OFFICE OF THE INSPECTORATE *Te Tari Tirohia*

# Spring Hill Corrections Facility

## Announced Inspection

May 2025

ARA POUTAMA AOTEAROA
DEPARTMENT OF CORRECTIONS

**Inspection team**

| | |
|---|---|
| Russell Underwood | Assistant Chief Inspector |
| Ang Curtis | Principal Inspector |
| Fiona Irving | Principal Clinical Inspector |
| Manoj Gounder | Inspector |
| Melissa Graham | Inspector |
| Nick Lawton | Inspector |
| Julia Prescott | Inspector |
| Katrina Wolfgramm | Inspector |
| Sarah Penno | Clinical Inspector |
| Alazar Yesak | Clinical Inspector |
| Liz Welch | Senior Report Writer |

Publication date: July 2026

Office of the Inspectorate *Te Tari Tirohia*
Department of Corrections *Ara Poutama Aotearoa*
Private Box 1206
Wellington 6140
Telephone: 04 460 3000
https://inspectorate.corrections.govt.nz

OFFICE OF THE INSPECTORATE
*Te Tari Tirohia*

## Contents

# Office of Inspectorate | *Te Tari Tirohia*

**Our whakataukī**

*Mā te titiro me te whakarongo ka puta mai te māramatanga*

By looking and listening, we will gain insight

**Our vision**

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

**Our values**

Respect – We are considerate of the dignity of others

Integrity – We are ethical and do the right thing

Professionalism – We are competent and focused

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

Diversity – We are inclusive and value difference.

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

**Our work**

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

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

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

# Foreword

This report sets out the findings of an announced inspection of Spring Hill Corrections Facility (SHCF), which is situated in north Waikato. At the time of the inspection, the site was accommodating a total of 829 prisoners.

At the conclusion of the inspection, Inspectors gave a verbal and written 'hot debrief' to site leaders, and requested that the site provide an Initial Action Plan to set out their progress to date in December 2025 against our findings. We have referred to some items in this Initial Action Plan within this report.

Overall, while we found some areas of positive practice, we had serious concerns with conditions in some areas of the prison, and with certain practices and processes at SHCF.

We acknowledge that the site, which opened in 2007, was designed as an 'end destination' site for 650 sentenced prisoners, and yet has, over the last ten years, essentially become a remand site, with 76% of prisoners on remand at the time of the inspection. This change in population was proving a challenge for the site's infrastructure and staff alike.

We found maturing relationships between the prison General Manager and his General Manager counterparts in Pae Ora (Corrections health services), and Communities, Partnerships and Pathways, though there remained some disconnect between these roles at a practical working level, with, for example, decisions about security matters that impacted upon the delivery of health services sometimes being made in isolation.

Communications, particularly by email, from prison leadership were not considered to be timely, effective or relevant by many custodial and non-custodial staff.

Although custodial staffing levels were at 94%, we found that morale was low amongst custodial staff, and unplanned absences (such as sick leave) were common. This often left units short-staffed. In addition, a high proportion (38%) of custodial staff had less than two years of experience working in a New Zealand prison, and many Senior and Principal Corrections Officers also lacked experience in their roles.

The lack of availability of custodial staff and the unsuitable infrastructure had significant impacts across the prison. This meant non-custodial staff, including health staff, Case Managers and Education Tutors, could find it challenging to access prisoners. This left them frustrated and concerned about the welfare of the prisoners under their care and management.

We heard about, and observed, several concerning security issues. For example, staff and prisoners told us contraband was readily available, and we were told there had been no drug testing at the site for five years. One item from the site's Initial Action Plan set out that drug testing had recommenced in November 2025.

Regarding young people aged 18 – 24, we found that staff had completed Assessments of Placement for Young Adults for all 18- and 19-year-olds, and many young adults were placed in a unit with other young adults. However, though these young adults received extra unlock time, we could find few other differences in the way they were managed when compared with adult prisoners, which is disappointing.

The health team was nearly fully staffed and was providing a good level of care when they were able to access patients. While morale was high within the health team, many of them felt

unsupported by custodial staff, and some did not always feel safe as custodial staff would sometimes leave them unsupervised with prisoners.

For prisoners with mental health needs, the site had a well-functioning and collaborative weekly multidisciplinary team meeting where all mental health referrals were triaged as a single point of entry into the most appropriate service.

There were 140 men on the forensic mental health list at the time of the inspection. This represented around 17% of the total population of 829 prisoners. In addition, there were nine men on the forensic admission waiting list, with a waiting time ranging between 33 and 134 days, which we do not consider to be acceptable, though we recognise this may be outside of Corrections' control.

There was a known problem with pigeons causing health risks across the site, an issue we found in our previous inspection of SHCF in 2017/2018. Despite ongoing cleaning and other mitigations by the site, some areas were filthy, with large amounts of excrement, and dead birds and old nests caught in metal grilles. We considered that some parts of the site were simply not fit for habitation or use.

At the request of the Chief Executive, in 2025 the Office of the Inspectorate conducted a Special Investigation into the use of force at a selection of prison sites. One of these sites was SHCF. The Special Investigation methodology included inspecting more data than is usual during a prison inspection. We therefore present in this inspection report a more in-depth look at the use of force at the site than we usually would.

While most prisoners had not been subject to the use of force at SHCF, we found that the site had slightly under-reported uses of force in the Use of Force Register: they had recorded 146 incidents and should have recorded 156.

We reviewed 40 uses of force in more detail, and found that most were reasonable, proportionate and necessary. During eight uses of force, however, we observed some actions by custodial staff which did not fully align to training. Three of the eight incidents met the threshold for referral to the Integrity Team for further consideration.

Case Managers were struggling to meet their Standards of Practice for initial contact, agreeing the initial offender plan, and release planning (e.g. they met the standard for release planning in only 41% of cases). While the Case Management Team was close to fully staffed, we heard that the high remand population, with prisoners entering prison and leaving again within short timeframes, meant they had limited time to interview prisoners and help them prepare for release. In addition, we heard there was a disconnect and lack of respect between some Case Managers and the Principal Case Managers.

I acknowledge the cooperation of SHCF management and staff, both during the inspection and afterwards. I expect the site to build on their Initial Action Plan to address the findings of this report. I look forward to working with the site as I continue to monitor progress.

Janis Adair, Chief Inspector

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

# Overview and findings

1. This report sets out observations from our announced inspection for Spring Hill Corrections Facility (SHCF). SHCF covers a 215-hectare site just outside Meremere, in north Waikato.

2. We inspected SHCF between Thursday 22 May – Friday 30 May 2025.

3. At the time of the inspection, SHCF had an operational capacity of 922 prisoners.[1]

4. The prison housed a total of 829 prisoners, comprised of 198 sentenced prisoners, 175 remand convicted prisoners, and 456 remand accused.

## Findings – action required by prison leaders

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

6. Any additional observations are presented only 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. There had been a maturing of relationships between the prison General Manager and his General Manager counterparts in Pae Ora (Corrections health services) and Community, Partnerships and Pathways. However, there was still some disconnect between these roles at a working level, which could lead to one General Manager making a decision in isolation which affected the responsibilities of the other two.

Finding 2. Email communications from prison leadership were not considered to be timely, effective or relevant by many custodial and non-custodial staff.

Finding 3. We found good levels of engagement in the Future Leaders programme which was run on site, and which had been opened up to partners in Police.

Finding 4. We heard and observed that leadership in prison health services was competent with a strong focus on patient advocacy.

[1] We note that operational capacity is the maximum number of prisoners a prison could accommodate. In practice, most prisons can accommodate a lower number.

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

### Prison staff

Finding 5. Despite custodial roles being nearly fully staffed, we heard there were large numbers of unplanned absences (such as sick leave) and custodial staff were often short-staffed. Morale amongst custodial staff was low.

Finding 6. Many custodial staff (38%) had less than two years of experience in the role, and we heard that many Senior and Principal Corrections Officers also lacked experience in their roles.

Finding 7. Non-custodial staff across the site (including health staff, Case Managers and Education Tutors) told us there were often not enough custodial staff available to supervise their access to prisoners. This meant non-custodial staff could not provide services, which left them frustrated, concerned about the prisoners, and feeling undervalued.

Finding 8. Some non-custodial staff, including health staff, described feeling unsafe due to a perceived lack of support by custodial staff.

Finding 9. Many staff felt that the change from SHCF being an 'end destination' prison for sentenced prisoners to becoming what was essentially a remand site (76% of prisoners were on remand), meant that the site facilities were no longer fit for purpose.

Finding 10. The Case Management team was struggling with the large remand population and was not meeting its Standards of Practice in several areas, including the standard for initial contact (i.e. within 20 days of arrival in prison) which they were only meeting in 50% of cases.

Finding 11. We found a disconnect between some Case Managers and the Principal Case Managers, who expressed views which showed a mutual lack of trust and respect for each other's roles.

Finding 12. We heard that morale was good in the health team, despite the perceived lack of support from custodial staff.

### Escorts, reception and induction

Finding 13. While prisoners travelling in cells in Prison Escort Vehicles should be monitored by escorting staff via CCTV cameras, and staff can initiate intercom communication with prisoners, prisoners have no way of contacting staff in an emergency, which we consider to be unacceptable.

Finding 14. Prison Escort Vehicles do not have the ability to record or save CCTV footage or intercom calls. We consider that such recordings could provide essential evidence in the event of an incident.

Finding 15. We heard and observed that the Receiving Office was not suitable for receiving large numbers of remand prisoners and that this could present safety issues. We were advised that with the opening of Waikeria Prison in September 2025, the volume of receptions has dropped to a more manageable level.

Finding 16. Figures from COBRA indicated that only 33% of prisoners were receiving a site induction interview where prison rules and processes were explained to them by a custodial officer.

Finding 17. We found strong collaboration and communication between health and custodial staff in the Receiving Office in identifying and managing new arrivals suspected of being at risk.

**Duty of care**

Finding 18. Māori prisoners had little or no access to culturally appropriate support and programmes.

Finding 19. While support for transgender prisoners appeared to be available based on the documentation and processes at the site, we found that transgender prisoners did not feel well-supported.

Finding 20. The site was completing the Assessment of Placement for Young Adults for all 18- and 19-year-olds, and was accommodating most young adults in a designated unit (Unit 14C) which we considered to be good practice. However, we could identify few differences in the way younger prisoners were being managed when compared with adult prisoners.

Finding 21. Custodial staff remained present when prisoners spoke to their lawyers using unit office or interview room telephones. This meant there was no privacy which impacted upon legal privilege during the call.

Finding 22. Many prisoners told us they felt safe on site but a significant number told us they did not, with bullying and standovers considered by many to be a part of prison life.

Finding 23. We heard that volunteers frequently had issues gaining access to prison units, and that there could be long delays in getting volunteers approved by prison management.

**Health**

Finding 24. Prisoners had access to a range of health services and most reported that the quality of care was good once seen.

Finding 25. Timeliness of access was inconsistent, particularly for Nurse and Doctor appointments, with some prisoners experiencing long waits to be seen.

Finding 26. Access to care was compromised by systemic custodial staffing constraints, impacting clinics, medication rounds and mental health services.

Finding 27. Although each unit had two health rooms, custodial staffing constraints meant only one could be operated at a time. This resulted in all health services having to share a single room on an hourly basis, leading to frequent missed or rescheduled appointments due to regime and unlock constraints. This at times

necessitated in-cell consultations and compromised the effective delivery of healthcare.

Finding 28. We found that the pharmacy rooms in both health centres were too small and not fit for purpose; there was limited storage space and little workspace for staff to use when preparing for medication rounds.

Finding 29. The site had established a unit for prisoners considered vulnerable which included the elderly, and those with significant physical or mental disabilities. This provided an environment that was less restrictive, allowing for socialising without the possible risks to safety, and we considered this a positive initiative.

Finding 30. There were 140 men on the forensic mental health list which represented around 17% of the total population at SHCF. At the time of our inspection there were nine men on the forensic admission waiting list, with a waiting time ranging between 33 and 134 days, which we do not consider to be acceptable.

Finding 31. The site had a well-functioning and collaborative weekly multidisciplinary team meeting where all mental health referrals were triaged as a single point of entry into the most appropriate service.

Finding 32. The Intervention and Support Units were often full, and we heard there could be issues with people remaining longer there than necessary because there were no beds available for them in a suitable unit.

**Environment**

Finding 33. Pigeons were continuing to cause health risks across the site. Despite ongoing mitigations, we considered that some parts of the site were not fit for habitation.

Finding 34. We found facilities for prisoners in unit kitchenettes and day rooms varied across the site; many items were broken or missing.

Finding 35. Many prisoners across the site had old mattresses, which were dirty. In addition, some prisoners in high security units did not have sufficient bedding and were sometimes cold. This was unacceptable.

Finding 36. Prisoners were given only one set of clothing at the Receiving Office and were supposed to be able to access more in their units. However, many unit kit lockers were empty or nearly empty and prisoners told us accessing additional clothes could be an issue. This was unacceptable.

Finding 37. While most meals were acceptable, we heard it was common for prisoners to receive sandwiches for lunch with no filling other than margarine. This does not adhere to the national menu and was unacceptable.

**Good order**

Finding 38. Reconciliation of pepper spray canisters in the gatehouse did not appear to be completed properly and staff could not explain replacement processes.

Finding 39. There was confusion amongst gatehouse and Receiving Office staff over who should be searching some vehicles entering the site.

Finding 40. Central Control staff were not necessarily receiving the correct information about releases or temporary releases from Receiving Office staff.

Finding 41. Intercom calls coming through to Master Control did not appear to be always answered promptly.

Finding 42. While no drug testing had been occurring at the site for five years, after the inspection we received the site's Initial Action Plan which set out that drug testing had recommenced in November 2025.

Finding 43. The Intelligence Team had created a contraband dashboard, information from which was shared with frontline staff, and which we considered to be a comprehensive and useful tool. We considered this could have utility at other sites.

Finding 44. The use of force was not always being recorded in the Use of Force Register. We found ten incidents that were missing.

Finding 45. While we considered most of the use of force incidents that we reviewed to be reasonable, proportionate and necessary, we observed some actions by custodial staff that were not fully aligned to training, and three of the incidents met the threshold for referral to the Integrity Team for further consideration.

Finding 46. In several incidents we consider staff should have made more attempt to deescalate the prisoner before using force.

Finding 47. Some prisoners had requested to have their security classifications reviewed in the six-month review period, but none of these reviews appeared to have been done and we could find no file notes to explain why site staff had not considered these requests.

**Purposeful activity**

Finding 48. There were limited educational activities available on site and Education Tutors were experiencing difficulties in accessing prisoners due to various factors including the unavailability of custodial staff.

Finding 49. We heard the Secure Online Learning Suites were being underutilised and that the fingerprint scanners for several of the computers did not work.

Finding 50. Around 50 prisoners were employed in prison industries, and the opportunity to work towards unit standards was being offered by most industries.

Finding 51. There were no plans to reinstate the Release to Work programme, even though COBRA data showed there were 24 men at SHCF who were eligible for a suitability assessment.

Finding 52. Many prisoners were unlocked for only 90 to 120 minutes a day and had little or no sports equipment or other activities with which to occupy themselves.

Finding 53. The site gym and playing field were being used by only a few prisoners, but were unavailable to the majority.

Finding 54. Visits were occurring, but several visitors felt some staff were unfriendly and told us there was often a lack of timely communication around visits.

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

**Rehabilitation and reintegration**

Finding 55. Offence-focused rehabilitation programmes were being run in the Special Treatment Unit which was run as a therapeutic community. There were 40 prisoners in this unit at the time of our inspection and we considered there was much good practice in this unit, including wing mentors, daily community meetings and cultural celebrations.

Finding 56. The site was offering limited rehabilitation programmes to prisoners outside the Special Treatment Unit, and we heard there were issues with programmes staff not being able to access prisoners, partly due to the unavailability of custodial staff.

Finding 57. Due to the large and transient remand population, Case Managers often had limited time to prepare prisoners for release. Case Managers had met the Standards of Practice for release planning in only 41% of cases.

# Introduction

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

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

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

10. The Inspection Standards are informed by:

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

11. The Office of the Ombudsman is mandated as a National Preventive Mechanism[3] to examine and monitor the treatment of people in prisons. The Chief Ombudsman's most recently published report into conditions at SHCF was released in 2017.[4] The Ombudsman also visited SHCF for an inspection between Monday 16 to Friday 27 March 2026; the report from this inspection had not yet been published at the time of writing.

12. The Inspectorate visited SHCF between 22 – 30 May 2025 to carry out the inspection.

13. Our previous announced inspection of SHCF was in November 2017. During that visit, for a variety of reasons, Inspectors were unable to carry out a comprehensive inspection of the high security units. To remedy this, an inspection team returned to the prison in

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

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

[4] Office of the Ombudsman (August 2017), Report on unannounced follow up inspection of Spring Hill Corrections Facility under the Crimes of Torture Act 1989, Office of the Ombudsman.

October 2018 to examine these units. The inspection report was published in November 2019.[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.

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, and by the Principal Clinical Inspector for health-related matters. The Assistant Chief Inspector oversaw the Leadership standards.

16. Inspectors assessed the treatment and conditions of prisoners at SHCF 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 and/or Clinical Inspectors carried out:

- one-to-one and focus group interviews with 109 prisoners from units across the prison
- one-to-one and group interviews with 248 staff members, managers, union representatives and service providers
- direct observation of unit procedures, staff duties and relevant staff meetings during the inspection
- a physical inspection of the prison environment, including the Health Centre
- a review and analysis of relevant information and data from the prison and Corrections databases, including the Integrated Offender Management System (IOMS) and the Corrections Business Reporting and Analysis (COBRA) tool. Our review period for data analysis was the six-month period from 1 November 2024 to 30 April 2025.

[5] Office of the Inspectorate (November 2019), Spring Hill Corrections Facility Inspection November 2017 and October 2018.

- an analysis of relevant information from the patient management system and the health services incident reporting tool.

20. 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.

21. After the inspection, and following a debrief by Inspectors to the prison General Manager and other senior members of staff, we received the site's Initial Action Plan on 8 December 2026. We have noted some of the site's responses from the Initial Action Plan in this report.

22. On 6 May 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 June 2026 and the response is attached as Appendix B.

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

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

## Introduction – Spring Hill Corrections Facility

23. Spring Hill Corrections Facility (SHCF) is a men's prison situated near Meremere in the north Waikato, approximately 35 kilometres from South Auckland.

24. The prison opened in 2007 for a total population of 650 prisoners to meet the demand for accommodation for high and low security prisoners in the South Auckland region. It was intended as an 'end destination' prison for motivated sentenced prisoners to gain access to rehabilitation and reintegration opportunities. As such, the prison was built with a range of accommodation types, special focus units, and an open 'campus style' configuration.

25. In 2010, due to an increase in the national prisoner population, the prison introduced double bunking in the low security units. This increased its capacity to up to 1,006 minimum to high security prisoners.

26. In 2015, the prison began receiving remand prisoners.

27. At the time of the 2025 inspection, SHCF had an operational capacity of 922 prisoners.

### Prisoners

28. On the first day of the inspection, 22 May 2025, SHCF housed 829 prisoners. This represented a decrease in population since our last inspection in 2017, when there had been 953 prisoners at the site.

29. There were 198 sentenced prisoners (24%), and 631 on remand (76%).

30. The 198 sentenced prisoners had the following security classifications: 69 were high security, 49 were low medium, 24 were low, and 33 were minimum security. Twenty-three prisoners had not yet been classified.

31. The 631 remand prisoners were comprised of 175 remand convicted (28% of those on remand) and 456 remand accused (72% of those on remand).

32. 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 SHCF on 22 May 2025**

| Unit name | Unit type/prisoner category[8] | Number of prisoners |
|---|---|---|
| Building 1 Receiving Office | Receiving | 1 |
| Building 6 Puna Rongoa A | Special Treatment Unit | 10 |
| Building 6 Puna Rongoa B | Special Treatment Unit | 10 |

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

| Unit name | Unit type/prisoner category[8] | Number of prisoners |
|---|---|---|
| Building 6 Puna Rongoa C | Special Treatment Unit | 10 |
| Building 6 Puna Rongoa D | Special Treatment Unit | 10 |
| Building 6 Puna Rongoa E | Intervention and Support Unit (at-risk prisoners) | 9 |
| Building 6 Puna Rongoa F | Intervention and Support Unit (at-risk prisoners) | 9 |
| Building 6 Puna Rongoa G | Mainstream[9] ('Vulnerable Unit') | 10 |
| Building 6 Puna Rongoa H | Mainstream ('Vulnerable Unit') | 9 |
| Building 7 Puna Matauranga | Self-care (internal) | 0 |
| Building 7C Puna Whakamutunga | Self-care (external) | 0 |
| Building 12 Puna Hinengaro Low Medical | Intervention and Support Unit (at-risk prisoners) | 8 |
| Building 13 Puna Whaimana Management | Management | 15 |
| Building 13 Puna Whaimana Seperates | Separates | 0 |
| Building 14A Katahi | Mainstream | 80 |
| Building 14A Vaka Fa'aola | Pacific Focus Unit | 82 |
| Building 14B Ka-rii C | Voluntary Protective Custody[10] | 76 |
| Building 14B Ka-rii D | Voluntary Protective Custody | 76 |
| Building 14C E Wara E | Mainstream | 74 |
| Building 14C E Wara F | Mainstream | 73 |
| Building 15 Katukoki A | Mainstream | 50 |
| Building 15 Katukoki B | Voluntary Protective Custody | 64 |

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

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

| Unit name | Unit type/prisoner category[8] | Number of prisoners |
|---|---|---|
| Building 16A Manu Kii A | Mainstream | 37 |
| Building 16A Manu Kii B | Voluntary Protective Custody | 40 |
| Building 16B Manu Koi C | Mainstream | 36 |
| Building 16B Manu Koi D | Mainstream | 40 |
| Te Whare Oranga Ake | Self-care, external | 0 |
| | **Total** | **829** |

33. Of the total of 829 prisoners, 545 (66%) identified as Māori, and 142 (17%) identified as New Zealand European/Pākehā. Sixty-five (8%) identified as Pacific peoples and 11 (1%) as 'Other (including Asian)'. The ethnicity of 66 prisoners (8%) was not recorded/unknown.

34. On the first day of the inspection, the largest group (331 prisoners, or 40%) was aged 30 – 39 years old.

35. Twenty-one prisoners were aged under 20, and 85 prisoners were aged 20 – 24.

36. There were 22 prisoners aged 60 and over.

37. Two prisoners had a transgender alert in IOMS.

**Staff**

38. Information supplied by Corrections Data Services set out that at 30 April 2025, SHCF had 489 full time equivalent (FTE) staff in roles, with 35 FTE vacancies.[11]

39. Information supplied by Corrections Data Services set out that the 489 FTE in roles was comprised of:

- 319 FTE custodial staff (with 18 vacant positions, and one trainee completing the Corrections Officer Development Pathway). This equated to a custodial staffing level of 94%.
- 65.36 'Other' roles, including managers, 17 Administration Support Officers, 3.49 Education Tutors, 2 Intelligence Officers, 2 Dog Handlers, 2 Schedulers, and others.
- 53.2 Pae Ora roles[12] including Nurses, 3 Programme Facilitators, 3 Psychologists, and others (for more information on staffing in the health team please see below)
- 28 case management roles
- 17 offender employment roles

[11] Data Services provided information that set out that 18 of the 35 vacant positions were custodial roles, but did not provide detail about the other 17 vacant roles. We note that staffing numbers provided by staff and managers at SHCF contained some discrepancies when compared to the numbers provided by Data Services.

[12] 'Pae Ora' (Healthy Futures) is a Corrections group that includes health and mental health and addictions services staff, as well as rehabilitation programme staff such as Programme Facilitators and Psychologists.

» 5.9 mental health roles.

40. Information supplied by the Health Centre Manager showed the health team had 43 members and was nearly fully staffed at the time of our visit:

» 1 Health Centre Manager
» 2 Assistant Health Centre Managers
» 3 Clinical Team Leaders
» 28 Registered Nurses (including 2 on the new entry to practice training programme)
» 3 Enrolled Nurses
» 4 Health Care Assistants
» 2 Administration Support Officers (1 vacancy).

41. Further information supplied by the Clinical Manager Mental Health set out that the Intervention and Support Practice Team had seven staff and was under-staffed at the time of our inspection:

» 1 Clinical Manager
» 4 Clinical Nurse Specialists Mental Health
» 1 Registered Nurse (Mental Health) (1 vacancy)
» 0 Psychologists (2 vacancies)
» 0 Cultural Support Workers (2 vacancies)
» 1 Administration Support Officer.

**Complaints received and reviews by the Inspectorate**

42. In the six-month review period, the Inspectorate received 12 information requests and 244 complaints from prisoners at SHCF. This included 40 health services related complaints.

43. In the same period, the Inspectorate monitored 20 site investigations into allegations against staff made by prisoners and recorded in the Allegations Against Staff database (IR.07 process).[13]

44. In addition, the Inspectorate was involved in 29 security classification reviews and 43 statutory reviews of the misconduct process.[14] The Inspectorate was involved in two reviews of visitor prohibition orders for SHCF.

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

**Previous Office of the Inspectorate Inspection Reports**

46. Our previous announced inspection of SHCF was in November 2017. During that visit, for a variety of reasons, Inspectors were unable to carry out a comprehensive inspection

[13] 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.

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

of the high security units. To remedy this, an inspection team returned to the prison in October 2018 to examine these units.

47. The 2017/2018 inspection identified that in most respects the prison provided a good environment in which prisoners' needs were met, though prisoners who did not speak English did not appear to be well-supported. Prisoners were generally kept safe from violence and intimidation. The prison offered a range of rehabilitation, work and training opportunities, though growth in the prisoner population had caused pressure on staffing and resources. At the time of our visit in 2017, the population was 953 prisoners, which was 124 more prisoners than at the time of our 2025 visit.[15]

**Notable Positive Practice**

48. In this section, we highlight some of the positive practice we found at SHCF. 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 areas of practice where staff were doing 'business as usual' but were performing well, or under complex or challenging circumstances. Inspectors found five examples of notable positive practice during the inspection of SHCF.

49. The site was delivering a Future Leaders programme, which we observed had good engagement by participants, including staff from Police who had been invited to attend. We commend this investment in leadership training, and the opening up of this initiative to partners in Police (see paragraph 68).

50. The site had set up a weekly multidisciplinary team meeting to triage all mental health referrals as a single point of entry into the service. The team included staff from the forensic service, the Intervention and Support Practice Team, the health team and custodial staff. We heard this was functioning well, with a good collaborative approach to assign referrals to the most appropriate service (see paragraph 338).

51. We heard the site had established two wings in Unit 6D for prisoners with age-related health issues, or those with lower cognitive skills who could be at-risk in a mainstream unit. The unit provided a smaller number of prisoners in an environment that was less restrictive, allowing for socialising while mitigating possible risks to safety (see paragraph 359).

52. We viewed a copy of a Contraband Dashboard developed by the Intelligence Team, which presented an excellent summary of the risks. Information from the dashboard was shared with frontline staff. In our view, this represented an example of positive practice that could have utility at other sites across the prison network (see paragraph 411).

53. The Special Treatment Unit was being run as a therapeutic community which offered offence-focused rehabilitation programmes. There were 40 prisoners in this unit at the time of our inspection and we found much good practice in this unit, including wing mentors, daily community meetings and cultural celebrations (see paragraphs 552 – 555).

[15] Office of the Inspectorate (2019), Spring Hill Corrections Facility Inspection November 2017 and October 2018, Office of the Inspectorate, Wellington.

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

# Inspection

## Leadership

**Inspection Standards**

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

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

55. Our inspection took place just over a year after the implementation of a refreshed structure for the management of prisons under Te Ara Whakamua: The Pathway Forward, Corrections' process of organisational change.[16] According to Corrections' intranet, two of the key objectives of this organisational change were "to create a structure that ensures decisions are made at the right level, so that our people can focus their efforts on core areas of responsibility" and "strengthened local peer-to-peer relationships between leaders to deliver more joined up decision making, leadership and accountability, so that decisions are made closer to where the work takes place".

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

57. Although there were a significant number of leadership roles (at all levels) at SHCF being covered through secondments and 'acting up' arrangements, the prison leadership was viewed by those in leadership positions as being reasonably cohesive. However, those staff closer to the frontline did not necessarily share this view.

58. During our inspection we were told of the maturing working relationships across the General Manager roles, bringing some of the additional coordination and strategic alignment that had been one of the headline objectives of Te Ara Whakamua. This was more evident in some of the community engagement, and the embedding of regular

[16] Corrections intranet sets out that the new structure was implemented on Monday 1 April 2024.

monthly General Manager meetings. Outside of custody, there were concerns expressed that some of the community engagement defaulted to custodial leads, sometimes supported by Police, to the detriment of Pae Ora and Communities, Partnerships and Pathways colleagues. Te Ara Whakamua, we were told, had brought about somewhat convoluted changes to regional boundaries, and the impacts from this had been such that the General Managers considered some links between functions had in fact been lost, and they missed having the central point of contact provided by the former role of Regional Commissioner. The default central point of contact was now the Chief Executive.

59. Although there had been a maturing of relationships at General Manager level, we heard that the disconnect between the three core functions at the working level remained significant, with one General Manager observing that, "Custody make decisions that impact health, that health are not a part of".

60. At a site level, we observed and were told, that the cultivation of positive relationships with external stakeholders was variable. There were strong and productive relationships with some key providers, including facilities management contractors Downers. We noted the developing relationship with Ngāti Naho, particularly on the 'model of care', but were told by some staff that they wanted to be part of that relationship, rather than it being managed solely by senior management. Some staff wanted to better understand the site's connection with mana whenua.

61. We were told that the relationships with the two main unions on site, CANZ (Corrections Association of New Zealand) and PSA (Public Service Association) were open and positive. Monthly meetings with the prison General Manager were described as informative and we were told that there was a good rapport. Both unions told us they believed their members generally felt safe on site, and commended the use of, and support for, the wellness days. The biggest issues on site from the unions' perspective included the impact of the current rosters on work/life balance, staff fatigue and absenteeism, the content, timing and medium of daily briefings, and the risks presented by the number of new and inexperienced staff on site, including the appointment of Principal Corrections Officers and Senior Corrections Officers much earlier in their careers than had previously been the case.

62. In our engagement with staff, we found that the effectiveness of communications on site was a significant issue for many, most notably custodial staff below Principal Corrections Officer level and non-custodial staff. The General Manager's daily site briefing distilled essential operational information to assist staff to perform their duties, was emailed to everyone on site by the prison General Manager's Personal Assistant between 8.30am and 9.00am Monday to Friday. There was a management expectation that this would be read at the beginning of a shift or that Principal and Senior Corrections Officers would use it to brief their teams. Many staff told us that the daily briefing emails arrived too late to support most to do their jobs and was perceived to include irrelevant information such as weather forecasts and kai cart menus. Email communications were problematic for many frontline staff, due to difficulties in accessing a computer and time constraints.

63. We observed some well-run unit level staff briefings, where staff were given the opportunity to raise any issues and concerns, and a well-run site-wide briefing on the weekend where incidents from the previous day/night were discussed, as well as staffing for the day.

64. Some general email communications from the prison General Manager's office were perceived with considerable negativity by some staff who spoke with us or contacted us during our visit. For example, one email sent to us from a staff member encompassed a number of points raised with us by staff during the course of our inspection. It said: "If our managers were to take the time to engage directly with staff, observe firsthand the realities of daily operations within the units, and provide meaningful support where needed, they would gain a clearer understanding of the pressures their teams face. With this insight, they would be far better equipped to implement strategies that not only improve efficiency, but also foster a positive, motivated work environment. Addressing issues at their core, rather than resorting to broad messaging, would allow staff to feel valued and supported – an essential factor in maintaining morale and operational success."

65. While there were some promising initiatives on site, such as the General Manager's weekly "wellbeing" lunches with staff "randomly selected" to attend by the Workforce Manager,[17] we heard significant concerns across the site in respect of the level of staff engagement. This was evident in the response rate for the Shaping Corrections survey[18] ongoing at the time of our visit. The response rate for the site was 29%, compared with 50% for the wider Custodial Services group, and down from 50% at the site for the previous survey. Staff told us that they had low confidence that their views were heard or would result in any change. Suggestions from staff to improve levels of engagement included, most notably, more visibility of the General Manager, Deputy General Managers and Residential Managers across the site.

66. Generally, we found that managers and staff were unaware of the vision for the site. This included plans for the site once the Waikeria Prison new build was open later in the year and able to accept prisoners, and the impact this might have. Some staff told us they were hoping that the site would return to its previous role as an end destination prison.

67. We were told and were pleased to note that the site Learning and Development team had developed training initiatives to support custodial staff working towards level three qualifications. We noted that this was being further developed for other custodial grades.

68. During our visit we observed delivery of the fifth module of the site's Future Leaders programme. There were good levels of engagement throughout by all attendees. Topics included the Leadership Framework and a focus on health, safety and wellbeing. Participants discussed safety culture in the workplace, including the risks and levels of acceptance for not following the correct processes, and tracking isolated incidents and patterns. We commend this investment in leadership training, and the opening up of this initiative to partners in Police. We consider this to be an example of notable positive practice.

69. Health staff told us that working relationships within the health team were supportive and that they were able to work under a high level of pressure. However, the Health Centre Manager told us that while she felt supported by the senior prison management team, she and her team did not always feel supported by all unit staff. Health staff reported feeling undervalued by custodial staff, with health priorities often deprioritised and health staff left feeling unsafe when providing healthcare in the units.

[17] This included any staff who had 'wellness' in their employment agreements, so excluded Health staff, for example.

[18] This survey is conducted every six months and contains the same questions each time.

70. The primary health and mental health leadership teams worked collaboratively, with evidence of joint decision-making about people with complex health and mental health concerns.

# Prison staff

**Inspection Standards**

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

### All staff

71. Many staff (custodial and non-custodial) talked to us about communication issues at the site. They felt the current approach of site-wide emails and senior staff passing information on to staff was not working well. Some staff felt they did not know what was going on at the site, or learned about things too late.

72. Non-custodial staff across the site, including health staff, Case Managers and Education Tutors, told us there were often not enough custodial staff available to supervise their access to the prisoners. This meant non-custodial staff could not provide services. This left them feeling frustrated, concerned about the prisoners, and undervalued.

73. Many staff told us the change from SHCF being an end destination for sentenced prisoners, to becoming what was essentially a remand prison, had changed a great deal about their work. Staff felt the site facilities were not suitable for the new population, and considered they were now often unable to provide effective services to prisoners. Some staff spoke of the upcoming opening[19] of the new build at Waikeria Prison which they hoped would change the population they received and alleviate some of the problems with access to prisoners and service delivery.

74. Some non-custodial staff described feeling unsafe due to a perceived lack of support from custodial staff. For example, several non-custodial staff told us sometimes when they were locked in an interview room with a prisoner, custodial staff would leave though they were supposed to stand outside to supervise.

75. Feedback regarding Kōrero Whakawhanake (performance development conversations) was mixed; some staff told us these had not been completed, whilst others told us they had been completed but they felt it was a 'tick box' exercise with little value or meaning.

76. Some staff said apart from a course on the Corrections intranet they had not been given any support to learn and practise Tikanga Māori.

### Custodial staff

77. As set out in the Introduction, information supplied by Corrections Data Services set out that at 30 April 2025, SHCF had 319 FTE custodial staff in the role, with 18 vacant positions, and one trainee completing the Corrections Officer Development Pathway. This equated to a custodial staffing level of 94%, though the site's Workforce Planner estimated there were generally around 20 work-related absences on the roster at any one time which meant the site was often under-staffed. In an interview, the General

[19] The new 596-bed Waikeria Prison opened on 5 June 2025.

Manager told us he considered that a custodial staffing level of around 400 staff was required.

78. Custodial staff told us, and we observed, that some units were short-staffed at the time of our inspection. We were told this was generally due to staff being absent, for example, on sick leave. In some cases, we observed that staff were called in from another prison (i.e. Waikeria Prison) to cover for absent staff. Staff from SHCF advised that this created issues because the staff from elsewhere were not familiar with how the unit operated, or with the prisoners. Staff from Waikeria Prison told us they also found it challenging to work at SHCF as they would not be given advance notice that this was required. Instead, they would arrive for their shift at Waikeria Prison to be told they had to travel to SHCF to work that day. The journey between Waikeria and SHCF took over an hour each way, which meant a long day with a lot of travel. We observed that staff from Waikeria Prison arrived after the morning unlock and left before the final lock-up at SHCF.

79. Custodial staff also told us that if they were short-staffed this impacted on non-custodial staff who could not access prisoners as there were not sufficient custodial staff available for escorts and supervision.

80. We heard morale amongst many custodial staff was low. Custodial staff generally felt supported by their colleagues, but while some felt supported by their Principal Corrections Officers, others told us their Principal Corrections Officers did not show sufficient leadership. We heard that many Senior and Principal Corrections Officers lacked experience and had been put into those roles earlier than they would have been in the past.

81. Many custodial staff told us about ongoing frustrations including issues with the content and timing of communication from senior leaders, undesirable shift patterns, unclear career progression pathways, and the high number of different regimes in some units.

82. We heard there were a lot of new custodial staff across the site (i.e. with less than two years of experience) and a lot of staff 'acting up' to cover more senior roles. Information provided by Corrections Data Services (dated 26 November 2025) showed that 123 (38%) of custodial staff at SHCF had less than two years of service.

83. Some staff, including some senior managers told us they did not consider that Corrections was necessarily accepting the correct new recruits for Corrections Officer positions; they considered that some new recruits were not well-suited to the job.

84. Prisoners we interviewed told us most staff were approachable and respectful. We observed staff interacting with prisoners in a friendly and professional way and, in some units, we were pleased to see staff spending time in exercise yards and communal areas and engaging with prisoners. For example, in Unit 14B we observed the Senior Corrections Officer playing chess and basketball with prisoners, and in Unit 6C (pods E&F) we observed staff playing table tennis and sitting talking with prisoners.

85. Prisoners also told us staff often seemed very busy. We heard it common for prisoners to ask for something, such as a hygiene item, and to not receive it. A few prisoners told us a few staff were arrogant or lazy.

86. A few staff and managers told us there could be issues with some staff communicating in languages other than English and excluding staff who did not speak those languages. We also heard that prisoners could become frustrated by the language barrier as some

newer staff were not fluent in English. We heard there could be some cultural issues as staff from overseas adjusted to the culture in New Zealand.

87. Regarding ongoing training, custodial staff told us they were generally up to date with their annual core training (including control and restraint, health and safety, tactical operations, fire and first aid), though some told us they had been taken out of some rostered training days as their unit was short-staffed. A few staff told us they had completed basic te reo Māori training on the Corrections Learning Management System.

88. As part of our review of Use of Force incidents, we checked how many custodial staff were up to date with their tactical options certification. Custodial staff must undertake tactical options refresher training at least once a year where they are assessed by Tactical Instructors and re-certified if they can demonstrate the correct techniques. At 30 April 2025, only 64% of staff at SHCF had current tactical options certification.

89. We heard that the site was catching up with its mandatory training by scheduling training at different times, including weekends, as part of a training recovery plan.

90. We heard that custodial staff received 'bite-size' training every Friday on a range of topics. We heard this was usually delivered by a Senior Corrections Officer who would arrange a topic for refresher training, such as Use of Force or how to complete directed segregation paperwork.

91. We interviewed the site's Learning and Development Lead, who reported to the General Manager. She told us she worked closely with the Practice Leads who reported to the Operational Support Manager. We heard that she had worked with some of the site Principal Corrections Officers to develop a Corrections Officer competency pathway, which was now used by Corrections Officers completing the New Zealand Qualifications Framework Certificate in Prisoner Management Level 3. We heard that Corrections Officers had to be recommended by a Principal Corrections Officer to complete Level 3, as the qualification was attached to additional pay. The Learning and Development Lead told us 32 Corrections Officers at the site had yet to complete their Level 3 certificate, and that she was trying to get all Corrections Officers on the site to complete it as this would assist with better consistency of practice across units. We heard the General Manager was supportive of this work, and that the site hoped to add extra areas of practice to the competency framework, including mental health awareness. In addition, we heard the Learning and Development Lead organised mentors at the site, though this was currently done in an ad hoc manner.

92. We interviewed two of the Residential Managers and heard that Principal Corrections Officers across the site had varying levels of experience; some were highly experienced, but others required a lot of advice and support. We also heard there was a lack of movements staff to conduct prisoner escorts, for example, to health appointments. We heard that some custodial staff did not always feel empowered to make decisions and would elevate certain matters to the Residential Managers that could have been dealt with on the unit. The Residential Managers considered this was a capability issue.

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

» In the Intervention and Support Units we heard there was not a lot of specialised training in managing at-risk prisoners. However, we heard that the Intervention and Support Practice Team provided bite-size training and that both they and forensic services staff worked closely with custodial staff so custodial staff could learn from observing how they interacted with the prisoners. We heard this approach worked well.

The Residential Manager told us he used to send staff to the Henry Rongomau Bennett Centre (i.e. the mental health inpatient centre at Waikato Hospital in Hamilton) so staff could observe the staff there, but at the time of our inspection this was not occurring as staff were too busy to be able to go. The Residential Manager told us two staff had received mental health training and dementia training.[20]

- Receiving Office staff told us they had received on the job training from experienced staff. We heard staffing levels were a particular concern in the Receiving Office and that it could be difficult for staff working there to take their allocated breaks. In addition we heard that staff in the Receiving Office usually worked seven or eight days in a row. We heard the roster had changed recently and staff were not happy with it. Staff in the Receiving Office were responsible for managing sentence calculations, but told us the training in this was often informal. Staff told us about the difficulty of this work and the lack of ongoing training.
- Staff working in Master Control and Central Control told us they had received on the job training by experienced staff. We heard there were enough staff for them to take their allocated breaks.

94. We heard that many staff appreciated the wellness days which were run at the site. We heard these days involved a small group of staff having lunch with the General Manager and Deputy General Managers, and then either going home early to spend time with family/whānau, or going off-site for a team building exercise such as bowling or go-karting. We heard these were a morale booster for some staff. We note that these wellness days were not available to all staff at the site, but only to those with a 'wellness' clause in their contracts.

**Health staff**

95. We heard that morale was good within the health team, with team members supporting each other; a newly appointed Nurse and a student Nurse both commented that they felt well looked after.

96. At the time of our inspection the health team was nearly fully staffed with only two Registered Nurse vacancies. However, only nine of the 22 Registered Nurses had more than two years of experience working in a prison setting. The Health Centre Manager told us there was a great team culture in the health team. Nine of the health team were undertaking post-graduate study (including two Nurses on the Nurse Prescriber pathway) and that SHCF Nurses often took secondments to support other sites, thus gaining experience in other health teams. We heard the SHCF Nurses had various portfolios, including bowel screening, cardiovascular risk assessment, diabetes, infection control, oncology, youth pathway, metabolic screening, sexual health, traumatic brain injury, wound care, and older people's health.[21]

97. We heard that health staff felt unsupported by some custodial staff. We heard there was limited collaboration with custodial staff and that health staff sometimes did not feel safe. For example, we heard that sometimes Nurses had to tell custodial staff what to do during cell unlocks.

98. In addition, sometimes health staff could not access prisoners to provide services as there were not enough custodial staff available. We heard the lack of consistency of access could have a negative impact on therapeutic relationships as prisoners sometimes had longer waiting times which led to them feeling unsupported by health

[20] The dementia training consisted of two one-hour sessions delivered online by an external provider, Dementia Waikato.

[21] Not a complete list of the nursing portfolios.

staff. It also meant that at times medications would not be able to be administered within the required timeframes, due to the nurses having to wait for officers to escort them to the cells.

99. Some custodial staff were notably supportive of health staff. For example, we attended a multi-disciplinary team meeting in the main Intervention and Support Unit and observed that health and custodial staff demonstrated excellent collaboration. We heard that custodial staff in this unit had received some training from members of the Intervention and Support Practice Team and Forensic Services staff in how to manage prisoners with mental health issues.

100. The health leadership team had been working on the professional development of the team with portfolio days having been held shortly before the inspection on topics including hepatitis C, and diabetes. The Health Centre Manager had been building leadership capability by moving senior nurses into secondment positions as Assistant Health Centre Managers and moving Registered Nurses into Clinical Team Leader roles to give them experience in leadership.

101. The Health Centre Manager stated that there was a good collegial relationship with the mental health team, with weekly multi-disciplinary team meetings and regular high and complex needs meetings.

102. Regarding core training, all staff were up to date with their CPR training, 93% had completed substance withdrawal training, 76% had completed the primary mental health training, and 60% had completed the deteriorating patient course. We saw evidence that the health team had also attended a variety of in-house and virtual training.

103. We heard that clinical supervision was available to the Health Centre Manager, the Assistant Health Centre Managers, and the Clinical Team Leaders. Nurses did not receive clinical supervision as the funding for this had been discontinued. As Nurses in prisons work as independent practitioners for much of the time, we consider that access to clinical supervision would be beneficial.

**Case Managers and Principal Case Managers**

104. Corrections Data Services provided information that at 30 April 2025 there were 28 FTE staff in case management roles at SHCF. During our visit, case management staff told us they were supposed to have 30 case management roles, but currently had 26, some of whom were still in training.

105. We held a forum for Case Managers which was attended by eight Case Managers of differing experience levels. The forum attendees described a situation with high turnover of Case Managers and a lot of inexperience. Several staff were new or in training and this increased the pressure on experienced staff. We heard some newly appointed and inexperienced Case Managers were writing reports on high-risk offenders which the group felt was inappropriate.

106. Case Managers told us they did not feel supported by Principal Case Managers, and did not trust them. We heard from some Case Managers that some Principal Case Managers did not understand the work. The Case Managers described management generally at SHCF as 'very poor'. The Case Managers felt they were not listened to, not communicated with, and that managers had no interest in their welfare.

107. Case Managers told us they needed more quality time with prisoners and to be able to offer prisoners good quality practice tools such as activity books. We heard that "no funding" was used as an excuse for "everything".

108. Some Case Managers told us they needed professional and cultural supervision. We heard training was insufficient and that they had to "fight to get training". For example, we heard they had been told the previous year they would get training on hostage situations and tactical operations but that this had not yet occurred. We heard that neurodiversity training was being offered, but that generally the Case Managers felt there was a lack of meaningful learning and development opportunities. We heard that "online training is no good".

109. Case Managers told us they felt safe on site, and that custodial staff were generally cooperative. However, we heard that sometimes Case Managers had trouble accessing prisoners.

110. We interviewed some Principal Case Managers who told us, "our primary focus each day is to survive". We heard that a lot of prisoners were being released on 'time served' which meant there was not enough time to prepare, so prisoners were being released with no accommodation to go to and no support people. The Principal Case Managers found this situation stressful.

111. The Principal Case Managers told us, "Spring Hill is a remand site now" but that too many staff still considered it an "end destination site". We heard that not all Case Managers were doing what was expected of them and that some had "zero compassion" or did not follow through and do what they said they were going to do. We heard that some Case Managers did not appreciate the importance of their role and needed to see results so they knew their work was making a difference.

112. We note that the views expressed by some Case Managers and some Principal Case Managers showed a mutual lack of trust and respect for each other's roles.

**Other staff**

113. We interviewed five Employment Instructors and two Principal Instructors. They told us staff experience in some industries varied significantly, which could lead to disagreements over quality standards. We heard there was some joint training and development for kitchen and laundry Instructors, such as health and safety, and hazardous substances courses. Industries staff told us they considered they could benefit from more cross-site learning where they visited similar industries at other prisons to share ideas and good practice.

114. We interviewed two Education Tutors and heard there were four members of the team but that one was part-time. The Education Tutors told us they felt safe on site. We heard that custodial staff were helpful but that often they were too busy assisting health staff. This meant there were no custodial staff available to assist the Education Tutors so prisoners often did not arrive for an interview even if the Tutors had booked in advance. Regarding training, we heard they had done some training including on tactical communications and safe exit from situations, hostage situations, suicide awareness, and drugs 101. We heard they had not had any training in recognising and responding to people with mental health issues. Regarding professional development for their roles as Tutors, we heard this was needed as currently there was nothing in place.

115. We spoke to two union representatives from the Corrections Association of New Zealand (CANZ) and the union representative for the Public Services Association (PSA).

As previously mentioned in the 'Leadership' section of this report, the biggest issues on site from the unions' perspective included the impact of the current rosters on work/life balance, staff fatigue and absenteeism, the content, timing and medium of daily briefings, and the risks presented by the number of new and inexperienced staff on site, including the appointment of Principal Corrections Officers and Senior Corrections Officers much earlier in their careers than had previously been the case.

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

# Escorts, reception and induction

## Escorts and transfers

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

116. Prisoners are transported to and from SHCF 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.

117. Most prisoners at SHCF had been transported by road in a Prisoner Escort Vehicle (PEV). For example, from Auckland, Rotorua, or Tauranga.

118. We inspected four 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. Cells all had a light, a tinted window, a vent for air-conditioning/heating, and a camera on the ceiling for staff to monitor prisoners. The cells were clean with minimal graffiti. We were told the vehicles were cleaned by an external contractor every weekend.

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

120. There were no toilets in the vehicles. We observed that prisoners on inter-prison transfers were given 'travel johns'.[22]

121. We interviewed several prisoners about their experiences of prison transfers. Most had no issues, though a few said the trip had been uncomfortable, and we note that it is standard practice for low-medium, high or maximum security prisoners to be handcuffed during transfers unless instructions state otherwise.[23] Most prisoners told us the air conditioning had worked and that, for longer trips (for example, a two-hour trip), they had been given a bottle of water and allowed to use a toilet before the trip.

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

[23] Prison Operations Manual M.04.02.01 Use of mechanical restraints.

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

123. All prisoners who are travelling in a Corrections PEV must be accompanied by an Instructions for Escorts form[24] which contains their personal details and lists any special instructions, risk mitigations and medication, so escorting staff are aware of their needs. Inspectors reviewed a sample of 14 of these forms and found that most 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.

124. 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.[25] Staff in some units (Units 6C, 6D, and the Intervention and Support Unit) told us they would generally inform prisoners ahead of time if they were being transferred. We heard staff would try to give prisoners an opportunity to telephone their family/whānau beforehand to let them know about the transfer.

## 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.<br>• Newly received prisoners can inform their family/whānau and access services to resolve any family, domestic and financial issues as soon as reasonably practicable.<br>• Prisoner induction (both at site and unit level) is timely, accessible, appropriately targeted, and carried out in a respectful manner. |

125. 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.

[24] POM M.04.01.Form.01

[25] POM 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.

126. In the six-month review period, COBRA data showed that staff in the SHCF Receiving Office had managed 2,290 receptions (an average of 382 receptions each month) and 2,274 site exits (an average of 375 exits each month). We note that receptions and exits include any prisoner entering or leaving the prison for any reason. Most exits were transfers to other prisons. We also note that in comparison to the same period the previous year, receptions had increased by 12% and exits had increased by 17%.

127. We observed that prisoners arriving at the Receiving Office were not held in prisoner escort vehicles for extended periods of time. On arrival, each prisoner was escorted from the vehicle one at a time and handcuffs were removed. Staff conducted a quick wellbeing check before placing prisoners in a holding cell. Staff also provided food and water. Staff behaved in a respectful manner.

128. We visited the Receiving Office and observed that it was clean, tidy, and well-organised. It had eight holding cells and two interview rooms. Holding cells did not have televisions, but had one wall painted with a 'chalkboard', and prisoners could write/draw if they requested chalk. There was a significant amount of graffiti in some holding cells. One holding cell did not contain a toilet.

129. Staff told us the Receiving Office was not fit for purpose and could present safety issues. We heard the Receiving Office had been designed when SHCF was intended as an 'end destination' prison (i.e. it would hold sentenced prisoners, not large numbers of transitory remand prisoners). This meant there were not enough holding cells to accommodate the large numbers of remand prisoners the prison now received. In addition, we heard there could be safety risks due to the type of prisoners the prison now holds. The prison General Manager also told us that the Receiving Office was not suitable for the site's current needs. After the inspection, we received the site's Initial Action Plan in response to the inspection. The plan set out that remediation work on the existing holding cell doors and windows was due to begin in early 2026. In addition, with the opening of the new Waikeria Prison in September 2025, the Initial Action Plan set out that the volume of receptions had dropped to a more manageable level.

130. Prisons should display posters in the Receiving Office, giving information about prison life and rules. However, we did not observe any such posters.

131. Figures from COBRA indicated that in the six-month review period, 80% of prisoners had their immediate needs assessed, and 33% of prisoners had received a site induction interview where prison rules and processes were explained to them by a custodial staff member.

132. Staff in the Receiving Office should fingerprint the prisoner and register them for the purpose of using the prison self-service kiosks.[26] The inspection team found that on the first day of the inspection, 85% of prisoners had their fingerprints registered on the kiosk system.

133. Staff told us that sometimes, some Receiving Office processes, such as fingerprinting, were not completed as staff were trying to get the prisoners to a unit promptly to free up the limited number of holding cells for other arriving prisoners.

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

[26] 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.

person is at risk of self-harm or suicide. A Registered 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 observed staff conducting at-risk assessments of all prisoners within four hours of their arrival. We reviewed a random selection of the records of 41 prisoners who had been received at SHCF in the six-month review period and found that all had received a Reception Risk Assessment/Review Risk Assessment within the correct timeframe.

135. We noted that prior to the Risk Assessment being conducted, staff identified two prisoners coming back into the prison from being escorted out, who, due to their behaviour, may have been at risk of self-harm. An at-risk notice was placed on the cell and these prisoners were placed on 15-minute observations prior to the Risk Assessment being completed. We considered this was good practice.

136. We asked staff in the Receiving Office 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 in the Receiving Office told us they knew about the 0800 number but had not used it. They said if a prisoner was not able to speak English, they would use another staff member as an interpreter, or use Google Translate. They told us they would use the 0800 number if necessary.

137. When asked about foreign national prisoners who requested contact with a high commission or consulate, staff told us they gave the numbers to prisoners if they requested them. We did not observe any information in the Receiving Office in any languages other than English, despite the fact that Corrections has translated the custodial brochure "What happens to me now I have arrived at prison?" into 12 languages.

138. We asked prisoners across the site about their experiences in the Receiving Office. Most told us they had been treated with respect and felt the process had been good, with reasonable wait times before they were moved to a unit. Some prisoners told us they felt they had not been treated as an individual and had just been processed.

139. On the day we visited, prisoners were kept in the Receiving Office for over two hours. Custodial staff attributed the length of this wait-time to the fact that it took over 40 minutes for the Nurse on duty to complete the Reception Health Screen. A longer health screening might indicate an inexperienced Nurse or a prisoner with complex health needs. In addition, there was only one interview room available for the health team to use for these screenings, which meant only one Nurse was able to conduct them. This added to the wait-times for prisoners.

140. Due to the size of the site, prisoners were moved from the Receiving Office to their units in escort vehicles. We heard these vehicles were cleaned every weekend and that if bio-hazard cleaning was required, this would be done by contracted provider Downer.

141. 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.

142. We heard, and observed, that at SHCF some prisoners were given an induction booklet titled "Kia ora! Spring Hill Corrections Facility Induction Information – What you need to know about this place". We heard that the unit induction should include giving prisoners this booklet. The site provided us with a copy of the booklet which we observed had a good level of basic information, including information about prison rules, property, telephone calls, how to see health staff, and making a complaint.

143. Principal Corrections Officers in units across the site told us all staff were trained to complete prisoner inductions, and that these would occur in a private place such as an interview room.

144. We asked prisoners across the site about site/unit inductions. Many told us they had not received an induction and had limited understanding of prison rules and processes, although some told us they had received an induction booklet. We checked a sample of prisoner files in the units and found that some did not contain copies of induction forms signed by the prisoners. Many prisoners stated they were not given much information about prison life when they came to prison, and some said they were given a booklet, but had nothing explained. However, prisoners in some units (Building 6, A & B) told us they had received an induction when they arrived at the unit and spoke positively about this.

145. We checked the IOMS records of 41 prisoners and found records that 26 had received a unit induction. Records did not set out whether the remaining 15 prisoners had received an induction for the unit they were currently in. After the inspection, we received the site's Initial Action Plan which set out that ensuring inductions were completed was a key compliance priority and that the site had implemented significant improvements through additional reminders and checks.

146. Most prisoners we interviewed told us they had made their initial telephone call once they had reached their unit. Some prisoners told us they had been unable to make their initial call when they first arrived but had made it a few days later.

## 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. |

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

148. The Clinical Inspector visited the Receiving Office and observed that the receiving Nurse had a small interview room that was divided by a desk, with the Nurse sitting on the side with access to a door that led to a staff corridor for ease of exit. We observed that the other door to the interview room, which opened onto the Receiving Office, was ajar. This meant that parts of the conversation between the prisoner and the Nurse could be

overheard by custodial staff who were standing outside to supervise. Therefore, medical confidentiality was compromised, as the door to the Receiving Office should have been closed.

149. There are processes in place at the Receiving Office to ensure that individuals who are at risk are identified and provided with appropriate physical and mental health support. For example, mental health screening was completed in the Receiving Office, which sped up access to the Intervention Support and Practice team's single point of entry triage process. In addition, nursing appointments were booked for those who required dental or medical care.

150. We observed strong collaboration and communication between health and custodial staff in the Receiving Office in identifying and managing new arrivals suspected of being at risk.

151. Receiving Office health staff told us they managed a high volume of prisoners each day, and that it was not uncommon for them to finish work after hours. On the day of our visit to the Receiving Office, the Nurse was due to finish at 9pm, but finished after 11pm. Health staff told us that having only one Nurse available to assess and triage newly arrived prisoners could slow the movement of prisoners through the Receiving Office. The Health Centre Manager told us Nurses would occasionally stay late for complex patients or to complete tasks, but said that this was not a daily occurrence.

152. We observed a newly appointed Nurse being orientated in the Receiving Office, supported by a more experienced Nurse, and observed some new arrival Reception Health Screen assessments. We observed that interactions with prisoners were largely transactional. Risk assessment findings were discussed between the Nurses in the prisoner's presence and consent forms to request clinical information from community providers were not completed.

153. We reviewed health files of 17 newly arrived prisoners and found that all but one had a reception health screen completed on the day of arrival. The prisoner who did not have one completed on the day of arrival had been referred to hospital for an urgent health need and the health screen was completed on his return to site. Our review also found that prisoners who had immediate health needs had these followed up, prisoners who identified as smokers were offered nicotine replacement lozenges, and all had their risk of self-harm assessed. Our review found that information about the prison health service was recorded as being provided to only seven of the 17 prisoners during their reception.

154. We asked prisoners across the site if they had seen a Nurse in private on reception. Almost all told us they had.

## Geographical placement

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

155. SHCF is in the Waikato Region. We asked over 70 prisoners if they were from the region and heard that a few were from Hamilton or other small towns in Waikato.

156. However, most people were from Auckland or other areas in the upper-middle of the North Island, including Tauranga, Tokoroa and Rotorua. Others were from further afield, including Tūrangi, Napier, Whanganui, and Whangārei.

# 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.

157. At the time of the inspection, 545 (66%) of the 829 prisoners at SHCF identified as Māori.

158. The three most common iwi/hapū affiliations recorded in IOMS were Tainui (62 prisoners), Ngāpuhi (56 prisoners) and Tūhoe (41 prisoners).

159. We interviewed Māori prisoners about whether they were able to access cultural support and programmes. Most told us there was nothing available apart from the Chaplain. Many prisoners expressed how important their culture was to them; they wanted to be able to practice it and teach it to their children when they were released. A few prisoners told us they wanted to go to a Māori Focus Unit.

160. In Unit 6 prisoners told us there was a kapa haka group, and we observed men practicing mau rākau (a traditional martial art) which we heard was done as part of the Buttabean Motivation (BBM) programme.[27] We also heard there was a kapa haka group in Unit 14C, where young people aged under 20 were accommodated.

161. Most prisons across New Zealand have Kaiwhakamana[28] who visit Māori prisoners on request, but most prisoners and staff told us there were no Kaiwhakamana at SHCF. The Volunteer Coordinator for the site told us there were two Kaiwhakamana. However, approvals for volunteers to visit the site were taking a long time so this had impacted on the ability of the Kaiwhakamana to make visits.

162. One Māori prisoner told us that while there was no cultural support in the units, the mental health team were "awesome" if you wanted cultural support as they would arrange for someone to come and see you.

## Foreign national prisoners

**Inspection Standards**

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

[27] The BBM "vision statement" from www.thebbmprogram.com/our-story sets out that the organisation aims to "reduce obesity amongst Māori and Pacific People in New Zealand through education…".

[28] 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.

163. 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.

164. 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.

165. 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 36 foreign national prisoners at SHCF, from Afghanistan, Australia, China, Fiji, India, Kenya, Myanmar, Netherlands, Northern Ireland, Samoa, Somalia, South Africa, Tonga, and the United Kingdom.

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

167. A review of health records for the two prisoners showed that no interpreter was being used to communicate during health encounters, with both prisoners having multiple encounters with different health providers. Notes did not reflect any difficulties when communicating with these prisoners. An interpreter had been used for one prisoner between 2021 and 2023, and he had completed an English course in 2023.

168. The Health Centre Manager told us they had a very multi-ethnic health team which helped when communicating with some prisoners. The health team had access to the 0800 telephone interpretation service, and we were told they also used online resources that had been printed off when communicating with some prisoners.

169. The Receiving Office staff we interviewed told us they were aware of the 0800 telephone interpretation service but had not needed to use it yet. We heard that they were generally able to find another member of staff who spoke the language, or they would use Google Translate. Receiving Office staff told us that if a prisoner asked, they would supply the telephone number for an embassy or consulate.

170. Unit staff told us if they were managing a prisoner with limited English, they would use simple language, or Google Translate, or would ask another staff member who spoke the same language as the prisoner to translate. One Senior Corrections Officer told us they tried to place foreign national prisoners in a unit with other prisoners who spoke the same language. Unit staff knowledge of the 0800 interpretation service was varied and we did not observe any posters regarding this in units.

171. Corrections has translated the information brochure for new arrivals "What happens to me now I have arrived at prison" into twelve languages. We saw no information in any languages other than English in the units.

172. Unit staff told us if a prisoner asked to contact their embassy or consulate, they would supply the telephone number, but would not proactively offer these numbers to foreign national prisoners.

173. Most foreign national prisoners told us they spoke English, or spoke enough to manage. Some told us they would ask another prisoner to translate, or would wait for a staff member who spoke their language to come on duty.

174. We interviewed one foreign national prisoner who told us he had been subjected to racist remarks by staff and other prisoners. His main issue was that when he complained

he would not be told what had happened to the staff who had made the inappropriate comments. He told us he had tried to contact his consulate by writing about two years ago but that they had not written back and he had not tried to contact them again.

175. One foreign national prisoner told us he was able to talk to his parents overseas three times a week for 30 minutes each time.

## Transgender prisoners

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

176. 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.

177. Two prisoners at SHCF had a transgender alert in IOMS at the time of the inspection.

178. We asked staff in the Receiving Office about processes for receiving transgender prisoners. They told us they would keep the prisoner separate and conduct an interview to identify gender preference and other information. Staff told us they would record the information on a form that would be sent to the relevant Residential Manager and Principal Corrections Officer who would then complete an individualised support plan for the person.

179. Most staff told us they were aware of the transgender prisoner policy and requirements, such as housing a transgender prisoner in a single cell, though not all staff were aware of the requirement for transgender prisoners to have individual support plans. Some staff said they had never managed a transgender prisoner, but if one came to their unit they would refer to the policy on the intranet. Some staff mentioned that they had not received any training in how to manage a transgender prisoner. Some staff told us they would appreciate additional training and support.

180. Principal Corrections Officers told us they would interview any transgender prisoners to create individual support plans, which could include details such as supplying extra razors if these were required, and ensuring the prisoner could wash their own personal items. We also heard that the site had two Rainbow Champions who would come and meet with transgender prisoners to ensure their needs were met.

181. We interviewed the two Custodial Systems Managers who were responsible for overseeing the quality of transgender support plans prior to these being signed off. Both said they considered that the form was too long and that many staff needed better training to complete the forms correctly.

182. According to the patient management system and IOMS, both transgender prisoners on site at the time of the inspection had a support plan in place which set out that their preferred names were being used and that they were given mental health support when necessary. We were told that health requests from transgender prisoners were processed as soon as practical by the health team, who took into account the difficulties that these people may face in the prison environment. The Health Team had a Nurse who was the designated portfolio holder for transgender health. We also found the site

had established an interdisciplinary way of working between the Sexual Health Clinic and custodial staff to ensure transgender prisoners could get appropriate hormone treatment, relevant health monitoring, and gender-appropriate supplies.

183. However, despite the documentation and processes, when we interviewed the transgender prisoners, we heard the situation was less than ideal. For example, one prisoner told us she had made ten complaints in six months, mostly due to wanting daily (rather than weekly) access to razors. This prisoner did not feel she was receiving individualised care. She also told us she did not feel safe in her unit, physically or psychologically.

184. The other transgender prisoner told us her individual support plan had not been started in the Receiving Office as it should have been, and that there had been no discussion regarding her preferred name, pronouns or which gender of staff she wanted to conduct searches. We checked IOMS and confirmed that her transgender support plan had not been developed until four months after her arrival. She told us she had access to appropriate items of clothing, but had not been offered any counselling.

185. One of the transgender prisoners told us that while staff were approachable, if she had an issue she would not go to them as they would listen but there would be no action.

186. One of the transgender prisoners told us she felt staff had changed over the last five years and were now quicker to anger and showed less care for prisoners. One of the transgender prisoners raised concerns regarding the lack of support offered by unit staff during unlock.

187. We were pleased to note there was a new 'trans support network' at the site. One activity of this network was to arrange meetings where transgender prisoners met with the Senior Advisor to the General Manager and a Senior Corrections Officer who was the site's 'trans champion'. These meetings enabled transgender prisoners to raise issues with staff in a safe environment. We interviewed a transgender prisoner who told us there had been one meeting of this network so far. She had attended this and felt it was a good start.

## Young people under 18 years

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

188. COBRA data indicated that there were no prisoners aged under 18 at SHCF 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. |

189. COBRA data indicated that 21 prisoners at SHCF were aged under 20 at the time of the inspection (i.e. six were aged 18, and 15 were aged 19). In addition, there were 85 prisoners aged 20 – 24.

190. COBRA set out that 24 prisoners at SHCF had a youth alert in IOMS.

191. 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 observed that all prisoners under 20 had received an APYA assessment to determine the most appropriate placement. We reviewed a sample of 20 APYAs and found a good level of detail, with clear rationales for placement. We noted that there were no signed/approved copies in IOMS. We heard the site had some Case Managers who focused on youth, and that they had been completing the APYAs. These youth Case Managers were training custodial staff in the use of the APYA as it should be completed by custodial staff.

192. Those young people identified as suitable were placed in a unit (Unit 14C) with other young people. There were adults in this unit as well, but they were on a separate unlock. In addition, we heard there was one pod in this unit (F pod) where vulnerable youths were placed. Young prisoners who were not considered suitable for placement in Unit 14C were placed in units with adult prisoners.

193. We heard the site had a fortnightly multi-disciplinary team meeting to discuss the assessment and management of prisoners aged under 20 at the site. The meeting was attended by senior prison staff, the two youth Case Managers at the site, mental health staff, and representatives from Oranga Tamariki and Police. We heard that this team discussed placements and interventions, checked alerts, reviewed placements following incidents, and discussed any concerns or issues. They also discussed training that staff might require.

194. The Custodial Practice Manual on the Corrections intranet sets out that the APYA may also be used to support custodial placement decisions for young adults aged 20 to 24. In addition, one of the Recommendations from the Inspectorate's young people and young adults thematic inspection set out that Corrections must ensure that a holistic assessment is completed to determine the most suitable placement for young people aged under 18 and for young adults aged 18 to 24.[29] Staff at SHCF were not using the APYA for assessing young adults aged 20 to 24 prior to their placement.

195. We interviewed the two youth Case Managers who took a special interest in prisoners at the site who were under the age of 25. We heard they chaired the youth multi-disciplinary team meetings, and attended youth champion meetings at other sites to share knowledge and initiatives. They worked with staff writing Provision of Advice to Court reports to try to get community-based sentences for young people to keep them out of prison.

196. The youth Case Managers told us they spent most days in the youth wing (Unit 14C) meeting with young people, checking they had received all their entitlements (such as an initial telephone call) and conducting APYAs and talking through offender plans. We heard that both the youth Case Managers had good relationships with lawyers and the Bail Support Service to try to help young people to get bail. We heard that most young

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

people did not have an address to go to on release. The youth Case Managers worked with two accommodation providers to try to arrange this. We heard that many young people were being released on 'time served' (i.e. they were being released as soon as they were sentenced). This meant they would not have received any rehabilitation programmes and the Case Managers had to have everything organised in case the youths were released from court.

197. We heard that prisoners across the site were receiving their minimum entitlement of at least one hour out of their cells every day. Most prisoners were receiving an-hour-and-a-half to two hours. The youth Case Managers considered that all prisoners, including younger prisoners, needed to be out of their cells for much longer time periods than were currently occurring. We heard that young prisoners in Unit 14C were given extra unlock time in the afternoons (when adults in the unit were locked) when they could access the exercise yards.

198. Regarding activities, staff told us there were education programmes available but that most of the young people were not interested. We heard there was a kapa haka group and we observed seven young prisoners engaged in the Buttabean Motivation (BBM) programme in the site gym. We heard this was the third BBM programme run in the unit and that it included young people from previous programmes. We learned following the inspection that funding had been withdrawn from this programme and the prison was exploring the possibility of funding it from an alternate source.

199. Despite these limited activities, we could identify few differences in the way younger prisoners were being managed when compared with adult prisoners. We note that while the Department accepted in principle the recommendations and areas for consideration from the Inspectorate's young people and young adults thematic inspection[30] but we consider that there had been no meaningful change to support these young people at SHCF.

200. Some young prisoners were placed in other units. For example, staff told us about an 18-year-old who was placed in a different unit due to his mental health needs. Staff told us they had a good rapport with him and encouraged him to come out of his cell.

201. We interviewed a young person who was under 20 but who could not be placed in a youth unit due to safety concerns for the other young adults in the unit. He told us he was interested in doing an education programme but nobody had offered him anything. We could not identify if he was being managed in any different ways due to his being aged under 20.

202. 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 people and adult prisoners.

## Communication and relationships with family and whānau

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

[3030] Office of the Inspectorate (2024) Young People and Young Adults in Corrections' Custody – Thematic Report, Office of the Inspectorate, Wellington.

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

204. 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.[31] Corrections covers the costs of national telephone calls so prisoners can maintain contact with family/whānau.[32]

205. 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.

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

207. Prisoners generally told us there were no issues accessing telephones in the units. We heard access was more difficult in units with multiple unlock regimes because prisoners were only unlocked for short periods of time and there might be a queue. Some prisoners who were workers also told us they sometimes had difficulty making calls due to their working hours and regime timings.

208. Some prisoners told us 30 minutes a day was not long enough, especially when they were trying to sort out an issue and had to make calls to a few different people.

209. 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. Some prisoners told us the approvals process could take too long and we noted that some had made complaints about this. We asked Principal Corrections Officers about this and heard that staff availability to conduct telephone number checks could impact on the timeliness of the process. We heard that the high turnover of remand prisoners added to the pressure and increased the volume of the numbers that required checking.

210. Some prisoners were transferred to the Rotorua Justice Hub (i.e. the Rotorua High and District Court) and held there during the week for court appearances. These prisoners told us they could not make telephone calls while they were there. This meant they could not contact their family/whānau until they returned to the prison at the weekends and were unlocked on Saturday.

211. A number of prisoners told us they had been allowed to have extra telephone calls on compassionate grounds when they had received bad news. We checked the IOMS case notes and confirmed this had occurred.

212. 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

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

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

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.

213. Prisoners told us, and we observed, that writing paper and envelopes were provided by staff.

214. Some prisoners told us there were delays with getting mail, including email. We spoke to the staff involved in checking and processing mail and email, checked the dates and timescales they were adhering to, and considered that this was done in a timely manner. We also observed mail being distributed to prisoners in a timely manner.

215. Face-to-face visits were available and we observed visits sessions occurring, though when we spoke with prisoners, we found that most were not having visits because their family/whānau lived too far away. We noted the main visits hall was clean inside, but the outdoor courtyard which was designed for prisoners to be able to sit with their visitors in the fresh air was closed due to a pigeon infestation which posed a health concern. The Unit 6 visits area was welcoming and family-friendly with refreshment facilities available during visits.

216. 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.[33] Video calls are generally made on a laptop. A staff member remains present while the call is taking place.

217. We heard from staff that video calling with family/whānau was available. We spoke with some prisoners who had received a video call, but others told us they had applied but not heard back. Other prisoners were unaware of the process for applying for video calling.

218. Some prisons provide programmes that help to support relationships with family/whānau. COBRA data set out that 82 prisoners at SHCF had completed a parenting skills programme in the six-month review period.

219. Some sites hold family/whānau days where visitors are invited to come on site to spend time with their loved ones. Prisoners pay $5 and BBQ food is served and activities for children may be arranged. We heard there used to be family/whānau days at SHCF but that these were no longer being held as they placed too much pressure on prisoners who could not afford to pay.

## 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. |

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

220. Prisoners have a right to be able to consult their legal advisor in private.

221. 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 lists 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. We heard there was a designated lawyers' telephone in the compound areas of some units.

222. 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 asking staff to call their lawyer.

223. When prisoners spoke to their lawyers using the unit office telephone or the telephone in a unit interview room, we heard that a member of staff was present so there was no privacy or legal privilege during the call.

224. Prisoners told us that access to lawyers by telephone was dependent on the availability of the lawyer. This could lead to difficulties in access for some prisoners who were unlocked for short periods of time such as one-and-a-half or two hours a day. This meant they had only a short window of time to make calls, and lawyers were often in court during that time. Principal Corrections Officers told us they would inform lawyers of prisoners' unlock hours, and, if lawyers rang when prisoners were locked up, they would try to facilitate the call if possible.

225. We observed that staff would expedite urgent calls with lawyers. For example, we observed a situation where a lawyer called a unit office because his client was going to court the next day. Staff did some checks, and facilitated the call from the unit office.

226. Due to the large percentage (76%) of prisoners on remand, several Principal Corrections Officers told us that facilitating lawyers' calls could take a lot of time. In addition, we heard there was a shortage of suitable interview rooms for prisoners to take calls or meet in person with their lawyers. We heard that there was often competition for rooms as non-custodial staff, such as Case Managers and Education Tutors, also needed the rooms.

227. Telephone calls to lawyers should be additional to the 30 minutes a day prisoners are allowed to call family/whānau. However, a few prisoners told us they had lost time from their 30 minutes when they had called their lawyers. We spoke with prison staff about this, and, following our visit, also spoke with the Lead Adviser Operations – Organisational Resilience and Safety at National Office who is responsible for the Corrections Prisoner Telephone System. He showed us that staff at SHCF had set up all lawyers' telephone numbers correctly, so calls to lawyers would not have used any of the 30 minutes set aside for calls to family/whānau. We acknowledge that staff at SHCF may have checked the system and rectified any issues during our visit.

228. We note that the SHCF induction booklet sets out that, "You are allowed 2 phone numbers for lawyers" and "We are NOT allowed to listen to calls you have with lawyers".

229. The site had one audio-visual link (AVL) suite with eight booths and four holding cells. The General Manager told us these facilities had been built for a much smaller remand population than they currently had. We heard there were four custodial staff members

who worked in the AVL suite full-time to ensure it operated smoothly. This included driving around the site to collect prisoners and escort them to the suite.

230. The site kept an AVL bookings register which showed that in the six-month review period there were 3,588 AVL sessions, which included 816 visits with lawyers, and 2,746 court hearings.

231. 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. Most prisoners told us there were no issues with legal mail.

232. Some remand prisoners may be eligible for bail or electronically monitored bail. Corrections employs Bail Support Services Officers who triage and interview eligible prisoners to find out if they may be suitable and to prepare an application. Figures from COBRA showed that in the six-month review period, Bail Support Officers had assessed 763 prisoners at SHCF for their suitability for bail or electronically monitored bail.

233. We interviewed the Lead Bail Support Officer and two Bail Support Officers who told us access to prisoners could be an issue. We heard they had been told to start using the Corrections Bookings application[34] (also known as the 'booking tool') the week of the inspection, but had already found it was not always reliable, with some rooms still being double-booked, or bookings not seen by staff in the unit. We heard custodial staff were generally helpful and tried to facilitate meetings, but that the Bail Support Team nonetheless had a perception that they were an inconvenience to custodial staff.

234. The Bail Support Team told us they did not always feel safe on site, and gave us numerous examples of occasions when they had felt they needed better support from custodial staff, including times they were locked in interview rooms with a prisoner when the supervising custodial officer who was standing outside would walk away to do something else.

235. We noted that for prisoners appearing in court, the Property Officers would either provide clothes from stored property if prisoners had requested this, or the Property Office also kept suitable clothes from abandoned property that could be accessed by Receiving Office staff for prisoners who had no suitable clothes to wear to court.

## Bullying and violence reduction

| Inspection Standards |
| --- |
| • Prisoners feel safe from bullying and victimisation. |

236. In the six-month review period, there were 1,750 incidents recorded at SHCF, of which 888 were categorised in IOMS as "prisoner behaviour", which included abuse/threats and assaults.

[34] Bookings is an online application developed for prisons that staff can use to book appointments with prisoners, meetings, rooms, and resources.

237. Fifty of the incidents were prisoner on staff assaults. Most were categorised as non-serious or resulting in no injuries. One was categorised as a sexual assault and one as a serious assault. These two incidents required notification to the incident line.

238. Forty-nine of the incidents were prisoner on prisoner assaults. These were all categorised as non-serious or resulting in no injuries.

239. The site had reported 62 of the assaults to Police.

240. A review of COBRA showed that 440 prisoners (53%) were registered as gang affiliated. Twenty-nine 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 (174 members), Black Power (99 members) and Killer Beez (34 members).

241. Many prisoners told us they felt safe on site, but a significant number told us they did not. Most prisoners acknowledged bullying and standovers as part of prison life, and mentioned Nicotine Replacement Therapy lozenges as currency on site. Several prisoners told us about bullying behaviour, especially from gang members and from unit cleaners who would come to their cells doors and demand that they hand over lozenges. Some prisoners told us that some staff sometimes ignored violence, bullying, or inappropriate behaviour.

242. Some prisoners told us they felt safe because their units were 'harmony units'[35] (for example, Unit 6A and B) and that if a prisoner was found to have bullied someone they would be moved out of the unit. In addition, we noted that prisoners in this unit were accommodated in single cells.

243. Principal Corrections Officers told us they managed bullying and violence as best they could by talking to the people involved, making file notes, and charging alleged perpetrators with misconduct or placing them on segregation. One Principal Corrections Officer told us they tried to make themselves approachable so prisoners could discuss any issues or concerns. One Principal Corrections Officer told us they kept prisoners safe by ensuring different categories of prisoners were kept separate at all times.

244. 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. SHCF gave us a copy of their Safer Prisons Plan and we observed that it contained a list of actions which were aligned with the Site's Functional Plan. However, the action points were generic and contained limited site-specific detail.

245. 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.[36] Assessments should

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

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

be completed after unit lock-up, but may be done more often. In the six-month review period, staff across SHCF completed 97% of PTATs as required. Tension levels were generally assessed as green (i.e. low tension).

## 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. |

246. We asked a number of prisoners if they were able to access mental health support or counselling if they needed it. Some said they were being seen by the mental health team and were receiving counselling or had received it in the past.

247. Two prisoners told us there was no ACC counselling available for survivors of sexual abuse. However, ACC sensitive claims counselling was available on site but was limited due to the shortage of approved counsellors and the subsequent long wait lists. ACC counsellors were on site two days a week.

248. One prisoner told an Inspector that he had been a victim of abuse and was still experiencing issues because of this. He was referred to the Clinical Inspector who checked on him and ensured he was being offered appropriate treatment.

## Separation of prisoner categories

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

249. Prisoners of different categories present different levels of risk to the safety and security of the prison and must therefore be managed in a unit and regime that is consistent with their category. Prisoners of different categories should generally not be mixed. For example, remand accused prisoners should be separated from remand convicted and sentenced prisoners. In some cases, a prison General Manager will apply for an exemption to mix different categories of prisoners under regulation 186(3) of the Corrections Regulations 2005. Exemptions to mix are generally for the purposes of rehabilitation, education and employment, or to enable sites to ensure prisoners received minimum entitlements such as at least one hour in the open air every day.

250. We found that most prisoners of different categories were separated by allocating them to different units.

251. Some units had exemptions to mix prisoners of different categories. For example, in the high security units, remand accused, remand convicted, and sentenced prisoners were mixing. We requested the exemption to mix documentation for all units that were mixing prisoners. This documentation was supplied and was in order for all units.

252. We noted that some units were accommodating prisoners of different categories but keeping them separate by operating multiple unlock regimes. For example, in the high

security units they were running multiple regimes to ensure that prisoners from different gangs could not mix, and that mainstream and segregated prisoners could not. Staff told us, and we observed, that the multiple regimes could be challenging to manage. However, staff were ensuring that prisoners were receiving their minimum entitlements, including at least one hour in the open air every day.

253. Staff in some units operating multiple unlock regimes had systems to mitigate errors. For example, one Senior Corrections Officer told us they used different colours of marker pen on the whiteboard in the guardroom (red for segregated prisoners and black for mainstream) to help make it easy for staff. In addition, all the prisoners in mainstream cells in that unit were placed in one line of cells, so it was easy for staff to know who they were and not unlock the wrong door. Despite these precautions, the Senior Corrections Officer felt there could be mistakes and considered that in a pod there should only be one category of prisoner.

254. Generally, all prisoners on remand must be managed as high security, but the Custodial Practice Manual sets out that prisoners with a remand status may be assessed using the Remand Management Tool (RMT) to ascertain the risks they present and to determine the level of custodial supervision they require.[37] 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.

255. Staff at SHCF were using the RMT to assess prisoners, and 221 prisoners had been assessed as RMT2. We found that having RMT2 status had enabled some prisoners to be moved to lower security units where they received longer unlock hours. However, not all RMT2 prisoners could be accommodated in these units. Therefore, the utility of RMT2 status was of limited value to some prisoners.

256. We asked a number of prisoners about their RMT status and if they knew what it meant. Some were aware of their status and what it meant, others knew their status but not what it meant, and some did not know if they had a status and did not know what the different statuses meant. Some prisoners asked Inspectors to explain what their status meant.

## 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.

257. 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

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

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.

258. In the six-month review period, 2,461 general prisoner requests, complaints or feedback were recorded about SHCF.

259. The top three complaint categories in the six-month review period were 'Other' (474 complaints), Prisoner Property (401 complaints) and Communications (171 complaints). We note that most of the complaints categorised as 'Other' could have been categorised more accurately as there are sufficient categories and sub-categories in the system. If complaints are not correctly categorised it is difficult for Corrections to have oversight of themes and trends to facilitate organisational learning.

260. In 2024, health complaints started to be loaded into the Resolve Complaints system rather than either the PC.01 or paper forms. During the review period, the health team had 65 complaints in Resolve, with 'access to care' and 'prescribing' being the most common complaint categories.

261. We reviewed a sample of 15 health complaints and found that most were acknowledged and resolved in a timely way. However, there were inconsistencies in the quality of response letters, and prisoners were not routinely advised of escalation options.

262. In the six-month review period, the Inspectorate received 244 complaints from prisoners at SHCF. Forty of these were complaints about health services, with 'quality of care' and 'prescribing' being the most common categories.

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

264. In the six-month review period, prisoners made 232 allegations against staff which were recorded in the Allegations Against Staff database and managed by the prison using the IR.07 process.[38]

265. 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.

266. COBRA data suggested that the site met the standards of practice in responding to complaints in 88% of cases, meaning that they responded within the timeframes set out in policy. The standards of practice do not report on the quality of the responses or the outcome of the complaint.

267. The Office of the Inspectorate's Early Resolution Team identified that PC.01 and kiosk complaints were not being responded to in a timely manner at SHCF. The team observed

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

poor responses to some complaints, with a lot being closed off as resolved when in fact there was no outcome. We found staff at the site were referring some complaints directly through to the Office of the Inspectorate, apparently without attempting to resolve them at the lowest possible level as policy demands.

268. Prison units should display posters explaining how to make complaints, and posters that give telephone numbers and other contact information for external oversight agencies such as the Office of the Inspectorate, the Office of the Ombudsman, the Health and Disability Commissioner, and the Human Rights Commission. During the inspection we observed that most of the high security units were not displaying these posters.

269. In the health centres we observed posters explaining the health complaints process.

270. Units had a self-service kiosk in a communal area which meant prisoners could access these when they were unlocked. Prisoners accessed the self-service kiosks using a PIN code and fingerprint. Fingerprints must be taken by staff during reception and registered so prisoners can use the kiosks. We found that on the first day of the inspection, 85% of prisoners at SHCF had their fingerprints registered on the kiosk system; 121 prisoners (15%) did not yet have their fingerprints registered.

271. Staff told us there were no kiosks in the Intervention and Support Unit or the Management Unit. To make a complaint, prisoners in these units would ask a member of staff for a paper complaints form. We asked the Principal Corrections Officers in these units why there were no kiosks, but they told us they did not know the reason, and that, to their knowledge, there had never been any. The Principal Corrections Officer in the Management Unit told us he had requested that a kiosk be installed but had not received any updates about it. Both Principal Corrections Officers told us they would talk with prisoners about any complaints and that paper PC.01 forms were given to prisoners on request.

272. We asked prisoners about the complaints process. Most said they knew how to make a complaint and would do this via the self-service kiosk. Most prisoners were aware that if they were not satisfied with the outcome of their complaint, they could contact the Office of the Inspectorate. Many prisoners we spoke with had no issues with the complaints system, but some, particularly in the high security units, felt that their complaints had not been adequately resolved, possibly because staff were too busy or not well-trained in complaints resolution.

273. A few prisoners told us they would not use the complaints system. Their reasons included not believing it would be effective, and feeling there could be repercussions (such as being moved) if they complained.

274. Some prisons hold regular Prison Forums which are attended by prisoner representatives, the General Manager and senior managers. These forums aim to give prisoners an opportunity to speak directly with senior managers, to raise any issues and make suggestions, and, potentially, to allow the site to manage some issues before they result in complaints. At the time of the inspection we heard there were no Prison Forums occurring.

275. In one unit (Unit 6, the Special Treatment Unit), prisoners told us there were daily meetings with a Principal Corrections Officer or, occasionally, the Residential Manager. These meetings enabled prisoners to provide feedback on the running of the unit and any matters they felt were important.

276. We also heard that there were 'unit committees' in Units 14A and 14B who would take issues or feedback to the Senior or Principal Corrections Officers once a week. We heard that despite this, issues would sometimes take months to be resolved.

## Religious or spiritual support

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

277. We reviewed a sample of 80 prisoner records in IOMS and found that only 18 (23%) had a religion recorded.

278. We interviewed both Chaplains who were employed by Tira Tūhāhā Prison Chaplaincy Aotearoa, which is contracted to provide spiritual support across New Zealand's prisons. They had been supported by a part-time Catholic Chaplain until about four years ago but had not been able to find a replacement since then. The Chaplains reported to the Learning and Interventions Delivery Manager.

279. The wharehui on site had previously served as the prison chapel, but services had been discontinued during the Covid-19 pandemic and had not resumed. Church services were now delivered in the units each Sunday by the two Chaplains supported by a network of approximately 10-12 chaplaincy volunteers, usually delivering two services each.

280. The Chaplains told us the chaplaincy volunteers, who often travelled some distance, frequently had issues gaining access to the units. They described an incident in Unit 14A on the Sunday during our inspection where a volunteer who had travelled to the site from Matamata was told he had to go home because the Inspectors were on site. On the same day, a chaplaincy volunteer was turned away from Unit 16A by custodial staff. We were told of other occasions where volunteers were refused access to a room on a unit, even when it was available, so were left having to speak through a grille in the cold. The Chaplains attributed some of these issues to new and more inexperienced staff. Generally, there were fewer problems with the older staff as they were familiar with the Chaplains.

281. Echoing concerns raised by the Learning and Interventions Delivery Manager and the Volunteer Coordinator, the Chaplains told us that site approvals for chaplaincy volunteers could take a long time. We heard that some approvals had been sitting with the Security Manager for more than three months. We are of the view that this was unreasonable and risked compromising valuable support from the community.

282. Prisoners could request to see a Chaplain via their Principal Corrections Officer or Case Manager, or by writing to them. The time between a request being made and a visit was usually 2-3 days, but this could vary. We heard that getting a room to use was sometimes problematic. We were told that the online booking tool was ineffective. A room could be booked, but might already be occupied upon arrival, or the prisoner would not be there. The online booking tool did not take account of the unlock regimes.

283. The Chaplains told us they were limited in their ability to do walk-throughs of the site. They could visit high security but needed an appointment. They visited the Intervention and Support Unit (ISU) frequently, but had to be invited. However, we heard that staff in the ISU and the ISU step-down units understood the role of the chaplaincy and were generally more accommodating.

284. The Chaplains told us that two Imams visited the site, and there were volunteers who came in to support prisoners who were Jehovah's Witnesses. We heard that Sikh and Hindu prisoners were more difficult to source support for, although there were some limited resources available. There were no issues obtaining some resources such as copies of the Quran and prayer mats.

285. We heard that the Chaplains were generally aware of what was happening on site, although they felt they were often not told why it was happening. They did not receive the site-wide email communications.

286. The Chaplains confirmed that they were notified promptly when a death in custody occurred. They would come onto the site, bless the deceased and provide support to both prisoners and staff. They were invited to both hot and cold debriefs that followed these incidents.

287. We spoke with prisoners across the site and found that most knew about the Chaplains and how to request to see one, or were seeing a Chaplain already, or attending church services.

288. We spoke to a few prisoners who were from faiths other than Christianity. They said they were able to practice their faiths, but there was little or no support offered to them. Muslim prisoners could request to see an Imam.

## Property

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

289. 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.[39] 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.

290. We note that Property Complaints were the second highest type of complaint in the six-month review period, with 401 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.

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

291. Many prisoners told us there were delays in getting property, with wait times of anywhere between three weeks to two months.

292. Some prisoners told us there were inconsistencies in what items of property were approved from unit to unit. This caused frustrations, as an item that a prisoner had owned with no issue in one unit might be confiscated when he was moved to another unit.

293. Unit staff told us property issues were a source of tension for prisoners, usually due to delays. However, property staff felt there was a lack of awareness regarding property processes amongst the unit staff.

294. We visited the Property Office and found it was clean and well-organised. There were four Property Officers and a Corrections Officer on light duties helping out. The Property Officers told us they used to have seven staff and now did not have enough to manage the property properly.

295. The Property Officers identified several challenges:

- Prisoners arriving with property in excess of the two bags and one small box they were allowed.
- Property in the bags and box not matching the property list in IOMS.
- Property arriving late by mail or courier and the Property Office not being informed.
- Finding unauthorised items such as vapes in sealed property bags (SERT staff had to complete incident reports for such items).
- P.01.Form.01 Request for property forms not being completed correctly by unit staff which could cause delays.
- Property arriving with no name or Prisoner Registration Number attached.

296. Prisoner trust account balances are limited to a maximum amount ($200) unless special circumstances exist.[40] We found evidence of many prisoners having account balances over $200. Sometimes balances were well over, with amounts of $700 and $1,300. When we asked about this, we heard the site was actively managing the issue and that a Principal Corrections Officer would speak to prisoners with amounts over $200 to ascertain whether there was a good reason for this.

297. Most prisoners we spoke with had no issues with their trust accounts. A few prisoners told us there could be delays in sending money and that sometimes they made several applications for the same request.

[40] 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.

298. 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.[41] As previously set out in the Introduction, the health team at SHCF was nearly fully staffed at the time of our inspection.

299. Prison health services are Nurse-led, and at SHCF were supported by contracted providers who came on site, including Medical Officers (i.e. General Practitioners), a Physiotherapist and a Dentist. Other clinical providers came on site as needed, including a Podiatrist, Optometrist, Ear Suction Nurse, and ACC Counsellor.

300. We interviewed prisoners across the site about their experiences of accessing health care at SHCF. Most told us they were able to request to see the health team by completing a health request form, though some said these forms were often not acknowledged which created uncertainty and confusion. We heard it could take between three to seven days to see a Nurse, and some prisoners said it took about three weeks to see a Doctor. A few prisoners talked of long delays and told us it could take up to three or four weeks to see a Nurse, and one said it took up to two months.

301. Generally, most prisoners felt that once they saw a member of the health team, the care they received was good, and that the staff were empathic and caring. A few prisoners felt the health service could be better, and described, for example, being given paracetamol for toothache which did not help with the pain. One prisoner talked about having issues getting a CPAP machine[42] recalibrated. We heard that "sometimes a Nurse will come but might not be able to do anything". A couple of prisoners felt that some members of the health team were rude or lacked empathy.

302. Health facilities included a main health centre next to the Intervention and Support Unit, and a smaller satellite health centre located nearer to the units. We visited and observed that the pharmacy rooms in both health centres were too small and not fit for purpose;

[41] Corrections Act, 2004, Section 75.

[42] Continuous Positive Airway Pressure (CPAP) machines are a treatment for Obstructive Sleep Apnoea.

there was limited storage space and little workspace for staff to use when preparing for medication rounds (see image 1, Appendix A). There was not enough room for medication folders.

303. All the equipment we checked in the health centres had current compliance certificates. The holding cells at the main health centre had graffiti on the walls. We visited a storeroom and observed a large supply of reading glasses, four wheelchairs, one walking frame, an ophthalmic scope to enable inhouse ophthalmic assessments, and a comprehensive store of dressing materials.

304. We interviewed the Health Centre Manager who told us the biggest challenge on site was accessing patients. There were no permanently rostered custodial staff to support the health team to access prisoners. Nurses were frequently unable to see men booked for appointments either due to lack of clinic space or due to the regimes operating in the units not allowing the Nurses access. Nurses commented that they often had to return to units in attempts to see prisoners which meant they were spending time travelling back and forward to the units.

305. We heard there was a lack of custodial support, which led to Nurses experiencing distress at not being able to do their jobs properly. We heard that Nurses felt disrespected by some custodial staff, and that senior custodial staff provided limited leadership in this area. We heard that while the senior custodial team was supportive of the health team, their support did not translate into changes of behaviour at ground level.

306. We heard that health appointments were conducted in 'health rooms' in the units (not in the health centres). This practice had been introduced during the COVID-19 pandemic as a way of reducing prisoner movements, and had remained in place because of day-to-day unavailability of custodial staff, due to issues including unplanned absences.

307. Each unit had two 'health rooms' – one in each wing (see image 2, Appendix A). These were generally kept locked and were accessible only to health staff. Windows were tinted for privacy. Custodial staff could only provide support to one wing at a time. All members of the health team had to use the same room. To try and manage the demand on these rooms, hourly time slots were allocated daily for each room to the Nurses, Medical Officers, Physiotherapist, forensic team, Intervention and Support Practice Team, and the Improving Mental Health provider. However, this was all dependent on custodial staff being available to move prisoners at the required times and, due to the unit regimes and different unlock times, this was often not able to be done during the allocated time slots. This meant that, at times, prisoners were seen in their cells, with or without the cell door being opened, or appointments were rescheduled.

308. We noted that there were no health promotion leaflets available in the unit health rooms. There was some health promotion information available in the main health centre, but prisoners were not accessing that facility.

309. There were four medication rounds each day: morning, lunch, dinner and evening. While health staff administered all prescribed medication to some prisoners as single doses, following medication administration risk assessments, some prisoners could hold either weekly or monthly supplies of their medication so they could self-administer. This supported autonomy for people in managing their health conditions. We heard that custodial support during medication rounds was another challenge. Nurses usually had to wait for custodial staff to arrange escorts (one officer stated in front of the Inspector that he was not going to do the med round). Many health service incident reports

documented these challenges. A common theme was that custodial staff were short-staffed and asked Nurses to wait, sometimes for long periods.

310. It was observed by the Inspectors during medication rounds that custodial staff were not inclined to wait for the Nurse to talk with patients. We observed custodial staff closing the cell door in front of the Nurse while they were trying to talk to a prisoner.

311. Health staff commented that they often felt unsafe going into the units as the health rooms were in the main compound area and the men were at times able to accost the Nurses before they could enter the clinic room. Nurses commented that custodial staff did not always intervene in these situations, and we observed this during our visit.

312. We reviewed four Nurse clinic lists. Most appointments were booked as follow-ups including for blood tests, dressing changes, blood pressure checks, delivery of medical supplies such as lotions, and cardiovascular risk assessments. Sixteen appointments were as a result of prisoners sending in a health request form. Only in six cases was it noted that the health team had sent the prisoner an acknowledgement that they had received the health request form.

313. Across the four clinics, prisoners had to wait an average of six days to be seen by a Nurse; the longest wait was 24 days. Only two of the bookings reviewed had been rescheduled.

314. Two Medical Officers were contracted for a total of 20 hours a week between them, and were on site between five to six days a week. We spoke with one of the Medical Officers who reported that their clinic list was often overbooked and that it was common for prisoners' appointments to be rescheduled. The Medical Officer said they usually reviewed the notes of the patients they had not seen and provided nursing staff with guidance on next steps. All patients in the clinic list had already been assessed and triaged by nursing staff.

315. One of the Medical Officers mentioned that there was an increased demand for dental services as most prisoners did not have access to a dentist in the community due to the high cost.

316. One of the Medical Officers who has been at SHCF since 2006 reported that the change to accepting remand prisoners had created the following challenges:

- The more transient population made it difficult to ensure continuity of care. For example, it was challenging to start individuals on certain treatment pathways or refer them to services when health staff were unsure if the prisoner would be transferred out or how long they would be staying at SHCF.
- More complexity of health needs, including managing chronic conditions, acute health needs and an increasing number of prisoners being diagnosed with new conditions while in prison.
- Security classifications posed a challenge in terms of accessing prisoners and providing health services. Units with different regimes and the requirement not to mix different categories of prisoners further complicated matters.
- Pressures within Health New Zealand Te Whatu Ora also impacted the ability of the prison to provide health services. For example, there could be up to a six-month wait time for ear suctioning, and it was challenging to access forensic mental health beds.

317. We heard there were monthly doctors' meetings and a quarterly clinical governance meeting, which was attended by a multi-disciplinary team and national office Pae Ora staff.

318. One of the Medical Officers advised that, as contractors, they were responsible for their own professional development and training. We note that a new Clinical Director has been appointed at Corrections national office which may help support consistent training opportunities for Medical Officers.

319. We reviewed the records of 15 prisoners scheduled to see the Medical Officer at two clinics in April and May 2025. Prisoners were seen within two weeks on average. There were not many rescheduled appointments or long waiting times to be seen by the Medical Officer. There was one instance where a prisoner waited 22 days to see a doctor. On review of his health file, he had been booked to see the doctor 15 days after his arrival in SHCF, but due to being moved to the Management Unit, he was unable to attend the booked appointment. However, health staff provided appropriate care in the meantime and he was seen by the doctor at the rescheduled appointment.

320. A Dentist was on site once a week for eight hours. We reviewed the records of 19 prisoners scheduled to see the Dentist over three dental clinics in April and May 2025. Overall, dental services appeared to be operating efficiently and were meeting the needs of the prison population. There were minimal rescheduled appointments and no indication of unreasonable wait times. On average, individuals were being seen by the dentist within 19 days of their Nurse assessment. While waiting, patients were appropriately supported by nursing staff with pain relief, antibiotics, and dental hygiene education when needed. However, there were no clear guidelines or criteria for prioritising appointment allocation to support consistent clinical decision making for assigning appointments.

321. We reviewed the records of ten prisoners aged 65 and over and found they all had appropriate recalls (i.e. health reminders) in place and were being reviewed regularly by the Medical Officer. However, annual health assessments and dental reviews were not being offered consistently. Flu vaccinations had been offered to all but one prisoner who was a recent arrival. One older prisoner had a history of falls however, we found that no falls assessment had taken place. We also saw that one man had had cognitive screening completed. One prisoner who was receiving treatment for a cancer diagnosis had a treatment plan in place.

322. We observed Nurses documenting their assessments and interventions appropriately in patient health files. We reviewed a sample of ten prisoner health files and while there were some differences between staff members in the quality of information, the overall standard was satisfactory. We noted that hard copy files were kept in a file room with a lockable door in the office area in the main health centre.

323. We interviewed the General Manager Pae Ora for the region who told us the health team at SHCF was skilled and relatively settled, with a competent leader who was a strong patient advocate. We heard it could be challenging to deliver health services at SHCF due to issues with accessing prisoners, sometimes compounded by inexperienced custodial staff who could make health staff "feel like a nuisance". We heard that custodial managers sometimes made decisions without consulting health staff that impacted negatively on the delivery of health services.

324. Clinical Quality and Clinical Governance meetings were regularly taking place. We viewed minutes of a recent health services quality meeting, which included discussions

about 'what is quality' and the principles of the quality meeting. The result of a recent infection control audit was also discussed, along with themes of reported health incidents on site, pharmacy ordering processes and the implementation of a new electronic health request system (via the prisoner self-service kiosks). Minutes of a recent Clinical Governance meeting showed that it was well supported by key stakeholders with high level discussions about risk management, health complaints, trends of incidents, learning and development, and clinical practice.

## Substance use

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

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

326. COBRA figures showed that in the six-month review period, 292 ASSISTs were completed for prisoners at SHCF. Seventy-one percent of the people assessed were found to be 'high risk' (i.e. at high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of their current pattern of use, and likely to be dependent).

327. 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)[43] or the Clinical Institute Withdrawal Assessment Scale (CIWA).[44]

328. We heard that all prisoners were asked about their use of substances at reception by a Nurse. We reviewed a sample of Reception Health Screens and found that one prisoner said that he had internally concealed some methamphetamine and that he was withdrawing from substances. Following the nursing assessment, he was transferred to hospital for review. On his return to prison, while no formal withdrawal screening tool was used, he was reviewed by Nurses, at first daily, and then twice daily.

329. The Health Centre Manager told us that most health staff at the site (93%) had completed substance withdrawal training.

330. Two prisoners at the site were on opioid substitution therapy. This was provided by a Community Alcohol and Drug Service via telephone and email contact with the health team (they did not visit the prisoners). We also saw evidence that a prisoner had had an

[43]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.

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

audiovisual link review with a Community Alcohol and Drug Service doctor. Both prisoners on opioid substitution therapy had continuity of care when arriving at SHCF (by transfer and newly arrived into prison), and both had comprehensive treatment plans. We were, however, unable to confirm whether prisoners on opioid substitution therapy had three monthly random urine drug screening which is required for monitoring.

331. There had been some completions of an alcohol and drug programme at the site in the review period. For more information please see the Rehabilitation section of this report.

## 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.

332. Prisoners at SHCF should be able to access primary mental health care through Nurses, Medical Officers and the Intervention and Support Practice Team.

333. As part of the reception process, all prisoners should be screened by a Nurse for mental health needs and risk of self-harm. They may then be referred for further assessment or treatment if needed. As noted in the Escorts, Reception and Induction – Reception and Induction section of this report, we observed that Nurses were appropriately screening all prisoners with the Reception Risk Assessment.

334. We heard there was one Improving Mental Health Clinician available each weekday to provide support to prisoners with mild to moderate mental health needs.

335. The Clinical Manager Mental Health told us the Intervention and Support Practice Team had seven staff and was under-staffed at the time of our inspection due to some recent resignations. The team had a Clinical Manager, four Clinical Nurse Specialists Mental Health, one Registered Nurse (Mental Health) (with one Nurse vacancy), and one Administration Support Officer. The team was recruiting for two Psychologists and two Cultural Support Workers. We were told the team was having to reduce their service to acute work only until they had recruited more staff.

336. We were told that the Intervention and Support Practice Team had a focus on young adults as an identified vulnerable client group, as well running a Dialectical Behaviour Therapy[45] focused skills group. The Health Centre Manager told us there were 140 men on the forensic mental health list. This represented around 17% of the total population of 829 prisoners. At the time of our inspection there were nine men on the forensic admission waiting list, with a waiting time ranging between 33 and 134 days.

337. The forensic service team at SHCF included a Psychiatrist who was on site two days a week, a Psychiatric Registrar who supported in the acute space and, while they did not come on site, held telehealth clinics three days a week, a forensic nurse on site every

[45] Dialectical Behaviour Therapy is a structured evidence-based talk therapy designed to manage intense emotions, reduce self-destructive behaviours and improve relationships.

weekday, and a cultural worker who was on site three to four days per week, prioritising those on the acute waitlist along with others requested by the forensic team.

338. We heard the site had set up a weekly multidisciplinary team meeting to triage all mental health referrals as a single point of entry into the service. The team included staff from the forensic service, the Intervention and Support Practice Team, the health team and custodial staff. We heard this was functioning well, with a good collaborative approach to assign referrals to the most appropriate service. Meetings were well attended and sought to ensure the limited mental health resources were utilised effectively by allocating the most appropriate clinical person to patients who had been referred for assessment or support.

339. COBRA data set out that there were three Intervention and Support Units (ISUs) at SHCF: Unit 12, which was the main ISU and which was accommodating eight prisoners at the time of the inspection, and Units 6C wings E and F, which were accommodating nine prisoners each and which were being used as 'step-down' units from the Unit 12 ISU. The Principal Corrections Officer in Unit 6 said wings E and F were used to accommodate short-term-stay at-risk prisoners who needed medication and involvement with the forensic team and the Intervention and Support Team before being transferred to a unit.

340. We interviewed the Principal Corrections Officer in Unit 12, who confirmed this was the main ISU, with a capacity for eight at-risk prisoners, and two dry cells[46] for prisoners on medical oversight. The Clinical Manager Mental Health told us the Intervention and Support Unit was frequently full.

341. The Principal Corrections Officer in the Unit 12 ISU told us SHCF was, at the time of the inspection, the only prison in the region with an ISU. Tongariro Prison had a 'safe cell' only and the new build at Waikeria Prison was not yet open. The Principal Corrections Officer said they had a high number of movements through the ISU; he estimated there had been 800 movements from January 2025 to the time of our visit in May 2025.

342. We heard that prisoners in the Unit 12 main ISU were unlocked three at a time but generally kept separate. One prisoner could spend time in the dayroom, one in the yard (see image 3, Appendix A), and one in the shower. We observed that the dayroom had a chalkboard for drawing and writing. We observed custodial staff actively engaging with prisoners, talking with them in the dayroom. All meals were delivered to prisoners in their cells. We spoke to a prisoner who told us he would like more time out of his cell and increased access to telephone calls as "sitting alone is not good". He also reported finding it very cold in his cell and needing an extra blanket.

343. We observed that cells in the main ISU contained CCTV cameras and had concrete bed bases with anti-tear mattresses and blankets. All cells had a seat affixed to the floor in front of a desk, and a stainless-steel toilet, basin, and drinking fountain. There were no privacy screens, but we were told that toilet areas were pixellated on CCTV screens. All cells had a window to allow sunlight to enter and a blackboard wall. There were no televisions in these cells.

344. We heard there were plans to redesign the ISU, but that staff were being consulted in silos with health and custody kept separate.

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

345. The Clinical Manager Mental Health told us that, sometimes, custodial staff placed people at risk even though the health and mental health teams deemed them not at risk and therefore able to remain in their units. We heard the site was developing the use of risk plans for people who were being frequently moved between the ISU and their units to try and reduce the number of times they were placed in the ISU. We heard that prisoners who were in the ISU for longer than 14 days were allocated a lead clinician to coordinate and monitor their care, which we considered to be good practice.

346. We heard there could be issues with people remaining longer in the ISU than necessary because there were no beds available for them in a suitable unit. For example, the ISU Residential Manager told us about a man who had been signed off as no longer being at risk, but he was on voluntary segregation and had a 'not to double bunk' alert. They were still trying to find a suitable placement for this man.

347. The Principal Corrections Officer in the Unit 12 ISU described ongoing difficulties with staffing. We heard they needed four staff to one prisoner for movements. We heard there could be challenges with staff who were not used to working in the unit agitating the prisoners, and staff who did not want to work in the unit not actively engaging with prisoners. Another staff member in the ISU felt this issue had worsened with the recent new staff who they felt were "here just for the pay". We heard they needed consistent staffing in the ISU.

348. We also heard from the Clinical Manager Mental Health that part of Unit 13 (i.e. the Separates part of that unit) was used as an 'overflow' unit for the ISU, though it was empty at the time of our inspection. We heard it was the first time in months it had been empty. We interviewed a Clinical Team Leader who told us she was concerned about prisoners accommodated in Unit 13 because they were unable to access social contact, and the environment was poor.

349. The Principal Corrections Officer in the Unit 12 ISU told us that ISU staff and health staff would discuss which prisoners could be moved to the overflow unit. We heard that generally the people moved there would be those on 60-minute observations who were nearly ready to go back to a unit, but that if a bed became available in the ISU they would be moved back. We heard a staff member from the ISU would be assigned to conduct observations in Unit 13, and would be assisted by Unit 13 staff when required.

350. We interviewed the General Manager Pae Ora for the region who told us mental health services sometimes struggled to access prisoners at SHCF. This was a common theme voiced by many of the mental health clinicians we interviewed.

## Disabled prisoners

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

351. The Ministry of Health / Te Whatu Ora definition of disability is that it is any self-perceived limitation in activity resulting from a long-term condition or health problem. This can be physical, mental or emotional. Corrections does not keep a central register of people with disabilities in prison. Rather, this information is stored in prisoners' health

records, which can only be accessed by health staff, or as alerts in IOMS, which can be seen by custodial staff.

352. At the time of the inspection, the electronic patient management system showed there were five prisoners with a disability alert recorded on their electronic health file. The alerts related to physical, sensory, and cognitive impairments, including head injury with memory impairment, vision impairment, hearing impairment, mobility limitations, amputations, high falls risk, and the need for mobility aids or specialist equipment.

353. Information from COBRA indicated that seven prisoners had a 'disability' alert in IOMS on the first day of the inspection. We interviewed one Deaf prisoner who said people sometimes became frustrated with him if he didn't hear them the first time. We checked, but there was no current alert in IOMS, only a historical health alert re lip-reading.

354. A prisoner with a disability told us that while some officers assisted him in getting in and out of transport vans, he had requested a step ladder but no action had been taken, even though he had previously fallen during transport. He also raised concerns about being handcuffed in the van, as this limited his ability to protect himself in the event of a sudden stop. He reported that couches in communal areas were too low and that handrails were needed in the showers, as he did not have a shower chair and could only stand for short periods.

355. Health staff told us Initial Health Assessments were used to identify prisoners with disabilities and to determine any need for aids or additional support that may not have been identified in the Receiving Office on arrival.

356. Most prisoners with mobility disabilities were accommodated in designated disability cells. There was generally one disability cell in a pod. These cells tended to be slightly larger than regular cells and generally contained two single beds rather than bunkbeds. We inspected several disability cells and observed that many had no handrails in the shower/toilet area.

357. A SHCF Nurse had been trained to complete assessments for Disability Support Link who are the Needs Assessment and Service Coordination service for people with long-term disability. Once the Nurse had completed an assessment, it was sent to Disability Support Link who would determine a person's level of care. The Health Centre Manager told us that following assessments, prisoners had been sent to residential facilities in the community and when this process occurs there is robust multidisciplinary and interdisciplinary collaboration.

358. At the time of the inspection there were 22 prisoners aged 60 or over. Ten of the 22 were aged 65 or over. Three were aged over 70.

359. We heard the site had established two wings in Unit 6D (wings G and H) for prisoners with age-related health issues, or those with lower cognitive skills who could be at-risk in a mainstream unit. The maximum capacity in this area was 20 prisoners, all in single cells. We heard that the forensic team, the ISPT and the health team checked on these prisoners regularly. Prisoners in this unit were unlocked after the morning briefing at 8.30am and locked again between 3.30 – 4pm. Staff said they encouraged these prisoners to eat dinner together in the communal area. We were told that one prisoner from this unit had recently been transferred to the High Dependency Unit at Rimutaka Prison because SHCF did not have the equipment to cater long-term for some prisoners, especially older ones.

360. A Senior Corrections Officer in this unit told us there were not enough disability-friendly showers. They advised that plans were being considered to expand an existing shower to make it disability-friendly. However, this work presented structural challenges, as some of the load-bearing walls would need to be removed.

# Environment

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

## Residential units

361. At the time of the inspection, SHCF had nine residential units for mainstream prisoners, four units for prisoners on voluntary protective custody, six special treatment units, and a Pacific Focus Unit (Vaka Fa'aola). Some of these units, for example Units 15, 16A and 16B, were run as high security units. The site also had one internal and two external self-care units, none of which were accommodating prisoners.

362. In addition, SHCF had a Management Unit, Separates Unit, and an Intervention and Support Unit. These were intended to be places where prisoners were accommodated for limited periods of time, though some prisoners stayed for longer periods. For more information on the environment in the ISU, please see the Health – Mental Health Care section of this report.

363. In the six-month review period, prisoners made 57 complaints about prison conditions at SHCF. Most of these were categorised as 'Other', but 15 were categorised as 'Sanitation and Hygiene' and seven as 'Building Conditions'.

364. We were told about, and observed, a known problem with pigeons causing health risks across the site, and we noted that we found this issue in our previous inspection of SHCF.[47] For example, in Unit 14C we observed that some areas were filthy, with dead birds, large amounts of excrement, and old nests. In the Separates Unit yards we observed significant amounts of excrement on the floors, and rotting pigeon carcases caught in the overhead mesh wire (see image 4, Appendix A). Unit staff and prisoners were very concerned about the health risks of living in such an environment. We heard that some yards had been reroofed, that yards were pressure washed, and that Downers cleaned the most hazardous areas once a week. Despite these ongoing mitigations, we considered that some parts of the site were not fit for habitation.

365. Apart from the ongoing pigeon issues, we observed that most units were relatively clean and tidy, with some graffiti or peeling paintwork in some cells (see image 5, Appendix A). The General Manager told us the existing infrastructure was one of the main challenges for the site as it had not been designed for the high turnover of remand prisoners. This meant the site often did not get a chance to repair and repaint cells as they were always full.

366. Cells had windows to allow sunlight to enter, and the temperature in most cells was comfortable. We heard that some cell temperatures could be uncomfortably hot overnight, for example in Unit 14B, C and D.

[47] Office of the Inspectorate (2019), Spring Hill Corrections Facility Inspection November 2017 and October 2018, Office of the Inspectorate, Wellington.

367. We observed that some cells contained excess personal items that were not in line with cell standards. In some cells, prisoners had used sheets as makeshift shower curtains or washing lines; these did not adhere to cell standards.

368. We observed, and prisoners told us, that some unit kitchenettes had broken or missing appliances. Other kitchenettes were well-equipped with toasters, toasted sandwich makers, microwaves, and fridges etc (see image 6, Appendix A).

369. Likewise, some other facilities were in poor repair. For example, one dayroom had a table tennis table but the bats had no handles. In two dayrooms we observed televisions which did not work. Generally, there was variation across communal spaces from unit to unit: some were clean and tidy but contained limited equipment or diversions; other units had well-equipped band rooms, and pleasant open-air compounds with a well-equipped gym, and well-maintained vegetable gardens.

370. We heard that breakages were generally fixed within reasonable timeframes.

371. Prison units are supposed to display information about prison life and rules, including posters on making calls to lawyers, how to make complaints and the telephone numbers of external monitoring and oversight agencies such as the Office of the Inspectorate, the Office of the Ombudsman, and the Health and Disability Commissioner. We observed that these posters were not displayed in all units.

372. 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.

373. Many prisoners told us that they were not involved in the SACRA process and we heard that some had experienced difficulties with cell mates. We heard that staff were most likely to talk to prisoners who were already in the unit and give them the opportunity to share a cell with someone they knew.

374. While some prisoners had adequate clean bedding with new mattresses, many prisoners across the site had thin old mattresses, some of which were dirty. We heard that some pillows were lumpy and smelly.

375. While most prisoners had the minimum entitlement for bedding, in some high security units we observed that some beds did not have sheets, duvet covers or pillowcases. This was raised as a concern by many prisoners during our walk through these units. Some prisoners told us they were cold and had asked for extra blankets but that these had not been provided.

376. Most prisoners we spoke with told us they could have their bedding washed once a week. Some bedding was washed in a unit laundry, and some went to the prison's central laundry. The Laundry Instructor in the central laundry told us the laundry followed the correct protocols to prevent the spread of diseases, including ensuring all prisoner workers had completed health and safety training.

## Hygiene

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

377. We heard that most prisoners were able to access disinfectant and cleaning tools, such as dustpans and brushes and toilet brushes, to clean their cells. However, some prisoners told us these items were not always available in their unit.

378. Some prisoners were employed, usually part-time, in unit-based cleaning work. These prisoners typically cleaned communal areas.

379. As mentioned above, we were told about, and observed, a known problem with pigeons causing health risks across the site. Some areas were not fit for use despite attempts to clean them.

380. We heard hair clippers were available in most unit offices; most prisoners understood the process to use these, but some did not.

## 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. |

381. Newly arrived prisoners should be given two appropriately sized prison-issue t-shirts, two sweatshirts, two pairs of shorts, and two pairs of trackpants. They should also be given footwear (i.e. jandals or slip-on shoes) if they ask for this. These items are generally given to prisoners in the Receiving Office, but at some sites these are given out when the prisoner first arrives in their unit.

382. At SHCF we observed a good stock of clothing with various sizes, slip-on shoes and jandals in the Receiving Office. Some prisoners told us they had been able to get footwear at the Receiving Office, but others told us these items had not been available and so they had no footwear and went barefoot.

383. Prisoners were not given underwear by the site and had to request this from family/whānau. This issue is not particular to SHCF, but since it can take at least a week to have items sent into prison, we considered this a hygiene issue. One prisoner at SHCF told us other prisoners had given him additional underwear when he had arrived.

384. Prisoners told us they were issued with one set of clothing at the Receiving Office and that this was the correct size and in good condition. Most prisoners told us additional clothing was available in the units but that accessing some sizes, particularly larger sizes, could be an issue.

385. However, in some units, prisoners said there was no additional clothing in the unit kit locker, and they had to wait and get extra clothes from prisoners who were leaving, or trade items for additional clothing.

386. Some prisoners who had only one set of clothing told us when they had to send their sweatshirt and trackpants to be washed, they only had a t-shirt and shorts to wear. This meant they were sometimes cold, which we do not consider to be acceptable.

387. We inspected the kit lockers in the high security units and found these to be mostly empty (see image 7, Appendix A). We were unable to discover if there was a process for prisoners to get a second set of clothing.

388. Staff in some units told us prisoners often damaged prison-issue clothing, for example cutting t-shirts down to make singlets.

389. Prisoners told us they were able to send their clothes to the prison laundry for washing and that these were generally returned the same day.

## Food

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

390. 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.

391. At SHCF, prisoners were served hot meals for dinner Monday to Friday, and for lunch on Saturdays and Sundays. We observed that hot meals were delivered in thermal food boxes. However, some prisoners told us that food was often not hot.

392. We observed that special diets were clearly labelled with the prisoner's name and unit.

393. Most prisoners across the site told us the food was acceptable apart from the sandwiches for lunch, which we heard often came with almost no fillings or no fillings other than margarine. Staff confirmed that sometimes sandwiches had no fillings. We heard this issue was due to some kitchen workers not ensuring all sandwiches were correctly made. This issue may have been exacerbated by the high turnover of kitchen workers due to the large remand population. On the days we visited the kitchen we observed that the sandwiches were being made correctly (see image 8, Appendix A).

394. Some prisoners told us portions were not large enough and that they were often hungry and had to supplement their diets with canteen orders. We observed some meals being delivered and found that portion sizes were standard (see image 9, Appendix A).

395. Many of the meal trays had been graffitied or damaged and we heard the site was replacing 20 meal trays a month but could not replace more due to budget constraints, as trays costs $200 each.

396. We heard that in one unit staff did not sufficiently supervise the messmen who were delivering the food trays. This may have meant some prisoners were not receiving all their meals.

397. Regarding mealtimes, we heard that breakfast was often served with the evening meal but that prisoners could keep it overnight and eat it in the morning. Lunchtimes were generally acceptable, being around 11.30am – 12 midday. However, dinner was served between 3.30 to 4.30pm which we considered was too early.

398. Prisoners in some lower security units were able to eat together in communal dining areas, but in high security units prisoners ate in their cells.

399. We visited the kitchen and found that it was mostly clean. Hygiene standards were adhered to. Much of the equipment was old and we heard certain items broke down frequently. For example, a potato washer had been broken for four months.

# Good Order

## Security

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

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

401. We observed that all staff, contactors and other visitors entered the prison through the gatehouse. Gatehouse staff, supported by members of the Site Emergency Response Team (SERT) followed the correct processes, conducted thorough searches, and interacted with everyone in a respectful and welcoming manner. For example, we observed staff efficiently checking contractors' tools and itemizing each tool so they could ensure all tools were accounted for and taken out of the prison on completion of the day's work.

402. We observed staff collecting their radios and individual carry pepper spray from another part of the gatehouse. The Senior and Principal Corrections Officers also collected handcuffs. We inspected the daily issuing records for items including pepper spray and found this was taking place, though we noted that staff did not always sign the paper to confirm what they had collected as they were supposed to do. However, we found potential issues with the reconciliation of pepper spray in the gatehouse. Staff in the gatehouse could not provide a clear account of the number of cannisters held in the gatehouse, or explain the reconciliation or replacement processes.

403. The site had two vehicle sallyports and we observed staff appropriately searching some vehicles. However, we observed that some vehicles were not searched. We asked staff about this and discovered there was some confusion over who was responsible for searching these vehicles. Some staff told us gatehouse staff were responsible, but others told us Receiving Office staff were responsible. We considered there needed to be better communication regarding this.

404. We heard there had been some issues with false perimeter alarms. These were known issues that had been escalated to managers.

405. We interviewed Central Control staff who said they felt there should be better training for unit staff regarding what information should be passed to Central Control. Central Control staff told us they felt there was a lack of communication with the Receiving Office regarding prisoners who had been released or who had left the prison under escort. We understand that it is best practice for sites to keep a running muster of prisoners in two places: the Receiving Office and Central Control, so staff in the Receiving Office should be notifying Central Control about prisoner movements.

406. Cell intercoms were generally answered by unit staff during the day and by Master Control staff from 5pm to 8am. However, if daytime intercom calls were not answered in the unit, they would divert to Master Control, who should then call the unit and inform

them about the call. However, on one day of our visit, we observed that there were 19 intercom calls that had come to Master Control, but the units had not yet been informed.

407. The site had an Intelligence Team of four staff (1 x Intelligence Supervisor, 1 x Intelligence Analyst and 2 x Intelligence Officers), reporting through to a Manager Regional Intelligence. We interviewed members of the Intelligence Team who told us in recent years risk dynamics had changed as the site's remand population had increased. Remand sites experienced a significant number of prisoner movements and the dynamics of a unit could change quickly, even with the movement of one prisoner. We also heard it was essential to understand how tensions in the community impacted risk in the prison.

408. The Intelligence Team told us that they had developed new processes to measure gang tensions, and ensure that intelligence on high-risk prisoners was provided to frontline staff. As part of general harm reduction, we heard they would also raise non-intelligence issues with the Security Manager, such as rub-down searches not being done.

409. We heard that contraband was an issue on site, including cannabis, tobacco, methamphetamine and cell phones. We asked prisoners across the site (i.e. in Charlie 6, Delta 6, Unit 14B, the Intervention and Support Unit, and the Management Unit) about random drug testing and heard this was not occurring. Staff also told us there had been no drug testing on site for about five years, though the Security Manager told us there were plans to bring it back. After the inspection, we received the site's Initial Action Plan that set out that drug testing recommenced in November 2025.

410. We heard that hotspots for contraband introduction included the gatehouse/sallyport, mail and property, medical escorts, new arrivals, temporary removals and compassionate escorts. The introduction of a full body scanner on site had made a positive difference, but only when staff operating it had been trained, which we heard was not always the case. We were told there was trading of nicotine lozenges on site, and that newly received prisoners were often 'stood over' for nicotine lozenges and other items ranging from shoes to chicken dinners.

411. We viewed a copy of a Contraband Dashboard developed by the team, a three-page document which presented an excellent summary of the risks, including lists of likely contraband introduction "hotspots", and "persons of interest" who had been involved with contraband previously and were likely to continue to attempt to introduce contraband.[48] The team communicated information in this dashboard to frontline staff. In our view, this represented an example of positive practice that could have utility at other sites across the prison network.

412. The Intelligence Team spoke of exceptional support from the General Manager, good relationships with staff on the units and an excellent relationship with Police, including good sharing of intelligence. The team felt well-informed about what was going on around the site.

413. We heard the site had a Site Emergency Response Team (SERT) with four appointed members and others who had been seconded. We heard they supported gatehouse staff with searches, monitored prisoner telephone calls, and other security-related duties.

[48] SHCF Contraband Hot Spots and People of Interest (1 January – 30 March 2025) In Confidence.

414. The SERT team also managed the bulk of the pepper spray, including its storage and reconciliation. We conducted a random check of the pepper spray managed by SERT to confirm cannisters were recorded correctly in the register, including disposal and re-order. Unlike the management of pepper spray cannisters in the gatehouse, we found that the management of pepper spray by SERT was good.

415. The site had two Detection Dog Handlers who were based at SHCF most of the time, but could be deployed to other sites in the region. The Dog Handlers checked mail and property coming on site, conducted perimeter checks, did unit searches if intelligence was received to suggest this was necessary, and searched visitors and other people entering the site

## 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.

416. 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[49] or for their own safety.[50] Prisoners may also be separated from others for the purposes of medical oversight.[51] In prisons, these measures are generally known as directed segregation. Segregation of this type is not a penalty and should not be used as a form of punishment.

417. During the six-month review period, Corrections data set out that approximately 328[52] prisoners were placed on a total of 408 periods of directed segregation at SHCF.

| Type of directed segregation | Periods of segregation | Number of people |
|---|---|---|
| Section 58 (1)(a) for security or good order of the prison | 73 | 64 |
| Section 58 (1)(b) for the safety of other prisoners | 228 | 163 |

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

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

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

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

| | | |
|---|---|---|
| Section 59 (1)(b) directed segregation for prisoner's own safety | 39 | 33 |
| Section 60 (1)(a) medical oversight, physical health | 66 | 66[53] |
| Section 60 (1)(b) medical oversight, mental health | 2 | 2 |
| **TOTALS** | **408** | **328** |

418. At the time of our visit there were 27 prisoners on directed segregation. We reviewed the documentation (including initial segregation paperwork, notices to prisoners, revocations and management plans) for all these prisoners. We found that all applications had been approved at the correct level. However, we found numerous inconsistencies in the paperwork and found that the correct processes had not always been followed. For example, applications for continuation of directions had not always been prepared in sufficient time for a decision to be reached before the expiration date. In addition, we found that in nine cases the expiration date on the notice to the prisoner was incorrect.

419. We also reviewed the documentation for a sample of five prisoners who had been placed on directed segregation during the six-month review period. All the initial segregation directions had been approved at the correct level and most of the documentation had been completed properly. There was evidence that some prisoners had signed their paperwork. Revocation of segregation paperwork was not completed for three of the five.

420. We heard that prisoners placed on directed segregation under Section 58 would generally be sent to the Management Unit. We also heard that this unit was usually full and in that case prisoners would remain in their own cells but be unlocked at a different time to keep them apart from other prisoners.

421. We heard there was a directed segregation meeting which was run by the Principal Corrections Officer of the Management Unit and attended by those Principal Corrections Officers who had a prisoner in the Management Unit. This team was supported by Residential Managers and the Custodial Systems Manager. We attended a meeting and Observed that issues discussed included whose segregation could be revoked and where they could best place those people. We considered these meetings to be a useful way of involving all those staff responsible for these prisoners' placement and management.

422. We interviewed two prisoners who were on directed segregation in their units. They were able to associate with each other and said they both got an hour out of their cells

[53] We note that this number was higher than we would expect due to the site managing an outbreak of COVID-19 in December 2024 and January 2025.

every day and were able to make telephone calls. Both had seen their management plans and said they saw either the Senior or the Principal Corrections Officer every day.

423. We interviewed a prisoner who had recently been on directed segregation in the Management Unit. He told us it had been a stressful experience. He had been given the correct paperwork and said he had not associated with other prisoners. He told us some of the staff had been from the same country as him and had come and talked with him occasionally. He had also managed to speak to some of the other prisoners in the unit by shouting.

424. We interviewed two prisoners who were on directed protective segregation for their own safety. One of these was not able to associate with any other prisoners but said the staff were good and would talk to him and check on him. He had a television in his cell and magazines and colouring items to use. He got an hour out of his cell every day.

425. The other prisoner told us he did not know why he was on directed protective segregation and that he wanted to mix with the other prisoners. He said that no reason for his segregation had been given on his paperwork. We checked this and found that he was correct. In addition, the paperwork had not been signed by the staff member who was named as having approved the segregation. We raised this issue with the Principal Corrections Officer, who told us the prisoner was on directed protective segregation for his own safety, though we did not discover a reason for the incomplete documentation. The prisoner said that apart from not being able to mix with other prisoners, everything else was good in the unit. The prisoner said he was not given an opportunity to participate in any programmes or education.

426. Prisoners can request to be separated from others; this is known as voluntary segregation.[54] COBRA data set out that 1,303 prisoners were on voluntary segregation for some or all of the six-month review period. Prisoners on voluntary segregation can associate with each other.

## 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. |

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

428. We asked some prisoners if they were aware of any structured incentives framework. Several said that the opportunity to get a job and better rates of pay were an incentive to them. Some prisoners said there was more freedom of movement in lower security units (e.g. Unit 6) which could be an incentive to behave well to be allowed to move to

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

that unit or to stay there. Some prisoners, however, told us they did not know of any incentives.

## Discipline

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

429. Prisons are required to maintain good discipline and order through effective supervision, communication, and fair and effective disciplinary procedures. Offences against discipline committed by a prisoner can result in a misconduct charge. Disciplinary action must be well documented by staff, and disciplinary hearings must comply with statutory and regulatory requirements.[55] Offences against discipline are outlined in the legislation with guidance on the conduct process described in the Prison Operations Manual.[56]

430. If an offence against discipline is proved, a Hearing Adjudicator or Visiting Justice may impose one or more penalties against the prisoner. Penalties include forfeiture or postponement of privileges up to 28 days, forfeiture of earnings for up to seven days, or confinement in a cell for up to seven days.[57]

431. During the six-month review period, men at SHCF generated 976 misconducts, mostly for 'prisoner behaviour' (468 misconducts), followed by 'unauthorised possession of an item' (236 misconducts), and 'disruptive disobedience' (124 misconducts).

432. For the six-month review period, Hearing Adjudicators or Visiting Justices heard 1,345 misconduct hearings.[58] There were 390 'guilty' outcomes, 353 were adjourned, 465 were dismissed, 30 had a guilty outcome but were appealed, 43 had 'not guilty' outcomes, and 64 were classified as 'not applicable/not entered'.

433. The site had two Prosecutors. During an interview they told us they went through all the incidents daily, checked all the charges that had been laid and approved them to progress. The Prosecutors said some of the paperwork completed by staff was "shocking" and felt there needed to be more training for staff in completing misconduct charges. If the charge was to proceed, the Prosecutors served the charge to the prisoner. They gave all documents to the prisoner regarding their rights and how to request legal support.

434. We reviewed a sample of ten records of hearings for misconducts. In all, the misconducts were approved to proceed and were served within the correct timeframe. Five were adjourned and heard by a Visiting Justice. All but one of the penalties given were correctly entered in IOMS.

[55] 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.

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

[57] Corrections Regulation 2005, Section 133. Loss of privileges stated in section 158.

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

435. The Prosecutors arranged Adjudicators for the hearings. The Prosecutors said there were 17 trained Adjudicators on site but that generally only four or five were available. This meant it was difficult to find Adjudicators. If they were unable to find one, there would be no hearing and once the charge was out of the timeframe it would be dismissed.

436. We asked the Prosecutors about the reasons why misconducts were cancelled, dismissed or withdrawn. They said a charge would be cancelled if it was duplicated on the system, and would be dismissed due to unavailability of the charging officer, no Adjudicators available, or prisoners being transferred offsite or given bail. A misconduct charge would be withdrawn if a prisoner was released, transferred or due to a lack of evidence.

## 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.<br>• Mechanical restraints are used only in clearly defined circumstances, when lesser forms of control fail, and only for the time strictly required. |

437. 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.[59] 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 member of the health team (usually a Nurse) must assess the prisoner after every use of force.

438. At the request of the Chief Executive, in 2025 the Office of the Inspectorate conducted a Special Investigation into the use of force at a selection of prison sites. One of these sites was SHCF. The Special Investigation methodology included inspecting more data than is usual during a prison inspection. For example, at SHCF, we reviewed information pertaining to all the 1,742 incidents which occurred at the site in the six-month review period, including the 3,884 incident reports submitted by staff following these incidents. We also reviewed additional data, including footage and documentation, for a sample of 40 incidents. We therefore present in this inspection report a more in-depth look at the use of force at the site than we usually would.

439. As previously mentioned in the Prison Staff section of this report, as part of our review of use of force incidents, we checked how many custodial staff were up to date with their tactical options certification. Custodial staff must undertake tactical options refresher training at least once a year where they are assessed by Tactical Instructors and re-certified if they can demonstrate the correct techniques. At 30 April 2025, 64% of staff at SHCF had current Tactical Options certification.

[59] POM IR.02 Incident response

440. Most prisoners we asked told us they had not been subject to the use of force at SHCF.

441. We checked the site's Use of Force Register and found they had recorded 146 incidents for the six-month review period. However, our review found there had actually been 156 use of force incidents that were required to be recorded in the site's Use of Force Register; ten were missing.[60]

442. Of the 156 uses of force that were required to be in the Use of Force Register:

- 141 were spontaneous.
- 3 were planned.
- 121 incidents involved the use of mechanical restraints (e.g. handcuffs) with low levels of force being applied, such as non-threatening physical contact.[61]

443. The ten incidents that were not recorded in the Use of Force Register (but should have been) were three spontaneous use of force incidents, one planned use of force, and six incidents where mechanical restraints had been applied with low level force only (i.e. non-threatening physical contact).

444. We reviewed the Use of Force Register for the six-month review period and found that it did not meet all the requirements as outlined in policy. Some sections had not been completed as required and often lacked signatures.

445. We also found that, in the six-month review period, staff deployed individual carry pepper spray 51 times during spontaneous uses of force. Staff drew but did not deploy pepper spray 22 times during spontaneous uses of force. We reviewed the site Pepper Spray Register and observed that many sections had not been completed as required and often lacked signatures.

446. We conducted an in-depth practice review of 40 use of force incidents and observed that most (i.e. 26) were due to prisoners disobeying a lawful order. The remainder were due to assaults on staff by prisoners, to stop prisoners from self-harming, or in self-defence or the defence of another person. Three of the 40 incidents were found to contain non-threatening physical contact only. We therefore removed these from our dataset, resulting in a total of 37 incidents.

447. The 37 use of force incidents in our in-depth practice review involved 50 prisoners. IOMS data identified that 36 of these 50 prisoners (72%) were Māori, five were NZ European (10%), and three were Pacific peoples (6%). IOMS data on ethnicity was not available for some prisoners.

448. We found that 29 of the 37 use of force incidents were reasonable, proportionate and necessary. However, during the other eight incidents, we observed some actions by some custodial staff that were not fully aligned with training. The site had noted these matters for learning and improvement purposes. Three of the eight incidents met the threshold for referral to the Integrity Team for further consideration. Actions we observed that were not in line with staff training included:

- Staff using inappropriate language and making unacceptable comments.

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

[61] POM sets out that all uses of mechanical restraints, other than on escort or as part of a prisoner's management plan must be recorded in the site Use of Force Register.

- Staff using techniques that were not in line with training and which could have caused serious harm.
- Staff deploying pepper spray when it was unnecessary.
- Staff using force when it was unnecessary.

449. Staff should use de-escalation techniques, if these are warranted, to try to resolve incidents without the need for force. We reviewed the available body worn camera footage for the 37 incidents and heard staff using de-escalation techniques during some incidents. However, in some incidents we considered there could have been more or clearer communication with the prisoner to deal with the issue before it resulted in use of force.

450. In several incidents, not all staff in attendance activated their body worn cameras as they should have done.

451. Following a use of force, a manager or Principal Corrections Officer should identify the 'incident components' for the incident in IOMS. An incident can have multiple components and the manager or Principal Corrections Officer should include them all in line with IR.06 Sch.01 Incident categories. In the six-month review period, the site recorded 224 of these incident components. However, Inspectors reviewed all 3,884 incident reports submitted for the six-month review period and found that a total of 421 components should have been recorded. We note that components include actions such as 'de-escalation' and 'non-threatening physical contact' that relate to the use of force, but these were generally not recorded by the site.

452. As previously mentioned, in the six-month review period, prisoners made 232 allegations against staff which were recorded in the Allegations Against Staff database and managed by the prison using the IR.07 process. Only one of these allegations was made following a use of force incident.

453. We noted that none of the prisoners who had been subjected to the use of force had requested referral of these incidents to Police.

454. Following a use of force, prisoners are required to be assessed by health staff. However, our in-depth review showed that health assessments were completed in only 28 of the 37 incidents (76%) and for 41 of the 50 prisoners involved (82%).

455. In incidents involving multiple prisoners, nursing documentation was often very similar, suggesting the use of copied text. Assessments were largely based on prisoners' subjective reports, with little evidence of objective physical assessment, such as pain scores or vital signs.

456. Health follow-up after use of force incidents was, in most cases, not required as injuries were minor. Where concerns were identified, nursing staff escalated these appropriately and implemented measures such as regular observations, wellness checks, and the administration of medication.

457. Of the 50 prisoners, nine (18%) were not assessed by a Nurse within three hours of a use of force in line with Corrections policy. These nine included four prisoners (8%) who declined to engage with health staff at the time of assessment. None required external follow-up for injuries sustained.

458. Among the 50 prisoners reviewed, 32 (64%) had a recorded history of mental health conditions, including, for example, anxiety, depression, substance abuse, attention

deficit hyperactivity disorder, post-traumatic stress disorder and schizophrenia, and a further six prisoners (12%) had a history of brain injury or intellectual disability.

## Searches

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

470. 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.

471. In the six-month review period, the site recorded 259 incidents where contraband was found. The top three categories for contraband found were 'Other' (92), 'Weapons' (45) and 'Tattoo Equipment' (44).

472. 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.[62] We reviewed unit logbooks and found that staff did not always record whether cell searches had been done. In some units, it appeared they were recording cell searches, but not completing the correct number of searches.

473. We observed numerous cell searches in units across the prison and found that most were done to a good or satisfactory standard.

474. The Prison Operations Manual sets out that custodial officers may conduct rub-down searches of prisoners at any time for the purpose of detecting an unauthorised item, and must do so every time prisoners move between areas (for example, from the unit to an exercise yard, or to or from a visit).[63] We observed numerous rub-down searches and found that they varied in quality. Some were of a good standard and it was likely that any contraband on prisoners would have been discovered. However, some were of a poor standard, with, for example, staff not properly rubbing down all areas of the body including the inner thighs, groin and neckline. Not all staff directed prisoners to remove their shoes, socks and hats.

475. When prisoners arrive at a prison they must be strip-searched or go through a full body scanner. SHCF had a full body scanner, and we observed this being used to search new arrivals at the prison. Staff and prisoners told us they preferred the full body scanner as it was more dignified and less intrusive. As noted above in the Good Order – Security section of this report, we heard that the full body scanner had helped to reduce contraband at the site, but only when staff operating it had been trained, which we heard was not always the case.

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

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

## Security classification

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

476. 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.[64] 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.

477. We reviewed the COBRA data for the 484 initial security classifications assigned in the six-month review period and found that 97% had been assigned within the required timescale.[65] Thirty-one recalls were required, with 30 (97%) being completed within the required timescale. One-hundred-and-thirteen reviews of security classifications were required, with 95% being completed within the required timescale.

478. Since 76% of the population at SHCF were on remand they did not yet have a security classification (see the Duty of Care – Separation of prisoner categories section for more on how remand prisoners were managed using the Remand Management Tool). However, we spoke with some sentenced prisoners, all of whom knew about their security classification and were aware of the process for having it reviewed.

479. We noted that some prisoners had requested to have their security classifications reviewed in the six-month review period, but none of these reviews appeared to have been done and we could find no file notes to explain why site staff had not considered these requests. We note that the Corrections Act 2004 requires such reviews to be completely "promptly" and POM sets out that decisions must be made "within 10 working days" and that prisoners must be advised in writing of the outcome "within 72 hours".[66]

## Prisoner files

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

480. 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.

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

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

[66] Prison Operations Manual M.02.07 Prisoners request for reconsideration

Electronic files from Corrections' Integrated Offender Management System (IOMS) also contain significant amounts of prisoner information and should be regularly updated.

481. We were told that since the Covid-19 pandemic, prisoners' penal files were stored in the Receiving Office, and contained warrants and initial induction paperwork. We heard that a green folder was created for each prisoner with a copy of the IOMS identification documents attached to the cover. This folder would then accompany the prisoner to their unit, and would contain risk assessments completed at the Receiving Office, any letters written by prisoners asking to be placed on segregation, and a copy of the induction form etc.

482. We checked six prisoner files in the Receiving Office. These were kept in lockable cabinets and were generally in good order, though since the at-risk assessment is completed in the Receiving Office for newly arrived prisoners, we would have expected to see signed copies of this documentation in these files. However, it was not present in all files.

483. We inspected filing cabinets in units across the site. Most were lockable metal cabinets.

484. We inspected numerous prisoner files in high and low security units. A few files were fairly complete with much of the documentation we would expect to see, but others lacked important documents such as at-risk forms or induction forms.

485. As well as paper files, staff should record alerts and meaningful engagement with prisoners in an electronic IOMS file. We reviewed a sample of these files and found limited information and little evidence of meaningful staff engagement with prisoners. Important documentation such as induction, segregation and misconduct paperwork should be scanned and uploaded to IOMS but we found that much of the time this had not been done. We did find evidence that some assessments, such as APYAs, were being loaded into IOMS.

# Purposeful activity

## Education

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

486. Within the first month of entering prison, all prisoners should receive an educational assessment and meet one-to-one with an Education Tutor to co-produce an individual learning pathway. Actions for the learning pathway should be shared with the prisoner's Case Manager who should then include them in the offender plan.

487. COBRA data showed that 80 educational interventions had been completed at SHCF in the six-month review period:

» 48 Literacy and Numeracy for Adults Assessments
» 13 Intensive Literacy and Numeracy Courses
» 9 Vocational Short Courses
» 4 Secure Online Learning
» 3 Industry Qualification Training
» 3 Self-directed learning.

488. Information provided by Corrections Data Services indicated that at 18 July 2025 there were 3.49 Education Tutors at SHCF. We interviewed the four Education Tutors, who told us one of them was part-time. We heard that each Education Tutor had about 140 prisoners on their case load and that they were able to see around four to six prisoners a day. They felt they needed three more team members to be able to keep up with demand.

489. The Education Tutors told us the remand prisoner population was transient and that due to this many prisoners no longer wanted to enrol in education as they knew they would likely soon be moving. They told us they prioritised assessing young prisoners aged under 20 but that most of these declined to be seen.

490. The Education Tutors told us educational facilities at the site included "lots" of classrooms "on the spine" (i.e. the long, curved row of office and programme rooms near the middle of the site) but said that only some prisoners in units 14A and 14B were allowed to go to this area for security reasons. We heard there were no classrooms in the units.

491. The Education Tutors also told us there were two Secure Online Learning suites which they considered needed upgrading as many of the fingerprint scanners did not work. We heard that the computers in the suites were sometimes used by prisoners completing Open Polytechnic courses, but overall, the Education Tutors felt these suites were being underutilised.

492. We heard that there was some self-directed learning available via the Open Polytechnic, but that it was minimal as most of the learning was only available online and was therefore unavailable to most prisoners.

493. The Education Tutors could only access prisoners when they were unlocked, which we heard could cause difficulties as prisoners had competing demands on their time when unlocked, including being seen by Case Managers. In addition we heard there was a dearth of suitable rooms and that it was sometimes a "battle" to see prisoners.

494. The Education Tutors had been using the Corrections Bookings application[67] but we heard this was ineffective because there could be double bookings and because other staff did not always use it. We also heard that even if they had booked to see a prisoner, they still had to call the unit first to check if the prisoner was unlocked as there was no link between the application and the unit unlock times.

495. We heard that a popular driver licence course had been stopped; the Education Tutors did not know why. We heard that an informal barbering course had also been stopped.

496. We interviewed the Learning and Interventions Delivery Manager, who managed the Education Tutors. We heard that one of the main issues at the site was the change from SHCF being an 'end destination' site for sentenced prisoners to becoming a remand site. This meant it was difficult for staff, including Education Tutors, to access prisoners to deliver services. We heard about a shortage of custodial staff to support the delivery of education and other interventions. We heard there had been a change to rosters earlier in the year but it had not resulted in improvements in access.

497. We interviewed the Deputy General Manager Pathways who told us she considered the site should have twice as many Education Tutors due to the large number of remand prisoners at the site. We heard the Deputy General Manager Pathways was attempting to get more programmes running at the site.

498. We asked prisoners across the site about access to education and heard that most were not currently doing any courses and had not been seen by anyone regarding education. A few prisoners told us their education needs had been assessed but that they had not yet received anything. Many prisoners and some staff told us there were no education programmes available in their units. We note that since 76% of prisoners were on remand, some of the prisoners we spoke with may not have spent long at the site.

499. Several prisoners told us they were doing or had done education courses. For example, one prisoner told us he had completed a numeracy and literacy programme, and another told us he was currently doing a numeracy and literacy programme.

500. We checked the Corrections Bookings Tool and found evidence that a few prisoners were doing self-directed learning or using the Literacy and Numeracy Support Service Te Ara Hihiri (Steps 1 and 2). In addition, in Units 6A and 6B, volunteers were offering two programmes: Kidz Need Dads: Anger Management, and Discovering Fatherhood. We also heard about volunteer-run art classes.

501. A few prisoners told us they were able to complete unit standards through their jobs in prison industries, for example in the kitchen, laundry, and assets maintenance. All training offered in prison industries was reliant on the availability of the Employment Instructor and the length of time a prisoner remained employed. For more information on education opportunities via prison industries, please see the Work section of this report below.

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

## Work

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

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

503. As previously mentioned, for prisoners who are employed in prison industries, there is a national Prisoner Incentive Allowance framework. This framework gives prisoners an allowance rate of between 20 and 60 cents an hour, depending on the work, and their skill level and behaviour. At the time of the inspection, SHCF was formally assessing prisoners who were working in prison industries against this framework. This encouraged prisoners to work hard, to upskill, and to behave well.

504. Corrections has a Working Prisons programme in which prisons report the number of hours prisoners spent in some form of work, education, rehabilitation programme, or other form of constructive activity. In the six-month review period, Corrections figures showed prisoners at SHCF spent a total of 218,177 hours engaged in these activities, which meant the prison reached 64% of its Working Prison target goal of 343,115 hours.

505. At the time of the inspection, information provided by the site showed there were around 50 prisoners employed in prison industries:

- 27 in the kitchen
- 7 in the laundry
- 5 in asset maintenance
- 4 in external grounds work
- 4 in recycling
- 3 in internal grounds work.

506. We heard that unit standards were being offered in the kitchen, the laundry, grounds maintenance, asset maintenance, and recycling. For example, prisoners working in the kitchen could work towards unit standards for health and safety, knife handling, and safe chemical usage.

507. Instructors told us the transient nature of the remand population was a challenge as there was high turnover amongst workers. For this reason, we heard they were always looking for sentenced prisoners who were more likely to stay for longer periods. Prisoners and staff alike told us there were limited job opportunities in the high security units, which is where many of the remand prisoners were accommodated. Prisoners in these units could only access unit employment opportunities.

508. We heard there could be issues in some industries with dated equipment. For example, the kitchen had some older equipment that tended to break down. We heard there was a plan to upgrade the kitchen. However, we were told the equipment in other industries was compatible with what would be found in the community. For example, the forklifts and mowers.

509. We interviewed the Deputy General Manager Pathways for the site who told us industries at SHCF had been much reduced post-COVID-19 when, in September 2024, some Instructor positions which had become vacant had their funding removed and the

site could therefore not recruit to these roles. We heard this had meant, for example, that the engineering workshop had not reopened.

510. In addition to prison industries, some prisoners were employed, usually part-time, in unit-based work such as cleaning. For example, we noted lists in Unit 14A showing that at least 18 prisoners were employed part-time in work in that unit.

511. 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.[68] 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 had been no prisoners from SHCF on Release to Work since the COVID-19 pandemic, and that there were no plans by site management to reinstate this programme.

512. The General Manager told us it was difficult to reinstate the Release to Work programme with the high remand population and considered it would be better for eligible prisoners to be transferred to another site. We heard that Principal Case Managers were receptive to getting the programme up and running again, and that some staff members felt there were employers out there. We interviewed the Regional Manager Reintegration Services who told us COBRA data showed there were 24 men at SHCF who were eligible for a suitability assessment for Release to Work. She said there were "lots of employers out there" and that she had a list of potential employers if the site became ready for it.

## 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. |

513. 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.[69]

514. At the time of the inspection, all the prisoners we interviewed told us they were receiving their minimum entitlement of at least one hour in the open air every day.

515. Many prisoners told us they were unlocked for 90 minutes and some for two hours. Several prisoners told us this was not long enough to enable them to use the telephones every day to contact their family/whānau as there were limited numbers of telephones. For example, some units had four telephones and some had two.

516. Prisoners in some units were unlocked for much longer. For example, prisoners in Unit 6 told us they were generally unlocked at 8am and locked at 4.30pm, a period of 8.5 hours.

[68] 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.

[69] The Corrections Act 2004, Section 70, sets out that 'Every prisoner (other than a prisoner who is engaged in outdoor work) may, on a daily basis, take at least 1 hour of physical exercise.' Section 70 further sets out that this physical exercise 'may be taken by the prisoner in the open air if the weather permits'.

517. Facilities varied between units. For example, prisoners in Unit 6 had a well-equipped unit gym, a compound area with sports courts, and a music room. However, prisoners in Unit 14C had no equipment in their compound. We observed there were equipment racks, probably for weights or balls, but that these were empty. In other units, we observed limited equipment, such as a few weight bags or medicine balls. In some units, such as the Management Unit, the exercise yards were bare (see image 10, Appendix A). Many prisoners we interviewed told us there was little for them to do except physical training or walking around the unit compound. We observed some prisoners playing with a makeshift ball made from clothing.

518. Prisoners in most units told us there were no board games or other activities for them to access. We heard they were allowed to have board games sent in but the units did not provide any.

519. We heard there were no Physical Education Officers currently working in that role. There were two fully trained ex-Physical Education Officers on site who wanted to return to the role. They told us they had asked management about this but been declined due to staffing pressures.

520. We were told that art equipment was available in the Special Treatment Unit and that prisoners in that unit valued this.

521. There was a site gym (see image 11, Appendix A). Several staff told us the gym was closed for most prisoners. Only prisoners completing the Buttabean Motivation Programme were able to use it. We heard that the Physical Education Officers had sent three proposals to management regarding reopening the gym to more prisoners at the site, but had not had any response.

522. There was a large playing field (see image 12, Appendix A) and on one of the days we visited we observed 20 prisoners on the field playing rugby. We heard these were prisoners from Unit 14A. The Senior Corrections Officer in this unit told us prisoners had to be approved via a long process but that they were able to use the field a few times a year. Six staff were required to supervise 20 prisoners on the field.

523. We heard that, in the past, 700 to 800 prisoners a week would use the site gym, and that 100 prisoners a day would use the large playing field. We heard that games of rugby, basketball and volleyball used to be organised, and that there had been a kapa haka group. However, we heard none of these activities were now available for most prisoners.

## 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.

524. 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.

525. As set out in the 'Duty of Care – Communication and relationships with family/whānau' section of this report, face-to-face visits were available at SHCF. Visits took place at the weekend and lasted for an hour.

526. The site had three visits areas: the main visits hall (see image 13, Appendix A), and smaller visits areas in Unit 6 and in Building 22 (which contained the Drug Treatment Unit and Special Treatment Unit). We observed visits sessions in the main visits hall and in the Unit 6 visits area.

527. The main visits hall contained seating for 32 prisoners, with four of those seats in an outside courtyard area. The outside courtyard area, which was designed for prisoners to be able to sit with their visitors in the fresh air, was closed due to a pigeon infestation which posed a health concern (see image 14, Appendix A).

528. The main visits hall also contained eight booths and seven interview/video call rooms. The visits hall was clean inside, with a water cooler for visitors to get a drink. There were some murals on lower part of walls, but no toys or books or a designated play area for children. We heard there had been a children's playroom but it had been re-purposed as a room for interviews or video calls (i.e. virtual visits). Although there were five portable air conditioning units in the hall, these were ineffective.

529. Posters were displayed on the walls of the visits hall, providing information to visitors about relevant topics including the expected standards of dress, and health and safety. We observed a complaints process poster for Community Probation, but not one for the Office of the Inspectorate, the Office of the Ombudsman, or other oversight agencies as there should have been.

530. The Unit 6 visits area was welcoming and family-friendly with refreshment facilities available during visits. On the day we visited we observed eight visitors and six prisoners. Some were seated at tables playing boardgames or cards, others were colouring in. Two prisoners were outside in a courtyard and grass area with their visitors. There was a play area for children. It was pleasing to note that these lower security prisoners were not dressed in orange overalls, instead they wore normal prison-issue clothing. We heard that weekend visits were available on both Saturdays and Sundays.

531. The Building 22 visits area could accommodate up to 25 prisoners.

532. Most prisoners we interviewed told us they were not having visits from family/whānau because it was too far for them to travel.

533. Some prisoners told us there could be delays in the visitor approvals process.

534. We interviewed several visitors. All commented that they did not feel welcome as the staff behind the counter at the visits hall were unfriendly. One visitor said there was a lack of information and communication when trying to arrange a visit. Two visitors told us they booked every week, and had to book a week in advance, but that sometimes they had to wait until the last minute before they received confirmation that the visit had been approved. They said this was frustrating as they had to travel for three to four hours to get to the site.

535. We found that supervising custodial staff were not obtrusive, but interacted with prisoners and visitors if asked a question.

536. Prisoners were dressed in orange overalls which were cable-tied at the back. They were allowed to greet visitors with a hug and a kiss before taking their seats. Staff advised

prisoners and visitors five minutes before the visit was due to end, and another hug and kiss to say goodbye was allowed.

537. We observed that there was a toilet for prisoners in the area where they were processed before they came into the visits hall. This did not have a privacy screen so people walking past could have seen prisoners using it, which we consider wholly unacceptable.

538. We interviewed the Security Manager who told us the site would like to be able to provide more visits, such as after-school visits, as they understood the benefits to prisoners and their family/whānau, but that they did not have the resources.

539. The site had a visitor prohibition spreadsheet that was managed by the Security Manager. During the six-month review period, there were nine visitor prohibition orders issued to visitors to SHCF. The duration of these lasted from one to 12 months. Six were for the introduction of contraband, two were for active drugs charges, and one was for an inappropriate sexual act. Eight of the nine letters were correctly completed (one was on an out-of-date template) and all letters set out the reason, the duration, and the appeal process. All letters were signed by the Security Manager. We note that one of the orders was referred to the Inspectorate for review (in fact the same order was referred to us twice, once by the visitor and once by the prisoner). However, we upheld the decision of the site.

540. 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.[70] Video calls are generally made on a laptop. A staff member remains present while the call is taking place.

541. We heard from staff and prisoners that video calling was available. We heard that there were seven rooms in the main visits hall, and that six of these contained laptops for video calls. We also heard there were not many video calling sessions for family/whānau as these sessions tended to be taken up by lawyers. However, a Senior Corrections Officer told us staff would try to accommodate family/whānau who could not travel to the site. We spoke to a visitor who told us she would have liked to have a video call so her partner could see their children without her having to bring them to the site, but that she had been told there was a two-month wait and that the video call could only go ahead if there was a slot available as most slots were used by lawyers.

## Library

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

542. The site had one (0.8 FTE) Librarian who worked a five-day week. The Librarian was supported on Mondays and Fridays between 9.15am and 2.30pm by one prisoner worker from the Special Treatment Unit.

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

543. All high and low security units received a delivery and collection library service twice a week, except for the Intervention and Support Unit and the Management Unit. Prisoners were not able to physically visit the library, but could request items from six catalogues covering fiction, non-fiction, Pacific Island, Māori fiction, magazines and foreign language. We interviewed the Librarian who told us items most heavily in demand included books by Lee Child, Wilbur Smith, Dan Brown, art books, true crime, and hunting and fishing, sports, and car magazines.

544. We asked prisoners across the site about access to library books. Most knew the process for ordering books from the catalogue, but some did not.

545. The Librarian told us there were about 6,500 books in the site catalogue. Since the purchase of initial stocks when the site opened, they relied on donations from sources such as Rotary Clubs and Book Fairs. They occasionally bought new books, the last new books being purchased three to four years ago.

546. We noted that the library carried good stocks of Māori and Pacific language books.

547. We were told that the library experienced a lot of damage to books and magazines. Approximately $24,000 worth of books (at replacement value) had been lost in the previous financial year.

548. The Librarian published regular newsletters for the prisoners. We reviewed the most recent edition dated May 2025 which included puzzles, a book review, cartoons, inspirational quotes and a fitness workout guide.

549. The Librarian told us she would like prisoners to be able to visit the library. This had been the case in the past, but not for many years. The addition of another prisoner worker would also be beneficial. These matters had been canvassed, but the Librarian told us the site seemed more focused on custodial priorities. Visits to the library by senior managers were rare, and knowledge of library services amongst custodial staff was poor, although the Librarian had recently started meeting with new staff cohorts to explain the role, which was a welcome development.

550. Although there were monthly meetings with other members of the Education team, there were some perceptions of isolation in terms of communications. The Librarian told us she never heard about incidents on site for example, except from prisoners.

# Rehabilitation

**Inspection Standards**

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

551. Offence-focused (i.e. 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. Other interventions which are not offence-focused but which may contribute to a prisoner's rehabilitation, such as parenting, driver licence, or tikanga courses, may be offered to both sentenced and remand prisoners.

552. COBRA data showed that in the six-month review period there had been 28 completions and graduations of offence-focused rehabilitation programmes:

» 10 completions of the maintenance programme for the Medium Intensity Rehabilitation Programme
» 6 completions or graduations of the Medium Intensity Rehabilitation Programme
» 6 graduations from the Saili Matagi Programme (a medium intensity rehabilitation programme based on Pasifika cultural principles)
» 6 completions or graduations from the Special Treatment Unit Rehabilitation Programme (i.e. for men with violent offending or sexual offending against adult women).

553. The completions and graduations listed above were achieved by prisoners in the Special Treatment Unit, which was different from other units at the site in that it was run as a therapeutic community and all the men there were engaged in some form of offence-focused rehabilitation programme. There were 40 prisoners in the unit at the time of the inspection. The unit was supported by the Manager Psychological Services, four Psychologists, an Executive Officer, two Intern Psychologists, a Māori Practitioner, four Programme Facilitators, and two Reintegration Coordinators.

554. We interviewed the Principal Corrections Officer in the Special Treatment Unit who described some of the positive practices of the therapeutic community, including people leaving gang issues at the door, wing mentors, daily community meetings, cultural celebrations, and a cultural advisor.

555. We interviewed one of the Psychologists and one of the managers in the Special Treatment Unit. We heard that the unit was a safe place to work with fewer incidents than in most units. We heard that pre-COVID-19 there had been more beneficial pathways out of the unit for prisoners who had graduated, but that these had mostly ceased to be available due to prisoner population pressures. We heard that site management was risk averse, with too many rules that made it difficult to rehabilitate prisoners. We also heard that prison management was inclined to punish entire groups of prisoners for the misconduct of one or two. For example, we were told an incident had occurred where homebrew had been found in the unit. The alcohol was confiscated and the man responsible exited from the programme, but the Manager Psychological Services said that this sort of incident often had repercussions for the other men who had done nothing wrong, because management then cancelled applications for shared meals or celebrations for events such as Matariki. He said this approach did not align to

the values of Hōkai Rangi and he felt the site was not practising the values of this departmental strategy, nor recognising the cultural importance of activities such as eating together.

556. In addition to the offence-focused programmes listed above, COBRA data showed the following programme completions and graduations at the site. These programmes are not offence-focused, but may contribute to a person's rehabilitation:

- 271 completions of an "other reintegrative" programme
- 82 completions of a parenting skills programme (as previously mentioned in the 'Relationships with family/whānau' section of this report)
- 42 completions or graduations of an Alcohol and Drug programme
- 7 completions of a living skills programme
- 1 completion of the Short Motivational Programme.

557. We interviewed the Learning and Interventions Delivery Manager who told us she was responsible for all programmes, education, and volunteer activity on site, as well as the Chaplaincy. She told us the main issue on site had been the rapid transition from an end destination site to a remand site. This, coupled with ongoing staff shortages, meant there were many hurdles to interventions staff accessing prisoners. Changes to the custodial rosters earlier in the year had not resulted in the improvements in access that had been expected. We heard that for the last two years, two custodial officers had been dedicated to programmes. This had allowed for two additional programmes rooms to be opened. However, these two officers were often redeployed elsewhere (on medical escorts, for example) resulting in cancelled programmes.

558. We were told that the focus at SHCF was on interventions that supported 'court readiness' as opposed to 'rehabilitation readiness' given the changed nature of the site and the large remand population. Literacy and numeracy and 'Schools for Life' programmes were running, and there were Alcohol and Other Drugs (AOD) programmes running full time. We heard it was difficult to get prisoners for Medium Intensity Rehabilitation Programmes (MIRP) as these were run over 16 weeks and many remand prisoners did not stay long enough to complete them.

559. The Learning and Interventions Delivery Manager told us there was support for programmes and education at a management level, but the real challenge was getting that support at the Senior Corrections Officer and Corrections Officer level. Programmes and education were seen as a 'nice to have' at the moment, while they needed to be seen as 'essential'. She observed that: "If I had a family member here on a long stretch of remand, I would feel very concerned as we have nothing for you".

560. We heard that all education assessments for prisoners were currently paper based, as the Secure Online Learning (SOL) suites could not be accessed because of the lack of custodial support. However, we note that, as mentioned in the Purposeful Activity Education section of this report, the Education Tutors told us SOL suites were sometimes used by prisoners completing Open Polytechnic courses, though the Education Tutors also felt the suites were being underutilised. Further, we heard that the facilities (i.e. desktop computers) in the SOL suites would appear dated to younger prisoners who were more used to tablets.

561. Corrections psychologists may provide psychological assessments and individual offence-focused treatment sessions to some prisoners. These sessions typically address barriers to prisoners engaging in high intensity offence-focused rehabilitation programmes and assist with skill development to manage challenging behaviours. Corrections prioritises prisoners with the highest risk of serious reoffending for such

sessions, including those with a high risk of serious violent offending, or sexual offending against adults or children. Corrections advised us that 14 men at SHCF started individual treatment sessions with a Psychologist in the six-month review period.

562. The Learning and Interventions Delivery Manager told us there was not a lot of volunteer activity happening on site. We heard that most was occurring was in the Special Treatment Unit. There were some Kaiwhakamana, but not many. There was a big backlog of volunteer approvals sitting with the Security Manager.

563. We interviewed the Volunteer Coordinator for the site who told us there were approximately 20-25 active volunteers in addition to two Kaiwhakamana and more than 60 chaplaincy volunteers. Volunteer activity included Alcoholics Anonymous, Gamblers Anonymous, Howard League, Yoga in Prison Trust, and some mentoring.

564. We were told there were many more volunteers awaiting approval to come on site. Aside from delays in the approval process, there were other barriers such as site inductions for new volunteers only being available between 9am and 10.15am on a Monday, and approvals only being granted initially for one year, or two years for renewals, meaning that volunteers often had to go through a process again that was described to us as 'somewhat complicated'.

## Remand/offender Plans

**Inspection Standards**

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

565. 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.

566. We reviewed the Case Management Standards of Practice for the six-month review period and found that, on average, Case Managers at SHCF had met the standard for initial contact in 50% of cases.[71] On average, they met the standard for agreeing an initial offender plan (within 40 days of imprisonment) in 65% of cases.

567. The Case Management team was close to fully staffed at the time of our inspection, with 27 FTE and two vacancies.

568. We held a forum which was attended by eight Case Managers. We heard that due to the huge increase in the remand population, they felt their current rehabilitative approaches were no longer effective. Their concerns included reduced access to programmes for prisoners, and a lack of motivational programmes, motivational interviewing, and other approaches to get prisoners in the right frame of mind to address their rehabilitation needs. These issues were compounded by a lack of tools such as workbooks and pencils, and inadequate facilities in which to conduct prisoner interviews. We heard about failures of the Bookings application, and interviews that had been conducted in exercise yards as there was no suitable interview room available.

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

569. We interviewed two of the three Principal Case Managers who told us there were 363 prisoners unallocated to a Case Manager at the time of our visit. We were told that due to the large remand population, there was often limited time to prepare men for release. Once they were sentenced, many prisoners had served so much time on remand that they were released on 'time served', and we heard it was common for these men to be released without anything having been done for them by a Case Manager. This meant these prisoners left prison without accommodation or support people in place. We were told that the primary focus for the Case Management team each day was 'to survive'.

570. The Principal Case Managers told us of their concerns for case management on the site more broadly. We heard there had been many changes of direction over time. Too many staff still considered the prison an end destination site, rather than the remand site it had become. They believed that many of the Case Managers did not understand the importance of the role they performed. It was important for the team to have more of a growth mindset and carry out their role with compassion and a desire to serve.

571. We interviewed three Lead Service Managers at the Hamilton Community Corrections Hub. They told us the issue of so many remand prisoners not being allocated a Case Manager (because they went into prison and came out again so quickly) made it difficult for Probation Officers to do their jobs. We were told that the court team worked well with the Principal Case Managers, and that the current priority was bridging the gap with the Case Managers. We heard there was a particular focus on rangatahi, and how work could be 'fast-tracked' to achieve better outcomes for these young people. However, there had been delays due to high staff turnover. We also heard that it was often difficult for Probation Officers to access prisoners. For example, we heard that if they booked an AVL meeting to see a prisoner, it could be cancelled on the morning of the meeting.

572. We interviewed several Probation Officers from the Hamilton Community Corrections Hub who told us some of the Case Managers at SHCF were excellent and wrote good quality notes. They said that SHCF case notes were "about the best in the country" and that this provided robust information for Provision of Advice to Court reports.

573. We asked prisoners across the site if they knew who their Case Manager was, if they had an offender (or remand) plan, and if they had met their Case Manager. A few prisoners knew who their Case Managers were and had met with them recently. Most prisoners told us they did not yet have Case Managers. Many were interested in doing programmes but said there was little available if they were high security or on remand. Staff confirmed that this was the case. Many prisoners told us they felt offender plans were mainly about finding an address for release or bail.

574. 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 SHCF showed that in the six-month review period, 61% of prisoners had a Case Officer assigned to them.

575. When asked, most prisoners told us they did not know who their Case Officer was. Some other prisoners told us they knew who their Case Officer was but had not met 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.

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

577. In the six-month review period, COBRA data indicated staff in the SHCF Receiving Office had managed 374 releases into the community (an average of 62 a month). The majority of these prisoners (227) were released on conditions.

578. We reviewed the Case Management Standards of Practice for the six-month review period and found that, on average, Case Managers at SHCF had met the standard for Release Planning in 41% of cases.

579. As previously mentioned in the 'Rehabilitation' section of this report, we interviewed two of the three Principal Case Managers who told us that due to the large remand population, there was often limited time to prepare prisoners for release, and that it was common for people to be released without accommodation or support people in place.

580. In the six-month review period, COBRA figures showed that staff had made the following applications for escorts out of the prison that related to reintegrative needs:

» 31 applications to undertake an activity that supported rehabilitative or reintegrative needs.
» 22 applications to recognise or maintain a family relationship or friendship.
» 5 applications to allow prisoners to engage with, take part in, or attend a religious, community, cultural, educational, recreational, service, or sporting group activity or event.
» 4 applications to attend a birth, or visit a newborn child.

581. The Corrections intranet sets out that temporary release is "primarily a tool to be used to support and enable a prisoner's reintegration into the community when they are released".[72] In the six-month review period, COBRA figures showed that staff had not many any applications for temporary releases.

582. As previously set out in the 'Rehabilitation' section of this report, in the six-month review period, COBRA figures showed the following programme completions which were categorised as reintegrative:

» 271 completions of an "other reintegrative" programme
» 82 completions of a parenting skills programme
» 7 completions of a living skills programme.

583. In the six-month review period, COBRA figures showed Case Managers had made 181 referrals to the Corrections 'Out of Gate' reintegration service. This is a nationwide

[72] Prison Operations Manual M.04.06 Temporary release.

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. Most referrals (169 of 181) were made to Manaaki Support Services.

584. People serving longer prison sentences who have an identified reintegrative need and meet certain criteria[73] can be considered for Guiding Release (previously called Guided Release, the name changed on 21 May 2025, a day before our inspection began). Case Managers work more intensively with these people. During the six-month review period, no applications for Guiding Release for prisoners at SHCF were recorded as approved in COBRA. However, we heard there had been some approvals but that these had not been correctly loaded into COBRA. We heard there were 25 prisoners on site who were eligible for Guiding Release and that most of these had been assessed. We heard there was a Guiding Release panel that considered applications and that three prisoners were going to the panel the week of the inspection to be considered for this support. The panel included the prison General Manager and Deputy General Manager, a Psychologist, a Principal Case Manager, and others.

585. Most prisoners we spoke with were on remand and described limited reintegrative planning. Some prisoners told us they believed a Case Manager would come and speak with them closer to their release dates. A few prisoners told us they were ready for release and had release addresses to go to. Some prisoners were concerned about release because they had no release address.

586. Case Managers described the difficulty of completing pre-release tasks such as finding accommodation and obtaining identification for prisoners; these tasks were made harder by time constraints, last-minute transfers of prisoners, and a lack of suitable accommodation options. Case Managers told us that due to the transient nature of the remand population it was difficult to build rapport and gather sufficient information for reports. They also described a lack of continuity in caseloads, with prisoner population management transfers disrupting reintegration planning. We heard that contact with prisoners was often remote or rushed, which was not conducive to building trust.

587. We asked custodial staff about reintegration and heard that staff would arrange the necessary documentation and book a bus ticket for the prisoner if they did not have a family/whānau member to come to pick them up. If a prisoner was released late on bail or the paperwork arrived late, Receiving Office staff would arrange a special escort to take the prisoner to the designated address.

588. In terms of issued property, unit staff were supposed to print the property form for the prisoner and check everything before it was packed. However, we were told this was not always done, so some prisoners were leaving the site without having their issued property checked.

589. Receiving Office staff did not check issued property when it came with a prisoner to the Receiving Office. Receiving Office staff went through stored property with the prisoner and obtained their signature before stored property was handed over.

590. Prisoners' trust account money and/or the Steps to Freedom[74] grant of $350 were given to the prisoner at the Receiving Office if the release was during working hours. In some cases, for example, if staff at the Receiving Office were informed late of a prisoner's

[73] i.e. the criteria for Temporary Release specified in Regulation 26 of the Corrections Regulations 2005.

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

release, or a prisoner were released late from Court, prisoners were given a form with information on how they could access their trust money, Steps to Freedom grant, and property.

591. If a prisoner is released with a condition or order that requires electronic monitoring, or is released on electronically monitored bail, Receiving Office staff place an anklet on the prisoner and inform the Corrections Electronic Monitoring Team to activate it. Receiving Office staff told us there were ongoing issues with insufficient stocks of anklets and their accessories (i.e. chargers, pins), as the Electronic Monitoring Team would not send out equipment in bulk. This resulted in anklets and accessories not always being available when needed.

592. 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 SHCF, Case Managers met the timeframes for providing these reports to the NZPB, on average, 78% of the time over the six-month review period.

593. We interviewed the Parole Board Liaison Officer who completed the many administrative tasks associated with NZPB hearings, including sending reminders to the Case Management team about when reports were due, and booking rooms. The Liaison Officer described numerous challenges, including prisoner transfers at the last minute and documents not coming back in a timely manner from units. We heard that prisoners no longer knew the actual date of their NZPB hearing in advance, but only knew in which month it would take place. The Liaison Officer considered that this lack of surety about dates increased prisoner anxiety. In addition, we heard that the AVL equipment in the area reserved for NZPB hearings was old.

594. We interviewed several Probation Officers at a forum at the Hamilton Community Corrections Hub. One of the duties of a Probation Officer is to write Provision of Advice to Court (PAC) reports, so courts can make sentencing decisions. However, the Probation Officers told us it was common for prisoner interviews to be cancelled at short notice by the site. This meant they could not complete their PAC reports in a timely manner to meet court deadlines. We heard it was "embarrassing" for them to have to inform the court that they could not access the prisoners and therefore could not supply the reports. In addition, we heard that while a PAC interview was allocated a two-hour duration in the community, at SHCF they only got an hour, with the complicating factor that prisoners were sometimes late, so they might only get 40 – 45 minutes to complete an in-depth interview.

595. Community Corrections staff told us there could be issues with prisoners leaving the site without their property and being released from court. We heard this impacted on the ability of some prisoners to adhere to their release conditions.

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

# Appendix A – Images

Photo 1: Pharmacy room in main health centre.

Photo 2: Health room in a high security unit.

Photo 3: ISU exercise yard.

Photo 4: Pigeon carcases caught in overhead mesh wire.

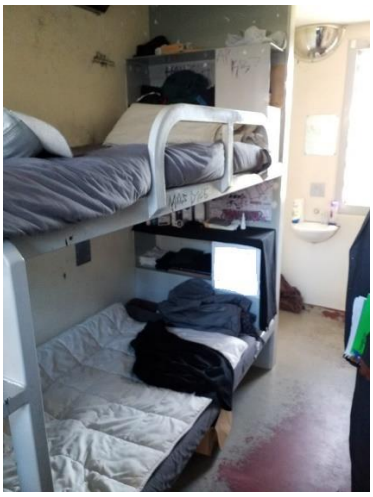

Photo 5: Cell with some graffiti and peeling paintwork in Unit 16.

Photo 6: Kitchenette in Unit 14A.

Photo 7: mostly empty kit locker.

Photo 8: Sandwiches being made correctly in the prison kitchen.

Photo 9: A hot meal of a standard portion size.

Photo 10: Exercise yard in the Management Unit.

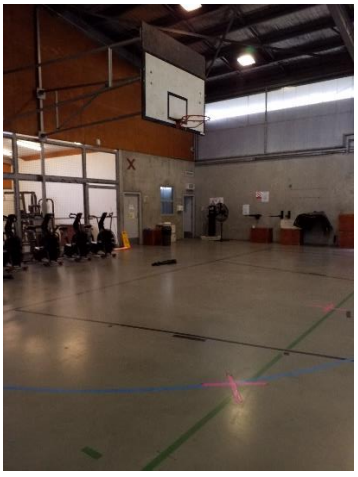

Photo 11: The site gym (closed to most prisoners).

Photo 12: Large playing field.

Photo 13: Main visits hall.

Photo 14: The outdoor courtyard of the main visits area was closed due to the pigeon infestation.

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

# Appendix B – Corrections' response

DEPARTMENT OF CORRECTIONS
ARA POUTAMA AOTEAROA

24 June 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 Spring Hill Corrections Facility 22 – 30 May 2025**

On behalf of the Department of Corrections, thank you for the opportunity to respond to the draft inspection report for Spring Hill Corrections Facility (SHCF). Prison inspections play an important role in building a culture of continuous improvement for Corrections.

SHCF holds both remanded and sentenced men, with sentenced prisoners ranging from minimum through to high security classifications. As outlined in the report, SHCF has changed from being a site with mostly sentenced prisoners, to a site where approximately three quarters of the prison population is on remand.

We acknowledge the inspection provides a fair representation of operations at SHCF 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. These included investment in leadership training, good collaboration through setting up a weekly multidisciplinary team meeting to triage all mental health referrals, the establishment of two-unit wings for more vulnerable prisoners, the development of a Contraband Dashboard, and identified good practice in the Special Treatment Unit.

*Prison Leadership*

As referenced above, the inspection found a maturing collaborative relationship between the prison General Manager and his General Manager counterparts in Pae Ora and Community, Partnerships and Pathways (CPP). Although some disconnect was noted at a working level.

Since *Te Ara Whakamua: The Pathway Forward* Corrections' process for organisational change, SHCF has invited 127 new CPP staff from surrounding regions to visit the site. The visits sought to strengthen the relationships between

**NATIONAL OFFICE, WELLINGTON**
Mayfair House, 44 – 52 The Terrace, Wellington, 6011, Private Box 1206, Wellington 6140, ***Phone*** +64 4 460 3000
*www.corrections.govt.nz*

custody and CPP, while helping community staff develop an understanding of the prison environment.

The relationship between the General Managers (GM) across Custody, CPP and Pae Ora continue to grow through a number of different formats including monthly regional full day hui, weekly briefs and regular meetings on site. GMs are also actively involved in relevant site meetings. Additionally, a sitewide GM-led integrated pathways workshop has been set up for multiple disciplines to support understanding of the work across departments and elements of the offender pathway.

The inspection identified concerns that email communications from prison leadership were not considered to be timely, effective or relevant by many custodial and non-custodial staff. SHCF have continued providing staff a recurrent weekly GM email and use of the daily newsletter. The site has also introduced a monthly, site-wide meeting where information can be shared and staff are encouraged to ask questions.

We were pleased your report highlighted prison health services had a strong focus on patient advocacy. Health leadership and services remain committed to patient care and advocacy, ensuring people receive holistic care at the right time.

*Prison Staff and Capability*

The report noted a large number of unplanned absences on site and that morale of custodial staff was low. At the time of the inspection, staffing levels were nearly at capacity. However, the levels themselves were significantly under what was required to run SHCF under the variable shifts roster. Additional Full-Time Equivalent (FTE) has been allocated to increase staffing levels by 38. SHCF is still experiencing a significant number of unplanned absences but generally morale on site has improved since staffing levels have increased.

SHCF has made a deliberate and ongoing investment in supporting their workforce through structured coaching, training, and professional development initiatives. The majority of custodial staff now have more than two years of service, indicating increased organisational experience, capability, and stability across the team. This increasing depth of experience strengthens service delivery and supports continuity in operations. In line with growth and workforce planning, SHCF has recently recruited six new Principal Corrections Officers and are progressing recruitment for additional Senior Corrections Officers roles.

SHCF continue to work with unions, staff and the National Work Force Planning team on the development of the variable shifts roster. This has helped reduce the instances where non-custodial staff are unable to access prisoners due to custodial staff availability.

Since your inspection, SHCF has completed significant work to reconcile and strengthen mutual trust between Case Managers (CM) and Principal Case Managers (PCM). The Deputy General Manager Site Pathways (DGMSP) continues to monitor this relationship.

We acknowledge the impact of the change in prison population has had on the site, particularly for case management. The Standards of Practice (SOP) has been raised with the Case Management team and the PCMs and DGMSP are monitoring progress. Practice Leaders have been included in the SOP performance/focus plan working with teams and individuals for practice improvement. SHCF is utilising the "Risk of release time served" data provided to site fortnightly by National Office to ensure CM contact/release planning prior to upcoming Court appearances. The large proportion of remand prisoners and insufficient CM resource often results in prisoners not being seen within the first 20 days of arrival. To combat this, the DGMSP reviews all new arrivals daily to prioritise allocation of all 'new to prison' and under 20-year-old cohort of prisoners.

*Access to Purposeful Activity, Rehabilitation and Duty of Care*

The report noted the Secure Online Learning (SOL) suites were underutilised. The SOL system has now been replaced by Prisoner Digital Services (PDS). PDS will ensure SHCF continue to provide prisoners with supervised digital access for learning, reintegration and some legal purposes. The installation was completed late May 2026 at SHCF and will result in both suites being utilised again. Utilisation of the suites by the under 20-year-old cohort is a priority.

It was encouraging to see the positive finding about the therapeutic community within the Special Treatment Unit, noting positive practice including wing mentors, daily community meetings and cultural celebrations.

Te Koopu Tangiwai Model of Care is nearing completion and is ready for implementation planning at SHCF. This has been designed in partnership with local iwi, Ngāti Naho, to provide the blueprint for cultural capability and capacity building within SHCF. Te Koopu Tangiwai will be implemented over the next six months with a dedicated SHCF staff member identified to work alongside Ngāti Naho in setting the foundations for this workstream.

The report noted transgender prisoners did not feel well-supported. This concern has been prioritised for further attention. There are now two nurses who hold the gender affirming health portfolio, and policy has been shared with the wider nursing team to refresh their knowledge. Pae Ora are working closely with the PCOs who hold this portfolio to ensure a consistent and coordinated approach and will continue to run trans-support hui when on site and mixing is appropriate.

*Escorts, Receptions and Inductions*

We acknowledge your concerns regarding prisoners being unable to contact staff whilst travelling in cells in a Prisoner Escort Vehicle (PEV). Although escorting staff can monitor prisoners via Closed-Circuit Television (CCTV) cameras. The functionality to initiate communication from within the cells is not currently enabled. To enable this function requires investment which, to date, has not been provisioned for. This will be prioritised for discussion with the fleet management team acknowledging the safety concerns raised in your findings.

Recording CCTV footage and intercom audio from PEVs has previously been investigated but has not been rolled out due to cost, storage, and the need for

clear policy around retention and use. Options like downloading footage have been considered, but further work is needed to work through the practical and policy implications before moving ahead.

The report highlighted the unsuitability of the Receiving Office (RO) due to the large number of remand prisoners. Since the Waikeria Prison new build has opened, the volume of receptions at SHCF has dropped to a more manageable level. The site has installed high security doors and a non-contact booth in the RO to improve staff safety and negate privacy issues.

Induction Interviews have been prioritised within the SHCF's Functional Plan for financial year 2026/2027. With the establishment of a dedicated Induction Unit and the development of a structured Induction Pack, we are confident that performance will improve. These initiatives are designed to strengthen consistency, improve timeliness, and ensure all prisoners receive a comprehensive and appropriate induction upon arrival at SHCF.

We are pleased you found strong collaboration and communication between health and custodial staff in the RO in identifying and managing new arrivals suspected of being at-risk.

*The Prison Environment*

Whilst we acknowledge there is an extensive pigeon issue, we don't deem certain parts of the site as uninhabitable. Pigeon management has been actively addressed over several years. A range of mitigation measures are in place, including poisoning, installation of flashings, "Flock Off" deterrent systems, regular cleaning, and the construction of pigeon roosting structures (pigeon hotels). Despite these efforts, pigeons continue to roost and return to previously occupied areas, such as seating and structural ledges, creating persistent challenges. Cleaning teams are engaged on an ongoing basis to manage droppings and associated hygiene risks. While conditions have improved compared to previous years, the issue has not been fully resolved and work is ongoing to prevent this from becoming a health risk in the future.

SHCF disagree with the commentary in the report regarding a lack of bedding. A sizable investment in clothing and bedding is made each year and there is adequate supply on site. SHCF is focused on ensuring good distribution management.

*Good Order*

It was positive to note the Intelligence team had created a Contraband Dashboard which you considered to be a comprehensive and useful tool. The Intelligence team continue to provide exceptional information and risk assessments to ensure SHCF can manage and mitigate potential risks.

Your report noted that use of force was not always being recorded in the Use of Force (UOF) Register. At the time of the inspection, there was a backlog in UOF reviews, this was due to capacity to conduct reviews and a large number of UOF incidents. Staffing numbers have now increased and SHCF has allocated a

resource removing the backlog. The updated UOF review process on Integrated Offender Management System (IOMS) has significantly increased oversight and will help mitigate any future issues.

Staff experience is a large influence in the escalation or de-escalation of incidents. SHCF has identified this issue, and the Tactical Options team have focused on providing communication, de-escalation, decision making and other tools to reduce the number of UOF incidents on site. SHCF are actively taking learnings from the Tactical Review panel and conduct reflective practice sessions with staff to understand alternative options that could be used. This has resulted in a reduction of UOF incidents from 160 between January and May 2025 to 61 between January and May 2026.

*Physical and Mental Health Care Provision*

It was pleasing to see your report highlighted several areas of positive healthcare practice including a multi-disciplinary approach to provide mental health referrals and prisoners having access to a range of health services. SHCF Health Services are focusing on a holistic approach and supporting nurses to work to their full scope. There is also a strong focus on using the Te Whare Tapa Whā model, with in-service sessions from the Toi Ora team. The site has also noted a significant improvement in waiting times for both General Practice and nursing consultations following the opening of Waikeria Prison and the increase in doctors' contracted hours.

With the recent increase in custodial staffing numbers, SHCF have managed to increase external medical escorts and provide more clinic time within the residential units. Recent meetings held with Pae Ora and custodial leadership acknowledge that current systems still need further review. Options for increasing access are being discussed with plan to trial alternative solutions. All parties are aware of these difficulties that are chronic in nature and affect other services outside of Pae Ora.

Also, with the recent increase in custodial staffing numbers, there has been significant improvement, particularly in medical escorts and ACC sensitive counselling.

However, access challenges still occur from time to time, particularly with daily appointments. These issues are largely due to differing unit regimes, where access is limited to one pod at a time. To help mitigate this, we have started bringing patients from affected units to the main clinic on Tuesdays and Wednesdays.

Overall, the inspection report recognises some of the positive work at SHCF while acknowledging there are still areas for further improvement. Going forward, determinations about priorities and actions will be a joint approach led primarily by the General Manager at SHCF, the General Manager Pae Ora Waikato, and the Hikitia Director.

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

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

Sean Mason
Commissioner Custodial Services

Leigh Marsh
Deputy Chief Executive Pae Ora