

# Mount Eden Corrections Facility

**Announced Inspection**

October 2024



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# Office of Inspectorate | *Te Tari Tirohia*

## **Our whakataukī**

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

By looking and listening, we will gain insight

## **Our vision**

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

## **Our values**

Respect – We are considerate of the dignity of others

Integrity – We are ethical and do the right thing

Professionalism – We are competent and focused

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

Diversity – We are inclusive and value difference.

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

## **Our work**

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

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





## Foreword

This report sets out the findings of an announced inspection of Mount Eden Corrections Facility (MECF) in Auckland.

MECF is understood to be Australasia's largest remand facility, accommodating 1,102 prisoners at the time of the inspection, 95% of whom were on remand. Large numbers of prisoners entered and left the site, with, on average, 621 receptions and 600 exits a month during the six-month review period. The site is located in the central city and has a relatively small footprint. It is on several levels and is a stark and austere environment with no green spaces, limited natural light and few outdoor areas. This makes it a challenging environment for both staff and prisoners.

The inspection team found the MECF leadership team was still adjusting to recent changes brought about by Te Ara Whakamua: The Pathway Forward, Corrections' process for organisational change. Although several positions in the leadership team were being covered through secondments or 'acting up' arrangements, leadership at the site was stable and settled. Most staff and managers viewed the prison General Manager<sup>1</sup> as approachable and with a genuine commitment to the site and its people.

Staff across the site, including custodial and health staff, mostly had the skills and knowledge to do their jobs, but a large proportion had less than two years' experience working in a New Zealand prison environment, and many had English as a second language. Some of these staff struggled to understand the cultural differences in New Zealand.

The custodial team was short-staffed and was operating with about 85% of the necessary roles. We heard that unplanned absences (such as staff taking sick leave) were common and caused additional pressures. Partly due to the shortage of custodial staff, the regime was restrictive, with most prisoners spending most of their time (around 22 hours a day) locked in their cells.

Generally, we found that most prisoners and staff said they felt safe, but a significant number of prisoners told us about having to remain vigilant when out of their cells, and some prisoners told us they did not feel safe and seldom left their cells or avoided certain areas, such as exercise yards. We found evidence that cell intercom calls sometimes went unanswered by staff, or that staff did not always respond appropriately to prisoners' concerns. In addition, 62% of the prison population was on voluntary segregation, which was challenging for the site to manage, and which reflected the fact that many prisoners did not feel safe in mainstream units. Other issues included a lack of privacy for prisoners taking lawyers' calls, and a failure to provide mobility equipment to some disabled prisoners.

Around 60 of the 1,102 prisoners on site had jobs in prison industries, with others working part-time in unit-based employment, such as cleaning. However, most prisoners did not have jobs, and there were very limited educational opportunities, cultural activities (such as tikanga courses or kapa haka) or any other forms of constructive activity available. Prisoners told us they were bored, stressed and frustrated. We note that 769 of the prisoners were remand accused and so had not been convicted.

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<sup>1</sup> Prison Directors were redesignated as General Managers under Te Ara Whakamua.



We heard that non-custodial staff, such as Case Managers, Education Tutors, and mental health staff, could find it challenging to gain access to prisoners. We heard this could be due to several factors, including the shortage of custodial staff, a lack of suitable interview rooms, and the fact that prisoners were only unlocked for short periods every day and so sometimes prioritised exercising or speaking with family/whānau using the prisoner telephones, over meeting with the non-custodial staff member.

In addition, the nature of the prisoners' remand status meant that most stayed at the site for relatively short periods of time (Corrections estimates that in the 2023/24 financial year, the average length of time people spent on remand nationwide was 89 days). This could make it difficult for staff to build rapport with prisoners and arrange timely assessments and other interventions. This could be a particular challenge for release planning.

Case Managers at the site were sometimes meeting their Standards of Practice, but told us these standards were not always applicable to remand prisoners. For example, to meet the standard for agreeing an initial offender/remand plan, the case management team was completing file reviews of prisoners without meeting them face-to-face, thus turning the practice into a tick-box compliance exercise.

The health team was nearly fully staffed and was providing a good level of care, generally in a timely manner. There were some issues with healthcare delivery, including a large number of nurse clinic cancellations, which meant some prisoners could wait an unreasonable length of time to see a Nurse or the Medical Officer.

While we found some good practice in the management of prisoners with mental health issues, it was concerning to discover that prisoners in the Intervention and Support Unit, including some with serious mental illnesses, were effectively being denied association. For some, this had likely amounted to prolonged solitary confinement, as this is defined in the Mandela Rules. Moreover, prisoners in this unit were not being managed under the relevant section of the Corrections Act (i.e. Section 60 (1)(b) medical oversight mental health) which meant they were not necessarily receiving the benefits of the requirements under that section.

We found the site was providing opportunities for prisoners to engage with their families/whānau, including regular in-person visits. Eligible prisoners should also be able to make video calls to families/whānau, but most prisoners we spoke with told us they did not think this was available at MECF, although staff told us that it was.

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

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

Janis Adair  
Chief Inspector



## Overview and findings

1. This report sets out observations from our announced inspection for Mount Eden Corrections Facility (MECF). MECF is a remand prison for men<sup>2</sup> that is located in the central Auckland suburb of Mount Eden.
2. We inspected MECF between Monday 7 October – Friday 25 October 2024.
3. At the time of the inspection, MECF had an operational capacity of 1,248 prisoners.
4. On the first day of the inspection, the prison housed a total of 1,102 prisoners, comprised of 769 remand accused, 273 remand convicted, and 60 sentenced prisoners.

## Findings – action required by prison leaders

5. The findings we make in this report are presented differently to the findings in older prison inspection reports. Rather than presenting detailed findings for each subsection of the report, we instead make over-arching findings for key areas only.
6. We have taken this approach so prison staff and management can see at a glance the findings we consider to be priorities. These over-arching findings cover areas that we expect prison leaders, with support from the wider Department, to address in an action plan which sets out how and when the findings will be addressed, and tracks progress. This action plan should be provided to the Office of the Inspectorate within four weeks of the report being received by the site.
7. Any additional observations are presented only in the text of the report. These observations are also important, and we hope prison staff and management will find them useful when working to improve practices and processes.

### Leadership

Finding 1. Site leaders were still in a period of adjustment due to recent changes in the management structure brought about by 'Te Ara Whakamua: The Pathway Forward', Corrections' process of organisational change. Despite this, prison leadership was generally stable and settled. The General Manager was considered to be a strong and dedicated custodial operator, which had a positive effect on staff and stakeholder confidence.

### Prison staff

Finding 2. While most staff had the necessary skills to do their jobs, a significant number, including around half of the custodial team, had less than two years of experience working in a New Zealand prison environment, and a high proportion

<sup>2</sup> Transgender prisoners may also be housed at MECF.

- had English as a second language. The lack of experience was causing some cultural challenges and some staff lacked confidence when managing prisoners.
- Finding 3. The site was operating with a custodial staffing level of around 85%, and unplanned absences (such as sick leave) were common. Due to this, some staff felt pressured and had little time to engage with prisoners.
- Finding 4. Non-custodial staff (such as Case Managers, Education Tutors, and mental health staff) sometimes had trouble accessing prisoners. This was due to several factors, including the shortage of custodial staff, a lack of suitable interview rooms, and because prisoners were required to give up their limited unlock time for assessments etc and therefore sometimes refused to attend because they prioritised other activities such as speaking on the telephone with their family/whānau or taking exercise.
- Finding 5. Health staff felt they needed more staff due to increasing prisoner numbers.

### Duty of care

- Finding 6. Prisoners have a right to be able to consult their legal advisor in private, but at MECF we found that staff remained in the room with prisoners when they were taking lawyers' calls.
- Finding 7. Māori prisoners had very limited access to cultural practices and programmes, which was disappointing.
- Finding 8. Some prisoners were concerned about cell intercom calls going unanswered by staff; prisoners felt this could put their safety at risk in the event of an emergency.
- Finding 9. Despite the site's focus on reducing violence and aggression, there were some issues with bullying and prisoner-on-prisoner assaults, and some prisoners told us they did not feel safe.

### Health

- Finding 10. Remand prisoners typically have higher health needs than sentenced prisoners. We found prisoners experienced some delays in getting access to the health team, but once they did, the health team was generally providing a good level of care to prisoners.
- Finding 11. We found several areas of positive healthcare practice, including timeliness of medication provision after reception, sexual health, and a new release planning process which showed promise if fully implemented.
- Finding 12. Custodial staff at MECF were using a system where prisoners who were not assessed as 'at-risk', but whom custodial or health staff had concerns about, were deemed 'persons of interest', usually for health or mental health reasons. People on this list were checked on every 60 minutes by custodial staff. This practice is not in line with any Corrections policy and appeared to be a process that had been initiated at MECF. Custodial staff had limited understanding of the



purpose of the checks and what was expected of them, and there was no policy information or guidance for staff about the management of these prisoners.

- Finding 13. One unit (Foxtrot 1) was being run as an alcohol and drug recovery unit, where prisoners had access to a two-week rehabilitation programme and other constructive activities. We considered this approach to be a positive initiative.
- Finding 14. Prisoners in the Intervention and Support Unit were effectively being denied association with others, which, for some, likely amounted to prolonged solitary confinement. In addition, they were not being managed under the relevant section of the Corrections Act (i.e. Section 60 (1)(b) medical oversight mental health) which meant they were not necessarily receiving the benefits of the requirements under that section.
- Finding 15. There could be delays in moving people out of the Intervention and Support Unit (ISU) once the ISU multidisciplinary team had decided they no longer needed to be there. This was due to the site's practice of a senior custodial prison manager meeting with the prisoner before they could be moved. Unnecessary stays in the ISU, in an environment which is not conducive to mental wellbeing, may be harmful. The delays also impacted on prisoners in other units who had been assessed as at risk and were being managed on constant observations as there were no beds for them in the ISU.
- Finding 16. Despite the fact we observed that the site did have mobility equipment, a failure to provide it where it was needed was causing issues for some disabled prisoners, including the inability to attend appointments or consult with their lawyers.

### Environment

- Finding 17. Generally the site was clean and well-maintained, and facilities such as prisoner telephones and self-service kiosks were in working order.
- Finding 18. While most prisoners had sufficient sheets, duvets and blankets, a significant number had no pillows despite these being available in a storeroom on site.
- Finding 19. Some mealtimes were acceptable but dinner was served unreasonably early, between 3.30pm and 4.40pm.

### Good order

- Finding 20. We found most security features and processes across the site to be working well, though the Detector Dog team reported being under-utilised when it came to search operations inside the prison.
- Finding 21. A Level 5 manager was approving applications for voluntary segregation, but this did not align with the delegation requirements for this process; these applications should be approved by a Level 4 manager or above, primarily the Deputy General Manager/Deputy General Manager Pathways.

Finding 22. Prisoner files were not being held in fireproof cabinets and many files did not contain all the relevant documentation.

### **Purposeful activity**

Finding 23. Prisoners spent most of their time (i.e. around 22 hours a day) locked in their cells and there were few constructive activities available. Many prisoners were bored, frustrated and stressed. We heard the site had not yet restarted many activities following the COVID-19 pandemic. For example, at the time of the inspection the secure online learning suites were still closed, there were few prison volunteers, and the team of Programme Facilitators had not yet been back on site.

Finding 24. Around 60 of the 1,102 prisoners were employed in prison industries, including the prison kitchen and laundry, and others were employed part-time in unit-based work such as cleaning. A number of prisoners expressed frustration that they could not get a job.

Finding 25. Prisoners were generally receiving the minimum entitlement of at least one hour in the open air every day, though some exercise yards received limited sunlight and most exercise yards contained little in the way of exercise equipment beyond some pull-up bars.

Finding 26. The site was offering face-to-face visits Monday to Friday and prisoners were allowed one 30-minute visit a week. Prisoners and visitors told us 30-minute visits were not long enough, especially as visitors were required to arrive 45 minutes early.

Finding 27. Eligible prisoners may make video calls to family/whānau and friends who are approved visitors. However, most prisoners we asked told us they did not think video calling was available at MECF and that they had therefore not applied for it. We spoke with some prisoners who told us they had applied but they had found the application process difficult and extended, and sometimes had not received an outcome.

### **Rehabilitation and reintegration**

Finding 28. While there had been some completions of a drug and alcohol programme and a family violence reduction programme, there were limited rehabilitation opportunities available at MECF. Most prisoners told us they would like access to rehabilitation programmes or constructive activities.

Finding 29. The Case Management Standards of Practice, including for initial contact, for agreeing an initial offender/remand plan, and for release planning, did not appear to be applicable to remand prisoners or a busy remand site. For example, the case management team was meeting the standards of practice for agreeing an initial offender/remand plan in 96% of cases in the six-month review period, but only by having a 'remand team' which created an initial offender/remand plan based on a file review and without meeting face-to-face with the prisoner.



Finding 30. Case Managers were meeting Case Management Standards of Practice for providing Parole Assessment Reports to the New Zealand Parole Board only 24% of the time in the six-month review period.

Finding 31. Release planning for many prisoners at MECF was not being done in a meaningful way. Some prisoners were being released without bank accounts, photo identification, or accommodation. While there were challenges with planning release for prisoners on remand who therefore did not have sentence end dates, we consider there was an opportunity for greater collaboration between Case Managers and the Community Corrections team.



## Introduction

8. 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.
9. 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.
10. The Inspection Standards were developed by the Inspectorate and reflect the prison environment and procedures applicable in New Zealand prisons. In 2023/2024 the Inspection Standards were comprehensively reviewed to ensure they remained responsive to the needs of New Zealand prisoners and reflected the latest United Nations guidance on the standards of care for prisoners and prison conditions. On 8 July 2024, we published the updated Inspection Standards.<sup>3</sup> This inspection of Mt Eden Corrections Facility was the first to be completed using the updated Inspection Standards.
11. 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 (criteria for assessing the treatment of and conditions for prisoners in England and Wales)
  - » 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.
12. The Office of the Ombudsman is mandated as a National Preventive Mechanism<sup>4</sup> to examine and monitor the treatment of people in prisons. The Chief Ombudsman's most recent inspection of MECF was a follow-up inspection in June 2023. No inspection report was published after this inspection, though a provisional report was provided to Corrections in October 2023.
13. The Inspectorate visited MECF between 7 – 25 October 2024 to carry out the inspection. The prison inspection was from 7 – 18 October, followed by a clinical inspection from 21 – 25 October.
14. Our previous announced inspection of MECF was in January 2018.<sup>5</sup> This was followed by an unannounced follow-up inspection in January 2020.
15. 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.

<sup>3</sup> A link to the Inspection Standards can be found at [https://inspectorate.corrections.govt.nz/about\\_us/what\\_we\\_do](https://inspectorate.corrections.govt.nz/about_us/what_we_do)

<sup>4</sup> 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.

<sup>5</sup> Office of the Inspectorate (May 2019), Mount Eden Corrections Facility Inspection January 2018.

- Regional inspectors have oversight of incidents, complaints and allegations against staff at their respective sites.
16. The fieldwork for the inspection was completed by four Inspectors and a Clinical Inspector for health-related matters. The inspection was overseen by the Principal Inspector for non-health related areas of prison life. The Assistant Chief Inspector oversaw the Leadership standards.
  17. Inspectors assessed the treatment and conditions of prisoners at MECF against the Inspection Standards which consider the following areas of prison life: leadership; prison staff; escorts, reception and induction; duty of care; health; environment; good order; purposeful activity; rehabilitation; and reintegration. Inspectors accessed all parts of the prison to complete their assessment.
  18. 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.
  19. 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.
  20. Inspectors carried out:
    - » one-to-one and focus group interviews with 127 prisoners from units across the prison.
    - » one-to-one and group interviews with 142 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 Centres.
    - » a review and analysis of relevant information and data from the prison and Corrections databases, including the Integrated Offender Management System (IOMS) and the Corrections Business Reporting and Analysis (COBRA) tool. Our review period for data analysis was the six-month period from 1 March 2024 to 31 August 2024.
  21. We were informed by Correction's Hōkai Rangi organisational strategy, which was first released in 2019, and refreshed in December 2024.<sup>6</sup> 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.
  22. On 17 April 2025, we gave the Corrections Commissioner Custodial Services and the Deputy Chief Executive Pae Ora (Healthy Futures) a draft of this report. They responded to the draft on 9 June 2025 and the response is attached as Appendix B.

<sup>6</sup> [https://www.corrections.govt.nz/news/2024/corrections\\_releases\\_refreshed\\_hokai\\_rangi\\_strategy](https://www.corrections.govt.nz/news/2024/corrections_releases_refreshed_hokai_rangi_strategy)

## Introduction – Mount Eden Corrections Facility

23. Mount Eden Corrections Facility (MECF) is a men's remand prison in the central Auckland suburb of Mount Eden. It is the main reception prison for newly remanded prisoners in the Auckland region.
24. MECF is situated next to the original Mount Eden Prison, which is now known as Old Mount Eden Prison. Old Mount Eden Prison opened in 1856 as a military stockade, later expanding and becoming Auckland's main prison. In June 2011, the old prison was decommissioned. It has been given a category 1 classification<sup>7</sup> by Heritage New Zealand.
25. In July 2000, a new prison was built next to the old prison. The new prison was named Auckland Central Remand Prison and became New Zealand's first privately run prison.
26. Between 2005 to 2011, the Department of Corrections took over management of the Auckland Central Remand Prison. In 2011, management was contracted to a private company, Serco, until this arrangement ended in March 2017, when Corrections resumed management of the prison.
27. In March 2011, a new six-storey administration building and two four-storey prisoner accommodation blocks, named Buildings A and B, were opened on the southern side of the site, adding 450 beds. The redevelopment, which included a secure gatehouse, a visitor centre and a multilevel carpark, was named Mount Eden Corrections Facility.
28. In 2017, construction began on a new accommodation block within the southern boundary of the site. This block, named Building C, was designed to house an additional 240 remand prisoners. It is a multi-storey, high security building which includes programme rooms, multipurpose spaces, staff facilities, an audio-visual suite, visit rooms and a health facility. Building C opened in 2020.
29. New Zealand prisons typically accommodate a mixture of remand and sentenced prisoners. However, MECF is unique in that it almost exclusively accommodates prisoners who have been remanded into custody by courts in the Auckland region.
30. Not only does the prison hold the largest number of remand prisoners in New Zealand, it also manages significant volumes of movements as prisoners transition in and out of prison regularly to appear in court or to be released or granted bail. In the six-month review period, COBRA data indicated that MECF managed 3,727 receptions, an average of 621 receptions each month, and 3,603 exits, an average of 600 exits each month. In addition, the prison managed 1,794 inter-prison transfers, an average of 299 a month.

### Prisoners

31. On the first day of the inspection, Monday 7 October 2024, MECF housed 1,102 prisoners and had an operational capacity of 1,248 prisoners.
32. MECF is a remand prison. Of the total of 1,102 prisoners, 1,042 (95%) were on remand, with 769 remand accused (74% of those on remand) and 273 remand convicted (26% of those on remand).

<sup>7</sup> A category 1 classification is for places of special or outstanding historical or cultural significance or value.

33. There were also 60 sentenced prisoners (5% of the total) of which 19 had a high security classification, 13 were low medium, 8 were low, and 3 were minimum security. Some sentenced prisoners had not yet been classified.
34. Prisoners on remand in New Zealand prisons are managed as high security unless they have been assessed using the Remand Management Tool (RMT). The Custodial Practice Manual on the Corrections intranet sets out that remand prisoners (whether remand accused or remand convicted) may be assessed using the RMT to ascertain the risks they present and to determine the level of custodial supervision they require. 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.
35. Staff at MECF were assessing prisoners using the RMT. However, since all units at MECF were classified as high security, prisoners assessed as RMT2 could not be located in a lower security units as there were none. Prisoners assessed as RMT2 may have been able to participate in more constructive activities if these were available. However, given the limited number of constructive activities available at the site, we could not observe any significant differences in the opportunities available to RMT1 and RMT2 prisoners whilst at MECF, though this assessment would be more relevant if they were transferred to another prison.
36. Remand prisoners generally have higher needs than sentenced prisoners and form a more transient population. Remand prisoners also tend to have higher health needs, including some older prisoners with complex health and disability needs whose placement raises challenges when they are sentenced.
37. A high remand population leads to a situation where high numbers of people are entering prison, often for short periods, and then being released. Corrections estimates that in the 2023/24 financial year, the average length of time people spent on remand was 89 days.
38. Since our last inspection in January 2018, the total number of prisoners at MECF had increased by 67 prisoners. In January 2018, MECF housed a total of 1,035 prisoners (of whom 760 were remand accused, 200 were remand convicted, and 75 were sentenced).
39. We heard that the prisoner population at MECF was expected to increase further. Alpha 1 Unit and Bravo Unit were closed on the first day of the inspection, but we heard the site was planning on re-opening these units in November 2024 to accommodate additional prisoners.
40. MECF has four accommodation buildings (Central, and Buildings A, B, and C) which contain residential units. Each unit has two wings and a mixture of double-bunked cells and single cells. The table below provides an overview of residential units in the prison and the numbers and types of prisoners held in each unit on 7 October 2024, the first day of the inspection:

**Table 1: Unit names, types, and prisoner numbers at MECF on 7 October 2024**

Unit name	Unit type/prisoner category <sup>8</sup>	Number of prisoners
Receiving Office	Receiving <sup>9</sup>	3
Alpha 1	Closed on the first day of the inspection	N/A

<sup>8</sup> Some prisoners of a different category may be held in a particular unit but unlocked at different times so they do not mix.

<sup>9</sup> The Receiving Office is not a residential unit but some prisoners were being held there temporarily.

Unit name	Unit type/prisoner category <sup>8</sup>	Number of prisoners
Alpha 2	Mainstream <sup>10</sup>	41
Bravo 1 & 2	Closed at the time of the inspection	N/A
Charlie 1	Mainstream	50
Charlie 2	Mainstream	45
Delta 1	Mainstream	49
Delta 2	Mainstream	53
Echo 1	Mainstream	49
Echo 2	Voluntary Protective Custody <sup>11</sup>	49
Foxtrot 1	Mainstream (drug and alcohol recovery)	44
Foxtrot 2	Mainstream (forensic or health issues)	44
Golf 1	Mainstream	36
Golf 2	Voluntary Protective Custody	53
Hotel 1	Mainstream	46
Hotel 2	Voluntary Protective Custody	53
Juliet 1	Voluntary Protective Custody	44
Juliet 2	Mainstream	48
Kilo 1	Voluntary Protective Custody	50
Kilo 2	Mainstream	42
Lima	Mainstream (family harm reduction focus)	45

<sup>10</sup> 'Mainstream' refers to prisoners who are held in the general prison population. For example, mainstream prisoners have not requested to be held in Voluntary Protective Custody for their own safety.

<sup>11</sup> Under the Corrections Act 2004, Section 59, prisoners can request to be put on voluntary segregation from other prisoners for their own safety. Prisoners on voluntary segregation can still associate with other prisoners on voluntary segregation.



Unit name	Unit type/prisoner category <sup>8</sup>	Number of prisoners
November 1	Mainstream	60
November 2	Voluntary Protective Custody	43
Papa 1	Mainstream	67
Papa 2	Mainstream	41
Intervention and Support Unit	At-risk	25
Management Unit	Management	22
	<b>Total</b>	<b>1,102</b>

41. Of the total of 1,102 prisoners, 489 (44%) identified as Māori and 273 (25%) identified as Pacific peoples. One-hundred-and-eighty-one prisoners (17%) identified as New Zealand European/Pākehā and 111 (10%) as 'Other (including Asian)'. The ethnicity of 41 prisoners (4%) was not recorded/unknown.
42. At the time of the inspection, the largest group (447 prisoners, or 41%) was aged 30 – 39 years old.
43. Nineteen prisoners were aged under 20 and 112 prisoners were aged 20 – 24.
44. There were 33 prisoners aged 60 and over.
45. Ten prisoners had transgender alerts in IOMS at the time of the inspection.

### Staff

46. Information supplied by Corrections Data Services showed that MECF had an allocation of 770.91 full time equivalent (FTE) staff, but due to staff vacancies had a total of 673.3 FTE in roles at the time of the inspection. This 673.3 FTE was comprised of:
  - » 506.2 FTE custodial staff were in the role out of 583 established positions, which meant the site was short-staffed by 76.8 FTE custodial staff, or that it was operating at a custodial staffing level of 85%. In addition, we note that 30 of the Corrections Officers were trainees completing the 10-week Corrections Officer Development Pathway.
  - » 71.8 FTE 'other' roles, including management and administration staff, Education Tutors, Detector Dog Handlers, Intelligence Officers, Property Officers, Librarians, and others.
  - » 28 FTE case management roles (fully staffed)
  - » 14 offender Employment Instructor roles (fully staffed).
47. Information provided by the Health Centre Manager showed the health team had 47.4 members of staff at the time of the inspection, out of a budgeted allocation of 51.7 FTE. The team of 47.4 FTE was comprised of one Health Centre Manager, two Assistant Health Centre Managers (of four budgeted), three Clinical Team Leaders (of four budgeted), 32.4 Registered or Enrolled Nurses (fully staffed), five Health Care Assistants (of 7.4 budgeted), and four Administration Support Officers (fully staffed).

48. In addition, information provided by the Clinical Manager of the Intervention and Support Practice Team showed they had ten members of staff at the time of the inspection, out of a budgeted allocation of 13. The team consisted of one Clinical Manager and one Assistant Clinical Manager, one Clinical Nurse Specialist (of three budgeted), three Psychologists (of five budgeted), one Mental Health Nurse, two Kairuruku Hingengaro (Māori Mental Health Practitioners), and one Administration Support Officer.

### **Complaints received and reviews by the Inspectorate**

49. In the six-month review period, the Inspectorate received 22 information requests and 168 complaints from prisoners at MECF. The three most common complaint categories were prisoner property (41 complaints), staff conduct and attitude (29 complaints) and the complaints process (27 complaints).
50. In the same period, the Inspectorate monitored 22 site investigations into allegations against staff made by prisoners and recorded in the Allegations Against Staff database (IR.07 process).<sup>12</sup>
51. In addition, the Inspectorate was involved in two security classification reviews and three statutory reviews of the misconduct process.<sup>13</sup> The Inspectorate was not involved in any reviews of visitor prohibition orders for MECF.
52. The Inspectorate was involved in two death in custody investigations at MECF during the six-month review period.

### **Previous Office of the Inspectorate Inspection Reports**

53. Our previous published inspection of MECF was an announced inspection in January 2018. The 2018 inspection identified that the facility generally provided a good environment in which prisoners' needs were met, though environmental conditions in Charlie and Delta Units were poor. At that time, the level of prisoner-on-prisoner violence was low, though the transitory nature of the remand population and staffing pressures had created conditions that provided some prisoners with the opportunity to engage in violence. We also found that the restricted unlock regime at the time was causing tension among prisoners and meant there were limited opportunities for prisoners to take part in training and education.

### **Notable Positive Practice**

54. In this section, we highlight some of the positive practice we found at MECF. We looked for innovative practices that led to improved outcomes for prisoners and from which other sites may be able to learn. We also found certain areas of practice where staff were doing 'business as usual' but were performing well, or under complex or challenging circumstances. Inspectors found five examples of notable positive practice during the inspection of MECF.
55. Daily prisoner briefings were a good source of information for prisoners, and many prisoners told us they appreciated these. See paragraphs 72 and 321.
56. At the time of the inspection, MECF had exemptions to mix for most units. We noted that this enabled the site to mix different categories of prisoners and to effectively manage the

<sup>12</sup> 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.

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

population without restricting unit regimes further and requiring additional unlock regimes. See paragraphs 302 – 303.

57. The Nurse who held the sexual health portfolio displayed good practice in this area, and had created a reference guide for the health team for screening sexually transmitted infections. In addition, the site was tracking prisoners on site with sexually transmitted infections to ensure that all required testing and treatment had occurred or was in place, and the site was in contact with Health New Zealand/Te Whatu Ora Infectious Diseases Clinical Nurse Specialists. See paragraph 387.
58. Foxtrot 1 Unit was being run as an alcohol and drug 'recovery unit' which provided a two-week alcohol and drug rehabilitation programme, and other mental health and addiction focused sessions. To be placed in Foxtrot 1, prisoners had to be referred by a Judge or their Case Manager. All prisoners in Foxtrot 1 signed a contract stating they agreed to participate in the programme and abide by the unit rules and values. We consider it was positive that a remand site was running an initiative of this type. See paragraphs 397 – 399.
59. We observed that the Property Office had a selection of good-quality new and second-hand clothes and shoes that had been donated by the charity Common (previously known as Koha Apparel).<sup>14</sup> We were told that the charity was partnering with MECF's Receiving Office and Property Teams to provide clothing and shoes for people being released from prison who had no suitable clothing to wear on discharge. The Reception and Movements Manager had been leading this initiative for the site and arranging for clothing pickups for prisoners prior to release. See paragraph 707.

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<sup>14</sup> The Common website sets out that their 'work seeks to improve access to clean clothing while diverting textiles from landfill'.

# 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.

60. In our Inspection Standards, the term 'leader' refers to any person with leadership or management responsibility in the prison.
61. Our inspection took place approximately six months after the implementation of a refreshed structure for the management of prisons under Te Ara Whakamua: The Pathway Forward, Corrections' process of organisational change.<sup>15</sup> According to Corrections' intranet, two of the key objectives of this organisational change were 'to create a structure that ensures decisions are made at the right level, so that our people can focus their efforts on core areas of responsibility' and 'strengthened local peer-to-peer relationships between leaders to deliver more joined up decision making, leadership and accountability, so that decisions are made closer to where the work takes place'.
62. As part of the structural changes, Prison Directors were redesignated as General Managers, and Deputy Prison Directors and Assistant Prison Directors were redesignated as Deputy General Managers. The intent behind these changes included providing the new General Managers with the opportunity to manage up and outwards, with the day-to-day operational management of the prison falling to the new Deputy General Managers. The expectation is that prison General Managers will take a more strategic view and lead the business in lockstep with their General Manager counterparts across Pae Ora (Corrections health services), and Communities, Partnerships and Pathways (the Corrections group responsible for delivering services in the community, including probation).
63. As MECF is understood to be Australasia's largest remand facility, we were told by leaders on site that the new Te Ara Whakamua approach was not so relevant. Instead, having a strong custodial operator leading the site was considered of overriding importance. Even then, it was considered a big job for one person, especially with the broadened responsibilities including having allocated portfolios to look after.<sup>16</sup>

<sup>15</sup> Corrections intranet sets out that the new structure was implemented on Monday 1 April 2024.

<sup>16</sup> At the time of our inspection, the General Manager at MECF had been allocated portfolios covering membership of the Tactical Options Committee, responsibility for engagements with key external stakeholders in the profession and representing the custodial network in monthly engagements with the Chair of the New Zealand Parole Board (NZPB).



64. We were told that, since the launch of Te Ara Whakamua, the two Deputy General Managers looked after half the site each. Both acknowledged the changes that these new responsibilities had brought, while acknowledging that, at the time of our inspection, they were still in a period of adjustment. The Deputy General Manager roles were now predominantly about providing oversight rather than 'doing the doing', and we were told that this entailed adjustments in approach such as 'decreasing the amount of noise going to the General Manager' and having a strong degree of trust in direct reports to deliver. We heard that, since these changes, there was less time to visit the units to 'see what is going on' and an increase in 'outside noise' from, for example, courts, lawyers and dealing with issues such as prisoner placements.
65. We were told that, despite the changes, when any issues arose at the site, the Deputy Commissioner, and staff and managers from National Office, would still always telephone the General Manager, even though the responsibility for the issue may now sit with the Deputy General Managers.
66. Although several positions in the prison leadership team were being covered through secondments or 'acting up' arrangements at the time of our inspection, including that of the prison General Manager and the three Deputy General Managers, the prison leadership was generally viewed as being stable and settled. We heard and observed that this had a positive impact on the way staff felt. We observed strong levels of support and loyalty for the prison General Manager that extended beyond staff to include a range of key stakeholders including union representatives and contractors. Many spoke to us about the ease of access to the General Manager and the positive impact of working with a leader who is viewed as a strong custodial operator with a genuine commitment to the site and its people.
67. The mechanisms for communicating with staff across the site worked well for some but not for others. Key information for the day ahead was disseminated at the 8am daily briefings attended by many staff, although less so by non-custodial staff who told us the timing did not fit in with their working patterns.
68. We attended the daily briefing and were pleased to note the inclusion of 'bite-sized' safety messages and an acknowledgement of Fijian Language Week.
69. The daily briefing was preceded at 7.30am each weekday by a meeting between the General Manager and their direct reports, and others with a key leadership role such as the Health Centre Manager, and on Wednesdays, the Downers<sup>17</sup> site representative.
70. The daily briefing was followed at 8.30am each weekday by a leadership briefing, attended by those in leadership positions on site, primarily Principal Corrections Officers. We noted that the Principal Case Managers also attended, but not the Learning and Interventions Delivery Manager or Health Centre Manager. We attended a leadership briefing and noted that discussion covered a wide range of issues including the placement of certain prisoners, IR.07s (allegations against staff), safety plans, staffing for the day (including unplanned absences) and a planned site barbecue for staff. The expectation was that Principal Corrections Officers would take information back to their units to disseminate to their staff. Staff we spoke with generally told us they appreciated the email summary of the daily briefings that was circulated, but felt that the way information was cascaded through Principal Corrections Officers was patchy and was contingent on the communications skills of the individuals in those positions.

<sup>17</sup> The Asset and Facilities Management service provider.

71. Although the General Manager was generally considered by staff to be approachable and accessible, the normal mechanism for staff to provide feedback or raise concerns was through the established custodial reporting line. Matters could be escalated further if staff felt they were not being heard, however we were told that, in certain units, raising concerns at a higher level was not so easy and, as a result, staff generally kept quiet. Despite this, we noted the high levels of staff engagement on site, particularly amongst the custodial staff, evidenced by the *Shaping Corrections* engagement survey, carried out the month prior to our inspection, which had a response rate of 77% (against the overall survey response of 63%), up from 20% in the previous survey carried out in March 2024. The overall Net Promoter Score (NPS) for the site was -11, up from -24 in the previous survey, and the highest recorded score for the site since September 2020. In terms of themes, the site recorded its most positive score in the area of 'support and teamwork'.
72. There were no prisoner forums operating on site where staff proactively sought feedback or suggestions from prisoners. The General Manager told us this had always been the case because 'there's nothing stable about this place'. However, most units were holding daily prisoner briefings in which prisoners sat down in the dayroom and were briefed by staff about the regime for the day and given any relevant messages. Some prisoners told us these briefings provided an opportunity for prisoners to ask questions or raise issues.
73. We were told that the two main unions on site (i.e. the Corrections Association of New Zealand and the Public Service Association) enjoyed a positive relationship with prison management, especially the General Manager. We were told that, outside of regular monthly meetings, issues could be raised and dealt with quickly.
74. In addition to a positive relationship with the General Manager, we were told that the training (especially the specialised training) on site had improved and was useful and of a good standard. Union representatives told us they believed there were some areas where more could be done to reduce incidents and improve safety on site. The inexperience of staff was an issue, with a lack of confidence in dealing with prisoners. We were told that Residential Managers needed to be more visible on the units, supporting staff and upholding standards. This included taking a 'back to basics' approach, which had worked well at other sites for topics such as searching, cell standards and activating body worn cameras. Union representatives told us they wanted to see poor performance and poor behaviours being challenged, particularly around the activation of body worn cameras and punctuality. They also wanted to see staff released to the units earlier in the morning, instead of attending the morning briefings, to commence unlock, with Principal Corrections Officers briefing the staff on key information later. The perception was that the current processes on site delayed unlocks and increased prisoner tension.
75. Some prisons have a Site Plan which sets out the vision and direction for the site. At the time of our inspection, we were provided with a copy of the MECF 2024/2025 Functional Plan. This document referenced the earlier MECF 2023/2024 Violence and Aggression Reduction Action Plan and provided links to Te Ara Whakamua (Corrections' process of organisational change) and Hōkai Rangi (Corrections' five-year strategy).
76. The stated purpose of the MECF 2024/2025 Functional Plan was to 'develop manageable and achievable objectives and actions to support both staff and prisoners effectively' against seven 'current pressures' identified by the site's Senior Leadership Team. The seven pressures were: staff development and retention; gaps in services for people on remand; muster increases versus our facilities and staffing levels (inclusive of health staff); healthcare accessibility; facilities (noting many of the site's facilities were no longer fit for purpose); budget and finance management; and violence and aggression.



77. The Functional Plan, which had yet to receive final sign off at the time it was provided to us, was crafted along the lines of an operational action plan rather than a longer-term vision for the site. Although a small number of the 89 actions in the plan had been assigned to the Health Centre Manager, this was not a functional plan developed jointly by the General Managers Custodial, Pae Ora and Community, Partnerships and Pathways within the region. We would expect this to be a priority next step as the transition to new ways of working under Te Ara Whakamua progresses.



## 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

78. Information provided by Corrections Data Services (dated 7 October 2024) showed that the largest group of staff (203 staff) had 5 – 10 years of service at the site. However, the next largest groups were 174 staff with less than a year's service, and 169 staff with between one and two years of service. This means the majority of staff (custodial and non-custodial) had less than two years of service at MECF.

### Custodial staff

79. As set out in the Introduction, at the time of the inspection, the site was operating at a custodial staffing level of 85% (i.e. they had 506.2 custodial staff in the role out of 583 established positions). We noted that 30 of the Corrections Officers were trainees completing the 10-week Corrections Officer Development Pathway. The prison General Manager estimated that 40 - 50% of custodial staff had less than two years of experience.
80. Custodial staff told us they were often short staffed, and while we were told the situation had improved recently, shortages were still a daily issue. We heard the shortages were due to a range of factors, including staff retention issues and staff regularly calling in sick. Several staff told us 'staff are always leaving'.
81. We requested MECF and national custodial staff turnover rates from Corrections Data Services, for both October 2024 (i.e. the time of the inspection) and March 2025 (i.e. the time of writing of this report). Custodial staff turnover rates for MECF were 9.7% for October 2024 and 6.1% for March 2025. National custodial staff turnover rates were 9% for October 2024 and 7.4% for March 2025. These figures show that at the time of the inspection custodial staff turnover at MECF was about the same as the national figure, and that by March 2025, MECF was retaining staff at a slightly better rate than the national average. Therefore, while custodial staff retention at MECF may have been an issue in the past, the situation was improving.
82. Staff told us if they were short-staffed, their Principal Corrections Officer would ring their manager and the site support team (referred to by staff as 'Oscar') to try to find staff from another unit to cover. If they could not get enough staff they would run a split regime where they unlocked prisoners in smaller groups so they could safely supervise while prisoners received their minimum entitlements, including at least one hour of physical exercise every day.<sup>18</sup>
83. Generally, custodial staff felt they and their colleagues had the necessary knowledge and skills to work in a prison, though some staff and managers pointed out that less experienced

<sup>18</sup> The Corrections Act 2004, Section 70, sets out that 'Every prisoner (other than a prisoner who is engaged in outdoor work) may, on a daily basis, take at least 1 hour of physical exercise.' Section 70 further sets out that this physical exercise 'may be taken by the prisoner in the open air if the weather permits'.



staff could have trouble managing prisoner behaviour. Many Principal Corrections Officers across the site told us many or most of the Corrections Officers in their units had less than two years of experience.

84. We heard that a significant proportion of staff had come from overseas and that some of them could struggle to understand the cultural differences in New Zealand. For example, we heard that some staff and prisoners felt that some staff from overseas would talk aggressively to prisoners, which did not assist in de-escalating situations. We heard that prisoner assaults were often on staff from other countries. The site had support networks for staff of different nationalities. We heard that a high proportion of custodial staff had English as a second language.
85. Staff and prisoners told us, and we observed, that Principal Corrections Officers were visible in most units and available to support staff.
86. We heard that in most units, *kōrero whakawhanake* development conversations (previously known as performance development conversations) were not formally taking place.
87. Corrections Officers must complete regular refresher training for certain core aspects of practice such as control and restraint procedures. We were told the site was locked down every Friday from 11am for staff training, which we heard could include 'toolbox' talks (i.e. health and safety training), completing online modules from Corrections' online Learning Management System, and 'Learning Pathways' which were introductory learning programmes for new staff in a variety of roles, including custodial staff and Case Managers. In addition, we spoke to some custodial members of staff who were completing Level 3 or Level 4 of the National Certificate in Offender Management.
88. We spoke to staff in the Receiving Office, including a Senior Corrections Officer who told us he was the training officer for the Receiving Office and delivered practical training, including such tasks as how to correctly complete warrant checks and sentence calculations, and relevant legal information. He told us it could take months to fully train a person to be competent to work in the Receiving Office.
89. We spoke to custodial staff working in the Intervention and Support Unit. The Principal Corrections Officer in this unit was new and told us staff would receive an induction and information about the routine of the unit but that there was no additional training in managing people with mental health issues that they knew of. The Senior Corrections Officer told us staff in this unit received weekly 'awareness training' and said there was supposed to be training from a Psychologist every fortnight but that this had last occurred in July 2024.
90. We heard from some staff that the site learning and development team had been supplying training which had improved some knowledge and skills gaps. Some staff, including a PCO, told us they felt all staff needed more training in identifying and managing prisoners with mental health issues. We heard, for example, that there were two prisoners in one unit with complex forensic mental health issues, but that many staff were uncertain how to manage them.
91. We interviewed a Psychologist who told us he and five of his colleagues had recently provided training to custodial staff on a range of topics. He said this training had been provided once a fortnight for a two-month period. The Psychologist told us this training was for any Corrections Officer who wanted to attend, and for officers from a specific unit. He was complimentary about staff at MECF and said they were very welcoming.
92. Several custodial staff told us they felt it was an issue that the Senior Corrections Officer 6pm – 6am night shift had been removed, as this meant there was no senior member of staff

available during night shifts to support the PCO. In particular, we heard this meant there was no Senior Corrections Officer available to assist in processing Emergency Services staff such as ambulance officers or fire fighters into the site after hours. We heard a few staff had contacted their unions over this matter as they felt it was a safety issue.

93. We heard from prisoners that many staff were approachable, treated them with respect and assisted them with any issues. We were told that some staff had good communication skills and seemed to care about the prisoners, and we observed staff engaging with prisoners in a respectful way in many units across the prison. We interviewed some transgender prisoners who told us staff were polite and helpful and used their correct names and pronouns.
94. However, we also heard from some prisoners that staff were often busy and task orientated and seldom had time to talk with prisoners and find out how they were.
95. Some prisoners told us there were staff who were 'lazy' and did not 'follow through' with prisoner requests, such as providing forms. A few prisoners told us some staff did not do their jobs properly, which could lead to issues such as shorter unlocks or issues not being handed over when the shift changed.
96. We observed, and prisoners told us, that in most units if prisoners wanted to speak to staff, they had to speak through a hatch in the guardroom wall. The hatches were narrow slots in mirror glass walls, which meant prisoners could not see who they were talking to and it could be difficult to hear. One older prisoner who had some hearing loss told us, 'you don't even know if there is anyone on the other side to communicate with' and that it was 'dehumanising' to have to communicate in that way. We observed prisoners at the hatch in one unit being ignored at times. In the same unit, we also observed cell alarms going unanswered.
97. We also heard there were some staff who could be rude, unprofessional, inconsistent, or poor at communicating. Several prisoners told us about staff who were brusque or rude.
98. We interviewed eight Case Managers who told us they sometimes felt 'sick' about the way some custodial staff treated prisoners. For example, they told us they had seen Corrections Officers telling prisoners to 'f\*\*\* off' or 'f\*\*\*ing wait' when prisoners were asking for things. The Case Managers told us this kind of behaviour increased tension in the units.
99. Some prisoners told us they felt uncomfortable when staff spoke together in languages they could not understand. They told us they felt the staff could be talking about them.
100. We observed one Principal Corrections Officer shouting at his staff in an unprofessional manner. Prisoners in this unit told us the Principal Corrections Officer sometimes issued blanket punishments, where although only one or two prisoners had been involved in an incident, the whole unit would be punished.
101. In addition to unit-based custodial staff, MECF had six to eight custodial staff who managed prisoner movements to and from audio-visual link (AVL) appointments. They told us other staff were rotated to manage other movements and to supervise medical rounds. The Principal Corrections Officer and Senior Corrections Officer in this team told us some days they and their staff were unable to take breaks, or only able to take short breaks, due to the large numbers of movements. They told us some unit staff did not seem to understand the importance of prisoners being able to attend AVL meetings. They told us their team could not attend site-wide training on Fridays because the AVL meetings were still running. Instead, they tried to cover training topics on Thursday mornings.

102. At MECF, the Visits Centre had dedicated staff. The Visits Principal Corrections Officer told us he should have 12 staff but had ten or 11, and covered the other position by offering additional shifts to off-duty staff. The Principal Corrections Officer told us his staff were sometimes deployed to cover other areas of the prison. On the day we interviewed the PCO, one of his staff had been redeployed and four were away due to unplanned absences. The Principal Corrections Officer said that while he felt supported in the role, staffing was an issue. He said staff received bite-sized training every day at 11.30am.
103. At the time of the inspection, MECF had three Designated Collection Officers who were certified to follow the correct processes for collecting urine samples from prisoners for drug testing. We interviewed two of the Designated Collection Officers who told us they had been collecting urine samples for testing from August 2024, but that prior to that, the third member of their team had been redeployed to another area. They had been unable to safely do their job with only two people due to the isolated location of the collection office, which meant they would be unable to get assistance quickly in the event of an incident. This safety issue meant they had been directed by the prison General Manager to pause sample collection. A new third team member had started in July 2024, so they had trained this person and re-started sample collection as soon as they could (i.e. in August 2024).
104. The site had three Detector Dog Handlers who were a regional resource based at MECF. One was in training, and we heard that an additional Detector Dog Handler from another site had been assisting at MECF for the past two weeks. We interviewed the four Dog Handlers, who told us they felt they were currently being underutilised. They checked all private visitors and mail and parcels entering the site, and conducted vehicle check points alongside the Site Emergency Response Team. However, the Dog Handlers could not remember the last time they had been involved in a search operation inside the prison. They told us they had no autonomy and needed permission from the Security Manager to enter the prison to conduct searches. They gave examples of occasions when they had been told they would be involved in a unit search, but they had waited the whole day and had not been informed or asked to attend. They told us they had contacted Residential Managers to offer to get the dogs through the units, but no one had taken them up on the offer.
105. As mentioned in the Leadership section above, we interviewed representatives of the two main unions on site (i.e. the Corrections Association of New Zealand (CANZ) and the Public Service Association (PSA)). We heard they had a positive relationship with prison management and felt they could raise any issues.
106. The CANZ representatives also told us that the specialised training offered to custodial staff at MECF was very useful. They said that inexperience amongst custodial staff could be an issue, with some staff lacking confidence in dealing with prisoners and not always getting the basics right, including when searching, activating on body worn cameras during incidents, and ensuring prisoners were not covering observation windows. The CANZ representatives felt staff should be held to account, but that some managers were not always doing this. We heard that managers needed to be more visible.

### Health staff

107. The health team was fully staffed with Nurses. However, we heard that 30% of the health team had worked at Corrections for less than a year, and that 71% had worked there for less than two years so many members of the health team had limited prison nursing experience. The majority of Nurses were internationally qualified, with many having English as a second language.
108. Regarding mandatory training, most health staff were current with cardiopulmonary resuscitation training (93%) and most (95%) had completed the Po ki te Ao (Primary Mental

Health training) workshop. However, only 48% had completed the deteriorating patient training and only 21% had completed substance withdrawal training. The Health Centre Manager told us training was dependant on the ability to release staff on the available mandatory training workshop dates.

109. In the six-month review period, additional in-house online training had been offered almost every week to members of the health team. Topics included de-escalation and negotiation, post-traumatic stress disorder, hepatitis C, diabetes, influenza, sepsis, an emergency exercise (riot), pepper spray, ear examinations, wound care, mental health medications, and others.
110. We heard that professional supervision was available for health managers and clinical team leaders. Group supervision was available for Nurses, but we heard this could be challenging to organise. Nurses told us they had received clinical supervision in the past.
111. Generally, Nurses had the necessary knowledge and skills to work in a prison, with new Nurses going through a robust and well-supported orientation process, including being buddied-up with an experienced prison Nurse. However, we held a focus group that was attended by at least 15 Nurses, and heard they felt they needed more staff due to increasing patient numbers.
112. We heard it was common for Nurses to stay on after their shifts had finished to complete documentation, and that some Nurses were sick due to burnout. The Health Centre Manager told us there were challenges with unplanned absences, which meant the team was often short staffed. A site report on leave for the six-month period 1 April 2024 to 30 September 2024 showed that health staff took 209 days of paid sick leave, 11 days of sick leave without pay, 11 days of study leave and 11 days of domestic leave.
113. Nurses told us they were proud of their team. They supported each other, for example by helping with additional shifts.
114. We heard from Nurses that they did not always have time to pack medications to be ready for the 6pm medication round. We were told this could lead to medication errors which put prisoners at risk. We heard that medication rounds were sometimes 'hectic'. However, we observed some medication rounds and found these were well-organised and supported by custodial staff.
115. We heard that custodial staff often called medical 'code blues' (i.e. health emergencies) for issues that were not life-threatening, such as gout or skin issues. Custodial staff told us they called code blues because it was the only way to get timely care for prisoners (please see the Provision of Health Care section of this report for more information on the timeliness of healthcare at MECF).
116. We heard that working in the Receiving Office could be stressful due to the high volume of prisoners. We heard that two Nurses worked in the Receiving Office at a time, and that sometimes they wrote very brief notes and did not have enough time to properly discover or consider prisoners' health histories. Nurses told us that to complete a thorough mental health assessment at reception could take 30 – 40 minutes, but that often they did not have that length of time. We heard there were sometimes pressures from custodial staff who wanted to move the prisoners through faster. Nurses told us that the pressure meant that sometimes Nurses failed to identify some health issues. We heard that working in the Receiving Office was especially challenging for Nurses with less experience.
117. We heard that working in the Intervention and Support Unit could be challenging due to the length of time Nurses had to complete assessments. We heard this time pressure was due to custodial constraints.

### Case Managers

118. We interviewed a Principal Case Manager and eight Case Managers who told us one of the biggest challenges for their team was that they needed more Case Managers to get better outcomes. The Principal Case Manager told us they were fully staffed with 26 Case Managers (though three were not available for duties), a Parole Board Liaison Officer, and two Principal Case Managers, but that nonetheless it was difficult to meet their standards of practice due to the nature of the site, with large numbers of remand prisoners who stayed only for short periods of time. She was concerned about a plan to increase the prison population and told us there would soon be 400 – 500 more prisoners on site but no additional Case Managers to work with them. Despite this, she felt morale in the team was generally good and that the team was doing well.
119. The Principal Case Manager told us there was no development training for Case Managers other than reflective practice sessions. The Case Managers told us they were supposed to receive fortnightly two-hour reflective practice sessions, but that the practice leader kept changing and there was little continuity in the content of the sessions so they had stopped attending as they felt the sessions were no longer valuable to them. The team had done some mental health training but not been offered any trauma-informed practice training. We heard they did not have time to have performance development conversations due to their workloads.
120. One Case Manager told us they felt there should be clinical supervision for Case Managers due to the nature of the work, mentioning especially the sometimes-upsetting stories told to them by prisoners and the 'mental health behaviours' of some. The Case Manager felt that the support offered under the Employee Assistance Programme did not address what they were exposed to and told us they felt the Department/site did not look after staff sufficiently well.
121. We interviewed the Parole Board Liaison Officer who told us there had been no formal induction into the role, though she had received training in the role by a Case Manager who had previously been covering the role. She told us there was no ongoing training but that she received support from that Case Manager, her line manager, and the Parole Board Liaison Officers at other sites.
122. The PSA delegate told us the Case Managers' workload was heavy, and that access to prisoners in the units could be an issue for Case Managers and other non-custodial staff. They told us the Corrections Bookings application<sup>19</sup> (also known as the 'booking tool') was going live the week of the inspection which they hoped would assist all non-custodial staff to access prisoners. We also heard that during the COVID-19 pandemic, it had taken some non-custodial staff time to get used to working from home and, for example, interviewing prisoners via telephone and AVL. However, now the challenge was getting some staff to return to the site in person.

### Other staff

123. We interviewed several Employment Instructors who told us their Principal Instructor had performance development conversations with them, but that there were few training or progression opportunities for their roles. They already had industry relevant qualifications, or experience working in an industry. They told us they had received a training module on working with youth, and that they carried out monthly emergency exercises, and received

<sup>19</sup> Bookings is an online application developed for prisons that staff can use to book appointments with prisoners, meetings, rooms and resources.

'bite-size' training sessions in some essential practice areas such as rub-down searches, incident reporting, and hostage and suicide awareness. They had not received trauma-informed practice or mental health awareness training.

124. We interviewed three Education Tutors who told us there were four staff in that role, but they felt there should be five or six in order to manage the increasing prisoner population and the 'quick turnover' of prisoners on a remand site. The tutors told us they had adult education qualifications, and had received dyslexia training and trauma-informed practice training.
125. We interviewed two Intervention Coordinators who told us they self-managed as they were experienced, both of them having been in the role for over seven years. They told us they were not receiving performance development conversations and that they had had three different managers (i.e. Learning and Intervention Delivery Managers) in the past three years. They told us they felt that custodial staff saw programmes as a low priority and that they needed more custodial staff to help move prisoners and supervise programmes. They said that if more programmes were up and running, they would need more Intervention Coordinators to manage the work.
126. We interviewed the Programme Scheduler who was the only one in that role at the site. She told us the ratio should be one Programme Scheduler per 500 prisoners, but that the workload was manageable at the time because there were not many programmes running. She said that when programmes recommence, she feels the site will need a second person in the role. She told us she had a professional development conversation every six months with her manager, the Learning and Intervention Delivery Manager, and that she had been supported to study.
127. We interviewed a Psychologist who was part of the Corrections Auckland region Psychological Services which offered a support service to MECF. The Psychologist told us staff at MECF were welcoming and supportive. He told us access to prisoners was easy and that his team just had to inform staff in advance that they were coming.



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.

128. Prisoners are transported to and from MECF for a range of reasons, including arrival from court (either on remand or after sentencing), transfers to and from other prisons, and escorts out for medical appointments, court hearings, or other purposes. At MECF, some inter-prison transfers and all medical escorts were managed by Corrections staff, and inter-prison transfers in the Northern Region and court escorts were contracted to a security company, First Security.
129. COBRA data indicated that in the six-month review period, staff at MECF had managed 1,794 inter-prison transfers, an average of 299 a month.
130. In addition, staff had managed a total of 555 escorts out of the prison for medical appointments or other assessments or treatments (not including court escorts, which were managed by First Security).
131. Most prisoners at MECF would have had been transported by road in a Prisoner Escort Vehicle (PEV), generally from courts in Auckland.
132. We inspected two PEVs belonging to Corrections, and one belonging to First Security. The PEVs were similar in design, being vans fitted with metal compartments in the back to create individual cells (see image 1, Appendix A). Some PEVs contained eight individual cells for prisoners and some had four. All had current warrants of fitness.
133. Each cell had a fitted metal seat with a padded squab (see image 2, Appendix A). All cells had a light, a tinted window, a vent for air-conditioning/heating, and a camera on the ceiling for escorting staff to monitor prisoners. There were no toilets in the vehicles. Each cell had a drain in the floor, which was not intended as a urinal, but which we were told was sometimes used that way.
134. The First Security PEV and one of the Corrections PEVs were clean and tidy. There was some graffiti in the cells in the First Security PEV.
135. The other Corrections PEV that we inspected was dirty and did not appear to have been cleaned for a while. Staff told us all the vehicles were usually cleaned every week but that the cleaner, who came in from the community, had not been in recently. The camera cover in one of the cells in this PEV was scratched and it would have been difficult for escorting staff to monitor the prisoner in that cell. We observed that when we checked the following day, this PEV had been cleaned and taken out of commission until the camera cover could be replaced.

136. We interviewed several prisoners about their experiences of transfers and escorts. Most said escorting staff had been good and that they had no major issues. Several said that for longer journeys, such as inter-prison transfers, they had received drinks and rest stops, but that these journeys could be uncomfortable as the PEV cells were small, the air conditioning poor, and there was no toilet in the cells. Some prisoners had concerns that they could not initiate conversation with staff via the intercom; they had to wave at the camera and wait for staff to notice and initiate a conversation. A few prisoners had concerns about staff driving.
137. One prisoner with limited mobility told us that for court escorts he was supplied with a wheelchair and a special van that could accommodate the wheelchair. However, for medical escorts he had to travel in the regular PEV which he said made things 'very difficult'.
138. All prisoners who are travelling in a Corrections PEV or a First Security vehicle must be accompanied by an Instructions for Escorts form<sup>20</sup> which contains their personal details and lists any special instructions, risk mitigations and medication, so escorting staff are aware of their needs. Inspectors reviewed a sample of ten of these forms and found they were generally of good quality and had been checked by the Residential Manager of the Receiving Office. We noted that some forms contained some information that was not applicable to the individual. For example, a man on remand had information about security classifications left in his form. This should have been deleted, as leaving non-applicable information in the form may be confusing for escorting staff.
139. As mentioned above, court escorts were managed by First Security. We observed that the process was efficient for handing prisoners over to First Security and receiving prisoners back. Corrections staff had completed the appropriate Instructions for Escorts form for all prisoners going out on court escort. Staff gave these forms to First Security officers who read and signed them. We did not observe any verbal briefings between First Security staff and Corrections staff. A thorough check of warrants was completed to ensure prisoners were legally detained. We observed there was no delay loading and unloading prisoners, and prisoners did not have to wait long in the First Security PEVs.
140. The First Security officers we spoke with told us they were not verbally briefed about prisoners' needs and risks, but that they got the warrants and the completed Instructions for Escorts forms (which covered individual needs and risks), and any observation sheets and medications if applicable. They said the paperwork was always ready and most of the time the prisoners were ready to be escorted to the PEV.
141. Corrections has specific guidance for how transfers between prisons should be conducted, including that prisoners should be given advanced warning of the transfer, told the reason they are being transferred and where they are going. There are certain circumstances where the requirement to inform a prisoner of the transfer does not apply, for example, because staff expect the prisoner to create a risk to security or good order once they are informed.<sup>21</sup>
142. Staff at the prison told us unit staff would generally inform prisoners ahead of time if they were being transferred, unless the transfer was for prison population management reasons. We heard that prisoners being moved for this reason would not be told until the day of

<sup>20</sup> POM M.04.01.Form.01

<sup>21</sup> POM M.04.03.04 sets out that there are certain circumstances where the requirement to inform a prisoner of an impending transfer does not apply. These circumstances include that the prisoner to be transferred is expected to create a management difficulty before the transfer is made or as a result of the transfer, or the transfer is being made because there are reasonable grounds to believe that the safety of the prisoner or others at the prison within which the prisoner currently resides is at risk, or the transfer is being made to restore or maintain the security and order of the prison from which the prisoner is being transferred.



transfer. It is disappointing that, when there are no security risks involved, prisoners are not informed of transfers in a more timely manner.

143. We interviewed fourteen prisoners about being transferred. One man, who was waiting to be transferred to Auckland Prison, told us he had been informed of the transfer that day. However, most prisoners told us they had been aware of their transfers ahead of time as these were often linked to court dates.

## 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.

144. When prisoners arrive at or leave a prison they are processed through the Receiving Office. Here, custodial staff should confirm a prisoner's identity, undertake a Reception Risk Assessment and a brief Immediate Needs Assessment, and process prisoner property. Staff should also provide a site induction to explain prison rules and regulations. Health staff should conduct a Reception Health Screen. Prisoners are allowed one free initial telephone call to let family/whānau know where they are; this may take place in the Receiving Office or once the prisoner has been escorted to a prison unit.
145. In the six-month review period, COBRA data showed that staff in the MECF Receiving Office had managed 3,727 receptions (an average of 621 receptions each month) and 3,603 exits (an average of 600 exits each month). Staff told us the workload had increased and prisoners were arriving later in the day due to court times, which impacted on their work, but that there had been no increase to staffing. COBRA data showed the number of receptions had increased by 10% from the same period the previous year, and exits had increased by 7%.
146. Figures from COBRA indicated that in the six-month review period, 89% of prisoners had their immediate needs assessed. However, only 60% received a site induction where prison rules and processes were explained to them by a custodial staff member.
147. We interviewed the Reception and Movements Manager who told us the Receiving Office staff operated across two shifts: from 6am to 2pm and from 2pm to 10pm. He told us the Receiving Office could be a challenging place to work due to the volume of prisoners and the pressure this caused staff. We heard the challenges had increased due to the increased prison population and the fact that courts were running extra sessions to deal with a backlog of cases.
148. We noted that at the time of the inspection, the prisoner population at MECF had increased from the same time the previous year. On the first day of our 2024 inspection, there were 1,102 prisoners on site. On the same day in 2023, there were 1,004 prisoners on site (i.e. 98

fewer prisoners on that date in 2023). The population at MECF was expected to increase further.<sup>22</sup>

149. We visited the Receiving Office and observed prisoners who were being received and others who were going through the process to leave the prison. We found the Receiving Office was generally clean, tidy and well organised.
150. Prisons should display posters in the Receiving Office giving information about prison life and rules but we did not see any posters. We saw some pamphlets titled 'What happens to me now I have arrived at prison?' in one of the interview rooms, but none of the prisoners we interviewed mentioned being given this pamphlet. We spoke to a Senior Corrections Officer who told us if it was a prisoner's first time they would be given the pamphlet, but that most prisoners had been in before and already knew the information in the pamphlet.
151. The Receiving Office contained 23 holding cells, some of which were single cells and some of which could hold several prisoners (see image 3, Appendix A). Ten of the holding cells contained a toilet, basin and running water. The holding cells were clean and tidy but there were no televisions and no posters on the walls to give information about prison life and processes. Prisoners told us there could be delays in the Receiving Office, and that they had waited in the holding cells for anywhere between one to six hours.
152. Generally, all prisoners must be strip searched on reception to ensure they are not attempting to bring contraband into the prison. Corrections is in the process of introducing full body scanners to prisons nationwide and we observed that the Receiving Office at MECF had a full body scanning machine. This meant prisoners being received were scanned for contraband while fully clothed and not required to be strip searched if there was no indication of contraband through the scanner. Prisoners who did not wish to be scanned could choose to be strip-searched instead. In addition, prisoners walked through a metal detector.
153. In its practice guidance on the use of full body scanners, Corrections sets out on its intranet that 'The introduction of full body scanners as an additional search option will... strengthen the safety and security of a prison and modernise the way we work in a correctional environment by significantly reducing the need for strip searching. This will ensure better alignment with our strategy, *Hōkai Rangi – Ara Poutama Aotearoa Strategy 2019-2024*, through a solution which is culturally aware, health focused, gender responsive and trauma informed. It is not expected that full body scanning searches will completely remove the need to strip search.'<sup>23</sup>
154. At MECF, staff and prisoners alike were positive about the full body scanner. Prisoners we interviewed told us they preferred the full body scanner as it was more dignified than being strip searched.
155. Prisoners should be issued with prison clothing in the Receiving Office. We heard that at MECF each prisoner was issued with a 'starter pack' containing prison issue clothes, essential toiletries, and towels and bedding. Their own clothes were placed in a property bin and sent to the Property Office for storage. We heard their clothes were given back to them to wear to court without being washed.

<sup>22</sup> At the time of writing, on 4 March 2025, there were 1,272 prisoners at MECF.

<sup>23</sup> Practice Guidance: Use of Full Body Scanner V4 document downloaded from Corrections intranet.

156. Staff in the Receiving Office should fingerprint the prisoner and register them for the purpose of using the prison self-service kiosks.<sup>24</sup> The inspection team found that at the time of the inspection, 94% of prisoners had their fingerprints registered on the kiosk system.
157. Custodial staff in the Receiving Office should conduct the Reception Risk Assessment to establish if a person is at risk of self-harm or suicide. A registered Nurse should then assess prisoners for the same issue. Custodial and health staff must agree on the prisoner's at-risk status before making a decision about placement.
158. At MECF, the Reception Risk Assessment was done in private in a separate interview room. We reviewed a sample of ten recent Reception Risk Assessments and found that all were completed within four hours of the prisoners' arrival at MECF which is in line with Corrections policy. Secondary sources of information were referenced in all assessments. We found there were good observations made in some assessments, but that in others, staff had simply noted 'prisoner not at risk' or 'prisoner behaviour does not indicate prisoner is at risk' without describing any behaviour that led the officer to make that assessment. The assessments included that 'prisoner deemed not at risk by health staff' but did not provide any information about what was discussed between custodial and health staff.
159. We asked staff in the Receiving Office how they would manage a foreign national prisoner who spoke limited English. A Senior Corrections Officer told us if prisoners were not able to speak English, they would find a staff member who spoke the same language as the prisoner, or use the 0800 number for translation services. Initially, the Senior Corrections Officer said the translation service was only available until 8pm. However, after talking to staff he correctly said they could use the 0800 number after hours and in the weekend. The Senior Corrections Officer said if they did not have a staff member who spoke the same language and translator services were unavailable, they would assess the prisoner as at-risk and place them in the Intervention and Support Unit until they could contact an interpreter. The Senior Corrections Officer also told us foreign national prisoners would be asked if they wanted to contact their consulate or embassy
160. We spoke to several foreign national prisoners, some of whom told us they had not been asked at the Receiving Office if they would like to contact their embassy, or if they needed assistance understanding English.
161. We asked staff about the reception of transgender prisoners and were told that prisoners were asked about gender preferences when they arrived. Staff also asked trans prisoners whether they preferred to be searched by male or female staff. Trans prisoners were kept in a separate holding cell and there was a separate area for conducting searches of trans prisoners. We observed staff dealing appropriately with a trans prisoner who was being released.
162. We asked prisoners across the site about their experiences in the Receiving Office. They told us staff in the Receiving Office had treated them with respect, but many of them told us they felt they were 'just a number' with minimal attention given to their individual needs or circumstances. We observed good interactions between prisoners and Receiving Office staff, with staff behaving in a professional manner.
163. Prisoners told us reception could be a slow process and that only general information was provided. Several prisoners told us they had arrived late in the evening (for example, around

<sup>24</sup> Self-service kiosks allow prisoners to complete various tasks, including making complaints, ordering canteen items, requesting meetings with case managers and case officers, checking trust account balances and sentence dates, and accessing information such as legislation and prison regulations.

- 9pm) and had waited several hours to get to a unit. Several prisoners told us they were given a meal and drinks in the Receiving Office.
164. One prisoner we spoke with told us it was his first time in prison and he had waited two or three hours in the Receiving Office. He told us staff had informed him about voluntary segregation or mainstream options and he had chosen to go on voluntary segregation.
165. Once they have arrived in a residential unit, all prisoners should receive a unit induction to determine any other immediate needs and have unit rules and routines explained. They should be given access to a self-service kiosk, allowing them to access information and request support. If they have not received a free initial telephone call in the Receiving Office, they should receive this in the unit so they can let family/whānau know they are in prison.
166. All initial telephone calls must be made by calling an 0800 number which is operated by an Operational Support Team based at Corrections national office. The 0800 number is available 8am to 8pm Monday to Friday, and 8am to 4pm on Saturdays. It is not available on Sundays.
167. We asked prisoners at MECF whether they were able to make an initial telephone call in a timely manner. Many prisoners told us there had been delays in making their initial telephone call, often due to staffing issues. We heard that prisoners could not make initial calls over the weekend but had to wait until Monday or the first convenient weekday. Some prisoners told us they had not received their initial telephone call for several days, which had affected their ability to manage their personal affairs, and in some cases had caused distress. Other prisoners we spoke with told us they had not been offered an initial telephone call, or had not known they could request one.
168. Most prisoners we spoke to across the site told us they had not received a unit induction and had learned prison rules and routines from other prisoners. We checked the IOMS records for several of these prisoners and found that most of their records included a file note that set out that an induction *had* taken place, that rules and regulations had been explained to the prisoner, and essential information had been supplied. Despite this, several prisoners told us they had not known what was going on when they had first arrived, which they had found unsettling. Some prisoners, including a man who told us it was his first time in prison, told us they had learned what to do from other prisoners in the unit. We note that, at MECF, prisoners were not asked to sign a form to confirm they had received a unit induction, so this inspection was unable to reconcile the variance between the IOMS file notes and what prisoners told us.
169. Notwithstanding the fact that some prisoners told us they had not received a unit induction, some prisoners commented positively on the daily morning briefings which were occurring in most units, during which a custodial officer would tell them what was happening in the unit that day.
170. A few prisoners told us they had received an induction and had appreciated this. For example, we heard from several prisoners in Lima Unit who told us they had received an induction and an induction booklet which they had found useful.

## 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.

171. A Reception Health Screen should be undertaken by a Nurse for all people newly arrived at prison. This is the first opportunity to obtain health information about a prisoner and identify any immediate health needs that need to be addressed.
172. MECF has a Health Business Analyst who analyses data and provides reports to the Health Centre Manager on reception processes. The report for the six-month review period showed that 4,386 newly arrived prisoners, prisoners who had been transferred, and prisoners returning from court had been assessed in the Receiving Office. The report showed that over this period, on average there were 76 people per month who were assessed as having an immediate health need, 257 people per month who had a semi-urgent health need, and 216 per month assessed as having a routine health need.
173. Due to the large volume of prisoners who transit through the Receiving Office at MECF, two Nurses were rostered to this area on morning and afternoon shifts. There was a clearly defined task list for these roles, as well as a New Arrival Log Sheet which provides a checklist reminder of the specific tasks that are required to be done when completing assessments for a newly arrived prisoner.
174. In a focus group of Nurses, they told us they were 'very busy' when working in the Receiving Office and that it was 'very stressful'. Nurses told us that they sometimes omitted some tasks due to time pressures and many of them felt there needed to be more Nurses working in the Receiving Office. They acknowledged that how quickly tasks could be completed depended on the experience of the Nurse on shift. They told us that time and custodial pressures impacted on the quality of their documentation and that they only had time to write short notes. They admitted that they did not have time to 'dig into people's medical history' and that sometimes this led to failures to identify health issues.
175. All prisoners were seen by a Nurse in a private interview room in the Receiving Office. All the prisoners we asked told us they had seen a Nurse who had been respectful and professional. Prisoners told us that when they had raised specific health issues, such as shortness of breath, these had been managed appropriately.
176. Nurses we observed in the Receiving Office were polite and respectful when engaging with newly arrived prisoners. However, they did not always introduce themselves, they provided minimal information about the prison health service, and did not ask prisoners if they were able to read the consent forms they were being asked to sign. We observed Nurses made little eye contact with prisoners due to the placement of the computer screens.
177. We observed that reception health assessments were limited to the questions on the reception screening form. We did not observe Nurses asking further questions, such as when a prisoner stated that he had thoughts of harming himself. We observed communication with custodial staff only when prisoners had been assessed by the Nurse as at risk.

178. All Nurses accessed Testsafe<sup>25</sup> for new arrivals to check on key aspects of medical history such as what medications the prisoner might have been prescribed. The Health Centre Manager told us that for reception health screening, his team could access external patient health records if patients were from the Auckland or Northland areas, but not if they were from elsewhere.
179. We observed screening taking place at reception for health conditions including cardiovascular diseases, and communicable diseases such as sexually transmitted infections. This was done with prisoner consent. Screening aligned to known risks for the prison population.
180. A few prisoners told us their prescribed medicines had been taken from them at reception and that it had taken days or weeks to get new medications prescribed. We reviewed the notes for 20 newly arrived prisoners in August 2024 who told the Nurse on reception that they were taking prescribed medications. Our review found that 12 of these prisoners had their medications prescribed by the Medical Officer within one day, five within two days and three within three days (inclusive of a weekend). The MECF health team had robust processes in place to ensure continuity of care for medication prescribing.
181. We reviewed incident reports relating to prisoners assaulting staff and use of force which took place in the Receiving Office in July and August 2024 and found that some of the prisoners involved in these incidents had histories of acute mental illnesses (such as schizophrenia), were under forensic care, had mental health conditions such as anxiety/depression or attention deficit hyperactivity disorder, presented as agitated and distressed ('my heart is sore and my mind is broken') and were suspected of alcohol and substance withdrawal. While MECF has a team of mental health clinicians working on site with prisoners, there is no specialist mental health clinician who works in the Receiving Office.
182. Given the high volume of prisoners who are received into MECF and the known increased risks associated with people on remand, there could be benefit in considering having specialist mental health clinicians in the Receiving Office in a supporting role to existing Receiving Office staff. These benefits could include early identification and intervention for suicide risk, psychosis or acute distress, continuity of care by early connection with community mental health providers and access to a person's mental health history, assistance with placement decisions and de-escalation of crisis situations, thus reducing incidents of self-harm and assaults on staff.

## Geographical placement

### Inspection Standards

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

183. All the prisoners we interviewed were either from the Auckland region or had been arrested in the Auckland area, and were therefore close to family/whānau.

<sup>25</sup> Testsafe is a secure electronic database which stores health information such as prescribed medication and test results. It can be accessed by authorised healthcare providers in the northern part of New Zealand.



184. MECF is a remand prison, so once they were sentenced, most prisoners were transferred to other prisons. Prisoners were also transferred from MECF for prison population management reasons.
185. Some prisoners told us they had been transferred away from MECF for periods of time but had been transferred back for court appearances. A number of these prisoners spoke positively about their stay at other sites and expressed a desire to return due to the longer periods of time they had been able to spend out of their cells, and the additional programmes and activities that had been available at these other sites.
186. Some prisoners, however, who were from the Auckland area and who had been transferred to prisons in other areas, told us they had been unable to receive in-person visits from family/whānau due to the distance and prohibitive cost of travel.



## 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.

187. At the time of the inspection, of the 1,102 prisoners at MECF, 489 (44%) identified as Māori.
188. The most common iwi affiliations recorded in IOMS were Ngāpuhi (109 prisoners), Tainui (43 prisoners) and people from Te Tai Tokerau/Tāmaki-makaurau region (iwi not named) (26 prisoners). However, only 30% of Māori prisoners had a preferred iwi recorded in IOMS.
189. There was limited evidence of Māori prisoners having access to cultural practices and programmes. COBRA data indicated that in the six-month review period, there had been 26 completions of a tikanga programme, and we heard that two Dynamics of Whānaungatanga programmes, which focus on kaupapa Māori principles, had been available in Lima Unit.
190. Most units were holding daily prisoner briefings in which prisoners sat down in the dayroom and were briefed by staff about the regime for the day and given any relevant messages. We observed these briefings were started with a karakia.
191. Some prisoners told us they were able to participate in prisoner-led kapa haka in their unit, though this was not available in most units. Some prisoners told us they had received books to support cultural practices and spoke positively about the availability of the Māori TV channel. However, there appeared to be few cultural activities organised by the site.
192. Some prisoners told us they perceived some restrictions as conflicting. For example, they were allowed to practice kapa haka but were not allowed cultural items such as pounamu (greenstone).
193. Some prisoners spoke positively about some murals in Lima Unit, which had enhanced cultural representation, reduced graffiti and created a less sterile environment.
194. We spoke to several Case Managers who told us about a whānau wrap-around support service that was offered by a provider. They told us they felt the service was being under-utilised because staff were not referring prisoners to it and prisoners had not heard of it. The service was intended to accept referrals from the Receiving Office as part of the immediate needs assessment. However, a Principal Case Manager told us they felt one of the issues was that Receiving Office staff had to complete a lengthy form consisting of several pages and they were too busy to do that.
195. For prisoners with moderate to severe mental health issues, the site's Intervention and Support Practice Team had two Kairuruku Hinengaro (Māori Mental Health Practitioners). We interviewed one Kairuruku Hinengaro who told us she worked exclusively with Māori patients. She told us she had no budget for resources, such as art supplies, though she could sometimes get materials from the Education Tutors. She told us prisoners were 'thirsty for something to do, for activities like kapa haka'.



196. We spoke to the site's (voluntary) Kaumātua who told us he worked with the site's staff and managers on tikanga issues, and provided other support such as speaking to staff about the history of the area and acting as the Kaumātua for staff graduations. He did not usually work directly with prisoners unless asked to conduct special activities by the prison General Manager. We heard that these special activities usually related to deaths in custody, and that the Kaumātua worked closely with the Chaplains at such times. He told us that after deaths in custody he might work with whānau if they needed support.
197. The Kaumātua told us he felt staff at the site were very respectful of tikanga, though they did not necessarily have a deep understanding of it. He told us the prison was like a 'concrete jungle' and felt a lot could be done to make the environment less sterile, such as introducing murals or greenery.
198. Most prisons across New Zealand have Kaiwhakamana.<sup>26</sup> However, at MECF we heard there were no Kaiwhakamana at the site. One prisoner mentioned he'd never seen a Kaumātua or Kuia at MECF.

### Foreign national prisoners

#### Inspection Standards

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

199. Foreign national (non-New Zealand citizen) prisoners should expect to be supported in prison to access their consular representative, if required, and to use an interpreter service if they need it to understand key information. Foreign national prisoners should also have their health, cultural, religious, and dietary requirements met.
200. Corrections data showed that in the six-month review period there were 151 foreign national prisoners at MECF. COBRA data also showed that six prisoners had a 'requires interpreter' alert in IOMS.
201. As previously mentioned, staff in the Receiving Office told us they would ask a foreign national prisoner at reception if they wanted to contact their consulate or embassy. Most foreign national prisoners we interviewed told us they had been asked this, but some said they were not asked, either in the Receiving Office or in their unit. Some foreign national prisoners told us the information in the Receiving Office had all been in English and they had not been offered an interpreter.
202. Corrections has translated the 'What happens to me now I have arrived at prison?' pamphlet into 12 languages, including Samoan, Tongan, Vietnamese, Arabic, and Simplified Chinese. The pamphlet contains information about prison life, including searches, clothing and how to make a complaint. It sets out that prisoners can ask for an interpreter and different ways to contact an embassy/consulate. None of the foreign nationals we spoke to mentioned being given this pamphlet, whether in English or any other language.
203. Some unit staff told us they would ask foreign nationals if they wanted to contact their consulate or embassy. However, some staff told us there were posters up in their unit about

<sup>26</sup> Kaiwhakamana are Kaumātua or Kuia (Māori elders or people of status) who have access to prisons to enable the wellbeing of their people. They are not employees of Corrections.

- this and they would expect prisoners to read the poster and make their own calls if they wished.
204. Most foreign national prisoners we interviewed spoke good levels of English and told us they did not need an interpreter. However, a few told us that even though they spoke reasonably good English, they found it difficult to understand some prison processes or communications as these were not fully explained and there was no information available in other languages.
205. Unit staff told us if they were managing a prisoner with limited English, they would find a staff member or a prisoner who spoke the same language to translate when necessary. Corrections has an 0800 telephone number that staff can ring 24 hours a day, seven days a week to access interpreter services for prisoners who speak limited English. Most staff told us they were aware of this service but tended to rely on staff or other prisoners to help them communicate. Some staff, for example, in the Management Unit and the Intervention and Support Unit, told us they would use the interpreter service if there was no staff member available in the unit who could translate. The Principal Corrections Officer of one unit told us they would only use the interpreter service if the prisoner had an appointment with an outside agency.
206. Not all staff appeared to know about the 0800 interpreter service. In one unit we visited we were told there were two prisoners who spoke no English. We asked staff how they communicated with these men and they told us they asked another prisoner or used hand signals and one-word instructions. We asked to interview one of these prisoners, with the help of another prisoner for translation. Staff attempted to facilitate this interview, but brought us one prisoner who told us he only spoke Korean and one who told us he only spoke Chinese. Neither prisoner could speak English. We asked staff again how they would deal with this situation and they said they would wait until there was someone on the unit who could help. None of the staff mentioned the 0800 interpreter service.
207. We spoke to another prisoner who spoke no English with the help of a custodial officer who interpreted. The prisoner told us he waited for Samoan staff to be on duty so he could ask for things. He told us it was rare for there to be no one available who spoke Samoan. He told us he was able to call his family.
208. We found evidence that staff in some units were meeting the needs of foreign nationals by managing them in appropriate ways. For example, in several units, staff and prisoners told us foreign nationals would be unlocked after hours to help facilitate telephone calls to family in different time zones. However, this was not always the case, and we also spoke to a few foreign nationals who told us they were not allowed out at special times to make telephone calls. This meant their families had to receive calls during the night.
209. In addition, we heard that some foreign nationals had experienced delays in having international numbers loaded onto the Corrections telephone system. One foreign national told us he had been in the prison since February and it had taken until August to have overseas numbers approved. He told us that initially he had been told he could not have overseas numbers approved and that he had been told he could not have video calls. We checked IOMS and confirmed that it had taken six months for his overseas telephone numbers to be approved.
210. Case Managers told us the Principal Case Manager would always try to place a prisoner with limited English with a Case Manager who spoke their language.
211. We spoke with several Employment Instructors who told us they would take prisoners with limited English for prison industry jobs if it was safe to do so. For example, laundry and kitchen Instructors told us they could take prisoners with limited English if there was another

prisoner already working there who could translate important safety instructions. The café Instructor told us foreign nationals were accepted if they had limited English as the café was a great place for them to improve their English.

212. We spoke with Nurses who told us they used the telephone interpreter service when needed for prisoners who did not speak English. We observed on a Nurse's computer screen that she had a Google translate webpage open and when asked about this she told us that she had used it that morning for a prisoner who was able to communicate but who had limited English. She advised that the tool had worked well in this case to ensure information was understood, but for prisoners who had had more difficulty or did not speak English at all, she would not hesitate to use the telephone interpreter service. She told us it was easy to use the telephone interpreter service.

## Transgender prisoners

### Inspection Standards

- Transgender prisoners are managed with respect and dignity.

213. Staff should follow Corrections processes for transgender prisoners to determine risk and develop a support plan which is shared with unit staff. Staff should ask transgender prisoners their preferred names, pronouns, and the gender of staff they want to conduct searches.
214. Ten prisoners at MECF had transgender alerts in IOMS at the time of the inspection.
215. Receiving Office staff told us if a prisoner identified as transgender, they would keep the prisoner in a separate holding cell, put a transgender alert and a 'not to double-bunk' alert in IOMS, and create the initial part of a support plan which they sent to unit staff to complete. Receiving Office staff told us they asked trans prisoners their preferred names, pronouns and the gender of staff they wanted to conduct searches.
216. Unit staff were generally able to correctly describe the process for developing a support plan for trans prisoners, completing an induction, ensuring the prisoner had suitable clothes and ensuring staff knew the prisoner's preferred name, pronouns, and search requirements.
217. We interviewed several trans prisoners across the site. Most told us staff treated them with respect and generally managed them appropriately, for example, by ensuring they had access to women's canteen items, were permitted items of women's underwear, and that they were unlocked early (or locked later) so they could use shared showers in private.
218. However, several trans prisoners told us they did not have sufficient access to razors as these were generally only issued to them on the same days the men received them (for example, twice a week, or once a week, depending on the unit). Some trans prisoners told us they could ask to be issued a razor on non-razor days and would sometimes be given one but that this did not always occur. One trans prisoner raised the issue of tweezers, which she was not permitted but which were important to her for grooming reasons. One trans prisoner told us she had asked for access to the women's canteen list but staff had told her she could not have this. Some trans prisoners told us they were not comfortable sending feminine underwear items to the main laundry, and so washed these items themselves which was not ideal as they only had small hand basins in their cells.
219. Several trans prisoners told us they appreciated having a support plan. Most were happy, or mostly happy, with the plans and with their management. We checked several support plans

and found they tended to lack detail, or did not align with the prisoner's actual management. For example, one prisoner told us she was always unlocked early to have a shower in private, but this was not set out in her plan.

220. One trans prisoner told us she would like her preferred name to be in IOMS as although her preferred name was in her support plan, staff were still calling her by her male name after 10 months.
221. We checked the file notes for another trans prisoner and found that the pronouns in these did not align to the preferred pronouns in the prisoner's support plan. This indicated that staff were not aware of the preferred pronouns, or were not using them.
222. Depending on the prisoner's offence, staff in the Receiving Office may ask trans prisoners if they would prefer to be held in a women's prison. Some trans prisoners we interviewed confirmed they had been asked this question but had told staff they preferred to stay in a men's prison.
223. We asked several offender Employment Instructors if they had had trans prisoners working in prison industries. Around half the Instructors we spoke with told us trans prisoners were accepted in their workplace. The others told us they could not take trans prisoners, either because there were no toilet facilities available for them, or because they only accepted prisoners from one double-bunked unit, and trans prisoners were not able to be double-bunked for safety reasons.
224. We asked the Health Centre Manager about what specific care was provided on site for people who identified as transgender. The Health Centre Manager advised us that they complete transgender and non-binary health assessments, provide gender affirming health care, and that the health team had been given training by the Corrections' Rainbow Support Network.
225. We reviewed the health notes for ten transgender prisoners and found that on arriving into prison, those on prescribed medication had received continuity of care, with medication being prescribed within one to three days. Within the health notes, many Nurses did not refer to trans prisoners by their preferred names, although mental health clinicians did. Nurses would instead use the terms 'tane' or 'pt' (patient) or would refer to the person by their surname. It was noted that the one transwoman who nursing staff referred to by her correct name, had this name recorded on her patient registration in the health file. Other transwomen did not have their preferred name used on their health file patient registration. Only four of the ten transwomen had alerts in their health file that they were transgender. Only one transwoman had a health alert recording their pronouns, with a second having an alert recording a preferred name. We found evidence in the health records of referrals being sent, or advice being sought from specialists supporting gender-affirming health care.

## Young people under 18 years

### Inspection Standards

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

226. COBRA data indicated that there were no prisoners aged under 18 at MECF at the time of our inspection or at any point during the six-month review period.

227. We were told that if any young people aged under 18 were received at MECF, and it was their first time in prison, they would be placed into the Intervention and Support Unit on arrival. This would include being strip searched and placed in an anti-ligature gown (or 'stitch gown') without any underwear. The Acting Principal Corrections Officer in the Intervention and Support Unit told us they would be kept there until an Assessment of Placement for Young Adults (APYA) could be completed.<sup>27</sup>
228. We do not consider that young people should be placed in the ISU because the APYA has not yet been completed. Placement in the ISU should be based on the risk assessment of an individual.

### **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.

229. COBRA data indicated that 19 prisoners at MECF were aged 18 or 19 at the time of the inspection. In addition, there were 112 prisoners aged 20 – 24.
230. 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. At MECF, 24 prisoners had a youth alert in IOMS, evidence that these alerts were generally being created by staff following APYAs for 18- and 19-year-olds.
231. The Custodial Practice Manual on the Corrections intranet sets out that the APYA may also be used to support custodial placement decisions for young adults aged 20 to 24. In addition, one of the Recommendations from the Inspectorate's young people and young adults thematic inspection set out that Corrections must ensure that a holistic assessment is completed to determine the most suitable placement for young people aged under 18 and for young adults aged 18 to 24.<sup>28</sup> It is disappointing to note that, at MECF, staff did not appear to be using the APYA for assessing young adults aged 20 to 24 prior to their placement.
232. We reviewed a sample of 14 APYAs and found they were of good quality and contained detailed comments.
233. As with young people aged under 18, we were told that when young people aged under 20 were received at MECF, if it was their first time in prison they would be placed into the Intervention and Support Unit on arrival. This would include being strip searched and placed in an anti-ligature gown (or 'stitch gown') without any underwear. The Acting Principal

<sup>27</sup> The 'Working with Young Adults' section on the Ara Poutama Aotearoa Practice Centre on the Corrections intranet sets out that the APYA 'is a holistic assessment used to determine the most suitable custodial placement option for youth and young adults. It explores whānau connections, goals and aspirations, motivation to change, and the young person's risk and vulnerability to others'. It also sets out that the APYA must be applied 'within 72 hours of a youth being received'.

<sup>28</sup> Office of the Inspectorate (2024) Young People and Young Adults in Corrections' Custody – Thematic Report, Office of the Inspectorate, Wellington.

- Corrections Officer in the Intervention and Support Unit told us they would be kept there until an APYA could be completed.
234. We spoke with two young men aged under 20 who had been taken to the Intervention and Support Unit direct from the Receiving Office when they had first arrived at the prison. Both had been held in the Intervention and Support Unit for three or four days. They were strip searched and placed in anti-ligature gowns for two days. They told us the experience made them feel 'like shit'. They told us they had been on single unlock when they were in the Intervention and Support Unit and could not mix with others, but were seen by Nurses and custodial staff members. They said it was 'very boring' there and they had had nothing to do except watch television.
  235. As stated in the 'Young people under 18 years' section above, placement in the ISU should be based on the risk assessment of an individual. There should not be a blanket process that young people are placed in the ISU because the APYA has not yet been completed.
  236. The two young men aged under 20 who had been taken to the Intervention and Support Unit were then moved to Echo Unit. They told us staff there gave them some verbal information about unit rules, but that there had been no formal induction. They said they had to figure a lot of things out for themselves as they were not given information about the running of the unit and what they were entitled to. They told us they were on Directed Protective Custody but had not had this explained to them so did not know what this meant.
  237. At the time of the inspection, nine of the 18- and 19-year-olds were being held together in one unit (i.e. Papa 2). All these young people were housed in single cells. We observed some posters suitable for young people about prison life on the wall in this unit. The posters included information about how to make an initial telephone call, prison rules, how to send a letter, and how to make a complaint.
  238. With regard to prisoners aged 20 to 24, we observed that in most units, prisoners in this age group were managed in the same ways as older prisoners. One exception was in the Management Unit, where the Principal Corrections Officer told us staff would attempt to explain things differently so the young people could understand, and engage differently as young people could be more aggressive and impulsive. We reviewed the management plans of nine young people aged 20 to 24 who were being held in the Management Unit on the day we visited. The management plans tended to be generic and did not show evidence that young people in this age group were being treated any differently.
  239. We interviewed several prisoners aged under 25 across the prison, one of whom was 18. They told us they felt they were being managed in the same way as older prisoners. None of them were doing any education courses and told us no one had spoken to them about education. They were unsure how to get library books to read. They told us there was little for them to do except watch television and go to the exercise yard during unlock. They told us they were unlocked for two hours a day. We heard there was not much to do in the exercise yard except for pull-up and dip bars; there were no basketballs or other activities. We heard they were not given booklets or pamphlets in the Receiving Office and did not know a lot about prison life and rules.
  240. One young man we interviewed told us he had been in prison for a week but had not yet had his initial telephone call to let family/whānau know where he was. We raised this issue with staff and the young man was then given an initial telephone call.
  241. In February 2024, Corrections published an online training module entitled 'Working with Young Adults'. The Corrections intranet sets out that 'the Working with Young Adults elective aims to build foundational knowledge around working with prisoners under 25'. It consists



of the online module and a one-hour professional development session, and, following completion, eligible employees receive an associated pay rise. We asked staff across MECF whether they had completed this module.

242. Most unit-based custodial staff we asked had not completed it, though some (but not all) of the custodial staff in Papa 2 Unit had completed it.
243. Most of the offender Employment Instructors we interviewed had completed the module. The Employment Instructors told us they were always willing to give young people a chance at a job. Several Instructors told us if they had young people in their work crews, they ensured they completed a thorough induction, and gave clear instructions which they repeated as often as necessary. They ensured they monitored the young people's work closely and placed an emphasis on punctuality, work ethic, and good behaviour.
244. We heard that one of the four Education Tutors at the site had been assigned to prisoners aged under 25, which meant these prisoners did not have to wait as long before being assessed. The Tutor told us they had not received any extra training or support to do this role and that there were no special programmes for younger prisoners.

## Relationships with family and whānau

### Inspection Standards

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

245. 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.
246. 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.<sup>29</sup> Corrections covers the costs of national telephone calls so prisoners can maintain contact with family/whānau.<sup>30</sup>
247. Most prisoners we spoke with told us they generally stayed in contact with their family/whānau by using the prisoner telephones or by writing letters. A few told us they also received face-to-face visits or had video calls.
248. Before prisoners can make telephone calls, they must enter the telephone numbers they wish to be approved into a self-service kiosk. 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. Some prisoners told us that being able to request telephone numbers via the kiosk had improved matters, but sometimes the approvals process could take time.
249. Several prisoners told us they had experienced delays in getting telephone numbers approved and available for them to use. In some units, there had been prisoner complaints

<sup>29</sup> Prison Operations Manual C.02.02 Prisoner telephone criteria

<sup>30</sup> Corrections began transitioning prison sites onto a new telephone system and covering the costs of calls from 11 October 2022.

- regarding access to telephones or delays in telephone number approvals. Prisoners told us the delays had been anywhere from about two weeks to several months.
250. Custodial staff told us that, at MECF, one staff member was responsible for loading telephone numbers for the whole site. We heard this could cause delays in the number being available for the prisoner to call, even if it had been approved promptly by unit staff.
251. We interviewed the staff member responsible for loading telephone numbers for the site. She told us all requests showed on a screen and it took her about a minute to complete her tasks and send a notification to the prisoner self-service kiosk to inform the prisoner that the number was available. She told us she approved all the notifications on the same day she received them. When she was on leave, another member of staff covered her role to avoid delays. She said if there was delay it may be when custodial staff were not able to get hold of the family.
252. Staff and prisoners told us it was common for prisoners not to have memorised the telephone numbers of their family/whānau. We heard this could cause delays for some prisoners, though staff in most units would take prisoners to the Receiving Office and assist by getting the relevant telephone numbers off the prisoners' mobile phones.
253. We were told that at the time of the inspection, prisoners were allowed up to 20 hours of telephone calls a week, subject to access to the telephones.
254. Many prisoners across the site told us getting access to the telephones was an issue due to the large numbers of people and the limited number of telephones (i.e. usually three telephones per unit) and some prisoners monopolising the telephones. We heard this issue was made worse by the fact that at the time of the inspection prisoners were being unlocked for short periods of time, usually either two hours a day or an hour and a half a day. We heard there were generally long queues to use the telephones and some people missed out. One prisoner told us it was too busy in his unit to try to get onto the telephones and it had been 'days' since he had been able to make a call.
255. We note that from 6 January 2025, Corrections capped prisoner telephone calls at 30 minutes per prisoner, per day, with a maximum time of 15 minutes per call, which may help to mitigate the problem of some prisoners monopolising the telephones for long periods of time.
256. In addition, in several units at MECF, we heard that bullying could be a factor in some prisoners having limited access to the telephones. In one unit we were told 'gangs run the phones' and that certain people always jumped the queue. Prisoners in several units told us staff did not manage this problem. We heard that because of this, some prisoners did not get access to the telephones at all. One prisoner told us that to get access to the telephones he had to pay other prisoners by giving them his lunch.
257. In some other units, however, prisoners told us staff were aware of issues with some prisoners attempting to control the telephones and actively managed this situation. For example, we heard that some staff would allow prisoners to make calls when other prisoners were locked in their cells. Staff in some units told us they monitored calls on the computer and would cut prisoners off if they were monopolising the telephone to allow others a chance to make calls.
258. Prisoners told us there was little privacy when they were using the telephone, as the telephones were located in busy dayrooms or exercise yards. We did not observe any privacy hoods.
259. We heard that prisoners in the Management Unit were allowed two five-minute calls a week, and we observed that unit records showed prisoners were generally receiving these calls.



However, when we were in the Management Unit, we saw a prisoner being denied a call to his lawyer by a staff member. The prisoner explained that he had used his five-minute call to contact his family/whānau. The staff member told him he should have used it to call his lawyer and hung up. This approach deprives people on segregation the opportunity to maintain contact with family/whānau and access their legal advisers. Given the importance of this issue, we raised this with prison management at the end of the inspection.

260. Prisoners should have access to writing materials so they can send letters by post. We observed pencils, writing paper and envelopes were given to new prisoners when they arrived in prison. In addition, we noticed these were available in units across the prison and prisoners told us they could access them from staff. We observed them being issued on request.
261. We asked prisoners across the site about sending and receiving letters and were told the mail was very slow. One prisoner told us it took about three weeks for mail he had given to officers to arrive in the community. Another prisoner told us he had sent a letter six weeks ago and the recipient still had not received it. In addition, on 10 October, we observed an item of legal mail waiting to be issued which had been stamped as arriving at the prison on 4 October.
262. Family/whānau can email a person in prison and staff should print the email out and give it to the prisoner. We observed printed out emails in a unit guardroom that were dated between two weeks and just over a week ago.
263. Face-to-face visits were available at MECF. We heard that at the time of the inspection, visits were available Monday to Friday, and that prisoners could have one 30-minute visit a week. We heard prisoners had previously been allowed one 30-minute visit a fortnight but that this had changed shortly before the inspection.
264. Most prisoners who received visits told us 30 minutes was not long enough, especially as visitors had to arrive 45 minutes before the visit start time. We heard that the lack of weekend visits meant family/whānau members had to miss work and children had to miss school to attend visits. Some prisoners told us they had been able to book extended visits of one-hour duration.
265. The Prison Operations Manual sets out that eligible prisoners may make video calls to family/whānau and friends who are approved visitors. In some cases, discretion to make video calls to people who are not currently approved visitors is also allowed. Video calling is not an entitlement, it is a privilege, and is offered under specific conditions to protect the safety, privacy and security of all participants.<sup>31</sup> Video calls are generally made on a laptop. A staff member remains present while the call is taking place.
266. We heard from staff that video calling was available for international calls and for prisoners who had family/whānau out of the region. We were told video calling was available on request. However, most prisoners we asked told us they did not think video calling was available at MECF and that they had therefore not applied for it. We spoke with some prisoners who told us they had applied but they had found the application process difficult and extended, and sometimes had not received an outcome.

<sup>31</sup> Prison Operations Manual C.05 Prisoner video calling

## Access to legal advisers and attendance at court hearings

### Inspection Standards

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

267. Prisoners have a right to be able to consult their legal advisor in private. Generally, prisoners at MECF told us they could contact their lawyers and that staff assisted them with this if they needed help. We checked prisoners' file notes and found that they did have access to their lawyers, but that not all attempts to contact a lawyer were successful.
268. Many prisoners told us telephone calls to their lawyers were not private as they could either make them in the unit where other prisoners could overhear, or staff took them to a more private room, such as the unit office or an interview room, but then a staff member stayed in the room with them while they took the call. We observed this practice where staff facilitated lawyers' calls in interview rooms and stayed in the rooms during the calls. We also observed that these calls were usually limited to five-minutes duration.
269. Many prisoners told us it was difficult to speak with their lawyers due to the limited time they spent out of their cells and the issues with accessing the telephones (see the previous Relationships with Family and Whānau section of this report).
270. Several prisoners told us that although staff would ring and leave messages with lawyers on their behalf, the lawyers often rang back when they were locked in their cells and staff would not unlock them to take the calls.
271. We heard that access to lawyers could be especially difficult if a unit was operating on what was known at the site as a 'four-way unlock' (i.e. where staff were not unlocking all prisoners at once, but were unlocking them in four groups; this was generally due to either custodial short staffing or safety concerns following an incident). Prisoners in one unit told us sometimes they had to push really hard to get a private call with a lawyer in a side office if the unit was on four-way unlock. They told us not everyone received a lawyer's call before their court date came up.
272. Prisoners are able to have up to ten approved personal telephone numbers that they can ring from prisoner telephones; these calls may be monitored or recorded. In addition to the ten personal numbers, prisoners can request to have two lawyers' numbers on their approved telephone number lists so they can ring their lawyers directly during unlock hours. These calls to lawyers should not be monitored or recorded. Most prisoners we spoke with were aware they could add lawyers' numbers to their approved telephone number lists, and many had already done this.
273. The site had a total of 15 audio-visual link (AVL) booths; seven older booths and eight newer ones. The AVL booths were clean and in good working order, though some of the older booths had graffiti in them. The AVL was used by lawyers, but also for court hearings, and by Probation Officers, Case Managers, Police, court staff, and staff from external agencies such as the Mason Clinic, Odyssey House, and social housing organisations.
274. The site kept an AVL bookings register which showed that in the six-month review period there were 5,836 AVL sessions which included visits with lawyers, and 3,242 court hearings. This showed evidence of good use of the AVL suite. We noted that the site was introducing

the use of the Corrections Bookings application which should standardise recording and reporting in this area.

275. MECF had a separate area for legal visits and some prisoners told us they had received private face-to-face visits with their lawyers in this area. We visited the area and observed that there were 15 booths, including two non-contact booths, though one of the contact booths could not be used for lawyers' visits as it was used as a thoroughfare by staff. We heard the area was used mainly by lawyers, but also by psychologists and Mason Clinic staff. Visits in this area were for generally for a one-hour duration, though we heard two-hour visits could be arranged. There was a shared email address for staff to make bookings on behalf of prisoners.
276. One of the staff who worked in this area told us she thought evening visits for lawyers would be beneficial as this had been available in the past and had been well-used.
277. While general mail may be opened by Corrections staff for monitoring purposes, legal mail is legally privileged and should not be opened by Corrections staff. Legal mail should be clearly marked so that staff are aware of the contents. As previously mentioned, prisoners across the site told us mail could be very slow, and this included legal mail. Some prisoners told us they believed the delays occurred after mail was dropped off at the front office, but before it was issued to them on the unit. In addition, on 10 October, we observed an item of legal mail waiting to be issued which had been stamped as arriving at the prison on 4 October.
278. Most prisoners had no other issues with legal mail, though a few told us their legal mail had been opened by Corrections staff. Staff confirmed there had been cases where this had occurred in error.
279. Some remand prisoners may be eligible for bail or electronically monitored (EM) bail. Corrections employs Bail Support Services Officers who triage and interview eligible prisoners to find out if they may be suitable and to prepare an application. Figures from Bail Support Services showed that in the six-month review period, Bail Support Officers assessed 1,534 prisoners at MECF for their suitability for EM bail and prepared EM Bail Suitability Reports.
280. The Principal Case Manager told us there were Bail Support Officers available who would interview prisoners via telephone and AVL. We heard that Case Managers only referred prisoners to Bail Support Officers if they had no lawyer to help them apply for bail. We heard that the Bail Support Officers no longer came on site to meet with prisoners face-to-face. The Principal Case Manager told us she would like to see them returning to site. The Bail Support Team told us they conducted all interviews with prisoners via telephone as this was more effective. We also heard that the Bail Support Team needed Case Managers to be included in bail application work but that often there was no Case Manager allocated, which made it difficult to complete the interviews and ensure effective engagement with individuals.
281. Most prisoners we spoke with told us they had applied for bail through their lawyer and that they had not received any support from a Case Manager to apply for this. Only one prisoner told us he had received support from his Case Manager to apply for bail.
282. Many prisoners told us they often faced difficulties with bail applications due to unsuitable addresses for EM bail. Some bail hearings had been postponed multiple times while they were waiting for address verification or completion of EM bail reports. In some cases, prisoners told us they had limited or no preparation time with their lawyers before court appearances, and that this had contributed to bail delays or them not being approved for

bail. Prisoners told us they often relied on other prisoners for information about bail processes and their eligibility for this.

283. Some prisoners told us they had difficulty accessing some legal materials that were available as audio or video recordings, including evidence or recordings of hearings, due to technology or site procedural issues. We note that this issue was not limited to MECF.
284. Prisoners who were representing themselves in court told us they had limited access to resources to prepare. They told us staff assisted with scanning and emailing documents, but some prisoners had concerns that this was not private.

## Bullying and violence reduction

### Inspection Standards

- Prisoners feel safe from bullying and victimisation.

285. In the six-month review period, there were 1,642 incidents recorded at MECF, of which 1,065 were categorised in IOMS as 'prisoner behaviour', which included abuse/threats and assaults.
286. One-hundred-and-twenty of the 1,065 incidents were prisoner on prisoner assaults. Most of these were non-serious or resulted in no injuries. However, five were categorised as serious assault, and three as sexual assault. These required notification to the incident line.
287. Forty-eight of the 1,065 incidents were prisoner on staff assaults. Most of these were non-serious or resulted in no injuries, but two were categorised as serious and three as sexual assault. These required notification to the incident line.
288. The site referred 68 of the assaults to Police for consideration. In line with the site's focus on reducing violence and aggression, 38 of the referrals were for prisoner on staff assaults. Thirteen referrals were for alleged prisoner on prisoner assaults. There were also 13 referrals for alleged staff on prisoner assaults. The remaining four referrals were for alleged assaults where the identity of the perpetrator was unknown.
289. A review of COBRA showed that 482 prisoners (44%) were registered as gang affiliated. Twenty-eight different gangs had at least one member on site, and some prisoners had affiliations to more than one gang. The three gangs with the most members at the site were Killer Beez (83 men), Crips (70 men) and Mongrel Mob (66 men).
290. We heard that the site had a gang management strategy, and monitored and reviewed the placement of prisoners according to this strategy. We heard from managers and staff that there were times when events in the community were reflected in the behaviour of gang-affiliated prisoners and that they had to manage prisoners accordingly.
291. When we asked, most prisoners across the site told us they felt safe, but many said they had to remain vigilant when out of their cells. Some told us they felt safe in their current unit, but had not felt safe previously.
292. Some prisoners told us they did not feel safe. Some told us they seldom left their cells or avoided certain areas, such as the exercise yards, because these areas were unsafe. While some prisoners told us they would go to staff for help if someone tried to threaten or bully them, a significant number told us they would not ask staff for assistance as they were afraid of being seen as a 'nark'.

293. Several prisoners told us the main reasons for bullying were access to the telephones and for nicotine replacement lozenges. Some prisoners reported issues with prisoners trading lozenges for food, money or canteen items. We heard that in some units, the unit cleaners were exploiting their access across the unit and the additional time they had out of their cells to trade and stockpile items. We heard that issues with telephone and lozenge access were widespread, and that staff knew about these issues but took no effective action to address them.
294. Prisoners told us bullying was often linked to the presence of gang members of different affiliations in a unit and that staff were not necessarily aware this was occurring unless there was an incident.
295. Some prisoners perceived staff as unprofessional, particularly regarding the use of force and the management of prisoners with mental health or substance use issues. We heard that the actions of some members of staff could cause some violent or aggressive behaviour to escalate.
296. On 4 October 2024, Corrections launched its national 'Safer Prisons Plan' which followed its Reducing Violence and Aggression Joint Action Plan, which was agreed by Corrections, CANZ and the PSA in May 2021. According to the Corrections Chief Executive's message on the Corrections intranet on 4 October 2024, the Safer Prisons Plan 'takes the foundation of what has been successful so far and creates a focused plan to improve safety and wellbeing at our prisons'. Each prison will develop its own response to the national Safer Prisons Plan, and work with site union representatives and frontline staff to develop this response. MECF gave us a copy of their Safer Prisons Plan, dated October 2024 and due for review in June 2026, and a copy of their Violence and Aggression Reduction Action Plan for 2023/2024.
297. 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.<sup>32</sup> Assessments should be completed after unit lock-up, but may be done more often.
298. In the six-month review period, staff across MECF generally completed PTATs as required, although some units had not submitted PTAT reports every day. PTATs were generally assessed as green over the review period, with four amber and four red. Two of these amber/red assessments were in the same unit but did not appear related.

## 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.

299. Staff across the site told us they had no specific information on interventions or support for victims of abuse or trauma, but said that if any prisoners approached them regarding these issues, they would refer them to the health team. Most staff told us they had received no training on mental health or trauma.

<sup>32</sup> A red rating indicates significantly increased tensions which would require a review and response by the Prison Director.

300. Prisoners told us they had not seen any information about support for victims of trauma or abuse, but that they would ask a Case Manager or a member of the health team if they required this. One prisoner told us custodial staff were too busy to show empathy about trauma.
301. Another prisoner who told us he was on medication for anxiety told us it distressed him to have to share a cell, but that staff had not discussed it with him; he had been told he had to share. He told us sharing also concerned him as the cell intercom was 'never answered' by staff (see the Environment section of this report for more information about cell intercom response).

## Separation of prisoner categories

### Inspection Standards

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

302. 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 or sentenced prisoners. In some cases, a prison General Manager will apply for an exemption to mix different categories of prisoners under regulation 186(3) of the Corrections Regulations 2005. Exemptions to mix are generally for the purposes of rehabilitation, education and employment, or to enable sites to ensure prisoners receive minimum entitlements such as time out of their cells.
303. At the time of the inspection, MECF had exemptions to mix for most units and we observed that the documentation for these exemptions was in order. We noted that this enabled the site to mix different categories of prisoners and to effectively manage the population without restricting unit regimes further and requiring additional unlock regimes. We considered prisoner management to be particularly challenging within a remand site with high numbers of prisoners with different gang affiliations.
304. Five units did not have exemptions to mix. These units were operating separate unlock regimes which was having an impact on the workload of staff and the length of time prisoners could be unlocked.
305. Prisoners on directed protective custody were housed with prisoners on voluntary segregation. However, they were on separate unlock regimes and so did not mix in the day rooms or exercise yards.
306. There was no separate regime for prisoners aged under 25 and most young prisoners were treated as adult prisoners. Vulnerable 18- and 19-year-olds were in a unit with adults on voluntary segregation, but were unlocked separately.
307. As previously mentioned, MECF is a remand prison. Corrections' approach is to manage all prisoners on remand as high security, but the Custodial Practice Manual sets out that prisoners with a remand status may be assessed using the Remand Management Tool (RMT) to ascertain the risks they present and to determine the level of custodial supervision they



require.<sup>33</sup> 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.

308. Staff at MECF were using the RMT to assess prisoners. However, since all units at MECF were classified as high security, prisoners assessed as RMT2 could not be located in a lower security units as there were none. Prisoners assessed as RMT2 may have been able to participate in more constructive activities if these were available. However, given the limited number of constructive activities available at the site, we could not observe any significant differences in the opportunities available to RMT1 and RMT2 prisoners whilst at MECF, though this assessment would be more relevant if they were transferred to another prison.

## Complaints and feedback

### Inspection Standards

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

309. Corrections expects prisoners' complaints to be resolved at the lowest level possible. If prisoners wish to make a formal complaint to Corrections, they should be able to make one electronically via a prisoner kiosk, or by completing a paper form (usually a PC.01 form). We note that Corrections has a 'no wrong door' policy regarding complaints. Prisoners should also be able to access telephones or writing materials to make complaints to other external oversight agencies such as the Office of the Inspectorate, the Office of the Ombudsman, the Health and Disability Commissioner, and the Human Rights Commission.
310. In the six-month review period, 1,816 general prisoner requests, complaints or feedback were recorded about MECF. The top three categories were prisoner requests (589 requests), 'other' (485 requests and complaints) and prisoner property (173 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.
311. In the six-month review period, prisoners at MECF made one complaint to the Chief Executive of Corrections.
312. In the six-month review period, prisoners made 407 allegations against staff at MECF which were recorded in the Allegations Against Staff database and managed by the prison using the IR.07 process.<sup>34</sup>

<sup>33</sup> Custodial Practice Manual – Remand Management Tool (RMT).

<sup>34</sup> All allegations by prisoners of poor staff behaviour should be recorded in the Allegations Against Staff database, and the IR.07 process followed to ensure the allegation is investigated. The Inspectorate is notified of all allegations by prisoners about poor staff behaviour which are recorded in an IR.07. The Inspectorate may decide to monitor the prison's process in dealing with these allegations.

313. We are aware there may be data collection issues with complaints. 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.
314. Prison units should display posters explaining how to make complaints and posters that give telephone numbers and other contact information for external oversight agencies such as the Office of the Inspectorate, the Office of the Ombudsman, the Health and Disability Commissioner, and the Human Rights Commission. During the inspection we observed that most units did not have these posters on display. In some units we observed the poster with the numbers for the external oversight agencies, and in others we observed older versions of this poster which may have included out of date telephone numbers.
315. We asked prisoners about the complaints process. Most said they knew how to make a complaint and would do this via the self-service kiosk. Some prisoners told us they usually tried to resolve matters informally with unit staff before making a formal complaint.
316. Units had a self-service kiosk in a communal area which meant prisoners could access these when they were unlocked. Prisoners accessed the self-service kiosks using a PIN number and fingerprint. Fingerprints must be taken by staff during reception and registered so prisoners can use the kiosks. We found that at the time of the inspection, 94% of the 1,102 prisoners at MECF had their fingerprints registered on the kiosk system; 71 prisoners (6%) did not have their fingerprints registered.
317. Some prisoners were satisfied with how their complaints had been handled. However, others expressed dissatisfaction, telling us they felt complaints were often closed without being properly addressed and resolved. Some prisoners told us they 'did not bother' to make complaints as they felt these would not be addressed satisfactorily. Prisoners told us they were aware of the escalation process for complaints and that they could contact the Office of the Inspectorate or the Office of the Ombudsman if they wanted to take matters further.
318. Regarding healthcare complaints, in the six-month review period, there were 138 complaints about health services at MECF made by prisoners using the PC.01 system. In the same period, there were 24 health complaints from prisoners recorded by staff in the Corrections Resolve application.<sup>35</sup> A review by the Clinical Inspector found the main themes of health complaints were related to administration or prescribing of medication.
319. The Clinical Inspector reviewed the minutes of a monthly Health Quality Forum Meeting and found that there was no record of the types/themes of complaints received in that month. In the quarterly Clinical Governance meeting minutes there was reference to some complaints from prisoners about not receiving medicinal cannabis and that health leadership had met with these prisoners and escalated these complaints to the National Office Pae Ora team. However, there did not appear to be any discussion about themes of complaints for quality improvement purposes.
320. Some prisons hold regular Prison Forums which are attended by prisoner representatives, the General Manager and senior managers. These forums aim to give prisoners an opportunity to speak directly with senior managers, to raise any issues and make suggestions, and, potentially, to allow the site to manage some issues before they result in complaints.

<sup>35</sup> Resolve is a centralised application used by Corrections staff to manage and resolve complaints and feedback.



321. At the time of the inspection, MECF was not holding Prison Forums. The General Manager told us this was the case because 'there's nothing stable about this place'. However, most units were holding daily prisoner briefings in which prisoners sat down in the dayroom and were briefed by staff about the regime for the day and given any relevant messages. Some prisoners told us these briefings provided an opportunity for prisoners to ask questions or raise issues. Most prisoners we spoke with told us they found these briefings helpful. However, a few prisoners told us if they raised issues at briefings they would be brushed off with an excuse and that there would be no follow-through to resolve anything.

## 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.

322. We reviewed a sample of 140 prisoner records in IOMS and found that only 32 (23%) had a religion recorded.
323. We interviewed two of the three Chaplains, all of whom worked part-time, and who were employed by Tira Tūhāhā Prison Chaplaincy Aotearoa, which is contracted to provide spiritual support across New Zealand's prisons. They told us church services had recently resumed at MECF in August/September, but not in all units. Services were delivered by four teams of two or three church volunteers. The Chaplains were hoping to introduce more church services.
324. In addition, the Chaplains told us Muslim volunteers visited the site on Tuesdays and Thursdays to visit Muslim prisoners. There was also an Imam and a Buddhist monk who would visit if requested.
325. The Chaplains told us prisoners could request to see them in several ways. They could ask in person when the Chaplain was out 'walking the floor', they could make a request on the self-service kiosk, or they could ask a custodial staff member to make a referral.
326. The Chaplains told us they aimed to visit every unit once a week but that this had been challenging due to difficulties in booking interview rooms and the split unlocks. They said the split unlocks had been an issue because it meant they could not visit some units at certain times. For example, we heard that due to a split unlock they were told they could not go to a unit at 10.30am because lunch was being distributed, and that they could not go at 3pm because dinner was being distributed.
327. Some prisoners we interviewed were aware of Chaplain visits to their unit and told us these took place regularly. Some prisoners saw a Chaplain regularly but told us no formal religious services were conducted in their units. Some prisoners ran their own services with support from the Chaplains.
328. However, some prisoners told us they had never seen a Chaplain in their unit, or that they had seen one but did not know they could request a visit themselves.
329. Some prisoners told us they had requested religious items such as Qurans, prayer mats, or rosary beads, but that these items could be denied for security reasons, or that there could

be long delays. The Chaplains told us the protocols for getting religious items onto the site were well-established.

330. Some prisoners told us they had requested and received Qurans. One prisoner told us his request for rosary beads had been denied for security reasons. Another prisoner told us he eventually got a prayer mat from another prisoner who was leaving MECF due to the delays in getting one from the Chaplains/Imam.
331. Some Muslim prisoners told us they had requested to see an Imam. Some had received a visit, but others had not. Some told us they did not know who the Imam was or how often he came to MECF.
332. Some prisoners told us they felt staff encouraged religious practices by reciting a karakia at daily briefings. Some prisoners did not feel that this was a positive thing, though the practice was generally well accepted. These prisoners told us they felt spirituality was seen by some staff as a potential tool to promote good behaviour.
333. The Chaplains told us they were notified promptly in the event of a death at the prison and would provide support to prisoners and staff. They would also bless the cell where the death had taken place. As mentioned in the Māori Prisoners section of this report, the site also had a Kaumātua who told us he worked with the Chaplains and would come on site to assist if he was notified of a death in custody.
334. The Chaplains told us that with a recent death in custody, the cell blessing had not been able to take place until ten days later, which they felt had been too long. They told us the new Learning and Interventions Delivery Manager had created a summary protocol for staff about involving Chaplains after a death in custody.

## Property

### Inspection Standards

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

335. When people enter prison, their personal property is checked, recorded and either given back to them, stored in the prison Property Office (see image 4, Appendix A), or disposed of.<sup>36</sup> 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.
336. We observed that the property office at MECF was tidy, but that there was no natural light.
337. There were two rooms in the Property Office. One contained the court bins which included clothing and property prisoners had come in with when they were remanded into custody from court. The other room contained unclaimed property and items sent in by family/whānau that had been checked by the detector dogs and SERT team and that were

<sup>36</sup> 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.

now waiting to be delivered to prisoners in units. We observed that there was a large volume of unclaimed property.<sup>37</sup>

338. There was no washing machine in the Property Office, and a significant number of prisoners told us this was an issue because their clothes would not necessarily be clean when they went into storage in a court bin. Prisoners were then reissued these dirty clothes to wear to court. We observed that the room in which the court bins were kept smelled unpleasant, and that there was a workstation in this room.
339. Prisoners were issued prison clothing on reception, and were allowed to wear other clothes or footwear that were provided by family/whānau, so long as these were white or grey and had no logos. We heard from several prisoners that there was little consistency in what items staff would allow, whether across prisons, or units at MECF. This meant an item a prisoner was allowed to have at another prison, such as a pair of white shoes with a small logo, would not be permitted at MECF. Another example we were given was that sometimes a staff member would decide a dark-grey clothing item was too black, which was prohibited, and would therefore refuse to allow it. Prisoners found this inconsistency frustrating and felt some staff were over-zealous in their policing of items.
340. If prisoners were transferred to MECF from another prison, their property would be transferred too. We spoke with Property Office staff who told us they checked all property that came in with prisoners on transfer against their registered property list. They told us items often went missing during prisoner transfers as unit staff did not check each item of property when packing it. Instead, we heard that unit staff—whether at MECF or at another prison—would often just put everything in a bag and take it to the Receiving Office. This meant when property arrived at the MECF Property Office, there might be additional items which were not listed on the property register or items which were missing.
341. We asked prisoners across the site about the timeliness of receiving property that had been sent to the site by their family/whānau and heard that it usually took about a week to receive items. Many prisoners reported no issues with receiving property or with property processes.
342. However, in the six-month review period, there were 173 complaints from the site about prisoner property. A significant number of prisoners told us they felt property processes were too slow, or that forms or items got lost too easily, or that the inconsistencies regarding what items were allowed (as mentioned above) caused unreasonable inconvenience to the prisoners themselves or to their family/whānau members who had tried to follow the rules and who had sent an item, only to be told it was not permitted once it had arrived, often with insufficient explanation.
343. A few prisoners told us there was a lack of clear communication regarding property claim outcomes, which caused frustration. They told us the process could take a long time to be resolved and that they often received no updates.
344. Prisoners we interviewed raised no issues with the management of their trust accounts. We observed that most units were displaying posters regarding recent changes to making cash deposits into trust accounts. Prisoners we spoke with were aware of these changes.
345. Prisoner trust account balances are limited to a maximum amount (for example, \$200) unless special circumstances exist.<sup>38</sup> We spoke to the staff responsible for the management of trust

<sup>37</sup> Unclaimed property includes property that belongs to a prisoner who has been released, and property where ownership is in doubt.

<sup>38</sup> Prison Operations Manual F.05.01 Prisoner trust account (PTA).



accounts who told us they ran reports to identify any prisoners with balances above the approved limit and provided these reports to Principal Corrections Officers to discuss with the prisoners. The staff responsible for the management of trust accounts were aware of some prisoners who had balances above the approved limits for legitimate reasons (for example, because the prisoner was due to be deported). The staff told us that once a prisoner was told their trust account balance was above the approved limit, they usually rectified this by transferring funds.

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.

346. 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.<sup>39</sup>
347. Prison health services are Nurse-led, and at MECF were supported by contracted providers who came on site, including Medical Officers (i.e. General Practitioners), a Dentist, a Physiotherapist, x-ray services, and an ear clinic.
348. MECF had a large central health centre, and two smaller satellite clinics (see images 5 and 6, Appendix A). The health centre and the clinics all had consultation and treatment rooms, medication rooms, holding cells, and storage rooms. All had reception areas and staff facilities such as meeting rooms. There were toilets available for patients to use, if required.
349. The health centre and clinics contained a range of medical equipment suitable for primary care. We observed the equipment had been verified as checked and the site provided a recent medical maintenance service report dated 15 August 2024. All health clinics had welcome signs, including in Māori. There was other te reo Māori visible in the health clinics, such as on posters.
350. Hard copy health files were stored in the central health unit in two storerooms. At the time of the inspection, the rooms were unlocked with the doors open. While both rooms were in an area of the health unit which was used only by health staff, there was the potential that a prisoner or non-clinical staff member could access the file rooms. There was a door in the main corridor which led to these rooms, and this was also open and unlocked. The Clinical Inspector raised the issue of unsecured files to the Health Centre Manager who put in a request to have the swipe access mechanism added to the main corridor door so that this could be kept secured at all times.
351. The electronic patient<sup>40</sup> management system (i.e. electronic health records) is a secure national system which is password protected and used across all prison sites in the country. The Clinical Inspector observed that not all health staff in clinics were locking their screens

<sup>39</sup> Corrections Act, 2004, Section 75.

<sup>40</sup> Health staff at Corrections usually refer to the people in their care as patients.

when moving away from the desk and patient records could potentially be seen by anyone in the vicinity.

352. As previously mentioned, at the time of the inspection the health team had a full complement of 29.4 FTE Registered Nurses and three Enrolled Nurses. There was a Health Centre Manager seconded to the role, and two (of four budgeted) Assistant Health Centre Managers. The team also had three Clinical Team Leaders (of four budgeted), five Health Care Assistants (of 7.4 budgeted) and four Administration Support Officers. We noted that 30% of the health team had less than a year's experience working in a prison, and 71% of the team had less than two years' experience.
353. The Health Centre Manager told us the health team was at approximately 90% staffing, and that they were experiencing challenges with staff taking unplanned absences such as for sick leave or domestic leave. He also told us his team's staffing levels were based on prisoner population numbers from previous years, and that they would need more staff as the population was rising. We noted that the MECF prison population had increased from the same time the previous year. On the first day of our 2024 inspection, there were 1,102 prisoners on site. On the same day in 2023, there were 1,004 prisoners on site (i.e. 98 fewer prisoners on that date in 2023). In addition, the population at MECF was expected to increase further.<sup>41</sup>
354. Health staff were on site from 6am to 10pm every day. An on-call Nurse was rostered on every day to provide any necessary after-hours care.
355. The health team conducted four daily medication rounds. The morning medication round occurred between 6 and 9am, the lunch round between 11am and 1pm, the dinner round between 4 and 6 pm and an evening medication round occurred between 6 and 9 pm. Nurses would generally administer single dose medications to prisoners. However, following assessment, many prisoners were able to hold either weekly or monthly supplies of their medications which enabled them to self-administer.
356. The Clinical Inspector held a focus group which was attended by 15 to 20 Nurses. The Nurses spoke about the volume of medications they had to administer and the time pressures (particularly in the afternoon) they experienced as they prepared for medication rounds. The Nurses spoke about making 'lots of medication errors' and said this put their practice at risk. We reviewed the Health Services Incident Reports for medication events at MECF in the six-month review period, and found there were 66 medication event incidents reported, with 28 of these relating to administration errors.<sup>42</sup>
357. We were told that in July 2023 a new process had been put in place at MECF where custodial and health staff met in the Receiving Office for a short briefing before going to the units to administer medications. This process had been well supported by the Reception and Movements Manager and the Deputy General Manager who had sent staff notices outlining the process, with the message that 'the process is to ensure that people housed in MECF are receiving their entitlement of medical care and that our Health team are being supported by our custodial staff'.
358. The purpose of the briefing prior to the medication round was to remind staff of their roles and the correct procedures when administering medications, and to provide any pertinent information relevant to that particular medication round, such as that a particular prisoner

<sup>41</sup> At the time of writing, on 4 March 2025, there were 1,272 prisoners at MECF.

<sup>42</sup> We note that medication errors are self-reported and reporting levels vary across prisons, making it difficult to make comparisons.

had had their medication discontinued and may be upset about this, or that a prisoner had been suspected of diverting their medication so staff should ensure they took additional care to observe the prisoner taking their medication. Both custodial and health staff we spoke with told us the briefings worked well as they would go to the units as 'one team'. Prior to this, nursing staff told us it had been more difficult to find enough custodial staff to assist with medication rounds.

359. We observed a medication round and found it was run safely and efficiently. We observed the Nurse identifying each prisoner she was administering medication to, and custodial staff also confirming the prisoner's identity. Custodial and nursing staff interacted with prisoners in a professional and respectful manner. We observed the Nurse explaining on two occasions to different prisoners what their medication was, why they had been prescribed it, and how often it was to be taken. The Nurse told us she felt safe on the medication round because she was being supported by custodial staff.
360. During the medication round, we observed the Nurse checking a health request form mailbox and a Panadol logbook. The Nurse told us that she checked the logbook daily to ensure prisoners who were receiving Panadol from custodial staff were not receiving 'too much' and that the unit had enough stock to be able to provide prisoners with it when they asked for it.
361. Information provided by the MECF Health Business Analyst showed that Nurses had completed 3,300 Initial Health Assessments in the six-month review period. Most were completed within the timeframes outlined in policy, but 260 (8%) were not completed within the required timeframe set according to the priority score allocated during the Reception Health Screen (i.e. within 24 hours, within 10 days, or within 30 days) depending on the prisoner's need.
362. Most prisoners we interviewed about health care services at MECF knew how to request to see a member of the health team by completing a health request form (often known as a 'health chit'). Most prisoners knew to put these forms in the purpose-built locked box in their unit for health staff to collect.
363. Information we received from the MECF Health Business Analyst reported that in the six-month review period the health team had received 4,942 health request forms, an average of 823 health requests per month.
364. Most prisoners we interviewed told us they had used a health request form to see a Nurse. We heard it could take between three days and two weeks to receive an initial acknowledgement that the health team had received the form. Prisoners and custodial staff told us there could also be long waiting times, often of between three to four weeks, to see a Nurse or the Medical Officer. We heard this was too long to wait and caused issues. Some prisoners told us they had been in pain during the waiting period, or that their conditions had worsened.
365. However, our review found that health staff had consistently acknowledged health request forms from prisoners within the 72-hour period (i.e. three days) set out in Corrections policy, often much faster. We reviewed a sample of health request forms from August 2024 and found acknowledgement notes from Nurses to prisoners recorded within the 72-hour period, and often within one day. Acknowledgement notes from Nurses told the prisoners that an appointment had been booked, or that another process was being arranged, such as medications being ordered.
366. There was variation in the length of time prisoners were required to wait to be seen by a Nurse for their health concerns. From our review, patients with more urgent health concerns



were mostly seen within a shorter period of time. However, some prisoners were not seen at all and some received notes in response to their health concern instead of being assessed in person. For example, a prisoner put in a health request form expressing difficulties sleeping which was making them feel depressed and sometimes violent and the Nurse responded by providing a pamphlet on sleep hygiene and no assessment was completed. Several weeks later, this prisoner was transferred to the Intervention and Support Unit due to having thoughts of self-harm.

367. Our review showed that some prisoners were required to wait up to a month to be seen and, at times, prisoners were not seen as their appointments were rescheduled, often multiple times. We reviewed Nurse clinic appointment cancellations within the review period and found there was a high number of appointments being cancelled due to clinics being overbooked, time constraints or short staffing of Nurses, prisoners having moved units, or 'custodial time constraints'. These cancellations could cause issues. For example, a health services incident form from the review period showed that a prisoner who had been experiencing significant cancer pain had not been reviewed since his diagnosis and had his appointment inappropriately triaged. His appointment had been rescheduled several times and he was not seen for three weeks.
368. Most prisoners we interviewed told us once they got to see a Nurse, the care they received was good. They told us they had been seen in private and felt they had been listened to and treated with respect.
369. Some prisoners told us that follow-up communication was not always good, and that a Medical Officer or Nurse did not always explain medications clearly or contact them to explain test results.
370. At the time of the inspection there were 33 prisoners aged 60 or over. Sixteen of the 33 were aged 65 or over. Six were aged 70 or over. Prisoners over 65 are supposed to receive a comprehensive annual health review. We reviewed the electronic health records for prisoners aged over 65 at the time of the inspection, noting that five of these prisoners had been released at the time of our review and two were at other prisons. We found that eight prisoners had recall reminders in place for annual 65+ health and dental checks and two did not. There were two prisoners whose recall reminders had come due; one was now at another site and the second had a scheduled appointment for this assessment to take place. There was evidence that immunisations such as annual flu vaccines had been offered and one prisoner had been offered an annual dental check-up (which he had declined). While some of these older prisoners were still in custody and had not had an annual health assessment as required, we noted that they already had regular contact with health staff, including Medical Officer reviews.
371. Several custodial staff told us if they wanted a prisoner seen quickly (for example, for treatment of a wound) they felt they had no choice but to lock the entire unit down and call a 'code blue' (i.e. a medical emergency), even though they did not consider the incident to be a true emergency. Staff and prisoners told us this practice meant prisoners could see a Nurse in a timely manner, but that it was disruptive for everyone, especially as prisoners had limited time out of their cells so a further period of being locked up for the code blue adversely impacted on everyone.
372. We heard from a number of prisoners that there had been delays in receiving their medications after reception or transfer. We were told that sometimes these delays had lasted for weeks, and that this had caused distress, and in some cases, their conditions had worsened. For example, one prisoner told us his gout medication had been delayed for four to six weeks, and another prisoner told us his medication and health information had not



been transferred with him which had resulted in him being in pain until the issue was resolved. If these issues were ongoing, we followed up with the health team and it was positive to note that these were then resolved.

373. The site had three part-time Medical Officers. Prisoners told us there could be long waiting times to see a Medical Officer, but once they were seen, the Medical Officer was generally good and treated them with respect.
374. We reviewed the health records of 23 patients who were scheduled to see a Medical Officer. Eight of these patients were seen either on the day of their presenting concern or within two days. The longest wait to see the Medical Officer in our review was 13 days; we noted that this patient had declined an appointment once during this time.
375. We interviewed one of the Medical Officers who had worked at MECF for many years. He told us there could be challenges providing medical services in a custodial context, but he felt that prisoners were receiving good care that was often better than that they would receive in the community. The Medical Officer highlighted the volume of administrative tasks versus providing face-to-face care. He told us most prisoners were very appreciative of the care they received. We observed the Medical Officer interacting in a positive way with prisoners.
376. A Dentist came on site twice a week for a total of 15 hours a week. Prisoners told us about long delays to see the Dentist.
377. Our review of 15 prisoners who had seen the Dentist showed that they had received a nursing triage assessment prior to their Dentist appointment. The triage assessment was comprehensive, using a dental assessment form to record concerns. Prisoners with dental pain who were seen by a Nurse were offered pain relief medication and those with dental infections were provided with antibiotic treatment while waiting for their Dentist appointments. There was evidence of communication between Dentist and Medical Officer regarding patients on blood thinning medications. Following extraction of teeth, patient records showed that the patient was provided with a post-operative kit which included pain relief medication and mouthwash. It was also recorded in a number of patient records that the Dentist had provided advice to patients about how to access dental care in the community through Work and Income.<sup>43</sup>
378. Our review showed the average time for a prisoner to see the dentist was 33 days, ranging from six and eight days for acute concerns to 92 days for a decayed tooth with some pain.
379. A Physiotherapist came on site for 18 hours a week. We interviewed the Physiotherapist who told us there was a 'big demand' for their service at MECF but that it could be challenging to provide sessions as people were only in MECF for short periods of time. We heard there was a significant number of prisoners with disabilities. The Physiotherapist would assess these people when they were referred by a Nurse or the Medical Officer.
380. There was evidence that health staff, including Nurses, Medical Officers, the Dentist, the Physiotherapist, mental health providers, and administrators, were documenting their work with patients in the relevant electronic health file. Other providers who came on site, such as the Podiatrist (clinics when required) and Ear Hygienist (fortnightly clinics) were also documenting work in the relevant files.

<sup>43</sup> Work and Income is a New Zealand government department that offers social services, manages benefits, and helps people find work.

381. The Health Centre Manager advised us that radiology services came on site every Friday to take x-rays. All these services assisted in reducing the number of external escorts to clinical appointments.
382. We spoke with the Principal Advisor Primary Health who supports Northern Region prisons and who told us about an assurance process they had in the Northern Region to ensure prisoners with complex health needs received the appropriate care and management. We reviewed a 'Complex Health Needs Risk Register' which listed the prisoners from MECF who had been identified as being clinical high risk. There were three prisoners listed, and the register included demographic details and information on their medical conditions. At a monthly meeting, clinical updates were provided for these prisoners, and interventions and actions were identified for clinical management. For example, treatment plans were checked to ensure they were current, one prisoner's information contained a note about him becoming more frail and so needing to be assessed for a permanent wheelchair, and another had attended a telehealth needs assessment and was waiting to hear about a compassionate release application.
383. During our review of health files we saw many cases where referrals had been made to external providers such as specialists at Health New Zealand/Te Whatu Ora.
384. A report generated by the MECF Health Business Analyst showed that during the six-month review period, prisoners had attended 253 planned external health appointments. In addition, there had been 120 unplanned escorts for acute medical assessment (such as referrals to hospital Emergency Departments). Some of these external escorts required prisoners to stay in hospital and needed custodial staff from MECF as hospital guards. Most hospital escorts required a minimum of two guards, with many requiring more, depending on the level of security risk associated with the prisoner. Hospital guards were required, on average, for the equivalent of 59 days per month in the review period.
385. We observed some health promotion/education pamphlets were available in the main prison health centre, mostly in English. We did not observe health promotion or education posters in units.
386. Health screening was occurring on site at the time of the Initial Health Assessment or opportunistically during other health encounters. This included screening for infections such as hepatitis B and C, HIV, sexual health infections, diabetes and cardiovascular risk. There were four independent vaccinators on site who were able to administer immunisations. Nurses had been assigned portfolios to manage, such as diabetes or sexual health. However, we were told this approach was new and Nurses we spoke to about their portfolios, while enthusiastic, said they lacked time to focus on these.
387. The Nurse who held the sexual health portfolio showed us a document she had created as a reference guide for the health team for screening sexually transmitted infections, including correct codes for recording positive results, notification requirements, which blood tubes to use when collecting samples, and links to other information and resources. In addition, a spreadsheet had been created to track prisoners on site with positive results for HIV, gonorrhoea, syphilis and chlamydia, to ensure that all required testing and treatment had occurred or was in place. This spreadsheet also showed that the site was in contact with Health New Zealand/Te Whatu Ora Infectious Diseases Clinical Nurse Specialists.
388. When prisoners were being released, the Health Centre Manager told us they ensured prisoners had sufficient medications to take with them. The Health Centre Manager told us about a new process whereby the morning Receiving Office Nurse was allocated to review all prisoners who were due for release. The Nurse checked the discharge diary, reviewed

whether the prisoner was on any medication, had any external appointments, or any other information relevant to the release, and prepared paperwork/medications for the prisoner. There was a Release Planning document which was created to support Nurses with this process and the Clinical Nurse Educator had provided training on this process. The documented process includes information on unplanned releases as well, such as if a prisoner is released following an AVL court process, or if they have been released after attending court in person. We heard that the health team was advised about upcoming releases, but that the information was not always timely. The Health Centre Manager told us if a prisoner was released unexpectedly and did not have a supply of the medication they needed, they could come back to the prison to pick it up, and that this did occur sometimes.

## 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.

389. Prisoners should be assessed for alcohol and other drug dependencies by health staff or Case Managers using the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), which helps staff to determine which programme could be useful for prisoners.
390. COBRA figures showed that in the six-month review period, 113 ASSISTs were completed for prisoners at MECF.
391. The Reception Health Screen includes questions about substance abuse and withdrawal. If a Nurse suspects a prisoner is withdrawing or the prisoner says they are experiencing withdrawal symptoms, the Nurse undertakes assessments such as the Clinical Opiate Withdrawal Scale (COWS)<sup>44</sup> or the Clinical Institute Withdrawal Assessment Scale (CIWA).<sup>45</sup>
392. We reviewed a sample of 52 Reception Health Screens and found six where prisoners had said 'yes' to the question 'are you using or withdrawing from drugs or alcohol?'. Best practice would then be for health staff to ask further questions, but we found responses recorded by health staff were minimal. For example, some responses recorded were 'meth', 'drugs 4 days ago' and 'alcohol every day'. This showed a lack of further enquiry into important details, such as 'how much?', 'how often?', 'what kind?', 'when was the last time?' and 'what symptoms do you have?'.
393. We found that when a prisoner was showing signs they might have been withdrawing, Nurses did conduct further assessment, such as the COWS or CIWA. The health team usually took appropriate action after completing these assessments. For example, a man who said he used 'alcohol every day' and was showing signs of withdrawal was reviewed by the Medical Officer the same day and medication was prescribed to support him.

<sup>44</sup>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.

<sup>45</sup> CIWA can be used to assess alcohol withdrawal severity.

394. However, further assessment was not always done immediately. For example, in one case, the receiving Nurse established that a patient was withdrawing from meth, but did not ask him about withdrawal symptoms or more detail about his meth use such as frequency or quantity. The patient was experiencing thoughts of self-harm and was placed appropriately in the Intervention and Support Unit, but it was not until the following day that a Nurse completed the COWS to determine the severity of his withdrawal symptoms and discuss these with a Medical Officer. The Medical Officer then prescribed medication to alleviate the withdrawal symptoms the man was experiencing.
395. We reviewed notes of four prisoners who were prescribed opioid substitution therapy at the time of our inspection. Three prisoners were prescribed their medication the day after they arrived at prison and the fourth had his medication prescribed on day two. Nurses were proactive in contacting CADS to arrange prescriptions. Two prisoners advised that they had missed doses prior to coming into prison and the Nurse completed COWS assessments to assess withdrawal symptoms, and arrange appropriate treatment from the Medical Officer. We were told that there was no CADS provider who came on site to see prisoners in relation to opioid substitution therapy. During our review of health files, we did note that two prisoners attended external appointments with their CADS provider. Our review found that these prisoners had regular reviews by the Medical Officer, but did not have a treatment plan or have random three-monthly urine drug tests as required by Corrections Pae Ora policy. We were told the site did not actively conduct random drug tests as required by policy for these prisoners as they often only have prisoners on opioid substitution therapy for a short time due to being on remand (prisoners could be released or transferred to other sites) but that Nurses put 'recall' reminders into the health file so if the prisoner remains in custody, this task can be done. Our review of the four prisoners showed that no recall reminders were in place.
396. As mentioned in the Prison Staff section of this report, only 21% of staff in the health team had completed mandatory training on substance withdrawal.
397. We heard that Foxtrot 1 Unit was being run as a 'recovery unit' which provided a two-week alcohol and drug rehabilitation programme which was offered by the Community Alcohol and Drug Service (CADS). We heard that between ten and 15 prisoners attended the programme at a time. In addition, Emerge Aotearoa<sup>46</sup> offered mental health and addiction focused sessions in Foxtrot 1, and there was a prisoner-led Narcotics Anonymous group that was held three times a week in the same unit.
398. We spoke with the Improving Mental Health Clinician from Emerge Aotearoa who told us they offered eight to ten mental health and addiction focused sessions, with topics including mental health and substance use, addiction, consequences of substance use, triggers, early warning signs and high-risk situations, and relapse prevention. These sessions had been running in Foxtrot 1 since August 2023, with nine courses completed at the time of our inspection.
399. To be placed in Foxtrot 1, prisoners had to be referred by a Judge or their Case Manager. All prisoners in Foxtrot 1 signed a contract stating that they agreed to participate in the programme and abide by the unit rules and values. Any breach of the contract would result in them being removed from the unit. If they had been referred by a Judge, the courts would be notified of their removal from the unit and the reason behind this.

<sup>46</sup> <https://emergeaotearoa.org.nz/>

400. The Learning and Interventions Delivery Manager told us a drug and alcohol programme run by the Recovery First Foundation<sup>47</sup> would be starting in November 2024.

## 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.

401. Prisoners at MECF should be able to access primary mental health care through Nurses, the Medical Officer, and mental health teams.
402. As part of the reception process, all prisoners should be screened by a Nurse for mental health needs and risk of self-harm. They may then be referred for further assessment or treatment if needed. We observed the receiving Nurses asking all new arrivals the standard question about whether the prisoner had any thoughts of self-harm, but a full mental health assessment was not observed. If the Nurse was concerned about a prisoner's mental well-being, they would email a notification of prisoner health status form to the Receiving Office Principal Corrections Officer advising them of their concerns. This email was copied and pasted into the Reception Risk Assessment form the custodial staff completed as the summary of the custodial officer/health staff evaluation. Interactions between the Nurses and the new arrivals were brief due to the pressure to move prisoners through the Receiving Office as quickly as possible.
403. 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.<sup>48</sup> Corrections' Prison Operations Manual sets out that the purpose of the Review Risk Assessment is 'to target specific times or circumstances that could cause a prisoner's level of risk [of self-harm] to change'. If a prisoner is found to be at risk, they will be escorted to the Intervention and Support Unit for additional monitoring.
404. Custodial staff at MECF told us they were also using a system where prisoners who were not assessed as 'at-risk', but whom custodial or health staff had concerns about, were deemed 'persons of interest', usually for health or mental health reasons. This appeared to be somewhat similar to the Corrections process of giving some vulnerable prisoners 'welfare monitoring checks'.<sup>49</sup> However, we heard that staff at MECF were not conducting welfare monitoring checks, rather, prisoners were initially placed on the 'persons of interest' list for seven days and custodial staff would check on them every 60 minutes. There was no paperwork associated with this process and health staff were not involved in checks or reviews. The 'persons of interest' were noted in the unit log and on the housing muster. Custodial staff appeared to have limited understanding of the purpose of the checks and what was expected of them, and there was no policy information or guidance for staff about

<sup>47</sup> <https://recoveryfirst.co.nz/> sets out that 'Recovery First Foundation is dedicated to supporting men who are being released back into the community after incarceration. We provide support networks and services that assist in reintegration and aftercare for men that have been affected by substance dependency.'

<sup>48</sup> Prison Operations Manual M.05.02 Review Risk Assessment.

<sup>49</sup> The Custodial Practice Manual sets out that custodial 'staff can brief the incoming staff on the issues that caused concerns during the shift and specifically request that staff check on that prisoner more than twice during the shift or general lock up.'

the management of these prisoners. The information provided by the health team was (appropriately) limited for privacy reasons and did not always include a timeframe for how long a prisoner should remain on the list. The information usually included the sentence: 'Please promptly contact Health Services staff if you have any concerns as to this person's health. In life-threatening situations call an ambulance by dialling 111'. Previous attempts (for example during death in custody investigations) by Inspectors to review policy information or guidance for staff about the management of prisoners on the 'persons of interest' list have been unsuccessful.

405. We heard from mental health staff that access to prisoners could be challenging, despite the site's attempt to make more non-contact booths available for assessments and consultations. We heard that units tended to ask prisoners to be seen by mental health staff during unlock. This meant prisoners were required to give up their unlock time for mental health consultations and therefore sometimes refused to attend because they prioritised other activities such as speaking with their family/whānau or taking exercise. We heard there was an ongoing effort from the custodial team to change the culture at the site to become better at facilitating unit visits from non-uniformed staff.
406. Mental health staff also told us that custodial short-staffing had impacted their ability to offer services, because if a unit was short-staffed, no custodial officers could be spared to unlock prisoners and escort them to non-contact booths.
407. We also heard that availability of non-contact booths or interview rooms could be an issue and that even with Corrections' online Booking Tool, sometimes rooms were found to be double-booked.
408. There was an Improving Mental Health service offered by Emerge Aotearoa. This service was aimed at supporting prisoners with mild to moderate mental health needs. We heard there were two Improving Mental Health Clinicians from Emerge who would complete up to ten counselling sessions with men who required support with their mental health. We heard there was a long waitlist for this service and that some men needed more than ten sessions, which staff attempted to facilitate. We were told Emerge staff were on site Monday to Friday, and that every second Friday they offered a group session in Foxtrot 2 Unit. At the time of the inspection, the waiting list for this service consisted of 35 prisoners, but this number fluctuated and it had been as high as 50. The two Improving Mental Health Clinicians had a caseload of 34 prisoners who they were working with at the time of the inspection.
409. We interviewed an Improving Mental Health Clinician who told us one of the main challenges was finding suitable places to interview clients. We heard there were non-contact booths attached to the units, but that these were not ideal for working through therapeutic workbooks with people, and that it could be difficult for clients to express emotions when there were other prisoners walking past.
410. We interviewed a Psychologist who was part of the Corrections Auckland region Psychological Services which offered a support service to MECF. The Psychologist told us he and members of his team did not provide offence-based programmes or treatment because MECF is a remand prison. He said he and members of his team visited prisoners who had been referred to them for mental health reasons, if required. He told us Case Managers sometimes contacted them if they had a complex case or when dealing with youth. Psychologists would then advise the staff. We heard that Psychologists sometimes wrote high level reports on remand convicted prisoners when these were requested by the court. In addition, the Psychologist told us they sometimes went to the prison to see prisoners who they had been working with in the community when these prisoners reoffended or were recalled.



411. The Psychologist was complimentary about staff at MECF and said they were welcoming and supportive. He told us access to prisoners was easy and that they just had to inform staff in advance that they were coming. He told us that if prisoners declined to be seen by the Psychologist, staff would take the Psychologist to the unit so they could talk with the prisoner about the reasons they wanted to see them.
412. As previously mentioned in the Prison Staff section of this report, the Psychologist also told us he and five of his colleagues had recently provided training to custodial staff on a range of topics. He said this training had been provided once a fortnight for a two-month period. The Psychologist told us this training had been for any Corrections Officer who wanted to attend, and for officers from a specific unit.
413. MECF had an Intervention and Support Practice Team (ISPT) which assessed and treated prisoners with moderate to serious mental health needs. The team worked predominantly in the Intervention and Support Unit (ISU), which was used to house prisoners found to be at risk of self-harm or with acute mental distress. Prisoners withdrawing from substances or suspected of internal concealment of items may also be housed temporarily in the ISU. The ISPT would follow-up with patients once they had returned to their units if required.
414. The ISPT was comprised of a Clinical Manager, a Clinical Nurse Specialist Mental Health, three Psychologists, two Kairuruku Hinengaro (Māori Mental Health Practitioners), a Registered Nurse – Mental Health, and an Administrator. We heard the team was budgeted for three Clinical Nurse Specialists Mental Health but there was only one in the role, and that they were budgeted for five Psychologists but had only three at the time of the inspection. We were told referrals were received by the ISPT by email.
415. We were told by the Clinical Manager that there was 'great collaboration between health, custody and the ISPT' which was positive to note, as previously we had reported some tensions with some of these working relationships.
416. The site was also supported by Te Whatu Ora Regional Forensic Psychiatry Services from the Mason Clinic, which provides in-patient care for people needing secure forensic services. We heard a Psychiatrist from the Mason Clinic was on site at MECF three days a week, and an on-call Psychiatrist was available 24/7. A Forensic Nurse was on site five days a week. Psychologists and a Cultural Advisor were also available five days a week and could be accessed through referrals.
417. On the first day of the inspection there were 25 prisoners in the ISU. There were 28 prisoners in the ISU when the Clinical Inspector visited towards the end of the inspection.
418. The ISU at MECF is on two levels and contains 28 single-occupancy designated at-risk cells, and five 'round rooms' or dry cells. A dry cell does not have running water, a toilet or a privacy screen. This type of cell may be used in the management of people who are suspected of concealing items (such as drugs) internally.
419. The ISU was clean and tidy and had murals of attractive scenery in the main part of the unit (see image 7, Appendix A). There was a television room on both levels. There were two exercise yards on each level. These typically contained a concrete bench, an area of blackboard paint, a telephone and a toilet with a privacy screen.
420. ISU cells were clean but stark and contained a mattress, a toilet and sink with running water, a fixed table and chair, and a CCTV camera. The ISU Principal Corrections Officer told us that all cells had a television (see image 8, Appendix A).

421. In some prisons, CCTV footage of toilet areas in cells are pixellated for privacy. When we visited the ISU guardroom, we observed that the footage of these areas was not pixellated.
422. We heard that prisoners in the ISU were given the opportunity to shower every day. Custodial staff would escort them to a shower area where there were several shower cubicles with doors for privacy. The shower area was clean.
423. We heard that when prisoners first arrived in the ISU they would be strip-searched according to Corrections policy, and given an anti-ligature gown (or 'stitch gown') to wear without any underwear. The ISU Principal Corrections Officer told us the ISU housed any prisoners who had been assessed as being at risk of self-harm. In addition, we heard all youths who were in prison for the first time were sent to the ISU and remained there until an APYA assessment had been completed. Prisoners who had been given a life sentence or remanded on serious charges (e.g. murder or manslaughter) were held in the ISU until assessed by the health team and the General Manager. The ISU also housed prisoners who had mental health issues and who the ISPT had recommended should be held there.
424. The ISU Principal Corrections Officer told us when a prisoner first arrived or was on 15-minute observations they were not allowed anything in their cell. When they were put on 30-minute observations they were allowed ordinary prison clothing and books. No one in the ISU was allowed hard-cover books or anything made of plastic. Meals were served in cardboard bowls and prisoners were given cardboard scoops with which to eat. The Principal Corrections Officer told us observation levels would be changed on the advice of a member of the health team.
425. The Acting Principal Corrections Officer told us the dry cells were sometimes used for the temporary management of prisoners, and that approval to use them had to be given by the prison General Manager and the Health Centre Manager. We heard that prisoners in the dry cells were monitored constantly (24/7) by a custodial staff member who was placed outside the cell. The dry cells had been used most recently to temporarily house a prisoner who was suspected of having swallowed razor blades, and a prisoner who had been threatening to self-harm using a fixture in a regular ISU cell. We observed that one of the five dry cells was being used as a storage area.
426. The Clinical Inspector reviewed the records of the 28 patients who were in the ISU on the date she visited. Seven prisoners had been in the ISU for longer than 14 days, with one having been there for 125 days, and one for 138 days. Fifteen were on the forensic services team caseload and four were on the wait list for admission to the Mason Clinic. Fourteen patients had been there less than five days.
427. We observed that none of the people in the ISU were associating with others. Despite this, none were placed on segregation directions under Section 60 of the Corrections Act<sup>50</sup> which meant they did not receive the benefit of the requirements under that section. While these prisoners were receiving daily reviews by health staff, we consider that they should be managed under the Act. There were several mentally unwell patients who were being managed in isolation due to the severity of their mental states, but even they were not being managed under Section 60(1)(b) (medical oversight for mental health reasons). When we asked, health staff indicated that the patients were not being actively segregated and they could mix with others if there were suitable people in the unit. However, we did not observe

<sup>50</sup> 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.



any mixing of patients, and while this may happen from time to time, it did not appear to be the norm for most patients held in the ISU.

428. Due to the stark environment and the restrictive regime, we did not consider the environment in the ISU to be conducive to good mental health or a positive environment for someone who was experiencing mental distress. We also note that being held in solitary confinement is a risk factor for self-harm in prisons and that some of the prisoners in the ISU would likely have been experiencing solitary confinement as that term is defined in the United Nations Standard Minimum Rules for the Treatment of Prisoners (i.e. the Mandela Rules), as more than 22 hours a day without 'meaningful human interaction'.<sup>51</sup>
429. Further, those prisoners who had been in the ISU for longer than 14 days may have been experiencing prolonged solitary confinement. The Mandela Rules prohibit solitary confinement in excess of 15 consecutive days because at that point, according to the literature, some of the harmful psychological effects of isolation can become irreversible.<sup>52</sup>
430. All patients in the ISU had a daily welfare check from a member of the health team. We observed that most of these were done through a closed cell door.
431. We observed some interactions in the ISU took place through closed doors between patients locked in their cells and members of the ISPT or the forensic services team. Mental health staff commented that it was difficult to understand what patients were saying when they had to interact through a closed door, but that this was sometimes the only way they could safely talk with the person when there were not enough custodial staff available to unlock the prisoner.
432. We heard that multi-disciplinary team meetings were held daily in the ISU. These were attended by health, ISPT, forensics, custodial, and case management staff and were to discuss the management and care of the people in the unit, including new admissions.
433. In addition the site held a weekly multi-disciplinary team meeting which discussed the care and management of people on the forensic caseload. We attended one of these meetings and found this to be a large meeting with many people attending from across the teams and disciplines. A particularly complex patient was being discussed and there were obvious tensions in the room between some teams around decision-making responsibilities and accountability.
434. Despite this tension, we observed that working relationships between the MECF health team, the ISPT, and custodial staff in the ISU appeared to be good.
435. We heard there could be delays, sometimes of several days, in moving people out of the ISU once the ISU multidisciplinary team had assessed they no longer needed to be there. This was due to the site's practice of the prison General Manager or one of the two Deputy General Managers meeting with the prisoner before they could be moved. We note that the requirement set out in the 'intervention and support unit placement review process' page of the Corrections intranet, states that if 'Health services **and** the ISPT **and/or** Forensic Mental Health Services agree that a person's risk can be managed outside of the ISU' then 'Advice must be provided to the General Manager Custodial that a person's risk can be managed outside of the ISU'. However, there is no requirement for the General Manager to meet with the person. Unnecessary stays in the ISU, in an environment which is not conducive to mental

<sup>51</sup> Office of the Inspectorate (2023) Suspected Suicide and Self-harm Threat to Life Incidents in New Zealand Prisons 2016 – 2021 Thematic Report, Office of the Inspectorate, Wellington.

<sup>52</sup> For example, see Juan E Méndez's conclusion in his Interim Report by the Special Rapporteur of the Human Rights Council on torture and other cruel, inhuman or degrading treatment or punishment A/66/268 (5 August 2011).

wellbeing, may be harmful. In addition, these delays potentially prevented other prisoners who *were* at risk from being placed in the ISU due to lack of beds. We observed at least one at-risk prisoner being held in a mainstream unit and being managed on constant observations who was waiting to go to the ISU. At the time of the inspection, MECF staff were trialling a new 'traffic light' system that made it clear to all staff, including the General Manager and Deputy General Managers, which prisoners were ready to move out of the ISU.

436. We observed that Foxtrot 2 Unit was being run as a step-down or vulnerable unit, with most people transitioned from the ISU to Foxtrot 2 before being moved to other units if appropriate. Foxtrot 2 was running two regimes: one for two young men who were unlocked by themselves in the morning, and one for the rest of the unit. We heard there was a mental health programme running in Foxtrot 2.
437. We spoke to prisoners across the site about their mental health and the standard of care they felt they had received. Some prisoners told us they felt they had received a good standard of care. We heard that some trans prisoners had been able to access counselling services which they had appreciated. One prisoner told us he found it hard on his mental health to get only two hours a day out of his cell. He said he knew he could ask for mental health support but did not because he felt it would lead to him being sent to the ISU which would not help. He said he needed to be out and having normal conversations and activities, which he would not get in the ISU.
438. Prisoners across the site told us they were generally locked in their cells for up to 22 hours a day with little to do except watch television. We heard that this added to their feelings of frustration, isolation, and stress. Some prisoners reported struggling with depression or anxiety due to the conditions.
439. We observed that exercise yards across the site generally received some sunlight, but there were no green spaces or views of grass or trees due to the design of the site.

## Disabled prisoners

### Inspection Standards

- The specific needs of disabled prisoners are met.

440. 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.
441. As part of the Initial Health Assessment, prisoners are screened for functional disability using the Washington Group Short Set of Questions on Disability. This is a set of six questions designed to identify people with a disability. The questions ask people whether they have any disabilities with vision, hearing, mobility, remembering/concentrating, self-care such as washing and dressing, and communicating with others.
442. In the six-month review period, 539 prisoners were screened using the Washington Group Short Set of Questions on Disability, of which 55 prisoners self-reported at least one functional disability. Vision was identified as an activity 19 people had some difficulty with, followed by mobility (18) and remembering/concentrating (11).

443. Both the Acting and Assistant Health Centre Managers raised concerns about sentenced prisoners with significant disabilities being accommodated in a remand prison. They felt it was not appropriate because the remand environment presented challenges to providing the necessary support. Despite efforts to transfer these prisoners to other prisons, this was proving challenging due to their high health needs.
444. The Clinical Inspector reviewed a sample of prisoners' health files that had disability alerts from one day during the review period and found 18 prisoners with disability alerts in their health files. A further two prisoners were found to have significant mobility issues but did not have disability alerts in their health files. Five alerts were for deafness, and seven related to poor mobility requiring the use of aids such as walking frames or wheelchairs.
445. Information from COBRA indicated that three prisoners had a 'disability' alert in IOMS.
446. There were some cells which were designated as wheelchair accessible or suitable for people with disabilities. These cells were typically slightly larger than regular cells and fitted with handrails by the toilet, shower and bed.
447. However, in many units, staff told us, and we observed, that there was no disability cell. Staff in these units told us prisoners with mobility or health issues would be placed on the bottom bunk.
448. Several prisoners told us, and we observed, that there was a shortage of mobility equipment such as wheelchairs and walkers. Some prisoners told us they had previously had this equipment approved at other prisons, but that it had not been provided after they had been transferred to MECF.
449. The lack of mobility equipment was causing unreasonable delays or issues for some prisoners. For example, in one unit, we observed a prisoner with limited mobility shuffling out of his cell on a regular chair to sit in the dayroom. We observed staff in another unit who were waiting for a wheelchair.
450. We interviewed two older prisoners with mobility issues who told us they received little in the way of care and support. They were both in accessible cells but told us they spent most of their time in their cells because every time they wanted to leave, staff had to find a wheelchair as there were none in the unit. Sometimes staff were unable to access a wheelchair and the men told us this meant they were unable to leave their cells during unlock and were therefore unable to make telephone calls to their lawyers or family/whānau.
451. We observed that these men's cells were dirty. They told us cleaners from the unit sometimes cleaned them but that this had not occurred for some time. One of the prisoners told us he was able to shower on his own, but that he needed to cover his legs with plastic bags for health reasons and sometimes staff did not supply these when he asked for them. We checked his health records and spoke to health staff and confirmed that this was the case. He told us the last time he had been able to use the shower was three weeks ago.
452. One prisoner told us he was unable to put on his own shoes but that other prisoners would help him with that. He told us he had used to be located in a disability cell with a shower seat, a special toilet seat and a walking frame, but that he had been moved to a regular cell and these mobility aids had been taken away from him. He told us nobody had told him the reason for these changes. He told us nobody cleaned his cell but that he used a cloth and his crutches to clean the cell. He told us he had a good rapport with the unit cleaners and that they would sometimes help him clean his cell.

453. We raised the issue of the lack of mobility equipment with the Acting Health Centre Manager who told us they had been unaware of the problem. We observed that there appeared to have been a lack of communication between custodial and health staff on this matter. When we discussed this issue with the Assistant Health Centre Manager, she told us they had recently ordered new wheelchairs for the site and showed us the health storage room where the new wheelchairs were located, still in packaging. There were six additional wheelchairs available to move prisoners to and from health clinics but we were told that most of these were kept in the units and were not brought back to the health clinics.
454. The Assistant Health Centre Manager told us she managed the healthcare needs of people with disabilities on site. She spoke about being reactive, often only finding out about someone's disability following a Medical Officer consultation with the prisoner. We heard that once she had become aware, she would meet with the person, often in their unit, to discuss the disability support they required and which aids they may have used in the community. She would then try and organise the necessary supports. She described these meetings as a success as, through these discussions, she was able to gain the trust of the prisoners so they felt comfortable talking with her about their needs in a proactive way while still having clear guidelines around what care could be provided. She told us that at the time of the inspection, she was regularly meeting with ten men.
455. The Assistant Health Centre Manager told us that sometimes she was made aware that a prisoner had a disability when responding to a complaint from that person. She told us she regularly attended Principal Corrections Officer meetings which were an opportunity for her to raise issues.
456. She told us custodial staff did not always highlight their concerns about a prisoner to the health team, even though they might be aware, for example, that a prisoner had not had a shower for weeks as they could not stand up for long enough. She told us a number of people had been given shower stools, and that these often left with prisoners when they were released.
457. We heard that the Assistant Health Centre Manager and Physiotherapist worked closely together with prisoners who had mobility issues and we observed this to be the case during our inspection.
458. As well as prisoners with mobility issues, we interviewed a few prisoners who had other issues. For example, prisoners with hearing issues found it difficult to talk to staff through the slot in the guardroom wall, especially when there was noise from other prisoners nearby. Another issue we were told about was that some prisoners did not have sufficiently clear fingerprints to be able to access the self-service kiosks. One prisoner who could not access the kiosks for this reason told us staff were often too busy to help him.
459. We were told that the health team had a good relationship with Audiologists Triton Hearing and would send prisoners out for hearing tests. The health team supplied hearing aid batteries to prisoners at no cost.
460. We also heard that 'hobby' glasses were provided to prisoners who needed these free of charge and we observed a good supply of these in the health unit.

## 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

461. MECF had 12 residential units in use at the time of the inspection, most of them split into two separate wings, each with its own exercise yard, dayroom, and other facilities including a kitchenette, a programmes/activity room, and interview rooms. The residential buildings at MECF have several levels. Units were mostly internal and there were no outside unit compounds as there are at most other prisons in New Zealand.
462. Generally, we observed that the site was well maintained and that facilities such as prisoner telephones and self-service kiosks were in working order.
463. We heard that maintenance requests were made through contractor Downer. Staff would call them and give them a priority code. Staff told us they were responsive.
464. Communal areas such as dayrooms were generally fairly tidy, free of graffiti, well-lit, with appropriate ventilation (see image 9, Appendix A). We observed some rubbish on the floors in some units. Prisoners told us some unit cleaners did not do their jobs properly.
465. Most unit kitchenettes provided access to hot water, a fridge, toaster, microwave and sandwich press. These were mostly in acceptable condition (see image 10, Appendix A). Some kitchenettes, however, lacked some or most of these appliances. For example, one had only a fridge and hot water, and one had only a sandwich press and hot water. Prisoners told us some items had been removed due to damage, or were located in the activities room which was not unlocked during their time out of cell which meant they were unable to access these.
466. Most exercise yards had roofs that half-covered the yard, allowing sunlight into part of the area. Most exercise yards contained a call button, a toilet with a privacy screen, a concrete bench and a telephone. Most exercise yards, but not all, also had pull-up bars, and some had a basketball hoop. We did not observe that exercise yards contained any other form of exercise equipment.
467. Exercise yards that were on lower levels, for example, those adjacent to the Management Unit bottom landing, did not have access to sunlight. We heard that all prisoners whose cells were on the bottom landing in the Management Unit could be taken to three small yards on the top landing so they could get some access to sunlight, if they requested this. These small yards were open to the sky and contained fixed seating and no equipment. They were clean and had been recently repainted.
468. Prison units are supposed to display information about prison life and rules, including posters on making calls to lawyers, how to make complaints and the telephone numbers of external monitoring and oversight agencies such as the Office of the Inspectorate, the Office of the Ombudsman, and the Health and Disability Commissioner. We observed that most units did not have all these posters on display, or sometimes had out of date posters.

469. As mentioned previously, if prisoners wanted to communicate with unit staff in the guardroom, they had to speak through a hatch. Prisoners could not see into the guardroom or through the hatch and a significant number of prisoners told us it was difficult to talk to staff through these hatches.
470. Cells were generally fairly tidy, free of graffiti and mould, well-lit, with appropriate ventilation (see images 11 and 12, Appendix A). However, we observed that not all cells were clean and that the paintwork in some cells in some units was very scratched. A few cells in one unit had a significant amount of graffiti. In some cells we observed that the mirrors were very scratched, making them difficult to see into. We heard that some prisoners often cut themselves when shaving due to the poor quality of the mirrors.
471. There were televisions in most cells, most of which were in working order. Some prisoners told us there could be delays in being issued with a television in some units. This was an issue given the length of time prisoners spent locked in their cells (i.e. around 22 hours a day).
472. Cell intercoms (also known as cell emergency buttons, or cell call alarms) were operational, though prisoners told us they had mixed experiences regarding staff responses. Some prisoners told us staff were quick to respond and helpful. However, a significant number of prisoners told us staff did not respond promptly or sometimes did not respond at all. Some prisoners told us response times were better at night. We observed staff in several units who answered some intercom calls but allowed others to go unanswered. In one unit we observed that staff took over an hour to answer an intercom call.
473. Some prisoners told us if staff did answer the intercom, they could be dismissive about the prisoner's issue or did not take action to resolve it. Prisoners felt staff did not take intercom calls seriously because they received so many.
474. Some prisoners told us they found the intercom response times concerning because in the event of an emergency, prisoners' safety could be at risk. Some prisoners who were sharing a cell told us there had been occasions where there had been a situation in their cell that had escalated due to delays in staff responding.
475. In one unit, two prisoners told us staff would answer their intercom call with the question 'what's your emergency?'. If it was not an emergency, staff would hang up. However, the prisoners told us they found it difficult to find time to speak with staff because they were locked in their cells for most of the day.
476. One prisoner told us a new man had been placed in his cell and that during the night he had concerns regarding this man's behaviour. The prisoner told us he had contacted staff via the intercom, explained the situation and asked for the man to be moved. The prisoner told us that later in the night he was sexually assaulted and attacked by the man several times. However, despite contacting staff via the intercom numerous times and telling them the man was behaving in a threatening manner and attacking him, they did not come, and told him they would deal with the issue in the morning. Staff eventually moved the man at about 9am the next day. The prisoner raised the matter with staff when he was unlocked and told us he had submitted a complaint (PC.01) but we found there was no record of this. During the inspection we followed this matter up and found evidence that intercom calls were made as described by the prisoner, and we considered that staff responses were inadequate. We followed up with the site and the man was placed in a single cell with a 'not to double bunk' alert on his file in IOMS. When we raised the matter with site management, they interviewed the prisoner, who submitted a complaint under the IR.07 allegations against staff process, and a review was conducted. The site initially referred the matter to Police but did not provide sufficient information for Police to investigate. This matter was followed up again by the



Inspectorate with the request that Police be properly and promptly informed. We consider that this incident was poorly managed by the site.

477. In late October 2024, the Chief Inspector wrote to the prison General Manager setting out her expectations in respect of staff response to cell intercom calls.
478. Unit staff told us they conducted weekly intercom checks to ensure they were working. In addition, we heard the Operational Resilience Assurance and Learning team conducted 'second line of defence' assurance on cell intercoms. This was last included in assurance reporting in July 2024, when 99% of intercoms were found to be working.
479. COBRA data indicated that staff had completed a Shared Accommodation Cell Risk Assessment (SACRA) 100% of the time for both prisoners before putting them in together. Some prisoners, including trans prisoners, had 'not to double bunk' alerts in IOMS and staff did not put these prisoners in shared cells.
480. However, most prisoners who were in shared cells told us this was not their preference. Most told us they had not been involved in the decision about who they would share a cell with. Some told us they had found sharing a cell was a positive experience, but most others found it stressful or exhausting. Most prisoners told us if they had an issue with the person they were sharing a cell with, they would resolve this themselves, sometimes through violence or intimidation, and would be unlikely to approach staff.
481. Some shared cells had privacy screens for prisoners using toilet and shower areas. However, this was not the case in all units. We observed that some shared cells had makeshift shower curtains made from sheets, and some had no screening.
482. Some units did not have showers in the cells. These units had shower cubicles in a communal area. These cubicles had doors for privacy and were generally in acceptable condition. However, we heard from prisoners in one unit that their communal showers were dirty and that some of the shower heads spat out 'black stuff' and that the water was warm but not hot.
483. We observed that most prisoners had suitable clean mattresses, but a few mattresses were very thin and some were old and needed replacing.
484. While most prisoners had sufficient sheets, duvets and blankets, a significant number told us they had no pillows. We observed that there were no pillows in many cells across the prison. In some cases, prisoners had stuffed a duvet or clothes into a pillowcase to create a makeshift pillow. When we asked staff and Principal Corrections Officers about this, we heard they were uncertain of the process for the provision of pillows. We observed that pillows were available in the prison laundry.
485. Prisoners told us bedding and towels were typically washed once a week and returned the same day. We heard that items were not always completely dry when they were returned. Some prisoners told us, and we observed, that there had been occasions when prisoners had not had bedding overnight as this had been returned damp and staff had not supplied dry bedding.



## Hygiene

### Inspection Standards

- Prisoners are encouraged to keep themselves, their cells, and communal areas clean.

486. We observed that most cells across the prison were clean, but some were dirty. Prisoners told us they were supposed to be given cleaning products and equipment every week so they could clean their cells but that this depended on staff availability. Some prisoners told us they had not been able to access cleaning products for a number of weeks.
487. Prisoners in some units told us there was limited availability of items like toilet brushes, paper towels, and disinfectant. Some cleaning materials were usually only issued to cleaners. Many prisoners told us they often used toilet paper to clean their sinks due to a lack of anything else.
488. Prisoners with limited mobility told us, and we observed, that they had difficulty cleaning their cells and disposing of rubbish during unlock times. This meant rubbish remained in their cells leading to unclean living conditions. We raised this issue with staff when we observed it and they resolved this using unit cleaners.
489. Some prisoners had no issues with getting access to free toiletries, such as toilet paper, soap, toothpaste and shampoo. However, other prisoners told us their access to these items was inconsistent and depended on staff availability. Some prisoners were required to request these items as there were no set days for issue in their units. Some prisoners told us there had been occasions when there had been long delays between these items being issued.
490. Most prisoners told us disposable safety razors were available two or three times a week in their units, though a few prisoners told us they were only issued once a week in their unit. Prisoners would be issued with a razor and given a certain length of time (usually 90 minutes) in which to use it, and then would return it to staff. We checked some unit razor logs and confirmed that razors were not issued every day.
491. Prisoners told us hair clippers were available during unlock. In most units a prisoner would act as an unofficial barber and cut prisoners' hair if they wished. Unit cleaners kept the hair clippers clean.
492. Some prisoners told us nail clippers were available from staff by request. Some prisoners told us when other prisoners had requested nail clippers from staff, they borrowed them. Others told us nail clippers were not available in their unit, and they made do without.
493. Most prisoners we spoke with had no issues with getting their clothes laundered. A few prisoners told us that sometimes personal items would not be returned from the laundry and so they preferred to wash and dry these items themselves in their cells.

## 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.

494. At reception, prisoners were issued with a set of prison-issued clothing. We heard conflicting information about what was issued. Many prisoners told us they had been given two grey t-shirts, two pairs of shorts, one pair of track pants and one sweatshirt. They could also request a pair of grey prison-issue jandals. However, other prisoners told us they had received only one grey t-shirt, one pair of shorts, one pair of track pants and one sweatshirt.
495. Most prisoners we interviewed did not have any issues with the amount of clothes they had been issued, or the sizes.
496. However, some prisoners felt they did not have enough clothes, especially if they wanted to exercise regularly, as the clothes got sweaty and they had nothing clean to change into as laundry was generally done only twice a week. Some prisoners told us they increased the amount of clothing they had by getting the clothes of prisoners who were being released. However, prisoners told us staff conducted 'kit checks' once a week and if they had excess clothes these would be taken away for re-issue.
497. Some prisoners told us there could be issues with getting clothes of the correct size if they needed small or very large sizes. When we were visiting the Receiving Office, we observed a prisoner who was wearing prison issued clothes that were too small for him. When this was pointed out to staff they found appropriately sized clothes for the man.
498. Most prisoners told us MECF did not provide underpants or socks. Therefore, if a prisoner came in with little or no property, the prisoner would be without clean underwear until some could be sent in by family/whānau. This situation was not reasonable, particularly as not all prisoners have family/whānau to provide these items.

## 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.

499. 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.

500. Most prisoners across the site told us the food was 'good' or 'OK' in terms of taste and nutrition, though some prisoners had issues with the quality of certain foods, or felt that some meals were bland (see image 13, Appendix A).
501. Some prisoners told us portion sizes were not enough, and left them feeling hungry overnight. Some told us they had to 'top up' their meals with food, such as noodles or cereal, that they bought from the prison canteen service.
502. Some mealtimes were acceptable but some were early. Breakfast was generally served between 7am and 9am. This consisted of milk, a box of cereal and bread (in some units, prisoners had access to a toaster to make toast). Lunch was usually a sandwich and a piece of fruit and was served rather early between 11am and 11.30am. Dinner, which was a hot meal, was served early, between 3.30pm and 4.40pm. Supper of a muffin and a pot of yoghurt was served at the same time as dinner.
503. At MECF, meals were prepared in the prison kitchen by prisoners working under the supervision of Instructors. The kitchen and food storage areas were clean and well-organised. We observed prisoners cleaning after the preparation of every meal. There was a twice daily cleaning check schedule.
504. We observed that hygiene and safety standards were being adhered to in the kitchen. Prisoner workers were wearing hair nets and gloves. Fridge and freezer temperatures were checked and recorded twice a day. Dishwasher checks were conducted twice a day. Hotbox temperatures were checked twice before the hotboxes were sent to units.
505. We observed kitchen Instructors supervising the preparation of breakfast packs, the making of lunchtime sandwiches, and checking portion control during the preparation of dinner. Instructors sampled food to ensure it was of sufficient quality.
506. Meals were provided in plastic or foam takeaway containers and evening meals were kept warm in hotboxes while they were distributed to the units.
507. Several prisoners who had special meals for health or religious reasons told us they had had to wait several weeks to receive the correct meals. They had had to eat regular meals while they waited, or go hungry. We asked further questions about the process but there was no satisfactory explanation for these delays.
508. We heard from kitchen staff that they had to prepare a high number (i.e. 200 at each meal) of meals for special diets. Kitchen staff told us that health staff had said it was too expensive to test prisoners for dietary intolerances and so tended to approve all prisoner requests for special diets. Kitchen staff told us this meant they ended up catering to personal preference rather than medical need. We heard it was difficult to manage so many different special diets. We note that if a prisoner says they are allergic to a food item and there is some evidence of this in their health records, the health team may undertake testing. However, the majority of prisoners with dietary requests are not tested for food allergies.

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.

509. Generally, we found security features across MECF to be in good working order. We interviewed one of the two Security Managers at the site who told us there were ongoing projects to upgrade certain features.
510. The site had a single point of entry for all staff and visitors and we observed notices informing visitors about the processes for entering the prison. Staff in the single point of entry were professional and interacted in a respectful and welcoming manner. They ensured that all staff and visitors put all items through a scanner to be x-rayed, and walked through a metal detector. Staff then used a hand-held wand to search people who activated the metal detector. We observed staff conducting thorough searches of contractors and their tools.
511. The site also had a gatehouse for vehicles, such as prisoner escort vehicles, that had to enter or exit the site. We observed that staff were following the correct procedures and conducting thorough searches of the inside and outsides of vehicles.
512. The Security Manager told us he managed the single point of entry, the Site Emergency Response Team, the Prosecutions Team, visits, master control, grounds, Oscar 1, and the meal delivery drivers. The Security Manager described his job as ‘crisis management’ and told us he tried to keep things simple for his team, with a focus on following the proper processes and avoiding shortcuts. He told us the high prisoner turnover, which he estimated at around 30,000 prisoners a year, was a factor he and his team had to manage.
513. The Security Manager told us there were a number of security risks which he managed across the site. Risks included the introduction of contraband through visits, and prisoners discovering the date of external hospital appointment times. We heard the latter issue posed a safety and security issue for staff conducting hospital escorts, as well as the risk of contraband being passed to the prisoner under escort, or gang members attending and causing disruption. The Security Manager told us generally the site had a good relationship with hospital staff who were helping to mitigate this issue.
514. As previously mentioned in the Prison Staff section of this report, there were three regional Detector Dog Handlers who were based at the site, with a fourth assisting at the time of the inspection as one of the three was in training. We were told a detector dog checked all private visitors and all mail entering the site for drugs and other contraband. In addition, the Detector Dog Handlers sometimes conducted prisoner check points, and assisted during operations and at the Receiving Office.
515. We interviewed the four Detector Dog Handlers who told us they felt they were being underutilised. They told us they could not remember the last time they had been involved in a search operation inside the prison. They needed permission to enter the prison to conduct searches and felt they had little autonomy. They gave examples of times they had been told they would be involved in a unit search, but they had waited and never been asked to attend.

- They told us they had contacted the Residential Managers to offer to get the dogs through the units, but no one had taken them up on the offer.
516. We asked a few staff and prisoners if they had seen the dogs and Detector Dog Handlers recently and heard that they had not. One Principal Corrections Officer told us it had been a few months since the dogs had been to their unit.
517. The site had an Intelligence Team that monitored prisoner telephone calls and provided information to the Security Manager. The Security Manager told us they always attempted to act in a timely manner upon information received from the Intelligence Team.
518. We interviewed members of the Intelligence Team who told us their aim was 'harm reduction'. They told us they worked closely with the Security Team and had a good relationship with them. We heard the main issues at the site were contraband and issues between individuals with gang associations. The team told us they felt some new staff needed more support to be prepared for the pressure they could come under from gangs. In addition, we heard that new staff would benefit from training in how to deal with intelligence information.
519. The Site Emergency Response Team (SERT) Principal Corrections Officer told us he had 16 staff. Their duties included conducting cell searches, site perimeter checks, random vehicle checks, and incident control. The Principal Corrections Officer told us they also assisted custodial staff when managing violent prisoners, including in the Intervention and Support Unit, and that if there was an incident where unit staff required assistance, the SERT would take over the running of the unit for a time to give the unit staff a break and a chance to regroup.
520. The Security Manager told us the SERT had a good relationship with the Intelligence Team and the Dog Team.
521. We found that security in the prison was generally proportionate to risk given the nature of the population. However, as previously mentioned, most prisoners were spending around 22 hours a day locked in their cells and so were experiencing a restrictive regime. In addition, there did not appear to be any less restrictive regimes for those prisoners assessed as RMT2 who may have been able to be safely managed in lower security environments.
522. Generally, we observed custodial staff across the prison used the correct procedures to supervise prisoners, to ensure they accounted for prisoners regularly, and to manage prisoner movements. For example, we observed unit staff completing prisoner location checks and we checked unit logbooks to ensure these were being done regularly.
523. However, in some units we observed that staff did not necessarily adhere to the correct practices. For example, in one unit we observed that staff did not look into cells through the observation windows before opening the cells for the morning medication round.
524. The Security Manager told us a contributing factor to the issue of staff not always following correct practices was the fact that Principal Corrections Officers were being appointed with less overall experience than previously. He told us that while some of the newly-appointed Principal Corrections Officers had progressed well, the lack of experience could present problems with decision-making and holding staff accountable. The Security Manager told us he had been working with staff to put more training in place to help to change the culture. We heard that Residential Managers were spending more time in those units where the Principal Corrections Officers were less experienced and that this had helped.

525. As previously mentioned in the Environment section of this report, some prisoners told us staff did not always answer cell intercoms in a timely manner, and we observed intercom calls going unanswered in several units across the site. Some prisoners told us they found this concerning because in the event of an emergency, they felt their safety could be at risk. We noted that during the day, unit staff were responsible for responding to intercom calls, which went through to Master Control if they 'timed out' (after 90 seconds) on the unit. However, we heard that staff in Master Control also did not answer calls during the day.
526. The Security Manager told us he had recently checked night-time cell intercom response times from Master Control to provide assurance in this area. He told us he had attempted to obtain the information directly from the contract provider, but it had not been available and so had required manual collation by staff. We also requested this information from the contract provider and were told this was not available. The manual collation of the information by site staff showed that nightshift Master Control staff were responding to intercom calls within reasonable timeframes.
527. Drug detection in prisons is aimed at preventing the supply of drugs to reduce drug use. As previously mentioned in the Prison Staff section of this report, at the time of the inspection, MECF had three Designated Collection Officers who were certified to follow the correct processes for collecting urine samples from prisoners for drug testing. We interviewed two of the Designated Collection Officers who told us they had been conducting sample collection from August 2024, but that prior to that, the third member of their team had been redeployed to another area. They had been unable to safely do their jobs with only two people due to the isolated location of the collection office, which meant they would be unable to get assistance quickly in the event of an incident. This safety issue meant they had been directed by the prison General Manager to pause sample collection. A new team member had started in July 2024, so they had trained this person and re-started sample collection as soon as they could.
528. This meant that no drug test sample collection had occurred at the site for five months of the six-month review period. COBRA data showed the team had re-started sample collection in August 2024 and that month had collected 50 samples, of which five had been found to be positive for drugs. Four of the five samples had been positive for cannabis.

## 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.

529. 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<sup>53</sup> or for their own safety.<sup>54</sup>

<sup>53</sup> 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.

<sup>54</sup> 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.

Prisoners may also be separated from others for the purposes of medical oversight.<sup>55</sup> In prisons, these measures are generally known as directed segregation.

530. During the six-month review period, approximately 452<sup>56</sup> prisoners were placed on a total of 585 periods of directed segregation at MECF.

Type of directed segregation	Periods of segregation	Number of people
Section 58 (1)(a) for security or good order of the prison	20	18
Section 58 (1)(b) for the safety of other prisoners	503	374
Section 59 (1)(b) directed segregation for prisoner's own safety	32	30
Section 60 (1)(a) medical oversight, physical health	30	30
Section 60 (1)(b) medical oversight, mental health	0	0
<b>TOTALS</b>	<b>585</b>	<b>452</b>

531. We reviewed the documentation (including initial segregation paperwork, notices to prisoners, revocations and management plans) for a sample of 38 prisoners who had been placed on directed segregation during the six-month review period. Our review identified inconsistencies in the recording of information such as signatures, dates and timings. For example, we found six notices to prisoners were not signed, and ten were signed late. We found that management plans were generic and, in fact, were identical. Five management plans had not been signed by the prisoner.
532. As previously set out in the Mental Health Care section of this report, and evidenced by the numbers in the table above, no prisoners at MECF had been placed on segregation directions under Section 60(1)(b) of the Corrections Act (i.e. medical oversight for mental health). This meant they did not receive the benefit of the requirements under that section. While these prisoners were receiving daily reviews by health staff, we consider that they should be managed under the Act. There were several mentally unwell patients in the ISU who were

<sup>55</sup> 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.

<sup>56</sup> We note this is an approximate number of people only. The correct total may be lower as some people may have been subject to more than one type of directed segregation.



- being managed in isolation due to the severity of their mental states, but at the time of the inspection, even these prisoners were not being managed under Section 60(1)(b).
533. At the time of the inspection, there were 38 prisoners on directed segregation. Twenty of these were being held in the Management Unit and the other 18 were serving their periods of directed segregation in other units across the site.
  534. Generally, prisoners on directed segregation were sent to the Management Unit. We visited the Management Unit where the Principal Corrections Officer told us prisoners on directed segregation were always denied association with others (i.e. they were not placed on restricted association). We heard this was a decision from site management.
  535. We observed that all movements in the Management Unit were conducted with the prisoner handcuffed either in front or behind. The only exception was a prisoner who had recently received surgery and who therefore could not be handcuffed for health reasons.
  536. As previously mentioned in the Relationships with Family and Whānau section of this report, we heard that prisoners in the Management Unit were allowed two five-minute calls a week, and we observed that unit records showed prisoners were generally receiving these calls. However, when we were in the Management Unit, we saw a prisoner being denied a call to his lawyer by a staff member. The prisoner explained that he had used his five-minute call to contact his family/whānau. The staff member told him he should have used it to call his lawyer and hung up. This approach deprives people on segregation the opportunity to maintain contact with family/whānau and access their legal advisers.
  537. We heard that if the Management Unit was full, prisoners completed their period of directed segregation in their own cells in their units. We observed several prisoners across the site who were on directed segregation in their units. Some were waiting for placement in the Management Unit. In one unit, staff told us if a young prisoner was placed on directed segregation, they preferred to keep them in their unit rather than send them to the Management Unit.
  538. Prisoners can request to be separated from others; this is known as voluntary segregation.<sup>57</sup> At the time of the inspection COBRA data recorded that 681 prisoners were on voluntary segregation at MECF (i.e. 62% of the total of 1,102 prisoners). Prisoners on voluntary segregation could associate with each other.
  539. We heard from the Custodial Systems Manager that all applications for voluntary segregation were verbally approved, pending initial checks. Once these checks had been completed, the applications would be signed and approved by the Custodial Systems Manager, who is a Level 5 manager. These were then entered on the site register and the approved documentation was uploaded to IOMS by unit staff. However, this did not align with the delegation requirements for this process, which should be Level 4 or above, primarily the Deputy General Manager/Deputy General Manager Pathways.
  540. MECF had units designated for voluntary segregated prisoners and units for mainstream prisoners to ensure these prisoners were kept separate and were able to have time out of their cells and access unit facilities. However, we observed, and staff and prisoners told us, that due to the high numbers of voluntary segregated prisoners, some had to be housed in mainstream units. We observed that staff managed these voluntary segregated prisoners by unlocking them at a different time to the mainstream prisoners. This kept the two groups

<sup>57</sup> 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.

apart but could impact on prisoners (for example, because both groups were unlocked for shorter periods) and cause frustrations for both staff and prisoners.

541. If a prisoner is charged with an offence against discipline and the charge is proved, a Hearing Adjudicator may impose one or more penalties against the prisoner, including forfeiture or postponement of privileges up to 28 days, forfeiture of earnings for up to seven days, or confinement in a cell for up to seven days.<sup>58</sup>
542. Over the six-month review period, COBRA data showed that penalties of cell confinement had been issued 156 times for 135 prisoners by Hearing Adjudicators or a Visiting Justice.

## 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.

543. For prisoners who are employed in prison industries, unit-based employment, programmes and education, there is a national Prisoner Incentive Allowance Framework. This framework gives prisoners an allowance rate of between 20 and 60 cents an hour, depending on the work and their skill level and behaviour. At the time of the inspection, MECF was formally assessing prisoners against this framework.
544. We heard that some prisoners felt there was an incentive to display good behaviour so they could become a unit cleaner, because cleaners got more time out of their cells. One prisoner felt the 'newer' side of the prison might be better and there could be some incentive for him to behave well so he could move there.
545. However, most prisoners we interviewed told us they were not aware of any incentives. Some told us there was nothing they could do to progress.

## Discipline

### Inspection Standards

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

546. 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

<sup>58</sup> Corrections Regulations 2005, Section 133. Loss of privileges stated in section 158.

requirements.<sup>59</sup> Offences against discipline are outlined in the legislation with guidance on the conduct process described in the Prison Operations Manual.<sup>60</sup>

547. As mentioned above, 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 for up to seven days, or confinement in a cell for up to seven days.<sup>61</sup>
548. During the six-month review period, men at MECF generated 1,241 misconducts, mostly for aggressive or violent behaviour (578 misconducts), followed by possession of unauthorised items (315 misconducts), and damaging property (184 misconducts).
549. The hearing process for 386 misconducts (31%) had been completed; 343 (28%) had been cancelled, generally due to the prisoner being mentally unwell or because there was a lack of supporting evidence; 195 (16%) had been withdrawn, usually because prisoners had been released before the charge had been heard, or because the charge had not been issued within the correct timeframe; and 101 (8%) were dismissed as there was not enough supporting evidence or because the prisoner was released. A further 216 misconducts (17%) were not yet closed. We note that the numbers for withdrawals and dismissals were likely impacted by the nature of the remand population at the site, with prisoners often being released after short time periods.
550. Custodial staff told us they had no issues with the misconduct process. We heard that Prosecutors and Hearing Adjudicators visited units when necessary.
551. We asked prisoners about the misconduct process. Some told us they understood it, but several felt the process had not been well explained, and two told us staff had not explained anything, but had given them some paperwork.
552. A prisoner in one unit told us he felt sometimes all prisoners in his unit were punished for the actions of a few prisoners. For example, he told us there had been a fight recently and that as a result the whole unit had been put on a one-hour unlock.
553. We interviewed one of the five Visiting Justices for the site, who told us hearings were conducted in person and via AVL. He told us hearings were generally well-run, with good escorting staff and organised Prosecutors. He told us there could sometimes be issues with witness availability.

## 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.

<sup>59</sup> 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.

<sup>60</sup> Corrections Act, 2004, section 128-140. POM MC.01

<sup>61</sup> Corrections Regulation 2005, Section 133. Loss of privileges stated in section 158.

554. 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.<sup>62</sup> Uses of force are categorised as planned or unplanned (i.e. spontaneous). All uses of force must be logged in a use of force register, and a use of force review must be conducted. A member of the health team (usually a Nurse) must assess the prisoner after every use of force.
555. In the six-month review period, 273 use of force incidents were recorded by the site in IOMS. Spontaneous use of force occurred 142 times, and there was one planned use of force which was resolved without staff using control and restraint techniques. Staff deployed their individual carry pepper spray 16 times.
556. During the 273 use of force incidents, other components recorded by staff included 211 uses of handcuffs, 38 uses of non-threatening physical contact, and 27 instances where staff used de-escalation techniques to attempt to diffuse the situation without using force.
557. We found that in the six-month review period, force was used more frequently in the Intervention and Support Unit than in any other unit. Seventy-two of the 273 uses of force occurred in the Intervention and Support Unit. For comparison, during the same period, Delta Unit recorded 20 use of force incidents, Golf Unit recorded 19 incidents, and 16 incidents occurred in the Receiving Office.
558. We reviewed the use of force register for the six-month review period and found that it did not meet all the requirements as outlined in POM. Information not recorded in the register included the names of the officers involved, the name of the officer who authorised the use of force, and brief details of the incident. In addition, the use of force register did not record signatures of the health professional, Principal Corrections Officer, or on-call manager, or the reviewing officer's comments and signature.
559. The site use of force register contained 163 entries. Each entry had been assigned a register number and all had been subject to a review. We noted that there were eight use of force incidents which had not been recorded in the register.
560. As part of the inspection, we requested a sample of the documentation for 30 use of force incidents that had occurred within the six-month review period. This included the eight incidents that had not been included in the use of force register but should have been, and five incidents where staff had deployed pepper spray. We also requested CCTV and body worn camera footage for the 30 incidents, to enable a full review.
561. The site provided us with use of force review documentation packs for all 30 incidents in our sample. We found that the information provided did not include all the required documentation or authorisations, such as approval for the use of mechanical restraint forms, requests to retain CCTV footage and prisoner post-incident observation sheets. However, these documents had been referred to in the site use of force reviews.
562. When we reviewed the use of force documentation we had been sent, we found the quality was variable:

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<sup>62</sup> POM IR.02 Incident Response

- » In most cases, there was evidence that the prisoner had been examined by a registered health professional as soon as practicable and when custodial staff deemed it was safe to do so. This was usually done within three hours of the use of force as required by policy. Some prisoners were seen outside of the three-hour timeframe. Sometimes, prisoners were seen, but the time had not been noted.
  - » Most staff who had been involved in, or who had witnessed a use of force, completed their incident reports on time. Site use of force reviews identified staff who had failed to submit incident reports on time.
  - » The 'report on the use of force' form (IR.05.Form.03) was not always completed in full. Some sections had been left blank, and some of the times, dates, signatures, and other relevant information was missing.
  - » In some cases, there was no evidence that the prisoner had been placed on 15-minute observations following the use of force until their at-risk status had been reviewed by appropriate staff.
  - » In some cases where pepper spray had been used, there was no evidence recorded that the prisoner had been decontaminated at the earliest opportunity.
  - » In one case, there was no evidence to show that a prisoner had been interviewed within three hours by a Principal Corrections Officer, Residential Manager, or on-call manager, though the site had identified this within their review and recommended remedial action.
  - » Most of the time, when prisoners had been interviewed, staff did not record if the prisoner was offered or requested psychological or other support including cultural or chaplaincy services.
563. From our review of the 30 incidents, we found that most uses of force were reasonable, proportionate, and necessary, and that the use of force was stopped at the earliest available opportunity. However, there were six incidents that we referred to the site for further review due to our concerns regarding the use of force within these incidents. After the inspection we followed up with the site on several occasions about these six incidents but had not yet received an update at the time of writing.
564. There were three incidents within our review sample where CCTV or body worn camera footage was not available to be reviewed. Two of these were incidents where the same prisoner had been placed into mechanical restraints (i.e. head protector/waist restraints). For the third incident, the site use of force review identified that CCTV footage had been viewed but this was not provided to the Inspectorate. There was no body worn camera footage for this incident. The site use of force review identified that staff had not activated their body worn cameras and noted that staff should be reminded of this requirement.
565. There were four incidents in our sample where waist restraints and a head protector were applied. These incidents occurred in the Intervention and Support Unit and all involved the same prisoner over a two-day period. We reviewed available footage for these incidents and observed staff showing a high level of compassion and care for the prisoner during complex and prolonged mental health episodes. However, we noted that there was no approval documentation for the use of restraints and no supporting at-risk management plan provided as part of the review. We acknowledged the patience of the staff, noting that Corrections Officers are not trained to deal with these types of incidents nor to support prisoners through this level of distress.
566. From our review of 30 incidents, we observed that most staff activated their body worn cameras at the earliest opportunity which may have assisted as a de-escalation tool and which provided good levels of body worn camera footage to support any incident reviews.

567. Body worn camera footage showed that staff had a tendency to initiate force quickly by using control and restraint techniques to gain compliance. Staff generally de-escalated situations at the earliest opportunity by placing prisoners in mechanical restraints.
568. We interviewed the Custodial Systems Manager who told us managers were required to provide all incident documentation within three days of the incident de-brief to enable a use of force review to take place. The Custodial Systems Manager allocated each use of force incident a register number, maintained the register, and conducted all use of force reviews. Use of force reviews were usually completed within 10 days of the incident de-brief taking place.
569. The Custodial Systems Manager told us that any minor issues identified from a use of force review that related to an individual staff member were generally referred to a Deputy General Manager. More serious issues or recommendations would be referred to the General Manager to begin the relevant Human Resources process.
570. The Custodial Systems Manager told us follow-up actions were recorded on individual use of force reviews and were not centrally recorded by the site. The Custodial Systems Manager told us they did not receive any information when actions were completed. We heard that, in some instances, if there were concerns arising from a use of force, these would be discussed with the site Learning and Development Lead (who was also a Tactical Operations Adviser) and that the concerns might also be discussed at a staff assault panel meeting.
571. We found some use of force reviews in our sample contained recommendations or follow-up actions which were dealt with by individual managers (i.e. to remind staff to: activate body worn cameras, remain professional when addressing prisoner behaviour, avoid using profane language, place prisoners on constant observations following the use of pepper spray, and to conduct review risk assessments). However, we were not given any confirmation that these recommendations had been completed or were in progress.

## Searches

### Inspection Standards

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

572. Contraband (such as drugs, alcohol and weapons) can create risks to safety and good order in a prison. For this reason, prison staff are required to undertake a range of regular searches, including cell searches and rub-down searches of prisoners.
573. In the six-month review period, the site recorded 259 incidents where contraband was found. The largest category of contraband found was 'Other' (117 incidents, including money, tobacco and smoking equipment, and gang paraphernalia. We note that a number of items in the 'Other' category could have been put in other specific categories), followed by Weapons (71 incidents) and Drugs (57 incidents).
574. Custodial staff may undertake cell searches at any time and, in addition, must search a number of occupied cells a day that have been selected by Master Control.<sup>63</sup> We reviewed unit logbooks and found that cell searches were generally being recorded as completed. We observed several cell searches and found these were generally done to an acceptable

<sup>63</sup> Prison Operations Manual S.01.Res.14.01 Cell search.



standard. We observed some searches which were completed systematically and to a high standard. Most prisoners we asked told us staff usually left their cells tidy after searching them, though a few prisoners told us sometimes their cells were 'turned upside down'.

575. The Prison Operations Manual sets out that custodial officers may conduct rub-down searches of prisoners at any time for the purpose of detecting an unauthorised item, and must do so every time prisoners move between areas (for example, from the unit to an exercise yard, or to or from a visit).<sup>64</sup> We observed staff across the prison performing rub-down searches and found these were generally done to a good standard as specified in the Prison Operations Manual. A few rub-down searches were not done to an acceptable standard. For example, we observed staff failing to search prisoners' inner leg areas.
576. A few transgender prisoners told us when they were searched it was done by staff of the nominated gender in their support plans. They felt staff treated them with respect when conducting searches.

## Security classification

### Inspection Standards

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

577. 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.<sup>65</sup> 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.
578. We reviewed the COBRA data for the 531 initial security classifications assigned in the six-month review period and found that 99.8% had been assigned within the required timescale. In addition we reviewed the COBRA data for 29 recall security classifications assigned in the review period and found that the site had completed 100% of these within the timescales required.
579. In the six-month review period, there was one complaint by one prisoner via the PC.01 process regarding their security classification. This complaint related to a request for a review of security classification under Section 48 of the Corrections Act 2004. This was referred for consideration however there is no recorded outcome.<sup>66</sup>
580. During the same period, there were two complaints by two different prisoners to the Office of the Inspectorate regarding security classifications.
581. We heard from the Custodial Systems Manager that initial security classifications were generally done by reception staff to ensure these were completed within the required timescale. This may have meant staff completing this process had not been interacting regularly with prisoners prior to completing the security classification reviews.

<sup>64</sup> Prison Operations Manual S.01.Res.10 Rub-down.

<sup>65</sup> Prison Operations Manual M.02.01.01 Principles of security classification.

<sup>66</sup> Prison Operations Manual M.02.07 Prisoner's request for reconsideration.



582. MECF is a remand prison, so of the total of 1,102 prisoners at the site, 1,042 (95%) were on remand, with 769 remand accused (74% of those on remand) and 273 remand convicted (26% of those on remand).
583. As previously mentioned, most prisoners at MECF had been assessed using the Remand Management Tool (RMT). Staff told us security classifications and RMT statuses were usually allocated by a staff member in the Receiving Office. A few Principal Corrections Officers told us they would use the RMT to allocate a remand status themselves if this had not been completed. As previously mentioned, since all units at MECF were classified as high security, prisoners assessed as RMT2 could not be located in a lower security units as there were none. Prisoners assessed as RMT2 may have been able to participate in more constructive activities if these were available. However, given the limited number of constructive activities available at the site, we could not observe any significant differences in the opportunities available to RMT1 and RMT2 prisoners whilst at MECF, though this assessment would be more relevant if they were transferred to another prison.
584. We asked prisoners if they were aware of the RMT classification and knew what this meant. Some did not know what their RMT status was nor what this meant. Some told us they knew their RMT status but did not know what it meant.

### Prisoner files

#### Inspection Standards

- The prison has comprehensive, accurate and secure records management processes.

585. 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.
586. During the inspection we observed that prisoner files were mostly stored in the Receiving Office in two wooden unlocked cabinets. We checked a sample of 16 prisoner files and found that these were in good order but most were lacking some of the required paperwork. For example, ten files did not contain the initial at-risk assessment.
587. We were told by two Principal Corrections Officers that they did not print induction forms or request prisoner signatures but instead gave verbal inductions. This does not align to Corrections policy.
588. During the inspection, we reviewed a number of electronic files for prisoners. We found that offender notes tended to be transactional, with few notes about meaningful interactions recorded. Some did not contain offender plans (e.g. remand plans).
589. We asked a number of prisoners if they were aware that they could ask to see their files. Most prisoners did not know they could request this.
590. At-risk files for prisoners in the ISU were kept in an unlocked wooden cupboard. The files were well maintained and contained all documents relating to the management of the prisoners. The ISU Principal Corrections Officer said they regularly took documents relating to the prisoners and filed them in the files in the Receiving Office.



591. We observed that the Management Unit held directed segregation paperwork in an unlocked cabinet. These files were in good order.

## Purposeful activity

### Education

#### Inspection Standards

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

592. Within the first month of entering prison, all prisoners should receive an educational assessment and meet one-to-one with an Education Tutor to co-produce an individual learning pathway. Actions for the learning pathway should be shared with the prisoner's Case Manager who should then include them in the offender plan.
593. At the time of the inspection, information provided by Corrections Data Services indicated there were four Education Tutors at MECF.
594. We interviewed three Education Tutors who told us they met with prisoners and conducted initial assessments and more in-depth 'Learning Pathway' conversations. We heard that on the day of the interview there were 564 prisoners on their waitlist for assessment and to have learning pathways set up.
595. During the six-month review period, COBRA information for the site indicated that there had been 109 'Learning Pathways' assessment conversations with an Education Tutor.
596. Once they had spoken with and assessed a prisoner, Education Tutors would recommend programmes, including at the Open Polytechnic and Te Wānanga.<sup>67</sup> They told us prisoners could complete Step 1 and Step 2 courses at Te Wānanga four days a week for two hours a day. However, we heard that the contract for prisoners to complete Steps 3 and 4 had stopped as there was nobody available to help prisoners to complete the work.
597. During the six-month review period, COBRA information for the site indicated that there had been one completion of an NZQA course at MECF.
598. The Education Tutors told us they were waitlisting prisoners for an English as a Second Language course as it was not currently running at the site. They were not providing any one-to-one support with education courses, and told us there were a significant number of prisoners with ADHD who required this level of support. They told us there was no vocational training running at the site. We heard this had not been available since the COVID-19 pandemic.
599. We heard that generally, each Education Tutor was assigned to certain units. For initial assessments, the site Scheduler would waitlist prisoners to see the Education Tutors, and the Tutors would select those prisoners who had not yet received an assessment. Placement onto programmes or courses was also done by the Scheduler, following advice from the Tutors.
600. As previously mentioned in the Prisoners Under 25-Years section of this report, we heard that one of the Education Tutors had been assigned to assess prisoners aged under 25, which meant these prisoners did not have to wait as long for assessment. The Tutor told us they

<sup>67</sup> Te Wānanga is a tertiary institution.

had not received any extra training or support to do this role and that there were no special programmes for younger prisoners.

601. The Education Tutors told us one of their main issues was difficulty in accessing prisoners. They told us there was only one suitable interview room in most units, and that often they would be kept waiting for long periods (for example, 45 minutes) before custodial staff brought the prisoner. In addition, prisoners were only getting two hours a day out of their cells, and had to meet with the Tutors during that time. This meant many prisoners prioritised speaking with family/whānau on the telephone or exercising over meeting with a Tutor.
602. They told us other issues included the lack of suitable programmes to refer prisoners to, and the fact that prisoners who could not read or write were often given written information or forms by custodial staff.
603. Education facilities at the site included two secure online learning suites<sup>68</sup> but the Education Tutors told us prisoners were unable to access these. We interviewed the Learning and Interventions Delivery Manager who told they had been waiting for the contracted telecommunications company Spark to reactivate these suites for three months. The suites had been closed during the COVID-19 pandemic. We visited the suites and found they were clean and tidy and ready for use, except for the internet connection. The suites had programmes and staff supervision areas.
604. We heard that the Volunteer Coordinator role had been vacant since April 2024 and the Education Tutors were not aware of any volunteers coming onto the site, though they told us that prior to COVID-19 there had been around 80 volunteers.
605. The Learning and Interventions Delivery Manager told us there was some programme / volunteer activity at the site, including an alcohol and drug programme delivered by Emerge Aotearoa, the Dynamics of Whanaungatanga programme<sup>69</sup> and some education activity including literacy and numeracy. The Learning and Interventions Delivery Manager was unsure how many volunteers had been approved, though told us the New Zealand Howard League<sup>70</sup> had four volunteers approved and ready to begin.
606. We asked prisoners across the site about educational opportunities and heard these were very limited. Most prisoners were not completing any educational courses. Most told us they would be keen to participate in courses or activities if they were available and it was a source of frustration to many that there was little to do except watch television.
607. Some prisoners told us they had met with an Education Tutor, and a few told us they had been given educational materials by an Education Tutor. Other prisoners told us they had been assessed by a Tutor but had either declined to complete any courses, or had been waitlisted for courses or further assessment.

<sup>68</sup> Every prison has at least one secure online learning suite with computers which prisoners can use to gain digital literacy skills and complete learning assignments. Prisoners have access to a limited range of pre-approved websites and apps.

<sup>69</sup> <https://dow.org.nz/> sets out that this programme 'provides a practical understanding of traditional Māori concepts and principals' that 'can be applied in any situation or encounter to achieve the DOW goal being to address, enhance and restore the tapu-wellbeing.'

<sup>70</sup> <https://www.nzhowardleague.org.nz/> - the New Zealand Howard League is an Auckland based charity that aims to reduce re-offending and reduce the prison population. It focuses mainly on literacy and driver licensing.

## Work

### Inspection Standards

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

608. Prisons should provide work opportunities for prisoners in their units, around the prison, and in prison industries.
609. As previously mentioned, for prisoners who are employed in prison industries, there is a national Prisoner Incentive Allowance framework. This framework gives prisoners an allowance rate of between 20 and 60 cents an hour, depending on the work, and their skill level and behaviour. At the time of the inspection, MECF was formally assessing prisoners who were working in prison industries against this framework. This encouraged prisoners to work hard, to upskill, and to behave well.
610. Corrections has a Working Prisons programme in which prisons report the number of hours prisoners spent in some form of work, education, rehabilitation programme, or other form of constructive activity. In the six-month review period, Corrections figures showed prisoners at MECF spent a total of 161,000 hours engaged in these activities. MECF did not have a Working Prisons target goal.
611. At the time of the inspection, COBRA data showed there were around 63 men employed in prison industries:
- » Kitchen x 40
  - » Laundry x 10
  - » Canteen distribution x 4
  - » Painting x 4
  - » Café x 3
  - » Grounds x 2.
612. In addition, there were 14 prisoners on the waitlist for an industry job.
613. There was no Industries Manager at MECF, but staff told us that prisoners with jobs in industries came from Papa 1 Unit as this was the 'working unit'. We heard there were criteria around who could be placed in Papa 1. Once prisoners had been accepted in Papa 1, unit staff would select possible workers and send lists of names to the Intelligence Team. If the Intelligence Team cleared the prisoners, their names would be sent first to the kitchen, and then to the laundry.
614. We heard that prisoners working in the kitchen (see image 14, Appendix A) could complete unit standards including workplace health and safety, knife handling and chemical handling modules and work towards Level 1 Cookery. We heard that because most prisoners at MECF were on remand, they tended not to stay long in the kitchen, but that they could complete Levels 1, 2 and 3 if they did stay. We heard that the kitchen would accept prisoners who could not read or write, but that these prisoners could not complete unit standards as the kitchen was too busy and the Instructors did not have time to go through workbooks with them.
615. The 'Rock Café' is an internal café which at the time of the inspection was open to MECF staff between 6am and 2pm. It opened in November 2022, and we were told it employed three prisoners who worked as food servers/baristas and who could work towards barista

- qualifications. To work in the café, prisoners must have had at least four months experience in the prison kitchen and have skills in food preparation and handling.
616. We interviewed two laundry Instructors who told us they employed ten workers and could offer unit standards towards Level 1 Laundry, including chemical handling. We heard that the laundry had a sewing room and tried to repair items of kit that came back damaged.
617. We interviewed the staff supervising several other industries, including painting (i.e. site maintenance), prison canteen distribution, and grounds maintenance, and heard that these staff were Corrections Officers, not qualified Instructors. This meant that while they were training and supervising workers, they were not able to offer them the opportunity to complete unit standards and work towards qualifications. The Corrections Officers in these roles generally felt that this was a missed opportunity, and some were working towards becoming qualified as assessors. These Corrections Officers told us some of their workers asked if they could get unit standards. One of these Corrections Officers told us he would like to become an Instructor but could not get this approved.
618. Some prisoners we interviewed who were working in a prison industry told us they enjoyed the work but had requested to move to another industry because staff in their current workplace often spoke in a language the prisoners did not understand which caused frustration and paranoia.
619. In addition to prison industries, some prisoners were employed, usually part-time, in unit-based work such as cleaning. The number of prisoners who were employed in this way varied, but was generally around five or six a unit. Unit cleaners generally cleaned communal areas such as dayrooms and exercise yards.
620. Staff and prisoners told us if a prisoner wanted a unit-based job, they could put their name down on a list. Staff told us they selected prisoners based on behaviour, adhering to cell standards, and how long they had been in the unit. One prisoner told us he had been waiting three months for a job as a unit cleaner.
621. A number of prisoners expressed frustration that they could not get a job. Some prisoners particularly wanted a job in prison as they had no financial support from outside.

## 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.

622. 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. This exercise may be taken in the open air if the weather permits.
623. At the time of the inspection, prisoners at MECF were receiving their minimum entitlement of at least one hour in the open air every day. Most prisoners were being unlocked for around two hours a day.
624. As mentioned in the Residential Units section of this report, most exercise yards had roofs that half-covered the yard, allowing sunlight into part of the area (see image 15, Appendix A). Most exercise yards contained a call button, a toilet with a privacy screen, a concrete bench and a telephone. Most exercise yards, but not all, had pull-up bars, and some had dip



bars and a basketball hoop. We saw a basketball and a rugby ball in some yards. Most exercise yards were in a reasonable state of repair and most were clean. However, some had peeling paint, rubbish and mould on the floor, and dirt on the walls (see image 16, Appendix A).

- 625. Some prisoners told us they had requested additional exercise equipment, such as weight bags, as these had previously been available. However, we heard that their requests had been declined.
- 626. Exercise yards that were on lower levels, for example, those adjacent to the Management Unit bottom landing, did not have access to sunlight. We heard that prisoners whose cells were on the bottom landing in the Management Unit could be taken to three small yards on the top landing so they could get some access to sunlight, if they requested this. These small yards were open to the sky and contained fixed seating and no equipment. They were clean and had been recently repainted.
- 627. Prisoners across the site told us they were generally locked in their cells for up to 22 hours a day and that they found this stressful. In addition, many prisoners told us that when they were unlocked, they were frustrated by the limited exercise equipment, the small sizes of the exercise yards, the lack of sunlight, and the lack of activities generally. They wanted better facilities and more meaningful activities when they were unlocked. Prisoners told us that currently they walked around the exercise yards as there was little else to do.
- 628. Some prisoners told us they could play cards, chess, or board games in their unit dayroom. Some prisoners told us they had to provide their own boardgames. We observed some prisoners playing with a makeshift chess board and pieces made of paper.

Visits

Inspection Standards
<ul style="list-style-type: none"><li>Prisoners have safe, secure and direct contact with their visitors.</li><li>The prison has an accessible and child-friendly visitors’ centre with adequate amenities.</li></ul>

- 629. 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.
- 630. As set out in the Relationships with Family and Whānau section of this report, face-to-face visits were available at MECF. We heard that at the time of the inspection, visits were available from Monday to Friday, and that prisoners could have one 30-minute visit a week. We heard prisoners had previously been allowed one 30-minute visit a fortnight but that this had changed shortly before the inspection to weekly visits.
- 631. Most prisoners we interviewed were aware that they could request visits. One prisoner told us he had not been aware that he could have visits.
- 632. Most prisoners who received visits told us 30 minutes was not long enough, especially as visitors had to arrive 45 minutes early. We heard that the lack of weekend visits meant family/whānau members had to miss work and children had to miss school to attend visits. We heard that extended 60-minute visits could be requested.



633. We heard that visits slots were allocated on a 'first come, first served' basis, which could make it difficult for visitors to secure slots. Prisoners told us family/whānau sometimes found it difficult to contact the prison to book a slot because the telephone went unanswered or because all the slots had already been booked.
634. MECF had two visits halls with space for ten visits on each side (see image 17, Appendix A). In addition, there were several booths for non-contact visits, and two family rooms on each side. There were feeding/nappy change facilities which we found were clean and tidy. There was a children's room on each side. These rooms contained books, toys and a television (see image 18, Appendix A). We were told these rooms were unlocked to allow children to choose a book or a toy and then locked again. We observed that there were tea-making facilities but that these were closed before the visits so visitors did not have access to these.
635. The Principal Corrections Officer who was in the visits area at the time of the inspection told us that visitors' names were double-checked and visitors were told about the rules and expectations regarding behaviour. Visitors were allocated seats and staff would bring in the prisoners. Prisoners and visitors were allowed to greet and hug at the beginning of the visit before being told to take a seat. Prisoners and their visitors were supposed to remain seated during the visit though exceptions were made for visitors with children who might need to pick up a child during the visit.
636. Prisoners were searched before arriving in the visits hall and given overalls to wear that were fastened at the back with a cable tie. This was to mitigate against the introduction of contraband. Following visits all overalls were washed.
637. We heard the family rooms were only used if a prisoner had a non-association alert or could not mix with other prisoners for any reason.
638. Prisoners told us they found visits at MECF restrictive compared to other sites they had been at, particularly when their children visited. They spoke about not being able to leave their seats to engage with their children in the play area which they could do at other sites. They told us this made visits and contact less meaningful for them.
639. The non-contact booths were used for prisoners on directed segregation, prisoners with a status as an identified drug user, or for prisoners with behavioural issues. The latter had to be approved by the Security Manager. In addition, visitors who refused a search by a detection dog might be required to conduct their visit in a non-contact booth.
640. We spoke with several visitors who told us staff were respectful, and we observed good interactions between staff and visitors. Visitors told us they understood the visits process. They said the only issue was having to arrive 45 minutes early for a 30-minute visit. One visitor was not aware they could now have weekly visits and thought visits were still fortnightly.
641. The site had a visitor prohibition spreadsheet that was managed by the visits Principal Corrections Officer. During the six-month review period, there were three new visitor prohibition orders issued to visitors to MECF. Two were issued because visitors had attempted to introduce contraband, and one was for inappropriate sexual behaviour. All three were prohibited from visiting for a 12-month period. All three orders identified three possible grounds for prohibition (i.e. (1) the security, discipline or good order of the prison (2) the welfare, chances of successful rehabilitation, or safety of a prisoner, or (3) welfare or safety of any person in the prison, including the visitor). All three orders set out that the visitors were being excluded for all three reasons.

642. The Prison Operations Manual sets out that eligible prisoners may make video calls to family/whānau and friends who are approved visitors. In some cases, discretion to make video calls to people who are not currently approved visitors is also allowed. Video calling is not an entitlement, it is a privilege, and is offered under specific conditions to protect the safety, privacy and security of all participants.<sup>71</sup> Video calls are generally made on a laptop. A staff member remains present while the call is taking place.
643. We heard from staff that video calling was available for international calls, for prisoners who had family/whānau out of the region, or during family/whānau emergencies. We were told video calling was available on request.
644. However, most prisoners we asked told us they did not think video calling was available at MECF and that they had therefore not applied for it. We spoke with some prisoners who told us they had applied but they had found the application process difficult and extended, and sometimes had not received an outcome. Some prisoners told us they felt the application process for video calling was unclear, with requests requiring approval from senior staff and often being declined.

## Library

### Inspection Standards

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

645. MECF had two full-time Librarians who reported to the Learning and Interventions Delivery Manager.
646. The Librarians had access to two rooms that contained shelves of books and magazines. The books were catalogued on the Corrections library catalogue software, but there was no catalogue that prisoners could access. Prisoners could complete a library form to request books.
647. We interviewed one of the Librarians who told us they operated a service where they delivered books to prisoners in their units. They visited units depending on demand, usually every two to four weeks. We heard that the prisoners could typically borrow two or three books at a time. MECF did not have a library that was open to prisoners to visit.
648. The Librarian told us they relied on charity to stock the library with books. Some books were purchased on their behalf by a local Rotary Club, which applied for grants for this purpose. Other books were donated by public libraries. The Librarian told us she enjoyed a good relationship with public library staff and that they helped to 'plug the gaps'. We heard that gaps included foreign language books, te reo Māori books, self-help books and books on New Zealand and Pacific history. We noted that the library had Office of the Inspectorate prison inspection and thematic reports available for prisoners to borrow.
649. We heard the library received magazines which were funded and coordinated centrally by Corrections. We heard there could be supplier issues, and that magazines tended to be borrowed and not returned. We heard the Librarians had a good relationship with the Property Office, who would return books to them if they found them.

<sup>71</sup> Prison Operations Manual C.05 Prisoner video calling



650. The Librarian felt that the people who coordinated the spending on magazines did not listen to what they needed. She told us that Corrections paid for two full time librarians but did not provide any money to buy books.
651. Some prisoners told us they had seen the Librarian in their unit and regularly borrowed books. They told us they could either borrow books from the trolley or submit a library request slip to custodial staff who would scan and email this to the Librarians. Most prisoners who had used the library service were positive about it. A few prisoners told us they had experienced delays or had not received items they had requested.
652. Some prisoners, including three prisoners aged under 20, told us they had not been told about the library service and did not know how to access it.
653. We observed some units also had a small selection of books available on a shelf in the dayroom.

## Rehabilitation

### Inspection Standards

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

654. 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.
655. MECF is a remand site and of the total of 1,102 prisoners, 1,042 (95%) were on remand, with 769 remand accused (74% of those on remand) and 273 remand convicted (26% of those on remand). In part, due to these demographics, there were limited offence-focused rehabilitation programmes available.
656. COBRA data showed that in the six-month review period there had been 27 completions of a domestic violence prevention programme, and 17 completions of an alcohol and drug programme.
657. Most prisoners across the site told us there were no rehabilitation programmes or constructive activities happening in their unit. Most had nothing to do. Many prisoners told us they would like access to rehabilitation programmes or constructive activities. A few prisoners told us their Case Managers had offered them some life skills activity workbooks to complete in their cells and that they received a certificate if they completed them. We heard that prisoners appreciated these workbooks.
658. We heard that Lima Unit had been re-opened in July 2024 and was focused on family harm reduction. To be eligible for placement in Lima, prisoners had to have active or historic domestic assault charges. We were told that the Dynamics of Whanaungatanga programme had been run in this unit, and that other programmes were planned, including an alcohol and drug programme and a remand reintegration programme.
659. As previously mentioned in the Mental Health Care section of this report, Foxtrot 2 was being run as a step-down or vulnerable unit, with people transitioning from the ISU to Foxtrot 2 before being moved to other units if appropriate. We heard there were two Improving Mental Health Clinicians from Emerge Aotearoa who offered a group session every second Friday in Foxtrot 2.
660. We heard that Foxtrot 1 Unit was being run as an alcohol and drug 'recovery unit' which provided a two-week alcohol and drug rehabilitation programme which was offered by CADS. We heard there was also a reintegration-focused programme offered by Te Pā<sup>72</sup> in this unit, and ten sessions on mental health and addictions that were offered by Emerge Aotearoa. In addition, the unit held prisoner-led Narcotics Anonymous meetings and kapa

<sup>72</sup> <https://tepaa.nz/about/> sets out that 'As a kaupapa Māori organisation, Te Pā responds to community needs and vulnerable whānau'.

haka. To be placed in Foxtrot 1, prisoners had to be referred by a Judge or their Case Manager. Between ten and 15 prisoners attended the programme at a time.

661. MECF does not have site-based Programme Facilitators, but instead has access to regional Programme Facilitators. We interviewed the regional Principal Programme Facilitator who told us she currently had a team of seven Programme Facilitators, which meant she was short-staffed by four. She told us the team had not been on site at MECF since before the COVID-19 pandemic. We heard it was difficult to get programmes back up and running, especially at a remand site, as prisoners were generally transferred to other prisons soon after sentencing and it was difficult to assess their needs and deliver rehabilitation in such a short time. The Principal Programme Facilitator told us she was trying to get some one-to-one short motivational programmes happening. She noted that these would not be offence-focused, but would cover, for example, behavioural skills or Pasifika identity.
662. We interviewed both the current and the previous Learning and Interventions Delivery Managers for the site. The current Learning and Interventions Delivery Manager was new to the role. We heard this role managed the Education Tutors, Intervention Coordinators, Schedulers, Librarians and Volunteer Coordinator. We heard the Volunteer Coordinator role at the site had been vacant since April 2024.
663. The Learning and Interventions Delivery Managers told us access to prisoners was an issue for their team. This was due to the lack of interview rooms in units (typically there was one non-contact room and one other interview room per unit), the short periods of unlock and the fact that custodial staff would not unlock prisoners at other times to meet with members of their team or take advantage of activities.
664. Despite this, the Learning and Interventions Delivery Managers told us they felt well-supported by the senior management team.
665. We interviewed a Psychologist who was part of the Corrections Auckland region Psychological Services which offered a support service to MECF. The Psychologist told us he and members of his team did not provide offence-based programmes or treatment because MECF is a remand prison.
666. Corrections Psychologists generally work with sentenced prisoners or individuals who meet specific criteria whilst in a remand site. Corrections Psychologists may provide psychological assessments to some prisoners. Corrections advised us that four prisoners at MECF had been assessed by a Corrections psychologist in the six-month review period. In addition, Psychologists were involved in multidisciplinary team meetings and ad-hoc case consultation.

## Remand/offender Plans

### Inspection Standards

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

667. All prisoners should meet with a Case Manager who assesses their needs and works with them to create a remand plan or an offender plan, depending on their status as a prisoner. The Case Manager should then support the prisoner to access rehabilitation programmes and other purposeful activities such as education.

668. There were 26 Case Managers and two Principal Case Managers at MECF. The team was fully staffed.
669. We reviewed the Case Management Standards of Practice for the six-month review period and found that, on average, Case Managers at MECF had met the standard for initial contact in 79% of cases.<sup>73</sup> On average, they met the standard for agreeing an initial offender plan (within 40 days of imprisonment) in 96% of cases.
670. However, we heard that the Case Management team had a 'remand team' of Case Managers who looked at all new arrivals in COBRA and created an initial offender/remand plan based on a file review. They did not meet face-to-face with these prisoners. They put a file note under 'planned prisoner contact' saying they had reviewed the files in place of a face-to-face meeting. We heard this was done to meet the standards of practice, but that it was not considered ideal. We heard that the case management remand team worked with staff in the Receiving Office to give a needs assessment form to every new prisoner. If they got the completed needs assessment form back, the Case Managers would update the initial offender/remand plan and refer the prisoner to any suitable programmes based on the information on the form. However, we heard that these initial offender/remand plans were very basic and did not contain much information, even if the Case Managers received a completed needs assessment form.
671. We heard, and observed, that it was common for Case Managers to not receive completed needs assessment forms back from prisoners. We heard that sometimes this was because the prisoners did not complete the forms, and sometimes it was because the completed forms were given to custodial staff who did not pass them on to the Case Managers. We checked the IOMS records for a significant number of prisoners and found the file note 'unable to ascertain as the needs assessment form sent to them was not received back after completion' in many of them. Some file notes also set out that 'Any offending related needs and programmes will be identified post sentencing'.
672. Some Case Managers told us they felt it was bad practice to give prisoners a needs assessment form to complete, given the low levels of literacy amongst many prisoners.
673. Once a Case Manager had been allocated to the prisoner, they would arrange the first face-to-face contact and update the initial offender/remand plan.
674. Some Case Managers told us they felt the Case Management Standards of Practice were not helpful at MECF as it was a remand site and the standards of practice pathway and timings were based on sentenced prisoners.
675. We asked prisoners across the site if they had met a Case Manager, had an offender (or remand) plan and knew who their Case Manager was. A large group of prisoners told us they had not met with a Case Manager and did not have an offender/remand plan. A significant number of these prisoners told us they had not seen a Case Manager despite requesting to see one via the self-service kiosk. Some prisoners told us they had met a Case Manager, but a significant number of these were unsure if they had an offender plan.
676. Some prisoners told us they had seen a Case Manager. Many of these prisoners told us they were completing the life skills activity workbooks that Case Managers gave out. A few told us they had been waitlisted for programmes.

<sup>73</sup> Case managers are expected to meet with all prisoners on their caseload within 20 days of their arrival in prison.

677. A few prisoners told us they had received good support from their Case Manager, such as assistance with release plans, accommodation arrangements and referrals to mental health support.
678. COBRA data showed that in the six-month review period there had been 73 placements onto rehabilitation or reintegration interventions. We note that these figures seem low compared with the programmes we were told were running:
- » 29 completions of a Reintegrative Support Service
  - » 27 completions of a domestic violence prevention programme
  - » 17 completions of an alcohol and drug programme.
679. We interviewed one of the Principal Case Managers who told us programmes had ceased during the COVID-19 pandemic and that most were yet to re-start at the site. She told us that access to prisoners by Case Managers and other non-custodial staff, such as Education Tutors and Programme Facilitators, had been hindered by the shortage of custodial staff. This situation was ongoing, with the site running with around 85% of custodial staff at the time of the inspection.
680. We interviewed a group of eight Case Managers who told us they each had a caseload of 30 prisoners. The Case Managers told us that access to prisoners was a significant challenge. We heard this was due to custodial staff shortages, short unlock times, and limited interview rooms in units that were shared between many non-custodial staff.
681. In addition, we heard that custodial staff managed bookings for interview rooms differently in different units. Some custodial staff looked at the Bookings application and knew that a Case Manager had made an appointment to see a prisoner, but other custodial staff did not look at the Bookings app and Case Managers had to telephone the unit to say they were coming. We heard that it was common for a Case Manager to arrange a meeting with a prisoner, only to arrive at the unit and find there was no room available because the interview room had been double-booked, or because there were not enough custodial officers available to escort the prisoner to the interview room.
682. We heard that Principal Corrections Officers had recently received training on using the Bookings application. During the inspection, use of the Bookings application was being rolled out across the site.
683. Case Managers also told us the lack of programmes and activities at the site was an issue. This meant there were limited programmes and activities they could refer a prisoner to while they were at MECF. Most referrals were to programmes run at other prison sites.
684. COBRA data showed there were two Interventions Coordinators at MECF. Interventions Coordinators are accountable for the overall coordination of programmes and services that support the rehabilitation and wellbeing of prisoners.
685. We interviewed the two Interventions Coordinators who told us they liaised with external stakeholders/providers, mainly trying to maintain relationships as most were not coming on site to deliver programmes or activities at the time of the inspection. We heard there were limited facilities for programmes at MECF. The Interventions Coordinators told us that prior to the COVID-19 pandemic there had been seven programmes rooms available and 15 computers in the secure online learning suites. However, at the time of the inspection, they had only three programmes rooms and the secure online learning suites were closed for technical reasons. We heard some of the programmes rooms had been repurposed by custodial staff for their own uses. We heard that some programmes rooms in units contained no tables or chairs.



686. We heard that the Interventions Coordinators were waitlisting prisoners for programmes in the expectation that these would start soon. We observed a waitlist which showed significant numbers of prisoners waiting for 12 education programmes, six rehabilitative programmes, and ten reintegrative programmes.
687. As well as a Case Manager, prisoners should have a custodial Case Officer who actively manages them, for example by discussing offender plan progress and assisting with their needs. COBRA records for MECF showed that in the six-month review period, 92% of prisoners had a Case Officer assigned to them.
688. When asked, several prisoners said they did not know whether they had a Case Officer. We checked their IOMS records which showed that although they had been assigned Case Officers, there were no or few meaningful interactions mentioned in the file notes. Some staff told us they were Case Officers for certain prisoners, but that because MECF was a remand site, this was considered a 'tick box' exercise for compliance purposes so staff did not take the responsibility seriously.

## 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.

689. Reintegration activities aim to help prisoners identify and overcome any barriers to successfully transitioning back into the community.
690. In the six-month review period, COBRA data indicated staff in the MECF Receiving Office had managed 363 releases into the community (an average of 61 a month). Most (i.e. 245) were prisoners being released on conditions.
691. We reviewed the Case Management Standards of Practice for the six-month review period and found that, on average, Case Managers at MECF had met the standard for Release Planning in 70% of cases. As noted above, some Case Managers told us they felt the Case Management Standards of Practice were not helpful at MECF as it was a remand site and the standards of practice pathway and timings were based on sentenced prisoners.
692. We heard that release planning for prisoners at MECF was complicated as 95% of them were on remand and so did not yet have sentences, or, therefore, sentence end dates. Case Managers told us that prisoners who were not yet sentenced were not eligible for some forms of assistance, such as supported accommodation, which made release planning difficult. We heard the referral process for supported accommodation took around four to six weeks.
693. We heard it was not uncommon for prisoners to be released immediately after sentencing due to having already served their time on remand. This meant some prisoners had nowhere to go on release as Case Managers had not been able to arrange any accommodation for them before sentencing. If prisoners had no accommodation, we heard they were sent to the Community Corrections site across the road from MECF to ask for assistance there. However, we also heard that the Ministry of Social Development was not currently offering emergency accommodation to single men as they were prioritising families.

694. We heard the site held pre-release multidisciplinary team meetings for high-risk prisoners with complex needs.
695. In the six-month review period, COBRA figures showed Case Managers had made 139 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. Most referrals (i.e. 138 of 139) were to the Out of Gate provider and social support agency, Te Pā).<sup>74</sup>
696. In addition, as noted above in the Rehabilitation section of this report, COBRA data showed there had been 29 completions of a Reintegrative Support Service.
697. Regarding prisoners being released on bail, the Principal Case Manager told us the team had a good working relationship with both Community Corrections and Bail Support Services. The Principal Case Manager said she attended regional meetings to discuss high-risk and complex needs prisoners coming out of MECF.
698. The Principal Case Manager told us there were Bail Support Officers available who would interview prisoners via telephone and AVL. We heard that Case Managers only referred prisoners to Bail Support Officers if they had no lawyer to help them apply for bail. We heard that the Bail Support Officers no longer came on site to meet with prisoners face-to-face. The Principal Case Manager told us she would like to see them come back.
699. We asked custodial staff about helping to prepare prisoners for release. Some custodial staff told us once they knew a prisoner would be released on bail or time served, they informed the trust account Administrator and the Property Office. We heard that once the paperwork was done and the prisoner had received their property, custodial staff then escorted them to the gatehouse for release. We heard that prisoners could collect their 'Steps to Freedom' grant of \$350 at the gatehouse.<sup>75</sup>
700. We heard that if a prisoner was being released on conditions, a staff member at the Receiving Office would explain the conditions and put a GPS tracker anklet on the prisoner.
701. Some custodial staff told us that if a prisoner was being released, they would check that the person had an address to go to. If they did not, staff told us they would contact emergency housing services.
702. 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 NZPB 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 MECF, Case Managers met the timeframes for providing these reports to the NZPB, on average, 24% of the time over the six-month review period.
703. Case Managers told us that even though MECF was a remand site, they were completing more Parole Assessment Reports and attending more Parole Boards than previously. The

<sup>74</sup> <https://tepaa.nz/about/> sets out that 'As a kaupapa Māori organisation, Te Pā responds to community needs and vulnerable whānau'.

<sup>75</sup> The Steps to Freedom grant is administered by the Ministry of Social Development and the rate is set by Parliament.

- Principal Case Manager estimated that the team developed around 15 to 20 Parole Assessment Reports a month. All required quick turnaround.
704. There was a Parole Board Liaison Officer at MECF who was responsible for coordination between Corrections and the NZPB. The Parole Board Liaison Officer managed tasks related to the pre-release process, such as coordinating parole board hearing schedules, and ensuring parole board related notices and decisions were delivered to prisoners.
705. We interviewed the Parole Board Liaison Officer who told us most parole board hearings at MECF were recall hearings.<sup>76</sup> The Parole Board Liaison Officer told us they included family/whānau in these hearings by making telephone calls, sending emails, arranging for them to come in for hearings, meeting them at the prison gate to escort them to hearings, and explaining processes and outcomes.
706. The Parole Board Liaison Officer said the main issue at MECF was a disconnect between custodial and non-custodial support services. For example, the Parole Board Liaison Officer told us Principal Corrections Officers should sit down with prisoners to read and explain parole board documents that are sent down to the units. However, we heard that this was not always done, and that some unit staff simply gave prisoners the documents and got prisoners to sign for them. The Parole Board Liaison Officer told us that sometimes when prisoners arrived at their parole board hearing they were unsure why they were there, yet they would know if the Principal Corrections Officer had explained the documents.
707. We observed that the Property Office had a selection of good-quality new and second-hand clothes and shoes that had been donated by the charity Common (previously known as Koha Apparel).<sup>77</sup> We were told that the charity was partnering with MECF's Receiving Office and Property Teams to provide clothing and shoes for people being released from prison who had no suitable clothing to wear on discharge. The Reception and Movements Manager had been leading this initiative for the site and arranging for clothing pickups for prisoners prior to release.
708. We interviewed ten staff, mainly Probation Officers, from the local Community Corrections office which is very close to MECF. We heard that Probation Officers mostly needed access to prisoners in MECF to write pre-release reports for court hearings, but there were mixed views regarding the best way for these interviews to be completed. We heard that due to the fact that MECF was short of custodial staff, most pre-release report interviews were taking place via AVL. Some probation staff felt it would be good to have more face-to-face interviews with prisoners. Others preferred AVL, both for safety reasons and because they felt it was more effective as there were often delays when they went to face-to-face interviews. They told us they often had significant 'down time' getting into the site and waiting for prisoners to be brought to the interview rooms in the visits centre. We also heard from managers at MECF that face-to-face interviews were not prioritised for Probation Officers as there were high number of lawyers' and other visits that they considered a higher priority for the available interview rooms.
709. Probation Officers told us they understood the challenges that Case Managers at MECF had in finding suitable activities for prisoners on remand. However, we heard that men were being released from MECF without photo identification or a bank account, which could cause problems when the men were trying to find accommodation. The Probation Officers told us

<sup>76</sup> The Corrections intranet sets out that 'Recall is when a person is returned to prison to resume serving their sentence of imprisonment'. This is usually done as a result of a person failing to comply with their release conditions, further offending, a deterioration in behaviour, or a significant increase in risk to the community.

<sup>77</sup> The Common website sets out that their 'work seeks to improve access to clean clothing while diverting textiles from landfill'.

they felt Case Managers should prioritise assisting prisoners to get photo identification and open a bank account over other activities that did not necessarily directly support reintegration.

710. Probation Officers told us they were not always given notification about the mental health issues of prisoners who were being released. They felt staff from forensic mental health services also needed to be updated by prison staff if men on their caseload were due to be released, but that this did not always occur. The Lead Service Manager (interviewed separately) told us she believed that communication was the issue behind the lack of mental health information being passed on. She told us she believed Case Managers should be more proactive in this regard.
711. Probation Officers also told us some prisoners were released from MECF without their prescribed medications. This could occur when prisoners were escorted to a court appearance and then released on time served. These prisoners sometimes came to the Community Corrections site and raised this issue as they needed their medication and were unsure what action to take. Probation Officers generally advised these prisoners to go back to the MECF gatehouse to be given their medications. We heard that this was a communications issue, and that the site should communicate to prisoners who were going out to court appearances and who were on medications about what they should do if they were released. We note that the Health Centre Manager told us they had a new process to ensure a Nurse reviewed all prisoners who were due to be released, including prisoners who were going to court, to ensure they had sufficient medications.

Appendix A – Images

	
Image 1: Inside a Prison Escort Vehicle.	Image 2: interior of a cell in a Prison Escort Vehicle, showing padded seat.
	
Image 3: Holding cell doors in the Receiving Office.	Image 4: The Property Office.
	
Image 5: Central health centre reception area.	Image 6: Consulting room in one of the smaller health clinics.



	
Image 7: ISU, with mural (back left).	Image 8: Cell in ISU, with television on wall (to the left).
	
Image 9: Dayroom in residential unit.	Image 10: Unit kitchenette.
	
Image 11: Double bunked cell.	Image 12: Toilet and shower in a cell.

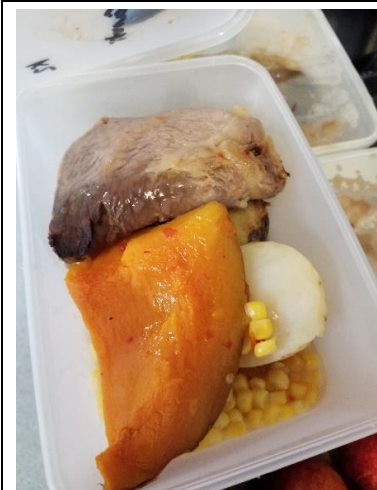


Image 13: Dinner meal.



Image 14: Prison kitchen.

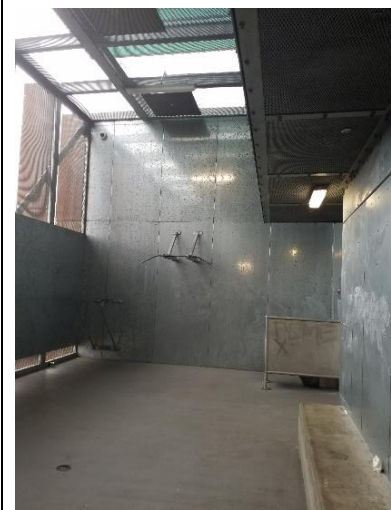


Image 15: Exercise yard showing pull up bars.



Image 16: Dirty toilet area in exercise yard.



Image 17: Visits area.



Image 18: Books and toys for children in the visits area.



## Appendix B – Corrections' response



09 June 2025

Janis Adair  
Chief Inspector  
Department of Corrections

By email: [janis.adair@corrections.govt.nz](mailto:janis.adair@corrections.govt.nz)

Tēnā koe Janis

**Re: Draft report of Announced Inspection of Mt Eden Corrections Facility  
7-25 October 2024**

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

We acknowledge the report is a fair representation of operations at MECF, and overall, accurately describes some of the challenges and opportunities the site faces.

MECF is New Zealand's largest remand prison, which results in additional pressures on the site and a more transient population. Your report acknowledged site wide resourcing challenges, culturally inexperienced staff, and infrastructure limitations. Despite these pressures, it was encouraging to note your team observed a clean and well-maintained site, with facilities such as telephones and self-service kiosks in working order.

Your report highlighted a number of positive practices. These included the daily briefings which are a good source of information for the men at MECF and exemptions for mixing in most units which meant men from different categories could mix. The report acknowledged good practice within the sexual health portfolio from nursing staff, including the provision of guidance for staff and ensuring the site was in contact with Health New Zealand/Te Whatu Ora's Infectious Diseases Clinical Nurse Specialist. The report also called out the availability of good-quality new and second-hand clothes and shoes held by the property office that had been donated.

*Prison Leadership, Staffing and Capability*

Continuous efforts are made to support recruitment and retention at MECF. At the time of the inspection, the leadership team was noted as being stable and settled despite still being in a period of adjustment due to the changes brought about by Te Ara Whakamua. It was noted the two main unions on site

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enjoy a positive relationship with prison management, especially the General Manager (GM). As of May 2025, five staff remain on secondment within the MECF leadership team with a further five being permanently appointed into Tier 5 roles in 2024. Recruitment is currently underway for Senior Corrections Officers across the site.

Pae Ora staffing numbers have increased as a result of capacity growth including an additional 5 FTE Registered Nurses, 1 FTE Health Care Assistant and 1 FTE Enrolled Nurse that was put in place in the 2024/25 financial year. The Local Operating Manual has been reviewed and updated to identify appropriate role placement, and the number of staff needed to fill the relevant shifts. The Intervention and Support Practice Team (ISPT) is fully staffed.

The Capability uplift programme at MECF is ongoing and all staff are receiving continuous training and support to work in a prison environment, whilst also building confidence in managing the prison population. This is supported by the Learning and Development Lead, who assesses the current skills and knowledge gaps among inexperienced staff through feedback sessions, Principal Corrections Officer observations and reviews such as Use of Force and Second Line of Defence (SLOD). Targeted training is tailored to MECF staff skills and level of knowledge and uses training methods that caters to the audience through workshops, simulations and on the job training for example.

#### *Access to Purposeful Activity, Programmes and Cultural Practice*

Cultural practice and programmes were considered to be very limited at the time of your inspection. The GM is supportive of Māori tāne being involved in Kapa Haka, which has been actively promoted, with performances by the men to staff during the Maori language week. Pacific groups have also been included in their language weeks. With the support of prison management, a provider for Tikanga Māori has been found and the new volunteer group offers literacy support using Te Ao Māori literature. Kapa Haka is also occurring in Foxtrot, Lima and Alpha units, and Te Reo Māori classes in November 2 unit.

The site is unable to offer offence focussed programmes whilst people are on remand but in addition to the above offers some constructive activities including Te Kāhui creative writing, activity booklets and Te Reo Māori leaflets and access to secure online learning suite of short courses.

MECF has a small Offender Employment (OE) area, although it is difficult to provide this opportunity to a large number of men. Work is currently underway to expand OE at the site so there are opportunities for more men to participate. This includes work opportunities in painting, canteen, and grounds (outdoor work).

#### *The Prison Environment*

The site has reintroduced the Transitional Unit for those who have been released from the Management Unit following episodes of misconduct involving violence and aggression. The Transitional unit provides enhanced custodial monitoring of behaviour and violence to determine whether it is suitable for the

men in this unit to return to mainstream units. If someone is identified as requiring psychological input, this can be facilitated in this unit.

People coming into prison for the first time have been identified as a particularly vulnerable group. The site has also re-introduced the First Night Unit, to enable men to be seen by health, case management and custodial teams at the point of arrival on site. This allows for timely health needs being assessed and addressed and additional support provided to those who need it.

MECF has two organisations that offer interventions focusing on Mental Health/Addictions. Staffing challenges faced by one external provider have impacted the site's ability to offer regularly scheduled Community Alcohol and Drugs Services programmes. The second provider is currently going through the tender process and have a total allocation of five courses for the financial year, which will replace the services of the previous external provider.

The Case Management team's ability to meet their standards of practice regarding Parole Assessment Reports was highlighted in your report. Following your inspection, a meeting was held with the Principal Case Managers to support their understanding and set expectations on report timeliness and quality. Since this meeting, the statistics have continuously improved with 88% PAR timeliness recorded in March 2025.

Your report noted that some mealtimes were not reasonable at MECF. Recent changes to staff rosters at the site has allowed for the offender employment area to include Meal Delivery Drivers. They are now on the 12 and 10-hour rosters. These rosters will positively impact the times for meal delivery as staff will be on site until later in the day. Meal delivery time is scheduled for between 1600 – 1630 hours. This means meals are now distributed after 1630 hours.

We would like to acknowledge some of the work that has taken place since your inspection aimed at better meeting the needs of disabled people in prison. To ensure Pae Ora is meeting the needs of this group, we commissioned rapid case reviews of people in prison that had responded "Cannot do at all" across any of the six Washington Group Short Set (WGSS) functional domains namely, vision, hearing, mobility, communication, cognition/remembering, and self-care/activities of daily living. Rapid reviews are completed by the Social Worker Disability and Older Persons to identify if the person had access to supports and services that meet their individual needs so they could exercise self-determination over their health and wellbeing. Additionally, in October 2024 the team worked with Corrections COBRA data services team to develop a dashboard reporting mechanism to continue to identify people with the highest level of need for the Social Worker Disability and Older Persons to complete rapid case reviews to ensure this vulnerable population have access to supports and services that meet their needs.

Additionally, in October 2024 we implemented the Social Worker Disability and Older Persons Operating Model and internal referral process to better support tāngata whaikaha Māori (Māori disabled people), disabled, and older persons in prison, aligning with Corrections Disability Action Plan 2023-2027 and Ageing Well Action Plan 2023-2026. These plans identified the need for targeted care



for these at-risk groups, leading to the creation of four frontline specialist Social Worker Disability and Older Persons roles. These roles enable greater access to support and services, enhance continuity of care, and support reintegration to the community for disabled people and older persons with high and complex needs.

The operating model has four core focus areas to enable targeted, integrated, and effective care: *Early intervention, Integrated care and support for people with complex or interconnected needs, General support and advice and Reintegration support including specialist accommodation needs*

#### *Physical and Mental Health Care Provision*

It was pleasing to see your report highlighted several areas of positive healthcare practice. This included the timeliness of medication provision after reception into prison, sexual healthcare available to the men and a new release planning process. This feedback helps us as we look for ways to better utilise and bring consistency to our health and mental health services. This is highlighted by medical waitlists which have significantly reduced from the last quarter, and we have seen a significant increase in Medical Officer, physiotherapy, and dentist clinic utilisation.

The men have access to the kiosk and hard copies of medical request forms, which can be placed in the medical box available in the units for the health team to pick up. The health team process patient requests and then inform the Residential unit regarding the confirmed appointment time and custodial staff will assist with escorting the men to their health appointment.

At the time of the site inspection, Mental Health Services at MECF were being provided by the Health, Forensic Prison, ISPT and Improving Mental Health Teams. From 1 July 2025 there will be changes to mental health service provision at MECF. IMH will no longer be provided by an external contractor and instead will be resourced internally. This will result in the ISPT expanding and being strengthened to meet the needs of a largely remand population. Guidance has been provided on how to manage complex mental healthcare for people under the care of the Forensic Prison Team and our Mental Health Quality & Practice team are identifying opportunities to support staff management of complex presentations.

We would also like to share that since the inspection, a Mental Health Operations Manual has been published in December 2024. The Manual serves as a guide to key aspects of mental health service delivery for all sites. It includes practice guidance relevant to the Intervention and Support Unit Placement Review Process and a formal Section 45 procedure. These were not previously available and has assisted with improved mental health care and working relationships between staffing groups onsite.

The Principal Advisor Mental Health and Addictions role has been permanently appointed to and is a position that can offer subject matter expert advice. The position liaises with senior leadership on site (Pae Ora and Custodial), which includes updated information on the mental health needs of people in their care

and best care approaches. This role focuses on strengthening care and management approaches, providing input into future decisions relevant to mental health care and making recommendations on relevant infrastructure needs within spaces such as the Intervention and Support Units (ISU's).

Your report noted that there were delays in moving people out of the ISU due to a process where a senior leader was required to meet with the person before they could be moved. Since your inspection, there is now a daily multi-disciplinary team (MDT) hui in the ISU with custodial and Pae Ora staff in attendance. The purpose is to assess the ISU cohort and decide whether any people are ready to be transitioned out of the unit. The MDT also ensures any transitions out are safe and timely. Following the collaborative MDT decision making (as outlined on the Intervention and Support Unit Placement Review Process on Tātou), a recommendation is made to custody to revoke the 'at risk' status. This process has meant people transit in and out of the unit quicker and limits the unintended consequences of bed block/delays in decision making. MDT participants are expected to maintain a high standard of documentation of hui, with meeting minutes recorded.

The ISU Placement Review GRAG process (colour coding of review status) was implemented in April 2025. The site is also part of a pending ISU Dashboard project (yet to have a Go Live date) which will further assist the Custodial and Pae Ora teams to have a better visibility of ISU operations, including the flow of people in and out of the unit and how long they have spent in there. A Wellbeing Check audit is scheduled for November 2025, which will include ensuring the appropriate section is used and documented for people managed in the ISU.

Overall, the inspection report recognises some of the positive work at MECF 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 MECF, and the General Manager Pae Ora.

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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