Given the relatively small numbers of youth prisoners, such exemptions are appropriate for the operation of youth units. However, the dispensation appeared to be of doubtful legal status as it was dated 2005 and not signed by the current Chief Executive.

Youth prisoners who demonstrated challenging or disruptive behaviours were placed on management plans. The Unit held some very challenging prisoners with a range of complex needs. A multi-disciplinary process had been developed to manage identified risks and needs, which were discussed at weekly meetings. Prisoners were invited to the meetings and progress and plans discussed and agreed. Family were involved where appropriate.

Out of Gate services for youth prisoners on release were being reduced from six months to three. The reasons for this were not apparent.

### Misconducts

In the six months prior to the inspection, there were 35 misconducts. Charges included fighting (14 cases); assault (8); abusive or threatening behaviour (3); damage to prison property (7); possession of contraband (2); and breaking prison rules (1). Punishments awarded were consistent and commensurate with the offences. Prisoners demonstrated a reasonable grasp of the proceedings.

---

<sup>55</sup> Corrections Regulations 179; 180; and 186.

## Complaints

Notices about the complaints process were not displayed in the Unit. Youth had a reasonable understanding of how to make a complaint and were able to briefly describe the complaints process.

### Recommendations – youth unit

9. I recommend that:

- a. Funding for furnishings and recreational equipment should be provided.
- b. The issue of excessive tagging is addressed.
- c. The dispensation for youth to mix should be reviewed to ensure it has legal effect.
- d. Notices about the complaints process are displayed in the unit.

Corrections accepted the recommendations.<sup>56</sup>

---

<sup>56</sup> Corrections' comments on the recommendations can be found in Appendix 1.

## Appendix 1: Corrections' comments on recommendations that were accepted

### Criteria 1 – Treatment

1. I recommend that:
  - a. The Prison Director investigates the prevalence of use of force in the ARU.
  - b. Firm action is taken to ensure the integrity and reliability of records and the reporting systems.
  - c. Only approved Control and Restraint techniques are used by staff at the Prison.
  - d. The Prison Director ensures that processes for referral and subsequent management of prisoner complaints to the Police are followed.
  - e. Processes to easily identify prisoners with a recognised health condition in the wings should be implemented.
  - f. Prisoners in the ARU are held in cells that meet Corrections' standards for natural light.
  - g. Measures be undertaken to better protect the privacy of prisoners in the ARU when they are naked, partially naked, or undertaking their ablutions.
  - h. The Prison Director reviews the treatment of prisoners considered to be at-risk of suicide or self-harm. Prisoner-centric management plans should be developed to assist prisoners while they are in the ARU and on their return to mainstream Units. The prisoner should receive a copy of their management plan.
  - i. Staff selection processes for the ARU should be improved to ensure staff with the necessary skills work in the Unit.
  - j. Training, supervision and support of staff in the ARU should be improved.
  - k. Meals should be served at normal hours. This would involve lunch being served any time between midday and 1.30pm and dinner to be served any time between 5pm and 7pm.

Corrections accepted recommendation 1a, and commented as follows:

*A full review of the function of the At Risk Unit (ARU) is underway. It is accepted that a number of uses of force have taken place in this unit. This will be included as part of the review.*

Corrections accepted recommendation 1b, and commented as follows:

*It is important to ensure that robust records are maintained.*

*The issues raised at paragraph 15 of the Draft Report are of significant concern to Corrections, and are being investigated as a matter of priority.*

Corrections accepted recommendation 1c, and commented as follows:

*Staff will be reminded of approved Control and Restraint techniques.*

Corrections accepted recommendation 1d, and commented as follows:

*Where a complaint is raised, and Police action is requested or required, notification will take place.*

*The only potential criticism in the Draft Report is at paragraph 87, where Inspectors confirmed that Prison staff had referred the complaint to Police, but that the prisoner had not been advised of this at the time.*

*As the Draft Report has found no inadequacies in the process for referral, the criticism implied by this recommendation is unwarranted.*

Corrections accepted recommendation 1f, and commented as follows:

*Work is taking place at Christchurch Men's Prison to build a new ARU, Health Unit, Management Unit, and Programme Room. The ARU is scheduled for completion in 2018 or 2019.*

Corrections accepted recommendation 1g, and commented as follows:

*A National Working Group has been established. The Ombudsman is aware of this, and is part of this Group, although this is not stated in the Draft Report (see paragraph 31).*

*The working group has been established under Terms of Reference to recommend changes that could provide ARU prisoners with greater personal dignity and privacy while using the toilet in their cell.*

*The working group has visited ARU Cells at one prison, and has so far held three meetings to discuss the merits of various identified options. At this stage, the group is seeking further information before it can make recommendations. The group is scheduled for a further meeting in August 2017. Corrections accepts that amending Schedule 2 Part C of the Corrections Regulations is a necessary consideration for the National Working Group.*

*Corrections views this as good progress towards resolving the differences of view as to how to balance prisoner safety and prisoner privacy (which has been a recurring theme in previous COTA inspections).*

*In these circumstances, Corrections considers it unfair and inappropriate for the Draft Report to include this recommendation. The Ombudsman is aware of, and centrally involved in, precisely the exercise which is proposed to be recommended.*

Corrections accepted recommendation 1h, and commented as follows:

*Following a comprehensive review of the ARU a more prisoner-centric approach has been instigated.*



*Prisoners deemed at risk of self harm will be risk assessed and a Care plan developed which will be shared with the prisoner. Those prisoners who pose a more acute risk will be managed under a Multi-Disciplinary Team approach. A comprehensive Care plan will be developed. Where possible the prisoner will attend the meeting.*

Corrections accepted recommendation 1j, and commented as follows:

*The Ombudsman is aware from previous COTA report responses that Corrections is in the process of a major enhancement programme for its ARUs. This programme is being conducted alongside Corrections' broader plan for addressing the mental health needs of offenders generally, and prisoners in custody in particular.*

*Corrections has allocated \$11.6 million of its Budget 2017 funding to its At-Risk Unit enhancement programme. This is in addition to the close to \$14 million in Budget 2016 Corrections received from the Justice Sector Fund for mental health and reintegrative services over the next two years, to better support offenders with mental health issues.*

*Pending completion of the ARU enhancement programme:*

*The Health Centre Manager is working with the District Health Board in order to ascertain what training staff could access.*

*An ARU Principal Corrections Officers forum in Southern Region has been set up, and PCOs now meet on a regular basis via audio-visual link to discuss practice related issues and identify improved ways of working with prisoners in the ARU.*

*As part of this forum, training for ARU staff has been identified as a priority. On 1 September there is a Regional ARU Development training day scheduled for custodial and nursing staff who work within the ARU environment.*

*The Management team are working to create comprehensive support through professional supervision.*

*Corrections objects to the speculation in the second sentence of paragraph 38. There is no evidence to suggest that force was used inappropriately to move prisoners to the ARU. As explained in response to recommendation 1a above, all prisoners in respect of whom force is used for any reason are transferred to the ARU. This is likely to explain what has been perceived as a high use of force in effecting prisoner transfers to the ARU.*

Corrections accepted recommendation 1k, and commented as follows:

*Corrections now accepts this recommendation in principle, subject to the operational needs and resources available at the prison. Corrections agrees that this should be an objective. Corrections has work underway to review the shift regimes in the custodial environment in order to align meal times more closely with the hours suggested. This is a major project which requires significant consultation with a number of parties, as well as technology upgrades. Current timelines indicate that this project will complete by the end of 2018.*

*The Ombudsman was briefed on this work at the recent quarterly relationship meeting. Corrections asks that these types of recommendations in the future are considered in line with the work underway to revise shift patterns.*

*However, Corrections maintains that the current meal times comply with section 72 of the Corrections Act 2004, which stipulates that every prisoner is provided with “a sufficient quantity of wholesome food and drink based on the food and nutritional guidelines for the time being issued by the Ministry of Health”. There is no reference to the times food is served; rather, the focus is on quality and quantity. The current menus were developed with input from the Ministry of Health, Diabetes Life Education and the Heart Foundation in consultation with a clinical dietician.*

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

## Criteria 2 – Transition to lawful custody

2. I recommend that:

- a. Prison management reviews the procedures for prisoner access to their property to ensure prisoners can readily access their property.
- b. The RO should improve the accessibility of notices and key information for prisoners.
- c. Review induction arrangements for foreign nationals, speakers of other languages and those with literacy issues are improved to ensure these prisoners are fully briefed on prison procedures.

Corrections accepted recommendation 2a, and commented as follows:

*Corrections prisons receive close to 30,000 prisoner arrivals per year, with 1,700 of these being to Christchurch Men’s Prison. This includes first time and returning prisoners and transfers between prisons. The procedures to transfer the property of these prisoners involve many safety, security and administrative considerations, which mean that there are legitimate reasons why prisoners may not be able to receive their property immediately upon arrival.*

*The Prison will liaise with Hawkes Bay Prison’s Principal Corrections Officers as to the process improvements recently put in place with regard to property access at that prison.*

Corrections accepted recommendation 2b and commented as follows:

*The Receiving Office carries out an important function in informing those received into custody. On the whole it operates very well.*

*Corrections has installed a large television screen in the Receiving Office, which is designed to address the issues noted in the Draft Report.*

*The Prison will confirm that the full range of written resources produced by Corrections are available at the receiving office, and Corrections will consider providing alternative sources of information for prisoners who do not speak or read English.*

*Translation issues are addressed immediately below.*

Corrections accepted recommendation 2c and commented as follows:

*The induction arrangements for foreign nationals and speakers of other languages is that the Receiving Office will first contact the courts to see who they used as an interpreter, if available they will contact them. If they are not available then the receiving office will refer to its list of approved interpreters in the receiving office. If they can't get hold of one of them the prisoner will be placed in the ARU until someone can be located.*

*Corrections will consider options for posters and information in other languages, although Corrections considers that a translator is very likely to be required in any event.*

### Criteria 3 – Decency, dignity and respect

3. I recommend that:

- a. There should be more tailored support for prisoners with cognitive impairments.
- b. A review of the prison entry search procedures be undertaken with some urgency.
- c. Prisoners are supervised when distributing meals.
- d. Adequate clothing, including wet weather gear is provided for prisoners.
- e. Greater efforts should be made to support Māori prisoners.
- f. Laundry arrangements in Kotuku Unit are improved with the installation of a washing machine and dryer.
- g. High-security prisoners spend more time out of cells engaged in purposeful activities.
- h. Unlock arrangements for high-security prisoners should be consistent and clear.
- i. Unlock times in the DRU should be in line with other low-security Units.
- j. Mould in 'single double' cells is removed as a matter of urgency.

- k. Single double cells should revert to single occupancy or time out of cells significantly increased.
- l. Health and safety issues associated with roosting pigeons are addressed as a matter of urgency.

Corrections accepted recommendation 3b, and commented as follows:

*The Gatehouse staff provide a valuable service in keeping the site safe from contraband and ensuring the public and staff entry is safe.*

*The identified issue of visitors being asked to remove bras has been addressed. Gatehouse staff now use alternative techniques to ensure the situation is managed appropriately without compromising potential risk.*

Corrections accepted recommendation 3c, and commented as follows:

*It is important to ensure that all prisoners are given equal access to meals at the given meal time.*

Corrections accepted recommendation 3d, and commented as follows:

*A review of laundry process and availability of working washing machines will be carried out.*

Corrections accepted recommendation 3e, and commented as follows:

*While it is always desirable to further strengthen relationships and connections with local Iwi, Corrections considers that its current relationships are strong, and are the result of significant engagement over time.*

*Kaiwhakamana currently provide support to individual Maori offenders on request at Christchurch Men's Prison. The Te Ihu Waka Tikanga Maori programme is delivered regularly to high risk, low risk and youth at Christchurch Men's Prison. Both providers are local iwi.*

Corrections accepted recommendation 3f, and commented as follows:

*A review of all appliances across the site will be carried out to ensure coverage. Kotuku unit will be included in this review, and machines fitted where required.*

Corrections accepted recommendation 3g, and commented as follows:

*Corrections assumes that this recommendation must relate to unlock hours alone, as the Draft Report recognises the positive initiative taken in arranging purposeful activities for high security prisoners (at paragraph 164).*

*It is unclear precisely what this recommendation relates to, as the Draft Report is not critical of unlock practices.*

*Nevertheless, Corrections is always willing to consider improvements to the purposeful activities available, and moving towards an increase in unlock hours in a manner that is consistent with prisoner safety.*

Corrections accepted recommendation 3h, and commented as follows:

*Corrections is committed to consistently applying best practice to maximise time out of cells.*

Corrections accepted recommendation 3j, and commented as follows:

*All areas where mould has been discovered have been cleaned, and on-going issues addressed through ventilation. Work continues towards enhancing mattress and shower ventilation.*

Corrections accepted recommendation 3k, and commented as follows:

*Corrections accepts this recommendation in principle. Due to muster pressure Corrections has had to find options to provide beds for the prisoners. Corrections' preference is to return these cells to single occupancy in the medium term, and Corrections is considering how to increase unlock times in the interim.*

Corrections accepted recommendation 3l, and commented as follows:

*There has been a significant increase in the pigeon population over the past five years at the Prison. This is in part due to the Christchurch earthquakes disturbing traditional roosting areas. Other causes include the deforestation of trees in the immediate area, an abundance of food both on-site (due to poor food hygiene practices in common areas by prisoners) and cropping on the prison farm and piggery and surrounding farms.*

*This is being addressed by two current programmes:*

*An eradication programme is being directed by Spotless Services. This consists of issuing work orders for pest destruction contractors to poison every 6 weeks. The Prison Health and Safety committee receives regular reports from Spotless on the eradication and cleaning programme being undertaken.*

*A programme for the destruction of pigeons is in place at the prison farm. In the past two years there have been approximately eight thousand pigeons shot on the prison farm. The farm manager has also recently introduced a trapping programme trial as well. Other long-term programmes are being considered.*

#### **Criteria 4 – Personal safety**

4. I recommend that:

- a. The Prison Director should conduct a survey of prisoners to establish the circumstances and locations where prisoners feel unsafe, and address the findings in an arena that includes prisoner representation.
- b. Drug testing should be extended to include synthetic psychoactive substances.

Corrections accepted recommendation 4b, and commented as follows:

*Over the last year Corrections has worked in collaboration with the Institute of Environmental Science & Research Ltd (ESR) to identify the chemical compounds present in these new psychoactive substances (or NPS). ESR has now identified certain relevant compounds, and it has been established that these are detectable by dogs.*

*Corrections is in the process of instituting urine-testing for these substances, and is considering amendments to the misconduct regime: presently NPS fall within the Psychoactive Substances Act 2013, rather than the Misuse of Drugs Act 1975.*

*Corrections is also in the process of securing a number of appropriate samples for the training of NPS-capable dogs. It is envisaged that these dogs will supplement existing dogs at the Prison that are trained to locate specific types of contraband. Initial estimates are that one dog per prison will be required. This may be reviewed as the current and developing prevalence of NPS becomes better understood.*

### Criteria 5 – Health and wellbeing

5. I recommend that:

- a. An annual health needs analysis be carried out to inform the health development plan and funding.
- b. There be a separate health complaint process to ensure patient confidentiality.
- c. Nurses have access to clinical supervision.
- d. Processes and practices for dispensing medication, including controlled drugs and night sedation comply with Corrections' Health Services Medication Standards.
- e. Areas of unsafe practice such as compromised prisoner confidentiality and identified inefficiencies in the operation of medication rounds be addressed as a matter of urgency.
- f. Corrections develop a national policy for the treatment of patients with ADHD.
- g. Dental treatment is based on dental need.

Corrections accepted recommendation 5c, and commented as follows:

*Clinical supervision is already provided to Corrections nurses in response to significant incidents. However this has been identified regionally as an area that could be improved, and there is work currently in progress to look at providing ongoing clinical supervision.*

Corrections accepted recommendation 5d, and commented as follows:

*Corrections is currently analysing information available to identify areas of risk, and provide training as required.*

*Health Services is currently progressing a National review of Medications Management within Corrections. This is being completed by an external contractor who is an expert in all aspects of medication management. The outcome of this review will be a number of recommendations of how Health Services can improve clinical practice and processes to ensure patient safety, and improve efficiencies.*

Corrections accepted recommendation 5e, and commented as follows:

*As explained above with respect to recommendation 5b, all staff will be reminded that health-related information should not be captured in IOMS, and conduct regular random monthly audits to ensure the practice is being followed.*

*Also, as explained above with respect to recommendation 5d, Health Services are currently progressing a National review of Medications Management within Corrections.*

Corrections accepted recommendation 5g, and commented as follows:

*There is currently a wait-time of 5-6 weeks, with around 55-65 prisoners waitlisted. Pain relief is administered promptly and if a patient's dental status becomes urgent or semi-urgent they are triaged to the next clinic as a priority.*

*Corrections will review the national policy in view of the comments at paragraph 114 of the Draft Report.*

*The comments in paragraph 116 require some expansion. Patients are provided with financial support in the provision of dentures assessed on a case-by-case basis. This includes full payment by Corrections for dentures where clinical need and the person's activities of daily living and self esteem are considered. The Prosthesis Financial Support policy is discussed with patients who wish to make minimum weekly payments toward dentures however if their financial circumstance change then payments are suspended sometimes indefinitely.*

## **Criteria 6 – Fairness and protective measures**

6. I recommend that:

- a. The Prison Director conducts an analysis of prisoner complaints and implements improvements that address the underlying reasons why prisoners have such little faith in the complaints process.
- b. Regimes available for prisoners on voluntary segregation are further developed.
- c. The range of healthy goods available through the P119 be improved.
- d. TV rental charges for long serving prisoners should be reviewed.

Corrections accepted recommendation 6b, and commented as follows:

*Corrections is looking to make continuing improvements in this regard.*

Corrections accepted recommendation 6c, and commented as follows:

*A national review of the P119 catalogue is expected to be completed by the end of 2017. This will include identifying healthier options.*

### Criteria 7 – Purposeful activity and family contact

7. I recommend that:

- a. The information leaflet for visitors should be reviewed to better reflect the Prison's focus on supporting positive family relationships.
- b. Immediate measures need to be taken to eliminate the practice of extortion by gang members for the use of the telephone.
- c. There should be greater opportunities for constructive activities for remand accused prisoners.
- d. Remand prisoners should have longer periods out of their cells on a daily basis.
- e. ITL data collection processes are reviewed and improved for accurate reporting.
- f. Case management remand plan objectives should be specific, measurable, achievable, and realistic and time bound.
- g. High security prisoners should have access to education, programmes and employment training.
- h. Access to interventions should be better sequenced so prisoners can address their needs prior to their appearance at the Parole Board.
- i. Toilets and showers in exercise yards should be better maintained.

Corrections accepted recommendation 7a, and commented as follows:

*A review will identify areas of development.*

*Corrections already has an explanatory sheet for the Family Dispute Resolution service, FairWay.*

Corrections accepted recommendation 7b, and commented as follows:

*The Prison is investigating this as a matter of urgency. The prisoner safety forum may assist in rectifying this issue or identify how extensive the problem is.*

Corrections accepted recommendation 7c, and commented as follows:

*Remand accused prisoners present significant challenges in this area.*

*However, this is an area of continual improvement for the Prison.*

Corrections accepted recommendation 7d, and commented as follows:



*Corrections is continuing to consider how this challenging section of the prison population can be provided with greater unlock hours for constructive and purposeful activities, and in a way that is consistent with the safety of all prisoners.*

Corrections accepted recommendation 7e, and commented as follows:

*This work is underway already.*

Corrections accepted recommendation 7f, and commented as follows:

*There is ongoing work to improve the expertise of the enthusiastic case management team in this regard.*

Corrections has advised that they accepted recommendation 7g and commented as follows:

*High security prisoners already have access to education, programmes and employment training, albeit that their security classification does prevent them from accessing the full suite of activities available to lower security prisoners.*

*One way in which the Prison enhances the programmes available for high security prisoners is to transfer them to other sites with specific facilities for high security training.*

*This is an area of continual improvement, and Corrections is grateful for the acknowledgment at paragraph 164 that staff have been successful in promoting purposeful activity.*

Corrections accepted recommendation 7h, and commented as follows:

*The prisoner pathway must be agreed with the prisoner and co-managed by both case officer and case manager. This will provide an appropriate sequence to treatment programmes, education and work as an enabler to success upon release.*

Corrections accepted recommendations 7i, and commented as follows:

*Work is underway to improve all exercise areas.*

## **Criteria 8 – Preparation for successful return to the community**

8. I recommend that:

- a. Prisoners and their whānau are consulted about the development of a progression system that acknowledges achievements and supports 'new behaviours'.
- b. Re-integrative services are further developed.

Corrections accepted recommendation 8a, and commented as follows:

*Work is underway better include whanau when managing the prisoner behaviour and pathways, and in preparation for release.*

Corrections accepted recommendation 8b, and commented as follows:

*This is an area of continual improvement.*

### **Recommendations – youth unit**

9. I recommend that:

- a. Funding for furnishings and recreational equipment should be provided.
- b. The issue of excessive tagging is addressed.
- c. The dispensation for youth to mix should be updated.
- d. Notices about the complaints process are displayed in the unit.

Corrections accepted recommendation 9a, and commented as follows:

*Work is underway to improve unit furnishings, floor covering and recreational equipment.*

Corrections accepted recommendation 9b, and commented as follows:

*Work is underway to remove/replace windows identified with tagging across the unit.*

Corrections accepted recommendation 9c, and commented as follows:

*The dispensation is part of the delegations in the delegations centre. Therefore, the current Chief Executive would have signed this off.*

Corrections accepted recommendation 9d, and commented as follows:

*Work is underway to ensure that all appropriate notices are displayed in the correct manner.*

## Appendix 2: Inspection Team (the Team)

Jacki Jones – Chief Inspector (Nurse)

Eric Fairbairn – Team Leader

Emma Roebuck – Inspector

Tessa Harbutt – Inspector (Nurse)

Anthony Martin – Acting Inspector

Tasi Lagolago – Acting Inspector

Sue Silva – Social Worker

Anneliese Boston – Human Rights Commission

## Appendix 3: Questionnaire feedback

Eight hundred and fifty-three questionnaires were given out and 534 were returned (63 percent).

Percentages have been rounded and therefore may not add up to 100 percent.

### Section 1: About you

#### Q1.2 How old are you? (505 responses)

Under 21	21-29	30-39	40-49	50-59	60-69	70 and over
3% (14)	32% (164)	31% (158)	18% (93)	11% (57)	3% (16)	1% (3)

#### Q1.3 What is your ethnicity? (508 responses)

NZ European/Pakeha	(30%) 151	Māori/Pakeha	(19%) 99
Pasifika & Asian	(3%) 17	Kiwi/New Zealander	(26%) 132
Other	(5%) 23	Māori	(17%) 86

#### Q1.4 Is English your first language? (509 responses)

Yes (95%)                      No (5%)

#### Q1.5 Are you sentenced/on remand? (507 responses)

Sentenced	Remand	
67%	33%	
	Accused – 62%	Convicted – 38%

#### Q1.6

	Yes	No	Responses
Is this your first time in prison?	30%	70%	509
Do you have children under 18?	58%	42%	491

## Section 2: Respect and dignity

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

	Yes	No	Don't know	Responses
Are you normally offered enough clean, suitable clothes for the week?	66%	32%		505
Are you normally able to have a shower every day?	95%	4%		510
Do you normally receive clean sheets every week?	79%	20%		508
Do you normally get cell cleaning materials every week?	86%	14%		508
Can you normally get your stored property, if you need to?	46%	50%	4%	509

### Q2.2

	Very good	Good	Average	Bad	Very bad	Responses
What is the food like here?	3%	7%	40%	29%	21%	511

### Q2.3

	Yes	No	Responses
Does the shop (P119) sell a wide enough range of goods to meet your needs?	17%	83%	510

## Section 3: Complaint process

### Q3.1

	Easy	Difficult	Don't know	Responses
Is it easy or difficult to get a complaint form (PCO1)	29%	42%	28%	507

### Q3.2

	Yes	No	Don't know	Responses
Do you know how to make a complaint?	82%	18%		509
Have you made a complaint in this prison?	52%	48%		506

	Yes	No	Don't know	Responses
Do you feel complaints are dealt with fairly?	24%	75%	1%	448
Do you feel complaints are dealt with promptly? (within three days)	20%	79%	1%	445
Do you have faith in the complaints system?	16%	82%	2%	471
Would you make a complaint if the situation warranted it?	72%	25%	2%	501

## Section 4: Safety

### Q4.1

	Yes	No	Responses
Have you ever felt unsafe in this prison?	67%	33%	504
Do you feel unsafe in this prison at the moment?	25%	75%	501

### Q4.2 Victimisation

	Yes	No	Responses
Have you been victimised or bullied in this prison?	61% (308)	39% (195)	503
If yes, was it another prisoner?	18%		57
If yes, was it a group of prisoners and an individual prisoner?	30%		93
If yes, was it staff?	14%		43
If yes, was it all of the above (prisoners and staff)?	37%		115

### Q4.3 Assaults

	Yes	No	Responses
Have you been assaulted while in this prison?	49% (248)	51% (255)	503
If yes, did you report the incident?	27% (66)	73% (174)	240
Have you been sexually assaulted while in prison?	11% (53)	89% (449)	502
If <b>yes</b> , did it happen at this prison?	82% (42)	18% (9)	51
Did you report the incident?	35% (17)	65% (31)	48

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

	Yes	No	Responses
Is there a member of staff you can turn to for help with a problem?	70%	30%	498
Do most staff treat you with respect?	73%	27%	504
Did you meet with your case officer within the first week?	47%	53%	500
Do you meet with your case officer at least once a week?	20%	80%	500
Do you know who your case manager is?	67%	33%	503

**Section 5: Health****Q5.1 When you first arrived in this prison, did staff ask you if you needed any help with any of the following:**

	Yes	No	Responses
Reading and writing?	38%	62%	502
Not being able to smoke?	60%	40%	501
Loss of property?	21%	79%	498
Feeling scared?	35%	65%	501
Gang problems?	31%	69%	500
Contacting family?	51%	49%	502
Money worries?	21%	79%	501
Feeling worried/ upset/ needing someone to talk to?	41%	59%	500
Health problems?	67%	33%	500
Getting phone numbers approved?	45%	55%	501
Did you have any problems when you first arrived?	46%	54%	504
Problems on arrival mostly focused around personal belongings and ongoing medication being taken from prisoners.			

**Q5.2**

	Yes	No	Responded
When you arrived in this prison were you given an initial phone call? (within 24 hours)	67%	33%	496

**Q5.3**

	Yes	No	Don't know	Responses
Did you have any problems with alcohol?	32%	68%		505
Have you received any help with any alcohol problems here?	28%	72%		483
Did you have any problems with drugs when you first arrived?	45%	55%		502
Do you have any problems with drugs now?	18%	80%		494
Have you received any help with any drugs here?	35%	65%		485
Is it easy to get illegal drugs here?	23%	71%	6%	499
Is it easy to get tobacco/ cigarettes here?	26%	66%	8%	500

**Q5.4 How easy or difficult is it to see the following people? (499 responses)**

	Don't know	Easy	Difficult
The doctor	14%	17%	68%
The nurse	9%	56%	35%
The dentist	16%	12%	71%

**Q5.5 What do you think of the quality of the health service from the following people? (498 responses)**

	Don't know	Good	Bad
The doctor	24%	39%	37%
The nurse	11%	51%	38%
The dentist	27%	37%	36%

**Q5.6 What do you think of the overall quality of health service? (499 responses)**

	Don't know	Good	Bad
Overall healthcare quality	14%	41%	46%



**Q5.7 Physical disability**

	Yes	No	Responses
Do you have a physical disability?	23%	77%	497
Do you feel supported with your disability needs?	21%	79%	150

**Q5.8 Emotional/mental health issue**

	Yes	No	Responses
Do you feel you have an emotional well-being/ mental health issues?	47%	53%	497
Do you feel supported with your mental health needs?	24%	76%	254

**Section 6: Purposeful Activity****Q6.1 Are you currently involved in any of the following activities? (please tick all that apply)**

	High	Low	Youth	All
Prison job	25%	43%	48%	33%
Vocational or skills training	4%	20%	57%	13%
Education (including basic skills)	18%	26%	78%	23%
Offending behaviour programmes	6%	45%	48%	23%
CIE employment	9%	27%	22%	16%
Release to work	0%	2%	13%	1%
Not involved in any of these	61%	15%	13%	42%

**Q6.2 Cultural/Religious Services (465 responses)**

	Yes	No
Are you able to access Cultural services?	31%	69%
Are you able to access Religious services?	61%	39%

**Q6.3 Fresh air (494 responses)**

	Yes	No
Do you get one hour's fresh air daily? (minimum entitlement)	92%	6%

**Q6.4 Library (497 responses)**

	Don't want to use it	Never	Less than once a week	Once a week	More than once a week
How often can you use the library?	5%	34%	37%	22%	2%

**Q6.5 Gym (497 responses)**

	Don't want to use it	Never	1-2	3-5	More than 5
On average how many times do you go to the gym each week?	9%	63%	6%	10%	12%

**Q6.6 Time out of cell (501 responses)**

	Less than 2 hours	2 to less than 4 hours	4 to less than 6 hours	6 to less than 8 hours	8 hours +
On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)	13%	29%	17%	14%	27%

**Q6.7 External communication**

	Yes	No	Responses
Have you had any problems with sending or receiving mail?	53%	47%	505
Have you had any problems getting access to the telephones?	44%	56%	503
Do you usually have one or more visits per week from family and friends?	28%	72%	502
Is it easy for your family and friends to visit you here?	35%	65%	498
Do your visits start on time?	47%	53%	492

## Appendix 4: Prison population breakdown

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

Status	Under 18 years	18-20 year olds	21 and over	Total
Sentenced	2	33	549	584
Recall	-	-	-	5
Remand Convicted	1	14	98	113
Remand accused	2	8	190	200
<b>TOTAL</b>	<b>5</b>	<b>55</b>	<b>837</b>	<b>902</b>

Age	Number of prisoners
Under 18 years	2
18 - 21 years	72
22 - 29 years	223
30 - 39 years	279
40 - 49 years	215
50 - 59 years	78
60 - 69 years	29
70 - 79 years	4
80 years plus	0
<b>TOTAL</b>	<b>902</b>

Ethnicity	Under 18 years	18-20 year olds	21 and over	Total
Pakeha	3	32	458	493
Māori	2	15	320	337
Pasifika	0	11	47	58
Asian	0	0	6	6
Other	0	0	6	6
<b>TOTAL</b>	<b>5</b>	<b>58</b>	<b>839</b>	<b>902</b>

Main Offence	Under 18 years	18-20 year olds	21 and over
Violence against the person	0	11	262
Sexual offences	0	6	143
Burglary	0	4	81
Dishonesty	0	6	34
Traffic offences	0	0	36
Property abuse/damage	0	1	6
Weapons	0	0	7
Drug offences	0	2	104
Other	1	0	35
<b>TOTAL</b>	<b>1</b>	<b>27</b>	<b>556</b>

Gang	Number
Mongrel Mob	118
Crips	85
White Power	35
Black Power	31
Bloods	28
Killer Beez	28
Head Hunters	23
Highway 61	12
Nomads	12
Bandidos	11
Hell's Angels	1
<b>TOTAL</b>	<b>384</b>

## Appendix 5: Overview of OPCAT – Prisons

In 2007 the New Zealand Government ratified the United Nations Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). The objective of OPCAT is to establish a system of regular visits undertaken by an independent national body to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment.

The Crimes of Torture Act 1989 (COTA) was amended by the Crimes of Torture Amendment Act 2006 to enable New Zealand to meet its international obligations under OPCAT. Section 16 of COTA identifies a ‘*place of detention*’ as:

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

(a) a prison ...

(c) a court cell.

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

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

- to examine, at regular intervals and at any other times the NPM may decide, the conditions of detention applying to detainees and the treatment of detainees; and
- to make any recommendations it considers appropriate to the person in charge of a place of detention:
  - for improving the conditions of detention applying to detainees;
  - for improving the treatment of detainees; and
  - 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.