OFFICE OF THE INSPECTORATE *Te Tari Tirohia*

Hawke's Bay Regional Prison

Announced Inspection

February 2025

ARA POUTAMA AOTEAROA
DEPARTMENT OF CORRECTIONS

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Te Tari Tirohia

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Our whakataukī

Mā te titiro me te whakarongo ka puta mai te māramatanga

By looking and listening, we will gain insight

Our vision

That prisoners and offenders are treated in a fair, safe, secure and humane way.

Our values

Respect – We are considerate of the dignity of others

Integrity – We are ethical and do the right thing

Professionalism – We are competent and focused

Objectivity – We are open-minded and do not take sides

Diversity – We are inclusive and value difference.

We also acknowledge the Department of Corrections' values: rangātira (leadership), manaaki (respect), wairua (spirituality), kaitiaki (guardianship) and whānau (relationships).

Our work

The Office of the Inspectorate *Te Tari Tirohia* is a critical part of the independent oversight of the Corrections system and operates under the Corrections Act 2004 and the Corrections Regulations 2005. The Inspectorate, while part of the Department of Corrections, is operationally independent, which is necessary to ensure objectivity and integrity.

The inspection process provides an ongoing invaluable insight into prisons and provides assurance that shortcomings are identified and addressed in a timely way, and that examples of good practice are acknowledged and shared across the prison network.

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Foreword

This report sets out the findings of an announced inspection of Hawke's Bay Regional Prison (HBRP). HBRP is situated in a rural area around nine kilometres south of Hastings.

Overall, we found many areas of positive practice at HBRP, while at the same time finding some areas of serious concern.

We found good collaborative relationships between the prison General Manager and his General Manager counterparts in Pae Ora (Corrections health services), and Communities, Partnerships and Pathways. This was promising, as having General Managers working more closely together was one of the intents of Te Ara Whakamua: The Pathway Forward, Corrections' process for organisational change.

Compared with many other prisons nationwide, HBRP was offering a wide range of constructive activities, including employment, education, programmes, and volunteer activity, especially to prisoners in low security or self-care units. Prisoners in high security units had a much more limited range of opportunities. It was pleasing to see that some Māori prisoners, particularly those in specialist units (such as Te Tirohanga Unit and Te Whare Oranga Ake), had access to cultural practices and programmes.

We heard about, and observed, a range of concerning safety, security, and integrity-related issues. Staff and prisoners told us contraband was widely available and we observed some security processes that should have been better. In addition, non-custodial staff across a range of roles told us about feeling unsafe and unsupported by custodial staff. There was a widespread perception amongst staff that senior managers knew about these issues but did little to address them, leading to a feeling that senior managers condoned the current practices and behaviours.

Communication from senior management was working well for some staff, but not for others. This was contributing to some issues, particularly around staff perceptions of how senior managers were managing certain problems.

A high proportion (35%) of staff at the site had less than two years of experience working in a New Zealand prison. Some of these new staff, and some of their more experienced colleagues, told us they needed more support or training.

The health team was fully staffed with Nurses and was providing a good level of care, generally in a timely manner. Nurse clinics were well-organised, but a high volume of people were having their health appointments rescheduled. Medication rounds were conducted in a systematic way.

Nurses were appropriately screening new prisoners for mental health needs and risk of self-harm. The various mental health clinicians who worked at the site, including staff from the local Forensic Mental Health Service, shared an office with health staff in the central health centre. We heard this enabled good collaboration and supported decision-making.

Care of prisoners in the Intervention and Support Unit was being delivered using a respectful and supportive multidisciplinary approach. However, prisoners in this unit were effectively being denied association with others. For some, this had likely amounted to solitary confinement, as that term is defined in the United Nations Standard Minimum Rules for the Treatment of Prisoners (i.e. the Mandela Rules), as more than 22 hours a day without 'meaningful human interaction'. Moreover, we were concerned that some prisoners in this unit were not being managed under the appropriate section of the Corrections Act.

Prisoners generally told us they felt safe, but many told us bullying was occurring in their units. Double-bunked cells in the high security units were cramped. In addition, some prisoners in these units spent around 22 hours a day locked in their cells which were uncomfortably hot during the summer months. We were pleased to find the site was attempting to mitigate the high temperatures and was trialling the use of a newly installed air conditioning unit.

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Prisons may separate prisoners from others for safety or good order reasons. The Separates cells at HBRP were located in remote and isolated areas, with no staff based there permanently. This would have resulted in prisoners experiencing periods of isolation with limited activities and very little human interaction. Being held in solitary confinement is a risk factor for mental distress and self-harm in prisons and some of the prisoners in the Separates areas would likely have been experiencing solitary confinement as that term is defined in the Mandela Rules, which was concerning.

We heard that non-custodial staff, such as Case Managers and Education Tutors, could find it challenging to get access to prisoners. We heard this could be due to several factors, including the shortage of custodial staff (custodial staffing levels were at 85%), a lack of suitable interview rooms, and the fact that prisoners in the high security units were only unlocked for short periods every day.

Case Managers were struggling to meet their Standards of Practice for initial contact and release planning. We heard this was partly due to the team having been short-staffed for much of our review period and we expect these standards to improve now the team is fully staffed.

The site was providing opportunities for prisoners to engage with their families/whānau, including video calling for eligible prisoners and regular in-person visits.

The inspection team found several examples of positive practice at HBRP. We highlight some of these practices in this report (see pages 16 and 17).

I acknowledge the cooperation of HBRP management and staff, both during the inspection and afterwards. I expect the site to create an action plan to address the findings of this report. This action plan should be provided to my Office within four weeks of the report being received by the site. I look forward to working with the site as I continue to monitor progress.

Janis Adair
Chief Inspector

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Overview and findings

1. This report sets out observations from our announced inspection for Hawke's Bay Regional Prison (HBRP). HBRP is situated in a rural area around nine kilometres south of Hastings.

2. We inspected HBRP between Thursday 20 February – Friday 28 February 2025.

3. At the time of the inspection, HBRP had an operational capacity of 755 prisoners.[1]

4. The prison housed a total of 682 prisoners, comprised of 418 sentenced prisoners, 132 remand convicted prisoners, and 132 remand accused.

Findings – action required by prison leaders

5. These over-arching findings cover areas that prison leaders, with support from the wider Department, must address in an action plan which sets out how and when the findings will be addressed, and tracks progress. This action plan should be provided to the Office of the Inspectorate.

6. Any additional observations are presented in the text of the report. These observations are also important, and we hope prison staff and management will find them useful when working to improve practices and processes.

Leadership

Finding 1. We found good collaborative working relationships between the prison General Manager and his General Manager counterparts in Pae Ora (Corrections health services), and Communities, Partnerships and Pathways.

Finding 2. Communication by prison leaders to staff worked well for some, but was considered unsatisfactory by others. In general, these communications worked better for those in senior positions and in non-custodial roles.

Finding 3. We were told, and observed, that the prison leadership team had driven the return of a wide range of constructive activities, including employment, education, programmes and volunteer activity. While there was still much scope for further enhancements, these areas were amongst the best we had seen in the current environment across the prison network.

Finding 4. We heard about a range of concerning safety, security and integrity related issues, and found a widespread perception amongst staff and others that some senior managers did not always take appropriate action when concerns were raised. Some issues were widely known about on site, and therefore appeared to be condoned.

[1] We note that operational capacity is the maximum number of prisoners a prison could accommodate. In practice, most prisons can accommodate a lower number (for example, some prisoners may not be able to share a cell).

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Prison staff

Finding 5. We heard there was a high proportion (35%) of staff at the site with less than two years of experience; some of these staff needed additional support with their duties.

Finding 6. We heard, and observed, that gatehouse staff needed training on the correct procedures. We also heard that staff who had no previous experience in the gatehouse could be redeployed to work there.

Finding 7. While the health team had no nursing vacancies, 50% of the team was new to prison nursing, with under two-years of experience. This meant the more experienced Nurses had to complete the more complex tasks, such as working in the Receiving Office.

Finding 8. Many non-custodial staff told us they often had difficulty accessing prisoners in high security units. This occurred because prisoners in these units were generally unlocked for short periods of time and so were only available for interviews for short periods, and because there were not enough interview rooms.

Finding 9. Many non-custodial staff told us that, with a few exceptions, they were poorly supported by custodial staff and often felt unsafe on site.

Finding 10. Many staff, both custodial and non-custodial, had little confidence in security procedures at the site and, consequently, contraband was an issue.

Escorts, reception and induction

Finding 11. Figures from COBRA indicated that only 44% of prisoners had received a site induction. Most prisoners we interviewed told us they had not received any verbal or written information about prison life or rules.

Finding 12. Prisoners gave us varied responses about whether they had received a unit induction or not. Some prisoners told us they had received no induction information at all and had learned about prison life from other prisoners; this group included some people who were in prison for the first time.

Duty of care

Finding 13. We found some Māori prisoners had access to cultural practices and programmes; those prisoners who were accommodated in specialist units (such as Te Tirohanga Unit) had access to a much wider variety of cultural practices and programmes.

Finding 14. We found that some foreign national prisoners had limited understanding of English, and that the Corrections telephone interpretation service was not being used for health consultations, even when a prisoner asked for this.

Finding 15. Most prisoners across the site told us they felt safe. However, many also told us there were standovers and bullying in their unit. Many prisoners told us they were subject to 'taxing' by other prisoners for nicotine replacement lozenges and

telephone PIN numbers; some prisoners considered these things to be an accepted part of prison life.

Finding 16. The Prison Tension Assessment Tool (PTAT) helps custodial staff assess the overall level of tension in a prison unit, which in turn can help them mitigate the risk of violence. During the inspection, we heard that staff felt PTAT assessments often did not accurately reflect the level of tension in the units and that often overrides were applied to ensure the PTAT levels remained at green (i.e. no action required).

Finding 17. At the time of the inspection, prisoners in the two Separates areas (i.e. high security Separates Unit (HM SEPS) and the low security Unit 6 and 7 Separates Block) and in the Intervention and Support Unit were generally not able to mix with others and were unlocked one at a time. We note that some of these prisoners would therefore likely have been experiencing solitary confinement as that term is defined in the United Nations Standard Minimum Rules for the Treatment of Prisoners (i.e. the Mandela Rules), as more than 22 hours a day without 'meaningful human interaction'.

Finding 18. The top category for complaints at HBRP in the six-month review period was 'Prisoner Property', with 291 complaints. We note that property is often the top category for complaints in prisons nationwide. However, many prisoners at HBRP told us property was an issue, with inconsistencies in what items were allowed and long delays in receiving property of anywhere between six weeks and five months.

Health

Finding 19. Prisoner health request forms were generally acknowledged within three days. Forms were triaged by the health team, and most prisoners were seen by a member of the health team within a reasonable timeframe.

Finding 20. Nurse clinic lists were well-organised, but a high volume of people were having their appointments rescheduled.

Finding 21. The health centre was supported by permanently rostered custodial staff who also worked in the Intervention and Support Unit. These officers were sometimes deployed to other tasks, which impacted on the efficiency of health clinics.

Finding 22. Mental health clinicians, including staff from the local Forensic Mental Health Service, shared an office with health staff. This enabled an effective, multi-disciplinary approach to providing care for prisoners.

Finding 23. People in the Intervention and Support Unit were generally being well-managed, with staff taking a respectful, multi-disciplinary approach.

Finding 24. Some prisoners were being managed in the ISU as 'at risk' despite it being recorded that the prisoner was not at risk of self-harm.

Finding 25. Health staff had taken appropriate action to meet the needs of prisoners with disabilities, though there were some cases where facilities were not fit for purpose or mobility aids had gone missing.

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Environment

Finding 26. Many cells in the high security units were cramped, and were accommodating two prisoners.

Finding 27. Temperatures in cells in high and low security units were uncomfortably hot, though the site was attempting to mitigate this issue with fans and ice-blocks. The site was also trialling an air conditioning unit in one cell in a high security unit. We noted the positive difference it made to the cell temperature.

Finding 28. Separates cells were located in remote and isolated areas, with no staff based there permanently. This would have resulted in prisoners experiencing periods of isolation with limited activities and very little human interaction. Being held in solitary confinement is a risk factor for mental distress and self-harm in prisons and some of the prisoners in the Separates areas would likely have been experiencing solitary confinement as that term is defined in the United Nations Standard Minimum Rules for the Treatment of Prisoners (i.e. the Mandela Rules), as more than 22 hours a day without 'meaningful human interaction'.

Good order

Finding 29. Some prisoners in the high security units were locked in their cells for around 22 hours a day. While we understand the requirement to keep prisoners of different categories separate, these regimes were restrictive.

Finding 30. Staff and prisoners told us the availability of contraband (e.g. drugs and cellphones) was a known issue at the site, and we found several security features and processes that should have been more effective.

Finding 31. We heard that the gatehouse was not fit for purpose and required an upgrade. However, despite the fact that the facilities could have been better, we also found that security processes in this area were inconsistent.

Finding 32. Searches were not always being conducted as required by policy, particularly in the low security units. Some searches were performed but not to the required standard.

Purposeful activity

Finding 33. There were limited educational opportunities available in the high security units.

Finding 34. Around 94 prisoners were working in a variety of prison industries. These prisoners could gain practical experience and work towards industry qualifications with the support of Instructors.

Finding 35. Education Tutors and Instructors were concerned about the lack of investment in technology for learners.

Finding 36. The Release to Work programme was working well, with 14 men on Release to Work at the time of the inspection.

Finding 37. Most gym equipment was new and fit for purpose, and all prisoners were being offered their minimum entitlement of at least one hour in the open air every day.

Finding 38. In-person visits were taking place five days a week. There were no evening or weekend in-person visits available, but video calls with family/whānau were available to some eligible prisoners at weekends so prisoners with children could connect with them.

Rehabilitation and reintegration

Finding 39. A good range of offence-focused and other rehabilitation programmes was available at the site, including the Medium Intensity Rehabilitation Programme, Drug Treatment Programmes, and tikanga and parenting courses.

Finding 40. The site had active Pou Arahi and we heard that referrals for whānau hui had increased.

Finding 41. There was a wide variety of volunteer activity at the site, including therapy dogs being brought into the Intervention and Support Unit, visits by the Prisoners Aid and Rehabilitation Society, and volunteers offering activities including baking lessons, barbering, a book club, budgeting and card making.

Finding 42. Case Managers had met the standard for initial contact with prisoners in only 42% of cases in the six-month review period. We heard this was partly due to the team having been short-staffed during that time. In addition we heard that access to prisoners in high security units could be an issue.

Finding 43. Case Managers had met the standard for release planning in 53% of cases. Some prisoners told us Case Managers had been helpful in preparing them for release, but others felt little had been done.

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Introduction

7. The Office of the Inspectorate | Te Tari Tirohia is authorised under section 29(1)(b) of the Corrections Act 2004 to undertake inspections and visits to prisons. Section 157 of the Act provides that when undertaking an inspection, inspectors have the power to access any prisoners, personnel, records, information, Corrections' vehicles or property.

8. The purpose of an Inspectorate prison inspection is to ensure a safe, secure and humane environment by gaining insight into all relevant parts of prison life, including any emerging risks, issues or problems. Inspectors assess prison conditions, management procedures, operational practices, and health care against relevant legislation and our Inspection Standards.

9. The Inspection Standards were developed by the Inspectorate and reflect the prison environment and procedures applicable in New Zealand prisons. In 2023/2024 the Inspection Standards were comprehensively reviewed to ensure they remained responsive to the needs of New Zealand prisoners and reflected the latest United Nations guidance on the standards of care for prisoners and prison conditions. On 8 July 2024, we published the updated Inspection Standards.[2] This inspection of Hawke's Bay Regional Prison was the second to be completed using the updated Inspection Standards.

10. The Inspection Standards are informed by:

- the United Nations Standard Minimum Rules for the Treatment of Prisoners ('the Nelson Mandela Rules')
- HM Inspectorate of Prisons Expectations (England and Wales' equivalent criteria for assessing the treatment and conditions of prisoners)
- the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ('the Bangkok Rules')
- the Yogyakarta Principles, which guide the application of human rights law in relation to sexual orientation and gender identity.

11. The Office of the Ombudsman is mandated as a National Preventive Mechanism[3] to examine and monitor the treatment of people in prisons. The Chief Ombudsman's most recent report into conditions at HBRP was published in 2019.[4] Information supplied by the Department of Corrections sets out that the Ombudsman also visited the prison in 2021/22 and 2022/23, but no reports of these inspections appear to be available.

12. The Inspectorate visited HBRP between 20 – 28 February 2025 to carry out the inspection.

13. Our previous announced inspection of HBRP was in July 2017, followed by an unannounced follow-up inspection in July 2018. The inspection report and the follow-up report were published in September 2018 as one document.[5]

[2] A link to the Inspection Standards can be found at https://inspectorate.corrections.govt.nz/about_us/what_we_do

[3] National Preventive Mechanisms are independent visiting bodies, established at a national level, to examine the conditions of detention and treatment of detainees, and make recommendations for improvement. They aim to ensure the prevention of torture and other cruel, inhuman or degrading treatment or punishment.

[4] Office of the Ombudsman (April 2019), Report on unannounced follow up inspection of Hawke's Bay Regional Prison under the Crimes of Torture Act 1989, Office of the Ombudsman.

[5] Office of the Inspectorate (September 2018), Hawke's Bay Regional Prison Inspection and Follow-up Inspection July 2017 and July 2018.

14. In addition, regional inspectors from the Inspectorate visit the site regularly to observe unit regimes and practices, to engage with staff, and to enable prisoners to raise concerns. Regional inspectors have oversight of incidents, complaints and allegations against staff at their respective sites.

15. The fieldwork for the inspection was completed by four Inspectors and a Clinical Inspector for health-related matters. The inspection was overseen by the Principal Inspector for non-health related areas of prison life, and by the Principal Clinical Inspector for health-related matters. The Assistant Chief Inspector oversaw the Leadership standards.

16. Inspectors assessed the treatment and conditions of prisoners at HBRP against the Inspection Standards which consider the following areas of prison life: leadership; prison staff; escorts, reception and induction; duty of care; health, environment; good order; purposeful activity; rehabilitation; and reintegration. Inspectors accessed all parts of the prison to complete their assessment.

17. Inspectors may also evaluate how the site is applying the Corrections Act 2004 and the Corrections Regulations 2005, together with relevant Corrections' policies and procedures.

18. Inspectors make their assessments with four key principles in mind, to ensure that prisoners are treated in a fair, safe, secure and humane way. The principles are:

- **Safety**: Prisoners are held safely.
- **Respect**: Prisoners are treated with respect for human dignity.
- **Purposeful activity**: Prisoners are able, and expect, to engage in activity that is likely to benefit them.
- **Reintegration**: Prisoners are prepared for release into the community and helped to reduce their likelihood of reoffending.

19. Inspectors carried out:

- one-to-one and focus group interviews with 109 prisoners from units across the prison
- one-to-one and group interviews with 187 staff members, managers, union representatives and service providers
- direct observation of unit procedures, staff duties and relevant staff meetings during the inspection
- a physical inspection of the prison environment, including the Health Centre
- a review and analysis of relevant information and data from the prison and Corrections databases, including the Integrated Offender Management System (IOMS) and the Corrections Business Reporting and Analysis (COBRA) tool. Our review period for data analysis was the six-month period from 1 August 2024 to 31 January 2025.

20. We were informed by Correction's Hōkai Rangi organisational strategy, which was first released in 2019, and refreshed in December 2024.[6] The refreshed strategy sets out Corrections' future direction and raises visibility of work to support Māori and their whānau. The strategy has three main outcomes: improved public safety, reduced reoffending, and reduced Māori overrepresentation in the Corrections system.

[6] https://www.corrections.govt.nz/news/2024/corrections_releases_refreshed_hokai_rangi_strategy

21. On 18 August 2025, we gave the Corrections Commissioner Custodial Services and the Deputy Chief Executive Pae Ora[7] a draft of this report. They responded to the draft on 29 September 2025 and the response is attached as Appendix B.

[7] Pae Ora translates to 'healthy futures'.

Introduction – Hawke's Bay Regional Prison

22. Hawke's Bay Regional Prison (HBRP) is a men's prison situated in a rural area at Bridge Pa, around nine kilometres south of Hastings, near the east coast of the North Island.

23. The prison was established in 1989 to house 148 prisoners. Since then, it has expanded and now has the operational capacity for 755 minimum to high security prisoners.

24. HBRP used to have a Youth Unit but this is no longer operational.

Prisoners

25. On the first day of the inspection, 20 February 2025, HBRP housed 682 prisoners.

26. There were 418 sentenced prisoners (61%), and 264 on remand (39%). There had been a slight increase in the proportion of prisoners on remand since our last inspection in 2017. In 2017, there had been a total of 662 prisoners, 214 of whom (32%) were on remand.

27. The 418 sentenced prisoners had the following security classifications: three were maximum security (these three were awaiting transfer), 66 were high security, 99 were low medium, 128 were low, and 107 were minimum security. Some sentenced prisoners had not yet been classified.

28. The remand prisoners were comprised of 132 remand convicted (50% of those on remand) and 132 remand accused (50% of those on remand).

29. High security units were mostly double-bunked, though within those units some were used as single cells. Low security units had single cells.

30. The table below provides an overview of residential units in the prison and the numbers and types of prisoners held in each unit on the first day of the inspection:

Table 1: Unit names, types, and prisoner numbers at HBRP on 20 February 2025

Unit name	Unit type/prisoner category[8]	Number of prisoners
Receiving Office	Receiving	5
HM A-1	Mainstream[9]	13
HM A-2	Mainstream	9
HM A-3	Mainstream	10
HM H-1	Voluntary Protective Custody[10]	13

[8] Some prisoners of a different category may be held in a particular unit but unlocked at different times so they do not mix.

[9] 'Mainstream' refers to prisoners who are held in the general prison population. For example, mainstream prisoners have not requested to be held in Voluntary Protective Custody for their own safety.

[10] Under the Corrections Act 2004, Section 59, prisoners can request to be put on voluntary segregation from other prisoners for their own safety. Prisoners on voluntary segregation can still associate with other prisoners on voluntary segregation.

Unit name	Unit type/prisoner category[8]	Number of prisoners
HM H-2	Mainstream	13
HM H-3	Mainstream	12
HM I-1	Mainstream	12
HM I-2	Mainstream	14
HM I-3	Voluntary Protective Custody	14
HM J-1	Voluntary Protective Custody	13
HM J-2	Mainstream	12
HM J-3	Mainstream	11
HM K-1	Mainstream	8
HM K-2	Mainstream	14
HM K-3	Mainstream	14
HM L-1	Mainstream	11
HM L-2	Mainstream	14
HM L-3	Voluntary Protective Custody	14
HM SEPS	Separates	1
HMG – Te Ara Māori	Mainstream	56
Intervention and Support Unit	At-risk	10
Self-Care (Internal) – known as Self Care 1	Self-care, internal	18
Self-Care (External) – known as Self Care 2	Self-care, external	14
Te Whare Oranga Ake	Self-care, external	23

Unit name	Unit type/prisoner category[8]	Number of prisoners
Unit 4	Drug Treatment Unit	51
Unit 4A	Drug Treatment Unit	40
Unit 5	Te Tirohanga Māori Focus Unit	42
Unit 6	Voluntary Protective Custody	76
Unit 6 and 7 Separates	Separates	0
Unit 7	Voluntary Protective Custody	80
Unit 8	Mainstream	44
	Total	**682**

31. Of the total of 682 prisoners, 475 (70%) identified as Māori, and 121 (18%) identified as New Zealand European/Pākehā. Fifty-five (8%) identified as Pacific peoples and 16 (2%) as 'Other (including Asian)'. The ethnicity of 15 prisoners (2%) was not recorded/unknown.

32. At the time of the inspection, the largest group (258 prisoners, or 38%) was aged 30 – 39 years old.

33. Five prisoners were aged under 20, and 54 prisoners were aged 20 – 24.

34. There were 38 prisoners aged 60 and over.

Staff

35. Information supplied by Corrections Data Services set out that at the end of January 2025, HBRP had an allocation of 497.18 full time equivalent (FTE) staff, with 65.2 FTE vacancies. This meant there were 431.98 FTE staff in roles at that time. We note that this figure includes several national or regional roles who were based at the prison.

36. The 431.98 FTE in roles was comprised of:

- 300.55 FTE custodial staff (with 53.45 vacant positions). This equated to a custodial staffing level of 85%.[11]
- 62.88 'Other' roles, including managers, Education Tutors, Administration Support Officers, Intelligence Officers, Property Officers, Schedulers, and others (this figure included a few regional or national roles as mentioned above).
- 22.35 offender employment roles (with 7.4 vacant)
- 23.2 health roles (see more information in the paragraph below)
- 22 case management roles (with 1 FTE vacant)
- 1 mental health role.

[11] We note that these figures differed from figures provided by the site's Senior Adviser to the General Manager on 20 February 2025. On that date we heard there were 304 custodial staff in the role, with nine vacancies, and 27 officers designated as 'unrosterable', e.g. they were on long-term sick leave etc.

37. Information supplied by the Health Centre Manager prior to the inspection set out that the HBRP health team had 23.4 FTE staff currently in the role. This was comprised of 16.6 FTE Nurses, one FTE Health Care Assistant, two Health Administration Officers, two FTE Assistant Health Centre Managers, 0.8 FTE Clinical Team Leader and one Health Centre Manager. The health team had 1.2 FTE vacancies across non-nursing roles.

Complaints received and reviews by the Inspectorate

38. In the six-month review period, the Inspectorate received five information requests and 70 complaints from prisoners at HBRP.

39. In the same period, the Inspectorate monitored six site investigations into allegations against staff made by prisoners and recorded in the Allegations Against Staff database (IR.07 process).[12]

40. In addition, the Inspectorate was involved in one security classification review and five statutory reviews of the misconduct process.[13] The Inspectorate was involved in two reviews of visitor prohibition orders for HBRP.

41. The Inspectorate was not involved in any death in custody investigations at HBRP during the six-month review period.

Previous Office of the Inspectorate Inspection Reports

42. Our previous inspection of HBRP was an announced follow-up inspection in July 2018. This took place after an announced inspection in July 2017.

43. The 2018 follow-up inspection identified that the prison had made concerted efforts to reduce violence and intimidation in high medium units, and had significantly increased the range of constructive activities in this area. At the time, the prison had made improvements to security features and practices, but the gatehouse remained unfit for purpose. We found improvements to the physical environment and practice in the Intervention and Support Unit, which was meeting prisoners' therapeutic needs in a more effective manner. The prison was ensuring that the Self Care Units and the Whare Oranga Ake[14] were well utilised. The prison's health team was making concerted efforts to reduce waiting lists and ensure prisoners' health needs were met in a timely manner.

Notable Positive Practice

44. In this section, we highlight some of the positive practice we found at HBRP. We looked for innovative practices that led to improved outcomes for prisoners and from which other sites may be able to learn. We also found certain areas of practice where staff were doing 'business as usual' but were performing well, or under complex or challenging circumstances. Inspectors found six examples of notable positive practice during the inspection of HBRP.

45. We observed that the prison General Manager was working closely with his General Manager counterparts across Pae Ora (Corrections health services), and Communities, Partnerships and Pathways (the Corrections group responsible for delivering services in the community,

[12] The Inspectorate is notified of all allegations by prisoners about poor staff behaviour, recorded in an IR.07. The Inspectorate may decide to monitor the prison's process in dealing with these allegations.

[13] The misconduct process deals with allegations of poor prisoner behaviour. The Inspectorate can only review the timeliness of this process. If a prisoner is unhappy with the outcome of a misconduct process, it is referred to a Visiting Justice (external judge).

[14] Whare Oranga Ake are specialist units with a kaupapa Māori focus. The Corrections website sets out that these units "support people to re-enter society".

including probation). This collaborative working was reflecting the intent of Te Ara Whakamua: The Pathway Forward, Corrections' process of organisational change. An example of this included a commendable initiative to establish a 'General Manager hub' on prison land (i.e. an office approximately one kilometre from the main prison site), providing a designated space where the three General Managers could meet and work collaboratively to improve outcomes for prisoners (see paragraphs 52 to 54).

46. Prior to our inspection, the Health Centre Manager provided information about a medication round video she was creating with custodial managers and the Principal Advisor Communications at Corrections national office. We heard this was being created for new custodial and health staff on site as an educational tool on best practice for medication administration procedures (see paragraph 357).

47. We heard that the Health Centre Manager held a training session in the health centre for new custodial staff. During this session she explained what health services were available, how the team operated, the importance of prisoner wellbeing, and custodial officers' roles and responsibilities in supporting health care delivery (see paragraph 358).

48. We heard that that for prisoners on 'no beef' diets for religious reasons, the kitchen would serve the prisoner a vegetarian meal on days the meal included beef, but that on other days when there was any other meat, such as chicken, they would serve the prisoner the regular meal. This meant prisoners on 'no beef' diets did not have to remain on a vegetarian diet every day as is commonplace across the prison network (see paragraph 518).

49. At the time of the inspection there were around 94 men employed in prison industries, including the prison kitchen, the timber processing workshop, and horticulture and grounds maintenance. The site had a training centre with three classrooms, that offered classroom learning and practical training. There were various opportunities for men to work towards gaining industry-based qualifications, including in Te Tirohanga Māori Focus Unit (Unit 5) (see the Work section of this report paragraphs 635 to 646).

50. At the time of the inspection, we heard there were 14 men on Release to Work, and that the Release to Work Brokers had further men due to start work under this initiative (see paragraphs 650 to 653).

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

Inspection

Leadership

Inspection Standards
• Leaders provide direction, and work collaboratively with staff, stakeholders and prisoners, to set and communicate strategic priorities that will improve outcomes for prisoners. • Leaders create a culture in which staff and other stakeholders willingly engage in activities to improve outcomes for prisoners. • Leaders provide the necessary resources to enable good outcomes for prisoners. • Leaders focus on delivering priorities that support good outcomes for prisoners. They closely monitor progress against these priorities.

51. In our Inspection Standards, the term 'leader' refers to any person with leadership or management responsibility in the prison.

52. Our inspection took place approximately ten months after the implementation of a refreshed structure for the management of prisons under Te Ara Whakamua: The Pathway Forward, Corrections' process of organisational change. As set out on Corrections' intranet, two of the key objectives of this organisational change were to 'create a structure that ensures decisions are made at the right level, so that our people can focus their efforts on core areas of responsibility' and 'strengthened local peer-to-peer relationships between leaders to deliver more joined up decision making, leadership and accountability, so that decisions are made closer to where the work takes place'.

53. As part of the structural changes, Prison Directors were redesignated as General Managers, and Deputy Prison Directors and Assistant Prison Directors were redesignated as Deputy General Managers. The intent behind these changes included providing the new General Managers with the opportunity to manage up and outwards, with the day-to-day operational management of the prison falling to the new Deputy General Managers. The expectation is that prison General Managers will take a strategic view and lead the business in lockstep with their General Manager counterparts across Pae Ora (Corrections health services), and Communities, Partnerships and Pathways (the Corrections group responsible for delivering services in the community, including probation).

54. During our inspection we observed many positive signs of collaborative working across custody, health and community, most notably at General Manager level, reflecting the intent of Te Ara Whakamua. Examples of this included a commendable initiative to establish a 'General Manager hub' on prison land (i.e. an office approximately one kilometre from the main prison site), providing a designated space where the three General Managers could meet and work collaboratively. We heard that the General Managers had worked closely together on capital planning prioritisation, were making early efforts to take a more joined up approach to functional planning and had worked together to create more combined training opportunities for tier five managers including, around the time of our inspection, a half-day session on 'Positive Safety Leadership'.

55. We observed and heard that external stakeholder relationships were generally excellent and reflected an explicit intent by the three General Managers to 'get to know our community'. We were told of regular engagement with, for example, iwi, local mayors and police. We were told that the three General Managers always concluded these engagements by presenting a three-part document outlining what they do and are responsible for. We were given an example of this document prepared for a meeting with a local Member of Parliament.[15]

56. There were strong and developing relationships with iwi Ngati Kahungunu and Ngati Poporo, as well as Te Tai Rāwhiti (from the Gisborne District). At a site level, we observed and were told of strong relationships with a range of key stakeholders such as Downer, who provide asset and facilities management for the prison, and Hastings Libraries. Downer told us that they enjoyed a strong relationship with the prison leadership team, who they met with regularly, felt well-informed about what was going on around the site and felt safe in their work. We were told and saw evidence of the exceptional support provided to the site by Hastings Libraries, in terms of the shelving they had brought in and set up for the prison library, the running of a book club and supplementing book stocks with quality donations.

57. We heard that in November 2024 a cross-agency group had been set up between Corrections, Te Matau a Māui (Hawke's Bay) Health NZ and community agencies to support continuity of care for people with mental health or addictions issues. The group's terms of reference set out that clinical staff from HBRP and the Corrections Regional Manager Pae Ora are involved.

58. The mechanisms used by prison leadership to communicate with staff across the site worked well for some but were considered unsatisfactory by others. In general, these mechanisms were working better for those in senior positions and in non-custodial staff roles.

59. Key messaging, including operational information for the day ahead, was provided at the daily briefings held at 8am each morning, led by the Senior On-Call. This was well-attended by custodial staff at Principal Corrections Officer level and above, some senior non-custodial staff and the Clinical Team Leader from health, and others such as the Chaplain, who was invited to close the briefing with a message or thought for the day. Many custodial staff told us that they were unable to attend the daily briefings and relied on Principal Corrections Officers cascading information down to them. We heard that this did not always happen, leaving staff feeling that they were missing out on important information.

60. Information from daily briefings was also available electronically for the benefit of those unable to attend in person. We observed that while non-custodial staff had an open invitation to attend the daily briefings, many did not. Some of these staff members received briefings from the information that was available electronically, or from emails sent by their manager, and told us that consequently they felt well-informed.

61. In addition to the daily briefings, key information from prison leaders, including operational direction, post serious incident messaging, and strategic priorities for the site, was normally delivered by email. The prison General Manager acknowledged that this had both advantages and disadvantages, and there was an expectation that all those in principal positions (including Principal Corrections Officers, Principal Case Managers, Principal Instructors etc) needed to assist with the dissemination of this information, including that arising from twice-weekly Operational Leadership Team meetings, and the fortnightly Strategic Leadership Meetings. In addition, every Friday an email message was sent from the

[15] East Coast Region Priorities Update – April 2025 (Prepared for meeting with local MP)

General Manager to all staff covering updates on key events on site, information on staff health checks and acknowledgements of achievements.

62. We heard that whole of site communications from the General Manager sometimes resulted in staff feeling negativity, anger or resentment, particularly about those emails that were sent after incidents in which staff had been injured.

63. Some staff told us that they got their information about what was happening on site through word-of-mouth or reading incident reports.

64. We were told, and observed at first hand, that the prison leadership team had driven the return of a wide range of constructive activities, including employment, education, programmes and volunteer activity. While there was still much scope for further enhancements, these areas were flourishing at the time of our inspection and were amongst the best we had seen in the current environment across the prison network.

65. While the prioritising of constructive activities had reaped tangible benefits at the site, particularly in the low security areas, union representatives and many staff we spoke with raised concerns across a wide range of issues and described what was seen as a disconnect between some members of the prison leadership team and frontline staff.

66. We received several representations from a variety of sources, both on and off the site, about a range of safety, security and integrity related concerns. These covered such matters as: alleged staff complicity in supporting prisoners to introduce and distribute contraband on site; sexual harassment and poor behaviours towards female staff more generally on site; custodial staff speaking about, and speaking to, prisoners in a derogatory manner; incidents of non-custodial staff being locked in interview rooms with prisoners in high security units and left unsupervised, making them feel unsafe (this also happened to members of the Inspectorate team while we were on site); and failure to adequately mitigate known security vulnerabilities in the prison perimeter and other infrastructure, contributing to the prevalence of contraband, including drugs, across the site.[16]

67. Many of these concerns are discussed in more detail elsewhere in this report but are highlighted in this section as many of the people who raised them viewed them as issues of leadership. We found a widespread perception amongst staff that some managers did not always take appropriate action when integrity issues were raised. Some of the poor security practices staff told us about, and that we observed, included poor searching of prisoners in low security and self-care units, the use of prisoner escort vehicles to transport released prisoners, and the authorising of cell phones on site (including personal cell phones) for some staff and contractors without adequate controls. These issues were widely known about on site, and therefore appeared to be condoned.

[16] These and other 'priority areas of concern' were raised with prison leadership in a hot debrief on the last day of our site inspection, and in more detail in a formal memorandum to the General Manager on 10 March 2025. All integrity-related matters were passed to Corrections' Manager Integrity who undertook to contact the site and offer any support that might be needed.

Prison staff

Inspection Standards
• Staff have the necessary knowledge and skills to work in a prison, and are trained to high standards of professional competence and integrity. • Staff are good role models for prisoners and relationships between them are professional, positive and courteous.

All staff

68. Information provided by Corrections Data Services (dated 21 February 2025) showed that 151 staff at HBRP had between two and ten years of service, 134 staff had less than two years of service, and 94 staff had 10 - 20 years of service. This means that 35% of staff had less than two years of experience.

69. A few staff told us they had concerns regarding the high numbers of new and relatively inexperienced staff at the site; we heard that some of these staff needed additional support. A few staff members also expressed concerns that some other staff may be vulnerable to prisoner coercion which could lead to them bringing in contraband.

70. We heard concerning reports from a few staff regarding some custodial staff not addressing disrespectful prisoner behaviour towards other staff members, particularly women. Some custodial and non-custodial staff told us they did not always feel safe in the prison due to a perceived lack of supervision of prisoners by custodial staff. In addition, we heard that some custodial staff spoke to and about prisoners in a disrespectful manner and, at times, this went unchallenged.

71. While most staff were positive about the support they received from their line managers, a few staff voiced concerns about senior managers, who they perceived as not always taking safety and security concerns seriously. Several staff told us about the high levels of contraband at the site, particularly drugs, and felt insufficient action was being taken to address this issue. During the inspection we observed a number of practices which may have contributed to some of the known vulnerabilities on site and raised these with senior management as significant concerns.

Custodial staff

72. As set out in the Introduction, information supplied by Corrections Data Services set out that at the end of January 2025, HBRP had 300.55 FTE custodial staff, with 53.45 vacant positions. This equated to a custodial staffing level of 85%.

73. Information provided by Corrections Data Services (dated 21 February 2025) showed that 130 custodial staff at the site had between two and ten years of service, 113 staff had less than two years of service, and 83 staff had 10 - 20 years of service. This means 29% of custodial staff had less than two years of service.

74. Generally, custodial staff told us they felt they had the necessary knowledge and skills to work in a prison. We heard that experience levels varied considerably across the site and that in many units most staff were new or fairly new. In one unit, we heard that as many as 80% of custodial staff had less than a year's experience working in a prison. We were told there were experienced officers in every unit or area who could assist less experienced staff to learn new skills.

75. Staff told us they were rostered onto mandatory core training, such as for tactical options and first aid. In addition, in most units, more experienced staff, including Principal Corrections Officers, offered training sessions or targeted coaching in relevant topics, such as directed segregation, or how to manage prisoner noncompliance. This training could be refresher sessions or cover new topics. Many Principal Corrections Officers told us they were "always on the floor" and so conducted training based on what they saw and heard.

76. We interviewed the site's Learning and Development Lead who told us he arranged site wellness days, provided tailored training as required by the site, and provided support to new Corrections Officers who were completing the Corrections Officer Development Pathway.

77. He told us the site had developed tailored training specific to HBRP for new officers, and he conducted quality assurance checks on their assessments. He had also created tailored training packages for Senior Corrections Officers and Principal Corrections Officers which covered topics including security classifications, completing instructions for escorts forms, and other subjects that had been identified by the site. The Learning and Development Lead told us staff could self-refer to the training, or could be referred by senior staff or managers. Training normally took place during the site lockdown on Friday afternoons.

78. The Learning and Development Lead told us the number of staff coming to him for training or upskilling had risen. He told us he felt there should be more training available for Senior Corrections Officers and Principal Corrections Officers.

79. We interviewed one Residential Manager who told us they felt there was a lack of support and development opportunities for custodial staff in some units. The Residential Manager told us that since a recent rotation of managers and Principal Corrections Officer, kōrero whakawhanake (professional development conversations) were restarting in some units.

80. The Residential Managers told us the General Manager ran weekly development sessions for staff.

81. In specialist units or areas, custodial staff gave us mixed responses about the level of training they had received:

- The Principal Corrections Officer in Te Tirohanga Whare (the Māori Focus Unit) told us only suitable staff were selected to work in the unit. Staff received specific training to work there.
- Custodial staff in the Intervention and Support Unit told us they received training from mental health clinicians twice a month. In addition, they told us they received clinical supervision once a month.
- Receiving Office staff told us they needed to be trained in the use of the equipment, including the fingerprint scanner, the camera to download prisoner photographs to IOMS, and the walk-through and baggage scanners. We heard that many Receiving Office staff lacked experience, as the most experienced members of staff were currently not available to be rostered.
- The Principal Corrections Officer in the Property Office told us they had an experienced team. We heard there was no formal training for property staff nationwide, but that people needed to be trained to work there. Training was provided by experienced staff.
- We heard, and we observed, that gatehouse staff needed training on the correct procedures, but that it could happen that staff who had no previous experience in the gatehouse could be redeployed to work there.

82. Staff in other specialist roles, including the Designated Collection Officer,[17] the Drug Dog Handler, a Prosecutor, and staff in Master Control, told us they had received training for their roles. However, the Designated Collection Officer and the Prosecutor said they had not received any refresher training following the initial training. The Dog Handler told us he received annual training at the Police Dog Centre. Master Control staff said they were given two days initial training, though they said two days was not enough to be shown everything so they just learned the "basics". Master Control staff said sometimes some Principal Corrections Officers wanted to place untrained staff in Master Control, and that this could be a risk to the site.

83. We heard that staff across the site were able to attend two 'wellness' days a year; an education day and an activity day. One Senior Corrections Officer we interviewed told us wellbeing at the site was "a lot better" and that wellbeing was talked about a lot.

84. We heard that when new custodial officers started at HBRP, the Health Centre Manager would provide an information session in the Health Centre to talk about what health services were provided at the site, how clinics were run in the health centre, medication rounds, and other matters custodial staff should consider regarding prisoners with health concerns. We consider this was a positive initiative.

85. Most prisoners told us custodial staff were professional, helpful and approachable, and we observed staff across the prison engaging well with prisoners and responding to their requests. We observed staff responding promptly and respectfully to cell intercom calls. Prisoners told us staff would sometimes get involved in activities and would "treat us like people and have a laugh", which showed evidence of good rapport. Two prisoners told us they would not have made the progress they had if it had not been for the staff and management at the prison.

86. A few prisoners expressed negative views about staff. Some had issues with staff conduct and attitude, generally with certain members of staff. We heard that some staff said they would help with issues but did not follow through. A few prisoners had made complaints about staff conduct.

Health staff

87. The Health Centre Manager told us that while the health team had no nursing vacancies, staffing remained a challenge because 50% of the team was new to prison nursing, with under two-years' experience. This meant the more experienced Nurses had to complete the more complex tasks, such as working in the Receiving Office. We heard there was a health leadership briefing every morning which was attended by the Health Centre Manager, Assistant Health Centre Managers and Clinical Team Leader. At these briefings, the health leaders planned for the day ahead, including making accommodations for less experienced staff when assigning tasks.

88. Regarding core training, the Health Centre Manager provided information which set out that most health staff (91%) were up to date with their Cardio-Pulmonary Resuscitation certification, and Deteriorating Patient training (74% of staff, with two staff booked for training and a further three staff who were newly employed). Training figures provided by the Health Centre Manager did not include other core training such as Primary Mental Health or Substance Withdrawal Training.

[17] Designated Collection Officers are staff who are certified to follow the correct processes for collecting urine samples from prisoners for drug testing.

89. There were five trained vaccinators on site, and we were told there had been a significant effort in the past to improve Hepatitis B and MMR vaccination coverage.

90. In addition, two Nurses were completing post graduate papers. In 2024, one Nurse attended the Indigenous Nurses Conference and three Nurses attended the two-day Māori Nursing Conference.

91. The Health Centre Manager highlighted that the site had been successful in recruiting and employing more Māori Nurses to reflect the prison population, including one Nurse who was scheduled to attend the Nga Manukura Clinical Leadership Programme.

92. We heard from the Health Centre Manager that there was a contract with an external provider to provide professional clinical supervision sessions. Sessions had been available for Nurses until January 2025 when the contract had been renewed with a variation that it covered professional supervision only for the Health Centre Manager, Assistant Health Centre Managers and Clinical Team Leader. We understand that this variation was Department-wide. The Health Centre Manager told us the expectation was that clinical supervision should be provided for all Nurses, and that this matter had been raised with the Corrections national health leadership team and with unions.

Case Managers

93. We interviewed 11 Case Managers who attended a staff forum. Their length of experience ranged from 18 months to 12 years.

94. The Case Managers at the forum told us although their team was almost fully staffed, a number of senior Case Managers had left, which meant there were fewer experienced staff to mentor new ones. We heard this had resulted in a situation where "newbies were teaching newbies". Many of the Case Managers felt they needed better support.

95. The Case Managers told us they often had difficulty accessing prisoners in high security units. We heard this occurred because prisoners in these units were generally unlocked for short periods of time and so were only available for interviews for short periods, and because there were not enough interview rooms. This meant that when an interview was cancelled, it could be difficult to rebook an interview room within a suitable timeframe.

96. The Case Managers told us that with a few exceptions, they were poorly supported by custodial staff and often felt unsafe on site. We heard that most custodial staff did not supervise Case Manager meetings with prisoners, often did not challenge poor behaviour by prisoners, and were inconsistent from unit to unit regarding how they dealt with inappropriate behaviour. For example, one Case Manager told us about a prisoner becoming aggressive during a meeting. Custodial staff were not watching and there was a delay in the Case Manager being able to exit the interview room. The Case Manager told us she had raised concerns through management but that "nothing changes".

97. The Case Managers told us many custodial staff were poor at communicating with them about prisoners' recent behaviour. Case Managers felt this was a security risk because while they read the file notes in IOMS before meeting with a prisoner, recent issues or behaviours they needed to know about were often not set out in those notes. The Case Managers told us they wanted senior prison management to direct custodial staff to ensure file notes provided an accurate and up-to-date summary of prisoner behaviour.

98. The Case Managers told us they had little confidence regarding security procedures at the site gatehouse. For example, we heard staff at the gatehouse were not correctly checking the x-ray machine, and were not correctly checking in approved visitors to the site.

99. The Case Managers told us they were divided into three teams, each with a Principal Case Manager to lead the team. However, we heard there was poor communication between the Principal Case Managers and that the three teams received different information.

100. We interviewed the Parole Board Liaison Officer who told us she had been in the role for eight years. We heard that the role reported to the Principal Case Managers, and that communication with them and with the Deputy General Manager Pathways was good. We heard the role was "very busy". If the Parole Board Liaison Officer was on leave, her role was covered by one of the Schedulers and one of the Principal Case Managers; the Parole Board Liaison Officer told us she had created a desk file with flowcharts to support them. In addition, we heard the Parole Board Liaison Officer provided support to her counterpart at Mount Eden Corrections Facility, and was approached by other sites if they got a new Parole Board Liaison Officer who needed support.

Other staff

101. We heard from other non-custodial staff, and observed, that when some interviews were taking place with prisoners in the high security units, non-custodial staff were locked in interview rooms with the prisoner and were unsupervised by custodial staff. We acknowledge that custodial staff may have been monitoring the interview rooms via CCTV. However, we heard there had been occasions when non-custodial staff in interview rooms had been unable to contact custodial staff. This made non-custodial staff feel unsafe.

102. We interviewed seven Employment Instructors and two Principal Instructors. The Instructors told us they reported to the Manager Industries who was visible, often visiting their places of work. The Instructors were generally experienced staff and felt supported in their roles. One Instructor told us she received regular emails and information from her Principal Instructor which she appreciated. The Principal Instructors said there was a weekly meeting for Principal Instructors.

103. We interviewed three Education Tutors, two of whom had been in the role for several years and one of whom had been in the role for less than a year. The Tutors told us they had good access to training and the opportunity to implement their own projects. The less experienced Tutor told us she felt supported in her role by her colleagues who had helped her settle in. One of the Tutors told us he felt supported as an employee, but not so much as a Tutor because there was a lack of technical knowledge amongst leaders about the subjects being taught. The Tutors told us they felt the Department was "severely lacking" in technology, which limited what they could offer prisoners as many educational opportunities were now only available online.

104. We interviewed two of the site's three Intervention Coordinators who told us they felt well-supported by their manager, but that support from Principal Corrections Officers varied. We heard that some Principal Corrections Officers were proactive and if a course was arranged in that unit, prisoners would attend. However, in some other units, particularly some high security units, the Interventions Coordinators told us staff sometimes did not communicate well with prisoners when they were scheduled to attend a course or programme. We heard that sometimes staff would tell prisoners they were scheduled to attend at the last minute. The Interventions Coordinators told us this meant the men were unprepared, and so often refused to attend. They heard excuses such as "he wants to train instead". However, the Interventions Coordinators told us two of the Principal Corrections Officers in high security units were "very supportive" and communicated well with prisoners about courses and programmes.

105. We interviewed the two Release to Work Brokers who told us there was no training for their role, but that they had a desk file. The Release to Work Brokers were both experienced in the

role and told us they had good working relationships with employers and with Corrections staff across the prison, including custodial, offender employment, and intelligence. The Release to Work Brokers told us they felt supported by management. They reported to the Regional Manager Reintegration Services, who was in probation services.

106. We interviewed the Manager Psychological Services who told us his team had five Psychologists and two Administration Officers. The team was regional and also provided services to five probation sites in the region. We heard that all members of the team were experienced, but that they needed five more Psychologists to be able to start meeting the demand for their services. The Psychologist told us staff at the prison were welcoming and supportive and that access to prisoners was easy; his team had only to inform staff in advance that they were coming and staff would arrange access to prisoners.

107. We interviewed the Volunteer Coordinator for the site who was responsible for recruiting, managing and supporting volunteers. This included organising induction and training, offering ongoing day-to-day support and advice, maintaining records and advocating for volunteers. The Volunteer Coordinator told us she attended Volunteering New Zealand's annual national conference which was a key development opportunity for her to keep in touch with best practice and initiatives. The Volunteer Coordinator reported to the Learning and Interventions Delivery Manager. We heard the Learning and Interventions Delivery Manager was very approachable and had an 'open door' policy. The Volunteer Coordinator felt empowered in the role and told us she had good working relationships with staff across the site.

108. We spoke to two union representatives from the Corrections Association of New Zealand (CANZ). The CANZ representatives told us they felt the site was not in a good position regarding staff morale. We heard there were a lot of inexperienced custodial staff and that there had been some unresolved incidents, including recent assaults on staff by prisoners, and a case of alleged sexual harassment by a male staff member against a female staff member. The union representatives did not consider that these issues had been handled well by site management, particularly in terms of communication and reporting. The representatives told us they met regularly with the General Manager, which they felt was positive. We heard other issues on site included problems with prisoner property, a loss of assurance that staff were getting basic practice right, and a safety plan that was not being properly implemented. We heard that the site was doing well regarding employment industries, programmes (particularly the Drug Treatment Programme), and the Māori Focus Unit (Unit 5) and the Self-Care Units. We heard that around 70 – 75% of custodial staff at the site were CANZ members.

109. The union representative for the Public Services Association (PSA) told us overtime was a big issue on site as prison management was trying to reduce this but staff felt it was necessary. We heard there was a good relationship between CANZ and the PSA, and that the PSA representative met regularly with CANZ representatives and with the General Manager. We heard that one of the key issues for PSA members was the quality of communication on site. For example, we heard there were concerns that Principal Corrections Officers were not necessarily sharing information from daily briefings with staff. In addition, we heard that some communication by senior leaders was not sufficient, or contained irrelevant information. We heard that around 25% of staff at the site were PSA members.

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

Escorts, reception and induction

Escorts and transfers

Inspection Standards
• Prisoners travel in safe and humane conditions, are treated with respect, and due attention is paid to their individual needs. • Prisoner escort vehicles are fit for purpose and adequately maintained. • Appropriate measures are in place to assess and address risks associated with prisoner travel.

110. Prisoners are transported to and from HBRP for a range of reasons, including arrival from court (either on remand or after sentencing), transfers to and from other prisons, and escorts out for medical appointments, court hearings, or other purposes.

111. Most prisoners at HBRP had been transported by road in a Prisoner Escort Vehicle (PEV). For example, we spoke with prisoners who had come from Rimutaka Prison (near Wellington), and from court in Gisborne.

112. We observed a PEV arriving back at the prison after an escort out. Prisoners were managed in a systematic manner; staff escorted them one at a time from the PEV, removed their handcuffs, and placed them in holding cells in the Receiving Office.

113. We inspected six PEVs, which staff told us was the complete fleet for the site. The PEVs were vans fitted with metal compartments in the back to create individual cells. Three PEVs contained four individual cells, two had two cells, and one had eight. Each cell had a fitted metal seat. Cells all had a light, a tinted window, a vent for air-conditioning/heating, and a camera on the ceiling for staff to monitor prisoners.

114. All the PEVs were clean, though we noted that one was displaying an out-of-date registration card.

115. Each cell contained an intercom speaker that staff could use to communicate with prisoners. These intercoms are controlled by staff and prisoners cannot initiate communication using them. To initiate communication with staff, prisoners would generally wave at the camera and escorting staff would then initiate communication. We checked and observed that the intercom systems were working.

116. There were no toilets in the vehicles. Each cell had a drain in the floor, which was not intended as a urinal, but which we heard was sometimes used that way. Staff showed us some 'travel johns'[18] and sick bags. Staff advised us that there was an issue getting access to travel johns, and so they were not issued on every journey.

117. We interviewed several prisoners about their experiences of prison transfers. Most had no issues, beyond finding their journeys "uncomfortable" or "long and boring". Most told us they had been given a bottle of water and a muesli bar, or, for longer journeys, a rest stop

[18] Travel johns are disposable urine bags that contain an absorbent gel to help prevent spillage and maintain hygiene.

and a sandwich. Most prisoners said the air conditioning had worked and that they had no issues with the transfer.

118. We interviewed several prisoners about their experiences of escorts out, for example, for hospital appointments or court hearings. Most prisoners had no issues and told us staff had treated them with respect. A few prisoners who had health issues told us they found the vans uncomfortable to travel in.

119. All prisoners who are travelling in a Corrections PEV must be accompanied by an Instructions for Escorts form[19] which contains their personal details and lists any special instructions, risk mitigations and medication, so escorting staff are aware of their needs. Inspectors reviewed a sample of ten of these forms and found they had been correctly completed and authorised.

120. We observed Receiving Office staff briefing escorting staff who were about to leave the prison. Staff discussed the Instructions for Escorts forms. The Principal Corrections Officer for the Receiving Office told us he or the Senior Corrections Officer held a briefing with prisoner movements or escorts staff every morning. He told us briefings were held for all escorts or transfers to ensure prisoners' individual requirements were met and staff were aware of any issues and knew what procedures to follow in the event of an emergency.

121. Receiving Office staff advised the escort staff that a released prisoner was to travel in the PEV and be dropped off in Napier. Receiving Office staff told Inspectors it was not unusual for released prisoners to be given a ride in a PEV, although this is not Corrections policy. We raised this issue at the time of the inspection for review by the site.

Reception and induction

Inspection Standards
• Prisoners are safe and treated with respect on their reception and during their first days in prison. Prisoners' immediate needs are identified on arrival and addressed. • Newly received prisoners can inform their family/whānau and access services to resolve any family, domestic and financial issues as soon as reasonably practicable. • Prisoner induction (both at site and unit level) is timely, accessible, appropriately targeted, and carried out in a respectful manner.

122. When prisoners arrive at or leave a prison they are processed through the Receiving Office. Here, custodial staff should confirm a prisoner's identity, undertake a Reception Risk Assessment and a brief Immediate Needs Assessment, and process prisoner property. Staff should also provide a site induction to explain prison rules and regulations. Health staff should conduct a Reception Health Screen.

123. In the six-month review period, COBRA data showed that staff in the HBRP Receiving Office had managed 768 receptions (an average of 128 receptions a month) and 698 site exits (an average of 116 exits a month).

124. We interviewed the Reception and Movements Manager who told us there was a group of 18 movements staff whose duties included managing placements, internal and external

[19] POM M.04.01.Form.01

movements, and issuing kit for newly received prisoners. We heard these staff could be redeployed as necessary.

125. We visited the Receiving Office and observed that it was clean and tidy and free of graffiti. There were televisions in the holding cells. Prisoners were waiting in the holding cells to be received and we observed staff giving them a hot meal and a drink. Prisons should display posters in the Receiving Office that give information about prison life and rules, but we did not see any posters.

126. Some Receiving Offices have full body scanners which can reduce the need for strip searching. However, HBRP did not have a full body scanner at the time of our inspection, so prisoners were being strip searched on reception as set out in policy.

127. Staff in the Receiving Office should fingerprint the prisoner and register them for the purpose of using the prison self-service kiosks.[20] The inspection team observed this occurring, and found that on the first day of the inspection, 95% of prisoners had their fingerprints registered on the kiosk system.

128. Custodial staff in the Receiving Office should conduct the Reception Risk Assessment (or the Review Risk Assessment if the prisoner is being transferred) to establish if the person is at risk of self-harm or suicide. A Nurse assesses prisoners for the same issue. Custodial and health staff must discuss the prisoner's at-risk status to make a decision about placement.

129. We observed Risk Assessments being completed by a Senior Corrections Officer at a counter in the reception area which provided sufficient privacy. Receiving Office staff told us that once the Nurse had interviewed the prisoner, the Nurse would send an email to inform them of the health assessment outcome of the prisoner's at-risk status (i.e. at-risk or not at-risk). We also observed discussions of risk between custodial and health staff.

130. We reviewed a random selection of ten Reception Risk Assessments and seven Review Risk Assessments that were completed at reception in the six-month review period. All were completed within four hours of the prisoners' arrival, as required by policy, and all referenced secondary sources of information. We found that many questions, such as 'Have you actually had thoughts of killing yourself?' contained minimal information, such as "prisoner states no", with no other information or staff observations. Most assessments did not make it clear what was discussed between custodial staff and health staff. Two of the Reception Risk Assessments found that the prisoner was at risk. In both cases, the appropriate alerts were activated in IOMS.

131. We asked staff in the Receiving Office how they would manage a foreign national prisoner who spoke limited English. Staff showed us a poster about the 24/7 Corrections telephone interpretation service, and told us they would use this service if necessary, or find a staff member who spoke the same language as the prisoner to translate.

132. We spoke to several foreign national prisoners. One told us that when he arrived at HBRP, all the information had been given to him in English and that there had been nothing in his first language. We note that Corrections has translated induction information for new prisoners into 12 languages other than English, but we did not observe any of these translated versions on site and the Receiving Office Principal Corrections Officer told us he was not aware that this was available in other languages. One foreign national prisoner told us no one had asked

[20] Self-service kiosks allow prisoners to complete various tasks, including making complaints, ordering canteen items, requesting meetings with case managers and case officers, checking trust account balances and sentence dates, and accessing information such as legislation and prison regulations.

him if he wanted to contact his embassy or consulate. Another prisoner told us he had been advised about his right to contact his embassy or consulate.

133. We asked prisoners across the site about their experiences in the Receiving Office. They told us staff had treated them with respect, that they had been given food and a drink, and had not had to wait long in the holding cells before being processed and escorted to a residential unit.

134. Figures from COBRA indicated that in the six-month review period, 44% of prisoners had received a site induction where prison rules and processes were explained to them by a custodial staff member. Most prisoners we interviewed told us they had not received a site induction, and had not been given any written information about prison life or rules in the Receiving Office. We observed some site induction booklets in a box on the counter in the Receiving Office, but noticed that the staff member who was interviewing prisoners did not give any booklets to prisoners. We asked staff about these booklets and one told us "if we give them a booklet, they throw it in the bin". However, some staff told us they would give a booklet to prisoners who were entering prison for the first time.

135. Prisoners were given bedding in the Receiving Office, including two sheets, a pillowcase, a duvet cover and towels. They were also given prison issue clothing, including two pairs of shorts and two t-shirts. We observed there was a good stock of prison clothing waiting to be issued, including underwear and footwear. Staff told us prisoners could get more clothing, if they needed it, once they got to their units.

136. Figures from COBRA indicated that in the six-month review period, 91% of prisoners had their immediate needs assessed. However, many prisoners we interviewed were unsure whether they had been asked in the Receiving Office if they had any immediate needs.

137. Newly arrived prisoners should be offered a free initial telephone call so they can let their next of kin know they are in prison. Prisoners should be able to make this call immediately, or within five working days. At HBRP, most prisoners we interviewed said they were not given an initial telephone, though a few told us they were given one during their induction into a unit.

138. When a prisoner arrives in a residential unit, they should receive a unit induction to determine any other immediate needs and have unit rules and routines explained. The unit induction should include an in-person explanation by a custodial staff member and the prisoner should be given written information (i.e. a booklet) as well. Prisoners who have received a unit induction should then sign a copy of the prisoner induction booklet which should go into their file. They should also be given access to a self-service kiosk, allowing them to access information and request support.

139. We asked prisoners across the site about unit inductions and received a variety of responses. Some prisoners told us they had received a unit induction interview with a staff member, including being given an induction booklet. Prisoners generally told us they had appreciated this. Some other prisoners told us a staff member had given them a verbal unit induction but no booklet, or a booklet but no verbal explanation. Some prisoners told us they had received no induction information at all and had learned about prison life from other prisoners. This group included some people who were in prison for the first time. We note that data supplied by Corrections set out that in the six-month review period, there were 125 people at HBRP who were in prison for the first time.

140. In some cases, we found that inductions were done correctly in particular units. For example, in one unit, the Principal Corrections Officer showed us the induction booklet they gave out, and told us he and another member of staff interviewed all prisoners in person. We asked six

prisoners in this unit if they had been inducted in this way and they all confirmed they had. There were file notes in IOMS for five of these prisoners to show they had been inducted.

141. However, in other units, some prisoners told us they had received an induction, and others told us they had not. In one unit, a staff member told us there was no unit induction booklet for that unit. We checked IOMS and found inconsistency regarding file notes about unit inductions, even for prisoners who told us they had received a thorough induction and had signed a form regarding this.

Health care on reception

Inspection Standards
• Appropriate initial screening of health and wellbeing and identifiable needs, including prescription medication, and needs arising from a disability or substance use, are carried out upon reception and follow-up assessments and other necessary steps are taken to address these.

142. A Reception Health Screen should be undertaken by nursing staff for all people newly arrived at prison. This is the first opportunity to obtain health information about a prisoner and identify any immediate health needs that need to be addressed.

143. The Clinical Inspector visited the Receiving Office and observed the Nurse working through a thorough checklist before prisoners arrived at the site, including checking the electronic patient management system (i.e. MedTech) to check for previous medical records, reviewing medical records to identify any existing health needs, and pre-emptively completing any necessary tasks such as arranging mental health support or requesting medications from the Medical Officer.

144. We observed good collaboration between health and custodial staff in the Receiving Office. Health staff were regularly updated about when prisoners would be arriving.

145. We observed that health staff completed the Reception Health Screen appropriately, in a private interview room. The Nurse engaged with prisoners in a friendly and professional manner, making good eye contact and using appropriate humour. We observed the Nurse using te reo Māori, which appeared to help put prisoners at ease. The Nurse demonstrated good knowledge of the region, for example, helping a prisoner to identify his community health provider which enabled his medical records to be requested to ensure continuity of care.

146. We observed that the Nurse gave minimal explanation of what prisoners were consenting to when they asked prisoners to sign some consent forms, including the 'request for transfer of community health records' form, the smoking cessation form, and the 'advice of general health and dental services' form.

147. We reviewed the health records of 24 prisoners who were newly arrived at HBRP. We found that all prisoners had received a Reception Health Screen on the day of their arrival, including assessment of their risk of self-harm. Notes showed that when prisoners had immediate health concerns, these were appropriately followed up, including referrals being made when clinically indicated. All prisoners who advised that they had smoked tobacco in the community were offered (and given) a month's supply of nicotine replacement therapy lozenges.

148. Of the 24 prisoners whose health records we reviewed, eight advised on reception that they were being prescribed medication in the community. These medications were prescribed in the prison between the day of arrival (for two prisoners) and four days, with records showing that Nurses had good processes for obtaining confirmation of community medications and liaising with the prison Medical Officer or Forensic Services for these to be prescribed.

149. One prisoner experienced a delay of 25 days before his medications for a physical health condition were prescribed. On reception, this prisoner had told the Nurse he was on medications, but did not know what they were called. The Nurse appropriately asked him to sign a form giving his permission for the health team to contact his community GP to enquire, and the prisoner did so. During the prisoner's Initial Health Assessment five days later, it was recorded that he had not asked for any medication and did not appear to be taking any. There was a delay of 19 days as the prison did not hear back from the community GP. The prison followed up on day 19 and the GP practice sent the prisoner's medical history, including prescribing information, to the HBRP health team. The prison Medical Officer prescribed his medication six days later. Although the prisoner experienced no adverse health effects due to the delay, his condition could have deteriorated and we consider that the health team should have followed this up sooner.

150. Our review found evidence that the Medical Officer thoroughly reviewed medical notes which had been transferred from community providers and made notes in the prisoner's clinical record of important details and tasks that would need to be followed up. We also found evidence of the Medical Officer telephoning a prisoner's community provider and pharmacy on the day the man arrived in prison to obtain accurate information about his prescribed medications.

151. As mentioned above, we observed health and custodial staff discussing whether prisoners were at risk of self-harm or not. Our review of prisoner health files also showed that the Nurse would complete a Notification of Health Status form and give this to the Receiving Office Principal Corrections Officer to advise the outcome of the Nurse's at-risk assessment, including any additional information that was necessary to share for the safe management of that prisoner.

152. We asked prisoners across the site if they had seen a Nurse at reception and they all told us they had. They had seen the Nurse in a private room.

Geographical placement

Inspection Standards
• Prisoners are located close to their family/whānau and community, where possible.

153. While some of the prisoners we interviewed were from the region, most were not.

154. A number of prisoners told us they had transferred to HBRP to complete rehabilitation programmes, such as the Drug Treatment Programme or Mauri Tū Pae.[21] Some of these prisoners told us they had now completed their programme and were waiting to be transferred.

155. A few prisoners told us they had been transferred due to prisoner population pressures.

[21] A group-based programme, delivered by Māori service providers, for male prisoners with a range of offending needs.

Duty of care

Māori prisoners

Inspection Standards

- Māori prisoners are acknowledged and respected as tangata whenua, in accordance with Te Tiriti o Waitangi obligations.
- Māori prisoners have access to kaupapa Māori rehabilitation and reintegration programmes and pathways.

156. At the time of the inspection, 475 (70%) of the 682 prisoners at HBRP identified as Māori.

157. The most common iwi/hapū affiliations recorded in IOMS were Ngāti Porou (85 prisoners), Ngāti Kahungunu ki Heretaunga (55 prisoners) and Ngāpuhi (40 prisoners).

158. We note that Hawke's Bay was one of the three areas where Corrections trialled and first implemented its Māori Pathways initiative. The Corrections intranet sets out that "Māori Pathways was a four-year initiative to … reduce the over-representation of Māori within the criminal justice system in New Zealand." In April 2024, Māori Pathways shifted its focus to transitioning its programme of work to become the everyday way of working. The transition period was complete when we visited HBRP in February 2025.

159. The Corrections intranet further sets out that Māori Pathways initiative has:

- "provided increased access to existing successful initiatives
- incorporated Te Ao Māori and whānau-centred approaches to existing programmes to make them more effective for Māori
- designed new initiatives that draw on research, expertise, and lived experiences of Māori in care, through a co-design approach."

160. We found there was evidence of Māori prisoners having access to cultural practices and programmes at HBRP. Those prisoners who were accommodated in specialist units had more access to a wider variety of cultural practices and programmes.

161. COBRA data indicated that in the six-month review period there had been 79 completions of a tikanga course by prisoners at HBRP.

162. The prison has a Te Tirohanga Unit (i.e. a Māori Focus Unit) in Unit 5. The Corrections intranet sets out that "Te Tirohanga aims to reduce re-offending by providing a rehabilitation pathway founded on a kaupapa Māori therapeutic environment". Groups of ten men enter the whare (unit) at a time and the intranet further sets out that they participate in the 11-week Mauri Tū Pae programme (subject to eligibility) and a three-month intensive drug and alcohol treatment programme (subject to eligibility). Te Tirohanga units also provide education and training opportunities. The Residential Manager of the unit told us there were additional cultural activities in the unit, including kapa haka and carving (see image 1 in Appendix A). There were 42 men in the whare at the time of our inspection, and COBRA data set out that there had been seven completions of the Mauri Tū Pae programme at HBRP in the six-month review period. The Mauri Tū Pae programme was delivered by a contracted provider.

163. We heard that the Te Tirohanga unit was "underutilised" and "never full". We were told that intake was affected by business and eligibility rules and the type of prisoners at the site. For example, prisoners who had a status as an Identified Drug User were not allowed to enter the unit. We heard that at the time of the inspection there were 18 empty beds.

164. In the high security part of the prison we heard that prisoners could learn te reo Māori, and complete Tēnei Au, Tēnei Au, which the Corrections intranet describes as a ten-week "kaupapa Māori approach that aims to address intergenerational trauma". We heard that this approach was codesigned with Ngāti Kahungunu and was being delivered by a kaupapa Māori provider. This was offered only at HBRP.

165. We spoke with 29 prisoners in high security units, 22 of whom identified as Māori. A few told us they were completing Tēnei Au, Tēnei Au and were enjoying it and encouraging other prisoners to do it. Some other prisoners told us they were waitlisted for this programme.

166. The 29 high security prisoners knew they could request to speak with a Kaumātua if they wished, and one prisoner told us he had done so. Most of these prisoners knew they could also request to see a Chaplain. The prisoners who had met the Chaplain spoke positively about the interaction, and told us he had shown them it was possible to leave the gangs and put family first.

167. In the Drug Treatment Unit, we were told there was a community meeting four days a week, which started with a karakia and waiata, and during which staff and prisoners talked about the values of the unit and raised any issues or concerns. We heard there was also a Kaumātua who was a programme facilitator and who could provide cultural support when needed.

168. In some other units, prisoners told us they could participate in carving or prisoner-led kapa haka.

169. HBRP has a specialist Whare Oranga Ake reintegration unit which is located outside the prison wire and run by a Māori community provider using a kaupapa Māori approach. The Corrections intranet sets out that Whare Oranga Ake "support people to re-enter society".[22]

170. Prisoners located in Te Whare Oranga Ake were in the reintegration phase of their sentences and had been assessed as suitable to live in the whare. Many were on the Release to Work programme and worked in the community during the day. Prisoners in this unit reported positive experiences working with the provider and described how being in this unit made them "feel human". Prisoners in this unit wore their own clothing. We heard that wearing ordinary clothing was part of their transition into the community and that, if required, the provider would supply clothes. We note that the since the time of our inspection, the provider had changed.

171. We interviewed the Regional Manager Pou Arahi who told us he managed three staff at HBRP.[23] We heard that whānau hui for prisoners were very powerful for improving morale and "boosting wairua". He told us referral numbers for whānau hui had gone up.

172. We asked the Regional Manager Pou Arahi about the Corrections' Māori Pathways initiative and heard that it had been well-supported by the prison leadership team and by the community. We heard that it had been working at the site, but that many staff had a negative perception and that there was no forward plan. The Regional Manager Pou Arahi felt that

[22] https://www.corrections.govt.nz/our_work/in_prison/employment_and_support_programmes/rehabilitation_programmes/specialist_units

[23] A Corrections job description for a Pou Arahi position sets out that "The Pou Arahi works closely with the Custodial staff to support nga tāne to connect or reconnect with whānau, hapū and iwi, and establish good support systems for their release".

more communication from national office level may have helped staff to better understand the initiative's objectives. The Pou Arahi told us that, at a local level, they had focused on communications and removing barriers and that some relationships had improved. However, we heard that the relationship between custodial and Community Corrections staff could be better and that generally there was a feeling that lots of people were saying "that's not my role".

173. We heard that one Pou Arahi had been working full time with prisoners on remand. The Regional Manager Pou Arahi told us the person in that role had tried to support prisoners in practical ways, for example, by helping them get their birth certificates or driving licences, and assisting with immediate needs. Their focus had been on prisoners aged under 25 and people who were in prison for the first time. However, we heard that this Pou Arahi was no longer in the role.

174. We interviewed the Lead Adviser Māori Partnerships East Coast, who told us the Pou Arahi roles had grown out of the Department's Māori Pathways work. He told us the key function of Pou Arahi was to use the Manaaki Practice Tool.[24] He told us he felt the Pou roles did a great deal of good work connecting people in prison with whānau, but that it was a large amount of work for such a small group of staff.

175. The Lead Adviser Māori Partnerships East Coast clarified that Ngāti Kahungunu was the iwi with whom the Department had had a relationship agreement since 2018. Representatives of the iwi had annual meetings with the Corrections Chief Executive, and the Executive Chair of the iwi was invited to the site on occasion. The Lead Adviser Māori Partnerships East Coast described this relationship as strong. The Lead Adviser Māori Partnerships East Coast also described having strong relationships with Ngāti Poporo, which was a hapū (a sub-group) of Ngāti Kahungunu. Ngāti Poporo are mana whenua, and based at Bridge Pa. We heard that a relationship agreement had been made with the hapū when the Whare Oranga Ake had first opened. In addition, there were relationships with other local iwi including Te Rawhiti (Gisborne).

176. Most prisons across New Zealand have Kaiwhakamana[25] and we heard there were numerous Kaiwhakamana at HBRP. We interviewed the Learning and Interventions Delivery Manager who told us eight to ten Kaiwhakamana visited the prison regularly. We heard they would meet with prisoners on request and that Case Managers and Case Officers could send requests to them via the Volunteer Coordinator. Some staff told us they felt the Kaiwhakamana could be better utilised, for example if there was a dedicated person who liaised with them, and managed bookings and communications.

177. We were told by the Health Centre Manager that HBRP was going to be a pilot site for Corrections' new kaupapa Māori health delivery model, Te Matatiki o te Oranga (the spring of wellbeing). Corrections' intranet sets out that the model "serves as the korowai, an overarching framework, guiding the priorities, objectives, and principles of prison health services. The project streamlines operations by integrating traditional Māori and clinical healthcare into practice, resulting in holistic and culturally grounded outcomes." In

[24] The Corrections intranet sets out that the Manaaki Practice Tool "supports planning [for prisoners] using a kaupapa Māori, whānau centred approach. This is an 'opt in' practice tool that does not replace the offender plan". Staff must complete training before they can use the tool as part of planning.

[25] Kaiwhakamana are Kaumātua or Kuia (Māori elders or people of status) who have access to prisons to enable the wellbeing of their people. They are not employees of Corrections.

preparation for the pilot, a two-day readiness workshop took place at the start of February 2025.[26]

Foreign national prisoners

Inspection Standards

- The specific needs of foreign national prisoners are met, including practical help to keep in touch with family overseas.

178. Foreign national (non-New Zealand citizen) prisoners should expect to be supported in prison to access their consular representative, if required, and to use an interpreter service if they need it to understand key information. Foreign national prisoners should also have their health, cultural, religious, and dietary requirements met.

179. Corrections data showed that in the six-month review period there had been 15 foreign national prisoners at HBRP. Four were from Fiji and four from Samoa, two were from Australia and two from Tonga. There was one each from Canada, India, and the United States of America. We also interviewed a foreign national from Nepal who did not appear to be included in the information supplied by Corrections.

180. COBRA data showed that two prisoners had a 'requires interpreter' alert in IOMS on the first day of the inspection.

181. In some units, staff told us there were other foreign nationals who spoke limited English and relied on staff to translate. When we checked IOMS, these prisoners did not have 'requires interpreter' alerts.

182. The Principal Clinical Inspector checked the health files for the two prisoners who had a 'requires interpreter' alert in IOMS. We found that only one had a health alert that they required an interpreter. Notes indicated that the telephone interpreter service had not used been used during health appointments, but that health staff had utilised custodial staff who spoke the same language as the prisoner, including during a mental health assessment. Notes set out that the prisoner had been happy to speak to the clinician with the assistance of the custodial staff member.

183. The other prisoner had no alert in his health file, although there were notes reading *"patient cannot properly communicate in English and requires translator"* and *"speaks in very broken English"*. We found this man had completed one health request form in the six-month review period with the help of a Senior Corrections Officer. The man had asked to see a doctor alongside a translator. He was assessed by a Nurse, but there is no record of a translator being present.

184. We spoke with staff across the site who told us most foreign nationals had some English and could usually "get by" without needing an interpreter. Some staff told us that, if necessary, they would find a staff member to translate who spoke the same language as the prisoner, or use the 24/7 Corrections telephone interpretation service. We asked the site how often they had used the interpretation service, but heard they were unable to supply this information as Corrections did not require them to keep these records.

[26] The pilot commenced at HBRP on 9 June 2025.

185. During interviews, some staff, including some Principal Corrections Officers, mentioned providing additional support to foreign nationals, such as providing telephone numbers of the High Commissions or Consulates if prisoners requested these, organising special visits with a volunteer who spoke the same language, and allowing extra telephone calls or longer telephone calls so foreign nationals could stay in contact with family members overseas.

186. We heard that some prisoners with limited English had jobs in prison industries, including in the laundry and the kitchen. Staff told us they "got by" with limited English and "hand signals".

187. We interviewed several foreign national prisoners across the site who spoke fluent or reasonably fluent English. Most told us they were able to keep in touch with their families overseas by telephone and a few mentioned video calling. One told us staff had advised him about his right to contact his consular representative.

Transgender prisoners

Inspection Standards
• Transgender prisoners are managed with respect and dignity.

188. Staff should follow Corrections processes for transgender prisoners to determine risk and develop a support plan which is shared with unit staff. Staff should ask transgender prisoners their preferred names, pronouns, and the gender of staff they wanted to conduct searches.

189. There were no transgender prisoners at HBRP at the time of the inspection.

190. There had been two transgender prisoners at HBRP during the six-month review period.

191. Staff told us it was rare to have a transgender prisoner in their unit.

192. Staff across the site told us they were aware of the Corrections transgender policy and most told us they would refer to this if necessary. Most staff were familiar with the generic requirements of the policy, for example, not to double bunk a transgender prisoner, to use preferred pronouns, and to give trans prisoners the option to be strip searched by a male or female staff member.

193. Many unit staff were aware of transgender support plans and knew to follow the guidance in these. We heard that one of the Principal Corrections Officers in the Receiving Office would create a support plan and share this with the unit by putting it in IOMS. Staff in four units told us they had recently received some training in this area. However, a significant number of staff, especially in high security units, did not know there was a requirement for transgender prisoners to have a support plan.

194. The Principal Clinical Inspector reviewed the health care of a transgender prisoner who had been at HBRP in the six-month review period. We found that on reception the correct pronouns and name were used, and staff had identified gender-affirming health needs so that continuity of care could be supported. However, while health records showed that her name and correct pronouns were being used, we did not find any alerts in her health file to notify clinicians that she was transgender and what the correct pronouns were. While only in custody for a short duration, she had been referred to the Improving Mental Health Clinician for support.

Young people under 18 years

Inspection Standards
• The distinct needs and entitlements of young people under 18 years are identified and appropriately responded to.

195. COBRA data indicated that there were no prisoners aged under 18 at HBRP at the time of our inspection.

Prisoners under 25 years (including young people under 18 years where relevant)

Inspection Standards
• The distinct needs and entitlements of young people under 25 years are identified and appropriately responded to.

196. COBRA data indicated that five prisoners at HBRP were aged 18 or 19 at the time of the inspection. In addition, there were 54 prisoners aged 20 – 24.

197. Trained staff should complete an Assessment of Placement for Young Adults (APYA) for all 18- and 19-year-olds in prison and put a youth alert in IOMS with the outcome of the APYA, including the rationale for the decision to place the young person in a youth unit or elsewhere. We heard that at HBRP young people were placed on directed protective custody until staff could assess them with the APYA. We also heard there were limited staff at the prison who could complete the APYA and that it could therefore take some time.

198. We reviewed a sample of nine APYAs and found they varied in quality. All had a rationale regarding the placement decision. We heard that prison management was focused on improving APYAs and that more officers were being trained in how to complete them.

199. Information from COBRA set out that 13 prisoners at HBRP had a youth alert in IOMS, evidence that these alerts were generally being created by staff following APYAs. We noted that youth alerts in IOMS did not always include the placement rationale.

200. The Custodial Practice Manual on the Corrections intranet sets out that the APYA may also be used to support custodial placement decisions for young adults aged 20 to 24. In addition, one of the Recommendations from the Inspectorate's young people and young adults thematic inspection set out that Corrections must ensure that a holistic assessment is completed to determine the most suitable placement for young people aged under 18 and for young adults aged 18 to 24.[27] At HBRP, we found limited evidence that staff were assessing young adults aged 20 to 24 using the APYA prior to their placement.

201. We interviewed several young people across the site, two of whom were 18 and one of whom was 19; most were aged 20 to 24. All the young people we interviewed had been assessed using the APYA and most had been found suitable for placement in mainstream units. The young people generally told us they were treated the same as other prisoners. Most told us

[27] Office of the Inspectorate (2024) Young People and Young Adults in Corrections' Custody – Thematic Report, Office of the Inspectorate, Wellington.

they had little to do, especially in the high security units. We heard that they did not receive any extra interventions or educational opportunities. They told us they appreciated the access to exercise equipment in their unit yards.

202. In February 2024, Corrections published an online training module entitled "Working with Young Adults". The Corrections intranet sets out that "the Working with Young Adults elective aims to build foundational knowledge around working with prisoners under 25". It consists of the online module and a one-hour professional development session, and, following completion, eligible employees receive an associated pay rise. We asked staff across HBRP whether they had completed this module and a significant number told us they had, and that they had also participated in some young adults training sessions delivered by the prison General Manager.

203. We asked staff in units across the site if they would manage young people differently. In some units, staff mentioned the training they had received, and said they were aware that APYAs may be in IOMS and that there was information on the Corrections intranet about managing young people. However, most staff did not provide detail about differences in practice.

204. In one unit, the Principal Corrections Officer told us if they received a young person who seemed uncomfortable about engaging with staff, he or the Senior Corrections Officer would ask a trusted older prisoner in the unit to act as a mentor and guide.

205. One of the site's Education Tutors was also the 'youth champion' for the site. Corrections intranet sets out that youth champions are staff "who are interested in, or work with, young adults in our Corrections system". This is not a paid role. The youth champion told us that he felt all young people should be treated as youths regarding their educational needs, regardless of whether they were assessed as suitable for placement in a youth unit or a mainstream unit. He felt that, in general, Corrections was not meeting the needs of youth. He told us that in his view, even if a young person was assessed as being suitable for placement in a mainstream unit, they should still be treated as a youth in other aspects of their care, such as education.

206. As previously mentioned, the youth unit at HBRP closed some years ago and at the time of our inspection had been repurposed as an administration centre. There was no plan to re-open it as a youth unit.

207. We interviewed the Principal Programme Facilitator who told us they would deliver rehabilitation programmes specifically to groups of young people aged up to 24 if they were able to get enough eligible prisoners to make up the numbers, but that this had not yet occurred as young people tended to be moved to the Youth Unit at Manawatū Prison.

Relationships with family and whānau

Inspection Standards
• Prisoners are supported to maintain relationships with their family/whānau and friends.

208. Prisoners should be able stay in contact with their family/whānau by telephone, mail, email, in-person visits, and video calling. All these modes of communication are reliant on prison staff facilitating access.

209. The Prison Operations Manual sets out that prisoners are entitled to a minimum of one five-minute telephone call every week in addition to any calls to outside agencies or to their legal advisors.[28] Corrections covers the costs of national telephone calls so prisoners can maintain contact with family/whānau.[29]

210. We note that from 6 January 2025, Corrections capped prisoner telephone calls to family/whānau at 30 minutes per prisoner, per day, with a maximum time of 15 minutes per call. We understand the cap was introduced to help mitigate the problem of some prisoners monopolising the telephones for long periods of time, which meant some other prisoners did not get access.

211. Most prisoners we spoke with at HBRP told us they generally stayed in contact with their family/whānau by using the prisoner telephones or by writing letters. A few told us they also received face-to-face visits or video calls.

212. Before prisoners can make telephone calls, they must enter the telephone numbers they wish to be approved into a self-service kiosk, or list them on a paper form and give this to staff. In the past, prisoners were only able to complete a paper form to have telephone numbers approved. Prisoners told us that being able to apply for telephone numbers to be approved via the self-service kiosks had helped to speed up the process.

213. Staff must then approve the telephone number, including checking that the owner of the number is willing to receive calls from the prisoner. The number must then be loaded onto the system.

214. We checked a number of prisoner telephones and found they were all in working order. There were typically three telephones in the compound of each low security unit. We noted that in some low security units, this meant 80 prisoners were sharing three telephones. We observed that these telephones lacked privacy hoods.

215. High security units typically had one telephone in each wing. There were no telephones in exercise yards. The only exception to this was HMG Te Ara Māori Unit, which had four telephones; three in the yards and one in the day room.

216. Several prisoners told us that since Corrections had capped calls at 30 minutes per prisoner, per day, it was now easier to get access to the telephones and that there were fewer or no queues. Other prisoners told us they felt 30 minutes a day was not long enough, especially if there was a family/whānau issue they needed to sort out, or if they had a large family/whānau.

217. We also heard from some prisoners and staff that the new 30-minute cap had created the new issue of some prisoners demanding to know the telephone PIN numbers of other prisoners so they could use their minutes.

218. Prisoners in some high security units told us their time out of cell had been cut short due to staff accommodating prisoners on directed segregation in their unit; this meant staff had to unlock the two groups of prisoners separately as the groups were not allowed to associate. Some prisoners told us this meant they were only unlocked for a short period in the mornings. This put pressure on their ability to contact family/whānau, as they also had to contact their lawyers, get some exercise, and have a shower, all within a limited time period.

[28] Prison Operations Manual C.02.02 Prisoner telephone criteria

[29] Corrections began transitioning prison sites onto a new telephone system and covering the costs of calls from 11 October 2022.

219. Prisoners should have access to mail from family/whānau and writing materials so they can send letters by post. In addition, family/whānau can email a specific prison email account; staff should then print the emails out and give them to the prisoner. The Prison Operations Manual sets out that "Mail to and from prisoners is managed both to ensure that the Department meets its legal requirements and to restrict the likelihood of illegal activity". This includes the daily processing (opening, examining and reading) of some mail by authorised staff.

220. Some prisoners told us the mail system at HBRP was slow. We interviewed some of the Administration Support Officers whose responsibilities included the processing of mail. They told us that after incoming mail had been through security checks, they registered each item and put it into bags which were taken to the room where Principal Corrections Officers and managers had their morning briefings. Principal Corrections Officers were then responsible for getting the mail bag for their unit and seeing that the contents were distributed. However, the Administration Support Officers told us that sometimes Principal Corrections Officers did not collect the mail bag for their unit and that this could cause delays in prisoners getting mail. We heard that sometimes there was a three or four-day delay in a Principal Corrections Officer collecting the mail bag for their unit.

221. For mail written in languages other than English, we heard there were approved readers at the site who would read some mail to ensure it did not contain any information it should not.[30] However, if there was no one at the site who could translate a letter, we heard it would be returned to the prisoner with no explanation, not even a note in English. There seems little justification for this approach as prisoners should not be disadvantaged by not writing in English.

222. We asked the Administration Support Officers about the process of getting emails from family/whānau to prisoners. We heard there were usually about 130 emails to deal with on Monday mornings, and around 30 to 50 emails every other weekday. The Administration Support Officers printed the emails, folded them, and wrote the prisoner's name and prisoner registration number on it. Any legal or medical emails were placed in an envelope for privacy reasons. The Administration Support Officers told us there could be delays if email senders failed to follow the rules, as the system would automatically decline receipt of the email and it would go back to the sender's junk mail folder. The Administration Support Officers had no control over this and could not see if someone had tried to send an email and failed. However, we heard that sometimes prisoners who had been expecting an email would complain.

223. Some prisoners told us that receiving printed out emails from family/whānau was faster than receiving regular mail. They told us they generally received the emails two days after the prison had received them which they thought was timely. However, other prisoners told us they had had negative experiences with emails, such as not receiving them at all or finding the process slow.

224. Face-to-face visits were available at HBRP five days a week, Monday to Friday. Based on the COBRA data, we estimated prisoners had received 1,786 visits in the six-month review period.[31] More than one visitor was present at some visits.

[30] Prison Operations Manual C.01.01 Prisoner mail sets out the considerations that must be taken into account when dealing with prisoners' mail, including the need to protect the privacy or prisoners, the need to maintain the security and order of the prison, and the need to prevent the commission of offence.

[31] COBRA data included some duplication, so Inspectors arrived at this figure by removing all obvious duplication etc.

225. Prisoners told us they were allowed one 45-minute visit a week. Some prisoners told us 45 minutes was not long enough as their family/whānau had to travel considerable distances to get to the prison. For example, one prisoner told us it took his visitors an hour travel-time each way.

226. One prisoner told us he had received a $50 petrol voucher so his partner could travel to the prison to attend his graduation from the Mauri Tū Pae programme.

227. The Prison Operations Manual sets out that eligible prisoners may make video calls to family/whānau and friends who are approved visitors. In some cases, discretion to make video calls to people who are not currently approved visitors is also allowed. Video calling is not an entitlement, it is a privilege, and is offered under specific conditions to protect the safety, privacy and security of all participants.[32] Video calls are generally made on a laptop. A staff member remains present while the call is taking place. Data from the Corrections Bookings application[33] set out that 1,264 video call visits were booked for prisoners at HBRP over the six-month review period.

228. We heard from staff that video calling was available. We heard that generally 10 or 15-minute video calling slots were available on weekends, and that the site prioritised those who could not have face-to-face visits.

229. Corrections may offer interventions that support relationships with family/whānau. COBRA data indicated that in the six-month review period, there had been 26 completions of a 'parenting intervention' by prisoners at HBRP. The intervention consisted of a one-day assessment by an external provider, followed by four parenting skills training sessions for a group of up to 15 participants.

Access to legal advisers and attendance at court hearings

Inspection Standards
• Prisoners have confidential and reasonable access to legal advisers and resources, and the prison supports prisoners to prepare for their court appearances.

230. Prisoners have a right to be able to consult their legal advisor in private. Prisoners at HBRP told us they would ask staff to allow them to speak to their lawyer using the unit office telephone. Staff would make the call, then step outside so the call remained private. Staff would supervise from outside the office. Some units had portable telephones and would enable prisoners to make calls to their lawyers in private by taking the portable telephone to an interview room or other private place.

231. Some prisoners told us they also sometimes called their lawyers from the prisoner telephones in the compounds or day rooms. These calls were not necessarily private as other prisoners could overhear if they were nearby.

232. Prisoners are able to have up to ten approved personal telephone numbers that they can call from prisoner telephones; these calls to family/whānau or friends may be monitored or recorded. In addition to the ten personal numbers, prisoners can request to have two legal

[32] Prison Operations Manual C.05 Prisoner video calling

[33] The Bookings application is an online application that allows prison staff to book appointments with prisoners, including booking meeting rooms etc.

numbers on their approved telephone number lists so they can call their lawyers directly during unlock hours. These calls are not monitored or recorded. Some prisoners we spoke with were aware they could add lawyers' numbers to their approved telephone number lists, and had already done this.

233. We note that prisoner telephone calls to family/whānau or friends are limited to a duration of two 15-minute calls a day, but calls to lawyers should not be included in that daily allowance. However, we heard that at HBRP calls to lawyers were sometimes included in the 30-minute daily allowance, meaning prisoners had less time that day to speak with family/whānau. We note that this issue was not isolated to HBRP, but had been occurring in prisons across New Zealand. When we raised the issue with staff at HBRP, they took immediate action to remedy it.

234. Prisoners told us staff were generally good about helping them to contact their lawyers. Most units kept a register of calls to lawyers. We checked the registers in several high and low security units and found that staff were facilitating calls in a timely manner.

235. Staff and prisoners told us it could happen that a prisoner would ring their lawyer and, because the lawyer was unavailable, they would have to leave a message for the lawyer to call them back. However, when the lawyer called back, the prisoner would be locked in their cell and staff would not unlock them to take the call.

236. In the high security units, staff told us they would also facilitate lawyers' calls when prisoners were locked in their cells to have lunch.

237. We observed a prisoner in a high security unit taking a lawyer's call on a cordless telephone in a foyer area. Staff locked a grille door for security reasons. We observed that the conversation could not be heard from the staff base.

238. We interviewed one prisoner who told us he has access to his lawyer now he knows the correct procedure, but that when he had first come to prison he had not known. He told us he thought a pamphlet would have helped him understand the process as it could be frustrating, and, initially, he was left wondering if he was going to hear from his lawyer. We consider that written information about how to access lawyers should be given to prisoners at induction. We note there was limited information about how to access lawyers in the prisoner induction booklet we were given.

239. Prisoners and staff told us prisoners could also see their lawyers face-to-face, either in the visits hall, or in an interview room in their unit.

240. The site had one audio-visual link (AVL) suite that contained four booths. One booth was suitable for wheelchair access.

241. The site had an AVL bookings register for the seven-week period from 6 January 2025 to 21 February 2025. We heard they did not keep historic records because Corrections did not require them to do so, though we note that other prisons do keep these records which we consider to be good practice. This meant we could not review AVL access for the usual six-month review period. The register for the seven-week period showed there had been a total of 463 AVL sessions scheduled, most of which (398) had been court hearings.

242. While general prisoner mail may be opened by authorised Corrections staff for monitoring purposes, legal mail is legally privileged and should not be opened by Corrections staff. Legal mail should be clearly marked so that staff are aware of the contents. Prisoners generally told us they had no issues with staff accidentally opening legal mail.

243. Some remand prisoners may be eligible for bail or electronically monitored (EM) bail. Corrections employs Bail Support Services Officers who triage and interview eligible prisoners to find out if they may be suitable and to prepare an application. Figures from the Bail Support Services Team showed that in the six-month review period, Bail Support Officers had assessed 225 prisoners at HBRP for their suitability for bail or EM bail, which was less than we expected.

244. The Lead Bail Support Officer told us her team was not currently visiting HBRP because there had been issues accessing prisoners due to custodial staff shortages. Instead, they were conducting interviews by telephone or AVL. The Lead Bail Support Officer told us now there were more custodial staff at the site, they would re-start face-to-face interviews. The Lead Bail Support Officer told us it was better for Bail Support Officers to conduct face-to-face interviews in unit interview rooms as these were private. We heard that telephone interviews were not ideal as prisoners were sometimes not in private places.

245. We heard that not all Bail Support Officers felt safe on site. We heard they were not issued with radios and there had been occasions when they felt their safety had been at risk. For example, a Bail Support Officer had been locked into an interview room with a prisoner with no custodial staff supervising outside. On another occasion, a Bail Support Officer had been placed into an area where other prisoners had access to her.

Bullying and violence reduction

Inspection Standards
• Prisoners feel safe from bullying and victimisation.

246. In the six-month review period, there were 1,139 incidents recorded at HBRP, of which 533 were categorised in IOMS as "prisoner behaviour", which included abuse/threats and assaults.

247. Thirty-eight of the incidents were prisoner on staff assaults. Thirty-six were categorised as non-serious or resulting in no injuries, and two were categorised as sexual assault. These two incidents required notification to the incident line.

248. Thirty-five of the incidents were prisoner on prisoner assaults. Most of these were non-serious or resulted in no injuries. However, four were categorised as serious assaults which required notification to the incident line. There were no sexual assaults between prisoners recorded in the six-month review period.

249. A review of COBRA showed that 363 prisoners (53%) were registered as gang affiliated. Twenty-three different gangs had at least one member on site, and some prisoners had affiliations to more than one gang. The three gangs with the most members at the site were Mongrel Mob (213 men), Black Power (61 men) and Killer Beez (19 men).

250. When we asked, most prisoners across the site told us they felt safe. However, most prisoners also told us there were standovers and bullying in their unit. Many prisoners told us they were subject to 'taxing' by other prisoners for nicotine replacement lozenges and telephone PIN numbers; some prisoners considered these things to be an accepted part of prison life. Prisoners told us that they would often be bullied to hand over lozenges if they were placed into a double cell. This generally occurred when they were new in a unit.

251. In the low security units, several prisoners told us bullying was "shut down quickly" by staff and other prisoners. Several prisoners told us their units were "harmony units" or "focus units" and that people who failed to follow the rules would be moved to another unit.[34] One prisoner said his unit was "pretty good, and everyone wants to move forwards". However, in one low security unit, prisoners told us there were standovers for telephone PINs and that there was stealing going on which caused fights that staff were unaware of. One prisoner told us he felt staff did not always respond quickly enough when fights occurred, though he said his current unit was fine and he felt safe.

252. In the high security units, prisoners told us bullying was part of prison life, though more so in mainstream units than units where prisoners were on voluntary segregation. We heard that when new prisoners arrived, it was common for other prisoners to demand their nicotine replacement lozenges. Staff in some high security units told us they were aware of issues with some prisoners demanding telephone PIN codes from others and had put a stop to it.

253. On 4 October 2024, Corrections launched its national 'Safer Prisons Plan' which followed its Reducing Violence and Aggression Joint Action Plan, which was agreed by Corrections, CANZ and the PSA in May 2021. According to the Corrections Chief Executive's message on the Corrections intranet on 4 October 2024, the Safer Prisons Plan "takes the foundation of what has been successful so far and creates a focused plan to improve safety and wellbeing at our prisons". Each prison will develop its own response to the national Safer Prisons Plan, and work with site union representatives and frontline staff to develop this response. HBRP gave us a copy of their Safer Prisons Plan and we observed this was generic and contained little site-specific detail.

254. The Prison Tension Assessment Tool (PTAT) helps custodial staff assess the overall level of tension in a prison unit, which in turn can help them mitigate the risk of violence. PTAT assessments deliver a tension level of red, amber or green.[35] Assessments should be completed after unit lock-up, but may be done more often.

255. In the six-month review period, staff across HBRP completed 97% of PTATs as required. Tension levels were generally assessed as green, with only one amber recorded. The amber PTAT was due to a number of incidents that had occurred on one day in one unit. This PTAT had been overridden from red to amber as the site had put a plan in place to mitigate the risk at unlock the following day. There were no red PTATs recorded at the site during the six-month review period.

256. During the inspection, we heard that staff felt PTAT assessments often did not accurately reflect the level of tension in the units and that often overrides were applied to ensure the PTAT levels remained at green. We heard concerns regarding tension in one unit and observed this during several visits across the inspection. We found that the PTAT assessment for this unit had remained green throughout; this reflected the comments from staff regarding the lack of accuracy in PTAT completion.

[34] Harmony units typically have an agreement that sets out the standards of behaviour required to reside in the unit; prisoners sign this agreement.

[35] A red rating indicates significantly increased tensions which would require a review and response by the prison General Manager. An amber rating suggests staff should consider taking mitigating action, and a green rating means staff are confident no action is required.

Victims of abuse or trauma

Inspection Standards
• Prisoners who are victims of abuse or trauma receive timely and appropriate interventions and support, and can seek redress if they wish to do so.

257. We heard that ACC Counsellors used to come on site at HBRP to provide therapy to prisoners who were survivors of sexual assault. However, at the time of the inspection, this was no longer the case. The Clinical Nurse Specialist Mental Health told us prisoners were able to telephone the 0800 number for ACC to self-refer, but that this would not result in them being seen. We were told there was a shortage of ACC counsellors in the district.

258. We spoke with the Principal Advisor Mental Health and Addictions for the region who told us Corrections had been working with ACC at a national level on the delivery of counselling in prisons. The Principal Advisor had been working regionally to support HBRP and had drafted an action plan to get ACC counsellors back on site.

259. The Clinical Nurse Specialist Mental Health told us that about a quarter of the referrals to the site's Improving Mental Health Service would be for sexual assault counselling, or sexual trauma from childhood and it was his view that this was an underrepresentation of the need.

260. The Improving Mental Health Clinician told us they provided mental health awareness education to staff, particularly custodial staff in the ISU. We heard they would often run this training alongside other clinicians such as the Clinical Nurse Specialist Mental Health. Training topics had included: trauma-informed care, working with people in distress, addictions, foetal alcohol syndrome, learning disorders, depression, psychosis, neurodiversity and self-harm.

261. We note that in February 2025, Corrections engaged with various external agencies (including Oranga Tamariki, the Ministry of Social Development, and Health New Zealand) regarding mail to prisoners that contained sensitive information relating to claims of abuse or trauma. Corrections agreed with these agencies that they would send mail of this type using a double enveloping system, with a cover letter to the General Manager requesting that the mail be delivered unopened to the prisoner. We commend this new system, which was put in place following a complaint by a prisoner to the Office of the Inspectorate about mail that had contained sensitive historic claims information being opened by Corrections staff.The Office of the Inspectorate met with Corrections staff at national office to raise this issue and the new double enveloping system was put in place.

Separation of prisoner categories

Inspection Standards
• Prisoners of different categories are separated, where possible, by allocating them to separate parts of the prison.

262. Prisoners of different categories present different levels of risk to the safety and security of the prison and must therefore be managed in a unit and regime that is consistent with their category. Prisoners of different categories should generally not be mixed. For example, remand accused prisoners should be separated from remand convicted and sentenced

prisoners. In some cases, a prison General Manager will apply for an exemption to mix different categories of prisoners under regulation 186(3) of the Corrections Regulations 2005. Exemptions to mix are generally for the purposes of rehabilitation, education and employment, or to enable sites to ensure prisoners received minimum entitlements such as time out of their cells.

263. Prisoners of different categories were not being mixed in most units at HBRP.

264. Unit 7 had an exemption to mix sentenced prisoners on voluntary segregation (with security classifications of minimum, low, and low medium), and remand accused and remand convicted prisoners who had been assessed with the RMT and found to be suitable to be managed in a lower security environment (i.e. RMT2). We requested the exemption to mix documentation for this unit. It was valid until 10 July 2025 and had been signed by the Director Custodial Operations.

265. Some units were accommodating prisoners of different categories but operating separate unlock regimes so they could not mix. This kept prisoners apart but had an impact on the workload of staff and the length of time prisoners could be unlocked. For example, in one unit, a prisoner on directed protective custody was housed with prisoners of other categories. He was on a separate unlock regime and so did not associate with others in the day room or exercise yard.

266. Generally, all prisoners on remand must be managed as high security, but the Custodial Practice Manual sets out that prisoners with a remand status may be assessed using the Remand Management Tool (RMT) to ascertain the risks they present and to determine the level of custodial supervision they require.[36] The tool allocates a status of RMT1 or RMT2. RMT1 prisoners require a higher security environment and greater supervision to be managed safely. RMT2 prisoners may be safely managed in lower security environments and given access to an appropriate regime where they may, for example, be able to participate in more constructive activities.

267. Staff at HBRP were using the RMT to assess remand prisoners. We observed that some remand convicted prisoners who had been assessed as RMT2 were being accommodated in Unit 8, a low security unit. These prisoners were therefore experiencing a less restrictive regime as a result of being assessed in this manner. We consider this was good practice. We note that these RMT2 prisoners could associate with sentenced prisoners with minimum, low, and low medium security classifications. Remand convicted prisoners may be mixed with sentenced prisoners, so no exemption to mix was required in this unit.

268. As previously mentioned in the 'Prisoners under 25' section of this report, vulnerable 18- and 19-year-olds were accommodated in a unit with adults, but were unlocked separately. There was no separate regime for prisoners aged under 25 and most of these young prisoners were treated as adults.

269. At the time of the inspection, prisoners in the two Separates areas (i.e. high security Separates Unit (HM SEPS) and the low security Unit 6 and 7 Separates Block)[37] were not mixing with others and were unlocked one at a time. In the six-month review period a total of 56 prisoners spent time in one of these Separates areas, for periods varying between one day to 11 days. We note that some of these prisoners would therefore likely have been experiencing solitary confinement as that term is defined in the United Nations Standard Minimum Rules for the

[36] Custodial Practice Manual – Remand Management Tool (RMT).

[37] At the time of the inspection there was no Management Unit at HBRP and so prisoners on directed segregation or serving periods of cell confinement were often sent to the Separates areas.

Treatment of Prisoners (i.e. the Mandela Rules), as more than 22 hours a day without 'meaningful human interaction'.[38]

270. Prisoners in the Intervention and Support Unit (ISU) were also being denied association with others. We reviewed the health records of the eight men who were in the ISU at the time of the inspection, and found they were not mixing with any other prisoners, and had spent between six days to 50 days in the ISU. The Principal Corrections Officer in the ISU told us they tried to allow prisoners to mix but that this was often not possible due to the different categories of prisoners and their mental health issues. We note that some of these prisoners would therefore also have been likely to have been experiencing solitary confinement as that term is defined in the Mandela Rules.

Complaints and feedback

Inspection Standards

- The complaint system is accessible to complainants and their advocates.
- Complainants feel respected, heard and understood.
- Complaints facilitate organisational learning.
- Prisoners can proactively provide feedback to senior staff via forums or other means.

271. Corrections expects prisoners' complaints to be resolved at the lowest level possible. If prisoners wish to make a formal complaint to Corrections, they should be able to make one electronically via a prisoner kiosk, or by completing a paper form (usually a PC.01 form). We note that Corrections has a 'no wrong door' policy regarding complaints. Prisoners should also be able to access telephones or writing materials to make complaints to external oversight agencies such as the Office of the Inspectorate, the Office of the Ombudsman, the Health and Disability Commissioner, and the Human Rights Commission.

272. In the six-month review period, 1,552 general prisoner requests, complaints or feedback were recorded about HBRP.

273. The top three complaint categories in the six-month review period were Prisoner Property (291 complaints), 'Other' (270 complaints) and Health Services (191 complaints). We note that most of the complaints categorised as 'Other' could have been categorised more accurately as there are sufficient categories and sub-categories in the system. If complaints are not correctly categorised it is difficult for Corrections to have oversight of themes and trends to facilitate organisational learning.

274. In the six-month review period, the Inspectorate received five information requests and 70 complaints from prisoners at HBRP.

275. In the six-month review period, prisoners at HBRP made five complaints to the Chief Executive of Corrections.

[38] Office of the Inspectorate (2023) Suspected Suicide and Self-harm Threat to Life Incidents in New Zealand Prisons 2016 – 2021 Thematic Report, Office of the Inspectorate, Wellington.

276. In the six-month review period, prisoners made 218 allegations against staff at HBRP which were recorded in the Allegations Against Staff database and managed by the prison using the IR.07 process.[39]

277. We are aware there may be data collection issues with complaints numbers. For example, prisoner requests for information may be included in complaint numbers. In addition, complaints may be counted more than once. For example, if a prisoner makes an allegation against staff using a PC.01 general complaint form, this may be recorded in both the general complaint (PC.01) numbers and the Allegations Against Staff (IR.07) numbers.

278. COBRA data suggested that the site met the standards of practice for timeliness in 93% of cases (i.e. the prisoner was interviewed within three working days of the PC.01 complaint being registered in IOMS).

279. Prison units should display posters explaining how to make complaints and posters that give telephone numbers and other contact information for external oversight agencies such as the Office of the Inspectorate, the Office of the Ombudsman, the Health and Disability Commissioner, and the Human Rights Commission. During the inspection we observed that not all units were displaying this information, and that in some areas, posters were out of date.

280. Units had a self-service kiosk in a communal area which meant prisoners could access these when they were unlocked. Prisoners accessed the self-service kiosks using a PIN code and fingerprint. Fingerprints must be taken by staff during reception and registered so prisoners can use the kiosks. We found that on the first day of the inspection, 95% of prisoners at HBRP had their fingerprints registered on the kiosk system; only 33 prisoners (5%) did not yet have their fingerprints registered.

281. We asked prisoners about the complaints process. Most said they knew how to make a complaint and would do this via the self-service kiosk or by completing a paper PC.01 form.

282. Many prisoners told us that rather than making a complaint they would talk with staff to try to resolve the issue. We heard this was generally effective and so they did not have to make complaints. Several staff, including several Principal Corrections Officers, told us they always encouraged prisoners to ask staff for assistance with any issues in the first instance.

283. A significant number of prisoners told us they had made complaints and were satisfied with how their complaints had been handled and resolved.

284. Other prisoners told us they were not satisfied with how their complaints had been managed. Some prisoners told us their complaints had been marked as 'resolved', but that the matter had not been resolved to their satisfaction. For example, they had made claims for lost property but had not received the full reimbursement they believed they were entitled to.

285. Some prisoners told us they felt issues raised via the self-service kiosk were "fobbed off" as staff tended not to discuss issues raised in this way with prisoners but to give written responses only. One prisoner gave two examples of this occurring. The first was when he raised an issue and was told, in a message on the kiosk, that staff could not resolve his complaint. No explanation about why they could not resolve it was included. The second example was regarding a separate issue that he had raised on the kiosk. He received a

[39] All allegations by prisoners of poor staff behaviour should be recorded in the Allegations Against Staff database, and the IR.07 process followed to ensure the allegation is investigated. The Inspectorate is notified of all allegations by prisoners about poor staff behaviour which are recorded in an IR.07. The Inspectorate may decide to monitor the prison's process in dealing with these allegations.

message on the kiosk telling him that staff had spoken to him and resolved the issue, but he told us staff had not spoken to him. We checked this man's complaints record in IOMS to see what action staff had taken and could find little evidence that staff had attempted to resolve either of his issues.

286. If issues raised on the kiosk are not resolved by staff within 24-hours, they automatically become PC.01 complaints. Some staff, including some Principal Corrections Officers, felt this timeframe was too tight for Principal Corrections Officers to triage and resolve issues, especially if the Principal Corrections Officer was out of the unit that day.

287. Staff told us it was common for some prisoners to raise issues on the kiosks that were not genuine, but that aimed to manipulate staff or situations, or to waste staff time. We reviewed some complaints and found some that aligned to what staff had said.

288. However, we also found many complaints where there was limited or no evidence that a staff member had discussed the issue with a prisoner or resolved the matter. Some replies to prisoners were cut and pasted from other responses and had nothing to do with the actual issue raised.

289. As mentioned above, in the six-month review period, there were 191 complaints about health services made by prisoners using the PC.01 system. These should have been referred to the Health Centre Manager to be managed.

290. Health complaints that are made direct to health services are managed using the Corrections Resolve application.[40] We found that staff had recorded 47 health complaints from prisoners in Resolve. A review by the Principal Clinical Inspector found the main themes of health complaints in Resolve were: access to care (20), other (11) and administration of medication (6). We found that complaint acknowledgements had been sent to prisoners for only 28 of the 47 health complaints. We reviewed ten of these complaints and found records that nine complainants had received a response, mostly following a face-to-face meeting or telephone call where the complaint was resolved. One complainant had a complaint response letter sent to him, and this was written with a respectful tone, provided explanations relating to his complaint as well as an apology for an oversight in care identified.

291. In the health centre we observed posters explaining how prisoners could make a health complaint.

292. Some prisons hold regular Prison Forums which are attended by prisoner representatives, the General Manager and senior managers. These forums aim to give prisoners an opportunity to speak directly with senior managers, to raise any issues and make suggestions, and, potentially, to allow the site to manage some issues before they result in complaints.

293. At the time of the inspection we heard that Prison Forums were not being held at HBRP. However, we heard that some of the specialist focus units and low security units held 'community meetings' or 'rūnanga'. Senior prison managers were not involved in these meetings, but unit staff generally were.

294. Unit 4 and Unit 4A were Drug Treatment Units and held community meetings which were run by programme providers, with unit staff also in attendance. These meetings were for prisoners who were completing or who had completed the programme only. The meetings

[40] Resolve is Corrections' centralised database for managing some complaints and feedback, including health complaints. PC.01s (general prisoner complaints) and IR.07s (prisoner allegations against staff) are not included in Resolve.

were opened with a karakia, and prisoners could make statements of gratitude or support, and raise any issues or concerns regarding the programme or the unit.

295. Several prisoners in Unit 7 told us they had community meetings and a unit committee of prisoners who would attempt to address issues amongst themselves. Sometimes the committee chairman would raise issues to staff. We checked IOMS and found there were file notes regarding these meetings. In addition, we observed minutes of one of these meetings displayed in the unit.

296. Prisoners in Unit 8 told us they held rūnanga to discuss issues, and took notes of what was discussed during these meetings. The unit provided copies of these notes for September 2024, October 2024 and January 2025. We observed that the notes appeared to provide good summaries of discussions.

297. We heard that in the Whare Oranga Ake, all the prisoners and staff met once a month to discuss any matters in the unit.

298. We heard that in the Self-Care Units, each house had a leader who would raise any issues with the Principal Corrections Officer. The Principal Corrections Officer told us he also called a hui of the unit that all 20 prisoners attend if he has an important message for them.

Religious or spiritual support

Inspection Standards
• Prisoners' freedom of religion is respected and they can practise their religion or beliefs safely. • Prisoners are supported by the chaplaincy, which contributes to their overall care, support and rehabilitation.

299. We reviewed a sample of 131 prisoner records in IOMS and found that only 38 (29%) had a religion recorded.

300. HBRP had one full-time and one part-time Chaplain who were employed by Tira Tūhāhā Prison Chaplaincy Aotearoa, which is contracted to provide spiritual support across New Zealand's prisons.

301. We interviewed the full-time Chaplain who told us the Chaplains were supported by approximately 40 community-based Christian volunteers who came into the prison to assist with religious services. We heard that most services were held in units. The Chaplain told us that on a typical Sunday, there would be about ten services held in units, mostly offered by volunteers. We heard they were working towards offering more services because currently not everyone could access them every week, and some prisoners, for example, those on directed segregation, could not access them at all.

302. We heard there was a chapel at the prison and religious services for prisoners in the Self-Care Units were sometimes held there. In addition, at the time of the inspection we observed preparations taking place for a man to be baptised in a ceremony in the chapel.

303. Most prisoners across the site told us there were church services held in their unit on Sundays. Some prisoners also mentioned Bible studies classes which were available in their units. Most prisoners told us they knew they could ask to see a Chaplain if they wanted to.

304. Several prisoners made positive remarks about the Chaplain, including that they found him inspiring as he had once been in a gang but had left it and turned his life around. One prisoner told us the Chaplain had referred him to an external church group which he appreciated because it meant he had regular contact with a church member who spoke the same language as him.

305. The Chaplain told us they provided some support to prisoners from other religious denominations. For example, they had limited access to an Imam, and could source religious artefacts such as prayer mats or a copy of the Quran. The Chaplain told us there were some Sikh and Hindu prisoners, but that these prisoners did not come to the Chaplains for support.

306. We interviewed a Muslim prisoner who told us he had requested to see an Imam, and had provided the name of an Imam, to the Chaplain, but had not received any support at the time of the inspection.

307. One prisoner told us there was no spiritual or cultural support for him. He told us he had not known he could talk to the Chaplain as he thought that was only for Christian people.

308. The Chaplain told us if prisoners wanted to see them, they would ask a member of custodial staff to contact them. Chaplains had to be escorted in the wings, but could walk around the rest of the site unescorted. Requests often came as they walked around the site. The Chaplain told us he tried to walk through the Intervention and Support Unit regularly, and commented that "lots of the men here are unwell".

309. Custodial staff told us if a prisoner requested to see a Chaplain, staff would contact the Chaplain who would usually come to see the prisoner the same day. Staff felt the Chaplains provided a good service to prisoners, providing church services and supporting prisoners who needed it.

310. We asked the Chaplain if they would be notified of a death in custody and heard that they would be informed via a telephone call. They would then bless the cell of the person who had died and offer support to prisoners and staff.

Property

Inspection Standards
• Prisoner's property held in storage is secure, and prisoners can access it on reasonable request.

311. When people enter prison, their personal property is checked, recorded and either given back to them, stored in the prison Property Office, or disposed of.[41] If a prisoner has cash with them, it will be deposited into their prison trust account. Prisoners may ask family/whānau to send them authorised personal items (such as additional underwear), which is sorted, checked and registered on individual prisoner property lists by property staff.

312. We observed that the Property Office at HBRP was clean and tidy, and property was stored in an organised manner. There was some new property that had been searched and

[41] Department of Corrections Authorised Property Rules (2020) guide what prisoners may keep on arrival, in storage, or what needs to be disposed of. Property rules are authorised by the Corrections Act, 2004, section 45A.

processed but not yet delivered to prisoners. We heard this was due to short staffing in the team who delivered property to the units.

313. Information received from Corrections Data Services set out that at the end of January 2025 there were four FTE Property Officers at HBRP. Information received from the Senior Adviser to the prison General Manager set out that at the time of the inspection there was one FTE and three part-time Property Officers.

314. Property Office staff told us that theirs was a specialised role and that people needed to be trained to work there. We heard that, occasionally, custodial staff who had not been fully trained in property processes would be brought in to assist with basic tasks. Although the staff were not fully trained, we heard this had helped the Property Officers to process a backlog of property.

315. Property Office staff told us their priority was processing property for prisoners being transferred into and away from HBRP, and that "everything else had to wait" (e.g. processing property sent in by family/whanau). They told us they had a target of processing all property for transferring prisoners within three days. If they received an item for a prisoner transferring into HBRP that was not recorded in IOMS or was not authorised, they would send it back to the originating site. This aligns to Corrections policy. Staff across the site told us delays regarding property could cause tension in the units. We heard that members of the Movements Team would go to the Property Office to try to collect property to deliver it to the units, but that property staff sometimes told them this was not helpful as it could cause further disruption and delays.

316. As previously mentioned in the 'Complaints and feedback' section of this report, the top category for complaints at HBRP in the six-month review period was 'Prisoner Property', with 291 complaints. We note that property is often the top category for complaints in prisons nationwide.

317. Property Office staff told us there could be property delays for several reasons. We heard that if property staff went on leave there was no cover provided which could create a backlog. In addition, we heard that prisoner numbers had increased and that this had an impact on their workload. We note that at the time of the inspection there were 682 prisoners at HBRP, an increase of only 20 men (or around 3%) since the last prison inspection in 2017, when there were 662 prisoners. However, the proportion of prisoners on remand had increased, which would likely have had an impact on their workload (in 2017, 32% of prisoners at HBRP were on remand; at the time of the inspection, 39% were on remand). Property Office staff also told us there was more property coming in and going out than previously. They pointed out that the authorised property list had changed in 2024 to allow more items.

318. We heard that members of the Site Emergency Response Team conducted searches in the Property Office when requested to do so by the Principal Corrections Officer of the Receiving Office. They recorded the name of the prisoner, the item searched, if anything was found, and the signature of the person completing the search.

319. Many prisoners told us property was an issue at the site. We heard there could be inconsistencies in what items were allowed, and that there could be long delays in receiving property, of anywhere between six weeks and five months. Sometimes these delays involved items such as underwear that prisoners needed in a timely manner. For example, one prisoner told us he only had three pairs of underwear and had already waited six weeks for more underpants and socks; he still did not have them. Another prisoner told us he had waited "months" for underpants sent in by his family/whānau. Many prisoners told similar stories about waiting long periods for items including books, radios and shoes. One prisoner told

us it could take "four or five months" to receive property and that he had made complaints regarding this. We checked IOMS and confirmed he had made two complaints regarding property but we could find no responses regarding these.

320. Custodial staff in the high security part of the prison also told us there could be long delays in the Property Office, including when family/whānau sent items in by courier. We heard that family/whānau were often tracking parcels and would be aware of when these were received at the prison, but it was taking five to eight weeks before these were issued to the prisoners. One prisoner told us his family had received a tracking notice from a courier that this was delivered at the prison on 24 January 2025, but he did not yet have the items nearly four weeks later.

321. Property Office staff told us sometimes they received complaints that prisoners' family/whānau had tracked mail and knew the date the site had received an item, but prisoners had still not received the item some weeks later. Property Office staff told us when this occurred, they accepted they had received the item, and advised prisoners that they would get to it as soon as possible.

322. Property Office staff told us any property received by courier without a property form approved by the unit Principal Corrections Officer would be returned to the sender. During the inspection we observed parcels that were dated as having been received on site in December 2024, but which had not been processed as they were identified as not having a property form.

323. We heard that property request forms were being incorrectly completed by unit staff and that this created delays as Property Officers could not process requests without the required information. Property Office staff told us custodial staff could have different opinions regarding which items were allowed and which were not. Property Office staff told us they knew the rules and felt custodial staff needed to trust that they were following the correct process if items were not approved.

324. We interviewed a prisoner who told us he had made a complaint about property in the Receiving Office not being issued to him on request. He told us staff had informed him that the property could not be issued because he did not have prior approval on a property form[42] from the unit Principal Corrections Officer to have the items sent in. We note that this aligns to Corrections policy, but in such a case, we would expect staff to arrange for an approval form to be completed by the Principal Corrections Officer. However, the man told us he was informed that he had to have the items sent out to someone in the community and then restart the approval process to have them sent back in. We found this to be overly bureaucratic and do not consider this was a reasonable way of managing this issue.

325. Prisoners may request items of property that are being stored for them in the Property Office. We heard from unit staff that when a prisoner requested an item of stored property, it could take two to three months before the prisoner got the item. For example, staff told us they had sent five requests for an item of stored property for one prisoner but that he still had not received it. Unit staff told us this could create tension because prisoners assumed they were not doing their jobs.

326. In addition, a significant number of prisoners told us they felt rules kept changing about what items were permitted and these were not the same across different units.

[42] P.01.Form.01 Request for property

327. Several prisoners told us they had been informed that items would not be allowed, but had been given no reasons why.

328. Property owned by prisoners in Te Whare Oranga Ake was managed by the service provider and was not recorded in IOMS. Prisoners in this unit told us they had not experienced delays in the approval process or when receiving property. We heard this was different to what they had experienced when they had been in other units.

329. Prisoner trust account balances are limited to a maximum amount ($200) unless special circumstances exist.[43] On the first Friday of the inspection there were 70 prisoners with more than $200 in their trust accounts. One Principal Corrections Officer told us he received an email every week with a list of prisoners who had more than $200 in their trust account. He told us he spoke with these prisoners and that most of them would tell him they had nowhere else to send the money. We heard Case Managers tried to help these prisoners to set up bank accounts. Another Principal Corrections Officer told us prisoners with more than $200 often told him they were saving for an important purchase, such as reading glasses or dentures.

330. In 2024, Corrections stopped accepting anonymous cash deposits into prisoner trust accounts, and instead required that deposits be made by bank transfer.[44] We heard the new system had lessened the issue of unidentified funds being received.

331. Prisoners we interviewed generally raised no issues with the management of their trust accounts. Staff told us prisoners would sometimes raise queries if they had been told someone was putting money in their account but they had not yet received it.

[43] Prison Operations Manual F.05.01 Prisoner trust account (PTA).

[44] A special exception process for people who could prove they could not obtain a banking facility was also put in place.

Health

Provision of health care

Inspection Standards
• Prisoners have timely access to necessary health and disability services at a level reasonably equivalent to that provided in the community, in an environment that promotes dignity and maintains privacy, and without discrimination on the grounds of their legal status. • A health file is established for each prisoner on reception and all subsequent health contacts are recorded in the file. • Prisoners are supported and encouraged to optimise their health and wellbeing. • There are robust systems to prevent, identify, monitor and manage communicable diseases.

332. Prisoners are entitled to receive medical treatment that is reasonably necessary and of a standard that is reasonably equivalent to that available to the public.[45]

333. Prison health services are Nurse-led, and at HBRP were supported by contracted providers who came on site, including Medical Officers (i.e. General Practitioners) and a Dentist, as well as other services such as a Podiatrist, an Ear Hygienist, an Optometrist, District Nurses, and a Denture Technician.

334. Nursing staff were on site every day from 7am to 9pm, with an on-call Nurse rostered for urgent after-hours health care.

335. HBRP had a central health centre which was modern and well-equipped (see image 2 in Appendix A) and a dental clinic. In addition, some units also had small Nurse clinic rooms so that prisoners could be treated or assessed there without needing to be escorted to the central health centre. The health centre and unit clinics were generally clean and well-stocked with the necessary equipment and supplies. Electrical equipment showed evidence of annual service checks.

336. We noted that the prisoner toilet in the central health centre did not appear to have been cleaned, despite the unit cleaner having just been through. It was pleasing to hear that an external cleaning service had been contracted to do this work. There was also considerable graffiti in the prisoner toilet.

337. It was positive to see art on the walls of the central health centre, including several Māori designs, which the Health Centre Manager told us prisoners had made. We were told one series of artworks reflected six steps to wellbeing. Having art in a health centre can improve patient experience, leading to better engagement and health outcomes.

338. Hard copy health files were stored securely in a locked filing room.

[45] Corrections Act, 2004, Section 75.

339. In the six-month review period, health staff at HBRP completed 395 Initial or Update Health Assessments. These assessments should be completed within the timeframes set according to the priority score allocated during the Reception Health Screen (i.e. within 24 hours, within 10 days, or within 30 days) depending on the prisoner's need.

340. The Principal Clinical Inspector reviewed the health records for a sample of 24 newly arrived prisoners to ascertain whether their Initial Health Assessments had been completed within policy timeframes. Twelve had been done within the required timeframe, with a further two completed within three days of the required timeframe. Five prisoners who did not have their Initial Health Assessment within the required timeframe had been assessed as 'at risk' with mental health concerns, and it would not have been appropriate to complete the assessment within the timeframe; these people were being seen daily by Nurses. There was one prisoner who was not given an appointment for his Initial Health Assessment, and another who had an appointment for an Update Health Assessment, which he declined. The remaining three prisoners were released before their Initial Health Assessments could be completed.

341. Screening for various health issues was offered during the Initial Health Assessment as required by Corrections policy. This included screening for cardiovascular risk, diabetes, and sexual health issues. Four of the 24 newly arrived prisoners had abnormal results for blood test screening. These were followed up, with the prisoners being notified of their results and appropriate interventions being put in place.

342. One of the 24 newly arrived prisoners identified a disability (dyslexia). This was not recorded as an alert or classification in the prisoner's health file, though it should have been.

343. Most prisoners we interviewed about health services at HBRP knew how to request to see a member of the health team by completing a health request form (often known as a 'health chit'). Most prisoners told us they would give completed forms to custodial staff who would put them in a purpose-built locked box in the staff office for health staff to collect. We note that prisoners should be able to put their health request forms into the locked box themselves.[46] When we were reviewing health complaints, we noted that one prisoner had written, "I suggest we have a health chit box more available to use instead of giving the form to over-worked officers with too much to worry about who forget to put our health form in the box to be collected". We observed that one unit used a cardboard box to store collected health request forms, which was not secure.

344. Most prisoners we interviewed told us they had used a health request form. Around half the prisoners told us they had no issues regarding healthcare at HBRP, and many expressed appreciation for the respectful and confidential treatment they had received from Nurses.

345. Most prisoners told us they had no concerns about how their medication was administered, although some said that their medication had been stopped without explanation which had caused them distress. When asked about communication with the health team, prisoners told us they did not always receive follow-up information (such as blood test results) and said they would like more information about specific health topics (such as Pacific peoples' health, or aging-related health needs).

346. However, around half the prisoners we interviewed told us there could be long wait times for healthcare, especially to see a doctor. Some of these prisoners also said that sometimes they

[46] From April 2025, prisoners have been able to make health requests from the prisoner self-service kiosks, specifying the nature of their condition or request, and their level of pain. These kiosk requests go directly to a dedicated email account at each prison Health Centre.

did not receive any acknowledgment of their health request form. Due to this feedback, we conducted two reviews of the health request process at HBRP.

347. Our first review was of 15 patients on the Nurse clinic lists between December 2024 and early February 2025. We found that 12 prisoners had their health requests acknowledged within three days. For seven of the 12, a Nurse had either spoken to the prisoner in person or completed an assessment within three days. Two of the 15 did not have their health requests acknowledged within three days as required but were reviewed by a Nurse five days and seven days after they had submitted their health request forms. One person had not been seen at all and had their appointment rescheduled four times before being released

348. We completed a second review of paper health request forms when on site during our inspection. On 25 February 2025 we looked at 45 health request forms that had been received in the previous ten days. We found that 36 of these forms (80%) had been acknowledged, with either a short message being sent back to the prisoner, or the prisoner being triaged in person by a Nurse within 72 hours. Some acknowledgement notes from Nurses included advice to the prisoner about how to manage their concern while waiting to be seen. The remaining nine health request forms appeared to be repeated requests that had been submitted either before the prisoner's initial request had been acknowledged, or while they were waiting to be seen.

349. We reviewed Nurse clinic lists on the patient management system and found these were well-organised, with clear headings on each clinic day such as 'Acutes', 'GP Notes' (indicating prisoners who needed their community notes to be followed up) or 'bloods' (for prisoners needing a blood test). The lists included the names of units for prisoners who needed to be seen in the smaller unit clinics also. This system assisted the Nurses in planning their clinic work and prioritising care.

350. Despite the well-organised Nurse clinic lists, we found that a high volume of people had their appointments rescheduled. In some prisoner notes, when appointments had not happened as planned, the Health Centre Manager had recorded "health on contingency plans today due to staff sickness, health appointment triaged as non-urgent and rebooked". We found evidence that health staff had, in some cases, checked with custodial staff in the prisoner's unit to ensure there were no concerns about the person having their appointment rescheduled.

351. We observed health staff and prisoners having positive interactions. Nurses were friendly, professional, and appeared to have good rapport with prisoners. For example, on a medication round, health staff greeted prisoners warmly by name and asked about their well-being, demonstrating kindness and respect.

352. During one Nurse clinic, as a prisoner was being escorted into the clinic room for assessment, he went to a health promotion information stand to look at the pamphlets. Rather than redirecting the prisoner to the clinic straight away, both custodial and nursing staff allowed the prisoner time to look at the pamphlets, with the Nurse answering his questions. We consider this was good practice.

353. There were four medication rounds each day: morning, lunch, dinner and evening. While health staff administered all prescribed medication to some prisoners as single doses, following medication administration risk assessments, some prisoners could hold either weekly or monthly supplies of their medication so they could self-administer. This supported autonomy for people in managing their health conditions. One prisoner told us he was able to hold his medication which made it easier and more convenient for him.

354. We observed two medication rounds. Both were conducted in a systematic way and custodial staff were present to supervise prisoners. The health team member checked the person's identity and gave them the correct medication dose. Health staff we spoke to commented that some newer custodial staff did not always address poor prisoner behaviour or position themselves correctly when unlocking cell doors. One health staff member told us that sometimes they had to remind custodial staff of correct procedures.

355. We heard that when issues were escalated by the Health Centre Manager (or her leadership team) to custodial managers, action was taken to resolve the issues. For example, we were shown a recent email from a Residential Manager to custodial staff outlining the procedures and expectations for custodial staff during medication rounds in high security units.

356. Custodial staff told us health staff usually responded in a timely manner to emails about prisoners with health issues, and considered that medication processes, such as medication rounds, were orderly and effective. Some custodial staff, however, highlighted strained relationships between health and custody, mentioning communication gaps and frustration with some health processes.

357. Prior to our inspection, the Health Centre Manager provided information about a medication round video which she was creating with custodial managers and the Principal Advisor Communications at Corrections national office. This was being created for both custodial and health staff on site. We heard it would be shown to new staff as an educational tool on best practice for medication administration procedures, including the roles of different staff members, safety, correct processes, and risk scenarios.

358. The Health Centre Manager told us she held a training session in the health centre for new custodial staff. We heard that during this session she explained what health services were available, how the team operated, the importance of prisoner wellbeing, and custodial officers' roles and responsibilities in supporting health care delivery. Holding the session in the health centre enabled her to show new staff firsthand how clinics were managed by custodial staff. This session also enabled new custodial staff to meet the Health Centre Manager and health staff.

359. The health centre was supported by permanently rostered custodial staff. These custodial staff also worked in the Intervention and Support Unit (ISU) and were on rotating shifts between the ISU and health centre. During the week, there were four custodial staff in the health centre, and at the weekend and on public holidays, there was one. There was a desk file for custodial staff which gave them relevant information, instructions and guidelines on their daily duties, as well as promoting safety, consistency, professionalism, teamwork and responsiveness.

360. Despite this, we heard from Nurses that there were challenges with the allocation of custodial officers for prisoner movements in and out of the health centre. We were told that when other areas of the prison were short-staffed, custodial staff from the health centre/Intervention and Support Unit were redeployed. This could impact on clinics and the volume of people the Nurses could see, and we were told this could cause tension between custodial and health staff. Nurses told us that health managers consistently advocated for them and escalated issues when custodial staffing changes affected health care provision.

361. Nurses told us they believed they were providing high quality care and gave examples such as providing quick and comprehensive care to prisoners with acute needs, providing health education to prisoners in the Receiving Office, and explaining side effects of medications to prisoners. However, Nurses also expressed considerable frustration with not always being able to complete clinic lists, and having to explain to prisoners and custodial staff why they

were not able to get things done. They were concerned about the risk of missing important health issues on health request forms.

362. Emergency care appeared to be timely and effective. Comments from custodial staff indicated that Nurses responded promptly to medical emergencies. During our site visit, there was a medical emergency and we saw that the health response was well-coordinated with clear task delegation, timely clinical assessment and a doctor (who was on site at the time) being notified. One prisoner described experiencing chest pain at night when no health staff were onsite; custodial staff had responded appropriately by calling an ambulance.

363. While emergency equipment was available and used appropriately, health staff told us that there was only one emergency bag onsite which could present a risk of delay if they had to get the emergency equipment from a distance, or if there were multiple emergencies occurring at the same time. There were six defibrillators at various locations throughout the HBRP site.

364. We reviewed the health files of ten prisoners who were being transferred to another site. These prisoners were fit to travel and appropriate health handover was provided to the receiving site using the correct form. These forms mostly captured care that had been provided and set out what needed to be followed up. However, one form was not fully completed and did not mention a scheduled Nurse appointment, and another did not include the fact that the prisoner was waiting for a specialist hospital appointment.

365. When on-site we observed discussions between Nurses and the Health Centre Manager about a prisoner who had recently been transferred between a number of prisons before coming to HBRP. The prisoner had been complaining about an injury which had not been fully assessed due to the multiple transfers. This prisoner was due to transfer out of HBRP shortly, and the Health Centre Manager put a hold on this until the necessary assessments (i.e. x-rays) could be done and his injury appropriately managed before he was transferred again.

366. The Health Centre Manager told us that for planned releases, a Nurse would review the person's health file and speak with any prisoners who had been prescribed medications or who had a complex health need that would require follow-up in the community. Prisoners who were released in the Hawke's Bay area were provided with a 'GP pack' which included a supply of their medication, a prescription and a copy of their medication chart. We reviewed the health files of ten prisoners who had been released from HBRP and found that prisoners had been released with the information as described by the Health Centre Manager. During our observations on site, we saw that Nurses had a 'Release Checklist' which they used during this process.

367. As mentioned in the 'Māori Prisoners' section of this report, the Health Centre Manager told us HBRP was going to be a pilot site for Corrections' new kaupapa Māori health delivery model, Te Matatiki o te Oranga (the spring of wellbeing). In preparation for the pilot, a two-day readiness workshop took place at the start of February 2025.

368. COBRA data showed there had been 1,168 Medical Officer appointments in the six-month review period. Medical Officers were contracted for 22 hours a week, and were on site on Monday, Tuesday and Friday each week.

369. We interviewed two Medical Officers who told us waiting times were a challenge but that they felt these were comparable to wait times for primary care in the community. One Medical Officer told us the main reason for delays was custodial constraints around escorts to and from the doctors. One Medical Officer spoke about prisoners having a Nurse triage assessment before doctors' appointments; we heard this was very helpful in ensuring that

acute patients were seen in a timely manner. One Medical Officer said that chronic conditions were well-managed, with a robust recalls (reminder) system in place. The Medical Officer said that "some prisoners actually receive better care in prison than they would in the community". The Medical Officers told us they felt safe on site and had the necessary equipment and medical supplies.

370. To determine the length of Medical Officer waiting times, we reviewed a random sample of 20 health records for prisoners who had seen a Medical Officer. Our review showed that people with acute concerns were seen either on the same day or within two days of the health issue being identified. For prisoners with non-urgent health issues, the wait time was between three and 29 days, with the average wait being 14 days. The records showed evidence that nursing interventions had been appropriately provided to prisoners while they waited for their appointments, such as seeking advice from a Medical Officer, or the issuing of over the counter or standing order medications.

371. Following a Medical Officer clinic, there was a local process where a document with key information was shared with all Nurses on site for their awareness.

372. We noted that one of the Medical Officers had provided training sessions to the nursing team on diabetes and another on heart failure.

373. COBRA figures showed there had been 342 Dentist appointments in the six-month review period. A Dentist was on site every Thursday and was contracted to provide nine hours of service a week.

374. During our inspection we observed that the dental health process was well-organised. Nurses would complete initial dental assessments and provide standing order medications for pain or infections. A Nurse held the portfolio for dental health, overseeing the process and checking information for prisoners needing a dental appointment. This information was then given to the Dentist who scheduled appointments, ensuring those with urgent dental needs were seen first.

375. At the time of the inspection we found there were 46 prisoners on the Dentist waiting list, with the longest wait time being seven weeks. We reviewed the records of ten prisoners to determine how long they had waited for a dental appointment. Waiting times were between 10 and 51 days, with an average waiting time of 27 days.

376. At the time of our inspection, HBRP did not have physiotherapy services on site, despite being funded for four hours a week. A review of the physiotherapy appointment books showed there had been no Physiotherapist services since June 2022. The Health Centre Manager told us this was due to having no contracted provider, and said that some prisoners had been taken to appointments in the community when necessary, such as for post-surgery rehabilitation. One of the Medical Officers told us there were challenges getting prisoners sent out to external physiotherapy appointments. Another Medical Officer told us she considered it was important to have a Physiotherapist clinic on site to support rehabilitation and pain management for prisoners with acute and chronic injuries; this could assist in reducing the volume of pain medication needing to be prescribed. The Health Centre Manager told us a new physiotherapy contract was due to start soon. We followed up with the site after the inspection and heard a new Physiotherapist had started weekly clinics in May 2025.

377. Our review found that when prisoners required external health appointments, such as specialist care or diagnostic testing, referrals were made to external providers. During the inspection we observed that when prisoners returned from external health appointments, custodial staff escorted them to the health centre where a Nurse would check with the

prisoner how the appointment had gone, and ascertain whether there was any follow-up to be arranged.

378. During the inspection we attended a quarterly HBRP health services clinical governance meeting. This was well-attended by regional Principal Advisors and Clinical Quality Assurance Advisors, senior custodial staff, the contracted Pharmacists and Medical Officers, a Forensic Service Nurse, a Clinical Nurse Specialist Mental Health, and senior regional and site health leaders. Apologies had been received from the contracted Dentist, and Forensic Psychiatrist. At the meeting, the Health Centre Manager provided updates regarding staffing, the lower North region complex care monthly meetings, and a new multi-disciplinary team monthly meeting where 'Prisoners of Most Concern' would be discussed (attended by Intel, health, probation, mental health services, psychology, case managers and the high-risk team lower North).

379. We observed strong participation from all the attendees at this meeting. They engaged in productive discussions on the provision of health care, health and safety, current risks, mental health services, and improving the quality of healthcare in response to complaints, incidents and other influences (such as prescribing) on site.

Substance use

Inspection Standards
• Prisoners with a history of substance use receive specialised and individualised assessment, education, treatment and culturally appropriate support (including aftercare). • An effective whole-of-prison strategic approach to drugs and alcohol ensure the demand for drugs and alcohol is reduced.

380. Prisoners should be assessed for alcohol and other drug dependencies by health staff or Case Managers using the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), which helps staff to determine which programme could be useful for prisoners.

381. COBRA figures showed that in the six-month review period, 134 ASSISTs were completed for prisoners at HBRP; 46% of the people assessed were found to be 'high risk' (i.e. at high risk of "experiencing severe problems (health, social, financial, legal, relationship)" as a result of their current pattern of use, and likely to be dependent).[47]

382. The Reception Health Screen includes questions about substance abuse and withdrawal. If a Nurse suspects a prisoner is withdrawing or the prisoner says they are experiencing withdrawal symptoms, the Nurse should undertake further assessments such as the Clinical Opiate Withdrawal Scale (COWS)[48] or the Clinical Institute Withdrawal Assessment Scale (CIWA).[49]

383. The Principal Clinical Inspector reviewed the Reception Health Screen records for 24 prisoners who were newly arrived at HBRP. We found six prisoners had said they had recently used or were withdrawing from drugs or alcohol. While no formal assessments (COWS or

[47] Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) Results.

[48] COWS can be used in both inpatient and outpatient settings and is administered by a clinician. It rates common signs and symptoms of opiate withdrawal over time.

[49] CIWA can be used to assess alcohol withdrawal severity.

CIWA) were completed, receiving Nurses had made further enquiries about symptoms for four prisoners and documented their assessments, including for one prisoner who was relocated to the ISU for further monitoring and noted that custodial staff should 'be mindful of withdrawal due to recent heavy meth use'. However, one prisoner had health notes recording that the custodial officer reported the prisoner was 'coming down from meth' but no additional health assessment was recorded in response to this (although he had been placed in the ISU), and another prisoner had said during his consultation that he had been 'using meth' but no further enquiry or assessment was recorded by the receiving Nurse.

384. At the time of our inspection, only one prisoner had been prescribed opioid substitution therapy (OST). We reviewed this prisoner's care and found good communication between the health team, the OST provider and the pharmacy. A treatment plan was created on the day of the prisoner's arrival. The prisoner was reviewed by the Medical Officer the following day and he received regular support from a mental health clinician.

385. Drug detection in prisons is aimed at preventing the supply of drugs to reduce drug use. At the time of the inspection, HBRP had several Designated Collection Officers who were certified to follow the correct processes for collecting urine samples from prisoners for drug testing. HBRP was operating random and reasonable grounds drug and alcohol testing across the review period. For more information on drug detection please see the 'Good order – Security' section of this report.

386. We heard there were two low security units offering Drug Treatment Programmes; one unit accommodated mainstream prisoners, and the other housed prisoners on voluntary segregation. Programme Facilitators told us they offered both the 17-week medium intensity programme and the 21-week high intensity programme. At the time of the inspection, they were running three high intensity and three medium intensity programmes, with five to ten prisoners in each. In addition, the Programme Facilitators were running an 8-week Drug Treatment Programme for high security prisoners.

Mental health care

Inspection Standards
• Prisoners' mental health needs are adequately and appropriately met. • Prisoners at risk of self-harm or suicide are supported in a therapeutic environment with trained staff who are resourced to meet their individual needs.

387. Prisoners at HBRP should be able to access primary mental health care through Nurses and Medical Officers.

388. As part of the reception process, all prisoners should be screened by a Nurse for mental health needs and risk of self-harm. They may then be referred for further assessment or treatment if needed. We observed a Nurse in the Receiving Office assessing the mental health needs of newly arrived prisoners by using the set questions in the Reception Health Screen. We reviewed the health records for 24 newly arrived prisoners, and found evidence that Nurses were identifying mental health needs, with six of the 24 prisoners being placed in the Intervention and Support Unit (ISU) (see more information below in this section on the ISU).

389. Once a prisoner has been received into prison, if custodial staff believe the prisoner's risk of self-harm may have changed, they should complete the Review Risk Assessment.[50] Corrections' Prison Operations Manual sets out that the purpose of the Review Risk Assessment is "to target specific times or circumstances that could cause a prisoner's level of risk [of self-harm] to change". If a prisoner is found to be at risk, they will be escorted to the ISU for additional monitoring.

390. At HBRP, we observed that the various mental health clinicians who worked at the site shared an office with health staff in the central health centre. This included two Improving Mental Health clinicians, a Clinical Nurse Specialist Mental Health, and staff from the local Forensic Mental Health Service. We heard that this enabled good collaboration and supported decision-making. Prisoners could be easily referred between services, depending on their needs. The Health Centre Manager told us the shared workspace ensured positive communication and relationships, with joint decision-making in the best interests of the prisoners. This view was shared by all the staff and clinicians we spoke with. We observed that the shared workspace enabled an effective, multi-disciplinary team approach to providing care for prisoners.

391. There were two Improving Mental Health Clinicians who were contracted to provide a service to support prisoners with mild to moderate mental health needs.[51] We interviewed one of the Improving Mental Health Clinicians who told us that in practice, they would see anyone who was referred to them. They received referrals from Case Managers, custodial staff and health staff. We were told that their caseloads were approximately 26 clients at a time. Depending on where a client was in their therapy, they would see them weekly or monthly.

392. The Improving Mental Health Clinician told us there was a waitlist of approximately 15 to 20 prisoners for their service, with a waiting time of between four to six weeks. We were told that all new referrals were triaged with file reviews and that they would work with health staff to support prisoners while they waited, including referral to the Medical Officer if needed. Prisoners who had been referred to the Improving Mental Health Service were sent a letter to let them know their referral had been received and that there was a wait time.

393. The Improving Mental Health Clinician considered that prisoners on site had good access to the service. We heard that the clinicians had been on-site for some time and so were well known to prisoners.

394. As previously mentioned in the 'Victims of Abuse or Trauma' section of this report, the Improving Mental Health Clinician told us they provided mental health awareness education to staff, particularly custodial staff in the ISU. We heard they would often run this training alongside other clinicians, such as the Clinical Nurse Specialist Mental Health. Training topics had included: addiction, working with people in distress, foetal alcohol syndrome, learning disorders, depression, psychosis, neurodiversity, self-harm, and trauma-informed care.

395. We heard there were not enough rooms in which Improving Mental Health Clinicians could see their clients, partly because they had to share the available rooms with others, including lawyers. We also heard that some rooms were not suitable for therapeutic work. For example,

[50] Prison Operations Manual M.05.02 Review Risk Assessment.

[51] We note that information dated 30 June 2025 on the Corrections intranet sets out that Improving Mental Health service providers will conclude their services on 30 June 2025 (excluding the Waikato Region). Funding from these contracts has been redirected to strengthen internal Intervention and Support Practice Teams (ISPTs). ISPTs will now provide support across the full continuum of mental health care, including early intervention and prevention for individuals with mild mental health needs.

they could hear other prisoners and officers outside, and some rooms had windows so people walking past could see in.

396. There was a Clinical Nurse Specialist Mental Health who told us he mostly worked in the Intervention and Support Unit. He completed initial mental health assessments and contributed at multidisciplinary team placement meetings. The Clinician spoke about the challenge of managing the small number of prisoners who presented with extreme behaviour. It was his view that these people should not have been in prison. He also told us, and we observed, that he attended the daily nursing handover and provided mental health related education to the Nurses about presentations that a particular prisoner might be exhibiting.

397. The site was supported by Health New Zealand Te Whatu Ora Regional Forensic Psychiatry Services. This included one youth and two adult forensic Nurses on site Monday to Thursday each week. On Fridays the site could access two court liaison Nurses who provided off-site support, if needed. The site has a youth Psychiatrist on site half a day each week, and an adult Psychiatrist one day each week, as well as forensic Psychologists who provided treatment to prisoners on the forensic case load when required. As mentioned above, unlike at most other prison sites, the Forensic nursing staff were based on site four days a week and located with other mental health services in the central health centre. We conducted a review of health records, and found evidence that forensic staff were actively involved in release planning, making referrals to community mental health and addiction providers, liaising with supported living agencies, and speaking with prisoners' family/whānau, alongside health staff.

398. We interviewed a Corrections Psychologist who told us his team had five Psychologists and two Administration Officers. This team was regional and also provided services to five probation sites in the region. We heard that all members of this team were experienced, but that they needed five more Psychologists to be able to start meeting the demand for their services. The Psychologist provided figures from COBRA which showed his team had seen 104 people in the six-month review period. Some people were seen multiple times, with 548 instances of contact recorded.

399. The Psychologist told us his team went into the prison every day and estimated that they saw about 20 prisoners every week. The Psychologist told us his team prioritised providing offence-based treatment to high-risk and violent prisoners. This treatment was all one-to-one. The team also assessed prisoners who were eligible for parole and serving sentences of more than two years in order to write reports for the New Zealand Parole Board. We heard that demand for Parole Board Assessment Reports was sufficiently high that the team manager wrote reports alongside the team to help them keep up.

400. The Psychologist told us that access to prisoners was easy; his team had only to inform staff in advance that they were coming, and staff would arrange access to prisoners. In the high security units, Psychologists would use interview rooms which we were told were not ideal, although they could also use interview rooms in the Receiving Office. In the low security area of the prison, there were two interview rooms in the learning hub that had recently been refurbished for psychological treatment with prisoners. These two rooms were set up with specific colours, artwork and furnishings to make them more therapeutic.

The Intervention and Support Unit

401. HBRP had an Intervention and Support Unit (ISU) with 17 cells for those prisoners found to be at risk of self-harm and suicide, or with acute mental distress. Prisoners withdrawing from

substances, or suspected of internal concealment of items, or with other vulnerabilities could also be housed temporarily in the ISU.

402. Custodial staff in the ISU used a Supported Decision-Making Framework to support good decision-making about the management of prisoners. The unit also held multi-disciplinary team meetings which outlined roles, responsibilities and ways of working with vulnerable prisoners.

403. On the first day of the inspection there were 10 prisoners in the ISU. A few days later, when the Principal Clinical Inspector visited the unit, there were eight.

404. We heard that when prisoners first arrived in the ISU they would be strip-searched according to Corrections policy and either given an anti-ligature gown (or 'stitch gown') to wear without any underwear, or allowed to remain in prison-issue clothing, according to their risk level. At the time of our visit, three of the eight prisoners were wearing anti-ligature gowns and the rest were wearing standard prison-issue clothing.

405. We reviewed the health records of the eight men and found they had spent between six days to 50 days in the ISU.

406. IOMS alerts showed that all of the eight men had at-risk management plans. Most were also under Section 59(1)(a) of the Corrections Act (i.e. voluntary segregation), and were either denied association with others or on restricted association. None were being managed under Section 60(1)(b) (medical oversight, mental health) though we consider that would have been more appropriate in some cases. Our review found that despite some prisoners in the ISU having been assessed by health, forensic and custodial staff as not being at risk of self-harm, they remained on an 'at risk' status. While the care of these prisoners was being appropriately managed, this was not in line with the Corrections Act 2004. These prisoners could have remained in the ISU to receive the care they required, without having the 'at risk' status.

407. The Principal Corrections Officer in the ISU told us they tried to allow prisoners to mix but that this was often not possible due to the different categories of prisoners and their mental health issues. We note that some of these prisoners would therefore likely have been experiencing solitary confinement as that term is defined in the United Nations Standard Minimum Rules for the Treatment of Prisoners (i.e. the Mandela Rules), as more than 22 hours a day without 'meaningful human interaction'. When reviewing health files for the eight prisoners in the ISU, we found they all had notes that set out "current ISU regime restricts mixing to minimise risks".

408. Seven of the eight prisoners were on the forensic caseload, with five being significantly mentally unwell and declining treatment (e.g. medication). One of the five prisoners had been assessed by forensics as requiring inpatient admission under the Mental Health Act. At the time of our review, he had been waiting 15 days for admission. When another prisoner in the ISU was released from prison, he was taken directly by Police to a local mental health inpatient unit. Health records showed that prisoners in the ISU on the forensic caseload were being frequently reviewed.

409. We note that on the first day of the inspection, there was a second prisoner who was on the waiting list for forensic hospital admission. This man was being managed in a mainstream unit. He had been on the waiting list for 30 days. This man was located in a single cell, which was appropriate in the circumstances. We noted that he had no 'not to double bunk' alert in IOMS, though he should have had one, despite being located in a single cell. We note that Corrections conducted a nationwide review in May 2025 to ensure that all forensic patients

in prisons had 'not to double bunk' alerts which are regularly reviewed to ensure appropriate cell arrangements.

410. One prisoner, who did not have a serious mental illness but was in the ISU due to low mood, had referrals made to the Improving Mental Health Service and the Medical Officer for supportive interventions (i.e. talk therapy, medications).

411. Another prisoner in the ISU had cognitive and physical health conditions which made him unsuitable for placement in any of the mainstream units as he had been assessed as highly vulnerable. He remained in the ISU for all of his incarceration, which lasted four months.

412. The primary health team at HBRP rostered a Nurse into the ISU each day. We observed that the Nurse reviewed every prisoner in the unit that day, completing a brief mental health assessment and carrying out a daily welfare check. During this check the Nurse would obtain information from custodial staff about how the prisoner had been the previous day, such as if they were taking care of hygiene needs, whether there were any difficulties with sleep, and whether they were eating and drinking, as well as any other relevant health needs (such as administration of medications, measurement of vital signs, wound dressing management, etc). During one interaction with a prisoner who had dementia, the Nurse communicated in an appropriate way, checking with staff whether approvals for family visits had been given, and offering to assist the prisoner with trimming his beard.

413. At the time of our inspection, HBRP did not have a fully resourced Intervention and Support Practice Team. Instead, they had a Clinical Nurse Specialist Mental Health who was based at HBRP as an extension of the Intervention and Support Practice Team at Rimutaka Prison. We were told that HBRP would be getting their own Intervention and Support Practice Team with recruitment taking place to fill the positions of Clinical Manager Mental Health, an additional Clinical Nurse Specialist Mental Health, two Nurses Mental Health, a Clinical Psychologist, a Social Worker and a Kairuruku Hinengaro Māori Mental Health Practitioner.

414. As previously mentioned, the ISU at HBRP had 13 standard cells and four dry cells[52] although one of the dry cells has been converted into a storage room. The standard cells and some of the yards had large windows (floor to almost ceiling) which looked out onto a grassy garden area (see images 3 and 4 in Appendix A). These windows let in a lot of natural light, and depending on the time of day, allowed sun into the rooms. Cell temperatures were acceptable. Staff told us when they had enough staff, they could take prisoners one at time into the grassy garden area.

415. While cells were tidy and well-lit, they remained stark and most prisoners had little to do. There were no televisions in cells.

416. The Principal Corrections Officer told us that the dry cells had not been used for a while, with the last being used in 2024 when managing a prisoner suspected of internal concealment. A check of COBRA confirmed that only one dry cell was used in the review period when a prisoner was placed in a dry cell in October 2024 and removed on the same day.

417. The unit had three exercise yards and one day room which contained a television, furniture, chalk and books. The unit had two telephones that prisoners could access, one wall-mounted telephone and one handheld. We observed there was appropriate furniture in the day room and lockers available for prisoners to place their personal items such as toothbrushes, soap, toothpaste etc which they could not have in their cells.

[52] A dry cell does not have a toilet, running water or a modesty screen. Dry cells are often used in the management of people who are suspected of concealing items (such as drugs) internally.

418. The unit was bright, clean and tidy. There were artworks on the walls and yards which added visual interest and introduced colour, making the environment feel less stark. The unit was mostly free of graffiti. The paint was peeling on the ceilings of some cells.

419. In some prisons, CCTV footage of toilet areas in cells are pixellated for privacy. When we visited the ISU guardroom, we observed that the footage of these areas was pixellated.

420. In our review of health records and observations in the ISU it was clear that the care and management of prisoners in this unit was delivered with a collaborative, respectful and supportive multidisciplinary approach.

421. Each weekday morning a multidisciplinary team meeting would be held, consisting at a minimum of the Clinical Nurse Specialist Mental Health (who led the meeting), a Nurse and custodial staff. The Residential Manager told us that attendees often also included the Residential Manager, the Principal Corrections Officer, the Senior Corrections Officer, Forensics staff, Court Mental Health Nurses, and sometimes Case Managers.

422. The Principal Corrections Officer told us the leadership group of the unit worked well together. We observed one of the daily multidisciplinary team meetings. Participants were the Residential Manager, Principal Corrections Officer, Senior Corrections Officer, Mental Health Clinicians and two Forensics staff. The management of all prisoners in the ISU was discussed and any changes in their status was agreed upon. Prisoners' placement in the ISU was also discussed.

423. When reviewing the placement review meeting notes, it was evident that a prisoner-centred approach was always applied. Examples included changing the timing of a prisoner's medication, or providing additional food to a prisoner due to him feeling hungry (a side effect of his medication).

424. Other multidisciplinary meetings occurred when necessary, and during our site visit we attended a complex case review meeting for a prisoner. This meeting had a wider attendance, including health managers, custodial managers, a case manager, mental health clinicians including the Clinical Nurse Specialist Mental Health, Clinical Manager Mental Health (ISPT Rimutaka based), a ISPT psychologist from another region who had completed a detailed file review and clinical formulation, and Forensic staff. While the prisoner was not able to be at this meeting, his views were expressed on his behalf. At the completion of the meeting, three goals had been formulated, with an agreed action plan outlined for senior level staff to consider.

425. In terms of activities for prisoners, when the Principal Clinical Inspector was in the ISU she observed one prisoner drawing on his cell wall with chalk that had been provided and another prisoner in a yard playing a guitar. The Principal Clinical Inspector reviewed the health notes which set out that prisoners would spend time reading, playing card games with staff, or attending music therapy. ISU staff told us music therapy was available on Monday and Friday afternoons and that this was offered to all prisoners unless there was a safety concern. In addition, a volunteer brought a therapy dog into the ISU once a week on a Friday. Prisoners could play with or cuddle the dog. The ISU also had weight bags, and we were told that one of the staff members (who was a personal trainer) would help the prisoners train when it was appropriate to do so. We also heard that if a prisoner's condition was stable, staff could give them jobs to do, such as cleaning or gardening (supervised by staff).

Disabled prisoners

Inspection Standards
• The specific needs of disabled prisoners are met.

426. The Ministry of Health Te Whatu Ora definition of disability is that it is any self-perceived limitation in activity resulting from a long-term condition or health problem. This can be physical, mental or emotional. Corrections does not keep a central register of people with disabilities in prison. Rather, this information is stored in prisoners' health records, which can only be accessed by health staff. There were also alerts on IOMS for prisoners with disabilities such as forensic mental health concerns, learning difficulties, hearing and vision impairments, and mobility issues.

427. At the time of the inspection, the electronic patient management system showed there were eight prisoners with a disability alert. Three alerts related to prisoners being deaf or having impaired hearing, two were for prisoners who required mobility assistance, one related to a prisoner with intellectual disability, one related to a prisoner who required a bottom bunk to manage his disability, and one related to a prisoner having limited literacy skills so staff were aware of this if they needed to give him any paperwork.

428. We spoke with a number of prisoners on site who had disabilities. We also reviewed health records for information regarding the management of prisoners with disabilities.

429. There were some cells which were designated as wheelchair accessible or suitable for people with disabilities. These cells were typically slightly larger than regular cells and fitted with handrails by the toilet and bed.

430. Some units contained shared disability showers, which were not always fit for purpose. Two prisoners who used these showers told us they had reported missing handrails. Another prisoner told us that the disability showers were not suitable for him, so he preferred to use the sink in his cell to wash.

431. The disability shower we observed had a ramp approaching the shower. It had a toilet and basin area with a handrail, and a fixed bench seat next to the basin. The shower area also had a bench seat which was fixed to the wall at a regular seat height, and a large handrail. Obvious design flaws in this disability shower which were identified by prisoners and staff, and observed by the Clinical Inspectors, included:

» The shower seat was fixed at a regular seat height.
» The shower head was fixed, high up on the wall.
» The button to turn the shower on/off was on the opposite wall to the shower head, meaning a prisoner would need to turn on the shower, and walk four to five steps across the room to where the shower was, creating a falls risk when the floor was wet.
» Intercom buttons for prisoners to call staff in an emergency would not have been easy to reach if a person fell in the shower.

432. Another prisoner with a disability which affected mobility told us he had been provided with crutches, a wheelchair and physiotherapy to assist him. He also said that he received psychological support which he found beneficial but still faced social and logistical barriers. We were told that when this prisoner became disabled, the Health Centre Manager

advocated for his placement in a self-care unit as this would be a better environment during his recovery.

433. One of the prisoners in the high security units could not reach the shower buttons in the unit shower cubicles. We heard the Health Centre Manager had sourced mobility aids for this prisoner to enable him to reach, but these had gone missing. Staff told us other prisoners had been turning the shower on for him for payment of a packet of noodles. We do not consider that any prisoner should have to 'pay' others to turn on the shower. Staff told us when they learned of the situation they provided an improvised mobility aid.

434. Custodial staff in one unit spoke about the challenges of managing prisoners with disabilities, even when a disability cell was available. A Principal Corrections Officer told us it could cause a risk to the safety of prisoners as well as staff. The Health Centre Manager told us she was mindful about the needs of prisoners with disabilities when considering the best placement and spoke about balancing the wishes of prisoners to be close to family/whānau against safety and management of health needs.

435. The Health Centre Manager told us that their local Needs Assessment Service Co-ordinator (NASC) responded quickly and effectively when the site made referrals. She also told us that Occupational Therapists came on site to conduct assessments and provide equipment such as shower chairs or wheelchairs.

436. Our review found that the health team had transferred two prisoners with age-related disabilities to the High Dependency Unit at Rimutaka Prison in the previous seven months, and were assessing a prisoner with a mobility disability prior to making another referral to that unit. We reviewed the health files for these prisoners and found referrals had been well-managed, with input from custodial staff, health staff, case managers, regional social workers, NASC, occupational therapists, and cultural support workers. Records also showed that the Health Centre Manager had considered family/whānau input and kept them informed.

437. Health services at HBRP purchased and distributed hearing aid batteries to prisoners who could afford to buy their own. If a prisoner was suspected of having a hearing impairment, the health team would refer them for audiology testing and hearing aids would be obtained for them. Hearing aids were self-funded, or ACC-funded, or Corrections would cover the cost, depending on the prisoner's circumstances.

438. We were told there was a similar process for prisoners who required prescription glasses. We observed a supply of hobby glasses which could be issued to prisoners who did not require prescription glasses.

439. At the time of the inspection there were 38 prisoners aged 60 or over. Fourteen were aged between 65 and 69 years, six were aged between 70 and 79, and there were two prisoners over 80 years old.

440. Correction's policy requires that prisoners 65 years and older who are not already regularly engaged with health services are offered an annual health assessment. Of the 22 prisoners aged over 65 at the time of the inspection, we reviewed the electronic health records for 15 and found that most had recalls (reminders) in place in their health records for the required annual checks, flu vaccines and annual dental checks.

441. Seven prisoners aged over 65 had attended dental checks within the previous year and 10 had received an annual flu vaccine.[53] All of the prisoners had regular Medical Officer reviews recorded.

442. The Assistant Health Centre Manager told us there were now more older people in prison and that these prisoners often had much higher health needs than younger prisoners. She considered that the facilities at HBRP did not meet the needs of older prisoners with health needs, and told us the site was not resourced sufficiently for this population. The Health Centre Manager and Assistant Health Centre Manager spoke about the High Dependency Unit at Rimutaka Prison. They could – and did – refer prisoners to this unit, but told us demand exceeded the availability of beds.

[53] We note that not all prisoners aged over 65 had been in custody for more than one year.

Environment

Inspection Standards
• Prisoners live in a clean and suitable environment which is in a good state of repair and fit for purpose. • Cells have suitable clean bedding.

Residential units

443. At the time of the inspection, HBRP had seven high-medium security residential units, six lower security residential units, and three self-care units, two of which were located outside the prison perimeter fence.

444. In addition, there were three other units where prisoners were housed temporarily. These were HM SEPS, which housed higher security prisoners who were being kept separate from others for a period of time (for example, because they were serving a penalty of cell confinement for misconduct), the Unit 6 and 7 Separates Block which housed lower security prisoners who were being kept separate from others for a period of time, and the Intervention and Support Unit, which housed prisoners found to be at risk of self-harm or with acute mental distress.

445. Across the site, we observed that facilities such as prisoner telephones and self-service kiosks were in working order.

446. Cell intercoms (also known as cell emergency buttons, or cell call alarms) were operational. Prisoners told us, and we observed, that staff answered calls promptly and in a respectful manner. Staff told us they conducted intercom checks every week and recorded this in the unit diary. However, we checked the unit diaries and observed that only some units had recorded these checks.

447. We heard that maintenance requests were made through contracted provider Downer. Staff told us they were generally responsive and fixed issues in a timely manner. We heard that all urgent matters were responded to within 24-hours.

448. We heard that getting some maintenance requests approved by managers could take time especially if there were funding issues.

449. Prison units are supposed to display information about prison life and rules, including posters on making calls to lawyers, how to make complaints and the telephone numbers of external monitoring and oversight agencies such as the Office of the Inspectorate, the Office of the Ombudsman, and the Health and Disability Commissioner. We observed that these posters were displayed in most units, though one (Unit 8) was not displaying them.

450. COBRA data indicated that staff had completed a Shared Accommodation Cell Risk Assessment (SACRA) 99.9% of the time for both prisoners before putting them in together. Some prisoners had 'not to double bunk' alerts in IOMS and staff did not put these prisoners into shared cells.

High security units

451. The high security units were divided into separate wings (usually three) with a central hub that contained the staff control room. All wings had a day room with a self-service kiosk and

prisoner telephone. There were kitchenettes in the day rooms, generally with metal tables and bench seating, a water cooler and toasted sandwich maker. Units had a washing machine and a dryer so prisoners could launder personal clothing.

452. All high security units had an external exercise yard (see image 5 in Appendix A), an interview room and a programmes room. Generally, each wing also had an internal exercise yard. Yards generally contained a toilet. These toilets had doors that showed only the prisoner's feet when closed, so there were no privacy issues, though we noted that the walls and floors in some yard toilets were stained and dirty.

453. The exceptions were HM A and HM G. HM A was of a slightly different design, with external exercise yards with no toilets. HM G had opened more recently than other units and had two wings. HM G had a modern, spacious feel and good access to unit programmes rooms.

454. Cells in high security units generally contained a desk and seat, a television, and a toilet. We observed that most cells were clean and prisoners told us that any faults were repaired in a timely manner. We observed peeling paint and graffiti in some cells (see image 6 in Appendix A) and on walls in communal areas such as day rooms and exercise yards. Staff told us they kept painting over the graffiti but that many prisoners were prolific taggers and that it soon came back. We heard that if staff caught prisoners defacing prison property they would charge them with misconduct.

455. Most high security unit cells did not contain showers and prisoners used cubicles in shared shower blocks in the units. The exception to this was HM G unit, where the cells contained showers. The shower blocks in the high security units were in reasonable condition.

456. Many double-bunked cells in the high security units were cramped. Most prisoners told us they would have preferred to be accommodated in a single cell. Prisoners who were sharing cells gave mixed feedback about whether staff had spoken to them about the person they would be sharing a cell with. Prisoners tended not to mind sharing a cell with someone they knew, but other prisoners told us they had concerns about sharing as their cellmate had tried to recruit them to join a gang, or had "turned nasty" when the nicotine replacement lozenges they had been given at reception ran out.

457. Prisoners in the high security units told us their cells lacked ventilation and were hot in summer. NIWA statistics for nearby Hastings for February 2025 showed that the daytime mean maximum temperature was 25 degrees Celsius, with a maximum temperature of nearly 32 degrees.[54] High temperatures were being managed in a variety of ways. Some prisoners had been issued with electric fans, staff would give out ice blocks, there was a water cooler available in the kitchenette, and prisoners could have cold showers in their cells or in the exercise yards.

458. We observed an air conditioning unit in one cell in a high security unit. We heard the site had been trialling this and noted the positive difference it made to the cell temperature. We were advised that a funding request had been submitted to install air conditioning in all the high security cells.

[54] National Institute of Water and Atmospheric Research – https://niwa.co.nz/sites/default/files/inline-images/Climate%20Statistics%20-%20February%202025.pdf

Low security units

459. Low security units consisted of cells bordering large compound areas. Compounds mostly consisted of grassy areas and concrete areas where prisoners could play basketball or similar ball games. Compounds were tidy and well-maintained (see image 7 in Appendix A).

460. All compounds contained shared shower blocks with individual cubicles as there were no showers in the cells in those units. We observed that some of the cubicles had mould growing on the floors and walls. When we raised this issue with staff they logged a maintenance job with contracted provider, Downer.

461. We observed that cells in the low security units were generally clean and prisoners told us that any faults were repaired in a timely manner. We observed some peeling paint and graffiti in some cells, and on walls in communal areas such as day rooms and exercise yards.

462. Due to the summer weather, it was uncomfortably hot in many of the low security cells. We observed that many air vents in these cells had been damaged by prisoners to try to allow more fresh air into the cell. Some prisoners had been issued with electric fans. Some felt this was helpful, but others told us the fans just moved the hot air around and so were not very effective. We were told there was a list of people who had damaged their fans and who would therefore not be issued with another one. Prisoners could buy their own fans if they wished.

463. Low security units contained other shared areas, including a recreation room, communal dining room (see image 8 in Appendix A), kitchenette (see image 9 in Appendix A), laundry room, kit locker, unit gym, and programmes room. Units also contained several interview rooms. We observed that in some units, the programmes room and/or the interview rooms had been repurposed as storage spaces.

464. We observed that the floor in one unit kitchenette/dining room was very dirty. When we asked staff about this, they told us they had trouble motivating the unit cleaners to do the work properly. We escalated the issue to the Residential Manager who told us the floor required commercial cleaning which was being arranged. We noted the commercial cleaning had not yet been done at the end of the inspection.

Self-care units

Internal Self-care (SC 1)

465. The internal self-care unit, known on site as Self-Care 1, was a 20-bed 'harmony' unit comprised of five four-bedroom houses where prisoners could live together in a flatting type situation. At the time of the inspection there were 18 prisoners living in this unit. The unit was staffed by a Senior Corrections Officer and overseen by a Principal Corrections Officer who also managed the other Self-Care units.

466. The Principal Corrections Officer described the unit as a good opportunity for prisoners to learn skills for budgeting, cooking, gardening, and getting along with housemates and staff. We heard that the focus for this unit was for those men that had not yet met the criteria for external activities or living outside the wire. We heard the goal was that prisoners must maintain a job, and they should be starting on their reintegration pathway. This unit had a conduct and behaviour agreement that prisoners signed.

467. Each house had a shared living room, kitchen, laundry, bathroom and toilet, and four individual bedrooms. Bedrooms contained a single bed, television, desk and chair. All the houses we visited were clean and tidy. There were fire extinguishers in the kitchens. The houses were arranged along the side of an open compound that contained a concrete

exercise area, a grassy area and a recreation room with gym equipment, a pool table and table tennis table.

External Self-care (SC 2)

468. The external Self-Care Unit, known on site as Self-Care 2, was a 20-bed 'harmony' unit comprised of five four-bedroom houses where prisoners could live together in a flatting type situation. At the time of the inspection there were 14 prisoners living in this unit. The unit was staffed by a Senior Corrections Officer and overseen by a Principal Corrections Officer who also managed the other Self-Care units.

469. We heard the focus for this unit was reintegration and guided release and that generally there were more options for work than were available in Self-Care 1. All men in Self-Care 2 were minimum security classification. This unit also had a conduct and behaviour agreement that prisoners had signed.

470. Each house had a shared living room, kitchen, laundry, bathroom and toilet, and four individual bedrooms. Bedrooms contained a single bed, television, desk and chair. All the houses we visited were clean and tidy. There were fire extinguishers in the kitchens. One house was closed for renovations. We observed that some prisoners were using the area outside as a small garden for growing vegetables to supplement their weekly shopping.

471. The houses were arranged around an open compound consisting of a grassy area. During unlock periods, prisoners were able to access a small, covered area with some exercise equipment; we observed that this equipment was not new. Prisoners also had access to a small communal area which contained a prisoner kiosk and books, and which was used for video calling. There was also a small carving area which required staff to unlock it if prisoners wanted access.

Te Whare Oranga Ake

472. Te Whare Oranga Ake was an external 24-bed 'harmony' unit comprised of six four-bedroom houses where prisoners could live together in a flatting type situation. At the time of the inspection there were 23 prisoners living in this unit. This unit had custodial support throughout the day from a Senior Corrections Officer and a Corrections Officer, and was overseen by the Principal Corrections Officer who managed the other Self-Care units. Reintegration services were operated by an external provider.

473. We heard this unit was generally aimed at men with medium to high reintegration needs who were being considered for local release or release within the North Island. We heard there was kaupapa Māori approach in the unit, but that all men were welcome if they were motivated. This unit also had a conduct and behaviour agreement that prisoners had signed.

474. The houses were arranged around an open compound consisting of a basketball court and a grassy area (see image 10 in Appendix A). There was a large carving area, a gym and communal areas which contained a library, snooker table, and a meeting space and kitchen which the men could access freely during unlock times. We also observed a small garden.

475. Each house had a shared living room, kitchen, laundry, bathroom and toilet, and four individual bedrooms. Bedrooms contained a single bed, television, desk and chair. All the houses we visited were clean and tidy. There were fire extinguishers in the kitchens.

476. We heard that a number of the men left the unit during the day to engage in reintegration activities or attend jobs in the community under the Release to Work initiative. We heard there was only one telephone in the unit and that the men had limited time to use it when

they returned from their activities or work before the unit locked up. This could make contact with family/whānau difficult.

477. We heard that the unit ran a day programme and observed the preparation for this during the inspection. The day programme offered prisoners who were not yet living in the unit a four-day overview of the unit and what it offered. We heard prisoners were generally identified for the programme by their case managers or the reintegration workers in the unit. The programme also covered working in the rehabilitative and rehabilitation space, fire safety and first aid. There were four programmes each year.

Separates Units and Intervention and Support Unit

478. As mentioned in the 'Separation of prisoner categories' section, in addition to the standard residential units, we observed prisoners located in Separates cells in two areas of the prison: the high security Separates Unit (HM SEPS) and the low security Unit 6 and 7 Separates Block. Cells and exercise yards in these units contained CCTV cameras which should have been monitored by custodial staff. Despite this, we were concerned that both Separates areas were remote and isolated, with no staff based there permanently, even when prisoners were in these units. This meant prisoners in these units saw staff only at mealtimes, and, in an emergency, had to call staff via the intercom and wait for them to arrive from other units. In addition, prisoners in the Separates units were generally subject to cell confinement and loss of privileges such as television and radio. This would have resulted in periods of isolation with limited activities and very little human interaction.

479. As set out above, we note that being held in solitary confinement is a risk factor for mental distress and self-harm in prisons and that some of the prisoners in the Separates areas would likely have been experiencing solitary confinement as that term is defined in the United Nations Standard Minimum Rules for the Treatment of Prisoners (i.e. the Mandela Rules), as more than 22 hours a day without 'meaningful human interaction'.[55]

480. We observed that cells in both Separates areas were stark, with a concrete-based bed, toilet, sink and intercom (intercom calls went either to Unit 6 or to Master Control). All cells had a small, attached yard at the rear which had no roof and so was exposed to the weather (see image 11 in Appendix A).

481. Staff told us it was difficult to control the temperatures in these units. There was a small vent to the front of the cell which was controlled from outside. Staff told us that generally the yard door would be left unlocked throughout the day and, on occasions into the evening to allow prisoners to access fresh air. We heard that some prisoners took their mattresses into the yard area in the evenings so they could look at the stars. We observed unoccupied cells in both Separates areas.

482. We visited the Intervention and Support Unit and found it was clean and tidy. Cells were well-ventilated and had running water and natural lighting (for more on this unit, see the Mental Health Care section of this report).

Mattresses and bedding

483. We checked mattresses across the site. Most mattresses were in acceptable condition, but some were rather thin. Some prisoners with thin mattresses told us they were uncomfortable and that it would be good if they could have the new thicker mattresses that they understood

[55] Office of the Inspectorate (2023) Suspected Suicide and Self-harm Threat to Life Incidents in New Zealand Prisons 2016 – 2021 Thematic Report, Office of the Inspectorate, Wellington.

many other prisoners had been given. We observed a stock of new, thicker mattresses in some units and staff told us these were due to be issued soon.

484. We heard that, on reception, all prisoners were supposed to be issued with sufficient bedding and towels. However, we heard that prisoners in high security units received less than those accommodated in low security units. For example, on reception, prisoner in high security were given one sheet and one towel, but prisoners going to low security units were given two sheets and two towels. We heard that prisoners did not always receive all the items they were supposed to be given.

485. We heard that duvets and pillows were generally available in units, although we heard the pillows were often in poor condition.

486. We checked bedding and towels across the site. While most prisoners appeared to have enough, a few prisoners told us they did not have sufficient bedding. Others told us they only had enough because they had acquired extra bedding from prisoners who had been released.

487. Generally, prisoners across the site told us they could get their bedding laundered regularly. Bedding and towels were mostly washed in the prison laundry. Units also had at least one washing machine and a dryer so prisoners could launder personal clothing.

488. The Laundry Instructor told us prisoners placed their washing in a wheelie-bin in their unit and laundry workers collected these every day. The Laundry Instructor said each unit had a specific day for prison-issued clothing to be collected, but they collected from the units daily. The Laundry Instructor told us the laundry did not usually wash prisoners' personal clothing (e.g. underwear) but that they would do this if a unit washing machine had broken down.

Hygiene

Inspection Standards
• Prisoners are encouraged to keep themselves, their cells, and communal areas clean.

489. Prisoners across the site told us they had access to toiletries, showers and laundry facilities to keep themselves and their clothing clean.

490. Prisoners told us, and we observed, that most units had one or two washing machines and a dryer. Units employed a prisoner as a laundry man to lauder prisoners' personal clothing. Other items, including bedding, was sent to the prison laundry.

491. There was no washing machine in the Intervention and Support Unit, and we heard that the clothing of prisoners accommodated here was washed in the prison laundry. We heard clothing could be sent every day and that they received the clean, dried clothes back in a timely manner.

492. We observed that most cells across the prison were clean and observed good stocks of cleaning items and products in unit storage areas. We heard that these items were available to prisoners on request.

493. Prisoners across the site told us they had access to razors, nail clippers and hair clippers. We observed prisoners in one unit cutting each other's hair with the clippers. They were given disinfectant, hand sanitiser spray and a toothbrush to clean the clippers after use.

494. Communal areas were generally clean, with some exceptions. In one unit, prisoners told us there was no dishwashing liquid available in the kitchenette so they could not wash their dishes properly. In two units, we heard that one of the unit washing machines was broken. In one of these units the Principal Corrections Officer told us he had logged the issue but that it was taking "ages" to get the washing machine repaired/replaced.

495. As mentioned above, we observed that the floor in one unit kitchenette/dining room was very dirty. When we asked staff about this, they told us they had trouble motivating the unit cleaners to do the work properly. We escalated the issue to the Residential Manager who told us the floor required commercial cleaning which was being arranged. We noted the commercial cleaning had not yet been done at the end of the inspection.

496. As mentioned above, most high security units and some low security units had shared shower blocks containing individual cubicles as there were no showers in the cells in those units. We observed that some of the cubicles in the low security shower blocks were in an unacceptable condition, with stains and mould growing on the floors and walls (see image 12 in Appendix A). We raised this issue with staff who logged a maintenance job with contracted provider, Downer.

497. We observed that some shared toilet areas had not been adequately cleaned. For example, we observed the internal yard toilets in one of the high security units was in an unacceptable state. We advised the Residential Manager who logged a job to rectify this.

498. Some of the external exercise yards in the high security units had moss growing on the concrete which required water blasting.

Clothing

Inspection Standards
• Prisoners have adequate access to a variety of clean clothing, including underwear and footwear, which is seasonally appropriate and of the right size and quality.

499. Generally, newly arrived prisoners should be given two appropriately sized prison-issue t-shirts, two sweatshirts, two pairs of shorts, and two pairs of trackpants. They should also be given footwear and underwear if they require it.

500. At HBRP, most prisoners across the site told us they had access to suitable, clean prison-issued clothing.

501. Some prisoners told us there could be long delays getting personal clothing, such as socks or underwear, that had been sent in for them by their family/whānau. This could mean, for example, they were without enough clean underwear for weeks. Some unit staff also mentioned this issue (see the Duty of Care, Property section of this report for more information on property delays at the site).

502. In the high security units we heard there was a centralised clothing system and that units no longer maintained their own kit lockers. Staff told us they had some stocks of socks and underwear and prisoners could access these on request. Staff told us and we observed that prisoners often cut or ripped their prison issued clothing to modify it for exercise purposes.

503. A few prisoners told us there were not enough larger sizes of clothing in their units.

504. In the low security units, we observed that prisoners' t-shirts were screen-printed with the unit number. This meant the t-shirts could not be worn by prisoners in other units which limited the supply of kit to other units if certain sizes were not available.

505. We observed that most kit lockers in the low security units were well-stocked with a variety of sizes (see image 13 in Appendix A). In one unit, however, we observed that the kit locker was not well-stocked. There were few clothes and a limited range of sizes in this locker. We asked the Residential Manager about this, who was unsure why stocks were so low. One prisoner in this unit told us there was not enough clothing in the unit for everyone to have two sets.

506. In one of the self-care units, the Principal Corrections Officer told us prisoners were allowed to wear their own clothing and most did so.

507. Prisoners in Te Whare Oranga Ake were not required to wear prison-issued clothing. We heard that this was part of the programme and, that, if required, the provider would buy them clothing. We heard that wearing ordinary clothing was part of their transition towards the community.

Food

Inspection Standards
• Prisoners have a varied, healthy and balanced diet which meets their individual needs. • Prisoners' food and meals are stored, prepared and served in line with hygiene practices.

508. Prisoners are generally served the same national menu across all Corrections' prisons, with standard and vegetarian options available. Prisoners with specific health or religious needs are also catered for.

509. Most prisoners across the site told us the food was "okay" or adequate. A few prisoners told us it was good, and a few said it was "terrible". Some told us the food was of varying quality.

510. Some prisoners told us portion sizes were not large enough, and left them feeling hungry overnight. Some told us they had to "top up" their meals with food, such as noodles or cereal, that they bought from the prison canteen. We note that we hear these comments at most prisons.

511. Some mealtimes were acceptable but some were early. Prisoners told us breakfast was served between 8.00 and 8.30am, lunch between 11.00 and 11.30am, and dinner just after 3.00pm. Prisoners were given their hot meal for lunch, and sandwiches for dinner.

512. We heard that due to a shortage of Instructors, kitchen workers' shifts finished at 2pm, and that this was why lunch was served early, between 11.00 and 11.30am. We noted that dinner was also being served at a time not comparable with customary mealtimes in the community, and that this meant there was a long period of time between dinner being served and breakfast.

513. At the time of the inspection, ice blocks were being served with lunch and dinner as a form of heat management.

514. We observed several meals being served during the course of the inspection and found that portion sizes sometimes varied. For example, on one day, we observed a hot lunch of chicken, potatoes and vegetables being served. Chicken portion sizes were consistent, but portion sizes for the other food varied; some meals had several potatoes but some had only two, some had a large piece of pumpkin and others had only a small piece, some had little or no gravy while others were soaked in gravy, vegetable portion sizes varied. On another day, we observed a hot lunch of sausages, mashed potatoes and vegetables being served and observed that the portion sizes were generally consistent, though some people got three sausages and others got only two (see image 14 in Appendix A).

515. We observed dinner of two sandwiches, a muffin and pot of yoghurt being served. We examined several sandwiches and found the fillings were inconsistent; some sandwiches contained a lot of meat and no coleslaw, others had no meat but a lot of coleslaw. Some sandwiches contained cheese but others did not. None of these differences appeared to be due to dietary requirements. Margarine had not been properly applied to some sandwiches.

516. The prison kitchen was clean, tidy and well-organised. It was well-stocked with the necessary tools and equipment. The Principal Instructor told us equipment was replaced as needed. We observed that prisoner workers were wearing gloves and hairnets and adhering to hygiene standards.

517. The Principal Instructor told us food was prepared in line with the national menu and that scoops were used to ensure portion sizes were consistent. We observed prisoners using the relevant scoops to serve meals at the time we visited the kitchen.

518. The Principal Instructor told us if prisoners required special meals for religious or lifestyle reasons, such as vegan, 'no pork' or 'no beef' meals, they could let unit staff know. Unit staff would complete a form and the prisoner would get the correct meal the next day. The Principal Instructor told us that for people on 'no beef' diets, the kitchen would serve the prisoner a vegetarian meal on days the meal included beef, but that on other days when there was any other meat, such as chicken, they would serve the prisoner the regular meal. This meant prisoners on 'no beef' diets did not have to remain on a vegetarian diet every day. We considered that this was good practice.

519. The Principal Instructor told us if special meals were requested for medical reasons, such as 'no chew', 'no fish' or 'no dairy' meals, then kitchen staff had to wait for advice from health staff and that this process could take longer.

520. We interviewed several prisoners who were on special diets. Most told us the food was acceptable. A few told us it had taken a while before they had started to receive their special meals.

521. We spoke to prisoners and kitchen staff regarding prisoners in self-care units who were on special diets. We were told that meals for self-care prisoners were not catered by the prison kitchen and that any special food (such as gluten-free bread) had to be purchased from the 'house budget' with the co-operation of all prisoners.

Good Order

Security

Inspection Standards
• Prisoners are held in a safe environment where security is proportionate to risk and not unnecessarily restrictive. • There is an effective drug supply reduction strategy.

522. Prisoners were generally being held in environments where security was proportionate to risk, though a few staff told us sometimes high security prisoners' security classifications were overridden so they could be moved to low security beds to make room for new prisoners. These staff members told us they felt this was unsafe for both prisoners and staff because in these cases the security classifications were not being overridden for genuine reasons.

523. While all prisoners were being offered their minimum entitlement of at least one hour of physical exercise every day, we observed that some prisoners in the high security units were locked in their cells for around 22 hours a day. This was a particular issue in units operating multiple unlock regimes. While we understand the requirement to keep prisoners of different categories separate, these regimes were restrictive. We observed that prisoners in the Intervention and Support unit were also receiving their minimum entitlement of at least one hour a day in an exercise yard, but were spending most of their time locked in their cells.

524. Prisoners in HM G Unit told us, and we observed, that they were generally unlocked around 9am, but men in other high security units were unlocked at 8.30am. Prisoners told us they did not know the reason for this. The Principal Corrections Officer told us HM G housed the kitchen workers and that staff unlocked them at 7.45am so they could serve breakfast. This meant the briefing for staff in this unit had to occur later, which impacted on the unlock time for the rest of the men. We did not consider that it was reasonable for men in this unit to be unlocked later for this reason, and felt this was a rostering/deployment issue.

525. Some staff in the high security units told us if they had time they would give prisoners additional time out of their cells, especially if there were special circumstances. For example, if a prisoner needed to make a telephone call to deal with a family/whānau matter.

526. During the inspection we observed a number of security features across the site. These were generally in good working order, and the Security Manager told us there were ongoing projects to upgrade certain features. However, staff and prisoners across the site told us drugs, cell phones, and other items of contraband were freely available and we found that some security features and processes could have been more effective. We heard that contraband came into the site in various ways, including throwovers, and being brought in by visitors. Some staff also had concerns about some newer staff members being pressured by prisoners to bring in contraband.

527. We heard there could be a lack of communication from gatehouse staff to Master Control staff regarding when it was safe to open the sallyport to allow vehicles to enter / exit the site.

528. We heard from staff and managers, including the Security Manager, that the gatehouse (also known as the Access Control Facility) was not fit for purpose and that it had been identified by the site as requiring an upgrade. We were informed that this area was a priority in the site masterplan for infrastructure upgrade work.

529. Despite the fact that the gatehouse facilities could have been better, we found that security processes in this area were not consistent, especially regarding searching. For example, on some days, gatehouse staff did not search all bags being brought onto the site and did not check the ID numbers on electronic items. However, on the day Site Emergency Response Team staff managed the entry searching in the gatehouse, we observed an improved standard. Gatehouse staff told us they were sometimes supported by the Dog Handler and the Site Emergency Response Team. We heard that staffing in this area was not consistent and staff could be redeployed to work in the gatehouse even if they had not been fully trained in gatehouse procedures.

530. We interviewed the Security Manager who managed the Site Emergency Response Team, the Designated Collection Officers, Prosecutions, Programme Officers, Activities Officers, Master Control, and security, including the gatehouse.

531. The Security Manager told us contraband was an issue on site. We heard throwovers were occurring and that there could be issues with prisoners targeting staff and pressuring them to bring contraband into the site. He told us the Site Emergency Response Team had targeted certain areas and found contraband on a regular basis.

532. The Corrections Act 2004 sets out that cellular phones are unauthorised items in prisons.[56] In special circumstances, staff or contractors can apply to bring their cell phones on site, but this is rarely allowed and a robust rationale explaining why it is necessary must be given. We observed some staff members and contractors at HBRP bringing cell phones on site. We requested the approval forms and found the level of detail in the rationales varied and, in some cases, was not provided at all. We observed that gatehouse staff did not check that these cell phones were leaving the site as they were required to do.

533. Some staff had concerns about the lack of robust vehicle entry searches, and told us some vehicles were regularly allowed to enter the site without being searched at all. During the inspection, we observed vehicles entering the prison via the sallyport without correct processes being followed. For example, we observed contractors bringing tools on site without staff checking or recording them in a tool register. We observed that some searches of vehicles were not robust. For example, we observed that one staff member failed to use a mirror to search underneath vehicles.

534. During the inspection we observed mail and parcels which had been delivered to the prison awaiting collection in the gatehouse. We observed a prisoner worker collecting these items and taking them to an administration area for processing; staff told us this was common practice. We heard that staff did not maintain a log of how many parcels were collected at the gatehouse and therefore had no assurance that all parcels had reached the administration area. Staff told us this job was given to a trusted prisoner, but we considered this was poor practice nonetheless.

535. The prison is located in a rural area and part of the perimeter fence borders on an orchard. We heard this was a known route for contraband, including drugs, to be thrown over the perimeter fence, and that prisoners attempted to collect these items later. We heard that several new security features had been added to this area but that the problem persisted.

536. We heard and observed that prisoners from some low security or self-care units were not always subject to either rub-down searches or searches with a handheld wand prior to exiting or entering the units; this included those prisoners from self-care who had been out of the

[56] Corrections Act 2004, 3(1)(c) unauthorised item.

prison on Release to Work. We also observed one self-care prisoner being taken on medical escort without being searched prior to being placed in the escort vehicle.

537. We heard that some low security prisoners and prisoners in the internal self-care unit had "walking rights" which meant they could follow restricted routes about the prison (for example, to walk to their jobs) without needing to be escorted by staff. While it is appropriate to allow some low security prisoners additional freedom and responsibility, robust searching procedures are required to support this.

538. The site had an Intelligence Team of three staff, whose duties included monitoring prisoner telephone calls and supporting the site. We interviewed two of the Intelligence Officers and heard that their priority was harm reduction for staff and prisoners. They said issues on site included contraband and violence, including between and within gangs. They told us they felt communication was good with the senior management team and with Police.

539. We heard the site had a proactive Site Emergency Response Team (SERT) although the team had vacancies and one Corrections Officer was acting Senior Corrections Officer at the time of the inspection. We heard the SERT team was currently reporting directly to the Security Manager and that this worked well as the team was flexible in conducting out of hours searches and prison checkpoints if required, such as early morning or evenings.

540. We heard that due to staffing issues, SERT staff were also required to support the Designated Collection Officers and assist in the units. This could impact on their other tasks.

541. The Security Manager told us there was one Detector Dog Handler for the site. The Detector Dog Team is a national resource, so handlers and their dogs may be deployed to support other sites or regions as required. We did not observe the Dog Handler searching staff or visitors during our inspection. Some staff in the units told us they had not seen the Dog Handler for a while and some felt he could be better utilised to prevent contraband entering the site.

542. We interviewed the Dog Handler who told us he searched cells, mail and property, visitors and staff, and conducted regular perimeter checks of the site. The Dog Handler told us he had a good relationship with the Site Emergency Response Team and was informed by them of any search operations so he and his dog could be present. The Dog Handler was supportive of the site Security Manager, but felt that, overall, current security measures were not adequate.

543. Drug detection in prisons is aimed at preventing the supply of drugs to reduce use. HBRP had been operating random and reasonable grounds drug and alcohol testing across the six-month review period.

544. At the time of the inspection, HBRP had three Designated Collection Officers who were certified to follow the correct processes for collecting urine samples from prisoners for drug testing. In addition, there were five Site Emergency Response Team (SERT) members who were trained as Designated Collection Officers and who could sometimes support the Designated Collection Officers.

545. We interviewed one of the Designated Collection Officers who told us they conducted random tests every week, and reviewed incident reports to identify any prisoner they considered should receive a reasonable grounds test. They would also test if unit staff had reasonable grounds to suspect a prisoner might have taken drugs or alcohol.

546. IOMS figures showed 400 tests had been conducted at HBRP in the six-month review period. Most were negative, but 48 (12%) were positive. We noted there were also 28 refused tests during this period.

547. The Designated Collection Officer told us they were not able to conduct all the tests they felt were necessary. For example, we heard that prisoners from the External Self-Care unit and Whare Oranga Ake came back from work after 5pm, but that by then the Designated Collection Officers had finished their shift. We also heard there was only one Designated Collection Officer rostered on at the weekend and no support officer available to enable testing to be done. Therefore, the Designated Collection Officer who was rostered on at the weekend was generally redeployed to other duties. We heard this meant that by the time the Designated Collection Officers could conduct testing, some drugs may have been out of the prisoners' systems.

548. Staff in the external self-care units told us they relied on the Designated Collection Officers to support them as often they were unable to identify which prisoners may be involved in substance misuse. We note that drug testing was required if prisoners wished to remain in these units.

549. Prisoners across the site told us drug testing was occurring, and several told us they had been tested themselves. They told us the process was explained to them and that staff were professional and respectful. Many prisoners, particularly in the high security units, told us they had issues with drugs and that it had become a way of life and a factor that kept them coming back to prison.

Segregation

Inspection Standards
• Prisoners are placed on segregation only with proper authority and for the shortest time period, which is regularly reviewed. Prisoners understand why they have been segregated. • When prisoners are subject to segregation, they are treated with respect and dignity.

550. Prison management can temporarily separate a prisoner from others because they pose a threat to the good order of the prison or the safety of others[57] or for their own safety.[58] Prisoners may also be separated from others for the purposes of medical oversight.[59] In prisons, these measures are generally known as directed segregation. Segregation of this type is not a penalty and should not be used as a form of punishment.

[57] Corrections Act 2004, Section 58 (1)(a) and (1)(b), allows for segregation for the purposes of security, good order, or the safety of others. A direction expires after 14 days unless the Chief Executive directs that it continues. This situation is reviewed monthly, and if continued after three months, is directed and monitored by a Visiting Justice.

[58] Corrections Act 2004, Section 59 (1)(b), allows for segregation for the purpose of protective custody. This allows Prison Directors to put a prisoner on segregation for the prisoner's own safety.

[59] Corrections Act 2004, Section 60 (1)(a) and (1)(b), allows for the segregation of prisoners for medical oversight, either for their physical or mental health.

551. During the six-month review period, Corrections data set out that approximately 135[60] prisoners were placed on a total of 163 periods of directed segregation at HBRP.

Type of directed segregation	**Periods of segregation**	**Number of people**
Section 58 (1)(a) for security or good order of the prison	13	13
Section 58 (1)(b) for the safety of other prisoners	106	80
Section 59 (1)(b) directed segregation for prisoner's own safety	45	38
Section 60 (1)(a) medical oversight, physical health	2	2
Section 60 (1)(b) medical oversight, mental health	2	2
TOTALS	**163**	**135**

552. We reviewed the documentation (including initial segregation paperwork, notices to prisoners, revocations and management plans) for a sample of ten prisoners who had been placed on directed segregation during the six-month review period. All the initial segregation directions had been approved at the correct level and most of the documentation had been completed properly. There was evidence that prisoners had signed their paperwork. In most cases where the period of segregation had been extended, the extensions had been approved at the correct level. Revocation of segregation paperwork was not provided to us for most of the ten we reviewed.

553. Directed segregation which continues beyond three months requires regular review and approval by a Visiting Justice. We interviewed the two Visiting Justices who told us they had not been advised of any segregations that had been longer than three months and had not been involved in any direct segregation reviews on site.

554. At the time of the inspection, there were 19 prisoners on directed segregation. We reviewed the documentation (including initial segregation paperwork, notices to prisoners, revocations and management plans) for a sample of eight of these prisoners. Most of the documentation was in order, though seven prisoners were being denied association and there was no evidence that the Health Centre Manager had been informed.

[60] We note this is an approximate number of people only. The correct total may be lower as some people may have been subject to more than one type of directed segregation.

555. Generally, prisoners on directed segregation are sent to a Management Unit. However, there was no Management Unit at HBRP. This meant some prisoners spent their time on directed segregation in their units and were unlocked on a separate regime (for example, if they were on restricted association they would be unlocked only with other prisoners on directed segregation who were also on restricted association). Staff told us that these prisoners were able to exercise, attend visits, and telephone their family/whānau. They would be seen daily by a member of the health team.

556. Some other prisoners on directed segregation were sent to either the high security Separates Unit (HM SEPS) or the low security Unit 6 and 7 Separates Block. As mentioned in the 'Separation of prisoner categories' section, we were concerned that both Separates areas were remote and isolated, with no staff based there permanently. This meant prisoners in these areas only saw staff at mealtimes, and, in an emergency, had to call staff via the intercom and wait for them to arrive from other units. In addition, prisoners in the Separates units were generally subject to cell confinement and loss of privileges such as television and radio. This would have resulted in long periods of isolation with limited activities and very little human interaction.

557. We interviewed three prisoners who were in the Unit 6 and 7 Separates Block at the time of the inspection. They told us they had no television or radio, though they were allowed to read and were given pencils and paper so they could draw or write letters. Each cell had a small exercise yard that they could walk around, but they were not allowed to associate with each other. They told us they only saw staff when they came to give them their meals, but that they did not see the Principal Corrections Officer or any managers.

558. A total of 22 prisoners were placed in the Unit 6 and 7 Separates Block across the six-month review period, for between one to eight days. Most had their directed segregation revoked early and spent five days or less in the Separates Block.

559. In addition, at the time of the inspection, one prisoner was being held in the high security Separates Unit (HM SEPS). As he was the only prisoner in this unit, he could not even communicate with other prisoners by shouting through the cell walls.

560. A total of 34 prisoners were placed in the high security Separates Unit (HM SEPS) across the six-month review period, for between two and 11 days.

561. We note that being held in solitary confinement is a risk factor for mental distress and self-harm in prisons and that some of the prisoners in the Separates Block would likely have been experiencing solitary confinement as that term is defined in the United Nations Standard Minimum Rules for the Treatment of Prisoners (i.e. the Mandela Rules), as more than 22 hours a day without 'meaningful human interaction'.[61]

562. Prisoners can request to be separated from others; this is known as voluntary segregation.[62] COBRA data set out that 663 prisoners were on voluntary segregation for some or all of the six-month review period. Prisoners on voluntary segregation can associate with each other.

563. We heard that unit Principal Corrections Officers completed the documentation for prisoners requesting voluntary segregation and that these were approved by a Deputy General

[61] Office of the Inspectorate (2023) Suspected Suicide and Self-harm Threat to Life Incidents in New Zealand Prisons 2016 – 2021 Thematic Report, Office of the Inspectorate, Wellington.

[62] Corrections Act 2004, Section 59 (1)(a) allows prisoners to request that their opportunity to associate with other prisoners be restricted or denied and the prison director considers that this is in the best interests of the prisoner. Prisoners generally request to be put on voluntary segregation if they are concerned for their safety.

Manager. The Prison Operations Manual[63] sets out that all voluntary segregation directions should be recorded in a register, but the Custodial Systems Manager told us there was no central register of prisoners on voluntary segregation at the site.

564. If a prisoner is charged with an offence against discipline and the charge is proved, a Hearing Adjudicator may impose one or more penalties against the prisoner, including forfeiture or postponement of privileges up to 28 days, forfeiture of earnings for up to seven days, or confinement in a cell for up to seven days.[64]

565. Over the six-month review period, Corrections data set out that 73 penalties of cell confinement had been issued to prisoners at HBRP.

566. Prisoners at HBRP sometimes served periods of cell confinement in their own cells, but were sometimes sent to the Separates Units, which were remote and isolated from the rest of the prison.

567. One man was being held in the high security Separates Unit at the time of the inspection. He told us he had been there for three days (out of seven) for being found guilty of possession of a cell phone. The prisoner told us he had no television or radio and no clock. He told us staff checked on him at mealtimes but that he had not been allowed to use the telephone and was struggling with his mental health as he had nothing to distract him from his thoughts. We noticed how isolated the area felt. We heard staff were in the process of bringing more prisoners to the area, which may help to ease the feeling of isolation as prisoners could then at least shout to each other through the cell walls.

Incentives

Inspection Standards
• The prison has an incentive system, appropriate for different categories of prisoners, to encourage prosocial behaviour, develop responsibility and secure the interest and cooperation of prisoners.

568. For prisoners who are employed in prison industries, unit-based employment, programmes and education, there is a national Prisoner Incentive Allowance Framework. This framework gives prisoners an allowance rate of between 20 and 60 cents an hour, depending on the work and their skill level and behaviour. At the time of the inspection, HBRP was formally assessing prisoners against this framework.

569. We heard that prisoners who worked in industries generally received 40c an hour once they had completed the relevant health and safety modules. The Industries Manager told us that for a prisoner to receive 60 cents an hour, assessments were discussed at an industry, training and learning meeting. Assessments for 60 cents an hour also required approval from the Deputy General Manager Site Pathways or the Deputy General Manager.

[63] Prison Operations Manual M.07.03.01 Segregation Directions Register sets out that "Directions under [section 59(1)(a) of the Corrections Act 2004] (Voluntary) are recorded in a separate register."

[64] Corrections Regulations 2005, Section 133. Loss of privileges stated in section 158.

570. In one high security unit and some low security units, we heard barbeques were offered as an incentive for good behaviour. Prisoners paid around $5 each towards these events,[65] and the units offered around six a year, generally for public holidays including Waitangi Day and Matariki. Corrections did not pay for these events.

571. Most prisoners in the high security units that we interviewed told us there were limited incentives.

572. Prisoners in Self-Care Units told us some staff often reminded them that their placement in these units was an incentive for good behaviour, and that if they displayed behaviour issues, their placement would be in jeopardy. Some of these prisoners told us they had worked hard to get to the self-care units and understood the value of being accommodated there, and so would not do anything to jeopardise their placements. In addition, we heard they had signed 'harmony unit' agreements that set out that they would abide by the rules of the unit. Some of these prisoners told us they felt they could not ask questions or make complaints in case staff saw this as a behaviour issue and had them returned to a mainstream unit.

Discipline

Inspection Standards
• Disciplinary sanctions against prisoners are imposed by the proper authority, are fair and proportionate, and follow due process.

573. Prisons are required to maintain good discipline and order through effective supervision, communication, and fair and effective disciplinary procedures. Offences against discipline committed by a prisoner can result in a misconduct charge. Disciplinary action must be well documented by staff, and disciplinary hearings must comply with statutory and regulatory requirements.[66] Offences against discipline are outlined in the legislation with guidance on the conduct process described in the Prison Operations Manual.[67]

574. As mentioned above, if a prisoner is charged with an offence against discipline a Hearing Adjudicator or Visiting Justice may hear the charge and impose one or more penalties against the prisoner if the charge is proven. Penalties include forfeiture or postponement of privileges up to 28 days, forfeiture of earnings for up to seven days, or confinement in a cell for up to seven days.[68]

575. During the six-month review period, men at HBRP generated 576 misconducts, mostly for aggressive or violent behaviour (203 misconducts), followed by unauthorised possession of items (168 misconducts), and drugs, alcohol, smoking or vaping (81 misconducts).

[65] Corrections Trust Account Manual 13.0 Welfare Fund Accounts policy sets out the guidelines "to establish and manage a Prisoner Welfare Fund to facilitate the expenditure of money allocated or donated for the general welfare of Prisoners e.g. family days and BBQs".

[66] Prosecutors are staff trained to charge prisoners with an offence and who have responsibility for proving that charge. Hearing adjudicators have the power to hear complaints relating to offences against discipline alleged to have been committed by a prisoner.

[67] Corrections Act, 2004, section 128-140. POM MC.01

[68] Corrections Regulations 2005, Section 133. Loss of privileges stated in section 158.

576. For the six-month review period, Hearing Adjudicators or Visiting Justices heard 720 misconduct hearings.[69] There were 283 'guilty' outcomes, 156 were adjourned, 120 were dismissed, 107 had a guilty outcome but were appealed, 48 had 'not guilty' outcomes, and six were classified as 'not applicable/not entered'.

577. We asked prisoners about the misconduct process. Most told us they knew the process and were aware what to expect. One prisoner told us he had been through the process for the first time recently and that the process had not been explained to him.

578. We checked the documentation for a sample of 11 misconducts and found that most information had been recorded correctly.

579. We interviewed one of the Prosecutors who told us the misconduct hearing process at the site was undertaken in a timely manner. The Prosecutors would notify unit staff of the outcomes of disciplinary hearings and the penalty imposed, if applicable. We heard that two Visiting Justices visited the site once a month.

580. We interviewed the Visiting Justices who told us staff were welcoming and that they had no concerns about their safety when on site. Prisoners from both the high security and low security units were brought to the adjudication area to attend their misconduct hearings in person. We heard there could sometimes be delays between hearings due to movements of prisoners, and that sometimes witnesses were not available, but that generally hearings ran smoothly.

581. The Visiting Justices told us that generally they felt staff across the prison were professional and dealt appropriately with prisoners. We heard the Site Emergency Response Team members were good at managing prisoners and escorting them to hearings. We heard that if prisoners in holding cells made inappropriate comments, staff challenged this behaviour in an appropriate manner.

582. The Visiting Justices told us there had been occasions when prisoners had complained that they had been put on directed segregation for an incident, and then charged for the same incident and given a penalty. These prisoners felt as if they were being punished twice.

Use of Force

Inspection Standards
• Force is used only against prisoners as a last resort and never as a disciplinary procedure. When used, force is legitimate, necessary, proportionate, and subject to rigorous governance. • Mechanical restraints are used only in clearly defined circumstances, when lesser forms of control fail, and only for the time strictly required.

583. Staff may use force in response to an incident at a prison. The Corrections Act, Section 83, states that physical force can only be used in prescribed circumstances and if reasonably necessary. Corrections policy outlines the circumstances in which force may be needed and what intervention should be deployed. Staff may use force only if there is no other option, in self-defence or the defence of another person, or if a prisoner is attempting to escape,

[69] Some of these hearings were for incidents that had occurred outside the review period, and included adjourned hearings from previous months.

damaging property or resisting a lawful order.[70] Uses of force are categorised as planned or unplanned (or spontaneous). All uses of force must be logged in a Use of Force Register, and a use of force review must be conducted. A member of the health team (usually a Nurse) must assess the prisoner after every use of force.

584. In the six-month review period, 59 use of force incidents were recorded by the site in IOMS. Spontaneous use of force occurred 38 times, and there were two planned uses of force. Staff used their individual carry pepper spray eight times, and drew but did not use it 14 times. Fifty-two uses of force should have been recorded in the Use of Force Register.[71]

585. Nine of the 59 use of force incidents (15%) occurred in the Intervention and Support Unit (ISU) which indicates that force was used more frequently in this area than in other units in the prison.

586. As previously mentioned, in the six-month review period prisoners made 218 allegations against staff at HBRP. Two of these allegations were made following use of force incidents.

587. We reviewed the Use of Force Register for the six-month review period and found that it did not meet all the requirements as outlined in policy. The register contained basic details of each incident, including the date and location. Each incident was assigned a register number. However, many of the requirements, such as the names of the officers involved, the name of the officer who authorised the use of force, and brief details of the incident were not recorded. In addition, the register did not record signatures of the health professional, Principal Corrections Officer, or on-call manager, or include the reviewing officer's comments and signature. We found there were two use of force incidents which were not recorded in the register when they should have been.

588. We requested use of force documentation and site use of force reviews for 16 uses of force from the six-month review period. This included the two incidents that had not been included in the Use of Force Register but which should have been. We also requested CCTV and body worn camera footage for the 16 incidents, to enable a full review.

589. Documentation for one of the incidents could not be located and therefore was not provided to us. This issue may have been due to an administrative error in the Use of Force Register as the incident date appeared to have been recorded incorrectly, which meant the site had not conducted a use of force review following this incident.

590. When we reviewed the documentation provided by the site we found:

- Use of force review paperwork was provided, but there was no supporting documentation to enable us to confirm compliance with processes or policy.
- No observation forms were provided to supply evidence that the prisoner was placed on 15-minute observations until their at-risk status had been reviewed by appropriate staff. However, these forms were referred to in the use of force reviews, and, where remedial action had been identified, this had been followed up by the site.
- There was no record of the prisoner being interviewed within three hours post incident by a manager. However, these interviews were referred to in the use of force reviews.
- There was no information to demonstrate that the prisoner had requested or been offered psychological or other support, such as cultural or chaplaincy services.

[70] POM IR.02 Incident response

[71] Prison Operations Manual IR.05.08 Use of force register

- Reports on the use of less lethal weapons[72] were not provided, though the use of force reviews referred to these documents being completed by the site.
- Most of the incident reports and use of force reviews documented that a hot debrief had been conducted. However, no documentation was provided which recorded details of the hot debriefs, such as date, time, or attendees. There was no evidence to show that cold debriefs had been conducted.
- Where non-lethal weapons and mechanical restraints had been used, details had been recorded in incident reports, but documentation for the authorisation of mechanical restraints outside of escorts, was not provided.
- The site had highlighted areas of concern in use of force reviews, and been proactive in addressing practice that fell below the required standards.
- Some staff members' certification for tactical options and less-lethal weapons training had expired. The site had identified this issue in use of force reviews.
- In a high number of cases, the IOMS incident follow-up comments were left blank.

591. The use of force reviews were conducted in a timely manner, were comprehensive and identified issues that needed to be addressed.

592. When reviewing CCTV footage, we found that in most cases the quality was poor. We made a second request for the footage to be sent in a different format; however the recordings would not play back sufficiently for us to review all of the incidents in detail. This was a concern as footage may be required as evidence.

593. We found that most staff activated their body worn cameras appropriately. When reviewing body worn camera footage, in most cases it appeared that the use of force was reasonable, proportionate and necessary, and that use of force had creased at the earliest available opportunity.

594. The Custodial Systems Manager told us recommendations from use of force reviews were loaded into the Recommendation Reviewer application, which was used to track and record completion of recommendations.[73] We heard the site ensured follow-up actions were taken and that quality assurance checks were completed. We heard the site would be notified about trends or themes if any were found.

595. However, we found that where use of force reviews contained recommendations or follow-up actions, these were not always recorded in the Recommendations Reviewer. We noted that follow-up emails had been sent in some instances.

596. We heard that use of force reviews were allocated to Principal Corrections Officers or Residential Managers for review following an incident and returned to the Custodial Systems Manager for quality assurance checks prior to going to the General Manager or a Deputy General Manager for review. We observed that most of the use of force reviews we reviewed had been conducted by Residential Managers.

597. We spoke to staff regarding the administrative process for the storage and issuing of pepper spray, and inspected the storage area on site. The site was unable to provide a register for pepper spray cannisters, and we observed that while these were held in a secure room, the storage system was not methodical and canisters (including live, inert and used) were stored together. It was unclear how many canisters the site had used or disposed of. We heard that the staff member responsible for this area was on leave, but we considered

[72] IR.05.Form.03 – Report on the use of force – use of less-lethal weapon.

[73] The Corrections intranet sets out that "The Recommendations Reviewer tool provides a single location to track the progress and closure of actions taken to address internal and external recommendations".

that the site should have had a clear administrative process in place for managing pepper spray canisters as required in the Custodial Practice Manual and we were not able to confirm that this was the case.

Searches

Inspection Standards
• Searches of cells and prisoners are carried out only when necessary and are proportionate, with due respect for privacy and dignity.

598. Contraband (such as drugs, alcohol and weapons) can create risks to safety and good order in a prison. For this reason, prison staff are required to undertake a range of regular searches, including cell searches and rub-down searches of prisoners.

599. In the six-month review period, the site recorded 269 incidents where contraband was found. The top three categories for contraband found were 'Other' (109 incidents – including tobacco/smoking equipment and unauthorised prescription medicines), Drugs (68 incidents) and Tattoo Equipment (52 incidents). Other contraband found included weapons, communications devices, and alcohol.

600. Custodial staff may undertake cell searches at any time and, in addition, must search a number of occupied cells a day that have been selected by Master Control.[74] We reviewed unit logbooks and found that cell searches were generally being recorded as completed.

601. We observed several cell searches in units across the prison and found that these varied in quality. Some were thorough and systematic, but many were not. During some searches, staff failed to search all the prisoners' personal property. Not all staff used the correct equipment, such as wands and mirrors.

602. The Prison Operations Manual sets out that custodial officers may conduct rub-down searches of prisoners at any time for the purpose of detecting an unauthorised item, and must do so every time prisoners move between areas (for example, from the unit to an exercise yard, or to or from a visit).[75] We observed that practice in this area varied across the site. In high security units, staff performed rub-down searches as necessary, but did not complete them to the required standard as we observed that they did not always ask prisoners to remove their shoes, nor check their shoes. As previously mentioned in the Security section of this report, we observed that staff in low security units did not conduct rub-down searches as required by policy. For example, prisoners in some low security or self-care units were not subject to rub-down searches prior to exiting or entering the units. This included prisoners from self-care units who had been on Release to Work.

603. HBRP does not have a full body scanner, so prisoners entering the site were required to be strip searched. Prisoners did not raise any issues regarding the way strip searches were conducted.

[74] Prison Operations Manual S.01.Res.14.01 Cell search.

[75] Prison Operations Manual S.01.Res.10 Rub-down.

Security classification

Inspection Standards
• Security classifications are based on an individual assessment of each prisoner's risks and needs.

604. The Prison Operations Manual sets out that all sentenced prisoners should be assigned a security classification which reflects the level of risk they pose while inside or outside prison.[76] Initial security classification is assigned within 14 days of a prisoner receiving a sentence of imprisonment and every security classification is reviewed at least once every six months during a prisoner's sentence, except for those assigned a classification of minimum security.

605. We reviewed the COBRA data for the 118 initial security classifications assigned in the six-month review period and found that 81% had been assigned within the required timescale. Based on the timeliness of security classification assignments at three comparable prisons, i.e. Christchurch Men's Prison (95%), Northland Region Corrections Facility (86%), and Rimutaka Prison (95%), we consider that HBRP should have been assigning these classifications in a more timely manner.

606. If a prisoner is recalled to prison after release (e.g. because they have broken a condition of their release), staff should immediately assign a new security classification that reflects the prisoner's current risk. In the six-month review period, six prisoners were recalled, with five having their new security classification assigned within the required timescale.

607. Three-hundred-and-thirty-two reviews of security classifications were required, with 88% being completed within the required timescale.

608. Most sentenced prisoners we interviewed knew about their security classification and told us staff had informed them about this. They knew when their security classifications were due for review and did not have any issues regarding them. Two prisoners told us they had never had the security classification system explained to them.

Prisoner files

Inspection Standards
• The prison has comprehensive, accurate and secure records management processes.

609. Prisoner files contain personal information about individual prisoners throughout their time in prison. These files are hard copy (paper) and should be stored in lockable, fireproof filing cabinets. File registers should be kept so files can be signed in and out. Electronic files from Corrections' Integrated Offender Management System (IOMS) also contain significant amounts of prisoner information and should be regularly updated.

[76] Prison Operations Manual M.02.01.01 Principles of security classification.

610. During the inspection we observed that prisoner files were being stored in lockable, fireproof filing cabinets, though not all cabinets were locked. Unit staff kept file register logs to record movements of files.

611. We reviewed a number of prisoner files across the site and found these varied in quality. Some were in good order and contained all the relevant documentation, but some were missing documentation. For example, some files contained no paperwork regarding unit inductions, immediate needs, segregation, at-risk status, temporary removals or guided release, though they should have.

612. We reviewed a sample of electronic files on IOMS. We found these varied in quality: some contained limited information, with little evidence of meaningful engagement in the case notes, whilst others contained good levels of entries from custodial and non-custodial staff.

Purposeful activity

Education

Inspection Standards
• Education opportunities relevant to prisoners' needs and interests are offered, and participation is encouraged.

613. Within the first month of entering prison, all prisoners should receive an educational assessment and meet one-to-one with an Education Tutor to co-produce an individual learning pathway. Actions for the learning pathway should be shared with the prisoner's Case Manager who should then include them in the offender plan.

614. Information provided by Corrections Data Services indicated that at the end of January 2025 there were six Education Tutors at HBRP.

615. Educational facilities at the site included a 'learning hub' in the low security area that contained three classrooms, and another three classrooms in a high security learning hub, which was opposite HM G. There was also one classroom/programmes room in each unit. We heard that in high security units these rooms were often used as temporary storerooms which would be cleared out if a programme was to be run.

616. In addition, there were two secure online learning suites, one in Unit 7 and the other in the high security learning hub.[77] The Learning and Interventions Delivery Manager told us the suites had not been used much since the COVID-19 pandemic, and we heard this was due to a lack of availability of custodial staff to escort prisoners to the suites and supervise them. We heard there were two reviews underway regarding these suites.

617. The secure online learning suite in Unit 7 was closed during our inspection and we were told this was due to staff sickness. When it was being used, the Learning and Interventions Delivery Manager told us it could accommodate eight to ten prisoners. We interviewed three Education Tutors who told us only prisoners in Unit 7 could use that secure online learning suite.

618. COBRA data showed that 517 educational interventions had been completed at HBRP in the six-month review period:

- 315 Learning Pathway Conversations with Education Tutors
- 77 vocational short courses (Forklift Occupational Health and Safety, Chemical Safety at Work, and Initial First Aid)
- 38 driver licence training courses
- 33 Tertiary Education Commission courses (Te Reo Māori)
- 25 industry qualification training
- 9 secure online learning
- 5 Intensive Literacy and Numeracy Support Services.

619. We interviewed three Education Tutors in a forum setting. They told us one of their main issues was access to prisoners, especially in the high security units. We heard it was not uncommon for them to arrange to see a prisoner, only to arrive at the unit and find that due

[77] Secure online learning suites contain computers which prisoners can use to gain digital literacy skills and complete learning assignments. Prisoners have access to a limited range of pre-approved websites and apps.

to issues such as operational issues, sequential lockdowns, or staff being too busy, they could not meet with the prisoner after all. One of the tutors told us one week she had only been able to see three of the prisoners she had booked to meet due to these sorts of issues.

620. The Education Tutors told us remand prisoners were limited in which educational courses they could take due to the uncertainty around how long they would be at the prison. We heard that most courses were at least six months in duration and if prisoners were released or transferred, they would not be able to complete them. One of the Tutors told us she carried out dyslexia screening.

621. The Tutors told us they felt the Department was "severely lacking" in technology, which limited what they could offer prisoners as many educational opportunities were now only available online.

622. The Tutors told us that they had a 'learner conversation' target which required a Tutor to have a conversation with all new prisoners about educational goals and opportunities within 15 – 30 days of reception.

623. The Tutors told us that enrolments and co-ordination of learner pathways took up a lot of their time. The more experienced Tutors told us when they had first started, they had spent five days a week teaching, but that now their teaching time was much reduced and varied from week to week depending upon access to the prisoners. We heard they often utilised their time with other tasks. They told us a great deal of data entry in IOMS was required, without clear reasons about the purpose or the benefits.

624. The Tutors told us that as well as meeting with prisoners and teaching, they would take books, pencils, and games such as sudoku and crosswords to units. The Tutors did not feel this was enough, but told us that at least it gave prisoners something to do. Custodial staff in the high security units told us education staff brought coloured pencils and other materials every day during the week.

625. We heard that during the COVID-19 pandemic, the Tutors at HBRP had created a set of 12 books called *Ara Aku* which provided activities to enhance numeracy and literacy. These books had been distributed nationally as they were considered such a good initiative. The books were still being used. The Tutors were proud of this accomplishment.

626. We interviewed the Learning and Interventions Delivery Manager, who managed the Education Tutors. We heard there were no education programmes being offered in the high security units, but that Education Tutors would visit the unit and offer one-to-one sessions in the classrooms.

627. The Learning and Interventions Delivery Manager told us prisoners working in prison industries could gain relevant industry qualifications with the support of Instructors (for more information on industry relevant qualifications, see the 'Work' section of this report, below).

628. We asked prisoners across the site about access to education and heard mixed reports. Fifteen out of 29 high security prisoners told us they were engaging with education to some degree. Some had already achieved NCEA Levels, whereas others had received some books and pencils from the Education Tutors. Some prisoners told us they were attending art classes.

629. We asked 12 prisoners in low security units about education and heard that six of them were currently completing education courses. Four prisoners were completing NCEA levels, one was doing Bible studies via correspondence, and one told us he was working towards both

a diploma in small business from the Open Polytechnic and a diploma in arts and psychology from Massey University.

630. We interviewed two of the site's three Interventions Coordinators who told us the driver licence training course was held every two months, but there was so much demand that it could be run monthly. We heard that access to eye tests could be a barrier to prisoners getting their driver licences.

Work

Inspection Standards
• All prisoners, where possible, can engage in work that is purposeful, benefits them and increases their opportunities for future employment.

631. Prisons should provide work opportunities for prisoners in their units, around the prison, and in prison industries.

632. As previously mentioned, for prisoners who are employed in prison industries, there is a national Prisoner Incentive Allowance framework. This framework gives prisoners an allowance rate of between 20 and 60 cents an hour, depending on the work, and their skill level and behaviour. At the time of the inspection, HBRP was formally assessing prisoners who were working in prison industries against this framework. This encouraged prisoners to work hard, to upskill, and to behave well.

633. Corrections has a Working Prisons programme in which prisons report the number of hours prisoners spent in some form of work, education, rehabilitation programme, or other form of constructive activity. In the six-month review period, Corrections figures showed men at HBRP spent a total of 366,000 hours engaged in these activities, which meant the prison reached 73.2% of its Working Prison target goal of 500,000 hours.

634. At the time of the inspection, information provided by the site showed there were around 94 men employed in prison industries:

» Main prison kitchen x 37
» Timber processing workshop x 12
» Horticulture and grounds maintenance (external) x 9
» Te Tirohanga Māori Focus Unit (Unit 5) kitchen x 8
» Painting x 6-8
» Grounds maintenance (internal) x 6-8
» Joinery x 6
» Laundry x 6.

635. Instructors told us there was a focus was on providing both practical experience and industry-based qualifications.

636. The Principal Instructor in the main kitchen told us there were three Instructors who were able to sign off on unit standards. He told us that at the time of the inspection there were two prisoners working towards Level 2 food preparation qualifications.

637. The site had a timber processing workshop with a classroom and a large workshop where prisoners worked towards Building, Construction and Allied Trades Skills (BCATS) Levels 2 and 3 (see image 15 in Appendix A).

638. In addition, the site had a training centre, with three classrooms, that offered classroom learning and practical training. We heard that some of the equipment was over 20 years old but that it was well-maintained. Training courses included:

- Four-week entry level Health and Safety Foundation Core Skills.
- Eight-week Timber Grading Level 2 introduction to the timber industry.
- 11-week, nine-month or 12-month manufacturing (timber, woodwork and yarding) – unit standards at Levels 2 and 3.
- Three-week forklift OSH and operator skills (Level 3) – the training centre had three forklifts for training purposes.
- One-day hazardous substances/chemical handling.

639. Prisoners doing horticulture and external grounds maintenance were working towards unit standards in Primary Industries Level 2. Those working in internal grounds maintenance could complete unit standards in Horticulture Level 2, including spraying and tool maintenance (see image 16 in Appendix A).

640. The Instructor in the prison laundry told us that in addition to washing and drying prisoners' bedding and towels, three prisoners did sewing and screen printing. The Instructor said if prison-issued clothing was damaged, they tried to repair it, and if that was not possible, they made door stoppers from the old clothing and donated these to charities. They also made pet beds for the SPCA and the local animal pound using old or damaged duvets. Screen printing involved putting the unit name and HBRP logo on prisoner clothing.

641. We heard that Te Tirohanga Māori Focus Unit (Unit 5) offered several work-related courses to the prisoners accommodated there:

- A four-week programme which enabled prisoners to gain experience using machines and power tools which are common in the timber and joinery industries. With the support of the Instructor, prisoners could earn 28 credits towards the Level 2 Solid Wood Manufacturing Foundation Skills certificate. This certificate could help them find work in timber processing, joinery and forestry.
- A one-week forklift occupational safety and health (OSH) course. Participants could practice operating a forklift using apple bins. Completion of this course resulted in participants getting a Forklift OSH certificate which was valid for three years. We heard this could help prisoners get jobs in numerous industries in the region, including freezing works, orchards and timber mills. We heard the site typically had 16 prisoners completing the forklift course over a three-week period. They prioritized those prisoners who were being released within three years.
- A ten-week Tōku Haerenga (i.e. 'My Journey') Māori course. Following achievement of the two certificates mentioned above, participants moved onto the Te Ao Māori part of the programme. This included building a model marae which would be given to a school as a resource, and learning the basics of kōwhaiwhai (painted motifs, often found on meeting house rafters) and whakairo (carving).
- A vegetable garden, which enabled prisoners to learn to grow vegetables according to the Māori lunar calendar, and work towards plant Nursery unit standards.
- As mentioned above, Unit 5 also had a small kitchen where prisoners were employed.

642. We heard there had been an engineering workshop at HBRP but that this had been vacant since the COVID-19 pandemic. We were told a new engineering Instructor was completing the Corrections Officer Development Pathway at the time of the inspection and was due to start in a few weeks. We heard the site had plans to refurbish the engineering workshop and offer three-week and 12-week courses.

643. Several Instructors told us that as their industries became more technologically advanced (for example, with more automation) it became more difficult to teach, especially as their equipment became out-of-date and therefore unlike the commercial equipment prisoners would encounter in jobs in the community on release.

644. One Instructor told us their goal would be to introduce computers so that prisoners could complete secure online learning and submit their assessments via a portal that Instructors could access. This Instructor was concerned that the current approach, of prisoners completing assignments on paper and handing them in to the Instructor, would become obsolete and then the prison would be unable to offer education and training.

645. Instructors told us their industry could accept a range of prisoners, including foreign nationals (assuming they could communicate well enough in English to maintain safety standards), transgender prisoners, and younger prisoners.

646. In addition to prison industries, some prisoners were employed, usually part-time, in unit-based work such as cleaning. Unit cleaners generally cleaned communal areas such as day rooms and exercise yards.

647. The number of prisoners who were employed in this way varied in each unit, but in the high security units ranged from between five to 22 prisoners with part-time jobs. Staff told us around 88 prisoners in the high security units were employed in part-time jobs in total. This represented 32% of the 278 prisoners accommodated in the high security units at the time of the inspection.

648. In one low security unit (Unit 6) we were shown a unit worker list with 25 part-time jobs. Low security prisoners were more likely to have jobs in prison industries.

649. The Release to Work programme allows minimum security prisoners who are assessed as suitable to leave prison during the day to engage in paid employment in the community.[78] Prisoners must be approved by an Advisory Panel. This can help prisoners gain employment on release. At the time of the inspection, we heard there were 14 men at HBRP on Release to Work, with another ten due to start the week after the inspection.

650. There were two Release to Work Brokers at the site who maintained relationships with employers, made applications for prisoners to enter the programme, attended Advisory Panels, met with prisoners to discuss opportunities, and conducted weekly site visits to workplaces to check in with the prisoners and employers. The Release to Work Brokers told us they usually had around 20 prisoners in the Release to Work Programme at any one time.

651. They told us all prisoners on Release to Work were monitored via GPS from a central location. They told us if they received a telephone call from an employer with a safety or security concern regarding a prisoner, they contacted custodial staff who would go to pick the man up from the workplace. This was rare but had occurred.

652. We interviewed two representatives of a community-based business who employed prisoners via the Release to Work programme. These employers told us they were supportive of the programme and that most prisoner workers who came to them on Release to Work were "gold". They told us they had a very good relationship with the Release to Work Brokers

[78] Prison Operations Manual M.04.07.10 Issuing authority for release to work – sets out that earnings for prisoners on Release to Work are used to cover various costs including expenses incidental to the prisoner's employment, board for prison accommodation (charged on the basis of 30% of the take home pay to a maximum of $273 a week) and payments to maintain any of the prisoner's dependents, including to Inland Revenue for child support.

and with the prison. They said the Brokers and the prison were proactive in communicating and provided all the relevant information in a timely manner.

653. We heard about an "Expo Day" for prison staff that had been held at the prison's "learning hub" in November 2024 to showcase prison industries, interventions, and educational opportunities. Release to Work employers had been invited, and probation staff and Bail Support Officers had attended. Education Tutors, the Librarian, and the Intervention Coordinators showcased their areas and give out the pamphlets about the site's resources. All prison staff had been invited, as some staff had not known where the learning hub was or what was available. We heard this event had been successful as it had helped to boost the profile of Learning and Interventions, Industries, and Offender Employment.

654. We heard that the site was working with community-based businesses to find Release to Work opportunities for prisoners with facial tattoos. We heard that these tattoos had previously been a barrier to employment for some men.

Exercise and recreation

Inspection Standards
• All prisoners are able to spend at least one hour in the open air every day. Prisoners have access to physical exercise and recreational activities.

655. Every prisoner in New Zealand, other than those engaged in outdoor work, is entitled to a minimum of at least one hour of physical exercise every day.[79] This exercise may be taken in the open air if the weather permits.

656. At the time of the inspection, prisoners at HBRP were being offered their minimum entitlement of at least one hour in the open air every day.

657. Prisoners in self-care and low security units were generally receiving much more than the minimum entitlement. For example, prisoners in low security units were usually unlocked around 7.30am and locked at 6pm. These prisoners had access to open-air compounds, unit gyms and indoor communal areas. Prisoners in these units told us if they were not working or completing a programme, they would use the unit gym, play sports or board games, or watch television.

658. However, as mentioned previously, we observed that some prisoners in the high security units were locked in their cells for around 22 hours a day. This was a particular issue in units operating multiple unlock regimes. Prisoners in the Intervention and Support unit were also spending most of their time locked in their cells.

659. At the time of the inspection there was no main prison gymnasium, but most high and low security units had new exercise equipment in exercise yards and/or unit gyms. Several prisoners in the high security units told us training helped them with their mental health. One young prisoner said that using the gym equipment had "really helped to calm me down when I was feeling frustrated".

[79] The Corrections Act 2004, Section 70, sets out that 'Every prisoner (other than a prisoner who is engaged in outdoor work) may, on a daily basis, take at least 1 hour of physical exercise.' Section 70 further sets out that this physical exercise 'may be taken by the prisoner in the open air if the weather permits'.

660. We heard that staff from national office visited the site several times a year to check the unit gym equipment and arrange the removal of items that were unsafe or not fit for purpose. We observed that the Unit 8 gym had not yet received the new equipment and contained some old or makeshift items.

661. We heard the site was working towards providing more unit-based physical education activities. Some prisons employ Physical Education Officers who deliver sport and fitness activities to prisoners. While there were no Physical Education Officers at HBRP at the time of our inspection, we heard that two Corrections Officers had recently completed training in delivering "unit-based activities training". We heard they would be working 8am to 4pm, providing activities to keep prisoners engaged. We also heard they would not be deployed to cover other duties except on rare occasions.

662. We heard some high security prisoners had occasional access to a larger area covered in astroturf and known on site as "the sandpit" (see image 17 in Appendix A). We heard the site was planning to increase the use of this area for prisoners in the high security units once the Physical Education Officers were available.

663. The site also had a large field which we heard was occasionally used by prisoners in the low security units for sports. We observed prisoners from one unit using this field on one day of the inspection. We heard the site was planning to increase the use of the field for prisoners in low security units once the Physical Education Officers were available.

664. In Unit 6, we heard that once a fortnight the Principal Corrections Officer would generally allow prisoners to go to the field to play touch rugby against prisoners from another unit. Prisoners in this unit told us there was also a baking course and a barbering course they could do. However, one young prisoner told us it was "boring" in this unit as there was nothing to do except use the gym, or play basketball, tennis or chess.

665. Some units had more activities available than others. For example, in addition to a well-equipped unit gym with new equipment, Te Tirohanga Māori Focus Unit (Unit 5) had three carving rooms and an outdoor carving area which were well-stocked with machinery, equipment and resources. It also had a small vegetable garden. We observed that tennis and volleyball nets, a table-tennis table, a cricket set, tennis racquets, and a selection of balls were available. Prisoners in this unit told us they had access to other activities including guitar lessons, art classes, and te reo Māori lessons.

Visits

Inspection Standards

- Prisoners have safe, secure and direct contact with their visitors.
- The prison has an accessible and child-friendly visitors' centre with adequate amenities.

666. Every prisoner in New Zealand is entitled to receive at least one private visitor each week, approved through the prisoner application process, for a minimum duration of 30 minutes.

667. As set out in the 'Relationships with family/whānau' section of this report, face-to-face visits were available at HBRP five days a week, Monday to Friday. There were no evening or weekend visits. Prisoners told us they were allowed one 45-minute visit a week. Some prisoners told us 45 minutes was not long enough as their family/whānau had to travel

considerable distances to get to the prison. For example, one prisoner told us it took his visitors an hour travel-time each way.

668. Based on the COBRA data, we estimated that prisoners received 1,786 visits in the six-month review period. More than one visitor was present at some visits.

669. For security reasons, prisoners wore orange overalls cable-tied at the back of the neck during visits. They were allowed a maximum of three visitors at a time and could greet visitors with a hug.

670. Some prisoners told us they did not receive face-to-face visits because their family/whānau lived too far away, or because they chose not to visit or because the prisoner did not want them to visit.

671. We observed that the visits centre was clean and tidy (see image 18 in Appendix A). There were colourful murals on the walls and two boxes containing books and toys for children. Tables and chairs were bolted to the floor. The centre was air-conditioned and comfortably cool. There was no prisoner or visitor toilet available. There was a toilet for visitors in the gatehouse.

672. The visits centre could accommodate only 12 – 15 prisoners and their visitors at any one time. There was one non-contact booth. There were no holding cells, and if staff needed somewhere to temporarily hold prisoners, they had to use the external exercise yard in HM A Unit. We heard from staff that the visits centre had been designed to service only the high security part of the prison and was therefore too small and not fit for purpose.

673. We observed staff supervising a visit. Prisoners appeared happy, talking with staff about their visits. Staff supervised in an unobtrusive manner.

674. We observed that appropriate information for visitors was displayed in the site's gatehouse, including notices about the dress code, search processes and emergency procedures.

675. The site had a visitor prohibition spreadsheet that was managed by the Security Manager. During the six-month review period, there were 11 visitor prohibition orders issued to visitors to HBRP. All had corresponding incident reports, though one did not have sufficient evidence to proceed. Of the ten orders that had proceeded, nine were issued because visitors had attempted to introduce contraband, and one was for offensive and abusive behaviour towards staff. The duration of the orders ranged from 24 hours to 12 months.

676. Letters had been issued to the prohibited visitors for nine of the ten orders. Letters correctly explained the reason for the prohibition, set out the appeal process, and were signed by the appropriate manager.

677. The Prison Operations Manual sets out that eligible prisoners may make video calls to family/whānau and friends who are approved visitors. In some cases, discretion to make video calls to people who are not currently approved visitors is also allowed. Video calling is not an entitlement, it is a privilege, and is offered under specific conditions to protect the safety, privacy and security of all participants.[80] Video calls are generally made on a laptop. A staff member remains present while the call is taking place.

678. We heard from staff that video calling took place in interview rooms in the units, and in the visits centre. Prisoners could apply to have video calls of between 10 to 30 minutes duration.

[80] Prison Operations Manual C.05 Prisoner video calling

Some staff told us that 30-minute video calling slots were available on Saturdays and Sundays so prisoners with children could connect with them.

679. During the inspection we observed video calling taking place in some units. Prisoners told us that video calling was available both during the week and at weekends and staff were generally supportive when prisoners applied for this. We heard that some staff had helped with ensuring visitors had been able to connect to calls to ensure these went ahead.

Library

Inspection Standards
• Prisoners have regular access to a suitable library, library materials and additional learning resources that meet their needs.

680. The site had a part-time Librarian, and prisoners across the site told us they had access to library materials through him. Prisoners could not visit the prison library, but the Librarian visited each of the low security units once a week with a selection of books and magazines. Prisoners could borrow items from the trolley, or talk with the Librarian about their interests and request items. Prisoners in the high security units could request items using a form.

681. Prisoners told us there was a good selection of books.

682. We interviewed the Librarian who told us there were about 8,000 books in the site catalogue, and around 500 older items that were not catalogued. Most of the books were donated. The site also received a number of magazine subscriptions which were managed via a national contract. The Librarian told us the loss rate was fairly high; he estimated that around 500 – 600 items went missing every year.

683. The Librarian told us the library had a good selection of Māori language books, which were well-requested, but that some were quite old. We heard there were a lot of books in Mandarin but that these were not catalogued. We heard the most popular books were non-fiction, but that Lee Child and Wilbur Smith novels were popular, as were hunting magazines and English dictionaries.

684. The Librarian told us he had an excellent relationship with Hastings Public Library.

685. We observed that some units also had a small selection of books available on a shelf in the unit day room.

Rehabilitation

Inspection Standards

- Rehabilitation programmes, targeting the specific needs of the prisoner, are available and accessible.

686. Offence-focused or criminogenic rehabilitation programmes help prisoners to address the thoughts, attitudes and behaviour that led to their offending, and support them to develop the skills to avoid reoffending after release. Offence-focused rehabilitation programmes are generally only offered to sentenced or remand convicted prisoners. Other interventions which are not offence-focused but which may contribute to a prisoner's rehabilitation, such as parenting, driver licence, or tikanga courses, may be offered to both sentenced and remand prisoners.

687. COBRA data showed that in the six-month review period there had been 32 completions of offence-focused rehabilitation programmes at HBRP:

» 17 completions of the Medium Intensity Rehabilitation Programme
» 8 completions of a Maintenance Programme
» 7 completions of the Mauri Tū Pae programme.

688. In addition, the Principal Facilitator told us there had been seven completions of the Short Rehabilitation Programme for Men.

689. As well as the offence-focused rehabilitation programmes set out above, there had been the following programme completions:

» 79 completions of a tikanga course
» 50 completions of parenting skills programmes
» 44 completions of the Brief Alcohol and Other Drug Programme
» 18 completions of the Moderate Intensity Alcohol and Other Drug Programme (i.e. approximately 180 treatment hours and up to six months of aftercare).
» 18 completions of the 12-month Drug Treatment Programme (high intensity)
» 13 completions of the 6-month Drug Treatment Programme (moderate intensity)
» 5 completions of the Short Motivational Programme.

690. We interviewed the site's Principal Programme Facilitator who told us there were 14 Programme Facilitators at the site who ran programmes in both the prison and the community. We heard that at the prison they ran the three-month Medium Intensity Rehabilitation Programme (MIRP) with a maximum of ten participants, the eight-week Short Rehabilitation Programme (SRP) with a maximum of four prisoners, and the Short Motivational Programme which was offered on a one-to-one basis. In addition, they offered a Maintenance Programme for anyone who had completed the MIRP or the SRP. We note that the COBRA data appeared to be incomplete as it did not give figures for the Short Rehabilitation Programme mentioned to us by the Principal Programme Facilitator.

691. The Principal Programme Facilitator told us the facilities available to them to run programmes met the "minimum standards". We heard the prison had not been designed for rehabilitation purposes and that there was no purpose-built space for programmes. However, we heard that the 'learning hub' and the programmes room in HM G were suitable.

692. As previously mentioned in the 'Māori Prisoners' section of this report, the Mauri Tū Pae programme was delivered by an external provider.

693. We heard there were two low security units offering Drug Treatment Programmes; one unit accommodated mainstream prisoners, and the other housed prisoners on voluntary segregation. Programme Facilitators told us they offered both the 17-week medium intensity programme and the 21-week high intensity programme. At the time of the inspection, they were running three high intensity and three medium intensity programmes, with five to ten prisoners in each. In addition, the Programme Facilitators were running an 8-week Drug Treatment Programme for high security prisoners.

694. As previously mentioned in the 'Māori Prisoners' section of this report, in the high security part of the prison we heard that prisoners could learn te reo Māori, and complete Tēnei Au, Tēnei Au, which the Corrections intranet sets out is a ten-week "kaupapa Māori approach that aims to address intergenerational trauma". We spoke with 29 prisoners in high security units, 22 of whom identified as Māori. A few told us they were completing Tēnei Au, Tēnei Au and were enjoying it and encouraging other prisoners to do it. Some other prisoners told us they were waitlisted for this programme.

695. As previously mentioned in the 'Māori prisoners' section of this report, there were three Pou Arahi at HBRP. We heard that whānau hui for prisoners were very powerful for improving morale and boosting wairua, and that referral numbers for whānau hui had increased. Pou Arahi also supported prisoners' rehabilitation in other ways, including helping them access documentation such as birth certificates or driving licences, and helping them with travel arrangements on release.

696. We interviewed the Learning and Interventions Delivery Manager who told us she managed the five Education Tutors, three Intervention Coordinators, the Librarian, the Volunteer Coordinator, and the Art Tutor. In addition, the Learning and Interventions Delivery Manager managed the relationships with nine contracted providers.

697. The Learning and Interventions Delivery Manager told us her team generally had good access to prisoners in the low security units, but that access could be more problematic in the high security units, and if a unit was locked down there was nothing her team could do but reschedule their meetings with prisoners.

698. The Principal Programme Facilitator told us her team generally had good access to prisoners, but that they could face difficulties in accessing prisoners for pre-programme assessments if a unit was locked down as a result of an incident. The Principal Programme Facilitator told us custodial staff were helpful and would provide access to a prisoner if they could.

699. The Learning and Interventions Delivery Manager told us the site had not recovered the volunteer numbers they used to have before the Covid-19 pandemic, but that they had increased the quality. We heard there was a variety of volunteer activity on site, including therapy dogs in the Intervention and Support Unit, visits by the Prisoners Aid and Rehabilitation Society, and volunteers offering activities including baking lessons, barbering, a book club, budgeting and card making. Prisoners also mentioned volunteers who offered knitting lessons.

700. We interviewed the Volunteer Coordinator for the site who told us she had a good working relationship with staff across the site. We heard that no volunteers had ever raised safety concerns, though some had told her the logistics of getting into the high security units meant they sometimes had long wait times. The Volunteer Coordinator told us she felt prisoners were getting left behind regarding technology, as most had no access to computers. She felt this was something Corrections should invest in so prisoners could access more opportunities and ready themselves better for life in the community.

701. Corrections psychologists may provide psychological assessments and individual offence-focused treatment sessions to some prisoners. These sessions typically address barriers to prisoners engaging in high intensity offence-focused rehabilitation programmes and assist with skill development to manage challenging behaviours. Corrections prioritises prisoners with the highest risk of serious reoffending for such sessions, including those with a high risk of serious violent offending, or sexual offending against adults or children. Corrections advised us that 18 men at HBRP had started individual treatment sessions with a Psychologist in the six-month review period.

702. We interviewed the Manager Psychological Services who told us although his team of five Psychologists and two Administration Officers was experienced, ideally they needed five more Psychologists to be able to start meeting some of the demand for their services. We heard they offered one to one assessment or treatment, and that while many of the prisoners at HBRP were eligible, they focused on working with high risk and violent offenders. Psychologists were involved in whānau hui arranged by Pou Arahi or Case Managers. Psychologists also prepared reports for the New Zealand Parole Board. The Manager Psychological Services told us there was a waitlist for their services.

Remand/offender Plans

Inspection Standards
• All prisoners have a remand/offender plan which meets their assessed rehabilitation and reintegration needs.

703. All prisoners should meet with a Case Manager who assesses their needs and works with them to create a remand plan or an offender plan, depending on their status as a prisoner. The Case Manager should then support the prisoner to access rehabilitation programmes and other purposeful activities such as education.

704. We reviewed the Case Management Standards of Practice for the six-month review period and found that, on average, Case Managers at HBRP had met the standard for initial contact in 42% of cases.[81] On average, they met the standard for agreeing an initial offender plan (within 40 days of imprisonment) in 30% of cases.

705. The Case Management team was nearly fully staffed at the time of the inspection, with 22 members of staff and one vacancy.

706. We interviewed three Principal Case Managers who told us that although their team was fully staffed, they were not at "full strength" because a number of the Case Managers were new and therefore still learning the role.

707. The Principal Case Managers told us another factor in the team not meeting the standards of practice was the Case Management Workflow Tool, which we heard was "broken". The Corrections intranet sets out that "The Case Management workload allocation model is just one tool to support decision making around the allocation of work". The model displays the average hours of work each Case Manager has for the month. We heard the team at HBRP had found it hard to adapt to the tool. The Principal Case Managers felt the tool had a negative impact on team morale and was not fit to use.

[81] Case managers are expected to meet with all prisoners on their caseload within 20 days of their arrival in prison.

708. We held a forum that was attended by 11 Case Managers, who ranged in terms of experience from 18 months to 12 years.

709. The Case Managers at the forum told us the site had recently increased the number of Case Managers at HBRP in line with increasing prisoner numbers. They told us this was positive, but they felt their caseload numbers remained high. We note that on the first day of the inspection, HBRP housed 682 prisoners, 264 of whom (39%) were on remand. This represented an increase since our last inspection in 2017 when there had been a total of 662 prisoners, 214 of whom (32%) had been on remand.

710. The Case Managers at the forum told us a number of senior Case Managers had left the role, which meant there were fewer experienced staff to mentor new ones. We heard this had resulted in a situation where "newbies were teaching newbies". One Case Manager told us when they had started, they had been given a caseload of 25 people; they felt this was too high for a new start. In addition, they told us they had not had a mentor but had only had online learning modules to complete.

711. The Case Managers told us they often had difficulty accessing prisoners in high security units. We heard this occurred because prisoners in these units were generally unlocked for short periods of time and so were only available for interviews for short periods, and because there were not enough interview rooms. This meant that when an interview was cancelled, it could be difficult to rebook an interview room within a suitable timeframe.

712. We asked prisoners across the site if they knew who their Case Manager was, if they had an offender (or remand) plan, and if they had met their Case Manager. In the high security units we interviewed 29 prisoners, only one of whom told us he had an offender plan. Most of these prisoners told us they felt offender plans were mainly about finding an address for release or bail.

713. In the low security units, prisoners gave us varying accounts of their experiences with Case Managers. Some prisoners told us they saw their Case Managers regularly and found them helpful; these prisoners also told us they had an offender plan and knew their sentence pathway. However, other prisoners told us they never or seldom saw their Case Managers. One prisoner told us the Case Managers were "snowed under". Some prisoners were uncertain if they had an offender plan.

714. We interviewed eight prisoners in the external Self-Care Unit. They gave us mixed reports about their Case Managers. The men told us they had transferred to HBRP to complete programmes and that it was necessary to have a good relationship with their Case Manager to succeed. They told us they needed someone who was willing to work with them, not someone who was overwhelmed. Some of the men felt their progress was strongly influenced by the personality of their Case Manager and the relationship they had with them. Some found it frustrating if they had a Case Manager they had not bonded with. Many of the men reported frequent changes in their Case Managers.

715. We interviewed eight prisoners in a forum setting in Te Whare Oranga Ake. They told us they felt supported by the provider to work towards their individual release plans and spoke positively of working alongside the reintegration team.

716. We interviewed two of the site's three Interventions Coordinators who told us they liaised with external programme providers, and completed any administrative tasks to ensure courses or programmes ran smoothly. We heard that the site had funded four "Programmes Corrections Officers" and that these staff had made a "huge" difference in getting prisoners to attend. The Interventions Coordinators told us prisoners were always asking for more courses.

717. As well as a Case Manager, prisoners should also have a custodial Case Officer who actively manages them, for example by discussing offender plan progress and assisting with their needs. COBRA records for HBRP showed that in the six-month review period, 53% of prisoners had a Case Officer assigned to them.

718. When asked, several prisoners told us that although they had a Case Officer, they did not have meaningful conversations with them. We checked the IOMS notes for these prisoners and found no file notes to suggest any engagement.

Reintegration

Inspection Standards

- Prisoners are prepared for release to the community at the earliest appropriate opportunity.
- On release, prisoners are provided with all the necessary and appropriate documentation, clothing and other required items.

719. Reintegration activities aim to help prisoners identify and overcome any barriers to successfully transitioning back into the community.

720. In the six-month review period, COBRA data indicated staff in the HBRP Receiving Office had managed 229 releases into the community (an average of 38 a month). The majority of these prisoners (123) were released on conditions.

721. We reviewed the Case Management Standards of Practice for the six-month review period and found that, on average, Case Managers at HBRP had met the standard for Release Planning in 53% of cases.

722. In the six-month review period, COBRA figures showed that staff had made the following applications for escorts out of the prison:

» 139 applications for escorted movements for prisoners to 'undertake an activity that supports the rehabilitative or reintegrative needs of the prisoner'.
» 9 applications to 'recognise or maintain a family relationship or friendship'.
» 3 applications to allow prisoners to 'engage with, take part in, or attend a religious, community, cultural, educational, recreational, service, or sporting group activity, or event'.
» 1 application to 'prepare for the possibility of release'.

723. In the six-month review period, COBRA figures showed that staff had made 291 applications for temporary releases, with 288 of these being approved. The Corrections intranet sets out that temporary release is "primarily a tool to be used to support and enable a prisoner's reintegration into the community when they are released".[82] We noted that many of these temporary releases were for multiple purposes, and most prisoners were accompanied by reintegration service providers.

724. In the six-month review period, COBRA figures showed the following programme completions which were categorised as reintegrative:

[82] Prison Operations Manual M.04.06 Temporary release.

- 106 completions of 'Reintegrative Other' (i.e. Life 101 courses – Work Ready, World Ready, and Money and Me; Kiwi Access cards, Whare Oranga Ake Day Programme)
- 50 completions of a Parenting Skills course (as mentioned in the 'Rehabilitation' section of this report)
- 38 completions of the Reintegrative Support Service (i.e. the Remand Reintegration Programme).

725. In the six-month review period, COBRA figures showed Case Managers had made 97 referrals to the Corrections 'Out of Gate' reintegration service. This is a nationwide reintegration navigation service that helps prisoners on short sentences (two years or less) or on remand to find employment and accommodation and connect with community providers.

726. In the external Self-Care unit, we observed and prisoners told us, that custodial staff had limited time to support them with reintegration activities. The prisoners told us they felt a model similar to that operated by the provider in Te Whare Oranga Ake would have worked more effectively as then they would have had a designated Reintegration Officer in the unit to assist them.

727. People serving longer prison sentences who have an identified reintegrative need and meet certain criteria[83] can be considered for Guided Release.[84] Case Managers work more intensively with these people. During the six-month review period, no applications for Guided Release for prisoners at HBRP were recorded as approved in COBRA. We were told at a forum that was attended by 11 Case Managers, that there should have been two Guided Release Case Managers at the site, but that there were no staff in these roles. The Case Managers told us this meant the work fell to them, but that they had not had sufficient staff to do it.

728. We spoke with prisoners across the site about reintegration and heard a variety of responses. Some prisoners told us their Case Manager had been helpful in preparing them for release, for example, by getting them onto offender employment courses, referring them to initiatives such as Out of Gate, organising whānau hui, helping them prepare safety plans, and trying to help them find suitable addresses in the community.

729. However, other prisoners felt little had been done to help them reintegrate on release. Several told us they did not have suitable release addresses and so were unlikely to be granted parole. We reviewed the file notes for one of these prisoners and found that the Case Manager was trying to find suitable accommodation but that this was proving difficult.

730. We heard that transport away from the prison could be an issue for some released prisoners. We heard that some prisoners were driven to their release addresses by Pou Arahi or Out of Gate Navigators.

731. We asked custodial staff about reintegration and heard that one of the challenges was that prisoners from other regions were often transferred to HBRP to complete programmes, but that often it was difficult to transfer them back to their home regions afterwards. Staff felt these prisoners should be in prisons in their home regions to facilitate reintegration planning.

732. Completing a rehabilitation or reintegration programme may strengthen a prisoner's readiness for appearance before the New Zealand Parole Board (NZPB). Case Managers provide Parole Assessment Reports to parole board members. The Corrections intranet sets

[83] i.e. the criteria for Temporary Release specified in Regulation 26 of the Corrections Regulations 2005.

[84] We note that from May 2025, Corrections made some changes to this intervention, including changing the name from Guided Release to Guiding Release. The Corrections intranet sets out that "Guiding Release is a planned, supervised reintegrative activity, where a staff member or an external sponsor accompanies an individual into the community to support goals aligned with one or more of the six pillars of reintegration (e.g. employment, housing, whānau reconnection)."

out that the purpose of these reports is to "collate a host of information, providing the NZPB with the ability to gain a perspective of the person's behaviour, rehabilitation progress and release proposal to support decision making regarding release". At HBRP, Case Managers met the timeframes for providing these reports to the NZPB, on average, 78% of the time over the six-month review period.

733. The site had two areas for NZPB hearings. There was an AVL room in the high security part of the prison for high security prisoners. Family/whānau could join hearings via AVL. The site also had NZPB facilities in Unit 6, in the low security part of the prison. This area could be used for face-to-face and AVL hearings. If a high security prisoner needed a face-to-face hearing, they would be escorted to this area.

734. There was a Parole Board Liaison Officer at HBRP who was responsible for coordination between Corrections and the NZPB. The Parole Board Liaison Officer managed tasks related to the pre-release process, such as coordinating parole board hearing schedules, managing communications with family/whānau, and ensuring parole board related notices and decisions were delivered to prisoners. We interviewed the Parole Board Liaison Officer who told us that the NZPB held hearings four days a month, usually seeing 40 – 60 prisoners a month. Hearings generally had a duration of 35 minutes. We heard prisoners arrived on time and that custodial staff were always in attendance for supervision purposes.

735. We interviewed eight Community Corrections staff members, mainly Probation Officers, from a local community probation service centre. They needed to access prisoners to conduct provision of advice to courts report interviews and pre-release inductions. We heard that AVL interviews had recently been introduced, but that they preferred face-to-face meetings as this helped to build rapport.

736. The Community Corrections staff told us they felt some of the custodial staff did not behave in a professional and safety-focused manner. Prisoner behaviour was not always well-monitored by custodial staff. For example, we heard that prisoners were often "extremely vulgar" towards female members of staff, but that Corrections Officers never challenged this behaviour. In addition, the Community Corrections staff told us custodial staff would lock them into an interview room with a high security prisoner. The Community Corrections staff had to wait for a custodial staff member to unlock them. They felt this was a safety issue. We also heard that some custodial staff appeared not to speak sufficient English which was a safety issue. The Community Corrections staff also told us they had heard some custodial staff, including Senior Corrections Officers, using unprofessional and racist language both to and about prisoners.

737. The Community Corrections staff told us they felt some Case Managers did not understand their role, and did not have the same understanding of risk. They felt that a better approach for prisoner outcomes would be having hybrid Case Manager/Probation Officer roles. We heard this had been done under the Māori Pathways initiative. They were unsure why this hybrid model had not continued.

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

Appendix A – Images

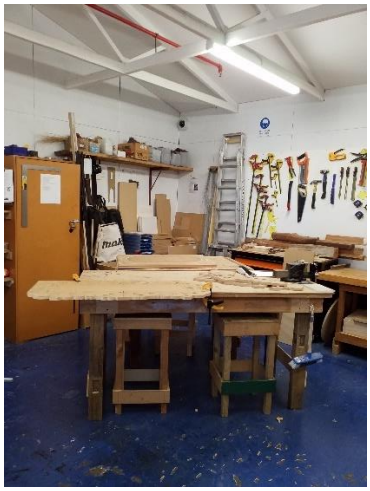

Image 1: Carving room in Unit 5.

Image 2: Health Centre.

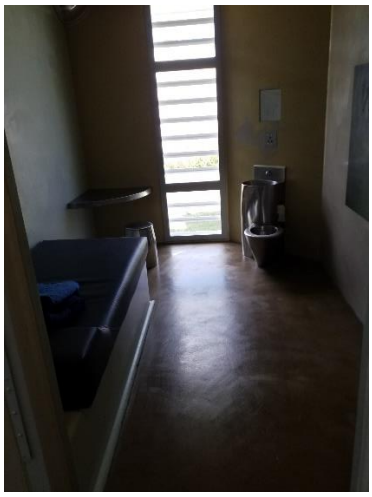

Image 3: Cell in ISU.

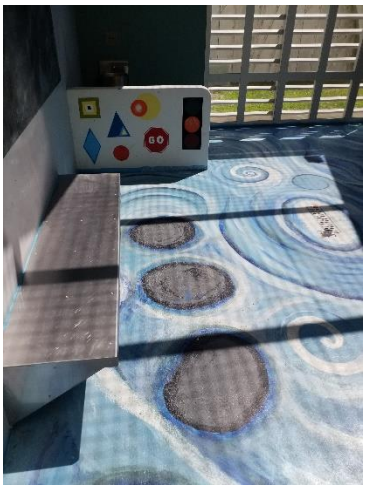

Image 4: Exercise yard in ISU.

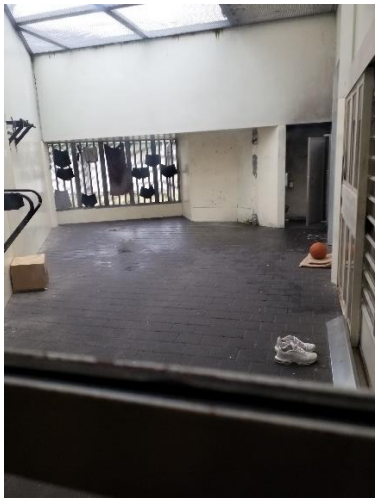

Image 5: Internal exercise yard in high-medium security unit (HM I).

Image 6: Cell in high-medium security unit with graffiti on walls (HM J).

Image 7: Compound in low-security unit (Unit 5).

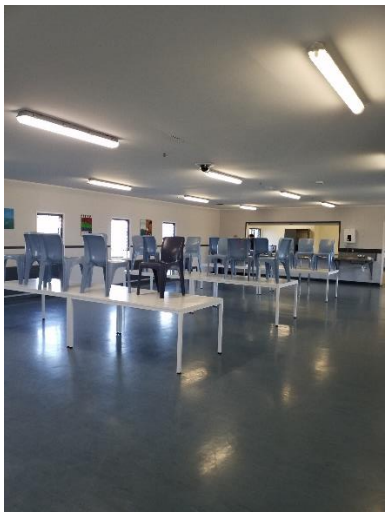

Image 8: Communal dining area in low security unit (Unit 7).

Image 9: Kitchenette in low security unit (Unit 6).

Image 10: Te Whare Oranga Ake.

Image 11: Cell in Unit 6 and 7 Separates area.

Image 12: Shower cubicle in unacceptable condition (Unit 8).

Image 13: Well-stocked kit locker in low security unit (Unit 7).

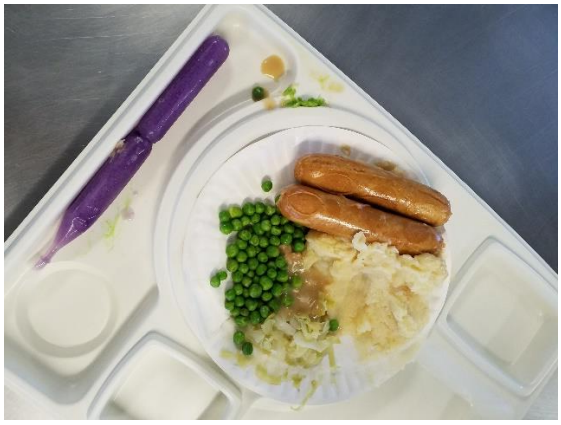

Image 14: lunch – note ice-block on left, served for heat management purposes.

Image 15: One of the timber processing workshop.

Image 16: Equipment for the external grounds crew.

Image 17: The 'sandpit'.

Image 18: The visits centre.

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

Appendix B – Corrections' response

DEPARTMENT OF CORRECTIONS
ARA POUTAMA AOTEAROA

29 September 2025

Janis Adair
Chief Inspector
Department of Corrections

By email: janis.adair@corrections.govt.nz

Tēnā koe Janis

Re: Draft report of Announced Inspection of Hawkes Bay Regional Prison Inspection Report 20-28 February 2025

On behalf of Corrections, thank you for the opportunity to respond to the draft inspection report for Hawkes Bay Regional Prison (HBRP). Prison inspections play an important role in building a culture of continuous improvement for Corrections.

HBRP holds a mix of remand and sentenced men, with those sentenced ranging from minimum through to high security classifications.

We acknowledge the report is a fair representation of operations at HBRP, and overall, accurately describes some of the positive work under way and challenges and opportunities the site faces.

Your report highlighted a number of positive practices. These included good collaborative relationships between internal custody, pae ora, and community business units, most notably at General Manager level. A broad range of constructive activities available to low-security men, including cultural programmes for Māori tāne and a well-staffed health team delivering timely and coordinated care, with effective mental health screening and multidisciplinary support. Positive staff relationships with the men and respectful engagement were also observed across the site.

Prison Leadership, Staffing and Capability

As noted above, the inspection found good collaborative relationships between custody, pae ora, and community teams, most notably at General Manager level which reflected the intent of *Te Ara Whakamua: The Pathway Forward*, Corrections' process for organisational change.

As with all prisons, a significant number of staff have been recruited at HBRP over a short period. Through structured pathways all staff are receiving continuous training and support to work in a prison environment, whilst also building confidence in managing the prison population.

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Part of a review into the Corrections Officer Development Pathway (CODP) will provide consideration of possible changes to the 'buddy system' and how newer staff are supported through the onsite phases of CODP (and beyond).

As part of the structural change within People and Capability, work will be implemented alongside Custodial Services to tailor the offerings of the site Learning & Development Leads (and the other capability facilitators based regionally), with a significant focus on providing additional support for the high proportion of newer staff, which is a feature for our workforce nationally.

The report found the HBRP Nursing team had a proportion of staff who were new to prison nursing. Since your inspection, we have also stood up a Mental Health team at Hawkes Bay Regional Prison. Corrections acknowledge this, however having a large cohort of newer staff is not solely at HBRP, and it is considered consistent with many prison sites. New staff bring new perspectives that help challenge the status quo and drive stronger, more modern practice in our health centres. They also require a higher level of oversight and support to ensure they are able to practice independently and confidently. There is a large volume of training and support including mandatory training, a very robust orientation programme, and supportive networks with principal advisors, clinical nurse educators and CQAA's. We consider this will support new staff to progress into all areas of correctional nursing.

Since your inspection, HBRP has also onboarded four new Case Managers, currently in training, and expected to be fully operational by the end of 2025.

Access to Purposeful Activity, Programmes and Cultural Practice

We were pleased your inspection highlighted that, compared with many other prisons nationwide, HBRP was seen to offer a wide range of constructive activities, including employment, education, programmes, and volunteer activity, especially to men in low security or self-care units. It was noted that some Māori tāne, particularly those in specialist units (such as Te Tirohanga Unit and Te Whare Oranga Ake), had a higher level of access to cultural practices and programmes.

The Drug Treatment Unit at HBRP is a Modified Therapeutic Community run by Te Taiwhenua o Heretaunga (TTOH) and focuses on a Kaupapa Māori approach. In 2024 TTOH also began providing AOD Assessments as part of the wider network of assessors as well as delivering Moderate and High intensity programmes for mainstream and segregation populations. They also provide AOD Harm Minimisation for the remand population at the site.

The site is constantly pursuing more employment and training opportunities within industries/offender employment activity. Industry training within the High Security population has recommenced.

People in prison engage in learning pathways conversations when they come to prison, and where they achieve over Step 3 in Literacy or numeracy, there is no further need for educational intervention. However, they are able to undertake self-directed learning (SDL) through Te Kura, Open Polytechnic, Massey

University and Learning Conextions. There are currently 15 people at HBRP within the high security environment undertaking SDL.

The investment in technology for learners is acknowledged as a national issue. HBRP currently has two Secure Online Learning (SOL) suites - one in a low-security unit and one in high security. However, we are aware limited availability of Programmes Officers can often restrict access to the high-security suite.

The Prison Environment

Your report noted some accommodation pressures especially in the high security units. As you will be aware the prison population and capacity issues are major focus areas for Corrections, in all prisons across the country. Where possible, we try to manage the national prison population pressures focusing on single cells in the first instance. All prisons have been doubled bunked for many years and retrofitted.

It was positive to see your report note examples of where the prison has made changes to provide a more therapeutic environment. This includes the two interview rooms where people receive psychological treatment that were refurbished with artwork, furnishings, and specific colours. It was also pleasing to see the art, created by the men at the prison, called out in your report.

A new ventilation project commenced in August 2025 within the high-security area to install cooling systems. Two wings have been completed with installation progressing weekly across the remaining areas as cell decants are available. The project is scheduled over an 18-week period, with full completion expected by March 2026.

The inclusion of the gatehouse upgrade in the Accelerated Capacity Project reflects our long-term planning and investment in infrastructure, which will focus on new accommodation units and the gatehouse project. This will roll out over the next 2 years.

Good Order

We acknowledge that some regimes in high security units remain restrictive. As mentioned within your report, HBRP does not have a management unit, and individuals assessed as a risk to others can be placed on Directed Segregation. These placements are regularly reviewed and revoked at the earliest opportunity. We will continue to explore operational adjustments that allow for increased time out of cells while maintaining safety.

Your report noted concerns regarding the availability of contraband, and security in general. A full review of security controls is underway, and portfolio oversight has been reallocated to ensure stronger accountability at Principal Corrections Officer and manager levels. The quality of searches will also be reinforced to ensure they are done to the required standard.

It was positive to note the Intelligence Team focus on harm reduction and that they maintain good communication with senior management and Police. The

SERT team was deemed flexible and responsive, conducting out-of-hours searches and checkpoints.

Rehabilitation and Physical and Mental Health Care Provision

It was pleasing to see your report highlighted several areas of positive healthcare practice including multi-disciplinary approach to providing mental health care for the men, including those in the Intervention and Support Unit (ISU). It was positive to note the strong relationship between site staff and Forensics, including the fact that they have their own permanent space at the site. This demonstrates a strong, systems-based approach taken by the site where all staff who work with the men contribute to the site's outcomes.

We acknowledge that the restrictive nature of ISU environments often limits opportunities for people to freely interact with others. The Separation and Isolation Working Group is actively exploring solutions to ensure that, where safe and in the best interests of the individual, people in ISUs have more opportunities to engage in meaningful human contact.

A recent change in practice now ensures that individuals who have been on the forensic waitlist for more than 14 days are escalated to the Chief Mental Health and Addictions Officer. This escalation occurs regardless of forensic bed availability and is for consideration of a Section 45 application. The intent of this change is to enable mentally unwell individuals to access treatment as early as possible and to minimise the time they spend in the restrictive ISU environment.

As noted in your report, HBRP currently contracts a music therapist to work with the men in its ISU twice a week. This initiative has been successful, with noticeable improvements in the mood and wellbeing of those participating in the therapy.

It was noted in the report most men were seen by a member of the health team within a reasonable timeframe following the completion of a health chit. Since the inspection, the ability to request health appointments through the prison kiosks was enabled (in April 2025). This means that people can request health appointments without needing to fill out paper forms. Requests made via the kiosks go directly to the health centre and two Health requests can be submitted on the Kiosk per day. Any further attempts prompt them to talk to staff if their health issue is an emergency, or to complete a paper form for processing.
The rollout of Profile (the patient management database) will provide the ability to capture and report on deferred and cancelled appointment reasons. This will provide greater oversight to the causes of deferred and cancelled appointments.

The Lead Disability Adviser is currently exploring opportunities to modify the current funding model for mobility aids, with the intention of enabling mobility aids to be available to people based on need, rather than on local budgets.

It was encouraging to see 18 men at HBRP had begun individual treatment sessions with a Corrections psychologist during the review period, reflecting the service's commitment to prioritising high-risk and violent offenders. Despite resourcing challenges, the experienced team provides valuable psychological assessments, offence-focused treatment, and support for parole processes, contributing meaningfully to rehabilitation outcomes for the site.

Overall, the inspection report recognises some of the positive work at HBRP while acknowledging there are still areas for further improvement. Going forward, determinations about priorities and actions will be a joint approach led primarily by the General Manager at HBRP, and the General Manager Pae Ora.

An action plan is being developed to respond to the report's findings and will be submitted within the required timeframe. We remain committed to continuous improvement and look forward to ongoing engagement with the Inspectorate.

We trust you are satisfied with our response to the draft report. Please advise if you have any concerns or questions about the information provided.

Ngā mihi nui

Kym Grierson
Acting Commissioner Custodial Services

Dr Juanita Ryan
Deputy Chief Executive Pae Ora