

Christchurch Women's Prison

Inspection

May 2018

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Foreword

This is one of a series of public reports on scheduled inspections of New Zealand prisons. The inspections are intended to provide a 'window into prisons', giving early warning of emerging risks and challenges, and highlighting areas of innovation and good practice that other prisons might wish to follow.

The inspections use a set of healthy prison standards derived from United Nations guidelines for the treatment of people in detention.¹

Prison performance is assessed under four principles:

- » **Safety:** Prisoners are held safely.
- » **Respect:** Prisoners are treated with respect for human dignity.
- » **Rehabilitation:** 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 re-offending.

The purpose of the prison system is to protect society from crime, both during imprisonment and after release.² The four principles reflect that purpose, and also highlight the potentially competing demands that are often placed on prison staff and management.

In an ideal world, prisons would always be able to deliver on all four principles. In practice, safety, humane treatment, and rehabilitation and reintegration needs may be balanced against each other, and short-term requirements may be prioritised over longer-term needs.

I encourage prison directors, managers and staff to use these principles as a guide to decision-making, and to foster continual improvement that, as much as possible, sees their prisons deliver on all four principles.

At the time of our inspection, Christchurch Women's Prison was at capacity, with all beds full. The prison was short-staffed and under pressure in some areas, with ensuing effects on movements, escorts, inductions, security and incident response.

Despite these pressures, the prison generally provided a safe and healthy environment for prisoners, with little evidence of violence and gang activity, little access to contraband and relatively little intimidation.

As in other prisons, many prisoners felt that their diet was unhealthy and their bedding uncomfortable.

¹ As well as considering the four principles, the healthy prison standards require inspectors to consider nine specific areas of prison life: reception and admission, first days in custody, good order, duty of care, environment, health, escorts and transfers, rehabilitation, and reintegration.

² United Nations Standard Minimum Rules for the Treatment of Prisoners (The Nelson Mandela Rules), rule 4. Also see Corrections Act 2004, ss 5, 6.



As well as conducting our scheduled programme of prison inspections, the Office of the Inspectorate will provide ongoing monitoring through the work of Regional Inspectors, who, in addition to their general responsibilities, will report to me on matters specifically identified in this report.

My oversight of these activities will provide a significant ongoing and critical insight into prisons. I am confident this will provide assurance that any shortcomings will be identified and addressed at pace, and that examples of good practice will be shared so that other prisons can follow.

I acknowledge the cooperation of Christchurch Women's Prison's management and staff, during the inspection and since.

I look forward to working with them as I continue to monitor progress.

A handwritten signature in blue ink, appearing to be 'Janis Adair', written over a blue scribble.

Janis Adair
Chief Inspector of Corrections

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Overview

1. Christchurch Women's Prison is located on the western outskirts of Christchurch, near the suburb of Templeton. The prison can house 134 prisoners from minimum to high security.
2. A scheduled inspection involves a 12-week programme of work. The prison's inspection programme began on 31 March 2018. This included a site visit from 5 to 11 May 2018.

Our findings

Women's Strategy

- Finding 1. Some members of staff were not aware of the Department of Corrections' *Women's Strategy*.

Transport and reception

- Finding 2. Prisoners were kept safe during transport to and from Christchurch Women's Prison, although journeys could be uncomfortable.
- Finding 3. Pressures on staffing meant remand prisoners were sometimes escorted to medical appointments by only one officer. This creates potential risks to staff and public safety.
- Finding 4. There are potential health and safety risks with the AVL suite because it is not always staffed while in use. Prisoners who are locked in the booths have no way of alerting staff if they need assistance.
- Finding 5. During their reception to prison, prisoners were kept safe and treated in a respectful and professional manner. Immediate needs and risks were assessed for most prisoners, and Receiving Office staff responded appropriately to any needs or risks.
- Finding 6. The Receiving Office was small and its entrance was also used by staff and contractors, compromising prisoners' privacy.
- Finding 7. Many prisoners experienced delays in receiving property.

First days in custody

- Finding 8. Most prisoners received inductions soon after arriving in their units, but the standard was variable. Some were brief and superficial and did not fully explain unit rules and routines.

High Security Residential Units

- Finding 9. The high security units were reasonably clean and well maintained, and prisoners' basic needs were generally met.
- Finding 10. Prisoners in the high security wings felt safe from violence and intimidation, though some reported people being pressured for nicotine lozenges and access to telephones and showers.
- Finding 11. Staff actively supervised and engaged with prisoners while they were unlocked. Limited staff numbers and constant roster rotation meant there was little continuity of staffing.
- Finding 12. Cell checks and searches were thorough and likely to detect any unauthorised items. Rubdown searches were not consistently thorough, creating risks of prisoners carrying unauthorised items into their units.
- Finding 13. Prisoners in high security units had limited time out of cell.
- Finding 14. Staying in touch with families was a challenge for some prisoners, especially those whose families lived in other centres. Telephones and the AVL suite were not always available at times when families were home.

Low-medium Security Residential Units

- Finding 15. The physical environment in Wing 1 was generally in good condition.
- Finding 16. In general, prisoners in Wing 1 were safe from violence and intimidation. Gang influence was minimal and violent incidents rare, but bullying sometimes occurred.
- Finding 17. Staff were active in their supervision and management of prisoners. Rubdown searches we observed were insufficiently thorough to detect contraband concealed in shoes or hair.
- Finding 18. Prisoners in the low-medium security unit were able to spend nine or more hours out of their cells on weekdays and five or six hours on weekends.

Self-care / Mothers with Babies Unit

- Finding 19. In most respects, prisoners' physical needs were met. The environment was clean and safe. Prisoners could make decisions about their food and cook for themselves, albeit on a modest budget. Broken or malfunctioning items were not always fixed or replaced in a timely manner.
- Finding 20. Prisoners in the Self Care unit were generally safe, though standovers occasionally occurred. Most staff actively engaged with prisoners and responded quickly to tensions. Searches were conducted regularly and access to contraband appeared to be minimal. Regular staff rotation meant that requests and complaints were not always followed up.
- Finding 21. Prisoners expressed frustration at frequent lockups, which they felt interfered with the units' reintegration focus.

At Risk and Separates Unit

- Finding 22. Some prisoners at risk of self-harm were spending long periods in the At Risk Unit and in their cells each day.
- Finding 23. Prisoners were positive about the care they received from nurses and mental health professionals, and were generally positive about interactions with custodial staff, although they recognised that staff were busy and had little time to interact with them.

Clothing

- Finding 24. Prison clothing was generally of a reasonable standard, but pregnancy clothing was not provided.
- Finding 25. Some bedding was thin or lumpy and uncomfortable.

Food

- Finding 26. Although food complied with the relevant Department of Corrections' national menus, many prisoners regarded it as unhealthy and contributing to weight gain.

Rehabilitation

- Finding 27. Case management staff had little time to work with prisoners to develop plans for addressing reoffending.
- Finding 28. Prisoners in high security units had limited access to rehabilitation programmes.
- Finding 29. Low medium prisoners had good access to work experience and industry training opportunities. There were waiting lists for most of the programmes.

Health

- Finding 30. The prison's Health Centre provided a range of health services and generally provided a standard of care comparable to that received by the public.
- Finding 31. The Health Centre Manager covered two prisons and, because of this, lacked oversight of some key processes and was not always available or visible to staff.
- Finding 32. The Health Centre's processes for reception and initial health assessments of prisoners were effective, and the prison had good systems for determining health needs and referring prisoners for consultation and treatment.
- Finding 33. Resources for doctor and dentist clinics were limited, which sometimes resulted in long wait times, particularly for dentist visits.
- Finding 34. The Health Centre did not have enough dedicated custodial support rostered to support clinics. This sometimes meant no-one was available to escort prisoners to and from appointments.
- Finding 35. Medication rounds occurred at times that could compromise the therapeutic effects.

Spiritual support

Finding 36. Prisoners were aware of the support available from the chaplaincy and how to access it.

Reintegration

Finding 37. Some prisoners felt confident they were ready for release into the community, while others had not completed the rehabilitation programmes required under their offender plans. Some prisoners had made arrangements for accommodation, income and ongoing support, while others had not. Few prisoners had jobs to go to. For several prisoners, arranging suitable accommodation was the greatest challenge prior to release.

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Introduction

Christchurch Women's Prison

3. Christchurch Women's Prison is one of 17 public prisons in New Zealand. Together with one prison run as a public private partnership, these prisons operate under the direction of the National Commissioner Corrections Services.
4. The prisons operate in four regions, each led by a Regional Commissioner. Christchurch Women's Prison is one of five prisons in the Southern Region. Established in 1974, the prison is the only women's prison in the South Island, and is one of three women's prisons in New Zealand. It is located near Christchurch Men's Prison on the western outskirts of Christchurch.

Prisoner and staffing numbers

5. Our scheduled inspection took place in a 12-week period from 31 March 2018. On that date, the prison was at full capacity, with 134 prisoners (45 remand, 89 sentenced) in a facility with 134 beds.
6. Of the sentenced prisoners, five were classified as high security, 11 as low-medium security, 22 as low security, and 42 as minimum security. The other nine did not yet have security classifications.
7. At the same time, the prison had 63.4 FTE custodial staff with 8.6 vacancies. Staff turnover in the preceding year had been 3.2% (compared with 16.8% in the year to 31 March 2017). Eight officers were completing their training and could only work under supervision.
8. The acting Prison Director told us that the prison had custodial staff away on secondment at other prisons and on long-term health-related leave. This meant the prison relied on staff working overtime and doing callbacks, and sometimes had to reassign staff from residential units to cover other duties such as movements within the prison and court and medical escorts.
9. Staff told us it was difficult to cover all duties with the number of staff on site. In particular, staffing was short for custodial support (escorts and movements) and property. Some staff had rosters that moved them between units and duties, meaning there was no continuity for staff or prisoners.

Women's Strategy

10. The Department of Corrections launched its national *Women's Strategy 2017-2021* at Christchurch Women's Prison in August 2017. The strategy sets out a new approach and aims to transform the rehabilitation and support services offered to women prisoners, helping them to overcome the effects of trauma and related mental health and addiction problems, and to shape better lives for themselves and their families.
11. *Women's Strategy* initiatives at Christchurch Women's Prison include employing a fitness and well-being instructor and a pilot programme, *Kia Rite*, aimed at supporting new arrivals to the prison.
12. In Wing 1, six staff members told us they had no knowledge of the strategy. Staff in other units also said they had not received any information about it. The acting Prison Director told us that a presentation had been held for all staff and many had attended, including some who were on leave.
13. Following our inspection, the National Commissioner advised that the site had focused on increasing staff awareness of the *Women's Strategy*. In 2018, managers attended two hui to learn more, and this information had been shared with staff. Information about the Strategy is also included in staff inductions.

Finding

- Finding 1 Some members of staff were not aware of the Department of Corrections' *Women's Strategy*.

Inspection criteria

14. We assessed Christchurch Women's Prison against a set of healthy prison standards derived from United Nations principles for the treatment of people in detention:
 - » **Safety:** Prisoners are held safely.
 - » **Respect:** Prisoners are treated with respect for human dignity.
 - » **Rehabilitation:** 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 re-offending.³
15. A prison's success at achieving these goals depends on a range of factors, including:
 - » an environment and routines that are safe and secure without being unduly restrictive
 - » effective supervision, management and discipline to minimise risks of violence and disorder and encourage constructive use of time
 - » positive and respectful staff-prisoner relationships to encourage voluntary compliance with prison rules and procedures
 - » opportunities for prisoners to take part in constructive activities that support positive change, including physical activity, treatment and rehabilitation programmes, education and training opportunities, work experience, and time to associate with others
 - » a clear and consistent pathway towards rehabilitation, release, and successful reintegration.

Inspection process

16. During our inspection:
 - » We interviewed 34 prisoners about life in prison and readiness for release back into the community. This included:
 - eight in low medium security Wing 1
 - 14 in high security units (five in Wing 2, five in Wing 3)
 - three in the At Risk Unit and one in the Separates Unit
 - 12 in minimum security units (10 in Self Care and two in the Mothers with Babies Unit)
 - » We interviewed prison managers, custodial staff, other staff such as health professionals, case managers and the chaplain.
 - » We visited residential units to assess their physical condition and observe operations, including staff-prisoner interactions and prisoner activities. We spoke informally with prisoners and staff.
 - » We visited industry and rehabilitation programme facilities, the prison's Health Centre and visits centre, and other prison facilities.
 - » We inspected the prison's perimeter and entrances.
17. On 4 December 2018, we provided the Department of Corrections' National Commissioner Corrections Services with a draft of this report. The National Commissioner responded to the draft on 8 May 2019, and summaries of her responses have been incorporated into this report. We acknowledge the work the prison has carried out in response to our findings.

Report structure

18. This report describes what we found during our inspection, with a particular focus on risks or barriers to safety, humane treatment, rehabilitation and reintegration, and on innovations that support those principles. The report's structure follows the prisoner's experience – from reception into prison, life in the prison's residential units, health and other services, to release and reintegration.

³ The four principles (or close variations) are used by British, Australian and other prison inspectorates, and are consistent with the basic principles (rules 1-5) in the UN Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) and the purpose and principles of the Corrections Act 2004.

Transport and reception

Transport

19. Prisoners are transported to and from the prison for many reasons, including transfers to and from other prisons or court, and temporary removal for reasons such as medical treatment and guided release. Two of the prisoners interviewed had been transferred from other prisons. Others had been transported from courts in Christchurch, Dunedin, Oamaru, Timaru, Nelson or Blenheim.
20. In the six months to 31 March 2018, no incidents were recorded during transport or escorts to and from Christchurch Women's Prison.

Prisoners' basic needs

21. Prisoners arrived at the prison either escorted by Police or in a Prison Escort Vehicle (PEV) with individual cubicles and no toilets (see Image 1). Four prisoners said they had no cushion on the metal seat for the journey, and one had a thin cushion. Two prisoners said they found the cubicles too small. Most prisoners who had travelled from further afield than Christchurch said they had been given meal and toilet breaks.
22. Following our inspection, the National Commissioner advised that PEVs meet national fleet standards and are regularly checked to ensure they are clean and tidy. The Department of Corrections is reviewing the national PEV standards and specifications, and Inspectorate findings are being considered as part of this. Staff have been reminded they are required to consider prisoner health and wellbeing when planning escorts, and cushions must be available for long journeys.

Staffing of transport vehicles

23. Department of Corrections policy on moving prisoners is that two corrections officers be assigned to escort high security and remand prisoners to court hearings or other appointments outside prison. Staff told us that prison escorts were understaffed. Sometimes, only one staff member escorted remand prisoners. We checked records for 3 April to 11 May 2018 and found that this occurred on five occasions. The acting Prison Director told us this reflected staffing pressures. Assigning officers to external escorts reduced the number available for movements and other prison duties.
24. Following our inspection, the National Commissioner advised that it had been reiterated to staff that two corrections officers were required for medical escorts.

Findings

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| Finding 2 | Prisoners were kept safe during transport to and from Christchurch Women's Prison, although journeys could be uncomfortable. |
| Finding 3 | Pressures on staffing meant remand prisoners were sometimes escorted to medical appointments by only one officer. This creates potential risks to staff and public safety. |

Transfer of prisoners due to population pressures

25. We conducted a focus group with nine prisoners and asked them about their experiences of transfers from other prisons. The prisoners had transferred from prisons in the North Island. Some were transferred for rehabilitation programmes and others because of the increase in the female prison population.
26. All nine prisoners said that they had been transferred away from their families, and several said it was distressing being unable to see children and other family members.
27. Two of the nine prisoners said that they were informed of the transfer the day before being transferred. Three said that they had been permitted a short telephone call to inform their families the night before their transfer, while one said she was not given the opportunity to contact her family.

Use of audio visual suites

28. The prison has a secure audio visual link (AVL) suite comprising two booths (see Image 2), each containing a chair and a monitor. The booths can be used for online court and New Zealand Parole Board hearings, briefing legal representatives, and for 'virtual' visits with family. Having these facilities reduces the need to transport prisoners to and from court, and therefore reduces risks associated with transport and temporary escort.
29. Twelve of the prisoners we interviewed told us they had used the AVL suite. Most of these prisoners had no issues or concerns about it. Some prisoners said they appreciated being able to use the AVL to maintain contact with families, and they preferred using AVL rather than appearing in court in person.
30. The AVL suite is not always staffed. Prisoners are escorted to the booth and locked in, then escorted back to their unit when they are finished. Each booth has a CCTV camera which can be used to monitor the prisoner.
31. One prisoner informed us that she had been locked in a booth for four hours following a virtual visit with her family. She had waved to the CCTV camera but no-one had noticed. She also said that, on other occasions, she had been locked in the booth for 90 minutes or more at the end of a family visit. Another prisoner said she had once waited more than an hour to be unlocked.
32. We did not observe any way that prisoners could contact staff once locked in.
33. Following our inspection, the National Commissioner advised that the Prison Director was working with facilities management services to identify options for putting emergency alarms or intercoms into the AVL suites. The work is expected to be completed later in 2019.

Finding

- Finding 4 There are potential health and safety risks with the AVL suite because it is not always staffed while in use. Prisoners who are locked in the booths have no way of alerting staff if they need assistance.

Reception

34. When prisoners arrive at the prison they are processed through the Receiving Office. When prisoners arrive, they are strip searched and issued with clothing. Then custodial and health staff conduct an immediate needs assessment (covering matters such as health, mental health and childcare) and a risk assessment (covering risks to safety, including risk of self-harm).
35. The Receiving Office is very small and, at the time of our site inspection, its property room was at full capacity. The Receiving Office's main external door is beside the counter where prisoners are processed and it is also used by staff and contractors arriving at the prison. This can compromise the privacy of prisoners who are being processed.
36. All the prisoners we interviewed commented favourably about their experience at the Receiving Office. Prisoners told us that staff treated them respectfully, kept them informed and made them feel safe. Prisoners were issued with toiletries, sanitary products, writing paper, envelopes and a pen.
37. Prisoners said strip searches were conducted in a professional and respectful manner. We assessed the processes for two searches and found that both were conducted in a professional manner.
38. During the six months to 31 March 2018, 155 prisoners were received at the prison. Prison records showed that 14 of the 155 risk assessments were not recorded as being completed. Of these, seven risk assessments were completed late, three were incomplete, and three were never started.
39. In addition, eight of the 155 immediate needs assessments were not recorded as being completed (one was completed late, one was incomplete, and six were never started).
40. Following our inspection, the National Commissioner advised that the Receiving Office was being extended and reconfigured as part of the capacity increase at the prison. The extension will include an additional entry/exit and the layout will better support privacy. The work is expected to be completed by the end of 2019. In the meantime, staff have been reminded to ensure the privacy of all women in the Receiving Office.

Property

41. Prisoners can request and receive property from family and friends in the community. All property is processed through the prison's property office.
42. Of the 34 prisoners we interviewed, 10 said there were often delays in receiving property. Property could be received within 2-3 weeks but it sometimes took five weeks or longer. Altogether, in the six months to 31 March 2018, prisoners made 51 complaints about property.
43. Following our inspection, the National Commissioner advised that the site will improve the property process to reduce delays. A new full-time property officer will be in place later in 2019. In the interim, some administration staff had been supporting the processing of prisoner property.

Findings

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| Finding 5 | During their reception to prison, prisoners were kept safe and treated in a respectful and professional manner. Immediate needs and risks were assessed for most prisoners, and Receiving Office staff responded appropriately to any needs or risks. |
| Finding 6 | The Receiving Office was small and its entrance was also used by staff and contractors, compromising prisoners' privacy. |
| Finding 7 | Many prisoners experienced delays in receiving property. |

Residential units

Facilities

44. Christchurch Women's Prison has four main residential units:
- » Wing 1 is a low-medium security unit with 54 beds.
 - » Wing 2 is a high security unit with 24 beds.
 - » Wing 3 is a high security unit with 20 beds.
 - » Self Care is located within the prison perimeter, and is a minimum security unit with 32 beds in eight villas. It has been double-bunked, although the extra beds are not in use.
45. The prison also has:
- » An At Risk Unit with four cells for prisoners at risk of self-harm – this has since been renamed the Intervention and Support Unit as part of a Department of Corrections initiative to strengthen the therapeutic care provided at these units.
 - » A Separates Unit with four cells for prisoners who have been sentenced to cell confinement following a disciplinary hearing.

First days in custody

46. When a prisoner arrives in a unit she should receive an induction to have unit rules and routines explained, and access to a self-service kiosk, allowing her to find information and request support.⁴
47. All the Wing 2 prisoners we interviewed said they received induction information on arrival in the unit. A check of prisoner files and the Department of Corrections prisoner database confirmed this.
48. Three of eight Wing 1 prisoners interviewed said they had brief, superficial inductions and were not told about services such as the library, gym, chaplain, self-service kiosk or clothes washing routines.
49. Five of the 12 prisoners interviewed in the minimum security units (Mothers with Babies Unit and Self Care) said they had received induction information. Two others said they had no induction.
50. We reviewed prisoner files for nine Self Care prisoners. All showed that inductions were completed.
51. We also checked the Department of Corrections prisoner database for the six months to 31 March 2018. During that period, 143 new prisoners arrived at the prison. For 15 of them, inductions were recorded as being either completed late or not completed.
52. Following our inspection, the National Commissioner advised that the Residential Manager had communicated to staff the importance of completing all unit inductions. Additionally, the site is recruiting two full-time staff to deliver the Kia Rite programme, which supports new prisoners to navigate prison life and identify how they will make the most of their time there. The new facilitators will support the women and ensure they have access to the services they need.

Finding

- Finding 8 Most prisoners received inductions soon after arriving in their units, but the standard was variable. Some were brief and superficial and did not fully explain unit rules and routines.

⁴ Prisoners can use the kiosks to access information including legislation and policies, prison rules, and key dates in their sentences. They can also order food and other items from prison canteens, ask for meetings with their case manager or their unit's principal corrections officer, and check the balance of their prison Trust Account.

High Security Residential Units

53. At the time of our inspection, Wings 2 and 3 housed a mix of remand accused, remand convicted and sentenced prisoners. Due to the prison's small size, it had an exemption to allow accused and convicted prisoners to mix. We asked to see the exemption documentation, and found it was not dated or signed.
54. Some of the wings' sentenced prisoners were low medium or low security and were managed under regimes that were more restrictive than necessary based on the risk they posed.

Environment and basic needs

Physical environment

55. Wings 2 and 3 have cells arranged along either side of a corridor, a day room (see Image 3) with a television, dining area, kitchen and bathroom with showers. Wing 2 has a large open yard and a smaller enclosed yard, and Wing 3 has a small enclosed yard only. Both wings have a staff hub at their entrance. These units were observed to be in reasonable states of repair and cleanliness, and most prisoners expressed no concerns about their environment.

Sanitary products and toiletries

56. Staff in the high security units told us that prisoners could access sanitary products any time they asked. Prisoners confirmed this and said they received soap, shampoo and toothpaste as needed.

Access to showers

57. Prisoners had access to hot water in their cells for washing, and could shower when unlocked from their cells.

Finding

- Finding 9 The high security units were reasonably clean and well maintained, and prisoners' basic needs were generally met.

Safety and humane treatment

Gang influence

58. At 31 March 2018, four prisoners in Wing 3 and one in Wing 2 were identified as having gang associations. We observed no gang-related graffiti or activity in these units.
59. Prisoners told us gangs did not recruit in the unit, but prisoners in Wing 3 said tensions or fights sometimes occurred between members of rival gangs.

Active management and supervision

60. Staff in both wings told us their roster meant there was no continuity of staffing on the wings, which were often short-staffed, as staff were assigned to other duties. Four of the five prisoners interviewed in Wing 2 expressed concern about frequent changes in staffing. They said this was frustrating and meant many concerns they raised with staff were not addressed.
61. Wing 2 had two staff who were engaged with prisoners, meaning no-one was available to stay in the staff hub to observe CCTV monitors.
62. Despite staff shortages, we observed that staff in both units were actively engaged with prisoners during unlock times. Prisoners in both units confirmed that interactions were positive.

63. Most prisoners we interviewed in Wings 2 and 3 said that staff were visible and accessible, treated them fairly, were responsive to their concerns or requests and reacted quickly to tension or fights.

Searches and access to contraband

64. In both wings, custodial staff conducted daily cell checks (to detect anything unusual such as tagging or items that should not be in the cell) and random cell searches (to detect unauthorised items such as tobacco, alcohol, drugs, cellphones or weapons).
65. Prisoners were subjected to rubdown searches when they arrived at or left the unit.
66. We observed two cell searches in Wing 2 and one in Wing 3. Both were thorough and were likely to have detected any unauthorised items in the cell (none were found). Cells were returned to their original condition when the search was completed.
67. We observed 15 rubdown searches in Wings 2 and 3. Hair, feet, breasts and groin areas were not routinely searched, creating a risk of prisoners bringing unauthorised items into the unit.
68. One prisoner told us that prisoners had been able to bring phone cards and nicotine lozenges into the units without being caught.
69. Prisoners informed us that they were strip searched when they arrived in prison, after family visits, after medical escorts, before and after court hearings, and before placement in the At Risk Unit. Most said the strip searches they had experienced were conducted professionally and respectfully.
70. In the six months to 31 March 2018, 15 contraband incidents were recorded in Wing 2 (including five drugs, two alcohol, one weapon and one tattoo equipment) and nine were recorded in Wing 3 (including two alcohol and three drugs).
71. Over the same period, 21 drug tests were conducted in the prison, returning one positive result.
72. Following our inspection, the National Commissioner advised that training on rubdown searches had been provided to staff to establish a consistent and thorough practice across the site.

Violence and intimidation

73. All but one of the prisoners we interviewed said they felt safe in their unit. One prisoner in Wing 3 did not feel safe because she had witnessed fights in the unit.
74. Four of the 10 prisoners we spoke to said they knew of prisoners being pressured over nicotine lozenges and access to telephones and showers.
75. In the six months to 31 March 2018, five incidents of prisoners assaulting other prisoners in the high security wings were recorded, with one incident of a prisoner assaulting staff, five of wilful damage, 15 of abuse/threats on staff, one of abuse/threats against other prisoners, and 46 'other prisoner behaviour' incidents, including standovers.

Findings

- Finding 10 Prisoners in the high security wings felt safe from violence and intimidation, though some reported people being pressured for nicotine lozenges and access to telephones and showers.
- Finding 11 Staff actively supervised and engaged with prisoners while they were unlocked. Limited staff numbers and constant roster rotation meant there was little continuity of staffing.
- Finding 12 Cell checks and searches were thorough and likely to detect any unauthorised items. Rubdown searches were not consistently thorough, creating risks of prisoners carrying unauthorised items into their units.

Time out of cell

76. Prisoners in Wing 3 told us they were typically unlocked from their cells for about 3-4 hours a day, and prisoners in Wing 2 said they could be unlocked for 3-6 hours a day but the regime varied. Prisoners said they could be locked in their cells during staff lunchtimes and staff meetings, and for other reasons such as new prisoner inductions and medical escorts.
77. The exemption which allowed remand accused prisoners to mix with others allowed for longer unlock times than would otherwise be possible.
78. During our visit, two prisoners were on voluntary segregation for their safety. Voluntary segregation prisoners were placed in Wing 3 and allowed out of their cells for only one hour a day (between 1pm and 2pm). One of the prisoners said she had been on the regime for three weeks. She signed out of voluntary segregation during our visit due to the restrictions on her time out of cell.

Exercise and other constructive activity

79. Prisoners said there was not much to do in their wings. Most said they used the prison's gym and library when they were available, and also the unit's television room and exercise yards.
80. Prisoners in Wing 2 said they had up to two hours a week with a gym instructor who supervised sports and group classes, while prisoners from Wing 3 said they had 30 minutes per week with the instructor. Otherwise, prisoners said they spent their time out of cell reading, studying, colouring in and doing puzzle books.

Contact with family and friends

81. Wings 2 and 3 each have one telephone. In Wing 2 prisoners can book in times to use the telephone by writing their names on a list. Prisoners said some prisoners would get two calls a day while others missed out. Four of the five prisoners said the telephone lacked privacy. Prisoners in Wing 3 raised similar concerns.
82. Of the prisoners interviewed in these wings, six said they had not received any visits (mostly because their families lived in other cities) and three said they had received visits.
83. As noted earlier, we conducted a focus group with nine prisoners who had been transferred from other prisons and whose families were in other towns or cities. Four of those prisoners said they had difficulties arranging AVL visits with their families. Three said the AVL suite was only available at times when their families were at school or work. Three said they stayed in touch with their families by telephone but this was very expensive.
84. Following our inspection, the National Commissioner advised that a virtual visits review was scheduled for late 2019. This would include access to AVL and future opportunities to enhance prisoners' use of AVL to connect with family.

Findings

- Finding 13 Prisoners in high security units had limited time out of cell.
- Finding 14 Staying in touch with families was a challenge for some prisoners, especially those whose families lived in other centres. Telephones and the AVL suite were not always available at times when families were home.

Low-Medium Security Residential Units

85. Wing 1 is a low medium security unit with 54 beds. On 31 March 2018, the unit had 42 sentenced, 10 remand convicted, and two remand accused prisoners. We interviewed eight Wing 1 prisoners.

Environment and basic needs

Physical environment

86. Wing 1 has 54 cells laid out around three open-air courtyards (see Image 4). The unit has a staff hub, communal dining room, television and games room, and two bathroom and shower blocks. The wing was in good repair, with no visible tagging or graffiti. The cells we inspected were in good condition. Two prisoners said the dining room had no refrigerator, toaster, microwave or sandwich maker, which other prisons had. Prisoners raised few concerns about their physical environment.

Finding

Finding 15 The physical environment in Wing 1 was generally in good condition.

Safety and humane treatment

Gang influence

87. Four of the 54 prisoners in Wing 1 at 31 March 2018 were associated with gangs. Prisoners told us they were unaware of any gang activity, and we saw no evidence of gang paraphernalia or activity.

Active management and supervision

88. Wing 1 prisoners told us staff were visible, approachable and helpful, and that interactions with staff were mutually respectful. We saw two prisoners in the same cell – one sitting on the bed and the other on the floor knitting. On this occasion, the risks appeared to be minimal. However, in general, allowing prisoners into others' cells increases risk of standovers or violence.

Searches and access to contraband

89. Staff conduct daily cell checks and random cell searches to detect contraband. Prisoners had rub-down searches when they left or returned to the unit. We observed more than 20 such searches, of varying standard, with hair and feet not always being checked. Three prisoners said they were unhappy to be strip searched after visits, especially as they wore prison overalls for the visit. In the six months to 31 March 2018, seven contraband items were found in Wing 1: one alcohol, one drugs, one tattoo equipment, and four 'other' (including tobacco).

Violence and intimidation

90. All the Wing 1 prisoners we spoke to felt safe in the unit. Two said it was safer than the high security units. None had been bullied, assaulted or in fights. Three said they knew of bullying or intimidation in the showers. Three others said they had seen no bullying or fighting in the unit. In the six months to 31 March 2018, two assaults, nine instances of prisoners abusing or threatening staff and 43 'other' prisoner behaviour incidents (such as bullying) were recorded in the unit.

Findings

- Finding 16 In general, prisoners in Wing 1 were safe from violence and intimidation. Gang influence was minimal and violent incidents rare, but bullying sometimes occurred.
- Finding 17 Staff were active in their supervision and management of prisoners. Rubdown searches we observed were insufficiently thorough to detect contraband concealed in shoes or hair.

Time out of cell

91. Wing 1 operates a 7am–8.30pm staffing roster on weekdays and an 8am–5pm staffing roster at the weekends. Prisoners informed us that, in practice, they were typically unlocked for a little more than nine hours on weekdays, though evening lockup might be earlier if staff were required elsewhere.

Exercise and other constructive activities

92. Most Wing 1 prisoners were offered one gym session a week. Those on the Mana Wahine rehabilitation programme were offered two sessions. Five of the Wing 1 prisoners we interviewed said they had not been going to the gym because staff were not available to escort them.
93. Prisoners commented very positively about the prison library (see Image 5), although one prisoner told us that access was inconsistent because of staffing issues.
94. Prisoners had a wide range of activities to keep themselves occupied when outside of their cells. These activities included:
- » knitting
 - » crocheting
 - » reading
 - » playing cards
 - » practising yoga
 - » completing crosswords
 - » watching television
 - » playing volleyball in the exercise yard

Contact with family and friends

95. Wing 1 has two telephones, one in a corridor and one in a courtyard. Prisoners were typically out of their cells until at least 7.30pm, allowing time to telephone families after school and work.
96. Two prisoners told us that bullying or standovers sometimes took place over access to telephones.
97. Six of the eight Wing 1 prisoners we interviewed said the telephones were not private enough for conversations with family or lawyers, and were in very noisy locations.
98. Four of the Wing 1 prisoners we interviewed did not have any family in Christchurch and they struggled to maintain contact with family elsewhere. Only two of the prisoners said they had received visits.

Finding

Finding 18 Prisoners in the low-medium security unit were able to spend nine or more hours out of their cells on weekdays and five or six hours on weekends.

Self Care / Mothers with Babies Unit

99. The prison has a minimum security Self Care Unit with nine villas (see Image 6) and a common room that houses the staff office (see Image 7). The villas, built in 1988, are inside the prison perimeter. In 2011, two of the villas were repurposed as a Mothers with Babies Unit where mothers can live with their babies until they are aged two. A safety fence separates the Mothers with Babies Unit from other Self Care villas. Its grounds include a playground (see Image 8).
100. Each villa has an open plan living area and kitchen, four bedrooms, bathroom, toilet and laundry. The Self Care and Mothers with Babies units together can house 32 prisoners. On 31 March 2018, the units were full, with 31 sentenced prisoners and one remand accused. Each Mothers with Babies villa housed a mother, a baby and another prisoner who helped with the baby's day-to-day care.
101. We interviewed 10 prisoners from Self Care and two from the Mothers with Babies Unit.

Environment and basic needs

Physical environment

102. The villas appeared to be in good condition, with ample natural light. They were clean, warm, dry, and free of graffiti.
103. Six of the 12 prisoners told us their villas were short of kitchen equipment, such as saucepans, electric jugs, utensils and chopping boards, and staff were slow to fix or replace anything broken.
104. The two prisoners from the Mothers with Babies Unit said they did not have access to a clothes dryer, which could create difficulties in winter.
105. Following our inspection, the National Commissioner advised that a process had been introduced to ensure that all broken items were replaced in a timely manner.

Food and water

106. Prisoners in Self Care and the Mothers with Babies Unit prepare their own meals. Prisoners said they discussed what to buy each week, and cooked together or took turns at cooking for the whole house. Every Sunday, four prisoners who were eligible for Guided Release⁵ were escorted to the local shopping centre to buy food for the week for their villa. The weekly budget is \$63.50 for each adult, to cover food and cleaning products.
107. Mothers also received a parental tax credit which covered items such as infant formula and nappies.

Double bunking

108. At the time of our inspection, the prison had recently installed double bunks in the Self Care villas in response to pressures arising from the growth in the national prison population (the number of women prisoners grew from 585 on 31 March 2015 to 809 on 31 March 2018).
109. The prospect of double bunking caused concern for some of the prisoners, who felt the villas would become overcrowded. Since March, the women prisoner population had decreased, and the additional beds had not been used, although they remained in the villas.

Finding

Finding 19 In most respects, prisoners' physical needs were met. The environment was clean and safe. Prisoners could make decisions about their food and cook for themselves. Broken or malfunctioning items were not always fixed or replaced in a timely manner.

⁵ Guided Release is a programme under which eligible and suitable minimum-security prisoners can be escorted outside the prison for specified purposes. The prison's guided release activities are discussed later in this report.

Safety and humane treatment

Active management

110. The Self Care staff office is in the recreation/community centre. With no direct line of sight from the office to the villas, staff watch the Self Care environs on CCTV. We saw staff walking the unit perimeter and talking to prisoners. Four prisoners said most staff were helpful and addressed tensions quickly. Staff said they were often reassigned to other duties. Three prisoners said Self Care staff often changed, and complaints or requests were not addressed. Two said Mothers with Babies Unit staff who had children were helpful as they understood new mothers' needs.

Search practices and contraband

111. Random house searches occurred regularly. Prisoners were strip searched when they left or returned to the prison. None of the prisoners raised concerns about search practices. In the six months to 31 March 2018, no contraband incidents were recorded in the Self Care and Mothers with Babies units.

Violence and intimidation

112. All the prisoners we interviewed felt safe in the Self Care and Mothers with Babies units. None raised concerns about violence or gang activity, and only two raised concerns about bullying or intimidation, saying standovers sometimes occurred over access to nicotine lozenges. During the six months to 31 March 2018, one incident of wilful damage was recorded in the Self Care Unit, along with three incidents of prisoners abusing or threatening staff, and 10 'other' incidents (including standovers).

Finding

Finding 20 Prisoners in the Self Care Unit were generally safe, though standovers occasionally occurred. Most staff actively engaged with prisoners and responded quickly to tensions. Searches were conducted regularly and access to contraband appeared to be minimal. Regular staff rotation meant that requests and complaints were not always followed up.

Time out of cell

113. Self Care prisoners usually had about eight hours a day out of their cells on weekdays (longer if they worked) and 6½ hours a day on weekends. Prisoners could be locked in the villas for longer if an issue arose. Two prisoners said the unit was locked up more than the low medium security Wing 1, which compromised its purpose of preparing prisoners for release and reintegration.

Counselling

114. All four prisoners attending counselling and another who had finished a counselling programme were positive about the experience.

Exercise and other constructive activities

115. Two of the 12 prisoners interviewed said they used the prison gym and exercised with the fitness instructor. Others said they used exercise equipment in the common room. Four used the library. Prisoners (except new mothers) said they spent time in the common room knitting, making poppies or other activities, or walking around the villas. Three prisoners said having fewer activities in Self Care than in the low medium unit, long downtime and frequent lockups led to boredom.
116. Following our inspection, the National Commissioner advised that women in the Self Care Unit had access to a range of activities, programmes and employment, such as the Kowhiritanga rehabilitation programme, yoga, and work in the sewing room, the library, the kitchen and the laundry. These activities ensured the reintegration focus of the unit as they allowed women to spend time constructively and provided the opportunity to build skills for release.

Contact with family and friends

117. The Self Care Unit has one telephone, in the common room. Five of the prisoners interviewed said the telephone was not private enough for family calls. Only eight telephone slots were available each day for 32 prisoners, which meant some prisoners could not make calls. Eight of the prisoners said partners and families, some of whom travelled long distances, visited them. Others said they kept in touch with family by AVL and telephone.

Finding

- Finding 21 Prisoners expressed frustration at frequent lockups, which they felt interfered with the units' reintegration focus.

At Risk and Separates Units

118. The site's unit for prisoners assessed as being at risk of self-harm was known as the At Risk Unit (ARU) at the time of inspection. As part of a national initiative aimed at a more therapeutic and long-term focus on prisoners at risk of self-harm, it is now called an Intervention and Support Unit.
119. The unit has four cells – two with toilets and two dry cells⁶ with no running water or toilet. It also has a bathroom, a day room, an exercise yard, a small kitchen area and an open-air yard.
120. Adjacent to the ARU is a Separates Unit with four cells, which houses prisoners who have been placed in cell confinement following a disciplinary hearing. The acting Prison Director advised that the ARU was due to be expanded, with the addition of four more cells.
121. Both units were clean and well maintained, with no visible graffiti. The day room and corridors in both units had murals painted on the walls.

Prisoners

122. At the time of our site visit, three prisoners were in the ARU and two were in Separates. We interviewed all of the ARU prisoners and one from Separates. Prisoners we interviewed from other units had also previously spent time in the ARU. All of the prisoners we interviewed had spent extended periods in the ARU or in Separates.
123. Up to 3 May 2018, one prisoner had been in and out of the ARU since August 2017, and three others had been almost continuously in the ARU or Separates since early 2018.
124. Management plans were in place for all prisoners in the unit. However, two of the plans did not state the reason for the prisoner's at risk status.

Staffing

125. Between 8am and 5pm, two officers were rostered on duty with responsibility for the ARU and Separates. They worked from a staff hub in the ARU, which meant no staff were based in Separates.
126. From 5pm to 8am the units (including ARU cells) were monitored using CCTV from the staff hub and the prison's master control room.
127. Some of the permanent staff had been trained to recognise and manage people with mental health problems and in suicide awareness. During our visit, the units were staffed by officers from other parts of the prison who had little or no experience of working with prisoners at risk of self-harm.
128. Custodial staff were supported by health staff, and by visiting psychiatrists and nurses from the Forensic Mental Health Service and Pukenga Atawhai (specialist Maori mental health workers).

First days in the unit

129. Of the 34 prisoners we interviewed, 15 said they had initially been placed in the ARU upon arrival in the prison, for periods ranging from a single night to several weeks. Two prisoners said they were placed in the ARU because it was their first time in prison. Seven said they were placed in the unit on arrival because they were experiencing mental illness.
130. Four prisoners told us that they had not received induction information on arrival in the unit.

Unit routines

131. Prisoners in these units told us they spent most of the day, including most mealtimes, in their cells. Two said they spent at least 22 hours a day in their cells, sometimes longer, depending on staffing.
132. Three prisoners told us it was distressing to spend so long in their cells without speaking to others, and felt it harmed their mental health.

⁶ Dry cells are used for prisoners suspected of concealing drugs or other unauthorised items within their bodies.

133. When out of their cells prisoners could spend time in the yard or day room, where they could read, do puzzles, watch television or mix with other prisoners.

134. Prisoners said they were allowed to shower and were given fresh clothing three days a week.

Supervision and active management

135. Prisoners we interviewed were generally positive about ARU staff. They said custodial staff were busy and mostly engaged with them only at meal, medication and shower times. Staff conducted regular checks of prisoners in their cells. The frequency of the checks was set out in each prisoner's management plan and depended on the assessed risk.

136. When prisoners were unlocked and in the yard, staff supervised them to assure their safety. This meant staff were rarely in the staff hub during unlock hours and were unable to monitor the CCTV feed for any prisoner who remained in her cell.

137. All the staff-prisoner interactions we observed were positive and constructive, with staff communicating effectively and responding to prisoners' requests.

138. 9 (2) (a)

Two prisoners in the ARU told us they felt safe from others, but not from themselves.

Strip searches

139. Prisoners who had been in the ARU told us they were strip searched on arrival, and after any self-harm incident. Strip searches were always conducted by female corrections officers. Most of these prisoners said staff were respectful and had no complaints about the conduct of the searches.

Telephone and visits

140. Department of Corrections policy is that prisoners can telephone approved numbers only. Calls are recorded by the Prisoner Telephone Monitoring System and can be monitored. The ARU has no pay phone for prisoners, who use a normal telephone instead, so calls are not recorded or monitored.

141. Two of the ARU prisoners and one from Separates told us they received visits from family members. Because the unit has no interview or visits room, visits take place in the day room or kitchen.

142. Following our inspection, the National Commissioner advised that multi-disciplinary team meetings were held daily to discuss the needs and progress of women in the unit. The women were encouraged to attend programmes and spend short periods of time in the mainstream wings when they were well enough. They were also offered time in the television room, day room and outside yard, which housed pet rabbits. If they declined these options, it was documented on their file.

143. Additionally, women housed in the unit frequently or for extended periods were overseen by the Regional High Risk Governance group or the national High and Complex Needs panel, which reviewed the care provided in the unit and supported the site.

144. The unit is being redeveloped as part of the site's building updates. It will include extra day rooms, yards and sensory spaces, and will provide a better therapeutic environment for women at risk of self-harm. Increased staffing will support the women to engage in a range of out-of-cell activities.

Findings

Finding 22 Some prisoners at risk of self-harm were spending long periods in the At Risk Unit and in their cells each day.

Finding 23 Prisoners were positive about the care they received from nurses and mental health professionals, and were generally positive about interactions with custodial staff, although they recognised that staff were busy and had little time to interact with them.

Clothing and bedding

145. Prisoners told us they were issued two sets of sweatshirts, t-shirts, shorts and trackpants. Prisoners usually supplied their own underwear but could be issued with underwear if needed. Most prisoners said their clothing was reasonable and kept them warm enough.
146. The prison did not provide maternity clothing for pregnant women. Four prisoners who were or had been pregnant said they had continued to wear standard clothing in larger sizes.
147. Most bedding we saw in Wing 1 was in good condition. In Wings 2 and 3, prisoners told us their mattresses and pillows were thin and uncomfortable. We examined the bedding in some cells and found the pillows lumpy and lacking in stuffing, and mattresses thin. Sheets and blankets seemed to be in good condition. Three prisoners said their mattresses were too narrow and uncomfortable.
148. Following our inspection, the National Commissioner advised that the site would explore options for the provision of maternity clothing. Staff were taking steps to ensure pregnant women had comfortable and appropriately fitting clothing.
149. Additionally, the site had purchased and replaced mattresses and bedding. In future, all bedding and mattresses would be checked six-monthly.

Finding

- Finding 24 Prison clothing was generally of a reasonable standard, but pregnancy clothing was not provided.
- Finding 25 Some bedding was thin or lumpy and uncomfortable.

Food

150. Prisoners' meals (see Image 9) are prepared in accordance with Department of Corrections' national menus. The Department's policy is that all prisoners should be provided with a diet that complies with the Ministry of Health's Food and Nutrition Guidelines. Prisoners said they usually ate in the dining room, and sometimes in their cells if staff meetings or visits were occurring.
151. Among the prisoners we interviewed:
- » Four said the diet was unhealthy and contained too much bread or carbohydrates, which caused them to put on weight (the standard National Menu provides for women prisoners to be given eight slices of bread per day: two pieces of toast, two slices of bread, and two sandwiches). One prisoner said she had gained 20kg while in prison.
 - » Two said the diet was just sufficient and they relied on canteen⁷ items to supplement it.
 - » Others said the meals were good and the portions were sufficient.
152. Following our inspection, the National Commissioner advised that the prison menu was reviewed in 2018. Changes have been made to the menu to support nutrition and health. The Department of Corrections plans to implement the changes in the 2019/20 year.

Finding

- Finding 26 Although food complied with the relevant Department of Corrections' national menus, many prisoners regarded it as unhealthy and contributing to weight gain.

⁷ Prisoners can buy items such as food, toiletries, phone cards and stamps through the canteen system. Orders are placed at their unit's self-service kiosk. Items available include fruit, nuts, cereals, soups, noodles, potato chips, crackers, and hot drinks. Prisoners pay for these items using money they have earned while working in prison or money placed in their trust account by family and friends.



Visits

153. We observed visits during one day of our site visit. The visits centre (see Image 10) had colourful murals painted on the walls, a range of children's toys and fruit for children. Visits could last up to two hours. One prisoner said the visits staff were generally "lovely" and her children, after initial apprehension, felt comfortable visiting. Prisoners said they were routinely strip searched after visits.

Released under the Official Information Act 1982

Rehabilitation

154. As well as detaining prisoners safely and humanely, prisons are expected to support prisoners to make positive changes in their lives. All New Zealand prisons offer programmes aimed at helping prisoners address the causes of offending, and acquire skills that will help them after release. Case managers work with prisoners to create plans for rehabilitation and reintegration, and keep track of progress. Successful rehabilitation depends on a prisoner's motivation and on access to support and opportunities to make positive changes.

Case management

155. The prison had 3.75 FTE case managers, three of whom were still learning the role. Case managers told us that, of the prison's 134 prisoners, 32 had not been assigned a case manager. Much of their time was spent on parole reports, leaving little time to work with prisoners to advance rehabilitation.
156. Following our inspection, the National Commissioner advised that case management was now operating at full capacity. Assurance checks would be carried out to ensure the quality and timeliness of prisoner meetings and offender plans.

Industry, treatment and learning

157. The prison offered a range of treatment and rehabilitation programmes aimed at addressing alcohol and drug use and causes of offending, and learning skills to develop healthy relationships and prevent reoffending. These included rehabilitation programmes that incorporate tikanga Māori. In practice, places on these programmes were typically taken up by prisoners in Wing 1 and the Self Care Unit.
158. All prisoners received an education assessment to determine literacy, numeracy and other education and training needs. low medium security prisoners (including those in Self Care units) could:
- » take up a range of education opportunities including literacy and numeracy courses, Secure Online Learning, and parenting courses
 - » work and train in a range of industries including sewing, horticulture, hospitality, and barista training, and can complete NZQA approved qualifications in these industries
 - » work as cleaners in their units or the administration wing, or in the prison laundry
 - » take part in volunteer-run programmes, such as music and art
159. High security prisoners were eligible for education programmes such as Secure Online Learning, parenting and everyday skills. They could take part in volunteer-run programmes such as music and art, and work as cleaners or kitchen/laundry staff. One of the high security prisoners we interviewed had a cleaning job, and three others said they were enrolled in or had completed education programmes. Other prisoners told us they were not engaged in industry, treatment or learning opportunities.
160. Following our inspection, the National Commissioner advised that placement in high security did not restrict a woman's access to rehabilitation programmes. The timing of rehabilitation was based on a woman's suitability, programme readiness and motivation to engage. Remand prisoners in high security had access to the tikanga, education, parenting and Kia Rite programmes.
161. Case managers told us of long wait lists for education programmes, counselling, psychological treatment and social workers' assistance. Long waits for counselling and psychologists could affect prisoners' readiness to engage in rehabilitation programmes. Staff told us the programmes area lacked space and programmes were short-staffed (the prison employs two FTE tutors). Programmes

could be affected if custodial staff were unavailable to move prisoners to the programmes area. The acting Prison Director told us the prison planned to build a new programmes area. Seven of the eight Wing 1 prisoners we interviewed said they were involved in an industry, treatment or learning programme.

162. Most Self Care prisoners interviewed had completed or were completing the treatment programmes on their offender plans. Three worked within the prison. Several of the prisoners were enrolled in education programmes such as Secure Online Learning programmes and CV/interview skills.

Findings

- Finding 27 Case management staff had little time to work with prisoners to develop plans for addressing reoffending.
- Finding 28 Prisoners in high security units had limited access to rehabilitation programmes.
- Finding 29 Low medium prisoners had good access to work experience and industry training opportunities. There were waiting lists for most of the programmes.

Health and other services

Health

163. Prisons have a primary health care service that is required by Section 75 of the Corrections Act 2004 to provide health care that is "reasonably necessary" and the standard of that care must be "reasonably equivalent to the standard of health care available to the public".
164. The Health Centre Manager told us women who arrived in prison were often in a state of crisis. About 75% had been exposed to sexual, physical or psychological abuse. Many were smokers and had poor oral health. Many had missed out on community health interventions such as immunisations and screening for breast and cervical cancer. Many had few positive role models in their lives.
165. The prison has a Health Centre, with a manager, 5.3 FTE nurses (with a 0.7 FTE vacancy), and a half-time administrative assistant. Nursing staff are on site from 6.30am–8pm on weekdays and from 7am–5pm at weekends. A registered nurse is rostered on call outside those hours.
166. The Health Centre Manager is responsible for Christchurch Women's Prison and Rolleston Prison. During the week of our visit, she had many demands from both sites and worked more hours than required.
167. This resulted in some key processes and tasks, such as clinical governance, health incident reporting and audits, not being completed and meant the manager lacked oversight to provide primary assurance of processes such as medication management, and treatment plans for patients with complex healthcare needs. Staff also acknowledged how busy the Health Centre Manager was, and that she was "too busy" or "never here".
168. A Medical Officer is contracted to provide services at the prison and can provide advice by telephone outside those hours. Other contracted providers include a dentist (two appointments a week), a physiotherapist (one clinic a month), a pharmacist, a podiatrist, a hepatitis nurse specialist, and an ear suction clinic.
169. If a prisoner needs medical care that is not available on site, she can be referred to a health provider outside the prison. Māori health providers are engaged as required. Christchurch Hospital provides acute and secondary care.
170. The prison has traditionally had a stable health workforce. However, in the year before our visit, many experienced staff resigned (the turnover rate was 44%). New staff were recruited, some of whom were completing their orientation during our visit.
171. The Health Centre has a clinic room, two consulting rooms, an office, medication and sluice rooms, and a holding cell. It was adequate and fit for purpose, but the medication room was small.
172. Following our inspection, the National Commissioner advised that a dedicated Health Centre Manager for Christchurch Women's Prison is to be recruited in June 2019. In March 2019 a new Health Team Leader was appointed, who oversees some key processes and is available to support health staff.

Initial health assessments

173. As part of the reception process, a nurse interviews prisoners to determine immediate health and mental health needs. We observed this process and found these interviews were thorough, with effective communication between nurses and prisoner, and between nurses and custodial staff. After this initial interview, prisoners are referred for health assessments and mental health assessments as needed.
174. We reviewed documentation for eight prisoners who arrived between 14 and 19 May 2018. We found that seven Initial Health Assessments had been completed and one could not be completed

because of the prisoner's mental health. The assessments were comprehensive and all required screening tests were completed or scheduled.

175. On one day during our visit, two prisoners were due for their Initial Health Assessments but did not arrive for their appointment because unit custodial staff were not available to escort them to the Health Centre.

Access to care

176. The Health Centre has a system in place for ensuring that it responds to all health request forms. It aims to respond within seven days, but at the time of our site visit some forms had been waiting longer. The Health Centre Manager told us this was due to short-staffing, and nurses told us that appointments were sometimes missed because no custodial staff were available to escort prisoners to the Health Centre. Nurses told us there could be a lot of waiting around for prisoners to arrive.
177. On one occasion, we saw the Health Centre Manager escorting prisoners to the centre because no custodial staff were available.
178. Following our inspection, the National Commissioner advised that additional custodial staff would be available when the site's capacity increases in late 2019. In the meantime, the prison was prioritising health movements and using spare staff to support medical escorts.
179. The Medical Officer is funded five hours a week, with about 14 consultations per clinic, but sometimes provided more than that. Of the 34 prisoners we interviewed, seven raised concerns about the time it could take to get a consultation with a nurse or doctor. These prisoners said the doctor was overstretched and one clinic per week was not enough to meet demand. The clinic appointment book showed the next available non urgent doctor appointment was two weeks away.
180. The District Health Board provides dental services off site. Eight prisoners raised concerns about the length of time it could take to see the dentist. At 14 May 2018, 32 prisoners (out of 134 in the prison) were on the waiting list to see a dentist. Of those, 13 had scheduled appointments. The Health Centre Manager advised that the prison had received funding which would allow it to double the number of dental appointments each week. A dental clinic was planned to be built at the prison.
181. Following our inspection, the National Commissioner advised that wait times for the dentist had reduced. The site is considering options for enhancing prisoners' access to dental services.

Staff-prisoner interactions

182. Most of the prisoners we interviewed had no concerns with the care they received, other than with the timeliness of doctor and dentist visits. Most said the staff were helpful, although four said one nurse was abrupt and rude to prisoners. We observed that nurses' consultations with prisoners were managed professionally. Patients were well informed about their health conditions and options for treatment, and were consulted and involved in planning of their care.

Health recalls

183. The prison uses an electronic recall system for prisoners who need ongoing care. We inspected the prison's health recall list and found that some prisoners were recorded as being overdue for recalls, with the longest dating back to June 2016. Recalls were in place for clinical reviews, cardiovascular screening, vaccinations and injections, blood and screening tests. Five prisoners with diabetes did not have recalls in place for annual diabetes reviews, and there were few automated recalls for two-yearly health checks and over-65 health and dental checks.

Health information

184. On reception, all prisoners were given a 'Managing Your Health in Prison' leaflet and told about the prison health services. A range of health information brochures was available in the Health Centre and in the foyer outside the unit's holding cell.
185. We saw little health promotion material on display within the residential units. Nor did we see any information in languages other than English. Nurses told us that translators were used for prisoners who did not speak English. A copy of the Health and Disability Commissioner's Consumer Rights was displayed in the Health Centre, and prisoners told us they knew how to make complaints.

Screening and immunisation

186. The Health Centre provides or organises screening for sexually transmitted diseases, hepatitis B and C, cardiovascular risk, diabetes, cervical and breast cancer, alcohol and substance use, and mental health risks. The patient management system was showing that 26 cervical smear screening tests were overdue because the nurses who were qualified to conduct these tests had left. The Health Centre Manager had arranged for an external provider to carry out these tests, with the Medical Officer completing any urgent cervical screening tests.
187. Ten prisoners told us they were aware that smear tests and mammograms were available. Most of those had received smear tests and/or mammograms while in prison.

Continuity of medication

188. Following reception to prison, nurses contact prisoners' general practitioners and other health care providers to obtain their medical history and ensure that existing treatment was continued.
189. During the week of 14 May 2018, eight new prisoners arrived at the prison. To confirm the prescriptions of the four who said they were on medication, health staff contacted their general practitioners. It is important that the Medical Officer has all available information on a prisoner's medical history to support their decision-making when prescribing treatment. The health staff and medical officer could not access the South Island's HealthOne electronic patient record system, and could not independently check prisoners' medical history and prescriptions.
190. Continuity of care, including prescribed medication, is important to prisoners' wellbeing and managing long-term conditions.

Medication rounds

191. We observed medication administration rounds. The Department of Corrections' Health Services Medicines Management Policy is that morning medication be given between 6.30am and 9am, dinner medication between 4pm and 6pm, and evening medication between 6.30pm and 9pm. Medication was administered outside these times. This may have reduced the therapeutic benefit. Some prisoners were concerned about the lack of privacy when talking to nurses about health issues. Nurses said they often found it difficult to access prisoners in the health unit and often needed to see prisoners in their residential units.
192. Following our inspection, the National Commissioner advised that the time of medication rounds had been altered so medication was administered as prescribed.

Pregnancy and childbirth

193. Pregnant women at Christchurch Women's Prison can continue to receive care from their community Lead Maternity Carer (LMC). The prison has two LMCs who provide care if a pregnant woman has not registered with a LMC before arriving in custody. Three of the prisoners interviewed told us about experiences with pregnancy and childbirth.

194. 9 (2) (a)

195. Babies in the Mothers with Babies Unit have their own doctors in the community. Mothers are escorted to attend appointments with their babies. One prisoner raised concerns that custodial staff would decide when a baby should be taken to a doctor.

Mental health services

196. Nurses, the Improving Mental Health Clinician, trauma counsellor, packages of care counsellor, social worker and medical officer provide primary mental health services. The prison also had access to psychology services and ACC sensitive claim providers. At Initial Health Assessments, nurses use a mental health screening tool to determine prisoners' mental health care needs and assess drug/alcohol use, and social needs. Prisoners may be referred to the Regional Forensic Psychiatric Service for further assessment or to other services.

197. Forensic Psychiatry Service staff visit the prison once a week, and Ngā Pūkenga Atawhai (specialist Māori mental health workers) visit for half a day each week. The Community Alcohol and Drug Service provides alcohol and drug screening services as required, and a nurse specialist visits regularly to monitor and support prisoners on opioid substitution treatment.

198. The District Health Board accepts patients referred from prison for compulsory assessment and treatment in a secure mental health facility. The Health Centre Manager told us three prisoners were undergoing treatment at Hillmorton Hospital in Christchurch.

199. Prisoners in the ARU were positive about the help they received from nurses and counselling/ psychiatric services. One prisoner in Separates said she saw a counsellor every week and usually found this helpful.

Findings

Finding 30 The prison's Health Centre provided a range of health services and generally provided a standard of care comparable to that received by the public.

Finding 31 The Health Centre Manager covered two prisons and, because of this, lacked oversight of some key processes and was not always available or visible to staff.

Finding 32 The Health Centre's processes for reception and initial health assessments of prisoners were effective, and the prison had good systems for determining health needs and referring prisoners for consultation and treatment.

Finding 33 Resources for doctor and dentist clinics were limited, which sometimes resulted in long wait times, particularly for dentist visits.

Finding 34 The Health Centre did not have enough dedicated custodial staff rostered to support clinics. This sometimes meant no-one was available to escort prisoners to and from appointments.

Finding 35 Medication rounds occurred at times that could compromise the therapeutic effects.

Spiritual support

200. The prison has a Chaplain who has been in the role for 23 years, and is at the prison for 10 hours per week. The Chaplain provides church services on Sundays and pastoral care on other occasions.
201. The Chaplain also coordinates a range of volunteer activities during the week, such as card making, guitar lessons, a book club, reading assistance and movie nights. The chaplaincy organises gifts for prisoners every Christmas.
202. The prison chapel is now used as a multi-purpose room so the Chaplain has to book it for other activities.
203. The Chaplain told us she is often made aware of bullying between prisoners, and had spoken with staff about this on a number of occasions.
204. Of the prisoners we interviewed, most knew of the Chaplain and were aware of how to ask for support if they wanted it.
205. There are a number of volunteers from other faiths, such as Muslim, who are available to visit prisoners.

Finding

Finding 36 Prisoners were aware of the support available from the chaplaincy and how to access it.

Reintegration

206. Case managers begin working with prisoners soon after their arrival in prison to develop an offender plan (which includes a release plan), and continue to develop and confirm this plan as their sentence progresses.
207. Proposed release plans for long serving prisoners are outlined and confirmed in reports, which are provided to the Parole Board before a prisoner's scheduled parole hearing.
208. Planning for release is based on a prisoner's risk of re-offending and the support needed to manage those risks.

Temporary release

209. The Department of Corrections can approve temporary release from custody for eligible and suitable prisoners in order to aid their rehabilitation and reintegration into the community.⁸
210. Temporary release opportunities can include Release to Work (in which prisoners work for private employers outside the prison) and Guided Release (in which prisoners are accompanied on visits to local communities and to services such as accommodation providers and banks).
211. Prisoners on temporary release are typically subject to electronic monitoring and strict conditions about how long they can be away from the prison and where they can go.

Guided Release

212. The Guided Release programme is aimed at long-serving prisoners who need help reintegrating into the community. Guided Release coordinators work with prisoners to reintroduce them to the community, and help them deal with immediate needs such as finding accommodation, opening bank accounts, looking for work and applying for benefits.
213. The programme is only available to prisoners who are eligible and suitable for temporary release. It is particularly important for prisoners who have little or no support on release.
214. In the six months to 31 March 2018, 33 prisoners applied for Guided Release and eight were approved.

Release to Work

215. Under the Release to Work programme, eligible and suitable prisoners can be approved for work in private industries in the community. Release to Work allows prisoners to gain valuable work skills and experience, as well as skills at managing themselves in the community. Release to Work opportunities sometimes lead to offers of ongoing employment.

216. 9 (2) (a)

Childcare

217. 9 (2) (a)

This allows the prisoner to take part in rehabilitation programmes in the mornings.

⁸ Other temporary release opportunities include external self care in which prisoners live in self-care accommodation outside the prison perimeter; and visits to children under child protection protocols. Temporary release criteria are set out in Corrections Act 2004, ss 62-64. The programme is only available to minimum security prisoners or those who the Parole Board has ordered released.

Reintegration services

218. The Department of Corrections contracts a range of community providers to offer reintegration services for prisoners after release.
219. The services aim to support prisoners with six key elements of reintegration – accommodation, life skills, employment, education and training, health and wellbeing, and whanau/community support.
220. In the six months to 31 March 2018, 26 prisoners were referred to supported accommodation; 29 were referred to Out of Gate services, which assist prisoners released after remand or short sentences with accommodation, employment and other immediate needs; four worked with Tiaki Tangata, which assists long-serving Māori prisoners with reintegration needs; and one was referred to the Employment Support Service.
221. Case managers told us there was a lack of accommodation for released prisoners. Only prisoners who had spent more than two years in prison were given assistance in finding accommodation through the Out of Gate reintegration service.
222. For women who had been in prison for less than two years, there was very limited accommodation. Some women could be released from prison on bail if they had a suitable address.
223. The acting Principal Case Manager told us that the reintegration services available did not always match the needs of released prisoners.

Prisoners' readiness for parole/release

224. Several of the prisoners we interviewed were eligible for parole or release in the months following our inspection. These prisoners gave a range of views about their readiness to return to the community.
225. Lack of accommodation was a common theme. Among eight prisoners who were eligible for parole or were due to become eligible soon after our site visit, six had completed most or all of the rehabilitation programmes on their offender plans. Only two had accommodation arranged and only one had employment arranged following her release.
226. Among five prisoners who were due for release soon after our inspection, only two had accommodation arranged, and only one had employment. Others said they had nowhere to go on release, no arrangements for income, and no bank account.
227. One prisoner said she did not want to repeat her experience from the previous time she had been released from prison, when she ended up living on the streets and mixing with people who were using drugs.

Finding

- Finding 37 Some prisoners felt confident they were ready for release into the community, while others had not completed the rehabilitation programmes required under their offender plans. Some prisoners had made arrangements for accommodation, income and ongoing support, while others had not. Few prisoners had jobs to go to. For several prisoners, arranging suitable accommodation was the greatest challenge prior to release.

Appendix – Images



Image 1. Interior of a high security prison escort van



Image 2. AVL suite



Image 3. Day room in Wing 2



Image 4. Wing 1 courtyard and cells



Image 5. The library



Image 6. Self Care Villas



Image 7. Self Care common room



Image 8. Mother with Babies Unit playground



Image 9. Prisoner's dinner



Image 10. Visits Centre

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