OFFICE OF THE INSPECTORATE *Te Tari Tirohia*

Otago Corrections Facility

Announced Inspection

September 2025

ARA POUTAMA AOTEAROA
DEPARTMENT OF CORRECTIONS

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OFFICE OF THE INSPECTORATE
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Our whakataukī

Mā te titiro me te whakarongo ka puta mai te māramatanga

By looking and listening, we will gain insight

Our vision

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

Our values

Respect – We are considerate of the dignity of others

Integrity – We are ethical and do the right thing

Professionalism – We are competent and focused

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

Diversity – We are inclusive and value difference

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

Our work

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

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

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Foreword

This report sets out the findings of an announced inspection of Otago Corrections Facility (OCF).

Overall, we found many areas of positive practice at OCF that had been sustained since our last inspection, while at the same time finding some areas requiring attention at a local and national level.

Compared with many other prisons nationwide, OCF was offering a wide range of activities, including education, employment, rehabilitation and reintegration delivered by staff and volunteers. OCF's staff and leadership team understood the strategic impact of broad access to activities for enhancing safety and wellbeing for staff and prisoners. Their strategic and operational focus areas were clearly articulated in the site's planning documents.

However, concerns were raised from across the site about the leadership team, most worryingly a culture often described as a "Boys' Club". The Department's plan to eliminate sexual harassment presents an opportunity for urgent review and reset in this area. Staff on site also expressed a view that improvements to cultural competency and a more trauma-informed approach needed to be role modelled and driven by the leadership team.

Case management services at OCF require attention, with significant numbers of prisoners unallocated to a Case Manager at the time of our inspection, poor performance in some standards of practice and variable views about the quality of support provided to prisoners. An uplift in Case Managers had been proposed, but it is clear that OCF needs to reconsider their approach more broadly. Local and national support is necessary to reduce the risk and pressures arising from the current lack of offender and release planning which can have an adverse impact on rehabilitation and reintegration.

The health team at OCF are an example of a collaborative and passionate team. This was evident in the use of special interest portfolios which were contributing to service delivery by fostering strong relationships with specialist health colleagues outside of the prison, and enabling staff to build rapport with prisoners in their portfolio areas.

A multi-disciplinary approach was working well in the Intervention and Support Unit, with strong collaboration and respect for each other's roles described by custodial, health, mental health and forensic services staff.

While there are some areas of practice that require the attention of prison leaders, it is pleasing to note that the inspection team also found examples of positive practice which are set out in this report.

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

Janis Adair
Chief Inspector

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Overview and findings

1. This report sets out observations from our announced inspection for Otago Corrections Facility (OCF). OCF is one of 15 prisons for men in New Zealand. It is located near Milton, about 50 kilometres southwest of Dunedin.

2. We inspected OCF between 18 and 26 September 2025.

3. The prison was established in 2007 to house 335 prisoners. The prison was one of four established at this time as part of a regional prisons development project. Since then, OCF's capacity has been increased in stages by double-bunking cells and building new exercise yards to ensure the growth in prisoner numbers did not compromise prisoners' opportunities to exercise.

4. OCF now has the operational capacity[1] for 600 minimum to high security prisoners. On the first day of the inspection OCF housed 527 prisoners, comprised of 382 sentenced prisoners and 145 remand prisoners.

5. OCF is currently the primary men's prison for sentenced high security prisoners in the South Island while development work at Christchurch Men's Prison is underway. This role in the prison network is projected to last until 2032 and reflects a change to the operating environment for OCF. OCF now has a growing number and proportion of prisoners who are being managed in high security accommodation. At the time of our previous inspection in 2018, OCF had 509 prisoners with approximately half on remand or classified as high security, and the remaining half classified as minimum to low-medium security. At the time of our inspection in 2025, the proportion of prisoners at OCF requiring high security accommodation was 64%.

6. OCF's workforce at the time of our inspection was comprised of 358 staff, predominantly custodial. OCF's workforce also includes roles such as Education Tutors, Administration Support Officers, Intelligence Officers, Property Officers, Schedulers (for programmes), Case Managers, health staff (including mental health staff), offender employment Instructors, and managers. According to figures provided to our office at the time of our inspection, OCF had low staff vacancy levels across the teams, with the exception of the Intervention and Support Practice Team. Pressure clearly existed in teams with high levels of staff with less than two years in their roles.

7. Our previous announced inspection of OCF was in March 2018.[2] The inspection report published in April 2019 describes a prison that, in most respects, was working effectively. The report describes a secure, clean and well-maintained environment. Relatively few issues with violence and intimidation among prisoners and very few issues with contraband were identified and staff were described as active and vigilant. At that time prisoners had a clear pathway towards rehabilitation and successful reintegration to the community with a good range of rehabilitation programmes, and training and employment opportunities available in low-medium and self-care units. The main challenge to the prison outlined was the growth in the prison population, meaning a significant number of prisoners had been transferred to OCF from other centres and the prison was operating very close to full capacity.

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

[2] https://inspectorate.corrections.govt.nz/reports/prison_inspection_reports/ocf_inspection_report

8. Our 2025 inspection has made similar observations of OCF in many areas, and areas of notable positive practice and findings below reflect the well-embedded strengths and enduring challenges that OCF faces.

Notable Positive Practice

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

Leadership

- The leadership team has a clear and focused strategic plan for the site which sets out clearly the priorities and pressures. This includes a strategic focus on rehabilitation which was evident in the operating approach across the site.
- Inspectors observed a visible and engaged Health Centre Manager who consistently demonstrated Corrections' values in their approach to leading the team. We saw many examples of them providing clear expectations, ongoing support, and a compelling vision to enhance prisoner wellbeing that guides the health team in their daily work. The Health Centre Manager has created an inclusive and cohesive culture enabling collaboration across custodial, case management, health and mental health services.

Prison staff

- Pae Ora and Community Corrections described responsive and helpful custodial staff. They were grateful for custodial officers' efforts to provide access to prisoners, noting there were often competing operational pressures.
- Forensic health services staff commented on the connections between their staff and prison staff. They praised the dedication and excellence of the health leadership team, the Clinical Manager of the Intervention and Support Team, and unit staff in the Intervention and Support Unit who are proactive in recognising and reporting early warning signs of shifts in mood or behaviour.

Health

- The OCF health team has a strong model of utilising Nurse portfolios of special interest. Portfolio areas included long-term conditions, chronic wounds, continence management, emergency drills, immunisations, care of prisoners under 25 and over 65, mental health, infection control, diabetes, and hepatitis C, among others. These portfolios clearly played a valuable role in service delivery, and Nurses' engagements with Inspectors about their portfolios reflected enthusiasm and passion for their work.
- The Intervention Support Unit (ISU) and Unit 32 Principal Corrections Officers were acknowledged for playing a crucial role in enabling seamless service delivery, particularly as individuals transitioned out of the ISU. We heard about good collaboration when managing complex cases contributing to a cohesive integrated approach to forensic mental health care.
- Nursing staff were consistently described in positive terms by many prisoners, with Nurses viewed as the primary and most accessible health professionals on site. Prisoners

across several units reported that Nurses were supportive, approachable, and generally did a good job managing day-to-day health needs.

Environment

- Staff and prisoners worked together to ensure OCF remained an extremely clean, well-maintained site with very low levels of graffiti.

Good order

- OCF has a dedicated Police Officer who deals with any offending occurring at OCF, including assaults on prisoners and on staff. They consider allegations of excessive use of force, and assist by attending gang management and safer custody meetings.

Purposeful activity

- OCF's prison gymnasium is a high-quality facility with a varied and well utilised timetable supported by two highly engaged and enthusiastic Physical Education Officers. It is positive that the gymnasium is accessible to all units and classifications at varying frequencies.
- OCF delivers a specific exercise programme to prisoners referred by a Nurse or Medical Officer. They set aside additional sessions in the timetable for this programme, and health and nutrition support were being provided alongside the physical exercise component. This evidences collaboration between health and custodial staff to support prisoner health and wellbeing.
- OCF has a good variety of work opportunities available to prisoners, with figures provided to Inspectors indicating 101 prisoners were participating in a prison industry on the first day of the inspection. Prisoners, including those with histories of trauma, described the positive impact of work on their wellbeing. We heard work on the prison farm had led to employment opportunities on release.
- A range of volunteer programmes were running on site such as creative writing, art classes, baking for the night-shelter, Alcoholics Anonymous, Seasons for Growth programme about grief and loss, and group sessions run by law students. It was clear priority and attention is given to approving new volunteers coming on site.
- Visitors to the prison generally spoke positively of their experience and the visits process. Staff were described as helpful and welcoming, and a particularly good initiative seen was the children's activity packs and an information pamphlet for visitors. The visit area also includes colourful murals and activities for children.

Rehabilitation

- OCF had worked to return activities as early as possible following COVID-19 and staffing level restrictions. They had strong levels of activity with approximately 80 prisoners attending an activity in the programmes area each day. Staff in this area were described as dedicated and passionate about their work which contributed positively to the delivery of rehabilitation services.

Reintegration

- The internal Self-Care units were observed as a model of good practice, providing excellent reintegration opportunities. Prisoners living in the villas took responsibility for

their own budgeting and cooking, were able to leave OCF, supervised by staff, to purchase groceries, and developed independent living skills in preparation for release.

Findings – action required by prison leaders

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

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

Leadership

Finding 1. The senior leadership team culture requires urgent review and reset to eliminate bullying, inappropriate and misogynistic comments and ensure offensive sexual remarks by prisoners to staff are challenged. The Department's plan to eliminate sexual harassment presents an opportunity for OCF.

Finding 2. The work to build cultural competency across the site by the Cultural Officer would benefit from ownership and drive from the leadership team. This presents a real opportunity to build on the progress made in improving the site's relationship with mana whenua.

Prison staff

Finding 3. Staffing figures provided by OCF and Corrections Data Services significantly diverged, creating an unclear picture of staff levels across different workforces at OCF. Consistency and clarity gaps impede effective workforce planning, particularly in areas where performance indicators suggest significant pressure, such as case management.

Finding 4. Staff from a range of areas identified opportunities to take a trauma-informed approach to decision making and sought additional training in this area.

Finding 5. Mentoring and time for supporting the development of skills for newer staff was seen as essential but time intensive and challenging for more experienced staff to balance alongside their work. OCF's Functional Plan also indicated the highest turnover levels were in staff with less than five years' experience.

Escorts, reception and induction

Finding 6. Prisoners leaving to go to court or transfer to another prison were strip searched. Not using a body scanner is a missed opportunity to maintain dignity for prisoners.

Finding 7. We observed prisoners being asked to sign at-risk assessment forms when no formal assessment had taken place.

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Duty of care

Finding 8. Prisoners expressed safety concerns most commonly about cell sharing and in some units they were concerned about the lack of conversation before being paired in a cell and the consequences of refusing to share a cell. Staff advised OCF has meetings to discuss Not To Double-Bunk (NTDB) alerts but some expressed concern that decisions did not always reflect the complexity of cell sharing and were not trauma-informed.

Finding 9. Prisoners understood that those who are not from the local area were prioritised for access to video calls. Insights from both prisoners and staff suggested that coordination of video calls needed improvement to better utilise the limited access.

Finding 10. Staff and prisoners alike had noticed an increasing trend to transact requests or complaints through the kiosk rather than taking opportunities for face-to-face conversation. This was impacting the efficacy of the complaints system to resolve complaints and identify emerging issues.

Finding 11. We noted the low numbers of chaplaincy volunteers visiting the site to support the Chaplains. The strong enablement of access to OCF by volunteers more broadly suggests an opportunity to make improvements using existing systems on site.

Finding 12. Property processes were slow at OCF and convoluted site searching processes contributed to some delays. Prisoners raised concerns with the expense of electrical checks for radios. These issues are reflected in property complaints which was the highest complaint category at OCF across the six-month review period.

Health

Finding 13. The use of the two dry cells on site was high, and we could find no records that explained the reasons it was necessary to deprive the person of a toilet, running water and privacy screen.

Finding 14. Prisoners reported long wait times, often several months, to be seen by a Dentist. Some reported that delays had resulted in teeth deteriorating to the point where extraction was required, rather than earlier intervention such as fillings. While a small number of prisoners reported timely or positive dental care, the overall feedback indicated delays and an unmet dental need.

Finding 15. We heard that the cessation of the Improving Mental Health contract had resulted in gaps of provision (talk therapy) for mild to moderate mental health support on site, and this had been compounded by prolonged unfilled vacancies within the Intervention and Support Practice Team.

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Environment

Finding 16. Unit 34 Takahe I had a notable exception to good hygiene practices on site when the unit ran out of toilet paper 'for a day or two' in the months before the inspection. It was not clear how this occurred or why this issue was not able to be resolved immediately but this is a concern for prisoner hygiene and dignity.

Finding 17. Some clothing arrangements at OCF raised issues with dignity and equity. Prisoners on voluntary protective custody were issued with orange clothing which they reported contributed to name calling. Transgender prisoners reported no access to gender-specific clothing. Some prisoners reported only having one pair of underwear for extended periods and they relied on others to obtain more despite available stock.

Good order

Finding 18. The Corrections Act sets out that cellular phones are unauthorised items in prison. In special circumstances, staff or contractors can apply to bring their cell phones on site, but this is rarely allowed and a robust rationale explaining why it is necessary must be given. Inspectors were advised some managers had approval to bring their work issued or personal cell phone on site, but OCF staff we spoke to had not seen the approval forms. We were advised that cell phones were not checked during entry and exit to the prison and that processes to ensure cell phones were not taken to units also needed improvement.

Finding 19. We found that even when directed segregation decisions did not specify denied association, prisoners were rarely able to mix with other prisoners as permitted by their restricted association direction. Restricted association decisions that are practically managed as denied association fail to formally trigger important safeguards.

Purposeful activity

Finding 20. Library services were lacking, with slow delivery of books and no direct access to the prison library for prisoners.

Finding 21. Prisoners and visitors raised concern about the lack of weekend visits, noting this meant they needed time off work to visit or school age children were limited to visits during holidays.

Rehabilitation

Finding 22. Demand for psychological services exceeded the team's regional resources and completing reports for the Parole Board or Courts was prioritised over individual treatment.

Finding 23. The waitlist for alcohol and other drug treatment was high and at the time of our inspection, plans to address this unmet need were not clear.

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Reintegration

Finding 24. High numbers of prisoners at OCF were not allocated to a Case Manager and the team had a number of concerning results for the Case Management Standards of Practice.

Finding 25. At the time of the inspection, there were no men on Release to Work which had been the case since 2024 though a new Release to Work Broker had been recently employed.

Finding 26. Prisoners transferred to OCF were not always transferred back for release and at times were provided bus tickets to return home independently after their release from prison.

Finding 27. Accommodation options in the community for prisoners on release were minimal. This emphasises the need for strong release planning with family/whānau engagement.

Mandate and approach

12. 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.

13. 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.

14. 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 26 September 2025, we finalised a new Leadership Inspection Standard on *Promoting a safe and respectful workplace*.

15. 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.

16. The Office of the Ombudsman is mandated as a National Preventive Mechanism[3] to examine and monitor the treatment of people in prisons. The Chief Ombudsman's most recent report into conditions at OCF was published in August 2022, based on a seven-day inspection in October 2020.

17. In addition, regional Inspectors from the Inspectorate visit the site regularly to observe unit regimes and practices, to engage with staff, and to enable prisoners to raise concerns. Regional Inspectors have oversight of incidents, complaints and allegations against staff at their respective sites. Clinical Inspectors also visit sites to monitor the delivery of health services and engage with health staff. Clinical Inspectors also conduct site visits, engage with prisoners and health staff, have oversight of clinical incidents, and manage health related complaints.

18. The fieldwork for the inspection was completed by seven Inspectors, and a Clinical Inspector for health-related matters. The inspection was overseen by the Principal Inspector

[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.

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.

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

20. 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.

21. 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.

22. Inspectors carried out:

- one-to-one and focus group interviews with 99 prisoners from units across the prison
- one-to-one and group interviews with 111 staff members, managers, union representatives and service providers
- direct observation of unit procedures, staff duties and relevant staff meetings during the inspection
- a physical inspection of the prison environment, including the Health Centre
- a review and analysis of relevant information and data from the prison and Corrections databases, including the Integrated Offender Management System (IOMS) and the Corrections Business Reporting and Analysis (COBRA) tool, the Patient Management System (Medtech) and the health services incident reporting tool. Our review period for data analysis was the six-month period from 1 February to 31 July 2025.

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

24. We were informed by Correction's Hōkai Rangi organisational strategy, which was first released in 2019, and refreshed in December 2024. 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.

25. On 29 May 2026, we gave the Corrections Commissioner Custodial Services and the Deputy Chief Executive Pae Ora a draft of this report. They responded to the draft on 27 July 2026 and the response is attached as Appendix B.

Prisoner population demographics

27. On the first day of the inspection, 18 September 2025, OCF housed 527 prisoners.

28. There were 382 sentenced prisoners (73%), and 145 on remand (27%). The remand prisoners were comprised of 74 remand convicted[4] and 71 remand accused.[5] There had been a slight increase in the proportion of prisoners on remand since our last inspection in 2018. In 2018, there had been a total of 509 prisoners, 105 of whom (21%) were on remand.

29. The 382 sentenced prisoners had the following security classifications: two were maximum security,[6] 180 were high security, 84 were low medium, 54 were low, and 54 were minimum security. Eight sentenced prisoners had not yet been classified.

30. Of the total of 527 prisoners, 245 (47%) identified as New Zealand European/Pākehā and 221 (42%) identified as Māori. Forty-nine (9%) identified as Pacific peoples and 12 (2%) as 'Other (including Asian)'.

31. At the time of the inspection, the largest group (207 prisoners, or 39%) was aged 30 – 39 years old.

32. Two prisoners were aged under 20, and 30 prisoners were aged 20 – 24.

33. There were 30 prisoners aged 60 and over.

34. Three prisoners had a transgender alert in IOMS.

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

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

[6] These two prisoners were housed at OCF pending transfer to a maximum-security facility.

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Inspection

Leadership

Inspection Standards

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

35. The prison leadership team was generally viewed as being stable and cohesive, maintaining a strong commitment to long-standing priorities at the site such as prioritising purposeful activities for prisoners and taking a firm stance on vandalism, graffiti, and wilful damage. This commitment was evident during our visit, with the site appearing clean and orderly.

36. The leadership team has a clear and focused strategic plan for the site which sets out clearly the priorities and pressures. This includes a strategic focus on rehabilitation. Nonetheless, we have serious concerns about case management. At the time of our inspection, 206 men were unallocated to a Case Manager, with numbers reported to, at times, reach 250. This creates significant risks, particularly in release planning, and places strain on staff and prisoners. Addressing this issue must be a priority and will require both local and national support.

37. Communication on site is generally effective. The Principal Corrections Officer (PCO) group felt well-informed by the General Manager and leadership team. While some noted a risk of information overload, staff appreciated the weekly newsletters for their positive tone and responsiveness to feedback. Site-wide briefings delivered over the radios were considered too generic, and many felt they would be more effective if delivered at 7am, before the morning unlock routines.

38. Inspectors heard the PCO group were valued for their accessibility and proactive engagement, with staff noting they felt empowered by their leadership style. This is notable as we heard some PCOs express frustration at being tied to computers rather than spending time on the floor. The establishment of the PCO hub had more mixed feedback, reflecting the challenging balance between collaborative working and visible leadership.

39. Inspectors observed a visible and engaged Health Centre Manager who consistently demonstrated Corrections' values in their approach to leading the team. We saw many examples of them providing clear expectations, ongoing support, and a compelling vision to enhance prisoner wellbeing that guides the health team in their daily work. The Health Centre Manager has created an inclusive and cohesive culture enabling collaboration across custodial, case management, health and mental health services. Succession planning was

also a priority focus with the Assistant Health Centre Manager having completed a leadership course last year, and the Clinical Team Leader attending the same course the week of our site visit.

40. Staff across many levels and disciplines referred to the leadership team as a "Boys' Club". Concerns were raised about bullying, inappropriate and misogynistic comments from managers and staff, and offensive sexual remarks from prisoners that reportedly were ignored or went unchallenged by custodial staff. The Department's plan to eliminate sexual harassment presents an opportunity for an urgent review and reset in this area.

41. Staff engagement was positive in the recent *Shaping Corrections* survey[7] and reflected in our observations. While not all staff expressed contentment, many demonstrated genuine commitment and compassion for prisoners, aligning with Hōkai Rangi values. Issues raised by custodial staff included kiosks reducing early resolution opportunities, inadequacies in property processes (especially gifting), safety concerns, increasing mental health complexity among prisoners, the need for a step-down unit from the Intervention and Support Unit, and safety concerns about the back entrance/walkway to K wing in Unit 35.

42. Positives for frontline staff included strong camaraderie, trust, small wings, witnessing positive prisoner changes, and receiving letters from released prisoners. Most staff generally felt safe at work, particularly in low security. Occasional staff events were held, with strong attendance at a recent wellbeing expo considered positive. Staff note that there was limited recognition of staff achievements, particularly for those working in high security units, due to the pressures of the environment.

43. Internal stakeholders such as psychological services and bail support services staff spoke positively about their relationships with OCF leadership, with other teams describing significant relationship improvements. The co-location of South Otago Community Corrections and the OCF Transitions Team was seen as beneficial for collaboration, along with the placement of a Police Liaison Officer in that office. No prisoner forums were in operation.

44. The relationship with mana whenua is improving after previous difficulties. The tikanga programme for high security prisoners was observed in progress, with A3Kaitiaki Ltd[8] (A3K) involved in delivery. The Corrections Association of New Zealand (CANZ) is the main union on site. They reported a strong relationship with the General Manager and leadership team, valuing the open-door approach alongside formal meetings. CANZ's main concerns included staff safety, impacted by staff to prisoner ratios, loss of experienced staff, frequent rotations, and perceived prioritisation of financial prudence over shift coverage.

45. Strong relationships were observed with key contractors such as Downers and Aotea Security.

46. Cultural competency on site was generally low. While early signs of progress were noted, particularly with core frontline staff, much of the positive work is being led by a single designated Cultural Officer. This needs to be driven and role modelled by the prison leadership team.

[7] A twice-yearly survey for all Department of Corrections employees.

[8] A3Kaitiaki Ltd is a subsidiary of Ōtākou Rūnaka. Ōtākou are mana whenua covering the greater Dunedin area, inland to the central lakes and Balclutha.

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

47. Information supplied by Corrections Data Services sets out that on 31 August 2025, OCF had an allocation of 372 full time equivalent (FTE) staff, with 14 FTE vacancies.[9] This meant there were 358 FTE staff in roles at that time.

48. The 372 FTE in roles was comprised of:

» 236 FTE custodial staff. This included five vacant positions, 15 Corrections Officers completing the Corrections Officer Development Pathway (CODP) and OCF further reported that 14 staff could not be rostered to work for reasons such as long-term sick leave.

» 51 'Other' roles, including managers, Education Tutors, Administration Support Officers, Intelligence Officers, Property Officers, Schedulers, and others.

» 17 FTE offender employment roles (with no vacancies).

» 17 case management roles (with no vacancies).

» 18 FTE health roles (see more information in the health staff section below).

» 4 mental health roles.

49. Staffing figures, including allocations and vacancies provided by OCF and Corrections Data Services significantly diverged creating an unclear picture of staff levels across different workforces at OCF. Consistency and clarity gaps impede effective workforce planning, particularly in areas where performance indicators suggest significant pressure, such as case management. Addressing this issue will require both local and national focus.

50. Information provided by Corrections Data Services (dated 8 December 2025) showed that overall, the OCF workforce showed an evenly distributed range of experience, with approximately one-third of staff in each tenure group: less than two years, two to ten years, and ten to twenty years.

51. Nonetheless, leaders and more experienced staff highlighted the challenges with the number of newer staff on site. Mentoring and time for supporting the development of skills for newer staff was seen as essential but time intensive and challenging for more experienced staff to balance alongside their work. OCF's Functional Plan also indicated the highest turnover levels were in staff with less than five years' experience.

[9] We note that these figures differed from figures provided by OCF in August 2025. Figures from Data Services have been used to provide a consistent source of information across reports.

52. Recent Shaping Corrections staff survey results highlighted to the General Manager the support for new staff through their site buddy system was important and we heard positive feedback from staff about this approach.

Custodial staff

53. Inspectors observed positive interactions between prisoners and staff in all areas of the site. Staff were calm and used appropriate language when speaking to prisoners. Prisoners noted that at times staff were too busy to engage with them in the moment, but that staff were responsive over intercoms and Inspectors observed prompt and helpful intercom contact. Custodial staff comments were consistent with this prisoner observation, noting they did not have enough time to engage meaningfully with prisoners one to one alongside administrative tasks.

54. Prisoners gave a range of feedback regarding staff. Many reported that staff engaged positively, were supportive, fair, approachable and respectful. In contrast, some prisoners commented that staff assigned to the unit only for the day were less helpful and others expressed frustration about inconsistent approaches by staff.

55. Training provision was variable. The majority of staff were up to date with core training requirements. Training gaps remained in areas such as trauma-informed practice, mental health, and managing diverse prisoner needs, and staff considered that these had not been consistently prioritised or resourced. The Intervention and Support Practice Team (ISPT)[10] had provided bite-sized training on mental health to some teams and the Intervention and Support Unit staff had received some training specific to their area including mental health, and youth engagement.

56. Alongside training, greater structured guidance and onboarding specific to roles or areas such as master control, prosecutions or unit specific was seen by staff to be needed. Some staff felt a "you'll be right" attitude contributed to feeling undervalued.

Health staff

57. Information supplied by the Health Centre Manager set out the OCF health team had 18 FTE staff currently in the role.[11] This was comprised of 11 FTE Registered Nurses, two Enrolled Nurses, two FTE Administration Officers, one FTE Clinical Team Leader, one Assistant Health Centre Manager and one Health Centre Manager. The health team had zero vacancies.

58. The Health Centre Manager told us that recruitment had recently gone well and that she also supports nursing students having clinical placements on site and to give them a good experience of prison nursing so that they may see this as an option once graduated. The Health Centre Manager advised that there have been a number of student Nurses who have since qualified and been employed at OCF. At the time of our inspection, there were nursing students on placement at OCF and they expressed having a positive experience.

59. Regarding core training, Corrections People Portal dashboard set out that most health staff (76%) were up to date with their Cardio-Pulmonary Resuscitation certification, Deteriorating Patient training (73%) and Primary Mental Health training (73%). In addition,

[10] The Intervention and Support Practice Team is a multidisciplinary service that provides specialist mental health assessment and intervention for people in prison who have mild to high mental health needs and/or require support to manage suicide or self-harm risk.

[11] This differs from the figure given in paragraph 63, with information provided by Data Services. Information was provided by Data Services and the Health Centre Manager at different times, which may account for the different FTE figures.

two Nurses had expressed an interest in progressing with Nurse Prescribing training. The Health Centre Manager told us that she considers that *"OCF has really good Nurses who really care for the men"*. During the site inspection, Clinical Inspectors observed interactions with prisoners during medication rounds or within the health unit and found that engagement was positive, friendly and professional. We heard and observed a strong focus on portfolio nursing, with Nurses having their areas of interest and expertise (e.g. youth, long term conditions, older people, transgender, etc). We heard of one Nurse who was referred to by prisoners as 'aunty' and when speaking to Nurses about various prisoners, they would often tell us *"oh, he's one of mine"* indicating that the prisoner was a person that the Nurse would monitor, check in with, and provide support for their particular vulnerability or disability.

60. In addition to the Health Team, OCF has an Intervention and Support Practice Team that provides mental health services to both OCF and Invercargill Prison. The team is led by a Clinical Manager Mental Health and has 12 positions.

61. The Clinical Manager told us that at the time of the inspection their team had 70% vacancies across both sites and was experiencing challenges recruiting to the vacant positions. In addition to the Clinical Manager, there was a Clinical Nurse Specialist Mental Health, two part-time Clinical Psychologists (making up one FTE position) and an Administrator within the team. Vacant positions included two Registered Nurses' Mental Health and one Kairuruku Hinengaro Practitioner.

Case Managers

62. Information supplied by Corrections Data Services about Case Managers differed from site information which indicated the team had two vacancies which were being recruited and a third position filled by a staff member on parental leave. OCF leadership team considered the case management staffing level to be impacting service delivery.

63. The case management team had the highest level of staff with less than two years' experience at 44%. The case management workforce at OCF was entirely female which meant support was provided by Invercargill Prison when a prisoner required allocation to a male staff member.

Other staff

64. We interviewed the Manager and Assistant Manager of Psychological Services who told us that staff at the prison were generally welcoming and supportive, and that there was a willingness from site staff to assist with the delivery of services, including making time to contribute information for psychological reports. They also described staff attitudes as usually positive when supporting prisoner movements, particularly in facilitating access to audio-visual link appointments, despite operational pressures.

65. They told us those relationships between Psychological Services and other teams, including programme staff and custodial staff, were generally constructive. Programme staff were described as responsive, reliable, and willing to support both staff and prisoners, and there was evidence of professional and well-considered multi-disciplinary decision-making, particularly in relation to managing risk and supporting prisoner rehabilitation.

66. We also interviewed staff from Community Corrections and the Transitions Team, who told us that custodial staff were very good to work with and demonstrated professionalism in their day-to-day interactions. They also reported that relationships with case management had improved significantly, with staff linking together to support inductions and maintain communication, reflecting a more collaborative and professional working environment.

67. An Education Tutor advised that prisoners were given multiple opportunities to participate in assessments, and that learning was tailored to meet individual needs, including for prisoners with disabilities and their role was involved in teaching, motivating, and supporting prisoners.

Escorts, reception and induction

Escorts and transfers

Inspection Standards

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

68. COBRA data set out that in the six-month review period, staff at OCF had managed 348 transfers between prisons and 348 escorts to medical appointments or other assessments or treatment. A further 137 escorted movements to support the rehabilitative or reintegrative needs of prisoners, including maintaining a family relationship or friendship, were recorded.

69. Most prisoners had been transported by Prisoner Escort Vehicles which have individual cells. All vehicles were clean with one exception and one was displaying an out-of-date registration. OCF had no recorded complaints about transfer experiences during the inspection window, but prisoners spoken to described an uncomfortable and unpleasant experience for their transfer to OCF. With one exception, they noted they had received a bottle of water and a journey break to have lunch and use a toilet.

70. During our inspection, Inspectors reviewed a sample of records related to individual escorts and found the instructions were clear. Escort instructions for medical reasons helpfully included clear guidance about managing requests from medical professionals for the removal of handcuffs.

Reception and induction

Inspection Standards

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

71. When prisoners arrive at or leave a prison they are processed through the Receiving Office with a number of mandatory processes and assessments. At OCF the Receiving Office was well organised with no graffiti in the holding cells.

72. In the six-month review period, COBRA data showed that staff in the OCF Receiving Office had managed 532 receptions (an average of 89 receptions each month) and 514 site exits (an average of 86 exits each month). Most exits were transfers to other prisons. Prisoners

interviewed said they were treated with respect and the process was quick. Inspectors did not observe any new arrivals to prison, so observations made in this report relate to prisoners returning to site or insights from records and interviews with prisoners and staff.

73. Some Receiving Offices have full body scanners which can reduce the need for strip searching. Inspectors observed that prisoners going to court or inter prison transfers were stripped searched instead of using the body scanner. Staff said it was quicker to do a strip search. However, prisoners coming into the site were searched using the body scanner which they appreciated. Not using a body scanner is a missed opportunity to maintain dignity for prisoners.

74. We reviewed a sample of ten Reception Risk Assessments and ten Review Risk Assessments[12] that had been completed by custodial staff. Inspectors found they were completed within expected timeframes and to a good standard, with detailed observations of the prisoner and clear information about what secondary sources of information had been reviewed. The assessment documentation could be improved by including information about the discussion between custodial and health staff about their risk assessment determinations.

75. Despite the thorough written records of these risk assessments, we saw prisoners being asked to sign the assessment forms when Inspectors had not seen an assessment taking place. Staff advised they had informal conversations with the prisoners and already knew them. This is a concerning practice and Inspectors raised this with the site during the inspection.

76. Prisoners also noted that while their basic needs were met, staff did not ask about any immediate concerns or needs on arrival. These comments are contrasted by figures from COBRA which indicate that 92% of prisoners had an Immediate Needs Assessment[13] completed. As noted earlier, Inspectors did not observe the arrival of any new prisoners to OCF so could not make direct observations of the Immediate Need Assessment taking place.

77. Within 24 hours of arrival to the unit they will be accommodated in or 72 hours of the prisoner's arrival to the prison, staff should also provide a site induction to explain prison rules and regulations. Figures from COBRA indicated that in the six-month review period, disappointingly only 58.1% of prisoners had received a site induction interview where prison rules and processes were explained to them by a custodial staff member. This aligned with feedback from prisoners that information about prison life was limited and unit inductions were inconsistent, and our check of penal files identified some without signed induction forms.

[12] Prison Operations Manual M.05.01.01 Reception risk Assessment is to identify the level of self-harm risk that each prisoner presents at reception and to minimise this risk as quickly and safely as possible while the M.05.02 Review risk assessment targets specific times or circumstances that could cause a prisoner's level of risk to change including when they return from court.

[13] Prison Operations Manual I.04.03 Immediate needs assessment.

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.

78. A Reception Health Screen should be undertaken by nursing staff at the Receiving Office for all people arriving to the prison. During the inspection the Clinical Inspector only observed the arrival of prisoners transferred from another prison.

79. The Receiving Office has two interview rooms used by health staff. They contained health information for prisoners in poster format on the walls. Medical equipment required by the Nurses for reception processes were stored in the interview rooms. Paper documents and forms were well stocked. There was a computer in each room and blinds that could be drawn for privacy if required.

80. We observed a Registered Nurse greeting newly arrived prisoners with a pleasant manner and clearly explaining the reception health process. The Nurse quickly established positive rapport with prisoners, with particular skill noted in engaging prisoners with neurodivergent needs. Custodial officers remained outside the interview room, supporting confidentiality while maintaining visual observation to ensure safety. Transferred prisoners were informed of expected wait times for any health service which they requested referral to.

81. The Clinical Inspector noted that prisoners who had been transferred were asked general questions about how they were feeling but not asked direct questions about risk of self-harm which aligns with the transfer document form that 'greys out' these specific questions. The Nurse provided a form to the custody officer who had completed the Review Risk Assessment which indicated yes or no to 'was prisoner deemed at risk of self-harm?'. No conversation between health and custody staff was observed by the Clinical Inspector at the time.

82. We reviewed the health records of 15 prisoners received into OCF as either new arrivals or transfers from other prisons. All prisoners received a Reception Health Screen on the day of arrival, in accordance with requirements, and any immediate health needs were appropriately followed up. Our review also showed that Nicotine Replacement Therapy (NRT) was issued to newly arrived prisoners in accordance with policy.

83. Six of the eight newly arrived prisoners reported on reception that they were taking prescribed medication. Our review found continuity of medication in all cases: five prisoners had their medications prescribed within 48 hours, and the sixth on day three following a weekend. The Health Centre Manager advised that staff often contact external providers, such as community General Practitioners or alcohol and other drug services, to verify prisoners' medication histories.

84. Six of the fifteen prisoners in the review group were accommodated in the ISU on arrival. Our review of health records found that information obtained from the prisoner, existing health records, nursing assessment and collaboration with receiving office custodial staff all contributed to the appropriate decision to place the person in the ISU.

85. Our review found that of the eight newly arrived prisoners, Initial Health Assessments were completed within the triaged timeframe for only three of the prisoners.

86. Mental health and cultural needs were identified promptly, with referrals made either on the same day or the following day, as appropriate. During the inspection, the Forensic Liaison Nurse highlighted the effectiveness of referrals from Court Liaison Nurses for individuals with enduring mental health issues or those experiencing acute distress.

Geographical placement

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

87. Interviews with prisoners offered some insight into whether their accommodation at OCF was near family/whānau and community. Based on these interviews, nearly half were from the local area, and others primarily from Canterbury or Nelson with a smaller but significant number from the North Island or with family overseas. Prisoners transferred from Christchurch Men's Prison had been advised they would be transferred back to Christchurch Men's Prison prior to their next date for court or release.

88. Some prisoners had sought placement away from their home region, while others had family overseas. Notwithstanding the reasons for placement, those placed further from their home area noted the impact it had on preparing for release and their ability to have in person visits with family/whānau.

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.

89. At the time of the inspection, 221 (42%) of the 527 prisoners at OCF identified as Māori.

90. The three most common iwi/hapū affiliations recorded in IOMS were Ngāpuhi (29 prisoners), Ngāi Tahu/Kāi Tahu (28 prisoners), and Ngāti Porou and Tainui (19 prisoners each).

91. OCF has redeployed a Corrections Officer to a Cultural Officer role for the last six years. They are fortunate the Cultural Officer is dedicated and passionate. Their role varies, supporting the delivery of culturally responsive programmes, helping connect prisoners to their iwi and supporting the development of cultural competency of staff including by advising them on cultural protocols.

92. OCF delivers a Māori programme pathway which offered three culturally responsive courses. These programmes supported identity, connection, and rehabilitation. The Cultural Officer had written and delivers the Te Ara Māori language and history programme which was noted as valuable in addressing prisoners' cultural needs.

93. At the time of our inspection a tikanga programme began for 15 prisoners in high security and was regarded as a positive opportunity for cultural engagement and personal development with four programmes planned for delivery each year. OCF's Cultural Officer reported they work with A3K and mana whenua on the delivery of tikanga programmes. OCF has 60 places available each year on the tikanga programme.

94. The third programme, delivered by Otago Polytechnic was on hold at the time due to facilitator availability.

95. A further 14 prisoners were engaged in Te Ara Māori and Te Ara Taiaha. Staff and prisoners described ad-hoc kapa haka activities, but they had not been provided consistently. Despite the programmes scheduled, prisoners generally stated they were not offered any programmes to learn their whakapapa or more about their culture.

96. OCF has quarterly meetings with A3K to share information about Māori men. However, some prisoners interviewed said they were not aware of any kaumātua or kuia coming on site.

Foreign national prisoners

Inspection Standards

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

97. Foreign national (non-New Zealand citizen) prisoners should expect to be supported in prison to access their consular representative, if required, and to use a translation service if they need it to understand key information. Foreign national prisoners should also have their health, culture, religion, and dietary requirements met. The management of foreign national prisoners on site was considered good, staff were mostly familiar with the relevant services and processes, and most prisoners reported their needs were met. Most staff indicated they would utilise colleagues with other languages before accessing the translation service and Inspectors observed resources available in the Receiving Office, such as posters to help prisoners identify their spoken language to staff.

98. Corrections data showed that in the six-month review period there had been 11 foreign national prisoners at OCF. Two foreign national prisoners were from Australia, two from Fiji, one from Northern Ireland, four from Samoa and two from Tonga. Of these 11, four had a 'requires interpreter' alert in IOMS on the first day of the inspection. One of these prisoners was interviewed and he was able to communicate effectively with the Inspector, sharing that he had been provided classes to learn English in prison.

99. Most foreign national prisoners reported they were able to maintain contact with their family via the telephone. However, access to video calls for all prisoners was limited, with long waiting lists preventing regular contact and not all prisoners were aware video calling is available.

100. The Clinical Inspector checked the health files for two prisoners who had a 'requires interpreter' alert in IOMS. A review of notes found that one of the two prisoners had been identified as having a language barrier when he transferred to OCF, but there had been no further mention of this in subsequent health encounters. The other prisoner had an alert in his health file, and we saw evidence that health staff used varying approaches to communicate such as the Nurses, Medical Officer and Physiotherapist using the telephone interpreter service, and the Receiving Office Nurse using Google Translate.

Transgender prisoners

Inspection Standards

- Transgender prisoners are managed with respect and dignity.

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

102. Three prisoners at OCF had a transgender alert in IOMS at the time of the inspection.

103. Inspectors found that most staff were aware of additional care and safety considerations and could describe some of the measures taken to support transgender prisoners in their unit previously. Some staff had completed online training while staff in Weka unit had recently completed a refresher. However, some staff lacked understanding of how to best support transgender prisoners, for example Inspectors observed staff using incorrect pronouns and deadname[14] and transgender prisoners also reported this experience.

104. The Principal Clinical Inspector reviewed the health care of three transgender prisoners who had been at OCF in the six-month review period. One had the appropriate alerts in her health file with preferred name and pronouns. We also saw that her preferred name and pronouns were mostly used by health staff within her health file. The second prisoner was recorded in offender notes as identifying as non-binary with preferred pronouns of they/them. They had attended multiple health appointments where discussions included supports being offered and specialist advice being sought. During our inspection the Health Centre Manager met with another prisoner who had recently shared with staff their gender fluid[15] identity.

105. The Health Centre Manager told us that the health team were aware about using correct pronouns, had received training on gender affirming health care in January 2023 and knew how to access the relevant policy guidance on the Corrections intranet.

106. At OCF there was a Nurse who held the portfolio for transgender prisoners. We saw, when reviewing health records, evidence of gender-affirming care, such as tuck tape[16] being issued. We were told (and saw in health notes) that the portfolio Nurse would regularly meet with transgender prisoners in the health unit to check on their wellbeing and enable them to talk with another woman (as their unit was predominantly men).

Young people under 18 years

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

107. COBRA data indicated that there were no prisoners aged under 18 at OCF 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.

[14] A deadname is a name given to a person at birth that has since been changed, especially a name used by a transgender person prior to transitioning.

[15] A person who does not identify with a single fixed gender or has a fluid or unfixed gender identity.

[16] 'Tuck tape' refers to specialised adhesive tape used in the practice of hiding or minimising the appearance of genitals.

108. COBRA data indicated that two prisoners at OCF were aged 18 or 19 at the time of the inspection. In addition, there were 30 prisoners aged 20 – 24.

109. 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.

110. 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.[17]

111. Inspectors reviewed five APYAs for prisoners at OCF, noting four had been prepared by staff at a different site before their transfer to OCF. The APYA completed by OCF was well detailed and provided a clear rationale for placement. OCF is not using the APYA for young adults aged 20 to 24.

112. OCF has youth champions who are Case Managers and Intervention Co-ordinators with a portfolio for working with young adults. They participate in bi-monthly youth multi-disciplinary team meetings to share knowledge and initiatives. They also provide support to colleagues working with prisoners under 25 years old.

113. OCF does not currently provide any specific programmes for youth or young adults. Interviews identified that young adult prisoners in low security were more engaged in employment and education opportunities available.

114. The Principal Clinical Inspector heard about the Clinical Team Leader and another Nurse holding a portfolio for 'youth', including young adults under 25 years. We heard that the portfolio Nurses would introduce themselves to any of these prisoners who arrive at OCF and that they do this as *"they are new and still finding their way"*. While no formal local procedure had been put in place, the Nurses had noticed many young men in high security units and identified they could be at risk of being influenced by gangs resulting in standovers, diversion of medication and facial tattoos. The Nurses would do *"check-ins"* with them, providing some wellbeing oversight and providing additional supports to those who need it – *"at least there is somewhere safe where they can come (health unit) and talk to someone"*.

115. The Clinical Team Leader told us about one young man who did not understand his health condition well, and they had heard that his mother was worried about him. The Nurses arranged a telephone meeting between the young man and his mother, so that the Nurses could explain the health condition to them, providing education to the young man and reassurance to his mother. The Clinical Team Leader also told us that they had attended external medical appointments with young men, to provide additional support and ensure they understood what is being communicated to them.

116. We heard that the portfolio Nurses had attended education days with Youth Specialty Services, Oranga Tamariki and a range of counselling providers who work with youth.

[17] Office of the Inspectorate (2024) Young People and Young Adults in Corrections' Custody – Thematic Report, Office of the Inspectorate, Wellington. https://inspectorate.corrections.govt.nz/reports/thematic_reports/inspectorate_report_examines_young_people_in_prison

Information provided by Corrections indicated 289 staff at OCF had completed training related to working with young adults.

Relationships with family and whānau

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

117. 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 and individual prisoners may have restrictions about who they can contact as a result of an order or condition from a Court, or if a person has requested not to receive contact from a prisoner.

118. 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.[18] Corrections covers the costs of national telephone calls so prisoners can maintain contact with family/whānau.[19]

119. 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.

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

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

122. Many prisoners reported that they were able to telephone their families daily and were able to describe the positive impact on their wellbeing. However, some advised that they could not always access the unit telephones, with a low number of telephones in some units for the time available to use them, and standovers identified as the primary barrier. Some prisoners advised that telephone access remains one of the main contributors to tension between prisoners. Prisoners also advised they were able to get access to telephone calls for compassionate reasons such as a bereavement.

123. 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

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

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

safety, privacy and security of all participants.[20] Video calls are generally made on a laptop. A staff member remains present while the call is taking place.

124. OCF does not use the Corrections Bookings application[21] to record bookings for video calls so no data was available to Inspectors for the six-month review period. Prisoners reported that it took a long time to receive approval for video calls and once approved access to the calls was infrequent. Prisoners understood that those who are not from the local area were prioritised for access to video calls. Insights from both prisoners and staff suggested that coordination of video calls needed improvement to better utilise the limited access.

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

126. Corrections also enables prisoners to maintain relationships with family/whānau by facilitating in person visits and offering parenting programmes. More information about visits at OCF is detailed in the Purposeful Activity section of this report and data about parenting programmes can be found in the Rehabilitation section.

127. The Volunteer Coordinator advised that OCF holds three family/whānau days each year for Easter, Matariki and Christmas. These events are for high and low security prisoners, and arts and crafts activities are planned to engage children attending.

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.

128. Prisoners have a right to be able to consult their legal representatives in private. Prisoners described a varied approach to access, with some units having a secure and private area to make calls to their lawyers, while others were facilitated in the staff base and had a staff member present which meant they were not confidential.

129. The site had four audio-visual link (AVL) booths which were used for court hearings and contact with lawyers directly before or after a court hearing. Inspectors reviewed a random sample of days from September 2025 in OCF's AVL booking diary. This showed there were an average of seven prisoners scheduled for court each day, though they were advised by staff that it can vary between zero to 30 prisoners.

130. Some remand prisoners may be eligible for bail or electronically monitored (EM) bail. Corrections employs Bail Support Services Officers who triage and interview eligible

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

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

prisoners to find out if they may be suitable and to prepare an application. Figures from the Bail Support Services team showed that in the six-month review period, Bail Support Officers had assessed 127 prisoners at OCF for their suitability for bail or electronically monitored bail, of which 22 were granted.

131. The Lead Bail Support Officer advised that while face to face interviews would be preferable their team was conducting interviews primarily by telephone or video call because their small team covers a large geographical area which includes two prisons, two courts, and eight Community Corrections sites. Their team had good access to prisoners, with staff ensuring that prisoners were on time for interviews. OCF and the Bail Support Services team were trialling using one of the prison's administration support staff to complete in-person administration tasks and considered this to be working well.

Bullying and violence reduction

Inspection Standards
• Prisoners feel safe from bullying, abuse and violence.

132. In the six-month review period, there were 1,141 incidents recorded at OCF, of which 729 were categorised in IOMS as "prisoner behaviour", which included abuse/threats and assaults.

133. Thirty-one of the incidents were prisoner on staff assaults. These were all categorised as non-serious or resulting in no injuries.

134. Fifty-six of the incidents were prisoner on prisoner assaults. Most of these were categorised as non-serious or resulted in no injuries, though two were categorised as serious assaults. There were zero sexual assaults between prisoners recorded in the six-month review period.

135. The site had reported 37 assaults to Police. OCF had a dedicated Police Officer dealing with any offending occurring at OCF, including assaults both on prisoners and on staff. They were able to consider allegations of excessive use of force. They also assist by attending gang management and safer custody meetings.

136. A review of COBRA showed that 268 prisoners (60%) were registered as gang affiliated. Twenty-six different gangs had at least one member on site. The three gangs with the most members at the site were Mongrel Mob (77 men), Black Power (27 men) and Crips (24 men).

137. OCF has a Gang Management Plan last updated in July 2025. The plan details OCF's priorities for gang management which included reducing the influence of gangs on prisoners under the age of 25, disrupting gang recruitment and tattooing, and keeping staff safe from 'getting got'. A monthly gang management meeting is outlined to maintain oversight of planned actions and track the impact of their work. There were some examples of staff implementing the initiatives outlined in the gang management plan.

138. When asked, prisoners reported seeing bullying in their units in relation to telephone use, medication diversion and meals. However, many shared a view this is an accepted part of prison life and was not something that made them routinely feel unsafe. In Unit 30 Pukeko, several prisoners noted that standovers had significantly reduced and described staff as being responsive to any emerging issues.

139. Prisoners expressed safety concerns most commonly about cell sharing and in some units they were concerned about the lack of conversation before being paired in a cell and the

consequences of refusing to share a cell. Staff advised OCF has meetings to discuss Not To Double-Bunk (NTDB) alerts but some expressed concern that decisions did not always reflect the complexity of cell sharing and were not trauma-informed.

140. Corrections reports publicly on double-bunking figures. The figures for OCF dated 30 September 2025 showed that 68% of prisoners at OCF were being double-bunked at that time and this figure appeared relatively stable across 2025.

141. Corrections staff use the Shared Accommodation Cell Risk Assessment (SACRA) to review the compatibility of prisoners before they are placed in a shared cell.[22] The tool does not replace staff judgement but helps to inform their decision-making and minimise any potential risks. The SACRA identifies key risk factors to consider before placing a prisoner in a shared cell. The assessment captures a range of information about the person, including their age, security classification, offending history, history of imprisonment, gang affiliation, notable physical characteristics, mental health concerns and any other special needs. The SACRA assessments of both prisoners must be compared before making a decision to place prisoners in a shared cell.

142. COBRA data indicated that during the review period staff had completed 1,579 SACRAs with 99.9% completed before putting the prisoners in a cell together. The SACRAs recorded as not complying were reviewed and appeared to reflect a record keeping error and not an actual shared cell placement.

143. 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 Public Service Association (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. OCF provided a copy of their plan which focuses on staff tools, capability and support, with specific actions and success measures which would be tracked through monthly governance meetings.

144. 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.[23] Assessments should be completed after unit lock-up but may be done more often.

145. In the six-month review period, staff across OCF completed 98.7% of PTATs as required. There were 1458 PTATs completed over the review period, 1429 were green, 17 amber and 12 red.

146. Custodial staff across the site told us they managed prisoner safety in a variety of ways. They described a proactive and intelligence driven approach which required regular conversation and engagement with prisoners to keep informed of emerging issues. One strategy for reducing conflict and maintaining safety was keeping different groups separate. In high security units, they run four regimes, unlocking different groups informed by numbers, non-associations and gang tension. In Self-Care, while minimal bullying was

[22] Corrections Regulations, 2005, section 66 allows for prisoners to share cells unless they are deemed unsuited to sharing.

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

reported, prisoners advised that when tension emerged between prisoners housed together staff had intervened and found solutions.

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.

147. We spoke to prisoners who had been victims of abuse or trauma who confirmed they were able to access support in prison. This included access to counsellors accredited by Accident Compensation Corporation (ACC) and Male Survivors Otago. Some also reported that participating in activities such as carving was therapeutic and that working in one of the industries gave them purpose and focus.

148. The Health Centre Manager told us that when a disclosure of sexual assault has been made, the health leadership team works closely with the Dunedin sexual assault assessment team, and that if a person declines support services while they are in prison, information is provided to them about community supports.

149. In addition, OCF has a Male Survivors Otago counsellor who comes on site weekly to work with prisoners who have been victims of abuse. Prisoners were able to self-refer to this service.

150. Prisoners at OCF have access to three ACC counselling providers. Prisoners can self-refer and their names are placed onto a waiting list and then forwarded to a provider once a space is available. The Assistant Health Centre Manager manages this process and we were told that the waiting time to see an ACC counsellor is approximately one year. Prisoners on the waiting list are able to access other health and mental health services while they are waiting.

151. We heard from staff working with prisoners in the Management Unit, including with those on directed segregation that they understood the role histories of abuse or trauma or mental health needs might have on behaviour in custody. They noted ongoing efforts to introduce additional therapeutic activities and expressed a hope for stronger leadership commitment to a trauma-informed approach, including enhanced staff training across the prison.

Separation of prisoner categories

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

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

153. At the time of our inspection, OCF advised they had no exemptions to mix in place and prisoners of different categories were not being mixed. In some units four different regimes were required to ensure cohorts were unlocked from their cells separately.

154. OCF advised that when young people under 20 are new arrivals to prison they are housed in the Intervention and Support Unit until the APYA is completed within seven days. They described measures that reflected they are not treated as at risk during this placement including placement in a cell with a television, no automatic strip searching and prisoners wear standard issue prison clothing rather than anti-ligature gowns. If there is more than one young person, they were permitted to mix with each other. We note that when no other young person is on site and accommodated in the ISU, the young person has limited opportunities for meaningful human interaction and may therefore have been experiencing solitary confinement as that term is defined in the Mandela Rules.

Complaints and feedback

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

155. 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.[24] Prisoners should also be able to access telephones or writing materials to make complaints to other external oversight

[24] Usually a Prison Operations Manual PC.01.Form.01 Prisoner Complaint

agencies such as the Office of the Inspectorate, the Office of the Ombudsman, the Health and Disability Commission, and the Human Rights Commission.

156. In the six-month review period the following complaints or feedback were recorded about OCF across Corrections and the Office of the Inspectorate:

- 1695 general prisoner requests, complaints or feedback, with 340 of these categorised as prisoner requests
- 199 complaints made to the Office of the Inspectorate (including 25 complaints about health services)
- 2 complaints made to the Chief Executive
- 163 allegations against staff recorded in the Allegations Against Staff database and managed by the prison using the IR.07[25] process. The Inspectorate monitored[26] eight site investigations.

157. In addition, the Inspectorate was involved in:

- One death in custody investigation for a person who died of natural causes.
- Ten statutory reviews of the misconduct process.[27]
- One review of a visitor prohibition order issued by OCF which was confirmed.

158. The top three PC.01 complaint categories in the six-month review period were Prisoner Property (277 complaints), Transfers and Movements (191 complaints) and 'Other' (175 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.

159. 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.

160. OCF is supported by a Complaints Support Lead who provides insights into the functioning of the complaints system at OCF and emerging issues indicated by the subject of complaints. In July 2025, insights produced for OCF noted that high levels of prisoner requests not being triaged within 24 hours were defaulting into the PC.01 complaint process and distorted the ability to identify emerging issues. Staff raised that the 24-hour timeframe was difficult to achieve, particularly over weekends.

161. COBRA data suggested that the site met the standards of practice for timeliness in 90% of cases (i.e. the prisoner was interviewed within three working days of the PC.01 complaint being registered in IOMS). The Complaints Support Lead insights detailed many areas of improvement. Reminders to staff included to engage with prisoners about their complaints face to face and provide them regular updates on open complaints. This aligned with insights from prisoners that while most understood how to access the complaints process,

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

[26] 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.

[27] The misconduct process deals with allegations of poor prisoner behaviour. The Inspectorate can only review the timeliness of this process. If a prisoner is unhappy with the outcome of a misconduct process, it is referred to a Visiting Justice. Visiting Justices are independent of Corrections and are justices of the peace, lawyers appointed by the Ministry of Justice or a district court judge.

their comments suggested the complaints process was transactional with staff using the kiosk to communicate complaint outcomes rather than taking the opportunity to speak with them. Staff insights aligned to the extent that conversations with staff had been reduced with the introduction of the option to raise requests through the kiosks. An exception to this was noted in Self-Care units where prisoners expressed good engagement with their complaints or feedback and shared an example of a solution implemented by the site following their feedback.

162. Only a few prisons hold 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 that Prison Forums were not being held at OCF, and we are uncertain whether this initiative has ever been implemented at OCF. Self-Care prisoners, however, often gathered with staff to hear updates and be briefed on issues by staff and opportunities for prisoners to raise matters were also included.

163. Most units and wings 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, 93% of prisoners at OCF had their fingerprints registered on the kiosk system; 37 prisoners (7%) did not yet have their fingerprints registered.

164. Health complaints that are made direct to health services are managed using the Corrections Resolve application.[28]

165. We found that staff had recorded 178 health complaints from prisoners in Resolve. A review by the Principal Clinical Inspector found the main themes of health complaints in Resolve were Prescribing (63), Access to Care (58), and Administration of Medication (19). We found that complaint acknowledgements had been sent within ten days to most prisoners (8% of complainants did not receive an acknowledgement within ten days). The Health Centre Manager reported that a common theme for health complaints was prescribing (often in relation to diversion of medications) and waiting times to see the Dentist.

166. We reviewed a random selection of ten health complaints managed by the health team. We found that seven of the ten complaints were closed following a response letter being sent to the complainant. The letters were well written, acknowledged the person's concerns and provided an explanation relating to the complaint. Some letters also provided an apology about care provided when it was appropriate to do so. One complaint was from a family member and while this was investigated and identified as a practice deficiency, no response letter was provided. Another complaint was closed without response to the complainant, saying that there had been discussions with them about the matter previously. Another complaint was received via the Health and Disability Advocacy Service. This complaint was investigated and the Advocacy Service notified of the outcome, however there did not appear to be any record of a response to the complainant.

167. We observed during our site inspection that there were no health mailboxes in Unit 30, Pukeko, and Inspectors heard that prisoners would put their health complaints into the kiosk which is not the correct process.

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

Religious or spiritual support

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

168. We reviewed a sample of 99 prisoner records in IOMS and found that 35 (35%) had a religion recorded.

169. OCF had one full-time and one part time Chaplain who were employed by Tira Tūhāhā Prison Chaplaincy Aotearoa, which is contracted to provide spiritual support across New Zealand's prisons. They are assisted by a small number of approximately 14 volunteers, including two Imams and two Jehovah Witnesses who visit the site generally monthly.

170. Prisoners and staff reported varied access to Chaplains though the one prisoner we spoke to who has regular connection with a Chaplain was complimentary about their support. The employed Chaplains advised they receive requests from custodial staff and urgent requests are able to be attended to straight away with medium priority requests usually seen within the week.

171. The Clinical Nurse Specialist told us that she had noticed, since the increase in prisoners being transferred from the North Island, that the Chaplains had been "really helpful" support for Māori prisoners, giving an example of them supporting prisoners to participate in whānau tangi virtually.

172. At interview, we learned that regular church services on site had not resumed since they were paused during COVID-19. Volunteers from a church in Dunedin visited the site generally twice per month but their service is only available to men in Unit 30 and it is not consistently held.

173. We heard a range of concerns from multiple sources about the lack of church services and access to spiritual support across the site. We noted the low numbers of chaplaincy volunteers visiting the site to support the Chaplains. This was contrasted by the clear enablement of access for volunteers more broadly, suggesting improvements can be made by adopting a similar approach.

174. We also heard about the impact of cell sharing on people practising their faith with one prisoner sharing that his cellmate watches television during prayer times.

Property

Inspection Standards

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

175. When people enter prison, their personal property is checked, recorded and either given back to them, stored or disposed of.[29] 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.

176. Prisoners and staff alike described issues with property processes at OCF. Many prisoners raised significant delays in receiving their property even if the property was dropped off at the site. Staff and prisoners were concerned about inconsistencies between sites about what property was permitted and property officers described the volumes of property received from other sites when prisoners transferred in. Inspectors observed a disorganised and cluttered property office with piles of unfiled papers and forms.

177. In addition, some convoluted site searching processes contributed to some delays. Prisoners raised concerns with the expense of electrical checks for radios and Inspectors understand stereos are checked externally and again by Site Emergency Response Team (SERT) on site. These issues are reflected in property complaints which was the highest complaint category at OCF across the six-month review period.

178. Property office staff raised issues with the permissive gifting policies that allow prisoners to gift their property to others, including stored property. This contributed to an increased workload but could also contribute to standovers and trading amongst prisoners.

179. Inspectors did note an area of the property office where prisoners can choose good quality second hand clothes and shoes before their release if they had none or few of their own. This was well stocked and provides practical and dignity enhancing support for prisoner reintegration.

180. Prisoner trust account balances are limited to a maximum amount ($200) unless special circumstances exist.[30] In 2024, Corrections stopped accepting anonymous cash deposits into prisoner trust accounts and instead required that deposits be made by bank transfer.[31] We heard the new system had lessened the issue of unidentified funds being received. No issues were raised regarding the management of trust accounts.

[29] 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.

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

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

Health

Provision of health care

Inspection Standards

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

181. 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.[32]

182. Prison health services are Nurse-led and, at OCF, were supported by contracted providers who came on site including Medical Officers, Dentist, Physiotherapist and Podiatrist. An Ear Health service was also provided on site as demand required.

183. Nursing staff were on site every day from 6.30am to 8pm, with an on-call Nurse rostered for urgent after-hours health care.

184. The OCF health service last completed the Cornerstone Foundation Standards accreditation programme in March 2023.[33]

185. OCF had a modern central health unit which we observed to be clean and tidy, and that had a daily cleaner. It had available appropriate medical equipment and was well stocked with supplies, such as wound dressing products. There was an interview room set up with soft furnishings which was often used by mental health clinicians, or Nurses who were meeting with prisoners to discuss health related matters, which did not need to be in a clinic or treatment room. The Health Centre Manager told us that this makes a big difference to the men who come in, being able to sit in comfort while in a counselling session.

186. The health unit had interview rooms and treatment bays for providing health care, which were used by Nurses, Medical Officers and other providers. There was also a dental suite within the health unit.

187. We noted that the health unit displayed a wide range of health information pamphlets; however, the display was located at the far end of the health corridor where prisoner foot

[32] Corrections Act, 2004, Section 75.

[33] The Royal New Zealand College of General Practitioners (RNZCGP) Cornerstone Foundation Standards set the minimum requirements for general practice systems, processes and patient care to ensure safety, quality and continuous improvement in primary healthcare services. Foundation Standards are assessed and renewed on a three year cycle. In April 2026, OCF health service was reassessed and again accredited with Cornerstone Foundation Standards.

traffic was limited. This was raised with the Health Centre Manager during the inspection, who advised that a work order had been submitted to relocate the display to a busier area of the health unit.

188. The health team were supported by custodial staff who are rostered every day between 7am and 6pm. They ensure the safety of everyone in the health unit and assist with movements, bringing prisoners to and from their unit to the health unit.

189. A strong focus at OCF was the use of Nurse portfolios of special interest, which played a valuable role in service delivery. Portfolio areas included long-term conditions, chronic wounds, continence management, emergency drills, immunisations, care of prisoners under 25 and over 65, mental health, infection control, diabetes, and hepatitis C, among others. During the inspection, Nurses spoke enthusiastically about their portfolio responsibilities and provided clear examples of how this work had positively contributed to prisoners' health and wellbeing. When speaking with Nurses, many of them had established good links with hospital specialist Nurses, such as the respiratory Clinical Nurse Specialist (relating to chronic obstructive pulmonary disease), or gastrointestinal Clinical Nurse Specialist (relating to hepatitis).

190. The Health Centre Manager provided information on in-house training that the health team had received within the inspection review period which included E Toru Nga Mea (teaching Māori values), oncology information, recalls, medical diets, standing orders, management of strangulation and ACC.

191. During prisoner interviews, access to health services was a recurring concern raised by prisoners across multiple units. While all prisoners understood how to make a health request, many described long delays between submitting a request and being seen. Reported wait times ranged from several days to several months to see a Nurse, and two to three months to see a Medical Officer. Delays were particularly pronounced for dental care. Several prisoners described their health concerns being assessed as "not urgent," resulting in repeated rescheduling of appointments and, in some cases, deterioration in their condition before care was provided.

192. Nursing staff were consistently described in positive terms by many prisoners, with Nurses viewed as the primary and most accessible health professionals on site. Prisoners across several units reported that Nurses were supportive, approachable, and generally did a good job managing day-to-day health needs. Individual Nurses were named positively, and Nurses were often seen as responsive during medication rounds and acute situations. However, some prisoners felt engagement was limited beyond transactional care, and Nurses were sometimes perceived as constrained by system pressures, including limited appointment availability and reliance on medical sign-off for further treatment.

193. Our review of a sample of 14 health request forms, submitted via the kiosk or on paper, found only one of 14 had a triage priority score recorded. Responses to health request forms were made within the three days expected timeframe and it is positive to note that nine of the 14 reviewed were responded to on the same day. Waiting times to see a Nurse varied from zero days to not being seen by the time of release five weeks later. Others were seen between nine and 37 days. Without the triage score the wait times cannot be measured satisfactorily to understand if the response to clinical need was appropriate or not.

194. During our nursing team focus group, Nurses shared that how they worked together had improved, with the team getting along well and helping each other out to finish the day's work. They spoke about the challenges with the high demand of health care, with not

seeing prisoners as quickly due to nursing clinics being full, saying "*it's quicker to see the Doctor at the moment than a Nurse*". They said that some health care is not prioritised, such as initial health assessments, cardiovascular risk screening or vaccines due to being busy, but that they do prioritise mental health.

195. Nurses believed their relationship with custodial staff was "*really good*" and they get to see the prisoners they need to. They noted that often custodial staff pick up if someone in their unit is not well and will alert the health team about them.

196. When asked about responsiveness to Māori, the Nurses spoke about screening for cardiovascular risk earlier, identifying risk of strep throat and starting antibiotics due to the high risk of rheumatic fever. Some Nurses said that they have received appreciation from Māori prisoners for the care they have received. The Nurses spoke about attending kapa haka and celebrating prisoners' graduation saying, "*it is nice to see them in a different environment and in a different way – it helps us build therapeutic relationships*".

197. We heard about other examples of health staff being responsive to Māori. One prisoner had requested to see a Māori mental health provider, which OCF did not have access to at that time. The Health Centre Manager met with the prisoner to try and find a solution, with the prisoner requesting to move prisons so that he could access a Māori mental health provider. The Health Centre Manager submitted a Prisoner Transfer Request with his consent.

198. Another example was of a young prisoner who at times presented with some challenging behaviours, a potential symptom of a medical condition. While he spoke English, he preferred to speak te reo Māori. To support engagement with this prisoner and ensure medications could be given safely, when asked for his name and date of birth, Nurses had learnt and accepted his response in te reo Māori. Another Nurse learnt how to say *"please tell me your date of birth"* in te reo Māori.

199. OCF had a mix of in-person and virtual contracted Medical Officer services, for 20 hours per week. The Health Centre Manager provided information prior to our inspection that the current waiting time for non-urgent appointments was 10 days.

200. During our interview with Medical Officers who provided services at OCF they told us that they experienced some issues delivering services, but that these issues were not isolated to OCF. They told us there were challenges with HealthOne[34] access or use of the electronic referral system (ERMS), so some manual forms were still needing to be used. Due to contracting issues, there had been four Medical Officers providing services in the last 12 months which impacted on continuity of care for the prisoners as Medical Officers had differing approaches.

201. The Medical Officer told us that the virtual clinics can work well but it can be tricky with establishing good engagement over a screen and acknowledged that some prisoners are better seen at a face-to-face appointment. The Medical Officer thought that there was good management of chronic diseases on site, noting that the recall system is used well and "*we picked up two hypertensives today*" due to this. During an interview with a Nurse, she said that whenever they open a patient's record, they check the recalls and book appointments if necessary. During our reviews of health files, we noted that often a prisoner was booked for a number of different health matters. We saw examples of a health concern needing assessment, but in the appointment they were also being offered vaccinations which may

[34] HealthOne is a secure electronic record that stores health information including diagnosis, allergies, encounter notes and medications which health providers can access.

have been due or were available to them. This demonstrates the health team are looking for efficiencies where they can, when providing health care.

202. Access to Medical Officers was widely reported as limited and slow. Prisoners described waiting weeks or months to see a Medical Officer, including delays for relatively straightforward issues such as infections requiring antibiotics. The use of AVL for medical consultations was noted, with some prisoners expressing dissatisfaction with inconsistency between in-person and AVL Medical Officers. Several prisoners reported medications being stopped or altered following review, with little or no communication about the rationale.

203. Our review of 11 health records showed that overall patients were seen in a timely manner for their presenting conditions. The one urgent concern (which did not require emergency intervention) was seen within 24 hours. Three patients had their appointments deferred without the reason being recorded in the records. At the time of the inspection the waiting time for a Medical Officer appointment was two weeks.

204. Dental care emerged as a significant area of concern. Prisoners across multiple units reported long waits, often several months, to be seen by a Dentist. Some reported that delays had resulted in teeth deteriorating to the point where extraction was required, rather than earlier intervention such as fillings. Dental treatment was described by some prisoners as overly focused on extractions, which they attributed to delayed access and limited appointment availability. While a small number of prisoners reported timely or positive dental care, the overall feedback indicated delays and an unmet dental need.

205. OCF had an on-site Dentist who provides eight contracted hours of dental services per week.

206. The Dentist during interview told us that there is a long waiting time for prisoners to have dental treatment, and because of this she sees a lot of prisoners with infection, swelling and who have already had multiple courses of antibiotics. The Dentist reported feeling safe during her clinics and that custodial staff were supportive and worked hard to bring prisoners to the clinic efficiently – which sometimes meant that prisoners attending the clinic were not necessarily the most important to see. The Dentist said that she had provided training to the nursing team about dental triage, how to manage swelling and red flags.

207. The Dentist highlighted a concern about the availability of mints[35] that prisoners' access, saying that these are causing cavities. She told us that when waiting for anaesthetic to work, she will do a quick check up of other teeth. She suggested that there is a place for a dental hygienist in prison as this would provide more education to prisoners, such as how to brush and floss teeth.

208. The Principal Clinical Inspector reviewed health records of ten prisoners who had requested to see the Dentist. All ten prisoners had a triage assessment completed by a Nurse and all but two had been provided with interventions, including pain relief, antibiotics, issued with toothpaste and provided with advice. Two of the ten prisoners were triaged as urgent (with severe pain or infection) and they waited 14 and 22 days for treatment (noting the Dentist tried to see one prisoner on day 7). They had been provided with pain medication, antibiotics and one provided with a soft diet while waiting for their appointments. Nurses did follow-up reviews while they were waiting for their appointments to check that the antibiotics had good effect and the pain had reduced. Eight prisoners were assessed as needing dental treatment and waited between 20 and 205 days respectively for their dental

[35] Available for purchase from the prisoner canteen.

appointments. The prisoner who waited 205 days had put in a further four health requests about needing dental treatment and after seven months presented with facial swelling.

209. OCF had an on-site Physiotherapist who provided 20 contracted hours of physiotherapy services per week, across two days. The Clinical Inspector reviewed health notes of six prisoners who had been referred to physiotherapy. The wait time from referral to being seen by the Physiotherapist varied from ten days to 59 days. The types of injuries the Physiotherapist was treating for these prisoners were for chronic health issues relating to injuries and long-term pain and discomfort.

210. Prescribed medications were administered by Nurses during scheduled medication rounds at 7.30am, 12.00 noon, and 5.30pm. Some prisoners were assessed as suitable to hold and self-administer their medications, which supported autonomy and self-responsibility. Clinical Inspectors observed medication rounds in both low and high-security units. In low-security units, medication rounds were announced over the loudspeaker, and prisoners were responsible for presenting themselves to nursing staff to receive their medications. In high-security units, Nurses administered medications directly to prisoners at cell doors or in yard areas, accompanied by custodial staff who supported safety throughout the process.

211. We observed nursing staff asking each prisoner to confirm their name and date of birth ensuring correct identification. Prisoners complied respectfully and were cooperative throughout the process. Prisoners brought their own cups of water and were observed taking their medications under supervision, including showing their mouths post-administration to confirm ingestion.

212. We observed custody and health staff engaging well with the prisoners during the medication rounds, with friendly tones, saying good morning, asking how they were and wishing them a good day. They showed patience to a prisoner who had a health concern and was 'pushing the boundaries'. This was resolved with unit staff assisting the prisoner to complete a health request form.

213. Prisoners with health-related concerns were able to submit a health request either through the electronic kiosk system or by using a paper health request form. Prisoners we spoke with were aware of how to submit a health request. Paper forms and envelopes were available from custodial staff for prisoners unable to use the kiosk. Health and custodial staff advised they were aware of prisoners who could not access the kiosk system due to fingerprint issues. Throughout the inspection, the Principal Clinical Inspector observed custodial staff assisting prisoners with low literacy to complete paper health request forms.

214. The medication room in the health unit was tidy and organised. It is noted that this room had been extended in length since our last inspection. We reviewed some medication folders and found that many of these had photocopied (rather than the original) medication charts. We were told that this occurred because medication charts are scanned and emailed to the Medical Officer prior to a virtual clinic. The Medical Officer would make alterations to the chart and then scan and email them back to the site. The newly emailed medication chart would then replace the existing chart in the folder. This was identified by Nurses and the Health Centre Manager as a significant risk for medication errors and the Clinical Inspectors agree.

215. We reviewed the health files of six prisoners who were being transferred to another site. They were all fit to travel and did not have any external appointments. They did require internal appointments for the Dentist and/or the Physiotherapist. The transfer forms were completed adequately.

216. We reviewed ten health records for recently released prisoners. Their time in prison ranged from three to 15 years. Seven of the ten prisoners were prescribed medication while in prison and were provided with a supply of their medication on release. The quantity of medication supplied was not recorded.

217. The Health Centre Manager said that once a release date has been identified, prisoners are booked for pre-release planning and assisted to enrol with a community health provider if needed. Depending on their ability to access a community health provider, OCF were able to provide them up to one month's supply of medication and provide information as to how they can request for their medical records to be transferred to their community doctor for continuity of care.

218. Twelve prisoners were transferred to OCF for the purpose of release during the review period. Two of the group went into Moana House[36] with health information and medication. Two individuals were transferred to OCF in preparation for release to the local community. There was one documented example of communication with a local pharmacy and in another case, referral to a local mental health team. Both are examples of best practice in continuity of care.

Substance use

Inspection Standards

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

219. Prisoners should be assessed for alcohol and other drug dependency using the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), which helps staff to determine which programme could be useful for prisoners. At OCF this is undertaken by Case Managers.

220. COBRA figures showed that in the six-month review period, 42 ASSIST were completed for prisoners at OCF and 48% of the people assessed were found to be 'high risk'. This result indicates a high risk of *"experiencing severe problems (health, social, financial, legal, relationship)"* as a result of their current pattern of use and are likely to be dependent.[37]

221. The Reception Health Screen includes questions about substance abuse and withdrawal. If a Nurse suspects a prisoner is withdrawing or the prisoner says they are experiencing withdrawal symptoms, the Nurse should undertake further assessments such as the Clinical Opiate Withdrawal Scale (COWS)[38] or the Clinical Institute Withdrawal Assessment Scale (CIWA).[39] Our review of health files for prisoners newly arrived at OCF found four prisoners that identified they were withdrawing from alcohol or other drugs. Based on their

[36] Residential therapeutic community in Dunedin

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

[38] 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.

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

presentation, the receiving Nurse had completed the appropriate assessments on two of the prisoners, and further assessments continued for them in the following five days.

222. At the time of our inspection, we were advised that eight prisoners were receiving opioid substitution therapy. The Clinical Inspector reviewed four health files and found that these prisoners were under the care of, and in contact with a specialist addiction service. Due to prisoners being transferred, some were outside of their addiction service region, but still received telephone support from them. Three out of the four prisoners reviewed had face to face reviews by the OCF Medical Officer, as required by policy, however, none of the four prisoners had treatment plans which was a policy requirement. This was discussed with the Health Centre Manager.

223. During our inspection, we heard from staff and prisoners that prisoners who were on opioid substitution therapy could be 'stood over' to divert their medication.

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.

224. Prisoners at OCF should be able to access primary mental health care through Nurses and Medical Officers. A Nurse held a 'mental health and forensic' portfolio. Mental health services at OCF include the Intervention and Support Practice Team, Health New Zealand Forensic Service, ACC and Male Survivors Otago counselling services.

225. As part of the reception process, all prisoners are 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.

226. We reviewed the health records for 15 new arrivals and transferred prisoners during the review period, and found evidence that Nurses were identifying mental health needs, with seven of the prisoners being placed in the Intervention and Support Unit (ISU) due to being assessed as at risk of self-harm. More information is provided in the Intervention and Support section of this report.

227. Once a prisoner has been received into prison, if custodial staff believe the prisoner's risk of self-harm may have changed, they should complete the Review Risk Assessment.[40] The Reception and Induction section of this report outlines Inspectors sample review of risk assessment records.

228. Up until 30 June 2025, OCF had a contract for Improving Mental Health Services which provided clinical assessment and talk therapy to prisoners experiencing mild to moderate mental health distress. OCF had one Improving Mental Health Clinician from WellSouth, a Primary Health Network for South Island communities in Otago and Southland.

229. Following a review of Corrections' delivery of mental health services in 2024 (Te Ara Tika), resources were repurposed to support the expansion of mental health service within prison

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

health services. With the discontinuation of the national Improving Mental Health contracts, the ISPT service delivery model was broadened to provide four levels of service, including acute assessment and intervention, post ISU transition support and relapse prevention, brief intervention and therapy and wellbeing support.

230. We heard that the cessation of the Improving Mental Health contract had resulted in gaps of provision (talk therapy) for mild to moderate mental health support on site, and this had been compounded with prolonged unfilled vacancies within the ISPT.

231. The Health Centre Manager said that since the Improving Mental Health service had finished, the men did not have access to mental health counselling, with the ISPT having to triage the referrals and waitlist. She further told us that they are inundated with requests from men to see mental health Counsellors.

232. The Clinical Inspector observed a prisoner who returned to the site asking for a referral to the counselling service. The Nurse advised of the changes to the provision of mental health services at the site and that the Improving Mental Health counsellors were no longer available. An appointment with a Nurse was arranged to explore the prisoner's request further and to support an appropriate referral.

233. Two prisoners told the Clinical Inspectors that information about services on site comes from your cellmate or other prisoners. One prisoner said he was not aware of any mental health services on site.

Intervention and Support Practice Team

234. At OCF the Clinical Manager Mental Health leads an Intervention and Support Practice Team that services both OCF (hub) and Invercargill Prison (spoke).

235. As detailed earlier in the report, the ISPT had difficulty recruiting to positions in the team, including roles that were based at Invercargill Prison. Vacant roles at Invercargill Prison meant that the Clinical Manager Mental Health was required to travel there to provide frontline support, reducing her availability to provide consistent support to the team at OCF.

236. At the time of the inspection the ISPT office was based away from the health unit.[41] Multiple staff spoke about health and mental health services feeling siloed and disconnected, but some providers we spoke with also emphasised the absence of siloed thinking.

237. During the inspection review period there were 206 referrals made to the ISPT. Of these 67 had been accepted, 121 not accepted, and 18 were awaiting a referral outcome. Data reviewed showed that the wait times during the review period ranged from eight days to 92 days, with 26 prisoners on the waiting list on the first day of our inspection. One clinician felt that mental health services at OCF were "very reactive". Another clinician said that the waitlist for talk therapy was more than three months and the waiting list was growing.

238. At OCF, referrals for mental health support come from prisoners directly, Case Managers, custodial officers and the health team. Referrals were triaged based on the highest level of need and risk. The ISPT advised they accelerated their triage processes, to enable prompt responses to the referral including acknowledging receipt of a referral and, if appropriate, including mental health information in paper form directly to the prisoner. Referrals that

[41] In March 2026, the ISPT were relocated and now share space in the Health Unit.

were considered as low-moderate mental health need were passed to the Health Centre Manager to manage (Nurses may see this group).

239. The Clinical Manager told us that the primary focus of the ISPT at OCF remains supporting people placed in the ISU with safe transitions back to mainstream or alternative accommodation. The Clinical Manager added that the loss of the Improving Mental Health service was extremely disappointing and frustrating.

240. We heard that prisoners were predominantly seen at face-to-face meetings including through the cell door in some situations. We heard that there could be delays in seeing prisoners due to the busy Movements Officers and rooms not being available, despite these having been booked.

241. The Clinical Manager told us that brief interventions and safety plans being provided by the ISPT are working well. There have been examples of early intervention with prisoners which had prevented moving them into the ISU.

242. The Intervention and Support Unit Placement Review process was being followed by custodial, health and mental health teams. We observed that the recording of placement processes in prisoners' health records (the colour coded placement status) required more consistency, particularly when indicating that a person had been accommodated in the ISU.

243. We observed that exit planning began early in a person's ISU stay, with a focus on ensuring placements are as short as possible and that exits are safe, supported, and well-communicated to the receiving unit.

244. The Clinical Psychologist spoke about the positive relationship with the health team and the ability to seek advice, guidance or refer to the forensic team, reflecting a mutual trust between services.

245. ISPT staff reported that, over time, custodial staff had developed a greater understanding of their team's roles and expertise and that custodial staff now frequently sought advice to help manage people in their units. We heard about opportunities for informal learning being provided by ISPT staff to custodial staff.

Health New Zealand Forensic Service

246. OCF was supported by Health New Zealand Te Whatu Ora Southern Forensic Services. They provide a prison liaison service for prisoners who have a serious mental illness or whose behaviour is causing concern. There is a Psychiatrist who is on site twice a week and a Forensic Nurse who is on site Monday to Friday.

247. In August 2025, there were 37 prisoners on the forensic caseload.[42] One prisoner was placed on the waiting list for admission to the inpatient unit at Wakari Hospital during our inspection and transferred there ten days later.

248. There is a multidisciplinary team meeting between the forensic and health teams each week, discussing the forensic caseload and triaging new referrals.

249. The Psychiatrist told us there had been improved connections, praising the health leadership team and Clinical Manager ISPT for excellence and dedication. He described good collaboration when managing complex cases in the context of limited resources for acute mental health beds.

[42] Source: HCM August 2025 Report

250. The Psychiatrist reported that clinics were generally proactive; however, attendance was at times affected by time pressures and the availability of custodial staff. Occasional constraints related to room availability were also noted.

251. The Forensic Nurse spoke positively about the strong relationships with health staff. She also emphasised the importance of therapeutic relationships, noting that prisoners felt safer due to the trust built with staff. Unit 32 was specifically praised for its efforts in this area.

252. The Health Centre Manager told us that the *"forensic team does an amazing job in ensuring that our forensic patients are regularly reviewed, and medications updated. We have a very good working relationship with our forensic team."*

The Intervention and Support Unit

253. OCF has an Intervention and Support Unit (ISU) for those prisoners assessed to be at risk of self-harm, have acute mental illness or distress, or have other vulnerabilities which require a more therapeutic approach. The ISU has eight cells and two dry cells.[43] Prisoners withdrawing from substances or suspected of internal concealment may also be housed temporarily in the ISU.

254. On the first day of the inspection there were five people in the ISU. Three people were on the forensic case load. All the people in the ISU were seen daily by the health team. The required documentation in the patient health records about placement status was inconsistent, which was reflective of the pressure the ISPT were under at the time. During the inspection two people remained in the ISU until their unit placement was available; for one prisoner this took seven days following the removal of their at-risk status.

255. A review of health records of prisoners in the ISU showed that they were appropriately accommodated. They were being correctly managed under section 61 of the Corrections Act due to being assessed as at risk, without restricted or denied association. One was being managed under section 60(1)(b) of the Corrections Act due to his mental health.

256. One prisoner in the ISU was in anti-ligature clothing, while the remaining prisoners wore standard issue prison clothing.

257. All prisoners in the ISU had management plans, and comprehensive transition plans when they were moving out of the unit. We observed active management in the ISU, with staff sitting and speaking with prisoners in the day room.

258. We were told and we identified through COBRA that the use of the two dry cells in the ISU was high. Due to the restrictive nature of dry cells, POM sets out there is a limited range of specific situations a prisoner may be placed in a dry cell, such as when they are suspected of internal concealment, at risk of self-harm but no other suitable at risk cells are available or for the temporary management of other complex behavioural needs. POM also requires that records are kept recording the reason it was necessary to deprive the person of a toilet, running water and privacy screen. While we could find record of the placement in a dry cell, we could not find records that explained the rationale for the placement.

259. We noted that the ISU PCO was a proactive and respected leader, highly regarded by the health team and ISPT members. We observed strong collaboration between custodial, health, and mental health teams, particularly during multi-disciplinary team (MDT)

[43] Prison Operations Manual records that dry cells (also known as round rooms) are cells that do not have a toilet, running water, or a modesty screen, and are designed for the management of internal concealment.

meetings. The Unit 32 PCO attended MDT meetings to assist with transition planning and was observed actively arranging meaningful activities for individuals entering the unit.

260. We attended the daily MDT meetings at OCF with attendees including members from the health team, ISPT, ISU custodial teams, Case Managers, and Residential Managers as available. Meeting records were kept, with minutes saved in prisoner and health files. We saw active engagement of all MDT members contributing to discussions about the current state of the prisoner's health and wellbeing in the ISU as well as planning the next steps for them. This planning included acknowledging a prisoner's relationships with people in the unit they may be progressed to and planning for meaningful activity for prisoners.

261. The PCO attended the MDT meeting in the ISU and was heard providing a verbal handover to the unit custodial officers prior to the electronic record being available. Health staff reported a good relationship with ISU staff who enabled access to the prisoners on the unit as well as providing updates on prisoners' actions or concerns and their management.

262. Inspectors observed active management in the ISU with a staff member spending time with a prisoner in the day room during their unlock time. Prisoner files were accurate and appropriate authorisation was sighted on documents. Staff in the ISU told us they felt supported by management and had development discussions.

263. The Forensic Nurse described custody staff as the 'eyes' on the ground, observing individuals daily and identifying changes such as mood shifts, especially those related to medication. The unit is proactive in recognising early warning signs and reporting them promptly.

264. The Psychiatrist emphasised the absence of 'silo' thinking within the team. The ISU and unit 32 PCO were acknowledged for playing a crucial role in enabling seamless service delivery, particularly as individuals transition out of the ISU. Their efforts contribute to a cohesive and integrated approach to forensic mental health care.

265. The Clinical Psychologist had a positive relationship with the ISU staff, saying that custody staff will approach him to ask for advice to support behaviour management of people in their care.

266. The Clinical Nurse Specialist Mental Health had provided site-based opportunities for custodial staff to discuss examples for managing challenging behaviour displayed by prisoners. We were told that this was thought to have worked well and will be repeated.

267. A prisoner told Inspectors that when he arrived at prison, he was first accommodated in the ISU. He had not been in prison before. He had a television, which was a good distraction, but he couldn't see the picture clearly as the staff had taken his glasses from him. They did return his glasses on day two.

Disabled prisoners

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

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

269. At the time of our inspection, health records showed there were three prisoners with a disability alert at OCF. The three prisoners were all experiencing a reduction in hearing ability. Information from COBRA indicated that three prisoners had a 'disability' alert in IOMS on the first day of the inspection.

270. At the time of the inspection there were 30 prisoners aged 60 or over. Fourteen of the 30 were aged 65 or over. Four were aged 70 or over.

271. Corrections' policy requires that prisoners 65 years and older who are not already regularly engaged with health services are offered an annual health assessment. We found that older people were receiving appropriate assessments and, when needed, mobility aids to support independence. The health team had good access to Needs Assessment and Service Coordination (NASC)[44] and Occupational Therapy assessments.

[44] A Needs Assessment Service Coordination service is a government funded agency that evaluates the needs of individuals with disabilities, chronic health conditions or age-related issues.

Environment

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

Residential units

272. At the time of the inspection, OCF had three high-medium security residential units, two low security residential units, and five Self-Care units.

273. In addition, there were three other units where prisoners were housed temporarily. These were Unit 24 Kakapo, the Intervention and Support Unit, Unit 32 Te Kahu the Management Unit, and Unit 32 Hoiho Separates.

274. As described earlier in this report, a clear strength of OCF is the commitment to maintaining a clean and well-maintained environment. This is evident across the site with it appearing clean and orderly and a firm stance taken on vandalism, graffiti and wilful damage. Exceptions to the tidy appearance were isolated.

275. As detailed earlier in this report, staff were responsive to cell intercom (also known as cell emergency buttons, or cell call alarms) calls. We reviewed records that indicated intercoms were checked every Sunday.

276. Strong relationships were observed with key contractors such as Downers and Aotea Security. Staff in different units shared diverging views on the responsivity of Downer to maintenance requests, with some reporting prompt attendance to faults while another unit described long delays and lack of communication.

Low security units

277. Low security accommodation at OCF is in Unit 30 Pukeko which houses mainstream prisoners across two wings (A and B) and Unit 31 Weka which houses prisoners on voluntary protective custody across two wings (C and D).

278. At the time of our last inspection, Weka was a Drug Treatment Unit.

279. Pukeko and Weka units were observed to be clean, bright, tidy and free of graffiti. Prisoners in Pukeko expressed frustration with plumbing in the unit which kept them awake due to the loud noises it makes.

280. Inspectors observed the words NTDB (not to double-bunk), Diabetic, and ISPT written in large letters on cell doors with chalk. While the intention of this is to provide information to custodial staff, we consider this may breach someone's privacy.

High security units

281. High-medium security accommodation at OCF is in Units 33 Piwakawaka, 34 Takahe and 35 Tokoeka. Each unit has two wings and remand and high security sentenced prisoners are spread across the six wings. Four wings accommodate mainstream prisoners while

Piwakawaka H and Takahe J wings accommodate prisoners on voluntary protective custody.

282. Tokoeka and Piwakawaka were clean and well maintained.

283. In Takahe I a prisoner reported an issue with cell ventilation, particularly when showering.

Self-Care units

284. OCF's Self-Care unit is made up of five villas, each with four rooms. The unit is inside the prison perimeter.

285. The Self-Care units were a tidy and well-kept environment which is managed by the prisoners residing in the villas. Prisoners described the collaborative arrangements in the villas which helped promote cleanliness and order.

Management, Separates and Intervention and Support Units

Unit 32 Hoiho Separates Unit

286. Unit 32 Hoiho is the Separates unit for OCF. There are eight single occupancy cells used for the temporary management of prisoners subject to cell confinement and directed segregation.

287. The small secure internal yards in Hoiho were one of the isolated examples of an untidy and unclean environment. Inspectors noted the CCTV cameras had been covered with toilet paper and toothpaste, the yard was tagged and contained rubbish, leaf litter, moss and mould. However, these yards were not currently in use and prisoners are taken to Te Kahu for their daily minimum entitlement of time in the fresh air.

Unit 32 Te Kahu Management Unit

288. Unit 32 Te Kahu is the Management Unit for OCF. There are 19 single occupancy cells primarily used for prisoners subject to directed segregation orders.

289. The wing area of Te Kahu was clean, tidy and had natural light through windows above the cells. The yards however were unclean and had tagging on the walls.

290. Prisoners in Unit 32 commented on the lack of natural light in their cells. These cells have a curtain on the outside of their cell which reduces the natural light from the wing into the cell.

291. Interview rooms in this unit were also observed to be cluttered and untidy with boxes, clothing and used mattresses stored in these rooms alongside a secure non-contact cage for prisoners when using the interview rooms.

Unit 24 Kakapo Intervention and Support Unit

292. The Intervention and Support Unit has eight cells and two dry cells which along with the common areas, showers and toilet were observed by Inspectors to be clean, tidy, graffiti free and well lit. The unit cleaner was a prisoner from Self-Care who should be acknowledged for the cleanliness and tidiness of the unit.

293. Inspectors noted the dayroom was equipped with good quality furniture and recreation items, privacy mitigations were in place for toilet use in the cells and yards, and a booth facility was available that could be converted from non-contact to contact to enable

flexibility in use. The ISU has decorative decals on the wall which enhanced the environment and a view of the garden with birdhouses contributed to a calming atmosphere.

294. There is a yard with a basketball hoop used for youth prisoners. The PCO noted the chain style of fence on one side was a ligature risk and was hoping to get this changed.

295. There were a number of maintenance issues in the ISU including a toilet cubicle with persistent plumbing issues rendering it unusable, and a scratched observation window to a dry cell that created difficulties with observations. The staff base had no door or gate, making it accessible to prisoners.

Mattresses and bedding

296. Prisoners interviewed had a range of views related to mattresses and bedding. While most found they were generally good, one prisoner told us it had taken three weeks to receive sheets and a pillowcase. Some prisoners reported back and shoulder pain associated with the poor quality of their mattress and prisoners in the Self-Care units said although the mattresses looked good, the springs had gone and they were uncomfortable. Prisoners who had received newer, thicker mattresses were generally more satisfied with the quality. Inspectors sighted a small number of duvets and mattresses without covers. Missing mattress covers create a health and safety risk to prisoners.

Hygiene

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

297. We observed no significant or widespread issues with access to resources for prisoners to keep themselves, their cells and communal areas clean. Prisoners reported they had access to basic toiletries for free, had access to razors, nail clippers and haircutting equipment. Prisoners in most units, with the exception of Hoiho and Te Kahu (the management and separates units) had no issues with access to cleaning products to keep their cells clean.

298. All units except Kakapo the Intervention and Support Unit had showers within their cells. Prisoners told us that it was challenging having to shower and use the toilet with another person in the cell.

299. One notable exception was prisoners and staff advised that Unit 34 Takahe I ran out of toilet paper 'for a day or two' in the months before the inspection. It was not clear how this occurred or why this issue was not able to be resolved immediately but this is a concern for prisoner hygiene and dignity.

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.

300. Most prisoners at OCF wear prison issued clothing, though they may also wear some items, such as socks and underwear, that were supplied by their family/whānau.

301. Most of the prisoners interviewed said they had sufficient clothing and we observed good stocks of clothing in most of the units. Exceptions included not being provided with underwear despite the stock present.

302. Staff and prisoners reported that issues with laundry were common, with items not being dried, better quality items not being returned and frequent issues with the washing machines and dryers breaking.

303. Concerns were raised with Inspectors that some clothing arrangements at OCF raised issues with dignity and equity. Prisoners on voluntary protective custody were issued with orange clothing which they reported contributed to name calling. Transgender prisoners reported no access to gender-specific clothing. The most persistently reported problem was the lack of access to underwear. Some prisoners reported only having one pair for extended periods and they relied on others to obtain more even though Inspectors observed good stock in the units.

Food

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

304. 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.

305. At OCF meals were prepared by prisoners working under the supervision of instructors. The prison kitchen was clean and well organised, and the staff told us they followed the national menu and portion size guidelines. Food was delivered to units at times consistent with typical windows for breakfast, lunch and dinner.

306. Some prisoners told us the quality of their food was inconsistent, and they supplement their meals with canteen items to prevent feeling hungry. Issues with food raised during the inspection most commonly related to a pasta meal which staff also reported being the most complained about. Procedures in the prison kitchen for consistent portions, and cleaning and food temperature checks were observed by Inspectors.

307. Prisoners in Self-Care described developing meal preparation and budgeting skills that would support them into the community. Flexibility was apparent with one prisoner's food preferences for health reasons able to be accommodated with the villa's shared food budget.

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Te Tari Tirohia

Good Order

Security

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

308. Staff told us they valued the input from the Intelligence team at morning briefs on the units about prisoners of interest, supporting safety on site.

309. In August 2025, before our inspection, a prisoner was able to escape from a yard in Unit 32 to a roof area. He remained inside the secure prison perimeter for the duration of the incident. Since the incident, the yards in Hoiho were closed for renovation. Staff expressed the view that there had not been sufficient 'hardening' to match the change in risk profile of prisoners being accommodated there. They noted the original design of OCF was for an open 'campus' style prison primarily for low security prisoners.

310. Staff also raised with Inspectors issues with the design and maintenance of doors in Unit 32 which they considered created safety and security issues. These issues included the direction the doors opened, line of sight challenges, delays on replacement parts arriving from overseas and technical issues with the locking mechanisms.

311. Inspectors generally observed thorough search practices for entry and exit to the site, including for vehicles and contractor tools. This is supported by the placement of a SERT officer and Inspectors observed good communication between gatehouse and master control staff managing the opening of the sallyport.

312. The Corrections Act sets out that cellular phones are unauthorised items in prison. In special circumstances, staff or contractors can apply to bring their cell phones on site, but this is rarely allowed and a robust rationale explaining why it is necessary must be given. Inspectors were advised some managers had approval to bring their work issued or personal cell phone on site, but OCF staff we spoke to had not seen the approval forms. We were advised that cell phones were not checked during entry and exit to the prison and that processes to ensure cell phones were not taken to units also needed improvement.

313. Tokoeka unit had a secure and safe facility in the unit for prisoners to use the prisoner telephone or kiosk.

314. Staff raised some areas of CCTV coverage gaps with Inspectors.

315. At the time of the inspection OCF had eleven Designated Collection Officers from the SERT who were certified to follow procedures to collect urine samples for drug testing. Inspectors were advised that random tests were conducted every week and incident reports and collaboration with unit staff occurred to identify any prisoners where there were reasonable grounds to suspect they may have consumed drugs or alcohol.

316. COBRA figures showed 257 drug tests had been conducted at OCF in the six-month review period. Most were negative, but 12 (4.7%) were positive. We noted there were also 28 refused tests during this period.

317. Two Detector Dog Handlers with four detector dogs were based at OCF and also provide coverage to Invercargill Prison. Two dogs are trained in drug detection and two in cell phones, SIM cards, alcohol and tobacco. The team carry out a range of security measures but noted their collaboration with SERT could improve for planned operations.

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.

318. 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[45] or for their own safety.[46] Prisoners may also be separated from others for the purposes of medical oversight.[47] 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.

319. During the six-month review period, Corrections data set out that approximately 76 prisoners were placed on a total of 86 periods of directed segregation at OCF.

Type of directed segregation	Periods of segregation	Number of people
Section 58 (1)(a) for security or good order of the prison	29	25
Section 58 (1)(b) for the safety of other prisoners	20	18
Section 59 (1)(b) directed segregation for prisoner's own safety	24	21
Section 60 (1)(a) medical oversight, physical health	4	4

[45] 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.

[46] 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.

[47] 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.

Section 60 (1)(b) medical oversight, mental health	9	8
TOTALS	**86**	**76**

320. At the time of the inspection, there were seven prisoners on directed segregation.

321. Prisoners on directed segregation may be denied association with all other prisoners or placed on restricted association where they can have limited 'contact' with other prisoners (usually with prisoners also under segregation direction).[48]

322. Prisoners and staff at OCF both advised that even when segregation decisions did not specify denied association they did not mix with other prisoners. Staff attributed this to a lack of appropriate facilities to mix safely and that a template available to support decisions about mixing people together provided guidance they also did not consider safe.

323. Segregation directions with denied association have additional procedural and legislative safeguards in place given the significant detrimental impact that isolation from others can have. These directions trigger a requirement for daily visits from the General Manager, or a delegated officer. There were no records of these consistently occurring.

324. The Health Centre Manager must also be notified when a prisoner is denied association, and they are required to "*investigate and confirm there are no pre-existing medical / psychological conditions that may be aggravated by the segregation*".[49] The Health Centre Manager must also ensure a health professional visits the prisoner concerned at least once a day.

325. Restricted association decisions that are practically managed as denied association would fail to formally trigger these important safeguards.

326. Inspectors reviewed records associated with 14 segregation directions under sections 58 and 59. The site records did not include necessary signatures indicating review and approval by the Director Office of Commissioner Custodial Services or the involvement of the Visiting Justice in extending the segregation direction. The Visiting Justice for OCF advised they completed approximately three extensions each year.

327. During the six-month review period, three prisoners were placed on directed segregation (Section 60) for suspected internal concealment of items.

328. Prisoners can request to be separated from others; this is known as voluntary segregation.[50] COBRA data set out that 194 prisoners were on voluntary segregation for some or all of the six-month review period. Prisoners on voluntary segregation can associate with each other.

[48] POM M.07.01 Segregation directions.

[49] POM M.07.03 Notification schedule of segregation directions

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

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.

329. Our conversations with staff and prisoners indicated that prisoners were primarily incentivised for prosocial behaviour to enable a reduced security classification or placement in low-security as RMT2, improve their likelihood of being granted parole and to be approved an employment role which enabled more time out of their cell. Unit 30 Pukeko also managed placements between wings with those with prosocial behaviour placed in a wing with access to the gymnasium and recreation time in the wing.

Discipline

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

330. 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.[51] Offences against discipline are outlined in the legislation with guidance on the misconduct process described in the Prison Operations Manual.[52]

331. If a prisoner is charged with an offence against discipline and the charge 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 of up to seven days, or confinement in a cell for up to seven days.[53]

332. During the six-month review period, men at OCF generated 736 misconducts, mostly categorised as unauthorised possession (272 misconducts), followed by assaultive, aggressive, or violent (237 misconducts).

333. For the six-month review period, Hearing Adjudicators or Visiting Justices heard 987 misconduct hearings.[54] There were 502 guilty outcomes, 182 were adjourned, 87 were dismissed, 81 had a guilty outcome but were appealed, 135 had not guilty outcomes.

[51] 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.

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

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

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

334. Over the six-month review period, Corrections data set out that 227 penalties of cell confinement had been issued to prisoners at OCF.

335. OCF has an assigned Visiting Justice with support provided remotely if there are any gaps in availability. We spoke with the Visiting Justice who advised they considered the overall standard of work to support the disciplinary process was good with a well organised Prosecutor assisting them, timely hearings and procedures were fair.

336. The Visiting Justice noted the disciplinary paperwork varies depending on the staff member preparing it and some common issues had been raised with the prison several times. It was clear on interview that the Visiting Justice understood the context of some incidents that resulted in disciplinary procedures, such as mental health challenges, substance abuse issues and the influence of gangs. The Visiting Justice had also noted a pattern related to the transfer of prisoners to OCF who did not receive their prescribed medication on arrival which had contributed to behavioural issues; they considered this needed attention from Corrections.

Use of Force

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

337. 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.[55] 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.

338. In the six-month review period, 169 use of force incidents were recorded by the site in IOMS. Spontaneous use of force occurred 81 times, and there was one planned use of force. Staff used their individual carry pepper spray 22 times, and drew but did not use it a further 16 times.

339. We also reviewed 1,154 incident reports recorded during the six-month review period. From this we identified a further 19 use of force of incidents that should have been recorded in the Use of Force Register bringing the total to 188. We also identified that incident reports had details included that were not always categorised comprehensively in the incident report records. Incident 'components' of 'hand cuffs other than on escort', 'pepper spray drawn not used', and 'non-threatening physical contact' were generally not recorded by the site, which limits the opportunity to produce reliable insights from the data.

[55] POM IR.02 Incident Response

340. As part of the inspection we reviewed the Use of Force Register, documentation and footage from CCTV or body worn cameras related to incidents. When reviewing footage, in most cases it appeared that the use of force was necessary, reasonable, and proportionate and use of force was stopped at each the earliest available opportunity. Where it was thought by us that the use of force was not necessary, reasonable, and proportionate, these were referred to the site for another review.

341. When we reviewed the footage and documentation provided by the site we found the following:

- Practice gaps related to at risk assessments and observations not occurring consistently after a use of force.
- No information recorded about prisoners being offered any support following a use of force.
- Some staff involved in a use of force did not have up to date training certification in tactical options and non-lethal weapons.
- Body worn cameras were not always activated and reviews did not always identify this, including when individual carry pepper spray had been deployed.
- Incident reporting on use of force could be improved with more consistent completion by all staff involved in the use of force incident and timely reporting to the General Manager.
- Use of force reviews did not consistently pick up on techniques that were being used, that were not in accordance with training or missed opportunities for de-escalation.

342. Clinical Inspectors did not review health files for all use of force incidents in the six-month review period. At the Nurses focus group interview, Nurses told Clinical Inspectors that they knew what to do during a use of force that they were present at. They spoke about being included in communications prior to a planned use of force, provided an appropriate level of health information relevant to use of force being used for a particular prisoner, that they felt empowered to speak up and were involved in the hot debriefs following the planned use of force. Nurses said that they knew where they should be standing during a use of force to monitor the prisoner's wellbeing and said that they would keep talking to the prisoner throughout the incident. For an unplanned use of force, Nurses told us that custodial staff let them know when spontaneous use of force has been used on a prisoner and they will go and complete a clinical assessment – noting that often *"adrenaline is pumping"* for the prisoner so they observe as best they can for visible injuries but would then return later that day or the following day to complete a follow-up assessment.

343. We observed that during our six-month review period, the Intervention and Support Unit (ISU) recorded 47 incidents of use of force (of which one prisoner was subject to 24 incidents), which indicates that force was used more frequently in this area than in other units in the prison.

344. Inspectors observed OCF has an effective process for the storage and issue of individual carry pepper spray. Compliance checks occur at the end of every shift along with monthly audits.

Searches

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

345. 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 and strip searches of prisoners.

346. Prison staff are supposed to record cell searches in a unit logbook. During the inspection we reviewed the unit logbooks and observed that the majority of cell searches were recorded. Prisoners told us that cell searches were carried out respectfully with their belongings put back in place, except if the search was completed by SERT. The quality of cell searches observed varied. However, we observed a model of good practice on Unit 35, K wing.

347. In the six-month review period, the site recorded 267 incidents where contraband was found. The top three categories for contraband found were other (125), tattoo equipment (64), drugs (48) and weapons (36).

348. We observed mixed practice in the gatehouse related to searches of vehicles entering and exiting the site. On most days vehicle searching was thorough and robust and staff were polite. However, on some days Inspectors observed a less thorough approach.

349. We observed a mixed quality of rub-down searches.

Security classification

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

350. 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.[56] 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.

351. COBRA data for the six-month review period showed OCF had 322 security classifications to complete. OCF met the standard of practice for assigning security classifications within the required timescale 84.2% of the time. Prisoners we spoke to were aware of their security classification and key dates related to when it would next be reviewed.

352. In the same period, there were 83 complaints by 54 prisoners via the PC.01 process and a further four made to the Office of the Inspectorate regarding security classifications.

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

Prisoners are entitled to request a reconsideration of their security classification[57] and this is completed by Corrections staff from the national office.

353. Generally, all prisoners on remand must be managed as high security, but under Corrections policy prisoners with a remand status may be assessed using the Remand Management Tool (RMT) to ascertain the risks they present and to determine the level of custodial supervision they require.[58] The tool allocates a status of RMT1 or RMT2. RMT1 prisoners require a higher security environment and greater supervision to be managed safely. RMT2 prisoners may be safely managed in lower security environments and given access to an appropriate regime where they may, for example, be able to participate in more constructive activities. At OCF some remand convicted prisoners assessed as RMT2 were accommodated in low security units and able to mix with sentenced prisoners.

Prisoner files

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

354. Prisoner files contain personal information about individual prisoners throughout their time in prison. These files are hard copy (paper) and should be stored in lockable, fireproof filing cabinets. File registers should be kept so files can be signed in and out. Electronic files from Corrections' Integrated Offender Management System (IOMS) also contain significant amounts of prisoner information and should be regularly updated.

355. Prisoner file storage met the policy requirements by being kept in lockable and fireproof cabinets in the units. Some of the files checked lacked documents and document signatures.

[57] Section 48(2) of the Corrections Act.

[58] M.02.08 Remand Management Tool (RMT).

Purposeful activity

Education

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

356. Prisoner education needs are assessed using the Literacy and Numeracy for Adults Assessment Tool which should be completed within the first month of entering prison. 55 assessments were completed in the six-month review period at OCF. Following assessment at OCF prisoners meet with a scheduler to discuss their results and create a learning pathway which should be included in their offender plan.

357. OCF has a programmes hub where education, rehabilitation and other purposeful activities are delivered daily. The programmes hub was observed to be a pleasant and relaxing environment that supported engagement, the space offered a wide range of activities and catered for more than 80 prisoners passing through the area each day. Staff in this area were described as dedicated and passionate about their work which contributed positively to the delivery of rehabilitation services.

358. COBRA data showed that 401 educational interventions had been completed at OCF in the six-month review period:

» 149 Learning Pathway Conversations with Education Tutors
» 145 vocational short courses
» 31 driver licence training courses
» 16 Tertiary Education Commission courses
» 27 industry qualification training
» 9 Intensive Literacy and Numeracy Support Services
» 24 self-directed learning.

359. Information provided by Corrections Data Services indicated that on 18 September 2025 there were three Education Tutors at OCF.

360. It was pleasing to note an Education Tutor was preparing for an Inside Outside Programme starting in November 2025 in partnership with Otago University. This programme would be available to six students from OCF alongside six students from the university and the selection process was underway.

361. A range of volunteer programmes were running on site such as creative writing, art classes, baking for the night-shelter, Alcoholics Anonymous, Seasons for Growth programme about grief and loss, and group sessions run by law students. It was clear priority and attention is given to approving new volunteers coming on site.

362. Discussions with prisoners highlighted that access to education programmes varied, with some who had been assessed but advised there were not any available programmes for them. In contrast, all prisoners spoken to in Self-Care had or were currently completing programmes ranging from university degrees, vocational qualifications, creative writing, and literacy and numeracy support that was assisting with an identified neurodiversity need.

Work

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

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

364. A wide range of industries were operating in OCF, providing many prisoners with work opportunities. The industries offered employment to both mainstream and voluntary segregation prisoners.

365. At the time of the inspection, information provided by the site showed there were around 101 men employed in prison industries:

- kitchen
- laundry
- dairy farm
- asset maintenance
- internal/external grounds
- engineering
- carpentry/joinery
- horticulture.

366. Prisoners were able to gain qualifications through their employment and spoke positively about their work areas. They described being treated with respect and appreciating the positions of trust and sense of value that came with employment. In addition, some industries contribute to the community with OCF recording that their horticulture work had donated 10,296 plants to community organisations.

367. Unit based work including cleaning, laundry, meal delivery was also available in most units. Some prisoners' primary incentive to hold a unit-based position was to increase the time they were able to spend out of their cell.

368. For prisoners who are employed in prison industries or other purposeful activities, there is a national Prisoner Incentive Allowance framework. This framework gives prisoners an allowance rate of between 20 and 60 cents an hour, depending on the work, and their skill level and behaviour. At the time of our inspection, OCF was formally assessing prisoners who were working in prison industries against this framework.

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.

369. Every prisoner in New Zealand, other than those engaged in outdoor work, is entitled to a minimum of one hour of physical exercise every day.[59] This exercise may be taken in the open air if the weather permits. At the time of the inspection, prisoners at OCF were being offered their minimum entitlement of at least one hour in the open air every day.

370. Prisoners at OCF generally received more time out of their cell than only the minimum entitlement to exercise, with those in low security units out of their cells for most of the day.

371. OCF's prison gymnasium is a high-quality facility with a varied and well utilised timetable supported by two highly engaged and enthusiastic Physical Education Officers. Open from 7am to 4.30pm Monday to Friday, the gymnasium is accessible to all units and classifications at varying frequencies. OCF was also delivering a specific exercise programme to prisoners referred by a Nurse or Medical Officer. They set aside additional sessions in the timetable for this programme and health and nutrition support were being provided alongside the physical exercise component.

372. Limited exercise equipment was available for prisoners in the unit yards and the equipment varied between units. Prisoners could use the external yards in the high security area and were allowed to have wing recreation at least once per week apart from Unit 35 K wing. The high security exercise yard was austere, and the caged back walkway to access it was described by staff as unsafe.

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.

373. 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.

374. Based on the COBRA data, we estimated that prisoners received 4,629 visitors in the six-month review period.

375. Visitors to the prison generally spoke positively of their experience and the visits process. Staff were described as helpful and welcoming, and a particularly good initiative seen was

[59] 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 one 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'.

the children's activity packs and an information pamphlet for visitors. The visit area also includes colourful murals and activities for children.

376. Face-to-face visits were available at OCF on weekdays. Prisoners and visitors raised concern about the lack of weekend visits, noting this meant they needed time off work to visit or could only bring their school age children to visit during the holidays. One prisoner raised that changes to the visit schedule were also disruptive for his visitors who had other commitments.

377. The site had a visitor prohibition spreadsheet that was managed by the Security Manager. During the six-month review period, there were seven visitor prohibition orders issued to visitors to OCF with all but one issued for 12 months. Six of the visitor prohibition orders related to contraband introduction. Inspectors reviewed the records for the visitor prohibition orders and noted that four did not have a related incident report and OCF were using an out-of-date template and were not signing the letters. During the review period one prisoner requested a review of their visitor's prohibition. The Chief Inspector reviewed and confirmed the prohibition order.

378. Meetings with professionals also often occurred in the visits area. Prisoners and other staff both commented on the respect shown by custodial staff for confidential appointments.

Library

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

379. The library service at OCF is constrained as prisoners cannot visit the library themselves, they have no Librarian employed and services rely on a prisoner volunteer Librarian and the Volunteer Coordinator. Most prisoners spoken to knew how to request a library book to be delivered to their unit using a chit but with some exceptions mostly described long delays in receiving a book.

380. Prisoners had access to a small selection of books within their units.

Rehabilitation

Inspection Standards
• Rehabilitation programmes, targeting the specific needs of the prisoner, are available and accessible.

381. Offence-focused or criminogenic rehabilitation programmes help prisoners to address the thoughts, attitudes and behaviour that led to their offending, and support them to develop the skills to avoid reoffending after release. Offence-focused rehabilitation programmes are generally only offered to sentenced or remand convicted prisoners. Other interventions which are not offence-focused but which may contribute to a prisoner's rehabilitation, such as parenting, driver licence, or tikanga courses, may be offered to both sentenced and remand prisoners.

382. COBRA data showed that in the six-month review period there had been 29 completions of offence-focused rehabilitation programmes:

» 17 Medium Intensity Rehabilitation Programme
» 8 Group Psychological Treatment
» 4 Maintenance Programme.

383. We understand that OCF has been allocated a third Medium Intensity Rehabilitation Programme which meant everyone currently waitlisted was able to be allocated a programme.

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

» 15 Alcohol and Other Drug Brief Programme
» 9 Alcohol and Drug Programme
» 1 Short Motivational Programme
» 24 tikanga programme
» 26 Parenting programme
» 10 'Other' rehabilitative programme.

385. COBRA figures indicated the Psychological Services team had seen 456 people across the Otago/Southland area in the six-month review period with 559 hours of time recorded. Three-hundred-and-twelve hours were attributed to individual treatment with a further 142 hours for Parole Board Report Assessments, 103 hours for Prison Assessments and three hours for Extended Supervision Order Assessments.

386. The Psychological Services team have 10.6 FTE along with two managers and two staff providing administrative support with 1.8 FTE vacant. The team provide psychological services to the region including OCF and Invercargill Prison along with eight Community Corrections sites. We spoke with the Manager and Assistant Manager Psychological Services who advised that demand for their services exceeded their resources and completing reports for the Parole Board or Courts had to be prioritised over individual treatment.

387. We were advised by the Learning and Interventions Delivery Manager (LIDM) that the waitlist for alcohol and other drug treatment was high and OCF staff were working with national office to develop a solution.

388. Other interventions which were not offence-focused but which may contribute to men's rehabilitation, such as education programmes, culturally focused programmes and reintegration programmes, were offered at OCF. These are discussed in the relevant sections of this report.

Remand/Offender Plans

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

389. All prisoners should meet with a Case Manager who assesses their needs and works with them to create a plan. The Case Manager then supports the prisoner to access rehabilitation programmes and other purposeful activities such as education.

390. We reviewed the Case Management Standards of Practice for the six-month review period and found that, on average, Case Managers at OCF had met the standard for initial contact in 24.4% of cases.[60] On average, they met the standard for agreeing an initial offender plan (within 40 days of imprisonment) in 30.1% of cases.

391. During the inspection OCF had 206 prisoners unallocated to a Case Manager. OCF leaders expressed the view that the team was not resourced to meet the size of the prison. Case Managers described barriers limiting their ability to engage with all prisoners on site, including their workloads and difficulties accessing prisoners safely in their units.

392. We heard from some prisoners that they were unable to see their Case Manager and were not aware of the contents of their offender plan. Prisoners who had Case Managers reported mixed views on the effectiveness of the support they received. Some described their Case Manager as excellent, while others stated that the support was ineffective and did not assist them in progressing their plans.

393. 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 OCF showed that in the six-month review period, 72.5% of prisoners had a Case Officer assigned to them.

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

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.

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

395. In the six-month review period, COBRA data indicated staff in the OCF Receiving Office had managed 132 releases into the community (an average of 22 per month). The majority of these prisoners (73) were released on conditions.

396. We reviewed the Case Management Standards of Practice for the six-month review period and found that, on average, Case Managers at OCF had met the standard for Release Planning[61] in 41.7% of cases.

397. In the six-month review period, COBRA figures showed the following programme completions which were categorised as reintegrative:

» Other reintegrative completions of 114.
» Parenting Skills completions of 26

398. Other reintegration activities included Life 101, career and financial modules.

399. In the six-month review period, COBRA figures showed Case Managers had made 57 referrals to the Corrections 'Out of Gate' reintegration service. This is a nationwide reintegration navigation service that helps prisoners on short sentences (two years or less) or on remand to find employment and accommodation and connect with community providers.

400. In the six-month review period, COBRA figures showed that staff had made no applications for temporary releases. 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".[62]

401. Prisoners who have an identified reintegrative need can be considered for Guiding Release. According to Corrections, Guiding Release is a planned, supervised reintegrative activity, where a staff member or an external sponsor accompanies an individual into the community to support goals aligned with one or more of the six pillars of reintegration[63] (e.g. employment, housing, whānau reconnection).

402. Inspectors were pleased to observe that Guiding Release opportunities were being provided to some prisoners on site, even though the Guiding Release Officer position was

[61] To meet this standard a prisoner needs to have an offender plan completed within 40 working days and have an activity set out in their offender plan for each of the six pillars of reintegration. The pillars are accommodation, education and training, employment, whānau and community support, skills for life and oranga (health, wellbeing and lifestyle).

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

[63] Section 62 of the Corrections Act 2004 and Regulation 26 of the Corrections Regulations 2005 set out the purposes for which prisoners can be temporarily released or removed from prison.

vacant. Five prisoners had undertaken seven Guiding Release activities during the six-month review period. This was regarded as a constructive initiative supporting gradual reintegration into the community.

403. A further 137 escorted movements to support the rehabilitative or reintegrative needs of prisoners, including maintaining a family relationship or friendship, were recorded.

404. 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 OCF, Case Managers met the timeframes for providing reports to the NZPB, on average, 94.4% of the time over the six-month review period.

405. We heard that a core priority for Case Managers was the preparation of Parole Assessment Reports for the New Zealand Parole Board and that they received good feedback about the quality. It was observed that prisoners approaching Parole Board hearings had not met with a Case Manager to prepare. Prisoners reported that they did not have a release plan in place and noted that their families had not been involved in the release planning.

406. We were told that prisoners working on the farm had a good success rate in securing employment in the same field of work on release.

407. The internal Self-Care units were observed as a model of good practice, providing excellent reintegration opportunities. Prisoners living in the villas took responsibility for their own budgeting and cooking, were able to leave OCF, supervised by staff, to purchase groceries, and developed independent living skills in preparation for release.

408. 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.

409. At the time of the inspection, we heard there were no men on Release to Work which had been the case since 2024. Recently a new Release to Work Broker had been employed and they were aiming to support six prisoners to gain work placements in the community. Thirty-eight prisoners were considered eligible at the time of our inspection with two assessed for suitability and due to be considered by OCF's Advisory Panel in October 2025.

410. We were told of the benefits of having the South Otago Community Corrections and OCF Transition Team office on the site. It is our preliminary view that the placement of a Police Liaison Officer in that office is an excellent initiative and represents an example of positive practice.

411. We heard from Community Corrections staff that accommodation options in the community for prisoners on release were minimal. They noted prisoners transferred to OCF were not always transferred back for release and at times were provided bus tickets to return independently after their release from prison.

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

Appendix A – Images

Image 1: Inside a Prisoner Escort Vehicle cell

Image 2: Receiving Office holding cell

Image 3: ISU cell

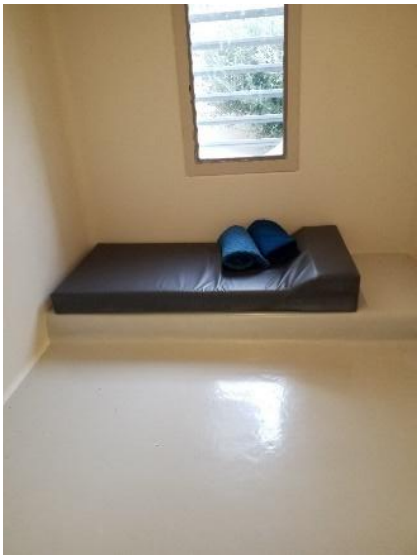

Image 4: ISU cell

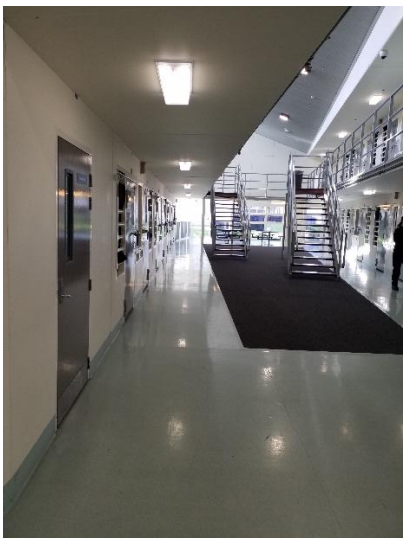

Image 5: Piwakawaka, high security unit

Image 6: High security yard

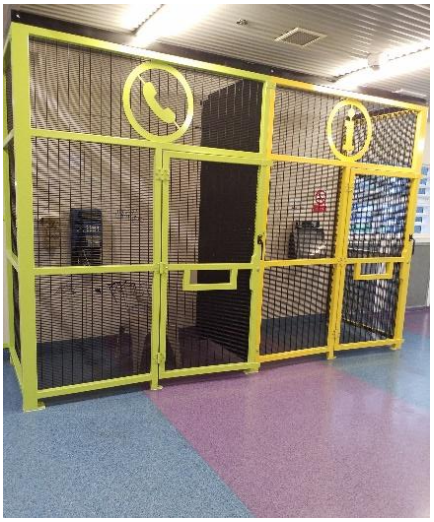

Image 7: Tokoeka Unit 35 telephone and kiosk secure area

Image 8: Children's play area in Visits

Image 9: Prisoner gymnasium

Image 10: OCF dairy farm

Image 11: Joinery workshop

Image 12: Health centre clinic bay

Image 13: Health centre space for talking therapies

Image 14: Health centre dental suite

Image 15: View of Takahe Yard

Image 16: Cell in Takahe unit

Image 17: Property office

Image 18: Self-Care unit with vegetable garden

OFFICE OF THE INSPECTORATE
Te Tari Tirohia

Appendix B – Corrections' response

DEPARTMENT OF CORRECTIONS
ARA POUTAMA AOTEAROA

27 July 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 Otago Corrections Facility 18 – 26 September 2025

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

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

Your report found many examples of positive practice at OCF. This included the leadership team having a clear and focused strategic plan, a visible and engaged Health Centre Manager, positive connection between health and custodial staff particularly in the Intervention & Support Unit. You also found the OCF health team had a strong model of utilising nurse portfolios of special interest, and nursing staff were described in positive terms by prisoners. OCF was also noted as offering a wide range of activities, including education, employment, rehabilitation, reintegration delivered by staff and volunteers, and the site was described as well maintained and clean.

Leadership

We acknowledge the finding regarding leadership team culture at OCF. Creating and maintaining a safe, respectful, and inclusive workplace is a fundamental expectation, and any behaviours that fall short of this are not acceptable. While feedback to the inspection team reflected a range of perspectives from staff, including many positive views of leadership and workplace culture, we recognise that concerns raised, regardless of how widely held, must be taken seriously. In particular, the issues identified relating to inappropriate comments, culture, and the need to consistently challenge offensive behaviour from prisoners highlight areas where greater clarity, consistency, and visibility of expectations are required.

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At a national level, Corrections is focused on preventing sexual harassment through education. Sexual harassment workshops are a key part of this. These workshops help staff recognise harmful behaviour, understand what's not acceptable, and see their role in creating a safe workplace.

Corrections' plan to eliminate sexual harassment provides an important framework and opportunity for OCF to strengthen their approach. The site is committed to taking deliberate and sustained action, recognising that even isolated experiences can have a significant impact on individuals and must be addressed. Within weeks of receiving the debrief following the inspection, site management convened on 3 December 2025 with their Senior Human Resources (HR) Adviser to formally discuss the concerns raised. This process identified the need for a stronger, more inclusive leadership approach, which the team is committed to embedding.

All Managers and Principal Corrections Officers have completed the online Sexual Harassment training. In addition, Regional Facilitators delivered site-wide Sexual Harassment training workshops in July 2026. Further training has also been undertaken with the Senior HR Adviser to strengthen understanding of appropriate processes for managing HR matters. A reshuffle of the management team has been implemented, with both Deputy General Managers working in an office space alongside the General Manager. This change supports a more cohesive leadership presence and improves the overall balance and visibility of the management team.

Cultural competency is a key area of focus for OCF. The leadership team completed the E Toru Ngā Mea workshop in August 2025 to increase knowledge and awareness of Te Ao Māori, aligned to the Hōkai Rangi Strategy and values led practice. The site has established a three-monthly meeting with A3 Kaitiaki, a subsidiary of Ōtākou Rūnaka, to maintain connection with mana whenua. A3 Kaitiaki have also offered support with recruitment to further strengthen cultural capability across site.

He Whāriki is Correction's Cultural Capability approach. It is in its final stages of development and when launched, will be accessible to all staff, providing a self-assessment tool, as well as access to appropriate Cultural Capability learning tools and activities for individuals and teams.

Prison Staff

We acknowledge the Inspectorate's concern regarding Case Management numbers and results for the Case Management Standards of Practice. This is linked to staffing levels and remains a key pressure for OCF impacting ability to consistently meet Standards of Practice. One role has been recruited, with an August 2026 start, one role is currently being recruited, and one is to be advertised. Once these positions are filled, the team will be fully recruited. The Workflow Tool is currently under review, this is a tool available for Principal Case Managers to support the allocation of cases. This will provide an opportunity to take an evidence-based approach to understanding workload demands and to ensure that our workflow tools more accurately reflect the realities of frontline practice.

The report found mentoring newer staff was challenging for more experienced staff to balance alongside their work. To support these pressures, the site's Learning and Development Adviser currently plays an important role in mentoring staff progress and informing the General Manager of emerging development needs. We recognise strengthening structured support mechanisms and ensuring capacity for mentoring is important for managing retention and building workforce capability over the long term.

Escorts, Reception and Inductions

The report noted prisoners were observed being asked to sign at-risk assessment forms when no formal assessment had taken place. Receiving Office (RO) staff perform many duties including court escorts and supervision, providing opportunities for conversations to occur before someone is received in the RO. While the process may not always be visible at the point of form signing, assessments are being undertaken through a combination of pre-arrival reviews and private engagement opportunities. An email was sent to RO staff in June 2026, noting conversations need to be documented on the form as evidence. OCF leadership are the first line of defence with the second line of defence assurance provided from the Organisational Resilience, Learning and Assurance team. These assurance checks will be completed by the end of year. Ensuring this is well documented and consistently communicated helps provide greater transparency and assurance around practice.

Corrections acknowledge your concern about prisoners being stripped searched instead of utilising body scanners, noting, prisoners arriving on site were scanned. OCF has issued RO staff with the instruction that strip searches should only be used where the body scanner is unavailable because it's out of service following the inspection. Staff have been advised to prioritise the use of the body scanners wherever possible, with strip searching limited to exceptional circumstances. The OCF Leadership team are closely monitoring the use of body scanners on site. This will strengthen alignment with best practice expectations and support a more consistent, dignity-focused approach.

Health

The report raised the high use of two dry cells at OCF. During the period of the inspection, the site utilised dry cells due to limited Intervention Support Unit (ISU) bed capacity matched with an increased number of transfers with unknown acuity level and those requiring assessment. As well as to carry out assessments, dry cells were used to manage high-risk or complex behaviours, including volatility, internal concealment, dirty protests, and overflow. At the time of the inspection OCF was managing an extremely complex prisoner who required periods in the dry cell to ensure the preservation of life. This decision was managed via internal and external stakeholder Multi-Disciplinary Team (MDT) meetings. The management of this prisoner was robustly documented in his Management Plans with phased steps, in response to patient risk and need. The management was also reviewed and supported by the Operational Resilience Learning and Assurance team (ORLA). The expectation for clear evidence to support all placements has been reiterated to staff onsite and all supporting rationale must

be included in the prisoner's management plan. This practice is reiterated in the weekly messaging from the ISU Principal Corrections Officer (PCO) to On Call and PCO's on site after hours and weekends.

We acknowledge the concerns raised regarding the extended wait times for dental services and the reported impact on patient outcomes. The current demand at OCF has increased alongside the population growth. OCF has recently completed dental procurement and have recruited new dentists. Within existing resources, a clinical prioritisation process is in place. The health team conducts timely assessments of all reported dental concerns and initiates first-line management. Where clinically indicated, patients are triaged for urgent or acute dental intervention, and expediated referrals are arranged to ensure those with the highest clinical need are seen as a priority. While this approach supports the management of acute presentations and helps mitigate clinical risks, the limited-service capability can result in delays for non-urgent care. This may impact the ability to provide early preventative or restorative treatment. We recognise the importance of timely access to dental care and continue to advocate for the service. In the interim, we remain committed to ensuring that all patients are appropriately assessed, prioritised and managed within the constraints of available service. Additionally, OCF have included oral health in the 'health promotion' portfolio to help educate men about preventative dental health.

Following the conclusion of the Improving Mental Health Services (IMHS) contract, an additional mental health position was established internally as part of the Intervention and Support Practice Team at OCF. This maintained a level of resourcing comparable to that previously provided under the IMHS contract. An additional 1.5 Full Time Employment (FTE) mental health positions were also established at Invercargill Prison to support more equitable access to services and alleviate pressure on staff and management across both sites. It is recognised however, that systemic health workforce shortages nationally have affected the Corrections' (as well as other agencies') ability to recruit suitably qualified mental health staff.

Environment, Good Order and Duty of Care

We were pleased to read your remarks about OCF being an extremely clean, and well-maintained site. Although the report noted issues with the availability of underwear for prisoners, OCF have advised there is no reason for any prisoner to be without the approved allocation of underwear. Recent external reviews of bedding and clothing stock levels have confirmed that supply is sufficient. Clear messaging has been circulated to staff to ensure these items are issued to prisoners, as required.

We recognise the concerns raised regarding access to gender-specific clothing for transgender prisoners. Corrections have bras and underwear available for prisoners and will ensure that OCF has stock for transgender prisoners. Currently all prison outer clothing is designed for male prisoners, including the clothing provided at women's prisons. Corrections is planning to return to market within the next 15 months, and the provision of female clothing will be included within

the scope of this process. This will improve access to gender-specific clothing for both people in a women's prison, and transgender prisoners.

The Authorised Property Rules (APRs) also allow for gender-affirming items to be provided to prisoners via health staff, when deemed necessary to assist in their physical or psychological well-being. The items on the APRs are currently under review and specific gender-affirming items are being considered for addition. Section I.10.04 of the Prison Operations Manual (POM) supports transgender prisoners to have items to maintain their gender identity in prison. These items can only be denied or withheld if the General Manager determines there is a risk to the safety and security of the prison. Staff assess each item requested for approval on a case-by-case basis dependant on the individual prisoner's risk.

Prisoners on Voluntary Protective Custody (VPC) are issued orange clothing as a key safety measure at OCF. This visibility helps ensure that VPC prisoners do not mix with the mainstream population in shared spaces such as visits, health services, and programmes. The use of orange clothing helps to manage risk effectively. While we acknowledge reports of negative attention such as name-calling, the primary intent of this measure is to safeguard the wellbeing of those in protective custody.

OCF has undertaken a recent staff rotation, when the new placements commence, this will provide an opportunity to reassess current operating practices and identify areas where improvements can be made. Regarding your finding about restricted association decisions, while considering risk, OCF recognises there may be opportunities to safely enable some prisoners to mix where appropriate controls can be maintained.

Discussions with prisoners about cell sharing occur regularly onsite, and where operationally possible, individuals are encouraged to identify and agree on suitable cell mates themselves. When prisoners disclose trauma-based concerns or resistance to sharing a cell, these concerns are formally considered through the Not To Double Bunk (NTDB) MDT process. This includes input from ISPT, Health, and residential Principal Corrections Officers, with decisions based on available evidence relating to health, safety, and risk to others. Assurance processes are also in place to monitor placements. A primary assurance measure includes a private interview conducted by a Senior Corrections Officer within three days of placement, which is documented via offender notes. This is complemented by primary assurance through monthly First Line of Defence checks. Then secondary assurance is undertaken by the ORLA Team.

Purposeful Activity, Rehabilitation, and Reintegration

Thank you for noting the wide range of activities delivered by staff and volunteers across OCF. At present, the librarian role is being temporarily covered by programme staff while recruitment for a new librarian is currently being recruited. We recognise that this interim arrangement may impact service efficiency. The role is being advertised late July, once recruited full library service capability will be restored across the site.

The demand for Psychological Services (PS) exceeding the team's regional resources is an issue experienced nationally and work is ongoing to address this. Work in this space includes streamlining existing services to improve access to psychologists, including improving access to special treatment units. There are also several initiatives underway to improve the recruitment and retention of senior psychologists. Locally, much consideration has gone into how managing waitlists can be addressed with current resourcing and infrastructure. Prioritising high level reports as well as pathway assessments is within policy and in use by the OCF PS Team. Innovations such as remote assessments and treatment and the use of AVL are currently helping with the high demand by reducing travel time for psychological services staff, however they remain committed and open to innovations to assist in reducing their waitlist.

At the time of the Inspection all men waitlisted for Alcohol and Other Drug (AOD) treatment had to complete a comprehensive AOD assessment to determine level of intervention. Since the Inspection, an AOD Moderate programme commenced at OCF with six graduates in April 2026, and ten men in the current program.

We acknowledge the concerns raised regarding the absence of prisoners participating in Release to Work (RTW) at the time of inspection. Since then, a new RTW broker has commenced in the role, and progress has already been made. One prisoner was engaged in employment within the community, and further opportunities are actively being developed. The broker is continuing to build relationships with external employers and identify suitable placements to expand participation in the RTW programme.

Overall, the inspection report recognises some of the positive work at OCF 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 OCF and the General Manager Pae Ora Otago/Southland.

An action plan is being developed to respond to the report's findings and will be submitted within the required timeframe. We remain committed to continuous improvement and look forward to ongoing engagement with the Inspectorate.

We trust you are satisfied with our response to the draft report. Please advise if you have any concerns or questions about the information provided.

Ngā mihi nui

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OFFICE OF THE INSPECTORATE
Te Tari Tirohia