OFFICE OF THE INSPECTORATE *Te Tari Tirohia*

Whanganui Prison

Announced Inspection

October-November 2025

ARA POUTAMA AOTEAROA
DEPARTMENT OF CORRECTIONS

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Publication date: September 2026

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OFFICE OF THE INSPECTORATE
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 values of the Department of Corrections | Ara Poutama Aotearoa (Corrections): 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.

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

Foreword

This report sets out the findings of an announced inspection of Whanganui Prison and the New Plymouth Remand Centre.

Overall, Whanganui Prison was operating well, with staff across all areas of the site demonstrating positive engagement and strong rapport with prisoners, a range of employment and education opportunities being available to many prisoners, and a generally clean and well-maintained site. There were some examples of practical initiatives, including an improved approach to administering controlled medications resulting in efficiencies for both staff and prisoners. It was also positive to hear that prisoners were provided free electrical safety checks for their property. In other prisons, prisoners are charged for this service, which can result in delays in prisoners receiving their property.

However, the inspection identified several areas that require improvement. Although staff had high trust and confidence in the prison's leadership overall, some concerns were raised about the behaviour of some senior managers and some staff lacked confidence that their concerns would be taken seriously by leaders. Some concerns were also raised about staff safety. Non-custodial staff raised the issue of being locked in interview rooms with prisoners or feeling unsafe due to not being able to easily get the attention of custodial staff.

The lack of a dedicated Management Unit, the absence of a dedicated Youth Unit, and the location of the at-risk cell at the New Plymouth Remand Centre were identified as challenges at each site. Follow-up screening at the gatehouse was not always carried out to the expected standard, with some staff not being subject to further checks after activating the metal detector. Rub-down searches were also not completed thoroughly in some cases.

Some concerns were identified with health services at the prison. There were some inconsistent approaches to managing health requests, delays in some health services, and concerningly, health staff had not completed core primary mental health training. It was also a concern that the processes in place for the management of at-risk female prisoners at the New Plymouth Remand Centre meant they could be subject to overly restrictive management for longer than necessary.

It was disappointing to hear that Youth Case Managers did not know about a key assessment used for youth placement and were not reviewing this prior to meeting with young prisoners. There were limited rehabilitation opportunities for high security, remand and segregated prisoners, alongside concerns about a lack of release planning in some cases. However, it was pleasing to see many prisoners employed in the various industries on site working towards qualifications and high completion rates for prisoners participating in Te Tirohanga.

I acknowledge the cooperation of Whanganui Prison management and staff, both during the inspection and afterwards. I expect the site to create an action plan to address the findings in this report. This action plan should be provided to my Office within four weeks of the site receiving the report. 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 Whanganui Prison and the New Plymouth Remand Centre. Whanganui Prison was established in 1978 and is one of 15 prisons for men in New Zealand. It is located east of Whanganui, near Kaitoke.

2. The New Plymouth Remand Centre is managed as part of Whanganui Prison. The New Plymouth Remand Centre was established in 2013 in the same building as the New Plymouth Police Station. The Remand Centre is operated by Corrections but shares a reception area and health room with the Police. It accommodates both men and women.

3. Together, these facilities have the operational capacity[1] for 581 minimum to high security prisoners (557 prisoners at Whanganui Prison and 24 prisoners at the New Plymouth Remand Centre).

4. We inspected Whanganui Prison and the New Plymouth Remand Centre between 29 October 2025 and 7 November 2025. On the first day of the inspection, there were 522 prisoners, comprised of 340 sentenced prisoners, 110 remand accused prisoners, and 72 remand convicted prisoners.

5. Our previous announced inspection of Whanganui Prison was in September 2018.[2] The prisoner population at that time was 525. The inspection report published in August 2019 identified that Whanganui Prison generally kept prisoners safe and met their basic needs, with staff actively managing risks like gang tensions. However, there were some issues, including poor ventilation and inconsistencies in processes like assessments and inductions. The prison offered good access to work, education and rehabilitation programmes, especially for lower security prisoners. It also had some positive initiatives such as a wrap-around pilot programme for young Māori.

Notable positive practice

6. We highlight two areas of positive practice we found during our 2025 inspection of Whanganui Prison below. We looked for innovative practices that led to improved outcomes for prisoners and from which other sites may be able to learn. We also looked for certain areas of practice where staff were doing 'business as usual' but were performing well, or under complex or challenging circumstances.

Health

- The allocation of custodial staff to the Health Centre, alongside a redesigned approach to administering controlled medications outside the main Health Centre, improved efficiency, reduced prisoner movements and minimised disruption, while also providing better support for health staff when managing high risk prisoners.

[1] We note that operational capacity is the maximum number of beds a prison currently has available for use.

[2] Office of the Inspectorate (2019), Whanganui Prison Inspection September 2018.

Environment

- The repairs and maintenance contractor, Downer, provided free electrical safety checks for prisoner property, reducing delays and improving access to personal items.

Findings – action required by prison leaders

7. These overarching 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 track progress. This action plan should be provided to the Office of the Inspectorate.

8. 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. Although we heard trust and confidence in the prison's leadership was generally high across the site, several staff told us about what they perceived as bullying and confrontational behaviour from some senior managers, alongside low confidence that issues would be taken seriously. This indicates a need for prison leaders to provide stronger, more consistent leadership on workplace behaviour and responding to concerns.

Finding 2. Many staff reported limited development conversations with their managers and perceived inconsistencies in practices such as wellness day allocation. We also heard varying views on the extent to which staff felt informed by prison leaders.

Finding 3. Some concerns were raised about staff safety, including instances where non-custodial staff were locked in interview rooms with prisoners with a lack of custodial oversight.

Finding 4. Some custodial staff raised concerns about the absence of a dedicated Management Unit. Following a staff assault, we heard the prisoner was typically removed from the unit for de-escalation but often returned to the same unit within a few hours, which some staff said made them feel unsafe.

Escorts, reception and induction

Finding 5. There were low rates of site inductions recorded, and some first-time prisoners reported they did not receive sufficient information about prison life on arrival. While most prisoners reported receiving a unit induction, the quality and delivery varied, with some reporting limited or no verbal explanation.

Duty of care

Finding 6. Staff expressed concern about the lack of suitable accommodation for young prisoners. Young prisoners we spoke with reported boredom and limited meaningful interaction with custodial staff.

Finding 7. Youth Case Managers did not know what an Assessment of Placement for Young Adults (APYA) was.

Finding 8.	We heard mixed feedback on whether prisoners felt safe in their units. While some felt safe, others reported bullying and standovers, including incidents linked to Nicotine Replacement Therapy lozenges.

Health

Finding 9.	Health staff had not completed core primary mental health training.
Finding 10.	The cell for prisoners at risk of self-harm or suicide at the New Plymouth Remand Centre being in front of the Police processing counter was not an appropriate environment for prisoners who are mentally distressed.
Finding 11.	Prisoners assessed as at risk while at the New Plymouth Remand Centre could not have their observation level reduced without a multi-disciplinary team meeting review. As a result, female prisoners could be subject to overly restrictive management for longer than necessary following an initial at-risk assessment.
Finding 12.	We observed that the CCTV cameras in the cells in the Intervention and Support Unit viewed the toilet area and this was not pixelated on the CCTV monitors. The pixelation of toilet areas in CCTV footage should be applied consistently across all prisons so that the dignity and privacy of prisoners is respected.
Finding 13.	Custodial observations of prisoners in the Intervention and Support Unit were recorded at consistent and predictable intervals, rather than at random intervals.
Finding 14.	We found there were inconsistent approaches to triaging health requests, prioritising waitlists, and scheduling clinic appointments, and some prisoners reported long wait times following the submission of health request forms.
Finding 15.	We heard that recent staff shortages resulted in outstanding health reminders and overdue health assessments for older prisoners, alongside limited monitoring of chronic conditions due to delayed allocation of Nurse portfolios.
Finding 16.	The loss of cold chain certification meant vaccines could not be administered on site.

Good order

Finding 17.	We observed that there were inconsistencies in security screening at the gatehouse, including instances where secondary screening was not completed. We also noted inconsistent checking of electronic devices and that contractor tools were not checked at the gatehouse.
Finding 18.	We observed rub-down searches were of mixed quality, with some not conducted in a sufficiently controlled or thorough manner to detect unauthorised items.
Finding 19.	Visiting Justices reported that mental health conditions, medication delays, and possible drug withdrawal, were not always properly considered when charging a prisoner for an offence against discipline, and that relevant health information was not always available during disciplinary hearings.

Purposeful activity

Finding 20. We heard there were delays in visitor approvals, and the absence of weekend visits made it difficult for some prisoners' children and family/whānau to visit during the week.

Rehabilitation and reintegration

Finding 21. There were limited rehabilitation programme opportunities for high security, remand and segregated prisoners.

Finding 22. Some prisoners reported they were nearing their parole eligibility date without a release plan in place and had not participated in a whānau hui, while others described limited progress on release planning and a lack of clarity about key reintegration arrangements.

Mandate and approach

9. The Office of the Inspectorate | Te Tari Tirohia (the Inspectorate) 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.

10. 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.

11. The Inspection Standards[3] 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 26 September 2025, we finalised a new Leadership Inspection Standard on *Promoting a safe and respectful workplace*.

12. 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.

13. The Office of the Ombudsman is mandated as a National Preventive Mechanism[4] to examine and monitor the treatment of people in prisons. The Chief Ombudsman's most recently published report into conditions at Whanganui Prison was released in 2021.[5]

14. In addition to announced inspections, 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. Clinical Inspectors also conduct site visits, engage with prisoners and health staff, have oversight of clinical incidents, and manage health related complaints.

[3] Office of the Inspectorate *Inspection Standards*.

[4] 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.

[5] Office of the Ombudsman (2021), Report on an announced follow up inspection of Whanganui Prison under the Crimes of Torture Act 1989.

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

16. Inspectors assessed the treatment and conditions of prisoners at Whanganui Prison 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 102 prisoners from units across the prison.
- one-to-one and group interviews with 172 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, the Patient Management System (Medtech) and the health services incident reporting tool. Our review period for data analysis was the six-month period from 1 April 2025 to 30 September 2025.

20. Generative artificial intelligence was not used to draft or edit this report but was used in the collation of some field work notes. All notes were subject to human oversight and scrutiny to ensure the accuracy of any findings relying on these notes.

21. We were informed by Corrections' 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] Corrections releases refreshed Hōkai Rangi strategy (December 2024).

22. On 31 July 2026, 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 24 August 2026, and the response is attached as Appendix B.

[7] Pae Ora can be translated as 'healthy futures'.

Prisoner population demographics

23. On the first day of the inspection, 29 October 2025, there were 522 prisoners at Whanganui Prison (including the New Plymouth Remand Centre).

24. There were 340 sentenced prisoners (65%), and 182 on remand (35%). The remand prisoners were comprised of 72 remand convicted[8] (40% of those on remand) and 110 remand accused[9] (60% of those on remand).

25. The 340 sentenced prisoners had the following security classifications: 35 were high security, 100 were low medium, 70 were low, and 121 were minimum security. There were 14 prisoners who had not yet been classified.

26. COBRA sets out the following 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. We note that prisons sometimes move categories of prisoners to different units or wings, but do not update the unit/wing allocation on IOMS, so this information may not fully reflect the types of prisoners held in each unit.

Table 1: Unit names, types, and prisoner numbers at Whanganui Prison on 29 October 2025

Unit name	Unit type/prisoner category[10]	Number of prisoners
Assessment	Mainstream[11]	39
Intervention and Support Unit (Te Atawhai)	Intervention and Support Unit (at-risk prisoners)	8
Isolation	Separates	1
New Plymouth Remand Centre (At-risk cell)	At-risk prisoner cell	1
New Plymouth Remand Centre – Pod 1	Mainstream	2
New Plymouth Remand Centre – Pods 2, 3 and 4	Mainstream	3
Southwood	Mainstream	80
Te Moenga	Mainstream	48
Te Moenga Specials	Mainstream	3
Te Ohorere	Self-care (external)	16

[8] Remand convicted prisoners have been convicted of an offence but have not yet been sentenced by the court.

[9] Remand accused prisoners are facing charges before the court and have not yet been convicted.

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

[11] '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.

Unit name	Unit type/prisoner category[10]	Number of prisoners
Te Waimarie	Mainstream	53
Te Whakataa 1	Voluntary Protective Custody[12]	60
Te Whakataa 2	Mainstream	59
Te Whare Manaaki	Self-care (internal)	20
Whakapakari	Mainstream	39
Whānui	Māori Focus Unit	49
Wharikitia	Mainstream	33
Wharikitia Seps	Mainstream	8
	Total	**522**

27. Of the total of 522 prisoners, 308 (59%) identified as Māori, 172 (33%) identified as New Zealand European/Pākehā, 29 (5.6%) identified as Pacific peoples, and nine (1.7%) as 'Other (including Asian)'. The ethnicity of four prisoners (0.8%) was not recorded or unknown.

28. On the first day of the inspection, the largest group (205 prisoners, or 39%) was aged 30 to 39 years old.

29. Eight prisoners were aged under 20, and 29 prisoners were aged 20 to 24.

30. There were 45 prisoners aged 60 and over.

31. One prisoner had a transgender alert in IOMS.

[12] Under Section 59 of the Corrections Act 2004, 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.

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.
- Leaders actively promote a safe, respectful, and inclusive workplace culture.

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

33. The prison leadership team at Whanganui Prison was generally viewed as stable and well-established, demonstrating a clear focus on operational priorities and a commendable commitment to achieving better outcomes for prisoners. This was evident in the site's neat and orderly presentation, maximising time out of cells, planned enhancements to the currently limited range of meaningful and constructive activities, the generally positive feedback from prisoners, and the strong sense of staff cohesiveness and camaraderie observed across the site.

34. We were advised, and observed, that there was a positive relationship with CANZ (Corrections Association of New Zealand) and PSA (Public Service Association), the two main unions on site. Both unions reported valuing their relationship with the General Manager and Deputy General Manager, particularly the monthly meetings and the open-door approach that enables informal discussions outside scheduled engagements.

35. Issues that were top of mind for the unions included concerns about the expected staff to prisoner ratios, the lack of food hatches in some units, delays and poor service from the Accident Compensation Corporation (ACC) provider Howdens, increasing workloads without an increase in staff (for example, the high volume of escorts to Rimutaka Prison), the lack of a Management Unit, and the challenges of an ageing workforce. They also noted several aspects that were working well, particularly the positive rapport between staff and prisoners, and the low level of staff assaults on site.

36. We heard a wide range of contrasting views on the effectiveness of communications on site. The morning briefings we observed were generally well-delivered – clear, succinct and covering the relevant operational information for the day ahead. They included useful focus points and an operationally focused "thought for the day", which we considered added value. The dissemination of this information via the Principal Corrections Officer group and site wide email worked well for some, but not for others. Many staff reported that emails were often received too late to be useful, or that limited

access to computers made it difficult to retrieve timely updates. A consistent theme across our conversations with staff was a perceived lack of communication about the site's long-term vision and future plans. Many staff felt they were not kept informed about the broader strategic direction beyond day-to-day operations.

37. Staff and stakeholder trust and confidence in the prison's leadership was generally high across the site. However, several staff raised concerns about what they perceived as bullying and confrontational behaviour from some senior managers. This was a strong and recurring theme among both custodial and non-custodial staff and warrants further inquiry. Several non-custodial staff told us they were unhappy with leadership, communication was lacking, morale was low, and some teams felt disconnected. Some custodial staff also reported being subjected to unwanted attention and derogatory remarks of a sexual nature from work colleagues. They expressed limited confidence that their concerns would be taken seriously or acted upon. We were pleased to note that a workshop focused on understanding and responding to sexual harassment was held during the week of our inspection. In our view, this workshop should form part of a broader, leadership-led effort to foster a safe, respectful, and inclusive workplace for all staff.

38. We found several key stakeholder relationships to be generally strong and productive. This included external stakeholders such as Downer, who described their connection with the leadership team as highly positive, noting that it had been significantly strengthened by their location behind the wire. Internally, we observed, and were told of, constructive working relationships between staff in different areas. While Community Corrections managers and staff expressed some frustration with the slow pace and perceived "one sidedness" of the developing relationship with Case Management, they also told us they felt well supported by custodial staff.

39. We noted the positive level of staff engagement across the site in the May 2025 Shaping Corrections survey, as well as the steady increase in engagement since the September 2023 survey. However, we also found some scepticism among staff about whether these surveys lead to meaningful change. Many staff told us they did not have kōrero whakawhanake (development conversations) with their managers, and we heard several concerns about perceived inconsistencies in how wellness days[13] were allocated. Workforce planning staff told us wellness days were not being delivered recently due to prioritising training. We also heard concerns about confusion arising from the organisational chart not reflecting operational realities, particularly with respect to reporting lines.

40. We heard that custodial staff generally felt safe when working with prisoners on site. However, this sense of safety was less evident during control and restraint situations, where we were told there is a reluctance to activate body worn cameras due to concerns about subsequent criticism. Some custodial staff raised concerns about the absence of a Management Unit. Following a staff assault, we heard the prisoner was typically taken to the Intervention and Support Unit for de-escalation but often returned to the same unit within a few hours, which some staff said made them feel unsafe. Several non-custodial staff, including nursing staff, Case Managers and those from Community Corrections, reported feeling unsafe when locked in interview rooms with prisoners in high security units. They described multiple instances where this had raised significant personal safety concerns, primarily due to the design and layout of the rooms or the

[13] The purpose of wellness days is to support staff engagement, morale and team connection. These are intended to be staff-driven and not work-focused.

lack of access to keys. During our inspection of one of the units, we observed that a Case Manager was locked in an interview room with a prisoner and custodial staff did not appear to be supervising. The Case Manager knocked loudly on the door to be let out when the interview was finished. Nursing staff told us they mostly felt safe doing their jobs, although some told us about instances where they experienced racial abuse from prisoners which was not addressed by custodial staff.

41. We found that most prisoners were aware of the Principal Corrections Officer assigned to their unit, reflecting a level of consistency in staff presence. Staff generally reported feeling well supported by their Principal Corrections Officers and, in some cases, by their direct managers. However, there is an opportunity to strengthen the visibility and engagement of senior leadership within the units.

42. Some custodial staff told us the "one team" approach was working well in their areas, and they felt supported by their manager and colleagues. However, some of the staff we interviewed told us about instances where they had to work short staffed and where relatively inexperienced staff were put in charge of a shift.

43. Most Case Managers told us they felt supported by their Principal Case Managers. Health staff told us they generally felt they were supported by their managers, even though there had been no Clinical Team Leader since March 2024, and the Health Centre Manager and Assistant Health Centre Manager roles had been covered by acting staff during this period. We heard that all three roles would soon be filled. Mental health services staff told us they had strong support and leadership from their manager. However, some health staff told us that senior managers tended to focus on criticism and did not often recognise successes. Staff suggested that increased engagement by senior managers with frontline teams could help improve leaders' understanding of day-to-day operational pressures and working conditions.

44. We noted that there were no prisoner forums operating on site, apart from in the Whānui Unit (Te Tirohanga unit, formerly known as a Māori Focus Unit).

45. We were told that the relationship with local iwi in Whanganui was reasonable and generally based on genuine consultation rather than one way information sharing. Prison leadership was viewed as broadly supportive of cultural initiatives across the site. However, we also heard that significantly more needed to be done to strengthen the cultural capability of staff and managers beyond the Whānui Unit. For example, staff cited a need for greater site wide support for and participation in events such as Māori Language Week.

46. We heard and observed encouraging progress in embedding the spirit of Te Ara Whakamua: The Pathway Forward in the day-to-day leadership of the prison. Our view is that the relocation of the General Manager to an office outside the wire, while still maintaining strong on-site visibility, represents a positive symbolic shift that can help foster cultural change. We also saw how simple daily rituals, such as the "Coffee Club," (an informal daily gathering of site leaders in the kitchen area for discussions over a hot drink) were contributing to improved cohesion within the wider leadership team and helping to build trust.

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.

47. Information provided by Corrections Data Services[14] set out that on 30 September 2025, Whanganui Prison had an allocation of 370 full-time equivalent (FTE) staff, with 14.8 FTE vacancies. This meant there were 355.3 FTE staff in roles at that time and about 96% of positions were filled. Across all staff, 25% had less than two years' service, 34% had between two and 10 years' service, and 41% had more than 10 years' service.

48. We generally observed professional, positive and courteous interactions between staff and prisoners across the site. Staff maintained a calm demeanour and used appropriate language when engaging with prisoners. We also observed staff having excellent rapport with visitors. Overall, prisoners provided mixed feedback about staff. Most prisoners described staff as supportive and engaging positively, though some felt certain staff were less supportive, disrespectful and treated them unfairly. We heard from staff across the site that communication between staff in different areas could be improved.

Custodial staff

49. Corrections Data Services set out that on 30 September 2025, Whanganui Prison had an allocation of 237 FTE custodial staff. This included 8.2 FTE vacant positions and three trainee Corrections Officers completing the Corrections Officer Development Pathway. Therefore, about 95% of custodial positions were filled. However, the site reported that 17 staff could not be rostered to work or were on alternative duties, for reasons such as injury or long-term sick leave. Staff in workforce planning confirmed there were a significant number of ACC claims, which meant redeployment and overtime was sometimes used to cover shifts.

50. Information provided by Corrections Data Services showed that 25% of custodial staff at Whanganui Prison had less than two years of service, 38% had between two and 10 years' service, and 37% had more than 10 years' service.

51. Regarding training, most custodial staff told us they were generally up to date with their annual core training. From the information provided to us from the site, we found that around 88% of custodial staff had current Tactical Options certification, 98% had current Hostage and Suicide certification, and 92% had current First Aid, Fire and Safety certification. A few staff told us they were not up to date in some core training modules due to being redeployed to other areas when rostered for training. Staff in some units

[14] Staffing figures, including allocations and vacancies provided by Whanganui Prison and Corrections Data Services were different in some cases, creating an unclear picture of staff levels across different workforces at Whanganui Prison. Addressing this issue will require both local and national focus. Figures from Data Services have been used to provide a consistent source of information across reports.

told us there was no longer a "buddy" system for new staff and there was generally no other training, other than the core training.

52. During our inspection, we observed situations where custodial staff competently used their knowledge and skills to manage prisoners using de-escalation techniques and having proactive conversations with prisoners. Many prisoners we interviewed told us custodial staff were approachable and respectful. A few prisoners told us that certain staff were less supportive and respectful.

53. We interviewed the two Residential Managers and heard that there was a good mix of custodial staff experience at Whanganui Prison with longer serving Corrections Officers offering experience alongside new Corrections Officers offering a fresh perspective. They said that staff had a good rapport with prisoners which they thought resulted in a lower level of violence compared to some other prisons. We heard that staff training had improved but that there was a need for more staff recognition with staff work ethic being one of the challenges.

Health staff

54. Corrections Data Services set out that the Whanganui health team had 16.5 FTE roles filled on 30 September 2025. The figures provided to us from the Health Centre Manager were different to those from Corrections Data Services, but we heard from the Health Centre Manager they were soon to be fully staffed with new Nurses recently recruited.

55. The health service at the New Plymouth Remand Centre was provided by a sole Nurse. The Nurse told us that planned leave could be accommodated with a Nurse travelling from Whanganui, but unplanned leave usually meant there was no Nurse available.

56. There were 4.5 FTE roles filled in the mental health services team according to Corrections Data Services and this aligned with what the Clinical Manager Mental Health told us. There was one Clinical Manager, two Clinical Nurse Specialists Mental Health, 0.5 FTE Registered Nurse (Mental Health), and one Cultural Support Worker. We heard the Clinical Psychologist and Social Worker roles were vacant. Staff told us there remained a lack of mental health services staff to replace the Improving Mental Health service.

57. Regarding core training, we heard that all health staff were up to date with their CPR training, 88% had completed the deteriorating patient course, and 58% had completed substance withdrawal training. We were told by the Health Centre Manager that no staff had completed the primary mental health training due to resourcing, prioritising other training, and lack of venue availability for local primary mental health training. We heard the deteriorating patient course was delivered over two days. Some nursing staff told us they believed there was three days' worth of content in this course which made it difficult to complete thoroughly. Some staff also said they were being trained in ways that felt close to diagnosing conditions, despite their role being to triage prisoners for Medical Officer review rather than to diagnose.

58. We were told that clinical supervision was available to the leadership roles, but not to the nursing staff due to recent changes in national funding. We heard from nursing staff that they thought it was important for them to receive clinical supervision as well. Some nursing staff told us they had high workload pressures and difficulty managing competing demands. We heard it was difficult to fit all prisoners requiring care into available clinic times.

59. We observed professional and respectful interactions between health staff and prisoners. Nurses addressed prisoners by their first names, demonstrating they knew the prisoners in their care. The Nurse at the New Plymouth Remand Centre told us they had a good working relationship with the Police and the Court Forensic Liaison Nurse, who shared relevant information in advance when prisoners had mental health concerns.

60. Most prisoners we interviewed told us health staff were professional, positive and courteous.

Case management staff

61. Corrections Data Services information showed that Whanganui Prison had 19.8 FTE filled roles in case management on 30 September 2025. During our visit, case management staff told us they were almost fully staffed at the time of our inspection. The team consisted of two Principal Case Managers, one Parole Board Liaison Officer, one Scheduler, and the remainder were Case Managers with one vacancy.

62. Regarding training, the Case Managers we spoke with told us they thought their training was inadequate as it had too much theory and not enough practice. We heard they did not feel trained to manage the more complex prisoners with mental health concerns and drug addiction. There was a view that prisoners had become more challenging over recent years, with more complex needs and a greater sense of entitlement, and the training did not provide the necessary knowledge and skills to effectively work with these prisoners. We were told several experienced Case Managers had left over the past two years and experienced staff were required to train and mentor new staff. However, we also heard that the Practice Leader on site was a helpful resource and the Practice Leader provided valuable sessions.

63. We were told that workloads for Case Managers were generally manageable. However, they sometimes lacked time for thorough release planning, particularly in fast turnaround cases, but made efforts to engage with prisoners where possible. Some staff noted they would like to have access to professional supervision, as the nature of the work could be challenging.

Other staff

64. Corrections Data Services set out that there were 21 FTE Instructor roles filled, 11 Programme Facilitator roles filled, and 47.9 FTE 'Other' roles filled, including managers, Administration Support Officers, Education Tutors, Property Officers, and others.

65. We interviewed staff in many of these roles and mostly heard that the training staff received was adequate and up to date, and that staff had the necessary knowledge and skills to perform their role.

66. We spoke with a Principal Programme Facilitator who told us the Programme Facilitators were not based at Whanganui Prison but ran programmes in prisons and in the community in the Whanganui, Taranaki, and Manawatū region. We heard the Programme Facilitators had a high level of experience, with most being in the role for over five years, and they delivered comprehensive training for new staff.

67. We interviewed the Administration Team Leader and two Administration Support Officers who told us they had a team of seven at Whanganui Prison which we heard was

sufficient staff for the workload. We were told that training was mostly up to date and they received good feedback from custodial staff on the work they do.

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.

112. Prisoners are transported to and from Whanganui Prison 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.

113. Most prisoners at Whanganui Prison had been transported by road in a Prisoner Escort Vehicle (PEV). For example, from the New Plymouth Remand Centre and Rimutaka Prison (near Wellington).

114. We inspected three PEVs which had current warrants of fitness and registrations. The PEVs were vans fitted with metal compartments in the back to create individual cells. Each cell had a fitted metal seat with a squab. All cells had a light, a tinted window, a vent for air-conditioning/heating, and a camera on the ceiling for staff to monitor prisoners. The cells were observed as clean and all prisoners spoken to reported having clean cells. We observed appropriate cleaning and maintenance checks at both Whanganui Prison and the New Plymouth Remand Centre.

115. Each cell contained an intercom speaker that staff could use to communicate with prisoners. These intercoms were controlled by staff and prisoners could not initiate communication using them. To initiate communication with staff, prisoners would generally wave at the camera and escorting staff would then initiate communication. We note that intercom communications and footage are not recorded. The Inspectorate has previously recommended to Corrections that they install a method of enabling prisoners to contact escorting staff in the event of an emergency. We have also recommended that CCTV footage and intercom conversations from escort vehicles are recorded, as such recordings could provide essential evidence in the event of an incident. However, these recommendations have not yet been put into practice.

116. We interviewed several prisoners about their experiences of prison transfers. Some prisoners had no issues. They reported staff checked in on them, provided water, and for those travelling from Rimutaka Prison, had a rest stop for lunch along the way. However, other prisoners reported the PEVs were uncomfortable. One prisoner told us he was transported in a PEV which was particularly uncomfortable as he has a back injury. He had since managed to get an alert added to avoid PEV travel for this reason.

117. There were no toilets in the vehicles. We observed that prisoners had access to 'travel johns'.[15] Being transported for considerable periods of time with no access to toilet facilities was a finding made in our 2018 inspection. This had improved with the use of travel johns and scheduled rest stops.

118. We interviewed several prisoners about their experiences of escorts out, for example, for hospital appointments or court hearings. Most prisoners reported no issues, with one prisoner reporting that his individual accessibility needs were appropriately met.

119. All prisoners who are travelling in a Corrections PEV must be accompanied by an Instructions for Escorts form[16] which contains their personal details and lists any special instructions, risk mitigations and medication, so escorting staff are aware of their needs. We reviewed a sample of five of these forms and found that all had been completed appropriately. Escorting staff told us they would be briefed by the Principal Corrections Officer if there was anything they needed to be aware of regarding the escort.

120. Corrections has specific guidance for how transfers between prisons should be conducted, including that prisoners should be given advanced warning of the transfer, told the reason they're being transferred and where they are going. There are certain circumstances where the requirement to inform a prisoner of the transfer does not apply, for example, because staff expect the prisoner to create a risk to security or good order once they are informed.[17] Some prisoners reported that they were only informed of their transfer on the morning of or the evening prior to the transfer, due to prison population. Staff confirmed that this can occur. A staff member in the Receiving Office told us there were many transfers to Rimutaka Prison and prisoners were not given much notice. Some prisoners reported multiple transfers and that being moved between prisons resulted in health appointments being cancelled. However, prisoners also told us they were given sufficient time to pack their property and were provided with an opportunity to telephone their family/whānau to inform them prior to their transfer.

121. We observed prisoners arriving at the New Plymouth Remand Centre and having to be held in the PEV for 15 to 20 minutes due to the holding cells being used by the Police. We observed good de-escalation practice when prisoners started kicking the doors of the vehicle. Escorting staff communicated clearly and kept the situation calm during the delay by acting promptly to manage the heat in the vehicle by placing chains across the doors and opening the latches to allow air to flow, offering water, and continuing to speak to the prisoners. The prisoners were escorted from the PEV into holding cells without any further issues.

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

[16] Prison Operations Manual M.04.01.Form.01

[17] Prison Operations Manual M.04.03.04 sets out that there are certain circumstances where the requirement to inform a prisoner of an impending transfer does not apply. These circumstances include that the prisoner to be transferred is expected to create a management difficulty before the transfer is made or as a result of the transfer, or the transfer is being made because there are reasonable grounds to believe that the safety of the prisoner or others at the prison within which the prisoner currently resides is at risk, or the transfer is being made to restore or maintain the security and order of the prison from which the prisoner is being transferred.

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 from 1 April 2025 to 30 September 2025, COBRA data showed that staff in the Whanganui Prison Receiving Office had managed 1,640 receptions (an average of 273 receptions each month) and 1,626 site exits (an average of 271 exits each month). We note that receptions and exits include any prisoner entering or leaving the prison for any reason.

New Plymouth Remand Centre

124. The New Plymouth Remand Centre accommodates prisoners attending court in New Plymouth, those staying overnight while on transfer to another prison, and those awaiting transport to Whanganui Prison following a court hearing.

125. We visited the New Plymouth Remand Centre and observed staff demonstrating strong rapport with prisoners and working well together. The facility had good-sized cells but a small, non-private strip room, and no yard seating. We observed the control room was unattended at times due to staffing levels, and an unsecured sally port door which was accessed by a Police staff member during a prisoner escort vehicle disembarking.

126. Female prisoners were also held in the New Plymouth Remand Centre. We were told by staff that female prisoner accommodation was problematic due to separation requirements reducing bed capacity. Strip searching of female prisoners was done in the health clinic room to facilitate a more private environment.

127. We asked staff in the New Plymouth Remand Centre how they would manage a foreign national prisoner who spoke limited English. Corrections has an 0800 telephone number that staff can ring 24 hours a day, seven days a week to access interpreter services for prisoners who speak limited English. Staff told us they do not frequently receive foreign national prisoners. They said that when needed, staff can access interpreter services, and the contact number for this was available in the guardroom.

Whanganui Prison Receiving Office

128. We visited the Receiving Office at Whanganui Prison and observed that it was clean, tidy, and well-organised. It had six holding cells and three interview rooms. Holding cells

were clean and free of graffiti (aside from some minor etching). Each cell had a television. One holding cell did not have a toilet.

129. Staff reported some of the challenges included the small size of the Receiving Office, wanting more staff, rostering, and being given only short notice for transfers. However, staff told us they felt supported and that they had a great team.

130. When prisoners arrive at a prison, they must be strip searched or go through a full body scanner. At the time of our inspection, there was a body scanner in the Receiving Office, but it was not in use due to incomplete staff training. This meant that strip searching was required for prisoners arriving at Whanganui Prison. The strip search room was equipped with a camera. However, we observed a privacy screen ensuring that the search itself was not captured on video.

131. Prisons should display posters in the Receiving Office, giving information about prison life and rules. We observed a complaint poster on display, but the Receiving Office lacked posters about prison life.

132. Figures from COBRA indicated that in the six-month review period, 74% of prisoners had their immediate needs assessed, and only 32% of prisoners had received a site induction interview where prison rules and processes were explained to them by a custodial staff member.

133. Staff in the Receiving Office should fingerprint the prisoner and register them for the purpose of using the prison self-service kiosks.[18] We found that on the first day of the inspection, 90% of prisoners had their fingerprints registered on the kiosk system.

134. 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. A Nurse also assesses the prisoner's risk of self-harm. Custodial and health staff must agree on the prisoner's at-risk status before making a decision about placement, or, if they cannot agree, they must escalate the decision to a manager. We reviewed a random selection of the records of five prisoners who had been received at Whanganui Prison in the six-month review period and found that all five prisoners had received a Reception Risk Assessment/Review Risk Assessment within the correct timeframe.

135. We asked prisoners across the site about their experiences in the Receiving Office. Most told us the process was efficient and they were treated with respect. We observed staff interactions with prisoners were consistently positive. Some prisoners told us they received a site induction, while others said they did not. Some first-time prisoners told us they did not receive sufficient information about prison life upon arrival.

136. In addition to a site induction, 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. We asked prisoners across the site about unit inductions. Many told us they

[18] 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.

received a unit induction, but their experiences varied. Most reported their induction was thorough where everything was explained verbally as well as being provided written material, whereas some told us they only got the written material to read. We checked the IOMS records of 13 prisoners and found that 11 had received a unit induction.

137. Most prisoners we interviewed told us they had made their initial telephone call at the Receiving Office. Those who did not were able to make their call once they reached their unit.

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.

138. A Reception Health Screen should be undertaken by a Registered Nurse 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 requiring attention.

139. At the New Plymouth Remand Centre, we observed all prisoners received a health check on arrival. Prisoners transferring through were seen briefly and any required medications were arranged promptly, while new arrivals had a comprehensive screening. We observed that the Nurse was respectful and professional, addressed concerns promptly, and completed follow-up welfare checks where needed.

140. At the Whanganui Prison Receiving Office, we observed a Nurse asking prisoners arriving from New Plymouth Remand Centre if they had any health issues or concerns. These initial questions were asked at the holding cell door. However, we asked prisoners across the site if they had seen a Nurse in private on reception. All told us they had.

141. We reviewed the health files of 22 newly arrived prisoners. There were good examples of withdrawal management, with assessments completed on the day of arrival and follow-up was provided where required. All prisoners identified as at risk of self-harm or suicide were seen by mental health staff the following day. Most medication was prescribed in a timely manner aside from one case where there was a delay of 20 days (the reason why was not clear from the clinical notes).

Geographical placement

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

142. Whanganui Prison is in the Taranaki/Whanganui/Manawatū Region. We asked 50 prisoners if they were from the region and heard that half considered this their home region. Others reported being transferred from places such as Auckland, Napier and Whangarei. We heard that Whanganui Prison receives prisoners transferred for programme participation.

143. Some prisoners told us that being transferred out of their home region can have a negative impact on them and their families, particularly their children. One prisoner said the distance from family had caused significant frustration, and at times led him to consider committing offences in the unit to be transferred back closer to home. One prisoner told us he had grown apart from his family because of the distance.

144. Case Management staff told us there was a lack of supported accommodation options for prisoners upon release (the closest being Palmerston North). We heard that Case Managers sometimes received pushback from other prisons when trying to transfer prisoners who were not from Whanganui originally, to reintegrate into their own community.

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.

146. At the time of the inspection, 308 (59%) of the 522 prisoners at Whanganui Prison identified as Māori. The three most common iwi/hapū affiliations recorded in IOMS were Ngāpuhi (25 prisoners), Ngāti Porou (19 prisoners), and Te Ati Haunui-a-Pāpārangi (15 prisoners).

147. The Whānui Unit accommodated prisoners participating in Te Tirohanga. The Corrections intranet set out that "Te Tirohanga aims to reduce re-offending by providing a rehabilitation pathway founded on a kaupapa Māori therapeutic environment". The intranet further set out that prisoners participated in New Zealand Certificate in Tikanga (Level 2), 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 Principal Corrections Officer who helped establish the Whānui Unit in 2002 told us the unit had strong links with local iwi, meeting regularly and involving them in cultural events. We also heard the unit had good programme completion rates, which the Principal Corrections Officer attributed to their focus on achieving full participation. COBRA data showed that in the six-month review period, there had been 51 Te Tirohanga programme completions. The unit can accommodate 60 prisoners and had 49 prisoners at the time of our inspection. There was a Whare in the unit that we were told was used for meetings, graduations, sleepovers, and other activities as part of the focus unit. We also observed a hāngī pit on the grounds.

148. We interviewed prisoners in the Whānui Unit and most spoke positively, telling us they preferred the programmes in the unit because they were Māori-focused and easier to relate to. However, one prisoner reported there was a lack of art in the unit, and they could not do carving in the Whānui Unit, although carving had been available in a Māori Focus Unit at another prison.

149. We interviewed Māori prisoners in other units about whether they were able to access cultural support and programmes. Most told us there was limited or no formal Māori-focused programmes or cultural support provided outside of the Whānui Unit, and some reported they had not seen a Kaiwhakamana.[19] Staff in some units reported there were no cultural activities or programmes available and that this resulted in the prisoners being bored. Some prisoners told us they facilitated Te Reo Māori sessions and other informal Māori-focused classes for prisoners in their unit. The Education

[19] 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.

Tutors had provided resources to facilitate some of these. The Librarian on site told us they have reasonable stocks of Te Reo Māori books available in the prison library.

150. Most prisons across New Zealand have Kaiwhakamana who visit Māori prisoners on request. The Volunteer Coordinator for the site told us there were two Kaiwhakamana providers who attend the site. However, we were told that volunteers were not currently visiting the high security units while some safety issues were being resolved (past incidents where volunteers were kept locked in interview rooms). We were also told by staff that Kaiwhakamana policies were in the development stage for the site.

Foreign national prisoners

Inspection Standards

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

151. 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. Corrections has an 0800 telephone number that staff can ring 24 hours a day, seven days a week, to access interpreter services for prisoners who speak limited English.

152. As part of their induction interview, prisoners can self-identify regarding their ethnicity. Corrections data showed that in the six-month review period there had been 23 foreign national prisoners at Whanganui Prison, from Australia, Ethiopia, Fiji, Ireland, Samoa, South Africa, Tonga, the United Kingdom, and Zimbabwe.

153. COBRA data showed that two prisoners had a 'requires interpreter' alert in IOMS on the first day of the inspection. Only one of these prisoners had a relevant alert on the Patient Management System (Medtech).

154. The Receiving Office staff we interviewed told us they were aware of the 0800 telephone interpreter service and would also utilise staff who speak the same language as the prisoner where possible. We observed some posters in the Receiving Office that had information for foreign national prisoners in several different languages. Corrections had translated the information brochure for new arrivals "What happens to me now I have arrived at prison" into twelve languages. The information brochures included information about accessing a consular representative. We observed copies of these translated information brochures in the Receiving Office.

155. Unit staff told us if they were managing a prisoner with limited English, they would get the assistance of other staff who spoke the same language as the prisoner. Others said they can use sign language or tools such as Google Translate. Some staff were aware of the 0800 telephone interpretation service.

156. Regarding the health care needs for the two prisoners who required interpreter services at the time of our inspection, there was no record of interpreter services being used by health staff. Instead, we were told by one of these prisoners that a staff member who spoke the same language assisted.

157. Most foreign national prisoners told us they spoke English or spoke enough to manage. Some told us they were able to keep in touch with family overseas, but one prisoner said it took a long time to get approval for video calls. One prisoner reported he had communication difficulties with his Case Manager, and he felt he was not undertaking the right programmes due to being misunderstood.

Transgender prisoners

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

158. 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 want to conduct searches.

159. One prisoner at Whanganui Prison had a transgender alert in IOMS at the time of the inspection. There was evidence of continuity of health care on arrival for this prisoner, including referral for specialist advice and support. A review of health records showed that while the prisoner's preferred name was recorded, the use of the preferred name within clinical records was inconsistent.

160. Although preferred pronouns were documented in the transgender support plan, there was inconsistent evidence of their use in the electronic health record. No transgender alert, pronoun alert, or relevant classification was recorded in the electronic health record. Mental health support was provided where clinically indicated.

161. We asked a Principal Corrections Officer in the Receiving Office about processes for receiving transgender prisoners. They showed us a physical folder titled: "Working with trans people" that could be referred to by staff for information on the process when a transgender prisoner arrives.

162. Most staff told us they were aware of the transgender prisoner policies and requirements, such as using their preferred pronouns and the need for a support plan. The basic requirements were well understood, but some staff told us they would rely on instructions from other staff (such as from staff in the Receiving Office or the unit the prisoner was transferring from) or that they would refer to the Prison Operations Manual, as many of the staff we spoke with reported they had not had any training for managing transgender prisoners.

163. We interviewed the transgender prisoner on site who told us about half of staff were respectful, while the other half were not. We observed staff interacting with the transgender prisoner being friendly and respectful, and using the prisoner's preferred pronouns. We also observed it was recorded in the unit routine that this prisoner was subject to scanned searches rather than rub-down searches.

Young people under 18 years

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

164. COBRA data indicated that there were no prisoners aged under 18 at Whanganui Prison 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.

165. COBRA data indicated that eight prisoners at Whanganui Prison were aged under 20 at the time of the inspection (one was aged 18, and seven were aged 19). In addition, there were 29 prisoners aged 20 to 24.

166. 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 were told there were 15 trained APYA assessors at Whanganui Prison at the time of our inspection.

167. 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.[20]

168. We reviewed 10 APYAs completed for prisoners at Whanganui Prison during the six-month review period, noting five had been prepared by staff at a different site before their transfer to Whanganui Prison. We found there was clear rationale for the placement decision in each. Staff at Whanganui Prison were not using the APYA for assessing young adults aged 20 to 24 prior to their placement.

169. Three prisoners aged under 20 at the time of the inspection who had been on site for over a week had not received an APYA assessment. One prisoner did not have an alert, and the other two prisoners had 'requires an assessment' alerts.

170. There was no dedicated Youth Unit at Whanganui Prison. Staff told us young prisoners were managed in the Wharikitia Extension/Separates Unit while waiting assessment or

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

placement in a Youth Unit in another prison. There was concern expressed from staff from several areas about the lack of suitable accommodation for young prisoners.

171. We interviewed the four Youth Case Managers who worked with prisoners under the age of 25. They told us they meet more regularly with young prisoners (at least once a month, more often in some cases). It was disappointing to hear that the Case Managers did not know what an APYA was. The concerns they raised included that there is no Youth Unit or safe area for vulnerable youth, no programmes specifically for youth, a lack of volunteers seeing young prisoners, and a lack of meaningful custodial Case Officer engagement. The Case Managers reported that they actively reach out to the Education Tutors and Chaplains to see young prisoners and involve the prisoner's whānau when the prisoner consents to this (which we were told was not often). They said they had tried to get a guitar for some young prisoners, but this was not approved.

172. We noted that the youth forensic mental health services, consisting of a Psychiatrist, Mental Health Nurse, and Social Worker, were providing regular specialist mental health input and support to young people at both Manawatū Prison and Whanganui Prison.

173. Regarding activities, unit staff told us that young prisoners went to the gym once a week, and that there was not much else offered. One Corrections Officer spoke about wanting to do more with young prisoners.

174. We interviewed four young prisoners who were aged under 20. Three prisoners told us there are no staff-led activities, no programmes, no education or volunteer activities, no library access or books in the unit, and they rarely had meaningful interactions with custodial staff. One prisoner told us he did have access to the library, and the Education Tutors had given him a set of education packs.

175. We interviewed five prisoners who were aged under 25. From these interviews and our observations of the unit, we could not identify any differences in management between these young prisoners and adult prisoners.

Communication and relationships with family and whānau

Inspection Standards

- Prisoners are supported to maintain relationships with their family/whānau and friends.

176. Prisoners should be able to 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.

177. 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.[21] Corrections covers the costs of national telephone calls so prisoners can maintain contact with family/whānau.[22]

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

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

178. 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.

179. Most prisoners we spoke with at Whanganui Prison told us they stayed in contact with their family/whānau by using the prisoner telephones or by writing letters. Some told us they also received face-to-face visits or video calls. Prisoners generally told us there were no issues accessing telephones in the units.

180. Before prisoners can make telephone calls, they must enter the telephone numbers they wish to be approved into a self-service kiosk or on a form. 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 into the system. The prisoners we spoke with generally told us they had no issues getting telephone numbers approved.

181. 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 mail.

182. We observed appropriate processes around providing access to mail and email and prisoners told us there were no issues accessing mail and email.

183. Prisoners were able to have a face-to-face visit with family/whānau once a week, as set out in the 'Purposeful activity – Visits' section of this report.

184. 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.[23] Video calls are generally made on a laptop. A staff member remains present while the call is taking place.

185. We heard from staff that video calling with family/whānau was available if prisoners booked it in advance. Prisoners who did not have face-to-face visits due to family/whānau living outside the region were given priority. We spoke with some prisoners who confirmed they could book video calls. While most reported no issues, a few prisoners said that staff were not always able to facilitate it due to the requirement that a staff member must remain present while the call is taking place. We observed some booking sheets in some units which showed available time slots for booking video calling.

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

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.

186. Prisoners have a right to consult their legal advisor in private.

187. Prisoners are able to have up to ten approved personal telephone numbers that they can ring from prisoner telephones; these calls may be monitored or recorded. In addition to the ten personal numbers, prisoners can request to have two legal numbers on their approved telephone number list so they can ring their lawyers directly during unlock hours. These calls are not monitored or recorded. Prisoners can also ask staff to contact their lawyers on their behalf using the unit office telephone or a telephone in an interview room.

188. Most prisoners told us they were able to contact their lawyer either by using the prisoner telephones (if their lawyer's numbers had been added to their approved telephone number lists) or by asking staff to call their lawyer.

189. Telephone calls to lawyers should be additional to the 30 minutes per day prisoners are allowed to call family/whānau. The prisoners we spoke with told us this was the case if their lawyer's numbers had been added to their approved telephone number list.

190. Prisoners in the high security units told us they had no issues requesting staff to facilitate telephone calls with their lawyers, and this would be in private in an interview room with the staff member standing outside the room until the call had finished. Some prisoners in other units told us that calls with their lawyer were not in private as the staff member remained in the room, raising concerns about confidentiality. Some prisoners reported that it was difficult to get in contact with their lawyer as their unlock times in the yards, with access to the telephones, was at times when lawyers were generally in court and unable to take calls.

191. The site had one audio-visual link (AVL) suite with four booths and three holding cells. The staff we interviewed told us that they consider this insufficient for the current level of demand. We were shown some adjacent classrooms which staff told us were not used and could be converted into additional AVL spaces to increase capacity.

192. The site kept AVL booking records which showed that in the six-month review period there were 1,994 AVL sessions, which included 295 visits with lawyers, and 880 court hearings. Staff said what was recorded did not always reflect actual use, as urgent additions were often made at the last minute. We heard that all four booths were used continuously throughout the day and that lawyer calls were sometimes deferred to prioritise court-related AVL appearances.

193. While general mail may be opened by 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 we spoke with did not raise any concerns about legal mail. The Administration Support Officers responsible for processing mail told us they received many emails from lawyers with

privileged information. They said any legal or medical emails were printed and placed in an envelope for the prisoner to keep the information private.

194. 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.

195. We interviewed the Lead Bail Support Officer from Manawatū Bail Support Services based in Palmerston North who told us there was no dedicated Bail Support Service for Whanganui, so prisoners were contacted by the Palmerston North based team remotely via AVL or telephone. We heard their team did not have any issues getting in contact with prisoners at Whanganui Prison to conduct interviews. The Lead Bail Support Officer told us there were 277 applications for EM Bail for prisoners in Whanganui Prison during the six-month review period, 65 of which resulted in the prisoner being granted EM Bail.

Bullying and violence reduction

Inspection Standards
• Prisoners feel safe from bullying and victimisation.

196. In the six-month review period, there were 970 incidents recorded at Whanganui Prison, of which 523 were categorised in IOMS as "prisoner behaviour", which included abuse/threats and assaults.

197. Twenty-eight of the incidents were prisoner-on-staff assaults. Most were categorised as non-serious or resulting in no injuries. None were categorised as a sexual assault and none as a serious assault.

198. Forty-one of the incidents were prisoner-on-prisoner assaults. These were categorised as non-serious or resulting in no injuries, except for one that was categorised as serious.

199. A review of COBRA showed that 219 prisoners (42%) were registered as gang affiliated. Twenty-five 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 (49 prisoners), Black Power (45 prisoners), and Nomads (40 prisoners).

200. Many prisoners told us they generally felt safe on site, but some said that standovers and bullying did happen. They said staff did not always see it or may ignore it, and that prisoners sometimes distracted staff while it happened. Two prisoners told us that Nicotine Replacement Therapy lozenges could be a reason for bullying for new arrivals, where prisoners would use violence to get the lozenges off others. The Intelligence Analyst and Intelligence Officer we interviewed told us standovers were an issue on site and that Nicotine Replacement Therapy lozenges and prisoner telephone call time (being capped at 30 minutes per prisoner, per day) were common reasons for standovers (prisoners would demand other prisoners give them lozenges or telephone time). Case management staff told us they had concerns about manipulation occurring in the prison and senior gang members getting entitlements, privileges, and a lower security classification sooner than other prisoners.

201. Some prisoners told us they felt safe because their units were 'harmony units'[24] (for example, Southwood Unit).

202. Principal and Senior Corrections Officers told us they managed bullying and violence by walking around the unit actively observing and listening to prisoners, staff noting anything relevant in their shift handovers, and speaking with prisoners suspected to be victims of bullying. Staff told us that bullying was covered in the unit induction, and we observed information on bullying in the unit induction documents we saw. We heard that prisoners were encouraged to report it, and prisoners may be relocated to keep them apart. Prisoners alleged to have bullied may be charged with an offence against discipline (misconduct). Staff told us they had recently moved a prisoner due to bullying and COBRA confirmed one incident of standover/intimidation noted in May 2025 and that prisoner was relocated to another unit.

203. 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. Whanganui Prison gave us a copy of their 'Whanganui Prison – Safer Prison Plan 2024/25' which had a focus on improving how the prison operates, supporting staff, managing gangs, and reducing violence and aggression. We found that the plan had been updated in September 2025 and that Safer Custody Panel Meetings were taking place every month.

204. 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.[25] Assessments should be completed after unit lock-up, but may be done more often. We checked whether a PTAT assessment was completed in each unit at least once a day in the six-month review period (excluding the smaller units that did not have any prisoners on some days).[26] Our review found the completion of PTAT assessments was consistent across units, with most units missing only one to three days, and no unit missing more than four days in the six-month review period. This meant Whanganui Prison met its daily PTAT assessment requirement 98.7% of the time. Across all units, 2,394 PTATS were completed over the review period, with 2,386 rated green, 6 amber, and 2 red. Amber and red alerts were for prisoners threatening or assaulting staff, and some were overridden to be green due to mitigation.

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.

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

[25] A red rating indicates significantly increased tensions which would require a review and response by the Prison Director

[26] We excluded the Intervention and Support Unit, Isolation Unit, and the New Plymouth Remand Centre.

205. We asked some prisoners if they were able to access mental health support or counselling if they needed it. Some said they were receiving counselling or had received it in the past. Other prisoners told us that they knew to contact health staff if they were concerned about their mental health.

206. One prisoner who disclosed that he was sexually abused as a child told us he was not currently getting any treatment or support for trauma. However, he told us he could talk to the Kairuruku Hinengaro Māori Mental Health Practitioner on site. We saw in the booking tool that the Kairuruku Hinengaro Māori Mental Health Practitioner was visiting the unit.

207. The Education Tutors we interviewed told us about a prisoner who disclosed childhood abuse through artwork. We heard other prisoners had also disclosed trauma, but the Education Tutors did not receive supervision and were not aware of a trauma pathway. The Education Tutors said they inform custodial staff, but they felt that trauma may not get handled appropriately due to lack of guidance for staff.

208. We were told by the Clinical Manager Mental Health that the prison needed a Social Worker with experience in community mental health and talk therapies. This role was vacant at the time of our inspection, as was the full-time Clinical Psychologist role. We heard that in-house mental health training was provided to some staff, including trauma informed care.

209. We were also told that a small number of ACC Sensitive Claims counsellors provided services at Whanganui Prison, either in person or via AVL. Prisoners who requested or were referred for ACC counselling were placed on a waitlist and referred to a provider when capacity became available.

Separation of prisoner categories

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

210. 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 receive minimum entitlements such as at least one hour of physical exercise every day.

211. We found some units were accommodating prisoners of different categories but keeping them separate by operating multiple unlock regimes. Each regime was assigned a colour and operated according to the unit timetable. Based on their regime colour, prisoners knew when they could do activities such as showering, going to the yard, or attending the gym. We were told there were no exemptions in place to mix prisoners of different categories at the time of our inspection.

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.

212. 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 other 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.

213. In the six-month review period, the following complaints or feedback were recorded about Whanganui Prison across Corrections and the Office of the Inspectorate:

- 638 general prisoner requests, complaints or feedback with the top three complaint categories being Prisoner Requests (111), Prisoner Property (98 complaints) and 'Other'[27] (92 complaints).
- 103 complaints made to the Office of the Inspectorate (including 17 complaints about health services).
- 61 allegations against staff which were recorded in the Allegations Against Staff database and managed by the prison using the IR.07 process.[28] The Inspectorate monitored three site investigations.[29]
- 6 security classification reviews.

214. In addition, the Inspectorate was involved in:

- 14 statutory reviews of the misconduct process.[30]
- 4 reviews of visitor prohibition orders issued by Whanganui Prison.

215. The Inspectorate was not involved in any death in custody investigations at Whanganui Prison during the six-month review period.

[27] 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.

[28] Prison Operations Manual IR.07 Allegations against staff.

[29] 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.

[30] 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. Visiting Justices are independent of Corrections and are justices of the peace, lawyers appointed by the Ministry of Justice or a district court judge.

216. 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.

217. COBRA data suggested that the site met the standards of practice in responding to complaints in 90.8% of cases (i.e. the prisoner was interviewed within three working days of the PC.01 complaint being registered in IOMS). The standards of practice do not report on the quality of the responses or the outcome of the complaint.

218. Health complaints that are made direct to health services at the site are managed using the Corrections Resolve application.[31] During the review period, the health team had 89 complaints in Resolve, with 'access to care' and 'prescribing' being the most common complaint categories.

219. We reviewed a sample of 19 health complaints managed by the health team at Whanganui Prison and found the top three sub-categories were 'access to care', 'prescribing' and 'other'. All complaints were acknowledged within five working days, and responses were professional and thorough. Most complaints were dealt with by a letter being provided to the prisoner. However, for complaints resolved in person, there was no clear documentation indicating that prisoners were told how to escalate their complaint if they were dissatisfied with the outcome.

220. Units had a self-service kiosk in a communal area which meant prisoners could access the kiosks 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, 90% of prisoners at Whanganui Prison had their fingerprints registered on the kiosk system; 51 prisoners (10%) did not yet have their fingerprints registered, meaning that they could not access the kiosk.

221. 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 our inspection, we observed that some of the units were displaying these posters, but some units did not have these posters on the noticeboards near the telephones.

222. We asked prisoners about the complaints process. Most said they knew how to make a complaint and would do so via a self-service kiosk. Some told us they were unfamiliar with the complaint process but expressed that they could learn about the process through a self-service kiosk.

223. Two prisoners reported feeling fearful and reluctant to submit any complaints due to concerns about possible staff retaliation or being transferred to another prison if they made too many complaints.

224. Some prisons hold regular Prison Forums which are attended by prisoner representatives, the General Manager and senior managers. These forums aim to give

[31] 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.

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. At the time of the inspection, we heard there were no formal Prison Forums occurring at Whanganui Prison. However, in the Whānui Unit, there was a rūnanga group of six to eight prisoners who met with a Senior Corrections Officer each fortnight to raise any issues or concerns.

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.

225. We reviewed a sample of 102 prisoner records in IOMS and found that only 25 (25%) had a religion recorded.

226. We interviewed both Chaplains who were employed by Tira Tūhāhā Prison Chaplaincy Aotearoa, which was contracted to provide spiritual support across New Zealand's prisons. They provided Christian-based spiritual and religious support to prisoners but also supported people of other faiths. The Chaplains told us a range of support was being offered at Whanganui Prison, such as intensive Bible sessions, a monthly visit from an Imam to support Muslim prisoners, a Seventh Day Adventist volunteer, a Buddhist volunteer, and a volunteer Chaplain who used sign language with a deaf prisoner. They said more volunteer Chaplains were needed and that the booking tool was not working well as double-booking with programmes or rooms can occur. There were no regular services in the Chapel, but services were conducted if prisoners asked for them.

227. We spoke with prisoners across the site and found that most knew about the Chaplains and how to request to see one. The self-service kiosks did not have an option to request to see a Chaplain, but prisoners told us they knew to ask staff. Prisoners we interviewed told us they saw Chaplains visiting the units regularly. Some noted there were no regular church services. One said they thought religious services were understaffed.

228. We spoke to a few prisoners from faiths other than Christianity. They said they felt able to practise their religion and did not raise any concerns. Two practising Muslim prisoners told us they were able to take their prayer mats to the unit foyer three times a day to conduct their prayers.

Property

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

229. 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.[32] 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.

230. We note that Property Complaints were the second-highest type of complaint in the six-month review period, with 98 complaints, generally for lost items or delays in the process for getting items. This is typical of most prisons, which generally have high numbers of complaints about property.

231. Many prisoners told us that significant delays in receiving property and inconsistent rules across prisons were the top issues. Some also spoke about lost items and the difficulty of getting an item taken off their property list if it had already been disposed of.

232. Unit staff also told us that different prisons having varying property rules was an issue, making it challenging for staff to manage property requests and resulting in prisoners feeling frustrated. Some staff told us that prisoners transferring to Whanganui Prison sometimes arrived with no property as it remained at the prison they transferred from. This meant prisoners sometimes had no essential items such as underwear.

233. We visited the Property Office and found it to be well organised. There were three Property Officers. The Property Officers told us about several challenges:

- Slow responses from other prisons about property.
- Receiving prisoner's issued property upon transfer but sometimes not receiving the stored property.
- Prisoners were sometimes transferred with more bags of property than what they were allowed, or with excess items purchased at the prison canteen they were transferring from (for instance, one prisoner transferred with 87 chocolate bars).
- Property forms were sometimes filled in incorrectly, and there could be delays in the forms reaching the Property Office.
- Property received sometimes exceeded what was approved on the property form.

234. Prisoner trust account balances are limited to a maximum of $200 unless special circumstances exist.[33] At the time of our inspection, there were 23 prisoners with account balances over $200. The Administration Team Leader told us they sent weekly emails to the General Manager with a list of prisoners who had more than $200, and they also emailed those prisoners, asking them to arrange for the excess money to be spent or transferred.

235. Most prisoners we spoke with had no issues with their trust accounts.

[32] Department of Corrections Authorised Property Rules (2024) guide what prisoners may keep on arrival, in storage, or what needs to be disposed of. Property rules are authorised by section 45A of the Corrections Act 2004.

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

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.

236. 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.[34]

237. Prison health services are Nurse-led, and at Whanganui Prison were supported by contracted providers who came on-site, including a Medical Officer (20 hours per week), Dentist (eight hours per week), and Physiotherapist (two hours per week). A Podiatrist and ear health service were also provided on site as demand required. We were told that tattoo removal could also be arranged as required.

238. We visited the New Plymouth Remand Centre and observed the health room there was organised and had the essential equipment available.

239. The Health Centre at Whanganui Prison was generally fit for purpose with all consult rooms ready for use with appropriate equipment. Staff spoke positively about the recently purchased mobile blood pressure monitors. However, some of the other equipment appeared old. We were told by staff the wall otoscopes were not often used as the disposable earpieces were not available. We observed there was no ability to sterilise instruments, so staff relied on single-use equipment which was more costly when multi-use equipment was available. A Nurse told us that some equipment was *"falling apart or not designed for use in a prison setting"*. All the equipment we checked in the Health Centre had current compliance certificates.

240. We observed the Medical Officer's clinic appeared to be run well with a Nurse allocated to its management and to follow up any requests by the Medical Officer. We reviewed 15 prisoner health records and found that prisoners were usually able to see the Medical Officer within two weeks of being assessed by a Nurse as requiring a Medical Officer's review. Appointments were never rescheduled more than twice. While reasons for rescheduling were recorded, the reasons were often vague, such as "rearranged" or "time constraints". The Nurses we spoke with told us they felt the number of days the Medical Officer was on site was insufficient to meet the size and complexity of the prison

[34] Section 75 of the Corrections Act 2004.

population's health needs. Some prisoners told us they were unhappy with their experience with the Medical Officer, mentioning lack of examination, reduced pain relief without discussion, and being labelled as drug seekers. We interviewed the Medical Officer who told us there had been an increase in drug seeking from prisoners.

241. The Dentist told us that the equipment in the dental clinic was starting to show its age and replacement parts were becoming difficult to find. Ageing equipment meant X-rays sometimes had to be repeated due to poor exposure and the dental steriliser was slow. We heard this had recently resulted in delayed or cancelled appointments. We reviewed the dental clinic waiting list and we assessed that prisoners were not consistently triaged or scheduled to see the dentist based on clinical need or length of time on the list. Our review of 15 prisoner clinical records found that the average waiting time to see a Dentist was approximately 42 days, but some of the prisoners in our review waited significantly longer than this.

242. The clinical record of 10 prisoners reviewed showed the average waiting time to see a Physiotherapist was 54 days. It was good to see Physiotherapy referrals were usually acknowledged in the prisoner electronic health records which was helpful for staff as it provided clarity on the status of the referral and reduced the likelihood of multiple referrals being submitted. We saw appointments for the Physiotherapist were rarely rescheduled. However, when they were, the reasons provided were often vague, such as "no reason" or "undergoing other medical concerns."

243. We observed there were custodial staff assigned to the Health Centre. We heard from staff that this enabled the clinics to be run more efficiently, reduced pressure on unit staff to provide custodial staff for movements, and reduced downtime for the clinics meaning more patients could be seen. However, staff also expressed concerns that these officers were often the first to be redeployed when there were custodial staffing shortages, leaving Nurses unable to complete clinic lists or provide planned care.

244. We were told that high risk prisoners used to be escorted to the Health Centre each morning to receive their controlled medications, which we heard was inefficient. We observed the new process which involved administering controlled medications in an old activity room under the gym. We saw the new process enabled prisoners to be brought out of the unit quickly for their medications, reducing the time taken for movements and the impact on the holding cells in the Health Centre. We observed the custodial staff knew the prisoners by name which assisted with the process of identification. We saw the custodial staff provided excellent support to the Nurses (for example, where the Nurses were anxious about interacting with a prisoner who had previously been abusive).

245. Staff told us the new pharmacy provider for Whanganui Prison was in Waikanae which was over an hour's drive away. Some staff told us they had concerns about their ability to provide urgent medications due to the travel time as well as their ability to supply regular medications in a reasonable timeframe. However, at the time of our inspection, we heard there had been no significant issues that had arisen with this new provider.

246. We interviewed prisoners across the site about their experiences of accessing health care at Whanganui Prison. Many prisoners told us about delays in getting appointments and a lack of communication following the submission of health request forms. We heard most health requests were done via the kiosks, but some prisoners told us they could not use the kiosk and had not been able to access paper forms. Overall, prisoner feedback about the Nurses was generally positive.

247. We reviewed 10 prisoner health records where the prisoner had been transferred from Whanganui Prison to another prison and found that overall, prisoners being transferred were appropriately managed, and receiving prisons were provided with sufficient health information.

248. We heard that due to changes in staff, the site had lost its cold chain accreditation[35] and had not been able to offer immunisations for over a year. We were told the team had been working to become recertified.

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.

249. 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 a prisoner's level of substance use and which programme could be useful for them.

250. COBRA figures showed that in the six-month review period, 53 ASSISTs were completed for prisoners at Whanganui Prison and 57% of the prisoners assessed were found to be 'high risk'. A 'high risk' result indicated that the prisoner could be "experiencing severe problems (health, social, financial, legal, relationship)" due to their pattern of use and that the person was likely to be dependent.

251. 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 undertakes assessments such as the Clinical Opiate Withdrawal Scale (COWS)[36] or the Clinical Institute Withdrawal Assessment Scale (CIWA).[37] During our inspection, we observed all arriving prisoners undergo a Reception Health Screen with a Nurse and follow-up welfare checks were undertaken when appropriate. Our review of some health files found good examples of withdrawal management.

252. At the time of our inspection, we were advised that one prisoner was receiving opioid substitution therapy. We noted that a treatment plan was in place and that the prisoner was under the care of Community Alcohol and Drug Services. However, methadone was not included in the treatment plan and the documentation reviewed showed limited engagement between the prison health team and alcohol and other drug services. We

[35] Cold chain accreditation (CCA) is a Ministry of Health process for immunisation providers to demonstrate they have appropriate cold chain management systems and processes in place to meet the National Standards. The cold chain is a process that keeps vaccines within the required temperature range at all times of storage and transport.

[36] 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.

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

also noted that random urine drug screening at least four times a year was not being completed as required by policy.

253. Whanganui Prison was offering Alcohol and Other Drug Programmes to prisoners at the time of our inspection. However, we interviewed the Clinical Manager Mental Health who told us they were lacking team members with specialist skills in substance use disorders. Case Managers we spoke with also shared they felt they did not receive enough training to manage prisoners with drug and alcohol addiction.

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.

254. Prisoners at Whanganui Prison were able to access primary mental health care through Nurses, Medical Officers, and the Intervention and Support Practice Team (ISPT).

255. As part of the reception process, all prisoners should be screened by a Nurse for mental health needs and risk of self-harm or suicide. We observed that Nurses were appropriately screening all prisoners.

New Plymouth Remand Centre At-Risk Cell

256. When the sole Nurse at the New Plymouth Remand Centre was away, we were told that at-risk assessments for prisoners at the remand centre had to be done over the telephone with Nurses at Whanganui Prison.

257. We observed that the cell for at-risk prisoners at the New Plymouth Remand Centre was in front of the Police processing counter. While this did facilitate regular contact by staff, it was a noisy area and was not a private or therapeutic environment for someone who is distressed. There was no Intervention and Support Practice Team or Intervention and Support Unit staff on site. If a prisoner was initially assessed as at risk of self-harm or suicide while at the New Plymouth Remand Centre, staff told us that in order to change the prisoner's at-risk status or lower the observation level, a multi-disciplinary team meeting was required. We note that this is not a legislative requirement. This was not an issue for male prisoners who were mostly transferred to Whanganui Prison Intervention and Support Unit when at risk. However, for female prisoners who could be at the remand centre for longer awaiting a court appearance or transfer to Arohata Prison in Wellington, they had to remain in the at-risk cell in a gown and under regular observation, even if their level of risk had reduced. As a result, female prisoners could be subject to overly restrictive management for longer than necessary.

Whanganui Prison Intervention and Support Unit

258. Prisoners identified as at risk of self-harm at Whanganui Prison were placed in the Intervention and Support Unit. The unit had 12 cells, one of which was a dry cell (a cell with no plumbing). On the first day of our inspection, there were eight prisoners in this unit, and all had been identified as at risk of self-harm. Staff told us the unit had also been used to accommodate prisoners under medical oversight either for internal

concealment or due to mental health issues. We observed the unit had two yards and two dayrooms and had appropriate amenities. There was one prisoner telephone in the unit but there was no kiosk. We were told prisoners use paper forms for requests and complaints.

259. Staff told us that prisoners were strip searched in their cell upon reception to the Intervention and Support Unit, unless they had already been strip searched in the Receiving Office, and that staff placed a sticky note over the camera during this process. We observed that the CCTV cameras covering the toilet area in each cell in the Intervention and Support Unit were not pixelated. This meant that prisoners could be seen by staff on the CCTV monitors when they used the toilet. In October 2023, a network wide advisory email from the Chief Custodial Officer was distributed noting that CCTV monitor pixelation covering the toilet area would be applied to the live footage within Intervention and Support Unit cells across most prisons. In their March 2025 report on an inspection of Christchurch Men's Prison,[38] the Office of the Ombudsman noted that the CCTV monitors in a unit used to accommodate at-risk prisoners did not have pixelation covering the toilet areas in cells. The pixelation of toilet areas in CCTV footage should be applied consistently across all prisons so that the dignity and privacy of prisoners is respected in all cells that have cameras.

260. Prisoners in the Intervention and Support Unit could not associate with other prisoners, and the belongings prisoners could have in their cells were decided at a multi-disciplinary team meeting. Staff told us that prisoners who are high risk and are held in the Intervention and Support Unit for more than a few days will have a robust transition plan completed for them. Transition plans were captured within the individual multi-disciplinary team meeting minutes entered into the health records.

261. We observed that custodial staff observations of prisoners in the Intervention and Support Unit were not completed at random times. Instead, observations were completed at set times, such as on the hour, quarter-hour, half-hour and three-quarter-hour. We also noted that observations of prisoners were recorded for the same time (for example, all prisoners were observed at 9.30am). The observation times being fixed and predictable could result in prisoners knowing when they were going to be next observed by staff.

262. We interviewed a prisoner placed in the Intervention and Support Unit who told us he felt safe and that staff were willing to take the time to understand and support him. However, he reported spending most of his time in his cell with limited opportunities for meaningful activity, which he said had a negative impact on his mental wellbeing.

263. We heard that prisoners in Manawatū Prison assessed as being at risk of self-harm were transferred to Whanganui Prison as Manawatū Prison does not have an Intervention and Support Unit.

264. Following a review of Corrections delivery of mental health services in 2024 (Te Ara Tika), resources were repurposed to support the expansion of mental health services within prison health services. With the discontinuation of the national Improving Mental Health contracts, the ISPT service delivery model was broadened to provide four levels of service, including acute assessment and intervention, post Intervention and Support

[38] Office of the Ombudsman (2025), OPCAT report on an unannounced targeted inspection of Christchurch Men's Prison under the Crimes of Torture Act 1989.

Unit transition support and relapse prevention, brief intervention and therapy, and wellbeing support.

265. Staff told us there remained a lack of resource to replace the Improving Mental Health service. We heard there were a high number of referrals and waiting time for an assessment had increased from two weeks with the Improving Mental Health service to four to eight weeks with the new model. The two Clinical Nurse Specialists Mental Health told us they felt there was more follow-up work that should be undertaken with prisoners, but this was not able to be done due to the lack of mental health staff. We were told there were around 40 prisoners waiting to be assessed at the time of our inspection. Prisoners we spoke with also commented on long wait times. Mental health staff told us it could be difficult to triage referrals with the recent introduction of electronic referrals and that case management staff did not provide enough context or information. However, mental health staff also said an increase in requests from custodial staff in the units for support with managing some of the more complex prisoners, and about mental health issues in general, was seen as a positive move.

266. We heard that mental health assessments with prisoners in the units were frequently completed through a cell hatch or at the door due to a lack of interview room availability. This is not appropriate for mentally unwell or distressed prisoners. We were told there was no longer custodial support to facilitate any group sessions in the units which restricted what the Kairuruku Hinengaro Māori Mental Health Practitioner could provide as cultural support for the prisoners. We heard from mental health staff that when interview rooms were available, some custodial staff were not providing appropriate support to them when interviewing prisoners. We were told about an incident where a Nurse got locked in an interview room with a prisoner, and we heard that it was not always possible to quickly get custodial staff's attention due to custodial staff not always supervising outside the room. We observed there was limited access to non-contact booths for interviews and assessments, other than in the visitors' centre. Access to non-contact booths in the units would not only be safer for some interviews but would free up custodial staff time as they would not be required to provide supervision.

267. Regarding adult forensic services, we were told that two Forensic Nurses collectively provided 2.5 days per week onsite at the visitors' centre to review people on their caseloads and access the Intervention and Support Unit as required. A virtual clinic via AVL with a psychiatrist was provided weekly. We heard that the Forensic Nurses were managing a high caseload of more than 65 people at the time of inspection, with one prisoner awaiting admission to the forensic mental health service. Regarding youth forensic services, we heard that a Forensic Nurse or a Social Worker came onsite to review young people on their caseloads. Youth Psychiatrist clinics were also provided.

268. Health staff told us access to forensic services was an ongoing challenge. We heard that some work was underway to explore whether Wi-Fi could be set up in the Intervention and Support Unit to reduce the need to move unwell prisoners to the visitors' centre for forensic assessment via AVL. There had been an increase in the number of forensic patients being managed on site, with growing difficulties in finding suitable unit placements for them after their time in the Intervention and Support Unit. At the time of our inspection, there were two prisoners in the Intervention and Support Unit who only remained there because staff were having difficulties finding suitable accommodation in another unit.

269. The change in the delivery model and growth of the mental health team meant changes to the way staff worked, particularly in the Intervention and Support Unit. We heard

from both health and custodial staff that decisions were not always collaborative. Health and custodial staff felt their voices were not being heard by the mental health team, while the mental health team felt their clinical expertise was not always respected. We recognise there will be a period of adjustment following the changes while teams find the right balance so that there is a true multi-disciplinary team approach being taken to managing some of the most unwell people in the prison. We were told a multi-disciplinary team meeting took place three times a week where the management and progression of prisoners in the Intervention and Support Unit were discussed. If there was a need, a smaller multi-disciplinary team meeting could be held on other days. It was positive to hear from some of the prisoners that the Nurses had made a difference to their wellbeing.

Disabled prisoners

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

270. Disability is defined as any self-perceived limitation in activity resulting from a long-term condition or health problem[39]. 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, or as alerts in IOMS, which can be seen by custodial staff.

271. Information from COBRA indicated that seven prisoners had a 'disability' alert in IOMS on the first day of the inspection.

272. We interviewed several prisoners with disabilities and found some appropriate interventions had been made for these prisoners, such as staff moving a prisoner's television forward, the availability of accessible cells and hospital beds, and cell modifications. Some prisoners with disabilities told us their specific needs were met. We heard some prisoners got help from other prisoners with cleaning their cells and completing forms. However, a few prisoners told us they were not being adequately supported. We observed one prisoner's cell was unclean and this prisoner made several complaints to us such as having a thin mattress and not having soap. These issues were resolved by staff during our inspection. While some prisoners with disabilities said the healthcare they received was good, others said they were not getting the care they needed, such as medications.

273. The Education Tutors we interviewed told us prisoners with sight or hearing impairments have limited specialised resources. However, we heard one of the Chaplains could use sign language which had been a valuable support.

274. At the time of our inspection, there were 45 prisoners aged 60 or over. Of these, 25 were aged 65 or over, including 18 aged 70 or over.

275. While the health team was soon to be fully staffed, we heard that being short-staffed in recent times had resulted in large numbers of outstanding recalls (i.e. health reminders) and annual health assessments for those aged 65 and over not being completed.

[39] Corrections use the definition of disability that is used by the Ministry of Health, the Ministry of Social Development, and the General Census which determines disability funding criteria.

Despite our review of 11 random health files showing only five older prisoners had their annual health assessment completed, our review showed that all 11 older prisoners were having regular reviews by a Medical Officer. We also heard the team had been unable to allocate portfolios to Nurses until recently which had contributed to a lack of monitoring of chronic health conditions. However, it was positive to hear that the Nurse who had been recently allocated the high risk and older patient portfolio was working with the prisoners in the low security units and was undertaking falls assessments and cognitive function assessments.

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

276. In the six-month review period, prisoners made 17 complaints about prison conditions at Whanganui Prison. Most of these were categorised as 'Sanitation and Hygiene' or 'Other' (seven of each).

277. The units in Whanganui Prison were generally clean and tidy. While some units were older, there was minimal graffiti, and the grounds were well-kept. Some units showed signs of age and needed minor repairs, such as lifting or torn floor coverings. Some of the yards and concrete pathways had an accumulation of green algae or moss that needed cleaning. We were shown that installation of taps had been recently approved so that these areas could be regularly cleaned.

278. We observed that most cells were generally clean, although some cells had minor graffiti and damage or deterioration such as peeling paint. Some cells we observed were dirty or cluttered with the prisoner's personal items.

279. There was one unit, Te Moenga, which had cells that did not have windows, although some cells did have a skylight. The cells in other units had windows to allow sunlight to enter. We heard from prisoners in some units that the temperature in the cells was not well regulated. Southwood Unit, for example, used pipes in the room for heating, and a small window for cooling.

280. The placement of prisoners in shared cells was done according to Corrections policy, with staff completing a Shared Accommodation Cell Risk Assessment (SACRA) 100% of the time for both prisoners before putting them in together. We interviewed eight prisoners who were sharing a cell, and all prisoners told us staff talked to them before they were placed in a shared cell with another prisoner. All the prisoners said they had no issues with the prisoner they shared a cell with.

281. We interviewed the Whanganui Prison Site Manager for Downer New Zealand, who was contracted by Corrections to do repairs and maintenance. The Downer office was situated within Whanganui Prison, which we heard helps with the relationship between Downer and Corrections staff. When a prisoner wishes to bring in or be sent an authorised personal item that is electrical, it usually needs to be checked by an electrician to ensure it is not an electrical or fire risk. In most prisons, prisoners must pay for this check, and it can result in delays in the prisoner getting the item. It was positive to hear that electrical checks were conducted quickly by an electrician from Downer at Whanganui Prison, and these checks were provided free of charge to prisoners.

282. Regarding cell intercoms, some unit staff told us intercom checks were conducted on the weekend and others said checks were conducted during cell searches, which we observed. We reviewed some unit diaries and found intercom checks were not being consistently recorded. A few prisoners told us it sometimes takes a while for staff to respond to the intercom.

283. We observed suitable bedding in most units, but the condition of the bedding was inconsistent. We saw that two mattresses were provided in some cases due to the thinness of older mattresses. Some bedding set up in empty cells for new arrivals were missing duvet covers.

284. The prisoners we interviewed gave mixed responses regarding bedding. The issues raised aligned with what we observed. Some said the quality of the bedding varied and some said they did not have a duvet cover. Staff in the Wharikitia Unit told us some prisoners damage the bedding, and the unit was low in stock of some items.

285. Some prisoners told us that bed sheets were sometimes returned damp from the main laundry, meaning they had to hang them up to dry. Most prisoners said they have enough spare bed sheets if laundry is delayed.

Hygiene

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

286. Most prisoners told us they were given personal hygiene products and the opportunity to shower every day. We heard that hair clippers were made available for prisoners to cut their hair. Some prisoners said the razors they were supplied were not very effective for shaving. We observed good supplies of hygiene and cleaning products in units across the site.

287. We heard from most prisoners that they were able to clean their cell regularly and were provided all the cleaning products required. Some prisoners told us that sometimes their personal items went missing when sent to the laundry for washing. These prisoners told us they resorted to handwashing their clothes and drying them in their cells.

288. We observed communal areas were generally clean, but some shower cubicles were not, with staining and build-up of soap residue or grime.

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.

289. At Whanganui Prison, we observed most units had good supplies of clothing in various sizes. However, we heard from staff and prisoners in the Wharikitia Unit that they had more limited supplies and sizes at the time of our inspection. Some prisoners in this unit were observed wearing clothing that looked too big for them and we saw that staff were issuing clean clothing after showers and did not have all the right sizes. The kit locker we inspected in the Wharikitia Unit was low in stock. Kit lockers in other units were well stocked.

290. Some prisoners in different units across the site told us they did not have underwear or had only one pair. They told us they could not purchase underwear from the prison canteen. Staff told us they could not issue underwear if a prisoner had support in the community or had funds in their trust account. We observed one prisoner transferring from another prison was given new underwear in the Receiving Office.

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.

291. 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.

292. At Whanganui Prison, prisoners were served hot meals for dinner Monday to Friday, and for lunch on Saturdays and Sundays. We observed, and heard from prisoners, that breakfast was typically served between 8.00 and 8.30am, lunch between 11.30am and 12 midday, and dinner between 4.30 and 5:00pm. Prisoners in some low security units were able to eat together in communal dining areas for some meals, but prisoners generally ate in their cells in high security units.

293. Most prisoners responded positively regarding the quality, quantity and timing of meals. There were some prisoners who told us the portion sizes were often too small, and they used the prison canteen to get additional food so they did not go hungry.

294. Staff in one unit told us that special meals could be requested without approval from the health team, whereas in another unit, staff said health team approval was required. One Muslim prisoner told us all meat was halal, and pork was not served, so he did not need to request a special diet.

295. Food distribution was observed to be well-supervised. In the Wharikitia Unit, we observed staff place food trays on top of a laundry cage that contained dirty laundry. While this did not present a significant hygiene risk, one prisoner said it felt disrespectful and did not align with tikanga and tapu.

296. We visited the kitchen and found the building and facilities were aged with stained walls and floors. Staff told us keeping the kitchen looking clean was a challenge due to how dated the facility was, although some upgrades had been made in recent years and some more upgrades were planned. We observed prisoners cleaning the facility on the three occasions that we attended. We observed one prisoner preparing food and noted hygiene standards were adhered to.

297. Staff told us about some of the challenges in the kitchen, such as kitchen workers having to finish work before hot food had cooled sufficiently to be covered (resulting in cooked food being stored uncovered in the fridge). We were told such leftovers were usually only consumed by kitchen workers rather than being distributed in the units. At the time of our inspection, we observed some trays of cooked food uncovered and unlabelled in

the fridge. Staff told us this food was to be thrown out. A food safety standards audit conducted at Whanganui Prison by AsureQuality Kaitiaki Kai dated 21 March 2025 recorded there were several unlabelled food items in the storage freezer. Food needs to be covered and labelled if it is put in a fridge or freezer to ensure food safety, prevent contamination, and to ensure it is consumed within safe time limits.

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.

298. Generally, we observed that prisoners were being held in environments where security was proportionate to risk. Most areas had reasonable security features and processes.

299. We observed that all staff, contractors, and other visitors entered the prison through the gatehouse (Perimeter Entry Building) which had one vehicle sallyport.

300. Access Control staff in the gatehouse generally had appropriate security procedures in place and were welcoming and respectful to all staff and visitors entering and exiting the prison. However, we observed some inconsistencies in procedure across the days we inspected. Secondary screening or questioning normally occurred when the metal detector alarm sounded, but we saw this did not occur in some instances (staff in another area also told us they had seen staff walk through unchecked after activating the metal detector). Electronic devices staff and Inspectors were bringing on-site were only sometimes verified by their ID number. We did not see the Detection Dog at the gatehouse at the times we were there.

301. During our inspection, all vehicles entering and exiting the site were appropriately searched, and the sallyport was correctly utilised. However, we were told by Access Control staff that they no longer itemise the tools that contractors bring in and take out at the gatehouse, due to the delay this caused at entry and exit. Instead, this responsibility sat with staff in the units to ensure all tools were accounted for and taken out of the prison on completion. One contractor told us his tools were never checked.

302. The Corrections Act 2004 sets out that mobile telephones are unauthorised items in prisons.[40] In special circumstances, staff or contractors can apply to bring their mobile telephone on site, but this is rarely allowed and a robust rationale explaining why it is necessary must be given. Access Control staff told us there were approximately seven staff who had approval to bring mobile telephones on-site. We were shown approval documents for only two staff. Staff told us they did not check the make and model of the mobile telephones to check they were leaving the site as they were required to do.

303. We heard the site had a Site Emergency Response Team (SERT) with six appointed members. We interviewed a Senior Corrections Officer in the SERT who told us contraband was the focus of the team, along with monitoring prisoner telephone calls, perimeter checks, and other security-related duties. They told us they had some concerns about the quality of searching conducted at the gatehouse but also described cooperative and effective working relationships with units and staff. Some staff we interviewed in other teams spoke highly of the SERT.

[40] Section 3(1) of the Corrections Act 2004, definition of "unauthorised item", para (c).

304. The site had an Intelligence Analyst and an Intelligence Officer reporting to a Manager Regional Intelligence. We interviewed these two staff who told us harm reduction, gangs, and contraband were the focus. They told us the main contraband was cannabis oil, with smaller amounts of methamphetamine and tobacco. They said the contraband likely entered via visits, hospital escorts, or prisoners on compassionate bail. We heard there was collaboration with Escort staff, SERT, and managers in putting strategies in place to reduce the risk of contraband entry using intelligence.

305. There were six Designated Collection Officers who were certified to collect urine samples from prisoners for alcohol and drug testing. The Designated Collection Officers we interviewed at Whanganui Prison told us they conducted random tests as well as testing prisoners suspected on reasonable grounds to have consumed alcohol or used drugs.

306. COBRA figures showed that in the six-month review period, 168 alcohol and drug tests had been conducted at Whanganui Prison. Most were negative, but 17 (10%) were positive. We noted there were also 15 refused tests during this period.

307. The site had one Detection Dog Handler based in Whanganui Prison, but who also went to Tongariro Prison once or twice a month and to other prisons when required. The Dog Handler told us he checked mail and property coming on site, conducted perimeter checks, did cell searches, and searched visitors and other people entering the site. We heard that improvements could be made to communication from staff in the units and staff completing incident reports with sufficient detail, to better enable targeted cell searches.

308. While most areas around the site had CCTV cameras, we observed some areas were missing cameras. We heard from staff that some cameras did not work, and some did not effectively cover the designated area. When we interviewed staff from Master Control, they told us there were issues with some of the equipment including some cameras being old and grainy.

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.

309. 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[41] or for their own safety.[42] Prisoners may also be separated from others for the purposes of medical oversight.[43] In

[41] Section 58(1)(a) and (1)(b) of the Corrections Act 2004 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.

[42] Section 59(1)(b) of the Corrections Act 2004 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.

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

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.

310. During the six-month review period, Corrections data set out that approximately 41 prisoners[44] were placed on a total of 45 periods of directed segregation at Whanganui Prison.

Type of directed segregation	Periods of segregation	Number of people
Section 58 (1)(a) for security or good order of the prison	17	15
Section 58 (1)(b) for the safety of other prisoners	23	21
Section 59 (1)(b) directed segregation for prisoner's own safety	2	2
Section 60 (1)(a) medical oversight, physical health	1	1
Section 60 (1)(b) medical oversight, mental health	2	2
TOTALS	**45**	**41**

311. At the time of the inspection, there were seven prisoners on directed segregation. Three of these prisoners were held under Section 60 (medical oversight).

312. Prisoners on directed segregation may be denied association with all other prisoners or placed on restricted association where they can have limited 'contact' with other prisoners (usually with prisoners also under segregation direction).[45]

313. 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 and four prisoners placed on directed segregation at the time of our visit. All the initial segregation directions had been approved at the correct level and most of the documentation had been completed properly. In most cases where the period of segregation had been extended, the extensions had been approved at the correct level.

314. Generally, prisoners on directed segregation are sent to a Management Unit. However, there was no Management Unit at Whanganui Prison. This meant some prisoners spent their time on directed segregation in their units and were unlocked on a separate regime

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

[45] Prison Operations Manual M.07.01 Segregation directions.

(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). We spoke with four prisoners who were on directed segregation in the same unit. They told us a Principal Corrections Officer or manager talks to them each day. The Principal Corrections Officer for the unit told us prisoners on directed segregation get access to the yards over lunch, 12 noon to 1.30pm.

315. We also visited the separation/isolation unit, which we note was referred to as "the pound" by some staff. We were told by staff that segregation was managed using this unit when necessary. We saw there was a mattress in front of the unit which had recently been set on fire by a prisoner, and some fire damage to a cell and the unit corridor. There were two prisoners in the unit at the time of our visit. We spoke to one prisoner who had received cell confinement for five days after testing positive for drugs. He told us he sees staff three times a day for meals and that the yards were normally opened in the morning and remained open until the evening. We observed there were cameras in the cells, but we heard that prisoners often covered them and that staff did not always remove the items covering the cameras, as staff held the view that prisoners who are not at risk of self-harm or suicide should not have cameras in their cells. The Inspectorate is also of the view that CCTV cameras should not be used in the cells of prisoners who are not at risk of self-harm or suicide.

316. Prisoners can request to be separated from others; this is known as voluntary segregation.[46] COBRA data set out that 219 prisoners were on voluntary segregation for some or all of the six-month review period. Prisoners on voluntary segregation can associate with each other.

317. If a prisoner is charged with an offence against discipline and the charge is proved, a Hearing Adjudicator or a Visiting Justice may impose one or more penalties against the prisoner, including confinement in a cell.[47] Over the six-month review period, Corrections data set out that 87 penalties of cell confinement had been issued to prisoners at Whanganui Prison.

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.

318. The prisoners we interviewed told us their primary incentive to behave well was to reduce or maintain their security classification and to gain employment.

319. Prisoners spoke highly of the 'harmony' units which generally required a low security classification and good behaviour to remain in. These units usually gave prisoners access to employment, better privileges, and longer unlock hours than other units at the site. Prisoners in these units signed a 'harmony' contract with the understanding that poor

[46] Section 59(1)(a) of the Corrections Act 2004 allows prisoners to request that their opportunity to associate with other prisoners be restricted or denied and the prison director considers 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.

[47] Section 133(3)(c) and Section 137(3)(c) of the Corrections Act 2004.

behaviour may result in their removal from the unit. Prisoners told us getting into and remaining in a harmony unit was an incentive to behave well. The site also had self-care units which provided another incentive for good behaviour for prisoners who may be eligible.

Discipline

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

320. Prisons are required to maintain good discipline and order through effective supervision, communication, and fair and effective disciplinary procedures. Offences against discipline (commonly referred to as misconduct) committed by a prisoner can result in the prisoner being charged. Disciplinary action must be well documented by staff, and disciplinary hearings must comply with statutory and regulatory requirements.[48] Offences against discipline are outlined in the legislation with guidance on the process described in the Prison Operations Manual.[49]

321. If an offence against discipline is proved, a Hearing Adjudicator or a Visiting Justice may impose one or more penalties against the prisoner. Penalties a Hearing Adjudicator may impose 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. Penalties a Visiting Justice may impose include forfeiture or postponement of privileges up to three months, forfeiture of earnings for up to three months, or confinement in a cell for up to 15 days.[50]

322. We looked at the number of misconduct charges at Whanganui Prison finalised during the six-month review period in COBRA. There were 629 misconduct charges closed over this period, mostly categorised as Assaultive, Aggressive or Violent (210 misconducts), followed by Unauthorised Possession (166 misconducts), and Property Damage (106 misconducts).

323. Of these misconducts, 30 were recorded as not approved by the Prosecutor, 134 were withdrawn, 43 were dismissed, 31 were found not guilty, and 391 were guilty. Of those withdrawn or dismissed, 35 misconducts had the reason recorded as "insufficient evidence", and 78 misconducts had the reason recorded as being outside the timeframe to be issued or heard. There were 126 misconducts appealed, mostly against the penalty imposed. We reviewed a sample of 16 records of hearings for misconducts and found that most information had been recorded correctly.

324. The site had one Prosecutor. During an interview, he told us training and sufficient staff cover for his role were areas where improvements could be made. We heard previous training provided was four days, but it had reduced to a two-day course. He told us about recently being away on leave, and the work was not adequately covered, resulting in some misconduct charges not being processed correctly and having to be withdrawn.

[48] 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.

[49] Prison Operations Manual MC.01.

[50] Sections 133(3) and 137(3) of the Corrections Act 2004.

We heard it was a busy role, but that misconduct charges were generally laid within the correct time frame, and they were being heard in a timely manner. The Prosecutor arranged Hearing Adjudicators for the hearings. The Prosecutor said there were seven trained Hearing Adjudicators on site and that two Visiting Justices visited the site.

325. We interviewed two Visiting Justices who told us they had concerns based on what they had seen at disciplinary hearings. A key concern for them was whether relevant health information was always available for disciplinary hearings. We heard that medical issues, medication or drug withdrawal, or mental health concerns that may have contributed to a prisoner's behaviour were not always considered. The Visiting Justices also raised concerns about the impact and effectiveness of cell confinement, inconsistent use of body-worn cameras, and some staff not fully understanding the role of Visiting Justices.

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.

326. 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, damaging property or resisting a lawful order.[51] Uses of force are categorised as planned or unplanned. All uses of force must be logged in a Use of Force Register, and a use of force review must be conducted. A Nurse must assess the prisoner after every use of force.

327. In the six-month review period, COBRA showed that 89 use of force incidents were recorded by Whanganui Prison. Spontaneous use of force occurred 46 times. Staff used their individual carry pepper spray eight times and drew but did not use it a further 11 times. Most prisoners we asked told us they had not been subject to the use of force at Whanganui Prison.

328. We reviewed a sample of 10 use of force incidents using the documentation and available video footage supplied by the site. The incident reports for these were mostly completed within the required timeframe and had sufficient detail. All 10 had been reviewed by a use of force panel from the site who had concluded all of them were necessary, reasonable and proportionate. The use of force panel made several recommendations for improvement which we agreed with. For example, one incident did not have any body worn camera footage available for the panel to review, despite the many staff involved. Reminders to turn on body worn cameras were recommendations made in the other incidents as well. In one incident, the use of force panel identified concerns regarding the techniques used by staff, which aligned with the Inspectorate's assessment of the incident. As part of the post-incident review process,

[51] Prison Operations Manual IR.02 Incident response.

recommendations were made for the staff involved to attend a debrief with Tactical Options staff to review the footage and reflect on the tactical options employed.

329. Our review of the sample documents also found that the prisoners were interviewed and seen by a Nurse within three hours in all 10 use of force incidents. In all but one incident, the prisoners were placed on 15-minute observation until a risk assessment was completed. Where mechanical restraints were used, documentation for the authorisation of mechanical restraints outside of escorts was not provided.

330. We were told by staff that prisoners were placed in the dry cell in the Intervention and Support Unit for de-escalation purposes following a use of force incident. The use of a dry cell is limited to particular situations,[52] and de-escalation is not one of these. At other sites, a Management Unit is typically used for de-escalation. The Principal Corrections Officer in the Intervention and Support Unit said staff in the Intervention and Support Unit complete the use of force paperwork as it is easier for them to maintain observation. We heard having a Nurse in the unit means it is easier to do the post use of force assessment and that prisoners are kept in the dry cell for de-escalation for less than three hours. We were told the dry cell, or the yards, were used for decontamination of prisoners following the use of pepper spray.

331. We observed Whanganui Prison had an effective process for the storage and issue of individual carry pepper spray.

Searches

Inspection Standards
• Searches of cells and prisoners are carried out only when necessary and are proportionate, with due respect for privacy and dignity.

332. 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.

333. In the six-month review period, the site recorded 182 incidents where contraband was found. The top three categories for contraband found were 'Other' (100), Drugs (49), and Tattoo Equipment (24). The 'Other' category consists of items such as prescription medication and tobacco and smoking equipment.

334. Prisoners did not raise any issues regarding the way strip searches were conducted. Staff told us that apart from at the Receiving Office, strip searches were only done if staff had reasonable grounds for believing that the prisoner has an unauthorised item (for example, if a visitor gives an item to the prisoner during a visit) or in specific circumstances where a prisoner is considered at risk of self-harm or suicide. In the six-month review period, COBRA data showed there were 40 recorded strip searches completed for reasons other than first admission or transfer to the prison.

335. 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

[52] Prison Operations Manual W.02.01 Circumstances where dry cells can be used.

to an exercise yard, or to or from a visit).[53] We observed some rub-down searches and we thought they were of mixed quality. Rub-down searches in the high-security units were mostly thorough, including the use of handheld metal detectors. In other units we observed some examples of rub-down searches that were not controlled or thorough enough to detect unauthorised items, and prisoners walking off during the search. We also observed inconsistent rub-down procedures at the New Plymouth Remand Centre.

336. 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.[54] We reviewed some of the unit logbooks and found that cell searches were not always recorded. The cell searches we observed were of a good standard, and one of the searches we observed resulted in several unauthorised items being found. We observed staff had proactive conversations with the prisoner, allowing the prisoner an opportunity to explain.

337. The prisoners we interviewed mostly confirmed that they were subject to only necessary and proportionate searches, such as rub-down searches each time they moved from the unit to an exercise yard. We heard from most prisoners that staff were generally respectful of prisoner property and left cells tidy after a cell search.

Security classification

Inspection Standards
• Security classifications are based on an individual assessment of each prisoner's risks and needs.

338. 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.[55] An 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.

339. We reviewed the COBRA data for the 183 initial security classifications assigned in the six-month review period and found that 96.7% had been assigned within the required timescale.[56] There were 198 reviews of security classifications required, with 96% being completed within the required timescale.

340. If a person is recalled to prison after release on Parole (e.g. because they breached a condition of their release), staff should assign a new security classification that reflects the prisoner's current risk. In the six-month review period, nine prisoners were recalled, with seven (77.8%) having their new security classification assigned within the required timescale.

341. In some cases, a prisoner's security classification can be overridden. Staff told us some of the reasons for this can include an incident which increases the level of risk the

[53] Prison Operations Manual S.01.Res.10 Rub-down.

[54] Prison Operations Manual S.01.Res.14.01 Cell search.

[55] Prison Operations Manual M.02.01.01 Principles of security classification.

[56] The standards of practice require the site to meet this timescale 95% of the time.

prisoner poses, or for the purpose of getting a prisoner moved to a low security unit to undertake a programme. Some staff told us they felt the practice of overriding a security classification to get a prisoner moved to a low security unit for a programme was unsafe for both prisoners and staff because the level of risk the prisoner poses is not the primary reason for the override.

342. We spoke with some sentenced prisoners and most understood their security classification and knew when their classification was due for a review.

343. Generally, all prisoners on remand must be managed as high security, but under Corrections policy 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.[57] 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. At the time of our inspection, some remand convicted prisoners assessed as RMT2 were accommodated in low security units and were able to mix with sentenced prisoners.

Prisoner files

Inspection Standards
• The prison has comprehensive, accurate and secure records management processes.

344. 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.

345. We observed that hard copy files at Whanganui Prison were being stored in lockable filing cabinets, but not all cabinets were fireproof. Some of the files we reviewed were missing some documents such as immediate needs and reception risk assessments.

346. As well as paper files, staff should record alerts and meaningful engagement with prisoners in IOMS. We reviewed a sample of IOMS files and found that some were missing recorded notes, such as a unit induction note.

[57] Prison Operations Manual M.02.08 Remand Management Tool (RMT).

Purposeful activity

Education

Inspection Standards
• Education opportunities relevant to prisoners' needs and interests are offered, and participation is encouraged.

347. All prisoners should have the opportunity to meet with an Education Tutor to assess their education needs and interests.

348. There were three Education Tutors employed at Whanganui Prison at the time of our inspection. We interviewed two of these Education Tutors who told us about some of the challenges getting prisoners participating in education at Whanganui Prison. These included an outdated computer suite, disruptions due to segregation requirements or room availability, and only being able to provide limited support to high security prisoners. We also spoke with the Interventions Coordinator who was responsible for managing contracts and relationships with programme providers, booking rooms, and coordinating site interventions. We heard that the physical layout of classrooms within the units can complicate provider access.

349. We were told there was a range of opportunities offered through NCEA, Te Kura, Intensive Literacy and Numeracy, and tertiary study via Massey University. We heard about a good example of customised education through a Māori cultural education programme designed by an Education Tutor alongside a prisoner.

350. COBRA data showed that 88 educational interventions had been completed at Whanganui Prison in the six-month review period:

- 41 driver licence training courses
- 4 Intensive Literacy and Numeracy courses
- 2 self-directed learning
- 4 secure online learning
- 37 Tertiary Education Commission courses.

351. We asked prisoners across the site about access to education and heard that some were currently completing a course (e.g. business management, building, social sciences, English, and literacy). Some prisoners told us they were waitlisted or planned to enrol in a course. Others told us they were not interested or had not yet been assessed or offered anything.

352. Staff told us most prisoners employed in the industries operating across the site were working towards achieving a qualification. Some of the courses offered to these prisoners included primary industry skills, horticulture, infrastructure, hospitality, painting and decorating, laundry processing, furniture making, and building, construction, and allied trades skills.

Work

Inspection Standards
• All prisoners, where possible, can engage in work that is purposeful, benefits them and increases their opportunities for future employment.

353. Prisons should provide work opportunities for prisoners in their units, around the prison, and in prison industries.

354. A wide range of industries were operating in Whanganui Prison, providing many prisoners with work opportunities, and in many cases, opportunities to gain qualifications.

355. At the time of the inspection, information provided by the site showed there were around 116 prisoners employed in the following prison industries:

- horticulture nursery
- concrete plant
- grounds maintenance
- painting
- joinery
- kitchen
- laundry
- sewing

356. It was encouraging to see this number of prisoners actively involved in industries. Highlights included the relationship with the SPCA, with the site providing dog kennels and beds. The horticulture nursery was also seen as an asset to the site.

357. In addition to prison industries, some prisoners were employed, usually part-time, in unit-based work such as cleaning, painting, laundry, and delivering food to other prisoners. In most units, prisoners and staff we interviewed told us there were employment opportunities within the unit. A few prisoners told us they did not have any employment opportunities in their unit or that it was limited.

358. 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.[58] 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 no prisoners on the Release to Work programme. We heard from staff that there were no current employers available for Release to Work. We looked at a sample of Advisory Panel decisions and saw that several prisoners had been approved for Release to Work once a suitable work placement became available.

359. For prisoners who are employed in prison industries or other purposeful activities, 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

[58] 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.

skill level and behaviour. At the time of our inspection, Whanganui Prison was formally assessing prisoners who were working in prison industries against this framework.

360. 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, COBRA figures showed prisoners at Whanganui Prison spent a total of 300,457 hours engaged in these activities, which meant the prison reached 78% of its Working Prisons target goal of 383,244 hours.

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.

361. Every prisoner in New Zealand, other than those engaged in outdoor work, is entitled to at least one hour of physical exercise every day. This may be taken in the open air if the weather permits.[59]

362. At the time of the inspection, all the prisoners we interviewed at Whanganui Prison told us they were receiving more than their minimum entitlement each day to exercise in the open air. Prisoners in some low security units told us they were allowed out of their cells for over seven hours. Prisoners in the high security areas had access to external yards and prisoners told us they received approximately four and a half hours of unlock time daily.

363. We observed most units had a compound with a grass area and a basketball court in the open, or a yard with exercise equipment, and some units had well-equipped gyms. Some of the exercise equipment in some units looked old and staff told us they wanted to upgrade the unit gyms.

364. There was a main gym that high security prisoners told us they could go to once a week. The main gym was clean and tidy and had a range of exercise equipment and a basketball court. We observed the defibrillator was missing from the defibrillator box (the reason for this was unknown), but the gym was otherwise well organised. We interviewed a Corrections Officer who was one of the gym instructors. He told us there are two full-time and one casual gym instructors and we heard the gym instructor role was well supported. Prisoners we interviewed told us they had participated in structured activities during gym sessions.

365. Some units we observed had recreational activities available for prisoners such as musical instruments, pool tables, table tennis, darts, board games, and card games.

366. Despite these provisions, some prisoners in both high and low security units reported limited activities beyond training and recreation and expressed feelings of boredom.

[59] Section 70 of the Corrections Act 2004.

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.

367. 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.[60]

368. Based on the COBRA data, we estimated that prisoners at Whanganui Prison received 2,051 visitors in the six-month review period. Staff told us visits can only occur on Tuesday, Wednesday, and Thursday between 9.00 am and 3.30 pm.

369. Prisoners we interviewed told us their visits were for one hour each week, more than the minimum entitlement. A few prisoners told us they were frustrated with delays in the visitor approval process, saying that it could take months. Some staff said visitor applications could take two to three weeks to be approved. We heard that prisoners in the Intervention and Support Unit were also able to have visitors.

370. There were no weekend visits, and some prisoners told us this could make it difficult for children and family members who work to come visit during the week. One visitor we spoke to told us she took her child out of school to visit the child's father at the prison, because weekend visits were not an option. Some prisoners who had been transferred from another prison told us that the distance from family/whānau meant they did not have visits.

371. The visitors we spoke with told us they had no issues booking visits and that staff at the visitors' centre were welcoming.

372. The visitors' centre was clean and tidy with adequate amenities. There were brightly coloured murals painted on the walls and a designated corner that had a television and toys for children to play with. Staff told us the external yard area of the visitors' centre had been closed since the Covid-19 pandemic and remained closed due to black mould being detected.

373. The site had a visitor prohibition spreadsheet that was managed by the Security Manager. During the six-month review period, there were 10 visitor prohibition orders issued to visitors to Whanganui Prison. The duration of these lasted from three to 12 months. Five were for the introduction of an unauthorised or prohibited item, three were for introduction of contraband, one was for the possession of contraband, and one was for involvement in an incident at the vehicle checkpoint. We reviewed the records for the visitor prohibition orders and noted that three did not have a related incident report. All letters issued to the prohibited visitors were correctly completed, aside from one minor mistake where the incorrect incident date was recorded. We considered all 10 visitor prohibition orders were justified.

[60] Section 73(1) of the Corrections Act 2004.

Library

Inspection Standards
• Prisoners have regular access to a suitable library, library materials and additional learning resources that meet their needs.

374. Whanganui Prison had a library and one Librarian at the time of our visit, with one prisoner working as a part-time assistant.

375. The Librarian told us the prison library had a total stock of 6,757 items, including magazines and puzzles. We heard there were no foreign language books (due to low demand and difficulty in sourcing them) but there were reasonable stocks of Te Reo Māori books. Access to the library depended on the unit the prisoner was in, with some low security prisoners being able to visit the library weekly and select books of their choice. High security prisoners could not visit the library, but they could order books which were delivered to them. The Librarian told us about an initiative where boxes of books were taken to a high security wing to allow those prisoners to see what is available, with the aim of reaching prisoners who might not otherwise use the library. We were told there was no staff cover, so the library was closed when the Librarian was on leave.

376. We asked prisoners across the site about access to library books and most spoke positively about the range of books and the access. Prisoners in most units told us they also had a small unit library.

Rehabilitation

Inspection Standards

- Rehabilitation programmes, targeting the specific needs of the prisoner, are available and accessible.

377. Offence-focused or criminogenic rehabilitation programmes help prisoners to address the thoughts, attitudes, and behaviours 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.[61] 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 all prisoners.

378. COBRA data showed that in the six-month review period there had been 36 completions and graduations of offence-focused rehabilitation programmes:

» 10 Medium Intensity Rehabilitation Programmes
» 26 Maintenance Programmes

379. As well as the offence-focused rehabilitation programmes set out above, there had been the following programme completions:

» 86 Brief Alcohol and Other Drug Programmes
» 38 Moderate Intensity Alcohol and Other Drug Programmes
» 51 Te Tirohanga Programmes
» 1 Short Motivational Programme

380. We interviewed a Principal Programme Facilitator for the site who told us Programme Facilitators usually run three Medium Intensity Rehabilitation Programmes per year, and other programmes such as the Short Rehabilitation Programme and the Short Motivational Programme as needed.

381. For prisoners participating in Te Tirohanga in the Whānui Unit, we were told by staff that a range of Māori service providers delivered the Mauri Tū Pae Programme (equivalent to the Medium Intensity Rehabilitation Programme), and externally contracted providers delivered the three-month intensive drug and alcohol treatment programme.

382. The Case Managers we interviewed told us the wait time for a prisoner to get an assessment for an Alcohol and Other Drug Programme at Whanganui Prison can take five to 12 months. We were told that external providers delivered these programmes and prisoners were often assessed as not needing a programme. Some Case Managers said this may be because the assessment relies on self-reporting, and prisoners can downplay their substance use.

383. Case Managers told us that there was generally a lack of programmes available. We heard high security prisoners, remand prisoners, and voluntary segregation prisoners had limited options. Those options included Brief Alcohol and Other Drug Programmes and Remand Reintegration Programmes, which some of these prisoners told us they

[61] Remand accused prisoners have the right to be presumed innocent and an offence-focused intervention may undermine that presumption.

had recently completed. The Scheduler we interviewed also said there were not many opportunities for programmes as there was not enough space or staff and more needed to be provided to the high security prisoners.

384. 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.

385. Corrections advised us that there were no Psychologists based in Whanganui Prison. Psychologists travelled from New Plymouth or Palmerston North, or used AVL, to meet with prisoners in Whanganui Prison. We were told that 39 prisoners at Whanganui Prison had started individual treatment sessions with a Psychologist in the six-month review period. The Psychologists who operated in Whanganui Prison also covered Manawatū Prison and Community Corrections sites across Whanganui, Taranaki, and Manawatū. Across this region, we were told there were 175 people on the waitlist to see a Psychologist on 30 September 2025.

386. Some of the prisoners we spoke with confirmed they were doing a rehabilitation programme or had completed one. Several high security prisoners told us they cannot access programmes until their security classification is lowered.

Remand/offender Plans

Inspection Standards
• All prisoners have a remand/offender plan which meets their assessed rehabilitation and reintegration needs.

387. 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.

388. We reviewed the Case Management Standards of Practice for the six-month review period and found that, on average, Case Managers at Whanganui Prison had met the standard for initial contact in 96.9% of cases.[62] On average, they met the standard for agreeing an initial offender plan (within 40 days of imprisonment) in 87.9% of cases.

389. We asked prisoners across the site if they had met their Case Manager and if they had an offender (or remand) plan. Many knew their Case Manager, had completed an offender plan, and found their Case Manager helpful. Other prisoners said there was a lack of communication and delays in responses from Case Managers.

390. We interviewed nine Case Managers. We were told that although the unallocated number of prisoners was around 50 at the time of our inspection, all cases were being allocated within expected timeframes, with most prisoners seen within 20 days. We heard that Case Managers often had difficulty accessing prisoners in high security units

[62] Case managers are expected to meet with all prisoners on their caseload within 20 days of their arrival in prison.

because there were not enough interview rooms. However, we heard this had been improving with better scheduling.

391. 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 Whanganui Prison showed that in the six-month review period, 52.8% of prisoners had a Case Officer assigned to them.

392. When asked, most prisoners told us they did not know who their Case Officer was. We checked the IOMS records for some of these prisoners and found that, although most had an assigned Case Officer, there was usually no record of meaningful contact with them.

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.

393. Reintegration activities aim to help prisoners identify and overcome any barriers to successfully transitioning back into the community.

394. In the six-month review period, COBRA data for Whanganui Prison indicated:

» Staff in the Receiving Office had managed 257 releases into the community (an average of 43 a month).
» Case Managers had met the standard for Release Planning in 76.2% of cases on average.
» There were 25 completions of a parenting skills programme, which was categorised as reintegrative.
» Case Managers had made 130 referrals to the Corrections 'Out of Gate' reintegration service.[63]

395. Prisoners that meet certain criteria[64] can be considered for temporary release from custody (not escorted by Corrections staff) or temporary removal from prison (escorted by Corrections staff) for reintegrative activities. Corrections sometimes label these external reintegrative activities as 'Guiding Release'.[65]

396. In the six-month review period, COBRA figures showed there were three temporary releases at Whanganui Prison, and that the following escorted temporary removals for reintegrative activities out of the prison were made:

» 1 to attend the birth of the prisoner's child or visit the prisoner's newborn child.
» 5 to recognise or maintain a family relationship or friendship.
» 270 to undertake an activity that supports the rehabilitative or re-integrative needs of the prisoner.

397. We were told by the Case Manager who accompanied prisoners on Guiding Release at Whanganui Prison that applications for Guiding Release were generally discussed at an advisory panel before approval. We heard the typical reintegrative activities included family visits, meals, marae visits, accommodation meetings, and psychologist appointments. We heard positive family and reintegration outcomes had been enabled through this process.

[63] 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.

[64] The criteria set out in Regulations 26 and 28, and the purposes outlined in Regulation 29, of the Corrections Regulations 2005.

[65] 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)."

398. 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 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 Whanganui Prison, Case Managers met the timeframes for providing these reports to the NZPB, on average, 91% of the time over the six-month review period.

399. Regarding release planning, some prisoners reported they were nearing their parole eligibility date but did not have a release plan in place and had not participated in a whānau hui. Other prisoners told us nothing significant had been achieved regarding their release plan, and they did not know key details such as whether their Steps to Freedom[66] grant was organised.

400. We interviewed Receiving Office staff about the release process and heard there were adequate processes in place to provide prisoners with all the necessary documentation, clothing, and other property. Most prisoners we asked told us they had clothing available for their release.

401. We held a forum with several Probation Officers and managers from Whanganui Community Corrections. They told us they had been piloting probation staff working more closely with case management staff, so each team could learn more about what the other did. There were two Probation Officers based at the prison two days a week. We heard there had been some issues getting commitment to this pilot and that probation staff felt each team was still working in isolation. We heard that probation staff thought that more could be done regarding the release of prisoners who were only in prison for a short period of time. Probation staff told us that their overall experience with custodial staff had been positive. The Receiving Office was highlighted as a standout in this regard.

[66] The Steps to Freedom grant is administered by the Ministry of Social Development and the rate is set by Parliament.

Appendix A – Images

Image 1: Maintained grounds

Image 2: Whānui Unit sign

Image 3: Intervention and Support Unit yard

Image 4: Dog kennels built by prisoners for the SPCA

Image 5: Horticulture nursery

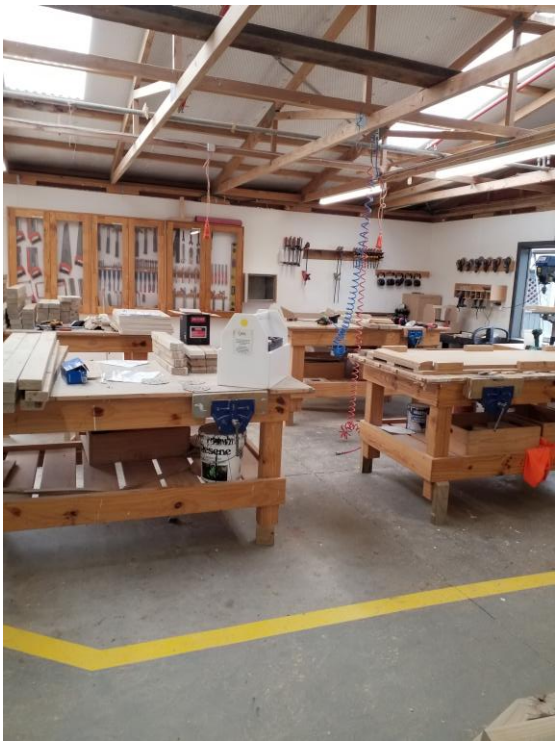

Image 6: Joinery workshop

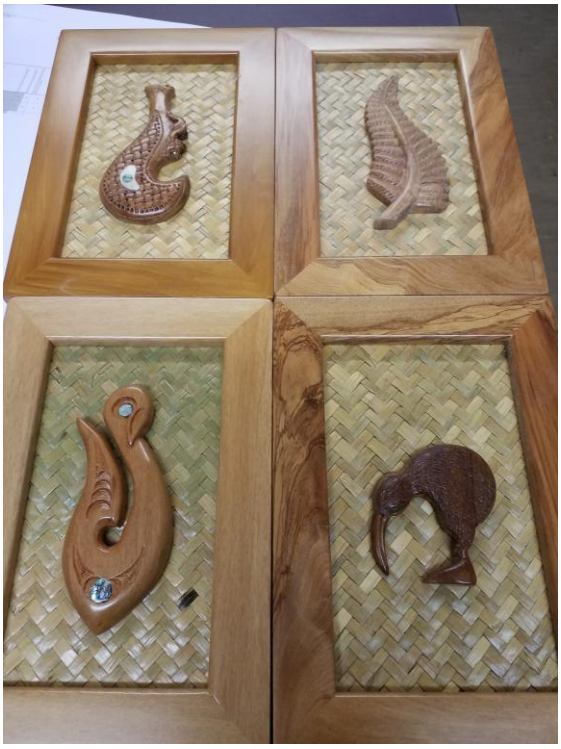

Image 7: Framed carvings made by prisoners

Image 8: Concrete warehouse

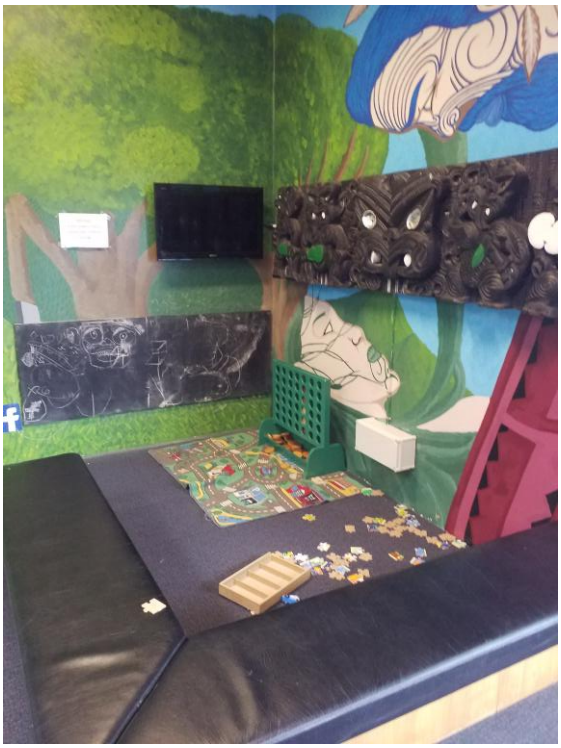

Image 9: Child-friendly visitors' centre

Image 10: Te Moenga Unit cell (no window)

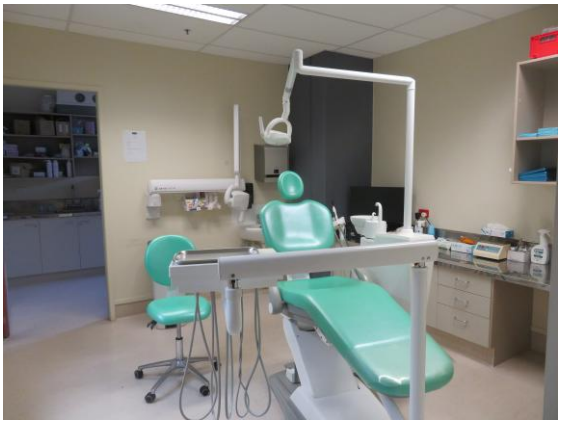

Image 11: Dental clinic

Image 12: Health Centre consultation room

Image 13: Self-care unit gardens

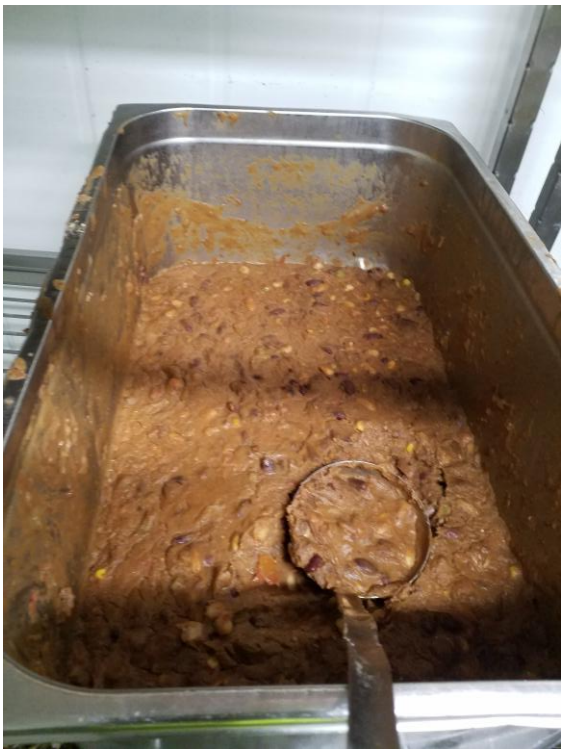

Image 14: Uncovered and unlabelled food in kitchen fridge

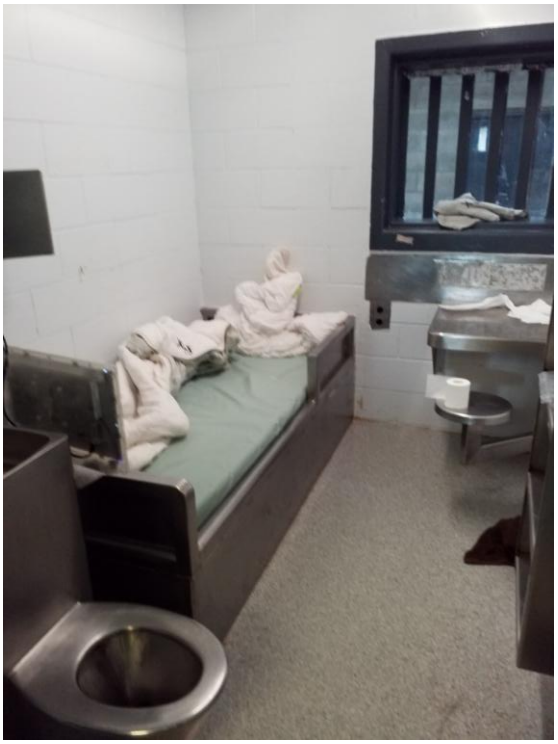

Image 15: Wharikitia Separates cell

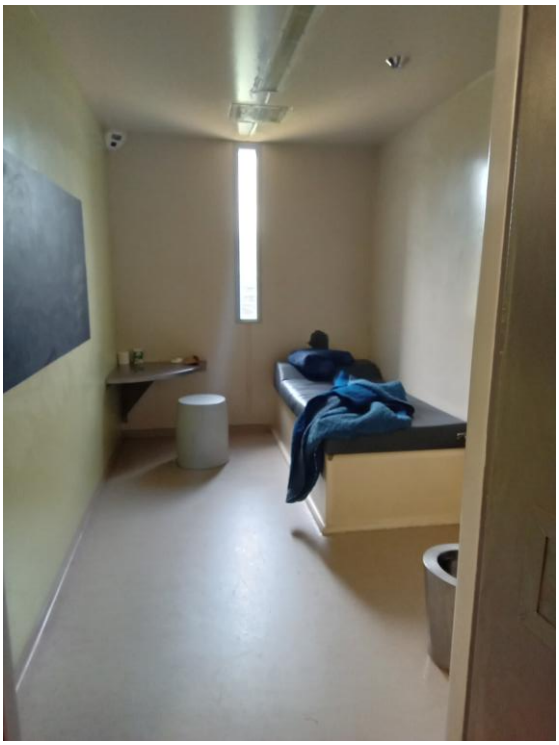

Image 16: Intervention and Support Unit cell

Image 17: CCTV monitor footage of an Intervention and Support Unit cell

Image 18: Whakapakari Unit yard

Image 19: Library

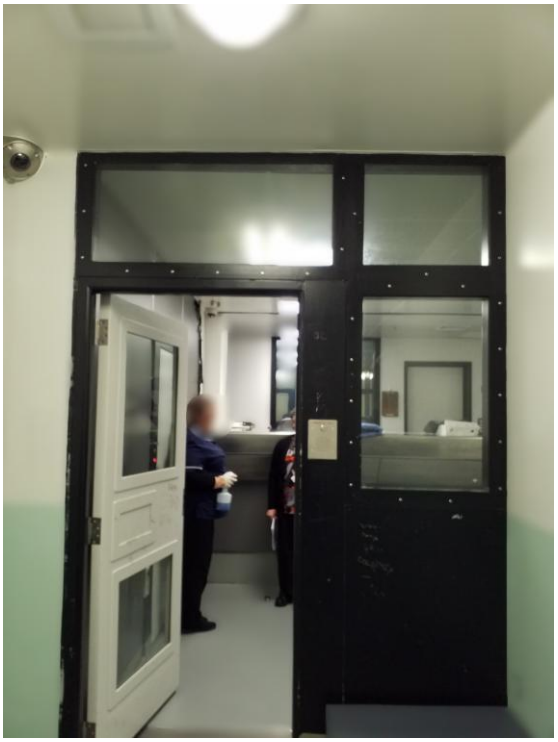

Image 20: View from inside the New Plymouth Remand Centre at-risk cell

Appendix B – Corrections' response

DEPARTMENT OF CORRECTIONS
ARA POUTAMA AOTEAROA

24 August 2026

Janis Adair
Chief Inspector
Office of the Inspectorate

By email: janis.adair@corrections.govt.nz

Tēnā koe Janis

Re: Draft Report of Announced Inspection of Whanganui Prison

On behalf of the Department of Corrections (the Department), thank you for the opportunity to respond to the draft inspection report for Whanganui Prison, including the New Plymouth Remand Centre (NPRC). Inspections play an important role in building a culture of continuous improvement for the Department.

We acknowledge the inspection provides a fair representation of operations at Whanganui Prison and the NPRC, and overall, accurately describes some of the positive work underway including challenges and opportunities the site faces.

Your report highlighted a number of positive practices. This included recognition that the site operated well and was well-maintained, offered prisoners a range of employment, education, and qualification opportunities across various industries, and that staff built strong rapport and have positive engagement with prisoners. New practical initiatives, including the improved approach to administering controlled medications, was highlighted showing increased efficiencies for staff and prisoners and positive collaboration between Pae Ora and Custody staff.

Leadership

It was positive to see your report noted that staff had high trust and confidence in the prison's leadership, and you had observed a strong sense of staff cohesiveness and comradery.

The report raised some safety concerns identified by non-custodial staff when meeting with prisoners in locked interview rooms. Staff safety remains a top priority for the Department and Whanganui Prison. Following the hot debrief with the Inspectorate, the High Security Residential Manager addressed this concern and put systems in place. All non-custodial staff are provided with radios, and staff are trained on using radio or duress alarms if a prisoners behaviour becomes elevated. Most staff are also assigned keys to allow them to lock and unlock interview rooms as required. The option of having a visit with a prisoner is also available in the Visits Centre. Prior to any one-on-one meetings, staff are required

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to check with the unit to gain an understanding of the prisoner's state of mind and if it is safe to proceed.

The inspection also identified concerns from staff about bullying and confrontational behaviour from some senior managers. While the site have been notified about behaviour from one specific individual that was inconsistent with standards required of Senior Managers at the Department, no further information has been provided about any other senior managers. The General Manager (GM) Custodial has considered the concerns as relayed by the Inspectors, along with the wider context at the time the concerns are reported to have occurred and has responded to them. It is important to note that no complaints have been made, or complainants identified, that would enable further enquiries or action from the GM Custodial.

This financial year the GM Pae Ora will be introducing quarterly meetings with direct reports, including Whanganui Health and Clinical Mental Health teams, to facilitate an opportunity for open feedback and direct connection. These meetings help build trust, while also reinforcing strategy and supporting managers with organisational decisions.

Escorts, Reception and Induction

Your report highlighted some inconsistencies across site induction at Whanganui Prison, notably varying quality and delivery. We recognise that inconsistencies regarding induction processes were also raised in your 2019 report.

We acknowledge the importance of ensuring those new to the custodial environment are given the proper information to support their transition into custody. The issue raised regarding the recording of new prisoners' immediate needs in the Receiving Office (RO) has been rectified. As secondary assurance, unit staff have been instructed to record the prisoner induction in the offender notes, and where practicable include a verbal interaction. Additionally, residential unit induction booklets are available to prisoners to support the transition into their accommodation

Duty of Care

While the report highlighted some positive experiences and processes related to duty of care, for example those housed in the Whānui Unit, there were concerns raised for the young adult cohort.

Whanganui prison does not have a youth unit or dedicated youth Case Managers (CM) on site, however, young people are still able to access all activities available to the general population. Assessment of Placement for Young Adults (APYA) are not conducted by CMs but are instead conducted by custodial staff as part of their procedures. Once this assessment is completed, identified youth are transferred to a suitable unit when space allows. The close working relationship between Whanganui Prison and the Manawatū Prison Youth Unit helps enable these transfers, though placements are limited.

Your report also raised safety concerns that were identified by some prisoners, particularly in relation to incidents associated with Nicotine Replacement Therapy (NRT) products. NRT continues to be a highly tradable commodity among the prisoner population and as such can pose an added risk that these products can be used as a form of currency or leverage.

The Department is currently undertaking a broader review relating to NRT allocation and distribution practices across the estate. Whanganui Prison will continue to monitor the situation closely and staff will maintain vigilant regarding incidents involving NRT and contraband.

Health

We recognise the concerns you have raised about health services, notably the management of health requests, timely access to health services, appropriate mental health training, and suitable accommodation and support for at risk prisoners.

The report identified that health staff had not completed primary mental health (PMH) training due to various factors. All nurses are scheduled to complete their four primary trainings, including PMH. As of 6 July 2026, 23% of nurses had completed their PMH training, and completion will continue to increase.

We understand that wait times for health services can be a cause for frustration. To enable a more efficient system, Whanganui prison has transitioned to using kiosks for health requests. The health team reports that requests are acknowledged within 72 hours with requests triaged and appointments made as clinically indicated. Current wait times to be seen are noted as comparable to the community.

We heard that recent staff shortages resulted in outstanding health reminders and overdue health assessments for older prisoners, alongside limited monitoring of chronic conditions due to delayed allocation of nurse portfolios. Nurse portfolios, including responsibility for older persons and chronic condition management, have now been allocated. With nursing vacancies progressively filled during 2024/25 and a fully staffed leadership team in place, Pae Ora has strengthened its capacity to deliver routine and preventative healthcare services. Significant work has been undertaken to address outstanding recalls and annual health assessments, and processes are now in place to support ongoing monitoring and timely follow-up for older prisoners and those with chronic health conditions. Further strengthening clinical quality oversight, the Lower North Island region now has a permanent Clinical Quality and Assurance Advisor (CQAA) in place which occurred from early 2026.

The cell for at risk prisoners at the NPRC was assessed as unsuitable due to its visibility from the Police and Corrections processing counter. We acknowledge that the current holding cell environment at NPRC does not meet the standard expected of the Departments Intervention Support Units (ISU), which are specifically designed to support these vulnerable prisoners. The facility is owned and managed by New Zealand Police, which limits the Department's ability to undertake significant changes. The Department and Police are pursuing options

to allow staff easy access to view the cell when required, while providing the prisoner a degree of privacy, such as the use of fog windows for the cell or installation of a curtain to prevent visibility into the neighbouring cell.

The pixelation of CCTV cameras in the ISU at Whanganui Prison was also raised as a concern. The current CCTV cameras are on an aged analogue system, which is due to be upgraded to digital – enabling pixelation. The ISU refurbishment project will rectify this and is due to commence at the end of October 2026.

Good Order

Generally, the report raised that the site had the appropriate level of security to maintain good order.

Some inconsistencies were identified with security screening at the gatehouse. In response, the Security Manager (SM) has provided additional training to all staff based at access control and introduced procedural changes for x-ray machine use.

For those working on site who are subcontracted by Downer Group, the contractor entry process requires them to report to the Downer Group office upon arrival. Downer staff then check and record the tools required for the job and provide subcontractors with a tools list to provide to prison staff when entering areas where work is being carried out. This list is checked by staff upon entry and again on completion of the work. Assurance of this process is provided to the SM. Contractors directly engaged by the Department are subject to tool checks and recording by the Custodial staff in access control. Since the inspection, Whanganui Prison has also implemented a dedicated staff member role to work with contractors, including monitoring tool management.

To address the variable quality of rub-down searches identified, managers have worked with principal corrections officers to improve the quality of rub-down searches and continue to address this challenge. The Adviser Operational Resilience Learning and Assurance is also monitoring this process for secondary assurance.

The concerns raised by Visiting Justice's surrounding those with mental health and addiction needs are noted. Access to clinical information requires consent and there are risks of unintentional clinical disclosure if ISPT staff are required to attend Visiting Justice hearings. Visiting Justices can submit a health information request to the Health Centre Manger or Clinical Manager Mental Health under the Privacy Act 2020 if information of this nature is required.

Purposeful Activity

The visits process was highlighted as an area for development in your report. You noted that prisoners had expressed frustration with delays approving visitor applications, and the lack of weekend visit options available at site. We recognise

the importance of visits for maintaining meaningful whānau connection for those in prison.

Currently, the internal visitor application process is being reviewed by the SM and visits team. Current process enables visitor applications to be processed as efficiently as possible between Monday to Friday, however the quality of information provided by applicants can delay this process.

In person visits at site occur between Monday to Friday. At this stage, in-person weekend visits are unable to be facilitated due to current roster arrangements and staffing resource, however, the site will take the earliest opportunity to review its roster profile with the aim to introduce in-person weekend visits. Virtual visits are currently available on weekends.

Rehabilitation and Reintegration

The report notes that there were limited rehabilitation programme opportunities identified for high security, remand and segregated prisoners.

We are continuing to work on programme delivery and participation within existing budget allocations to maximise rehabilitative and reintegrative opportunities for prisoners accommodated in high security units. Applications for additional funding to support increased staffing resources, infrastructure enhancements, and equipment requirements are currently under consideration. The outcome of this funding request will inform future opportunities to expand programme delivery and improve access for prisoners.

As of February 2026, the Pae Ora Rehabilitation Programmes team have begun to roll out the Rehabilitation to Remand Prisoners initiative, offering further rehabilitation opportunities to remand men.

To further address rehabilitation opportunity gaps, Whanganui high security men will be a priority cohort for a new Taranaki/Whanganui/Manawatū GM Network initiative beginning in August 2026. The initiative will provide up to six Medium Intensity Rehabilitation Programmes (MIRP) delivered at Manawatū Prison, to cater for high security men across the region and further afield.

Overall, the inspection report recognises some of the positive work at Whanganui Prison and the NPRC, 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 GM Whanganui Prison and the GM Pae Ora Whanganui.

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

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