

Northland Region Corrections Facility

Announced Inspection

May 2024



Inspection team

Russell Underwood	Assistant Chief Inspector
Ang Curtis	Principal Inspector
Kellie Fruean	Inspector
Manoj Gounder	Inspector
Melissa Graham	Inspector
Katrina Wolfgramm	Inspector
Sarah Penno	Clinical Inspector
Liz Welch	Senior Report Writer

Publication date: February 2025

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



Contents

Office of Inspectorate <i>Te Tari Tirohia</i>	2
Foreword	3
Introduction	5
Overview and findings	11
Inspection	15
Leadership	15
Escorts, reception and induction	18
Duty of care	25
Health	40
Environment	51
Good Order	58
Purposeful activity	68
Reintegration	85
Prison Staff	89
Appendix A – Images	94
Appendix B – Corrections’ response	97



Office of Inspectorate | *Te Tari Tirohia*

Our whakatauki

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 Northland Region Corrections Facility (NRCF).

The inspection team found the NRCF leadership team was relatively settled, and we observed how this stability, underpinned by leadership based on mutual trust, respect and transparency, had contributed to strong or strengthening relationships across the site, notably with local iwi Ngāti Rangī, union representatives, custodial staff and other stakeholders.

NRCF had a good working relationship with Ngāti Rangī which has kaitiaki (guardianship) status and mana whenua (authority over the land) at the site. Staff and managers alike valued the relationship with Ngāti Rangī, and told us they felt having trusted and authentic relationships with iwi and hapū was the key for success for Māori prisoners and their families/whānau.

A significant number of prisoners (62%) at NRCF were Māori. While we found these men had some access to their culture, for example via a tikanga Māori motivational programme, access varied and was more limited in some units. NRCF is in Te Tai Tokerau (Northland), which was a focus area for Corrections' Māori Pathways initiative. We found some evidence of this initiative having made a difference for prisoners, but we also heard that while staff at NRCF were positive about the intended benefits of the initiative, they had mixed feelings about how it had been developed and implemented at the site.

The site was managing a higher proportion of remand prisoners than at the time of our last inspection. In part due to this change in prisoner demographics, we found the case management team was struggling and was not meeting its Standards of Practice in key areas. For example, Case Managers at NRCF had met the standard for initial contact with prisoners in only 38% of cases. This was a known risk at the site.

The health team was fully staffed and was providing care, but there were some issues with healthcare delivery such as lack of comprehensive clinical assessment and critical thinking by some staff, and inefficiencies in some key processes. This contributed to an unreasonably large number of Nurse clinic cancellations which caused delays for some prisoners in receiving health care. We heard the health team was failing to consistently acknowledge prisoners' health request forms.

We found that most prisoners and staff felt safe in their units. The notable exception was Weka Unit, which we heard was not well managed. Some custodial staff told us they did not feel safe working in this unit.

The site had a Placements Unit which we were told was used to house prisoners temporarily while suitable placements in other units were found for them. There were eight prisoners in the Placements Unit at the time of the inspection, and while none were on directed segregation or serving a period of cell confinement, only two young adult prisoners (aged 18 or 19) could associate with each other. This meant six of the men in the Placements Unit were effectively being denied association with others. Moreover, we found that most men had been in this unit for over 20 days, with one man having been in the unit for 106 days. These men would therefore likely have experienced solitary confinement as that term is defined in the Mandela Rules – more than 22 hours a day without "meaningful human interaction". This was concerning.



We found the site was providing a range of opportunities for many prisoners to engage with their families/whānau, including regular in-person visits and well-supported AVL visits. We noted the involvement of Ngāti Rangī representatives who would engage with children at in-person visits, and the recent Storytime Foundation 'child-centric visit' initiative which had been well-received by prisoners, their children, and their families/whānau.

The site was providing some job opportunities, with around 130 prisoners working in prison industries, and others in unit-based employment. In addition, some prisoners had access to rehabilitation programmes and educational opportunities, such as secure online learning. However, we found that in many units, particularly remand units, most prisoners had little to do. Since the site was nearly fully staffed with custodial staff at the time of the inspection, I expect additional constructive activities to become available to prisoners in the near future.

Staff told us it could be challenging to find prisoners to work in prison industries as men had to be sentenced and suitable. We heard the increased remand population meant the different industries were all trying to get workers from the same group of sentenced prisoners.

Of note was the potential of the site's new external construction yards, or 'Innovation Park'. At the time of the inspection, eight prisoners were working in the Innovation Park, helping to build houses for Kāinga Ora. However, we heard that once the Innovation Park was fully operable, it could provide work opportunities for up to 50 prisoners.

I am pleased to note that the inspection team found several examples of positive practice at NRCF and we highlight these in this report (see pages 9 and 10). Examples include the good relationship that existed between the prison and local iwi Ngāti Rangī, the comprehensive and engaging morning briefings that enabled most custodial staff to feel well-informed about what was happening at the site, and the work being done in the site's kit locker and sewing workshop, and in the whakairo (carving) workshop. In addition, I am pleased to note that the site was providing a range of opportunities for many prisoners to engage with their families/whānau, including regular in-person visits and well-supported AVL visits.

I acknowledge the cooperation of NRCF management and staff, both during the inspection and since, and I look forward to working with them as I continue to monitor progress.

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

Janis Adair
Chief Inspector

Introduction

1. 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.
2. 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.
3. The Inspection Standards were developed by the Inspectorate and reflect the prison environment and procedures applicable in New Zealand prisons. In early 2023, we expanded the Inspection Standards to include a series of standards on leadership.¹ The Inspection Standards are informed by:
 - » the United Nations Standard Minimum Rules for the Treatment of Prisoners ('the Nelson Mandela Rules')
 - » HM Inspectorate of Prisons Expectations (England and Wales' equivalent criteria for assessing the treatment and conditions of prisoners)
 - » the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders ('the Bangkok Rules')
 - » the Yogyakarta Principles, which guide the application of human rights law in relation to sexual orientation and gender identity.
4. We note that the Office of the Ombudsman is mandated as a National Preventive Mechanism² to examine and monitor the treatment of people in prisons. The Chief Ombudsman's most recent inspection of NRCF was an unannounced inspection in February 2019.³
5. The Inspectorate visited NRCF between 6 – 10 May 2024 to carry out the inspection.
6. Our previous visit to NRCF was for an unannounced follow-up inspection in November 2019⁴ which followed an earlier announced inspection in March 2018.⁵
7. In addition, Regional Inspectors from the Inspectorate visit the site regularly to observe unit regimes and practices, to engage with staff, and to enable prisoners to raise concerns. Regional Inspectors have oversight of incidents, complaints and allegations against staff at their respective sites.

¹ Since the NRCF inspection, the Inspectorate has released updated Inspection Standards. These were published on 8 July 2024 and are available at <https://inspectorate.corrections.govt.nz/>

² 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.

³ Office of the Ombudsman (July 2019), OPCAT Report on an unannounced inspection of Northland Regional Corrections Facility under the Crimes of Torture Act 1989.

⁴ Office of the Inspectorate (December 2020), Northland Region Corrections Facility Unannounced Follow-Up Inspection November 2019.

⁵ Office of the Inspectorate (October 2019), Northland Region Corrections Facility Inspection March 2018.



8. 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.
9. Inspectors assessed the treatment and conditions of prisoners at NRCF against the Inspection Standards which consider the following areas of prison life: leadership, escorts, reception and induction, duty of care, health, environment, good order, purposeful activity, reintegration and prison staff. Inspectors accessed all parts of the prison to complete their assessment.
10. 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.
11. 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.
12. Inspectors carried out:
 - » one-to-one and focus group interviews with 67 prisoners from units across the prison. This represented more than 10% of the prison population.
 - » one-to-one and group interviews with 64 staff members, managers, union representatives and service providers.
 - » direct observation of unit procedures, staff duties and relevant staff meetings during the inspection.
 - » a physical inspection of the prison environment, including the Health Centre.
 - » a review and analysis of relevant information and data from the prison and Corrections databases, including the Integrated Offender Management System (IOMS) and the Corrections Business Reporting and Analysis (COBRA) tool. Our review period for data analysis was the six-month period from 1 October 2023 to 31 March 2024.
13. We were informed by Correction's Hōkai Rangi Strategy 2019-2024 which sets out a strategic direction, aimed at achieving transformative and intergenerational change for prisoners and their whānau.
14. On 27 November 2024, we gave the Corrections Commissioner Custodial Services and the Deputy Chief Executive Pae Ora a draft of this report. They responded to the draft on 17 January 2025 and the response is attached as Appendix B.

Introduction – Northland Region Corrections Facility

15. Northland Region Corrections Facility (NRCF) is located about 5km east of Kaikohe in Corrections' Northland Region. NRCF is sometimes known informally as Ngāwhā Prison due to its proximity to Ngāwhā Springs.
16. NRCF is one of 15 prisons for men in New Zealand. It was established in 2005 as the first of four "campus-style" prisons built as part of the Regional Prisons Development Project.
17. NRCF was the first prison to establish a working relationship with a recognised iwi. Ngāti Rangi is a principal hapū (sub-tribe) of the Ngāpuhi iwi and has kaitiaki (guardianship) status and mana whenua (authority over the land) at the site.

Prisoners

18. At the time of the inspection, NRCF had an operational capacity of 548 prisoners.
19. On the first day of the inspection, 6 May 2024, NRCF housed 533 prisoners. Of these, 278 (52%) had been sentenced.
20. Of the 278 sentenced prisoners, two had a high security classification, 95 had a low medium security classification, 70 were low security, and 109 were minimum security. Two prisoners had not yet been classified. There were no maximum security prisoners at the site.
21. Of the total of 533 prisoners, 255 (48%) were on remand, with 74 remand convicted (29% of those on remand) and 181 remand accused (71% of those on remand).
22. The 255 remand prisoners were generally being managed in high security environments.
23. Since our last follow-up inspection in November 2019, the total number of prisoners at NRCF had decreased by 60 men, but the proportion of those on remand had risen. In November 2019, NRCF had housed a total of 593 prisoners, of whom 158 (27%) were on remand. The increased remand population during our 2024 inspection was significant as remand prisoners generally have higher needs and form a more transient population. A high remand population leads to increased turnover where high numbers of people are entering prison for short periods and then being released or transferred.
24. Information from COBRA in the table below provides an overview of residential units in the prison and the numbers and categories of prisoners held in each unit on 6 May 2024, the first day of the inspection. We note that prisons sometimes move categories of prisoners to different units or wings but do not update the unit/wing allocation on IOMS, so this information may not fully reflect the categories of prisoners held in each unit.

Unit name	Type of unit/main category of prisoner ⁶	Number of prisoners
Building 6 Kea	Mainstream ⁷ Unit	26
Building 12 Karamu	Placements Unit – previously known as the Management Unit	8

⁶ Some prisoners of a different category may be held in a particular unit but unlocked at different times so they do not mix.

⁷ 'Mainstream' refers to prisoners who are held in the general prison population. For example, mainstream prisoners have not requested to be held in Voluntary Protective Custody for their own safety.



Unit name	Type of unit/main category of prisoner ⁶	Number of prisoners
Building 12A Karo	Intervention and Support Unit (At risk)	4
Building 14 Puukeko North	Voluntary Protective Custody ⁸	74
Building 14 Puukeko South	Voluntary Protective Custody	84
Building 15 Kaaka North	Mainstream	64
Building 15 Kaaka South	Voluntary Protective Custody	85
Building 17 Kaahu North	Mainstream	36
Building 17 Kaahu South	Mainstream	42
Building 18 Weka North	Mainstream	47
Building 18 Weka South	Mainstream	45
Building 7 Piipiiwharuroa	Self-Care Unit	18
	Total	533

25. Of the total of 533 prisoners, 333 (62%) identified as Māori, followed by 118 (22%) who identified as New Zealand European/Pākehā. Thirty-nine prisoners (7%) identified as Pacific peoples, and 29 prisoners (5%) were classed as 'Other'. The ethnicity of 14 prisoners was not recorded/unknown.
26. At the time of the inspection, six prisoners were aged 19 or under, and 35 prisoners were aged 20 – 24. There were 42 prisoners aged 60 or over.
27. One prisoner identified as transgender at the time of the inspection.

Staff

28. Corrections data⁹ showed that NRCF was allocated 233.9 full time equivalent (FTE) custodial staff, with 4.8 of those positions being vacant. We note that 27 of the Corrections Officers were trainees completing the Corrections Officer Development Pathway.
29. NRCF was allocated 19 FTE offender employment roles, with one of those roles being vacant.

⁸ 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.

⁹ From the Corrections data services portal.



30. NRCF was allocated 18 FTE Case Manager roles. This team appeared to be fully staffed at the time of the inspection.
31. Information provided by the Health Centre Manager showed the health team of 19.4 FTE was comprised of 13.6 Nurses, two Health Care Assistants, 1.8 Administration Officers, one Clinical Team Leader, and one Assistant Health Centre Manager. This meant the health team was fully staffed for Nurses and was in fact over the anticipated FTE for Nurses of 11.2.
32. In addition, information from Corrections Data Services showed that at the time of the inspection there was one Kairuruku Hinengaro (Māori Mental Health Practitioner) and one Clinical Nurse Specialist Mental Health at the site.

Complaints received and reviews by the Inspectorate

33. In the six-month review period, the Inspectorate received 24 information requests and 108 complaints from prisoners at NRCF. The three most common complaint categories were prisoner property (18 complaints), prisoner health services (13 complaints) and personal and official visitors (12 complaints).
34. In the same period, the Inspectorate monitored six site investigations into allegations against staff made by prisoners and recorded in the Allegations Against Staff database (IR.07 process).¹⁰
35. In addition, the Inspectorate was involved in 13 security classification reviews, three statutory reviews of the misconduct process,¹¹ and two reviews of visitor prohibition orders.
36. The Inspectorate was not involved in any death in custody investigations at NRCF during the six-month review period.

Previous Office of the Inspectorate Inspection Reports

37. Our previous visit to NRCF was for an unannounced follow-up inspection in November 2019, which followed an initial announced inspection in March 2018. The 2018 inspection identified that the facility generally provided an environment in which prisoners' needs were met. Security was good with low levels of gang influence and contraband. A broad range of rehabilitation, education and work opportunities were provided. Prisoners' health needs, some environmental issues and telephone access were identified as some of the issues that required monitoring. The 2019 follow-up inspection found the prison had made good progress in its response to the 2018 observations. It identified ongoing issues with facility maintenance, provision of health services, and prisoner clothing. However, it noted positive staff engagement with prisoners and found that Corrections' Hōkai Rangi strategy informed day-to-day interactions with prisoners.

Notable Positive Practice

38. In this section, we highlight some of the positive practice we found at NRCF. 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 several examples of notable positive practice during the inspection of NRCF.

¹⁰ 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.

¹¹ 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).



39. We heard and observed at first hand the good relationship that existed between prison management and Ngāti Rangi. We noted the Memorandum of Partnership that was signed by Ngāti Rangi and Corrections in February 2023, and were told that from the hapū's perspective this had exceeded expectations so far and given them the licence to "get to work". We also heard the relationship with Ngāti Rangi was highly valued by staff across the site (for examples, see paragraphs 58, 187 – 191, and 604).
40. Many custodial and non-custodial staff told us they felt well-informed about what was happening at the site due to the morning briefings and the emailed summary of these briefings for those not able to attend. We observed two morning briefings during our visit. These were comprehensive, clear and engaging, and provided a good summary of the key risks and operational information required for the day ahead. We noted the high level of staff engagement evident at the briefings. (see paragraphs 59 and 60).
41. The site was providing a range of opportunities for many prisoners to engage with their families/whānau, including regular in-person visits and well-supported AVL visits. We also noted the involvement of Ngāti Rangi who would engage with children at in-person visits, and the recent Storytime Foundation 'child-centric visit' initiative which had been well-received by prisoners, their children, and their families/whānau (see the Visits section, paragraphs 459 – 474).
42. The site's whakairo (carving workshop) appeared to be well-equipped and well-run. The workshop was providing carvings to local community groups and organisations, and men who worked in the workshop were learning useful skills that we heard had led to work opportunities on release for some men. We were given copies of several written notes in which prisoners in the workshop had expressed how much they valued the opportunity to learn carving skills, to focus on giving back something positive, and to connect with Māori culture (see paragraphs 538 and 539).
43. Ten prisoners were working in the site's kit locker which had a sewing workshop attached to it. The kit locker was well stocked and well managed. In the sewing workshop, prisoners made shower curtains, window curtains, and mended damaged prison-issue clothing and bedding to minimise waste and recycle items where this was possible (see paragraphs 540 and 541).

Overview and findings

44. This report sets out observations from our announced inspection for Northland Region Corrections Facility (NRCF). NRCF is a men's prison located about 5km east of Kaikohe in Corrections' Northland Region.
45. We inspected NRCF between Monday 6 May – Friday 10 May 2024.
46. At the time of the inspection, NRCF had an operational capacity of 548 prisoners.
47. The prison housed a total of 533 prisoners, comprised of 278 sentenced prisoners and 255 on remand. Sentenced prisoners were classified as minimum, low, low medium or high security. There were no maximum security prisoners at the site.

Findings – action required by prison leaders

48. 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.
49. 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.
50. 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. The prison leadership team was relatively settled and we observed that this stability, underpinned by leadership based on mutual trust, respect and transparency, had contributed to some strong or strengthening relationships, notably with Ngāti Rangī, union representatives, custodial staff and other stakeholders.

Finding 2. Custodial and non-custodial staff told us they generally felt well-informed about what was happening at the site due to the comprehensive, clear and engaging site communications by site leaders.

Prisoner demographics

Finding 3. As in many prisons nationwide, NRCF had a higher proportion (48%) of prisoners on remand than at the time of our last inspection, which meant staff were managing a more transient population with higher needs. The Case Management team was struggling to manage the increased remand population and this was a known risk at the site. The Case Management team had met their

Standards of Practice for initial contact with prisoners in only 38% of cases, and at the time of the inspection around 150 prisoners did not have offender plans.

Finding 4. The higher proportion of prisoners on remand also meant staff told us it could be challenging to find men to work in prison industries as men had to be sentenced and suitable. We heard this meant different industries were all trying to get workers from the same group of sentenced prisoners.

Māori prisoners

Finding 5. A significant proportion (62%) of prisoners identified as Māori at the time of the inspection and we found some evidence of Māori prisoners having access to their culture, including via the Tikanga Māori Motivational Programme, Mauri Tū Pae (Māori Therapeutic Programme), and programmes that focused on whakapapa, kapa haka, and rongoā Māori and that were introduced as part of Corrections Māori Pathways initiative. However, access to culture varied across units.

Finding 6. We noted the Memorandum of Partnership that was signed by Ngāti Rangī and Corrections in February 2023, and were told that from the hapū's perspective this had exceeded expectations and given them the licence to "get to work". Ngāti Rangī representatives were active at the site and we heard from staff and managers across the site that they valued this relationship.

Health

Finding 7. The health team was well resourced and we observed some positive engagement with people who were being provided care. It was positive to note that the health team was fully staffed at the time of our inspection.

Finding 8. Health provision was affected by lack of robust systems and inefficiencies particularly around the management of health requests, recalls and clinic appointment management. This resulted in poor communication with people about whether appointments had been made for them, and a high number of appointment cancellations, which at times caused delays in care.

Finding 9. Observations and review of patient health records found that some nursing care lacked critical thinking, and some nurses were relying on rote checklists or forms in their assessments without use of the important skill of nursing observation and clinical inquiry.

Finding 10. Health complaints were not being managed appropriately or being utilised for quality improvement initiatives.

Finding 11. Assessment for alcohol and substance use was not routinely being completed on site.

Finding 12. Multidisciplinary meetings were occurring in the Intervention and Support Unit with good working relationships between custody, health and mental health specialist staff.

Finding 13. It was noted that some people who identified as having a disability had appropriate follow up, alerts, and supports put in place, but this was not consistent for all people with a disability.

Finding 14. It was positive to note that NRCF Health Service is completing a multifaceted 'clinical uplift plan' to improve clinical competencies, enhance communication and promote cultural competence among the nursing team.

Food hygiene and mealtimes

Finding 15. We observed that the kitchen was generally clean. However, a number of prisoner workers were not wearing gloves or hairnets when preparing food as they should have been which meant that food hygiene standards were not being adhered to.

Finding 16. We found some mealtimes were not reasonable, with lunch and dinner both being served early. Generally, breakfast was delivered between 7.30 and 9am. However, lunch was served around 11am, and dinner between 2.30 and 3.30pm. We heard the timings of these meals were due to shift patterns where most staff started at 8am and finished at 5pm.

Segregation

Finding 17. The site had a Placements Unit which we were told was used to temporarily house prisoners of various different classifications. While none of the eight prisoners in this unit at the time of the inspection were on directed segregation, six of the eight were effectively being denied association with others. Moreover, we found that most men had been in this unit for over 20 days, with one man having been in the unit for 106 days. These men would therefore likely have experienced solitary confinement as that term is defined in the Mandela Rules – more than 22 hours a day without "meaningful human interaction".

Purposeful activity

Finding 18. Numerous prisoners across the site had jobs, with around 130 working in prison industries, and others in unit-based employment. In addition, some prisoners had access to rehabilitation programmes and educational opportunities, such as secure online learning. However, we found that in many units, particularly remand units, most prisoners had little to do.

Prison staff

Finding 19. Staff generally had the necessary knowledge, skills and attitude to conduct their duties in a professional manner. However, we found that staff in different roles (for example, custodial, health and case management staff) did not always work well together or respect each other's priorities.



Finding 20. While staff told us they generally felt safe across the site, we heard this was not the case in Weka Unit. Some custodial staff told us they did not like working there as they felt it was not well managed. We observed that many of the staff in this unit had less than two years of experience and that there appeared to be little sense of ownership of issues by staff in this unit. Some custodial staff told us “prisoners run that unit”.

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.

51. In early 2023, we expanded the Inspection Standards to include a series of standards on leadership. In these standards, the term 'leader' refers to any person with leadership or management responsibility in the prison.
52. The inspection took place a matter of weeks after the implementation of a refreshed structure for the management of prisons under *Te Ara Whakamua: The Pathway Forward*, Corrections' process of organisational change.¹² 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".
53. We observed early signs of strengthened local peer-to-peer relationships between the three newly confirmed Corrections General Manager roles in the Northland region. These three General Manager roles covered custody (i.e. formerly the Prison Director), Pae Ora (i.e. health services), and Communities, Partnerships and Pathways (i.e. the Corrections group responsible for delivering services in the community, including probation). We were told the three General Managers would be working together to develop a strong functional plan for the region, although there were varying views expressed about how long this might take to put in place. NRCF was the only prison in the newly established region¹³ but we were told the three General Managers had the advantage of coming into the roles already aligned in terms of cultural pathways and pre-custody and post-custody phases.
54. We note that under Corrections' new structure, NRCF also comes under the management of the Deputy Commissioner Custodial Services (North Island).¹⁴

¹² Corrections intranet sets out that the new structure was implemented on Monday 1 April 2024.

¹³ One of the changes under *Te Ara Whakamua: The Pathway Forward* was new boundaries for Corrections' regions nationwide. The new 'Northland Region' includes NRCF and three probation sites at Kaikohe, Whangarei and Kaitaia.

¹⁴ Another change under *Te Ara Whakamua: The Pathway Forward* was the division of the country into three areas for oversight by three Deputy Commissioner Custodial Services roles. The three areas are: women's prisons, men's prisons (North Island) and men's prisons (South Island).

55. Some prisons have a Site Plan which sets out the vision and direction for the site. We were told the NRCF Site Plan had been incorporated into their Violence and Aggression Reduction Plan. We were given a copy of the NRCF Violence and Aggression Reduction Plan, which was dated 2023. We observed that this plan covered a range of initiatives and topics, and observed that staff had some knowledge of the contents of the plan, including regarding wellness initiatives, reflective practice sessions and building cultural capability.
56. The prison leadership team was relatively settled, with the General Manager having been connected with the site in various roles since its opening in 2005. We observed and were told how this sense of stability, underpinned by leadership based on mutual trust, respect and transparency, had contributed to some strong or strengthening relationships across the site, most notably with Ngāti Rangī, union representatives, custodial staff and other stakeholders.
57. We were told the two main unions on site (i.e. the Corrections Association of New Zealand and the Public Service Association) enjoyed good, open relationships with prison management. We heard from the union representatives that the General Manager and Deputy General Manager, in particular, were approachable, accessible and led with integrity.
58. We heard and observed at first hand the good relationship that existed between prison management and Ngāti Rangī, and we considered this to be an area of notable positive practice. We were told the relationship had strengthened over the last four years, and was based upon growing trust and mutual respect. We noted the Memorandum of Partnership that was signed by Ngāti Rangī and Corrections in February 2023, and were told that from the hapū's perspective this had exceeded expectations so far and given them the licence to "get to work". We heard that the relationship was still developing and that it was Ngāti Rangī's hope that the aspirations of the hapū would meld with those of the site.
59. Many custodial staff we talked with told us they generally felt well-informed about what was happening at the site due to the morning briefings, the emailed summary of these briefings for those not able to attend, unit-level briefings and tool-box meetings (i.e. safety briefings). We observed two morning briefings during our visit. These were comprehensive, clear and engaging, and provided a good summary of the key risks and operational information required for the day ahead. We noted the high level of staff engagement evident at the briefings, particularly during the training segment on supporting health staff to conduct a medical round. We were pleased to note the use of the morning briefing to acknowledge and thank those staff involved in a recent Storytime¹⁵ initiative on site. We considered these briefings and associated communications to be an area of notable positive practice.
60. Many of the non-custodial staff we spoke with told us they also felt well-informed about what was happening at the site. However, some told us they felt isolated and detached from management (particularly their own line management) due to lack of regular team meetings and one-to-one meetings, resulting in them having to rely on others, including prisoners, to stay informed.
61. We heard that many staff across the prison did not feel a connection with Corrections' Hōkai Rangī strategy. Some staff told us the Hōkai Rangī values had always been ingrained in the work they did, irrespective of what the strategy said. Others told us they felt a sense of disconnection because of the perception that the strategy was being 'done to them' rather than being something they owned.

¹⁵ The Corrections intranet sets out that the Storytime: Taonga mō ngā Tamariki Programme is "an intergenerational intervention designed to foster positive whānau-child interactions, provide access to books in home and heart languages and grow children's enjoyment of reading".

62. The strong and enduring relationships built and maintained by prison management were further evident with some of the key contractors on site. Contractors responsible for facilities management and electronic security spoke positively of their relationship with prison management and told us they felt they were an integrated and valued part of the team.
63. Relationships with local Communities, Partnerships and Pathways managers and staff appeared cordial and largely functional, although we heard there was room for improvement. Communities, Partnerships and Pathways staff told us there had been some good local initiatives between the prison and themselves to improve mutual understanding, promote collaboration and build more functional relationships. However, we were told that while everyone came together well during times of crisis, there was more of a problem during periods of 'business as usual'. There was particular concern that the case management and probation teams were not working well together. Communities, Partnerships and Pathways staff told us they felt it would take strong and committed leadership on both sides to address this issue.
64. Frontline staff we spoke with expressed mixed views about the visibility of site leaders. Some staff told us they would like greater visibility of the Residential Managers in the units.
65. We were told that staff, both custodial and non-custodial, generally felt safe at work, although some custodial staff said they did not feel safe in Weka Unit due to the perceived influence of prisoners in the unit. Some custodial staff also told us they did not always feel safe when there were roster changes and they had to work in an unfamiliar unit.
66. We observed that prison leaders had taken some steps to enhance cultural competence across the site and ensure that decisions were made with a cultural lens across them. This included the seconding of a Residential Manager into the unfunded role of Cultural Implementation Manager. At the time of the inspection, this seconded role had been in place since September 2023.
67. We heard that prior to the establishment of the Cultural Implementation Manager role, some staff, particularly those who were part of the Māori Staff Network, had felt there was limited emphasis on cultural competence at the site. We were told many staff were fluent in te reo Māori and were connected with Māoridom, but that some of these staff had felt their skills and knowledge were being underutilised. There had been a push to reinvigorate cultural support on site, with initiatives such as the strengthening of the Māori Staff Network and enhanced support to improve the cultural competence of the prison leadership team, including basic te reo Māori sessions for leaders, and encouraging leaders to interpret the six pou (themes) from Hōkai Rangī and present to staff on what these meant.
68. We heard that at the time of the inspection new staff usually had a mihi whakatau (i.e. a welcome) on site and then spent half a day with representatives of Ngāti Rangī, receiving a cultural induction to the site and the area. However, prison leaders had concluded that half a day was not sufficient, and we were told there were plans for all new staff to spend two days with Ngāti Rangī at Ngāwhā Marae in the future.

Escorts, reception and induction

Escorts and transfers

Inspection Standards

- Prisoners travel in safe, decent conditions and are treated with respect, and attention is paid to their individual needs.
- Prisoners understand why and where they are being transferred to.

69. Prisoners are transported to and from NRCF 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 or reintegration appointments.
70. COBRA figures indicated that 269 prisoners had been transferred to NRCF from other prisons in the six-month review period. All had been transported by road.
71. Prisoners are usually transported by road in Prisoner Escort Vehicles (PEVs) with a minimum of two Corrections custodial staff members escorting them. However, at NRCF, most transfers and some escorts had been conducted by the security service business First Security.
72. We inspected one Corrections PEV and two First Security vehicles. We found the First Security vehicles were similar to Corrections-owned PEVs. All vehicles had current Warrants of Fitness and were vans fitted with metal compartments in the back to create individual cells. The Corrections van had four individual cells, one First Security van had eight individual cells and the other had ten.
73. Each cell had a fitted metal seat, and most cells also had a padded squab. Cells all had a light, a tinted window, a vent for air-conditioning/heating, and a camera on the ceiling for staff to monitor prisoners. We found there was a lot of graffiti in the cells and that they were not very clean, though one of the First Security officers told us the vehicles were cleaned after every escort.
74. Each cell contained an intercom speaker that staff could use to communicate with prisoners. These intercoms are controlled by staff and prisoners cannot initiate communication using them. To initiate communication with staff, prisoners would generally wave at the camera and escorting staff would then initiate communication.
75. As in Corrections PEVs, there were no toilets in the First Security vehicles. Each cell had a drain in the floor, which was not intended as a urinal, but which was sometimes used that way.
76. Most prisoners we interviewed had either travelled from Kaikohe District Court (a journey of around ten minutes), from Whangarei District Court (around 70 minutes), or from Mount Eden Corrections Facility or Auckland Prison. Travelling from Auckland took around three and a half hours, though could take longer depending on traffic.
77. Prisoners gave us varied accounts of their experiences in these vehicles. Some had no issues, especially with shorter trips. Some told us they had been given water for the trip. Others told us they had comfort and security concerns about their trips, including not receiving any food or water for the trip, being cold, feeling scared, receiving no communication from escorting

- staff during the trip, finding the seat very hard, and having to urinate into the drain on the floor of their cell.
78. All prisoners who are travelling in a Corrections PEV or a First Security vehicle must be accompanied by an Instructions for Escorts form¹⁶ 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 these forms and found the information tended to be generic with the same instructions for each prisoner regardless of security classification and needs.
79. The First Security officers we spoke with told us they read all the Instructions for Escorts forms before they took prisoners off site. They told us they had a good working relationship with Corrections staff and received briefings from them about any issues they needed to be aware of before an escort or transfer.
80. Corrections has specific guidance for how transfers should be conducted, including that prisoners must be informed of an impending transfer, and the destination, at least seven days in advance or given as much prior notice under the circumstances, before they are transferred. However, 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 informed.¹⁷
81. We interviewed three men who were waiting to be transferred. Two told us they were going to another prison to complete a rehabilitation programme, but did not know which prison they were going to. The third prisoner was a foreign national who told us he was being deported. Two of the prisoners told us they had been told about their transfers about twenty minutes before being taken to the Receiving Office. We found no evidence of special circumstances that would have removed the requirement to give these prisoners prior notice, so this was not sufficient notice according to Corrections policy.
82. Staff told us there was another high security prisoner who was due to be transferred that day. They had not yet informed him of the transfer due to the risk he would “play up” and deliberately set off the sprinkler system. This was likely a legitimate reason to not inform the prisoner prior to the transfer.
83. Prisoners may be escorted out of a prison for medical appointments, court appearances, or reintegration activities. In the six-month review period, there were a total of 611 escorts out of the prison, mainly for medical appointments and court appearances. While Corrections staff managed medical escorts, other escorts were managed by First Security.
84. We interviewed five prisoners about their experiences of escorts. Two told us their experience had been good. Another man told us although he was a minimum security prisoner, he had been put in handcuffs for the journey which he felt had been unnecessary; we checked the escort risk assessment for this man which set out that handcuffs were not required when he was inside the vehicle. However, he said the escorting staff had been good. The fourth

¹⁶ POM M.04.01.Form.01

¹⁷ 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.

prisoner said he had refused to go to his medical appointment in a “tin box” and had cancelled his appointment.

85. The fifth prisoner who had been escorted to a medical appointment told us he had made a complaint because the journey had been so painful due to the motion of the vehicle on the road. He told us escorting staff had been caring and had warned him of bends or bumps in the road so he could brace himself to avoid the worst of the pain. We reviewed his health record and noted that an alert had subsequently been added that he requires a special seat or a car for escorts. However, we consider that prisoners with medical conditions should receive a better assessment before escorts, including consultation with health staff and the use of IOMS alerts, so the appropriate means of escort can be used.

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 staff ensure that individuals’ immediate anxieties are addressed before the end of the first day.
- Prisoners are promptly inducted and supported to understand life in prison and know what will happen to them next.
- Prisoners can access legal advice and, where applicable, a consular representative.
- Information relating to prison life is accessible for all prisoners.

86. 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 national telephone call to let family/whānau know where they are.
87. In the six-month review period, NRCF had managed 717 prison receptions and 687 exits. In the same six-month period for the previous year, the prison had managed 644 receptions and 652 exits. This means the number of receptions had increased slightly (by 30) from the same time the previous year, and exits had remained reasonably stable.
88. Figures from COBRA indicated that in the six-month review period, 93% of prisoners had their immediate needs assessed, and 82% received a site induction where prison rules and processes were explained to them.
89. We visited the Receiving Office and found it was clean, tidy and well-organised. There were nine holding cells which were clean with minimal graffiti though we observed some peeling paint. The holding cells we inspected had concrete ledges for prisoners to sit on and wall-mounted television screens (see image 1 in Appendix A). Televisions were turned on in holding cells that contained prisoners and showed general television programmes.
90. In the Receiving Office we observed posters on the walls giving information about prison life and prison rules. We also saw pamphlets about prison life and rules in various different languages and a pamphlet on the complaints process in te reo Māori.

91. There were three interview rooms which were used for completing the various necessary assessments, including the Reception Risk Assessment and the Reception Health Screen. Staff told us Perspex screens had recently been installed in the interview rooms as a safety feature to protect staff.
92. We inspected the interview rooms and found that while they appeared to be three separate rooms from the front, they did not have rear walls and opened onto a shared corridor space at the back. This meant we could easily overhear a conversation in one "room" when we were in the next "room". This was a privacy issue as assessments should be done in private (see image 2 in Appendix A).
93. The Receiving Office had a good supply of prison clothing and newly arrived prisoners were given a pre-made pack containing two appropriately sized t-shirts, two sweatshirts, two pairs of shorts, and two pairs of trackpants. The pack also contained jandals, one pair of underwear, toiletries, writing materials, and a site induction pamphlet containing information about prison rules and regulations. On the day we visited the Receiving Office, a prisoner was working in a storeroom preparing these packs for newly arrived prisoners.
94. Staff in the Receiving Office should fingerprint the prisoner and register them for the purpose of using the prison self-service kiosks.¹⁸ The inspection team found that at the time of the inspection, 94% of the prisoners at NRCF had their fingerprints registered on the kiosk system.
95. 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 then assesses prisoners for the same issue. Custodial and health staff must agree on the prisoner's at-risk status before making a decision about placement.
96. We reviewed a sample of ten recent Reception Risk Assessments and found they had all been completed within four hours of the prisoners' arrival at NRCF, as set out in policy. Information from secondary sources had been collated and was referenced in all assessments. Custodial staff had provided detailed information about the prisoner's behaviour which led them to assess the person as at-risk or not at-risk.
97. However, it was not always clear what information had been discussed by custodial staff and health staff as the comments in this section were generally limited, usually to a phrase such as "assessed by Nurse as having no medical concerns or risk of self-harm at this point in time."
98. All the prisoners we spoke with told us they had received an At-Risk Assessment in the Receiving Office. We checked IOMS and confirmed that this assessment had been completed for all these prisoners.
99. We asked staff in the Receiving Office how they would manage a foreign national prisoner who spoke limited English. Staff were able to explain the steps they would take to communicate, including contacting the interpreter service if necessary. The Senior Corrections Officer told us they would also ask the person if they wanted to contact their consulate which is in line with policy.
100. When we asked staff about the processes for the reception of transgender prisoners, the Senior Corrections Officer outlined the practice which was in line with Corrections'

¹⁸ Self-service kiosks allow prisoners to complete various tasks, including making complaints, ordering canteen items, requesting meetings with Case Managers and Case Officers, checking trust account balances and sentence dates, and accessing information such as legislation and prison regulations.

Transgender Policy, including that transgender prisoners would be placed in a separate cell away from other prisoners while in the Receiving Office, and asked about their needs, pronouns and preferred name. The Senior Corrections Officer told us the Receiving Office Principal Corrections Officer interviewed any transgender prisoners that came to the site.

101. We asked prisoners across the site, including one transgender prisoner, about their experiences in the Receiving Office. They told us staff in the Receiving Office had been professional and treated them with respect. None of the prisoners had any complaints about the way strip-searches had been conducted. Some prisoners told us they had not received a site induction at the Receiving Office. We checked IOMS which confirmed that not all prisoners had received a site induction, and some prisoners had received this induction late.
102. When a prisoner arrives in a residential unit, they should receive a unit induction to determine any other immediate needs and have unit rules and routines explained. They should also be given access to a self-service kiosk, allowing them to access information and request support.
103. Most prisoners we spoke to across the site told us they had received a unit induction interview, including being given a unit induction booklet. However, several prisoners in Weka Unit told us they had not received a unit induction interview, nor a booklet, nor been shown by staff how to use the self-service kiosk. Some of these men told us they were in prison for the first time and had learned about prison life from the prison television channel or from other men in the unit. Several men in Piipiiwharauoa Unit told us they had received a unit induction booklet, but that staff had not gone through it with them to ensure they understood the contents.
104. We noted that at the time of the inspection the site did not have a 'First Nights' unit but the Cultural Implementation Manager told us they were trying to introduce an Assessment Induction Unit. We heard the plan was that when men first arrived in prison they would have a two-week placement in this unit, concluding with a whānau hui. During an interview, the Deputy General Manager also spoke of introducing a "transition/reception" unit with a cultural focus for new arrivals at the prison. We note that focusing on induction and assessment in one unit at the beginning of a person's sentence is generally considered to be good practice. When the Regional Inspector visited the site in September 2024, she observed that a unit of this type had been opened.

Health screening on entry

Inspection Standards

- Prisoners' immediate physical and mental health needs, including substance use and prescription medication needs are assessed on reception and responded to promptly and effectively.

105. A Reception Health Screen should be undertaken by nursing staff for all people newly arrived at prison. This is the first opportunity to obtain health information about a prisoner and identify any immediate health needs that need to be addressed.
106. We reviewed the Reception Health Screen notes for 22 prisoners prior to the inspection, and also observed the Reception Health Screen process on site for eight prisoners during the week of the inspection.
107. We found evidence of some good practice at reception. For example, we observed that the receiving Nurse greeted all prisoners warmly and by name, and that their immediate needs

- were mostly identified accurately. We found that appointments for additional clinical assessments were booked at reception when appropriate, and that most men were triaged with an appropriate priority score to indicate when they should receive the Initial Health Assessment (i.e. P1 = within 24 hours, P2 = within 10 days, or P3 = within 30 days, depending on the person's need) as indicated by Corrections healthcare policy.
108. However, we also found some inconsistencies and errors. When observing the Reception Health Screen process for eight men we found the Nurse did not always identify all immediate needs. For example, the Nurse did not notice that one man had poor eyesight and could not read the health consent form he was being asked to sign. When the Clinical Inspector raised this issue, the Nurse took appropriate action by reading the form to him, noting his eyesight issues in the reception notes and booking him in for a follow-up Nurse appointment. In addition, one man was due to be released the next day, but the Nurse did not ask him how he was feeling about this which would have been best practice. When questioned by the Clinical Inspector, the man said he felt anxious. The Nurse noted this in the reception notes.
 109. During our review of the 22 men, we found that three had been given an incorrect priority score for when they should have been seen for the more in-depth Initial Health Assessment. Due to their health needs, two men should have received priority scores of P1 and been seen within 24 hours. However, both received priority scores of P3 and would have been seen within 30 days. The third man received a priority score of P4 (Not Applicable) when he should also have had a P1 triage score. This could have put the men's health at risk.
 110. Our review of the Reception Health Screen process found cases where the transferring prison had provided incorrect information about people's medication, but the Nurse who received these people at NRCF had noticed this and recorded the correct information about the medication.
 111. As part of the Reception Health Screen, health staff ask people whether they are using or withdrawing from drugs or alcohol. Our review found that when a man advised that he was withdrawing from both drugs and alcohol, the Nurse completed screening and put appropriate interventions in place for his follow up. This included placing him under medical oversight in the ISU so he had enhanced monitoring and arranging follow up assessments. This man was reviewed daily by nurses with withdrawal assessments completed. The Medical Officer prescribed medication appropriate for his withdrawal management.
 112. We observed that all entries into prisoners' reception health notes appeared to be copied and pasted from a list of commonly used phrases. This is not best practice as we have observed copying and pasting can introduce incorrect information into files.
 113. At Reception, health staff assess prisoners for risk of suicide and self-harm. We observed that at NRCF, health staff conducted the self-harm screen using a pre-printed site-initiated form called the 'Receiving Office Triage Form'. This form had ten questions about the person's circumstances, such as age, whether they had been in prison before, self-harm and suicide thoughts (and history), mental health history, type of charges, personal safety, and need for nicotine replacement therapy. From our observations, the questions on this form were the basis for the Nurses' at-risk assessments. One Nurse told us this form had to be completed and that if any of the answers were 'yes', the person was immediately classified as 'at-risk' and placed in the Intervention and Support Unit. We observed that the form was a means of communication to custodial staff about at-risk status.
 114. Custodial staff must consult with health staff about every prisoner as part of the At-Risk decision-making process. We observed that at NRCF the Nurse gave the completed

- Receiving Office Triage Form to the receiving custodial officer but that no discussion occurred about the person's at-risk status. This was not best practice.
115. We observed Nicotine Replacement Therapy lozenges were not being issued in the Receiving Office. Staff told us this was because people with lozenges had been stood over for them in the Receiving Office, particularly by men arriving back at the prison from court. Therefore, the Nurse now gave the boxes of lozenges to custodial staff to give to people once they were in the unit.
116. Nurses should give newly arrived prisoners the "Your Health in Prison" brochure which explains what health services are available in prison and how to access them. The Clinical Inspector saw all men being given this brochure. In addition, prisoners were given an induction booklet which also contained information about health services and how to access them. We observed that the Your Health in Prison brochure was available in different languages.
117. All the prisoners we interviewed confirmed they had seen a Nurse on reception and felt they had been treated with respect. All the men we interviewed told us their Reception Health Screen had been completed by the Nurse in a private room. They all said they had been able to raise any medical conditions or medication needs with the Nurse.

Prison Placement¹⁹

Inspection Standards

- Where possible, prisoners are housed in prisons close to their families or in prisons which meet their rehabilitative needs.

118. Around half the prisoners we interviewed were from the region and therefore close to family/whānau. The other half were from outside the region, mostly from Auckland.
119. Several rehabilitation programmes, including offence-focused programmes and drug treatment programmes were available at NRCF. There were also some work opportunities and other constructive activities, so some prisoners may have been able to have their rehabilitative needs met at NRCF. We give more information about rehabilitation programmes, work opportunities and other constructive activities in the Purposeful Activity section of this report.

¹⁹ This section deviates from the Inspection Standards but covers the standard relevant to prison placement at reception.

Duty of care

Access to legal advisers and attendance at court hearings

Inspection Standards

- Prisoners have reasonable access to consult with a legal advisor.
- An audio-visual link can be used for eligible court cases and for other legal consultations.²⁰

120. Prisoners have a right to be able to consult their legal advisor in private. Generally, prisoners at NRCF told us they communicated with their lawyers by telephone. Some prisoners told us staff could also arrange audio-visual link (AVL) visits or face-to-face visits with lawyers.
121. Generally, prisoners told us staff would assist them to contact their lawyers in a timely manner.
122. Whether telephone calls to lawyers could be made in private varied across units and sometimes depended on which telephones were available. In some units, including Kea Unit, prisoners told us they spoke to their lawyers using a telephone in an interview room. This was private.
123. However, in some other units, including Kaakaa Unit and Weka Unit, prisoners told us they sometimes spoke to their lawyers using telephones in areas known as “sterile zones” (see image 3 in Appendix A). These sterile zones were gated areas next to unit compounds and typically contained a telephone and kitchenette, and gave access to programmes and interview rooms. We were told these areas were private if the prisoner was alone in them, but that sometimes other prisoners would also be in the sterile zone, and in this case, there was limited privacy. In addition, we were told that because the compound was nearby, it could be noisy and difficult to hear the call if there were prisoners in the compound.
124. In the Placements Unit, prisoners could call their lawyers from the telephone in the exercise yard if the numbers had been approved. Otherwise, prisoners had to use the telephone in the staff office. Staff were always present in the office, so these calls were not private.
125. The site had an AVL suite located behind the Receiving Office. The suite had four AVL booths, four holding cells, and a prisoner toilet. The suite was approximately 12 years old and we observed it was in good working order.
126. The site kept an AVL bookings register which showed that in the six-month review period there were 1,611 AVL sessions with lawyers, and 1,248 court hearings via AVL. This showed evidence of good use of the AVL suite.
127. We heard that on occasion there could be issues with the sound in the AVL booths being too loud or too quiet. There were control settings for the booths in the guardroom and we were told that staff would adjust the settings as required by individual prisoners.
128. We were told there should have been three custodial staff rostered on to manage the AVL suite; one to manage scheduling in the guardroom, and two to supervise the AVL calls and escort prisoners to and from the suite. However, we heard that due to custodial staff

²⁰ Note this is an indicator – not a standard.

- shortages there were often only two staff rostered to manage the suite. As the site was close to being fully staffed at the time of our inspection, we would expect this situation to improve.
129. 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. Some prisoners we interviewed told us they had received support from their Case Manager and a Bail Support Services Officer to apply for bail.
130. Figures supplied by the Bail Support team showed that in the six-month review period, Bail Support Officers had assessed 433 prisoners at NRCF for their suitability for bail or EM bail. COBRA figures for the six-month review period showed that of 357 assessments for EM bail, 124 had led to EM bail being granted and 140 had led to EM bail not being granted (in addition, 94 EM bail applications were withdrawn and two had no outcome value entered). Corrections advised us that outcomes for bail (sometimes known as 'straight bail' or 'bail simpliciter') were only recorded manually, not electronically, and so bail outcome figures could not be supplied.
131. We interviewed the Lead Bail Support Officer for the Northland Region who told us his team had no issues with accessing prisoners at NRCF to assess them for their suitability for bail. He told us they conducted interviews face-to-face, by AVL, or by telephone. He told us he and his team had excellent relationships with custodial staff, Case Managers, and prison managers.

Bullying and violence reduction

Inspection Standards

- Prisoners feel safe from bullying, abuse and violence.

132. In the six-month review period, there were 762 incidents recorded at NRCF, of which 260 were categorised in IOMS as "prisoner behaviour", which included abuse/threats and assaults.
133. Eighteen of the 260 "prisoner behaviour" incidents were prisoner on prisoner assaults. None of these were categorised as serious and therefore did not require notification to the incident line.²¹
134. Eight of the 260 incidents were prisoner on staff assaults. Three were classified as 'Assault – Non-serious', and were notified to the incident line. The other five were classified as 'Assault – No Injury' and did not require notification to the incident line.
135. The site had reported 17 of the assaults to Police.
136. A review of IOMS showed that 150 prisoners (23%) of the 533 on site were registered as gang affiliated. Eighteen different gangs had at least one member on site. The three gangs with

²¹The Corrections intranet sets out that the "incident line is a system for the notification and reporting of incidents in prisons and in the community. This assists in meeting the Department's obligation to inform the Minister of Corrections, senior management and other key people in the Department about any emergencies and incidents that occur which involve offenders and staff. It also allows managers to take any urgent action required in responding to an incident, to proactively prepare information to respond to media enquiries and to inform the Chief Executive were required."

- the most members at the site were Black Power (35 prisoners), Mongrel Mob (22 prisoners) and Crips (16 prisoners).
137. Most prisoners across the site told us they generally felt safe, though a significant number had either witnessed or experienced bullying. Some other prisoners told us they had not felt safe in their previous unit but had been moved and now felt safe.
 138. A few prisoners told us they did not feel safe. Prisoners told us they dealt with feeling unsafe by talking to staff and/or by staying in their cells and not coming out to mix with others in the yard.
 139. Some prisoners told us staff were sometimes unaware of bullying as they were not always present to witness it and prisoners did not always tell them. A few prisoners told us even if they raised issues of bullying with staff, sometimes staff did not address matters to their satisfaction so they continued feeling unsafe. Prisoners in some units told us gang tensions could be a cause of fights or bullying.
 140. Prisoners told us if staff knew about bullying occurring in a unit, they often dealt with it by moving the perpetrator to a different unit.
 141. Custodial staff across the site told us they managed bullying in a variety of ways, including ensuring there were staff always present "on the floor", monitoring prisoners, interacting with prisoners, and ensuring they understood the prisoners in their units. Staff told us they also checked IOMS alerts and conducted welfare checks.
 142. We noted that one unit, Kea Unit, was referred to by the Principal Corrections Officer as a 'harmony unit'. There was a 'tackling anti-social attitudes and behaviour agreement' in this unit which outlined the expected attitudes and behaviours and we observed that prisoners had signed this. The Principal Corrections Officer told us prisoners in this unit knew they had to get along or they would be moved to another unit. The Principal Corrections Officer told us there was a good rapport between staff and prisoners in this unit and that prisoners knew they could approach staff to talk if they needed to. Prisoners in this unit told us they felt safe and that if there was an issue between two prisoners this would be dealt with quickly by the Senior Corrections Officer who would sit down with both men and resolve the issue. We observed no obvious tensions in this unit.
 143. All prisons in New Zealand have Violence and Aggression Reduction plans as part of Corrections' wider Violence and Aggression Reduction Work Programme. These plans are intended to develop, align, and sequence work between Corrections and staff unions to reduce the impacts of prisoner violence and aggression on custodial staff. We were given a copy of the NRCF Violence and Aggression Reduction Plan, which was dated 2023. We observed that this plan covered a range of initiatives and topics, including that the Violence and Aggression Strategy would be integrated into the site plan. We observed that staff had some knowledge of aspects of the Violence and Aggression Reduction Plan, including wellness initiatives, reflective practice sessions and building cultural capability.
 144. The Prison Tension Assessment Tool (PTAT) helps custodial staff assess the overall level of tension in a prison unit, which in turn can help them manage the risk of violence. PTAT assessments deliver a tension level of red, amber or green.²² Assessments should be completed after unit lock-up, but may be done more often. In the six-month review period, staff across NRCF completed PTATs as required. The PTATs were mostly green, with four amber and no red PTATs over the review period. This indicates generally low levels of tension

²² A red rating indicates significantly increased tensions which would require a review and response by the Prison Director

across the prison and shows good dynamic use of this reporting tool. We note that the four amber PTATs were recorded in three units, with three of the ratings being recorded over a four-day period in February 2024. We reviewed the three amber ratings that had occurred over the four-day period and found they were unrelated: two had occurred in the same unit as a result of prisoner-on-prisoner assaults, but these did not appear to be linked. The third occurred in a different unit and was as a result of a (non-serious) prisoner on staff assault.

Prisoner files

Inspection Standards

- A prisoner file management system is in place and used to record all information about that prisoner and confidentiality is maintained.

145. 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.
146. During the inspection we observed that prisoner files were mostly stored in lockable fireproof filing cabinets in unit offices. Each unit was responsible for its own file movement and recording system. We observed that some filing cabinets were not lockable.
147. We checked a sample of prisoner files across the prison and found that the quality varied. In some units, files were well-maintained. However, in other units, files were not always well-maintained and did not necessarily contain up-to-date information. In some units we observed small amounts of paperwork waiting to be filed.
148. During the inspection, we reviewed a number of electronic files for prisoners. We found that most electronic files contained the correct information, such as induction interviews, immediate needs checklists, and At-Risk Assessments. A few electronic files were missing some of this information. For example, we reviewed 25 electronic files for prisoners across four units and found that two files were missing the induction interview and the immediate needs checklist. Regarding file notes and case notes, we observed some variation; some files contained comprehensive notes from Case Managers and regular notes from custodial staff. However, some electronic files contained few detailed notes.

Separation of prisoner categories

Inspection Standards

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

149. 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 received minimum entitlements such as time out of their cells.

150. At NRCF at the time of the inspection, Kaakaa Unit and Kahu Unit had exemptions to mix remand accused and remand convicted prisoners to ensure they received the minimum entitlement for time out of their cells. We asked to see the exemptions to mix and these had been completed to an acceptable standard.
151. At the time of our inspection the site had six young adult prisoners aged 18 or 19, four of whom who were mixing with adult prisoners. Two of the six were being held in the Placements Unit, and we heard that young prisoners were often initially placed in that unit.
152. The Prison Operations Manual sets out that the Assessment of Placement for Young Adult (APYA) should be completed by trained staff for all prisoners aged 18 or 19 to determine the most suitable placement for them.²³ We checked IOMS and found that APYA assessments had been completed for these six prisoners who had been identified as suitable for non-youth unit placements. We reviewed the APYAs and found that five of the six had been completed to a high standard and contained detailed information. The remaining APYA was a placement review after an initial placement in a youth unit. This review contained limited information.
153. The APYA may also be used to inform custodial placement options for young adults aged 20 to 24. We reviewed a sample of 12 young adults aged 20 to 24 at NRCF and found that for two prisoners, APYAs had been completed with a good level of information and uploaded into IOMS. However, for the remaining 10 prisoners there were no APYAs uploaded into IOMS.
154. At the time of the inspection NRCF had a total of 255 remand prisoners, which represented 48% of the total population at the site. Generally, all prisoners on remand must be managed as high security, but the Custodial Practice Manual sets out that prisoners with a remand status may be assessed using the Remand Management Tool (RMT) to ascertain the risks they present and to determine the level of custodial supervision they require.²⁴ 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.
155. We observed that some prisoners at NRCF had been assessed using the RMT. We observed that in some units RMT1 prisoners were mixing with RMT2 prisoners and unassessed prisoners. Some prisoners assessed as RMT2 were in high security units so it was not clear what the benefit was of assessing them using the RMT.

²³ Prison Operations Manual M.03.01.03 Assessment and placement of vulnerable young adults in youth unit.

²⁴ Custodial Practice Manual – Remand Management Tool (RMT).

Accommodation

Inspection Standards

- The placement of prisoners in shared cells is done after careful consideration of their suitability for associating with one another.
- Trans prisoners are placed in single cells, unless a suitable trans prisoner of the same gender is identified.
- Trans prisoners' safety is assessed before placement in any cell or unit.

156. Corrections staff use the Shared Accommodation Cell Risk Assessment (SACRA) to review the compatibility of prisoners before they are placed in a shared cell.²⁵ The tool does not replace staff judgement, but helps to inform their decision-making and minimise any potential risks. The SACRA identifies key risk factors to consider before placing a prisoner in a shared cell. The assessment captures a range of information about the person, including their age, security classification, offending history, history of imprisonment, gang affiliation, notable physical characteristics, mental health concerns and any other special needs. The SACRA assessments of both prisoners must be compared before staff decide to place prisoners in a shared cell.
157. Corrections reports nationally on cell sharing figures. The figures for the first quarter of 2024 showed that 390 prisoners (74%) at NRCF were sharing a cell at that time.²⁶
158. A review of COBRA data showed the timeliness for completion of SACRAs was 100%.
159. Much of the information in SACRA assessments is prepopulated, and custodial staff should consider and write comments based on this information. A review of a sample of staff comments showed variety in the quality. Some comments showed good consideration of age, offence type and security classification, and suggested both prisoners were consulted before they were asked to share a cell. However, other SACRAs showed a lack of robust consideration and exploration of any issues at the time of the assessment. Comments were sometimes limited to a note stating, "prisoners are both happy to share a cell at this time".
160. We spoke with custodial staff who completed SACRAs and found they were familiar with the process and able to explain what they did when completing these.
161. Although Corrections policy does not require staff to talk to both prisoners about sharing a cell, we would consider this to be best practice. Some prisoners across the site told us they had not been spoken to before sharing a cell.
162. Prisoners told us it could be challenging having to shower and use the toilet with another person in the cell. Some units had recently installed privacy curtains in shared cells and prisoners told us they appreciated the additional privacy these offered (see image 4 in Appendix A).
163. At the time of the inspection, most units were not housing transgender prisoners. However, the PCO in one unit told us they had received diversity training and could articulate the

²⁵ Corrections Regulations, 2005, section 66 allows for prisoners to share cells unless they are deemed unsuited to sharing.

²⁶ Figures supplied by Corrections National Office.

correct process for determining risk and describe the process of developing a support plan and communicating this plan to unit staff.

164. There was one transgender prisoner at the site at the time of the inspection. They were accommodated in a single cell.

Complaints

Inspection Standards

- Complaints procedures are effective, timely and well understood.
- Staff and prisoners are encouraged to resolve complaints at the lowest level in the first instance; when this is not possible prisoners understand how to make a complaint, and are able to do so easily.
- Prisoners feel safe from repercussions when using complaints procedures and can appeal decisions easily.
- Where a prisoner raises a concern about their safety, these matters are prioritised.

165. 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 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.
166. In the six-month review period, 591 general prisoner complaints were recorded about NRCF. The top three categories were prisoner property (94 complaints), 'other' (83 complaints) and health services (72 complaints). We noted 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. The number of complaints received about NRCF was similar to the number of complaints received about two comparable prisons in the same six-month review period (i.e. Rolleston Prison received 684 complaints and Waikeria Prison received 487 complaints).²⁷
167. In the six-month review period, prisoners at NRCF made four complaints to the Chief Executive of Corrections.
168. In the six-month review period, prisoners made 105 allegations against staff at NRCF which were recorded in the Allegations Against Staff database and managed by the prison using the IR.07 process.²⁸
169. 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

²⁷ We note that while prisoner numbers may be similar, prisoner populations may differ, therefore this comparison is provided for context only.

²⁸ 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.

- 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.
170. In addition, in the six-month review period, nine requests from prisoners for information were recorded at the site.
171. 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 not all units were displaying these posters.
172. We asked prisoners about the complaints process. Most said they knew how to make a complaint and would generally do this by using a self-service kiosk or a paper PC.01 complaint form.
173. All 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 prisoners at NRCF had their fingerprints registered on the kiosk system. Some prisoners in one unit (Kaakaa) had not had their fingerprints registered and so would not have been able to use the kiosk to make a complaint.
174. In one unit (Piipiiwharauoa) we observed that paper complaint forms (PC.01 forms) were readily accessible in a common area along with other forms. We consider this to be good practice.
175. Several prisoners we spoke with told us they did not think the complaints system was effective or timely. Some prisoners told us they did not believe unit staff attempted to resolve issues at the lowest possible level. Other prisoners told us if they made a complaint nobody would come to talk to them about it and nothing would be done.
176. In the six-month review period, there were 75 complaints from prisoners about healthcare at NRCF. A review by the Clinical Inspector found the main themes of these complaints were dental health and medications. We heard the site had contracted a dentist to visit the site in March and April which resulted in 105 men being seen by the dentist. The site therefore expected the number of future dental-related complaints to reduce. We heard the medication complaints were due to the prison Medical Officer adhering to safer prescribing guidelines, which meant some men did not get the medications they were used to receiving in the community. We also found that sometimes men were filling out complaint forms when a health request form would have been more appropriate. We further noted that, during the review period, complaints should have been managed by Corrections staff using the Resolve system. However, we found that Resolve contained only five health-related complaints. Two of the five had been managed and closed. The other three remained open and had not yet been responded to.
177. One prisoner told us he did not know how to make a health complaint as he had been told he could not make this type of complaint via the kiosk or a PC.01 'general complaint' form. We note that Corrections has a 'no wrong door' policy for complaints which means the man should be able to make a complaint in any way and it should be responded to.
178. 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.

179. At the time of the inspection, NRCF was holding Prison Forums (known at the site as Rūnanga) in some units, though these were generally attended by prisoner representatives, staff, and Ngāti Rangi representatives, not senior prison leaders. We heard that Residential Managers sometimes attended. The site provided examples of the minutes from these forums. We heard timings of forums could be irregular, although seven prisoners told us forums were held monthly in their units. Items on the agendas included staff attitudes, telephone access, lack of programmes, accessing sports equipment, access to Māori resources, gym access and prison canteen concerns. Some prisoners told us they felt they got no traction on issues raised at Prison Forums, and told us there was limited communication regarding changes in their units.

Māori Prisoners

Inspection Standards

- Māori prisoners can access and practise their Māori culture and customs.
- Māori prisoners have access to kaupapa Māori informed and tikanga-based rehabilitation and reintegration programmes that are specifically designed to meet their needs.
- Māori prisoners receive help to access stable whānau support.

180. At the time of the inspection, 333 (62%) of the 533 men at NRCF identified as Māori. The most common iwi affiliations recorded were Ngāpuhi (168 men), followed by Te Rarawa (9 men) and Tainui (8 men).
181. We note that Te Tai Tokerau (Northland), which includes NRCF, was a focus area for Corrections' Māori Pathways initiative. The Corrections intranet sets out that "Māori Pathways is a four-year initiative to ... reduce the over-representation of Māori within the criminal justice system in New Zealand." Further, the intranet sets out that "In April 2024, Māori Pathways shifted its focus to transitioning its programme of work to become [the] everyday way of working. Te Tai Tokerau Pathway ... will complete their transition by the end of June 2024." In other words, the transition period was nearly at an end when we visited in May 2024.
182. The five "key benefits" of the Māori Pathways initiative as set out on the Corrections intranet were:
1. "Better targeted, faster access to service for tāne, wāhine and their whānau
 2. Seamless cultural delivery for Māori
 3. More effective programmes and services for tāne, wāhine and their whānau
 4. Authentic and enduring partnerships with Māori
 5. Improved whānau connection."

183. At the time of the inspection, we found some evidence of Māori prisoners having access to their culture at NRCF. Access appeared to vary across units:

- In Kaakaa Unit, a karakia was read out over the loudspeaker in the mornings. In addition, 12 prisoners (out of a total of 64 sentenced prisoners in Kaakaa North) worked in the whakairo (carving) workshop.
- In Weka North Unit, the Bookings application²⁹ showed ten prisoners were engaging in a tikanga programme four days a week.
- In Puukeko Unit we were told there were te reo Māori classes, kapa haka and flax weaving. The Bookings application showed there were eight prisoners attending the flax weaving class, and that there were seven prisoners doing the Mauri Tū Pae³⁰ rehabilitation programme. We were also told there was a Bible studies course on a Monday.
- In Kahu Unit we were told there was a tikanga Māori programme and an 8-week mau rākau (Māori martial arts) course run by Ngāti Hine Health Trust.³¹ In addition, we heard the Ngāti Hine Health Trust came to the unit and could refer prisoners to the right avenues for contacting family. We were also told church services were available. We heard there was no kapa haka in this unit due to the high turnover of prisoners in the remand space.
- In Kea Unit we were told there were no specific tikanga-based programmes or practices but that the unit knew who to contact to arrange this if any prisoner requested it.

184. COBRA data showed that in the six-month review period the following rehabilitation, education and reintegration programmes with a specific Māori cultural focus had been completed at NRCF:

- 55 completions of the Tikanga Māori Motivational Programme³²
- 44 completions of Māori Pathways programmes (i.e. Te Waka Anga Mua³³, Kapa Haka, and a Rongoā Māori³⁴ programme)
- 17 completions of the Mauri Tū Pae (Māori Therapeutic Programme).³⁵

²⁹ The Bookings application is an online application developed for prisons that staff can use to book appointments with prisoners, meetings, rooms and resources.

³⁰ Corrections intranet sets out that Mauri Tū Pae is a group-based programme for Māori men with a range of offending needs. It is an alternative to the Medium Intensity Rehabilitation Programme.

³¹ Ngāti Hine Health Trust's website sets out that they "deliver services for whānau across multiple sectors including health, disability support, mental health & addictions, primary care, justice, corrections, housing, education, social services, reo irirangi Māori and Whānau Ora".

³² Corrections intranet sets out that this programme aims to motivate participants to change their behaviour and to engage in rehabilitation programmes by supporting them to understand their cultural identity and encouraging them to embody the kaupapa and tikanga of their tipuna.

³³ An eight-week programme that focuses on men learning their whakapapa and understanding Māori culture.

³⁴ Traditional Māori healing practices.

³⁵ Corrections intranet sets out that Mauri Tū Pae is a group-based rehabilitation programme for male prisoners with a range of offending needs. It is delivered by Māori service providers.

185. Other rehabilitation, education and reintegration programmes were run at the site and may have included cultural content or approaches. See the 'Rehabilitation', 'Education', and 'Reintegration' sections of this report for more information on these programmes.
186. While staff at NRCF were positive about the intended benefits of the Māori Pathways initiative, they had mixed feelings about the way it had been developed and implemented. For example, some staff and senior managers told us they felt the work had been driven too much by the design team in Wellington who had had "too much power", and that as a consequence, some of the initiatives that were trialled had not worked at their site. We also heard that some of the approaches that were developed by the design team were already being done on site.
187. As previously noted, NRCF has a working relationship with Ngāti Rangi which has kaitiaki (guardianship) status and mana whenua (authority over the land) at the site. Several senior managers and staff told us they felt having trusted and authentic relationships with iwi and hapū was the key for success for Māori prisoners and their families/whānau.
188. We interviewed the iwi Relationship Manager (i.e. a Corrections employee) and the Pou Tikanga (Tikanga Expert) for the site who was employed by Ngāti Rangi. The Pou Tikanga told us her role included moving around the site and making herself available to ensure the tikanga at the site was reflective of mana whenua. She described herself as "hands on with the tāne" and as an "auntie" who would ask the men questions. She had a background as a teacher and healer.
189. The Relationship Manager told us the Pou Tikanga helped the men to "unbundle their trauma" and that some of the men had complex health needs.
190. The Relationship Manager told us they both felt safe on site and had a "good mutual relationship" with Corrections staff and managers. They both worked closely with Case Managers. They conducted cultural inductions on Ngāti Rangi for staff, including taking staff to visit the local marae and to the Ōhaeawai battle site which was not far from the prison.
191. The Relationship Manager told us she was focused on the Memorandum of Partnership between Corrections and Ngāti Rangi. She said the current version was signed in February 2023 and there was a working group overseeing it which was comprised of three people from Ngāti Rangi and representatives from Corrections. She felt the Memorandum of Partnership had exceeded expectations so far because "it has given us the licence to 'be alive' and get to work".
192. We spoke with the Cultural Implementation Manager at the site. Her substantive role was as a Residential Manager but in September 2023 she had been seconded into the role of Cultural Implementation Manager. She told us her job involved increasing the cultural capability at the site and that the prison General Manager had given her a "blank canvas" regarding the role. She attended all the managers' meetings and told us she tried to get to every unit to talk with staff and other key groups such as the Principal Corrections Officers' group.
193. She told us she met with the Māori Staff Network on a monthly basis and that there were now 20 – 25 people in the network. She told us a lot of staff were fluent in te reo Māori and were knowledgeable about and connected with Māoridom but felt their skills were being underutilised. She told us in the eyes of the Māori Staff Network, managers were making decisions without applying a cultural lens.
194. The Cultural Implementation Manager told us all new staff normally had a mihi whakatau (i.e. a welcome) on site and then Ngāti Rangi took them for a half-day cultural induction. They

had concluded that a half-day was not long enough and it was now planned that all new staff would spend two days at Ngāwhā Marae.

195. The Cultural Implementation Manager told us she felt the cultural capability of the senior leadership team at the site had been affected by a lack of buy-in and that managers could be very operationally focused. She had worked with the leadership team, focusing on pronouncing Māori names correctly and holding basic te reo Māori sessions. Leaders were asked to interpret the six pou from Hōkai Rangi and present to staff on what these meant.
196. As previously mentioned in the 'Reception and Induction' section of this report, the Cultural Implementation Manager told us she was trying to introduce an Assessment Induction Unit. During interviews, both the General Manager and Deputy General Manager also spoke of a "transition/reception" unit with a cultural focus for new arrivals at the prison. When the Regional Inspector visited the site in September 2024, she observed that a unit of this type had been opened.
197. We spoke with the site's Learning and Interventions Delivery Manager who told us there was more cultural awareness on site and gave the example of children being present at prisoner graduations because "there was no good reason for this not to be allowed".
198. There was a Pou Ārahi at the site³⁶. We observed that at the time of the inspection she was engaging with men across the site. A review of the Bookings tool confirmed this.
199. Prisons across New Zealand have Kaiwhakamana.³⁷ At NRCF we heard there were a number of Kuia and Kaumātua for the site and that some were very spiritual and supported the Chaplain.

Foreign national prisoners

Inspection Standards

- The specific needs of foreign national prisoners are met, including practical help so they can keep in touch with their families overseas.
- There are prison staff with the skills to communicate with all prisoners on site. Where required, interpreters are provided.

200. 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.
201. Corrections data showed that in the six-month review period there had been 17 foreign national prisoners at NRCF. Five of these men were from Samoa. There were two each from Australia and the United Kingdom, and there was one man from each of the following countries: Afghanistan, China, Fiji, India, Iran, Taiwan, Tonga and Vietnam.

³⁶ A Corrections job description for a Pou Arahi position sets out that "The Pou Arahi works closely with the Custodial staff to support nga tāne to connect or reconnect with whānau, hapū and iwi, and establish good support systems for their release".

³⁷ 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.

202. Corrections has an 0800 telephone number staff can ring 24 hours a day, seven days a week to access interpreter services for prisoners who speak limited English. Staff in most units across the site, and in the Receiving Office, were aware of the telephone interpreter service and told us they would use it if necessary. Staff in some units told us they might also ask other staff, prisoners, or use Google translate.
203. The Senior Corrections Officer in the Receiving Office correctly told us they would ask a foreign national if they wanted to contact their consulate or embassy. The Principal Corrections Officer in one unit told us they telephoned the embassy on the prisoner's behalf, but the Principal Corrections Officer of another unit did not mention contacting the embassy.
204. We spoke with several foreign national prisoners across the site. Most spoke a good level of English and so were able to communicate with staff and other prisoners.
205. However, one man had very limited English. He told us he had not had any help from an interpreter service and had not received any help to contact his embassy. He told us access to the telephone could be an issue and that he felt bullied and unable to seek assistance.
206. This prisoner told us he found making complaints difficult as he could not easily understand the information on the self-service kiosk and he felt that completing a paper complaint form might not be confidential. A review of IOMS showed this prisoner had submitted one PC.01 complaint using the kiosk during the review period and was regularly accessing the kiosk.
207. Some of the foreign national prisoners told us staff had asked them if they wanted to be placed in a cell with another person from their country.
208. Most foreign national prisoners we spoke with told us staff assisted them to contact their families, though how often they were able to do this varied. For example, one foreign national could speak to his family overseas for half an hour every week. Another could speak to his family overseas for half an hour every two weeks. Another could speak to his family overseas for 15 minutes every day.

Property

Inspection Standards

- Prisoner's property held in storage is secure, and prisoners can access it on reasonable request.
- Prisoner funds are managed securely and are accounted for.

209. When people enter prison, their personal property is checked, recorded and either given back to them, stored in a Property Office or disposed of.³⁸ 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.
210. We observed that the Property Office at NRCF was clean and well organised, and that there was good storage, including a safe for money and valuable items . These items were stored

³⁸ 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.

- in a room with a camera. However, the Property Office did not have windows or natural lighting. The two air-conditioning units were broken, and staff were using fans.
211. We observed some backlog of property which had arrived and was awaiting processing. Staff in the Property Office told us the backlog was due to short staffing and an increased workload due to additional prisoner movements. We observed that the site was budgeted for 2.5 FTE Property Officers, but on the day of our visit there were only 1.5 FTE Property Officers in the office. As previously mentioned, in the six-month review period, the site had managed 717 prisoner receptions and 687 exits, all of whom would have had property. In the same six-month period for the previous year, the prison had managed 644 receptions and 652 exits. This means the number of receptions had increased slightly (by 30) from the previous year, and exits had remained reasonably stable.
212. Staff in the Property Office told us they were sometimes stressed. One of the Property Officers told us they had offered to work more hours to help but that this had not been approved. They felt they were "out of sight, out of mind" with site management. However, they felt well-supported by their line managers and had good relationships with the Site Emergency Response Team, the dog handler, and staff in the Receiving Office.
213. The Property Officers said it was frustrating that some Principal Corrections Officers did not follow the correct procedures and sometimes approved items that were not allowed.
214. Prisoners' property should be checked against their property register in IOMS prior to transfer.³⁹ The prisoner should be asked to check and sign a written acknowledgement of the property to be transferred.
215. We observed that when prisoners were brought to the Receiving Office to be transferred from NRCF, their issued property had not been checked by the unit staff. We did not observe issued property being itemised in front of the prisoner before adjustments were made to the list and prisoners signed the form. We observed Property Officers asking prisoners what property they had in their packed bags and getting prisoners to cross items off a property list if they said they did not have it in their bag. We were told prisoners who were being transferred from the site were allowed one bag for canteen items and one bag for issued property, but staff said they had seen prisoners coming from units with as many as six bags.
216. As previously mentioned, of the 591 complaints from NRCF in the six-month review period, the largest number (94 complaints) were property related. We note that property is commonly the highest category of complaint received from prisons nationwide, and that many property complaints relate to issues with property being transferred between sites.
217. One common issue at NRCF was regarding delays in the issuing of property. Other common property issues described to us by prisoners included inconsistencies regarding what items could be issued, and inconsistencies regarding acceptable items and colours of items. Several prisoners felt staff were over-zealous about policing items and clothing that were perceived to contain gang colours.
218. Prisoners we interviewed raised no issues with the management of their trust accounts. We spoke with the administrator who dealt with trust accounts who told us that any prisoner queries generally related to incoming money that had not yet been processed. We observed that at the time of the inspection there were 12 prisoner queries regarding money that had been received but not yet processed. We heard staff were awaiting further information, such as confirmation who the money was for, before they could process and credit some amounts

³⁹ Prison Operations Manual P.06.01 Checking prisoner property before transfer.

to prisoners' trust accounts. The administrator confirmed that all payments would be processed and credited once this information was received.

219. The Prison Operations Manual sets out that the maximum balance to be held in a prisoner's trust account is \$200 at any one time, unless approval for a greater amount has been obtained from the Residential Manager.⁴⁰ The administrator told us there was a process for checking prisoner trust account balances; a check was completed fortnightly and if the balance was over \$200, this was referred to the unit manager for follow up. We confirmed that this process was being followed.

⁴⁰ Prison Operations Manual F.05.01 Prisoner trust account.

Health

Inspection Standards

- Prisoners have timely access to community-equivalent health and dental services, and receive treatment which is sensitive to their diverse needs from competent staff in an environment that promotes dignity and maintains privacy.
- Prisoners are supported and encouraged to optimise their health and well-being.
- Prisons have a health-care service which ensures professional care of the physical and mental health of prisoners.
- Health files are accurate, up-to-date and confidential, and accompany the prisoner when they are transferred.
- Prisoners have access to specialised external secondary and tertiary health care services when required.
- On reception, prisoners are made aware of the prison health services available and how to access them.
- Prisoners have a right to health confidentiality and do not have to provide information, undergo health interventions or screening.
- Trans prisoners receive health care equivalent to that available to them in the community.

Provision of health care

220. Prisoners are entitled to receive medical treatment that is reasonably necessary and of a standard that is reasonably equivalent to that available to the public.⁴¹
221. Prison health services are Nurse-led, and at NRCF were supported by contracted providers who came on site, including a Medical Officer (General Practitioner), a Dentist and a Physiotherapist. Prisoners were generally escorted out of the prison to receive other health services, usually to Whangarei Hospital or Auckland Hospital.
222. The health service at NRCF is available seven days a week between 6.30am and 9.30pm. There is an on-call Nurse available outside of these hours, as well as an on-call Medical Officer who Nurses can call outside of the contracted Medical Officer clinic hours. The health service is supported by custodial staff. We noted there was a 'desk file' for custodial staff who worked in the health centre which provided guidance about their roles and responsibilities.
223. Information provided by the Health Centre Manager showed the health team of 19.4 FTE was fully staffed. As previously mentioned, the inspection took place shortly after the implementation of a refreshed structure for the management of prisons under *Te Ara Whakamua: The Pathway Forward*, Corrections' process of organisational change. This change meant the team no longer had a site-based Nurse Educator.
224. The Health Centre Manager and Assistant Health Centre Manager attended regular professional supervision, but the nursing staff did not. We were told there was funding for

⁴¹ Corrections Act, 2004, Section 75.

- the nursing team to attend group supervision but that the Nurses stopped going as they did not feel comfortable doing supervision in a group.
225. Corrections Health staff are required to attend core training. The Health Centre Manager reported that nursing staff were either up to date with this or had been booked for this to be completed. Other training had been conducted at the site by the Clinical Nurse Educator. This had included working one-to-one with specific Nurses, supporting the orientation of new Nurses, and in-service training with the health team. The in-service training had covered various topics including clinical red flags, emergency scenarios, medication reconciliation, discharge summaries, and treatment plan process and policy.
226. In the six-month review period, health staff at NRCF completed 137 Initial Health Assessments, of which the Clinical Inspector reviewed a sample of 16 (i.e. just over 10%). We found that only six of these Initial Health Assessments were completed within the timeframes 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. For example, one prisoner had to submit a health request form for his gout medication because he had not received his Initial Health Assessment. Another prisoner, who had a history of heart disease, had to submit health request forms for medication to manage his angina, which had not been assessed. He was given the medication but without an assessment.
227. All the prisoners we interviewed about health care services at NRCF knew how to request to see a member of the health team by completing a health request form (often known as a 'health chit'). Prisoners knew to put these forms in the purpose-built locked box in their unit for health staff to collect.
228. We noted that in one unit the locked box was located inside the staff base. Prisoners had to give their health request forms to staff to put into the box for them. For privacy reasons, this was not best practice.
229. Many prisoners we interviewed across the site, including transgender and older prisoners, expressed frustration about access to healthcare, telling us about communication issues and long wait times to see a Nurse, Medical Officer or Dentist. Many prisoners and some custodial staff told us health staff were slow to get anything done and some prisoners told us they felt health staff did not care.
230. When considering whether the health team provided gender-affirming health care we reviewed the electronic patient management system and found that there were alerts for preferred names and pronouns for transgender prisoners, and that these were used appropriately within the notes. Records showed that the Medical Officer had been supportive with providing information on medications to support transition, including expected side effects, and other gender-affirming health care. The Medical Officer had advocated multiple times for one person to access gender-affirming products such as make-up, however, this had not yet occurred.
231. A number of prisoners told us they often received no acknowledgement that the health team had received their health request form. This led to some prisoners submitting repeated forms because they did not know if the Nurses had received their forms or not. Some other men told us they had stopped completing health request forms because they went unanswered.
232. We reviewed a sample of 31 health request forms submitted within the six-month review period to check how long it took for a Nurse to see the patient once the request had been received. Of the 31 health requests, there were seven that described more urgent symptoms (with complaints of severe pain, infection, or cardiac symptoms). These men were assessed within one and eleven days, with an average wait of five days. Based on what prisoners had

written on their forms, we considered that some of these men should have been seen earlier than they had been. Nineteen of the 31 health requests we reviewed were for semi-acute issues (i.e. issues that required timely intervention but did not pose an immediate risk) and these men were assessed within zero to 26 days, with an average wait of seven days. We considered this was an acceptable wait time for these semi-acute issues. Four health requests reviewed were for non-urgent or routine requests (request for screening or check-ups). These were seen between seven and 21 days with an average wait of 14 days. Again, we considered this an acceptable wait time for non-urgent requests.

233. In our review sample, there was one Māori man who had put in a health request form as he was having a flare up of his gout.⁴² An appointment was scheduled for him to have an assessment, but this was cancelled and rescheduled a further 13 times with cancellation reasons being recorded as overbooked clinics, nursing staff shortages, and custodial staff shortages. He was released 60 days after submitting his health request form, without having been assessed for his health concern.
234. An appointment cancellation report was created from the electronic patient management system. This showed that in the six-month review period 5,089 Nurse clinic appointments had been cancelled. This was an unusually large number of cancellations, so we reviewed cancellations in more detail for two months in that period: November 2023 and February 2024.
235. In November 2023 there were 664 cancelled Nurse clinic appointments and in February 2024 there were 840 cancelled appointments. The main reasons given for the cancellations were “not seen in clinic due to custodial constraints” (186 cancellations in November 2023 and 281 cancellations in February 2024) and “overbooked clinic” (108 cancellations in November 2023 and 221 cancellations in February 2024). In addition, a considerable number of appointments were cancelled with no reason given (75 cancellations in November 2023 and 102 cancellations in February 2024).
236. Given the large numbers of cancellations due to overbooked clinics, the Clinical Inspector asked some members of the health team why the Nurse clinics were so often overbooked. We heard that most days it was not possible to see all the patients on the list, so those patients who were not seen were added to the next clinic list. This meant the next clinic was overbooked, and so the issue continued. We were told there was a three-week wait for an available appointment in a Nurse clinic. Appointments that were assessed as non-urgent were often repeatedly cancelled and rescheduled.
237. On review, the Clinical Inspector found that some booked appointments were unnecessary. For example, Nurses would book an appointment based on the recall (i.e. the reminder) system without checking whether the recall intervention was still required. This meant sometimes patients were booked in for checks that were not necessary or for interventions that had already taken place (for example, cardio-vascular risk assessments). We also found some patients had multiple appointments booked for different interventions (for example, a blood test and a blood pressure check) that could have been combined into one appointment.
238. Regarding the large numbers of cancellations that had occurred due to “custodial constraints”, we noted that at the time of the inspection the prison was not short-staffed for custodial officers, though we acknowledge there may be other reasons why custodial staff may not have been available to escort prisoners to health clinics. The Health Centre Manager

⁴² We note that inequity exists in New Zealand for Māori and Pacific peoples receiving treatment for gout. Treating gout is one of Corrections Pae Ora Health Outcome Measures.

- told us he was considering whether some clinics could be run in units to reduce the number of movements and improve wait times.
239. The Health Centre Manager told us hospital appointments were frequently rescheduled due to a lack of escort staff. He told us if the health team was notified early enough, they would contact the hospital and reschedule the appointment. However, if they were not notified in a timely manner, this could mean the patient was removed from the hospital waiting list due to being classed as a non-attender. A prisoner we interviewed told us he had seen an eye specialist and was waiting for a follow up appointment with them. He said his appointments had been cancelled three times but he had not been given a reason for this. As part of this inspection, we were able to review minutes of a 'NRCF Medical Escorts' meeting held in February 2024 which was attended by custodial and health leaders on site. This meeting was to explore ways the site could better manage non-planned medical escorts off-site.
240. We interviewed the newly appointed Corrections General Manager Pae Ora Operations Northland. She told us she was aware of issues with the delivery of healthcare at NRCF and that she was not comfortable with clinical standards or clinical practice at the site. She felt some of the communication issues we heard about from prisoners were due to low cultural understanding from staff and she was planning on putting a "cultural uplift programme" in place to mitigate this issue.⁴³ She told us the health team had not been holding quality meetings since October 2023 and re-starting these meetings from June 2024 was one of her action points. She felt there could be issues regarding the relationship between health staff and custodial staff and told us she wanted to visit the site to accompany health staff on their medication rounds to observe the relationship dynamics first-hand.
241. Regarding access to the Medical Officer, prisoners told us they sometimes had to wait over a month or more. One prisoner told us he had waited for three months. We heard the Medical Officer conducted face-to-face appointments two days a week, and audio-visual link appointments one day a week. Some prisoners told us they did not like having doctor's appointments via audio-visual link and would have preferred face-to-face appointments.
242. We reviewed the wait times for the Medical Officer on the electronic patient management system for the six-month review period and found these were variable. We reviewed 20 Medical Officer appointments and found that three health concerns were urgent, with two patients being seen on the same day, and one waiting six days. However, in the latter case, the Nurse had contacted the Medical Officer on the day of the Nurse assessment and medications were prescribed to assist with the health concern while the patient waited for his appointment. Seventeen appointments were for semi-acute or routine issues and the average wait time to see the Medical Officer was 13 days in these cases.
243. We interviewed the Medical Officer who told us she was contracted for 20 hours a week to provide services to prisoners. She felt this was not enough due to the increased remand population (remand prisoners typically have higher health needs than sentenced prisoners) and told us she had communicated this to Corrections national office. She told us the wait time to see her was currently four weeks, and that this had been around 2.5 weeks twelve months previously. The Medical Officer felt the health team needed additional training in critical thinking, triaging and managing recalls. She also felt there was a need for a more consolidated health leadership on site. She told us she felt safe on site.
244. Dental clinics appeared to be running well and the wait list was short (i.e. two to three weeks) at the time of the inspection, despite the long wait times some prisoners told us about. As

⁴³ This Clinical Uplift Plan was provided to the Inspectorate on 29 May 2024. It outlined 16 actions and set out identified action owners and timeframes for completion.

- previously mentioned, the site had contracted a Dentist to visit the site in March and April 2024 which had resulted in 105 men being seen by the Dentist.
245. A review of ten men who had requested to see the Dentist and been seen during March 2024 showed that eight of the men waited for treatment between 9 and 47 days, with an average wait of 27 days. The other two men waited 125 and 126 days. One of these men had his appointment rescheduled three times, and the other was not seen in the dental clinic as planned and then his appointment was not rescheduled.
246. The Dentist told us there could be issues at the gatehouse with signing in and with accessing Corrections IT systems. We heard these issues could sometimes delay clinic starts by an hour. The dental equipment had been upgraded which enabled the Dentist to provide an improved service (see image 5 in Appendix A). During the inspection we observed custodial staff moving patients to the Dentist quickly and efficiently.
247. We heard there had been no podiatry clinic available for some time due to changes with the provider. One older man we interviewed told us he had been waiting over a year to have his toenails cut. We observed that his toenails had cut through his shoes. We heard the site was hoping to have a new provider in place soon. We followed up regarding this man after the inspection and confirmed he had been referred privately to a podiatrist in the community and had since attended an appointment.
248. The Physiotherapist held a clinic in the prison once a week and the wait list was short (i.e. one to two weeks). However, we heard there were often difficulties getting prisoners to the clinic due to a lack of custodial staff for escorts. In addition, clinics were often overbooked. We heard the Physiotherapist could generally see between eight to 12 people per clinic, but that there were often 14 or more people booked in. We reviewed a clinic in the review period and found there were 12 people booked in and seven of them were seen.
249. We were told that rongoā Māori was provided in one unit and that Hospice New Zealand had provided rongoā to some people under hospice care through their rongoā practitioner. A Clinical Inspector reviewed a patient's care which included him receiving a traditional plant remedy to assist with symptom relief.
250. The Health Centre Manager advised that at times the Ngāti Rangī liaison would refer prisoners to the health team if they had concerns, and the Kaiarataki Navigator Service⁴⁴ assisted with release planning.
251. We observed that the prison health centre was clean and tidy, with new disposable curtains in triage bays to provide privacy (see image 6 in Appendix A) and clean consultation rooms. Several health promotion posters were on the walls, as were posters about how to make a complaint and how to contact the Office of the Inspectorate or the Health and Disability Commissioner.
252. The medication room was orderly and well-stocked. The Clinical Inspector checked a sample of medications and found all were within use-by dates. Drawers and cupboards were well-labelled. All medication sheets reviewed were tidy and corresponded to blister packs of medication.

⁴⁴ The Corrections website sets out that the Kaiarataki Navigator workforce was created "to work directly with people we manage, as well as their whānau, at all stages of their journey through the Justice system." It is a cross-agency initiative between Te Puni Kōkiri, Corrections, and the Ministry of Social Development, in partnership with Māori organisations.

253. Morning medication administration rounds started between 7am and 7.30 am and evening medication rounds started between 6pm and 6.30pm. These rounds were supported by custodial staff.
254. Regarding access to Health New Zealand / Te Whatu Ora health services, the Health Centre Manager told us when a patient required a higher level of care, they were usually transported to Whangarei Hospital, and, if they had more complex needs, would be taken to Auckland Hospital. This included when a prisoner was seriously mentally unwell and required transfer to the Mason Clinic, which is in Auckland and involved a journey of around four hours.
255. We interviewed three local community probation managers who told us they had noticed continuity of care for people leaving prison could be lacking. They gave the example of someone being released from prison with two-weeks' worth of medication for schizophrenia. However, the person could not get registered with a doctor in the community to have more medication prescribed which had caused problems.
256. We reviewed ten people who were prescribed medication for chronic health conditions who were released from NRCF in February and March 2024. Our review found that for one person who had complex mental health issues, a multidisciplinary team meeting occurred prior to their release so that care was planned, and appropriate referrals were made to ensure continuity of care. Other men who were under the forensic mental health service also had referrals to community providers, had prescriptions arranged and WINZ certificates completed. One man was seen on the day of his release by the Improving Mental Health Clinician specifically in response to concerns about his release. For other people, however, documentation in their patient health record did not show any evidence of release planning or medications provided on release. Only one person in our review had a 'Health Release Information' form completed.

Substance abuse

Inspection Standards

- Prisoners with a history of substance abuse receive specialised and individualised treatment and culturally appropriate support (including aftercare).

257. 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. This screening may also be completed by probation staff prior to a prisoner arriving at a prison.
258. We checked the IOMs records for 38 of the prisoners we interviewed. Only three of the 38 had an ASSIST result recorded by a Case Manager. The Health Centre Manager confirmed that health staff at NRCF do not complete ASSIST assessments. We reviewed the COBRA data for the six-month review period and noted that 144 ASSISTs had been completed, 33% of which had been assessed as 'high risk'.
259. The Reception Health Screen includes questions about substance abuse and withdrawal. If a Nurse thinks 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)⁴⁵ or the Clinical Institute Withdrawal Assessment Scale (CIWA).⁴⁶ Our review found that when a prisoner might have been withdrawing, nurses usually conducted further assessment, but this was not done consistently for all men.
260. The Clinical Inspector reviewed 33 of the 137 Initial Health Assessments that health staff had completed in the six-month review period. Minimal information regarding substance use or abuse was provided in these assessments.
261. At the time of the inspection there were four people at NRCF who were receiving medication for opioid substance treatment (OST). Corrections Pae Ora has an Opioid Substitution and Treatment Policy (currently being reviewed) which outlines the requirements of care for a person who is receiving this treatment. We reviewed the records for the four people receiving the treatment at NRCF and found they were receiving the required reviews from the Medical Officer and had alerts in place for OST. When arriving at NRCF (either by transfer or as a new arrival) they generally had continuity of care with their treatment, and this was similar for those leaving NRCF. There was good release planning back to the community for one person, involving all services (Community Alcohol and Drug Service and Mental Health Service) to support his release. However, we found that other requirements of the OST policy, such as random urine drug testing and having a treatment plan, were not being met. There was also no documentation in the patient health record about whether they had any contact with the Community Alcohol and Drug Service while they were in NRCF.
262. COBRA records showed that in the six-month review period, prisoners at NRCF completed the following alcohol and drug rehabilitation programmes that were offered at the site:
- » 68 completions of Marau Mātauranga, a brief alcohol and other drug intervention for remand prisoners
 - » 20 completions of the eight-week intensive Alcohol and Other Drug Treatment Programme
 - » 2 completions with the alcohol and drug aftercare worker service.

Mental health care

Inspection Standards

- Prisoners with mental health needs are identified promptly and supported by community-equivalent services to optimise their well-being during their time in prison and on release.
- Prisoners at risk are appropriately located in a therapeutic environment and supported by trained staff who are resourced to meet their individual needs.
- Trans prisoners are able to access support or counselling services where needed, including external support networks.

263. Prisoners at NRCF should be able to access primary mental health care through Nurses and the Medical Officer, though, as previously mentioned, prisoners told us there could be long wait-times to be seen and issues with the health team not acknowledging receipt of health request forms.

⁴⁵COWS 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.

⁴⁶ CIWA can be used to assess alcohol withdrawal severity.

264. Once a prisoner has been received into prison, if custodial staff believe a prisoner's risk of self-harm may have changed, they should complete the Review Risk Assessment.⁴⁷ 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". As part of the inspection of NRCF, we reviewed a sample of ten Review Risk Assessments completed by custodial staff across the review period. We observed that these assessments were completed within the appropriate timescales. Assessors included detailed information about the behaviour displayed by individuals but it was not always clear what information was discussed between custodial and health staff as most risk assessments included generic comments.
265. We heard that trans prisoners at the site were able to access counselling services.
266. An Improving Mental Health Clinician was available at NRCF to support prisoners with mild to moderate mental health needs. This service can provide up to 20 counselling sessions. We heard there was a waitlist to see this clinician. COBRA data showed there had been 68 'starts' with the Improving Mental Health Service in the six-month review period.
267. Prisoners with moderate to serious needs at NRCF could be assessed and treated by a Clinical Nurse Specialist Mental Health, who was based in the Intervention and Support Unit (ISU) and who was supported by members of the Auckland Prison Intervention and Support Practice Team. There was no Intervention and Support Practice Team based at NRCF at the time of our inspection.⁴⁸ A Kairuruku Hinengaro (Māori Mental Health Practitioner) was also available at NRCF.
268. NRCF has an 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. At the time of the inspection there were four prisoners in the ISU.
269. Twelve of the 14 cells in the ISU were single-occupancy designated at-risk cells, and two were 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. At NRCF we heard the dry cells in the ISU had not been used in the six-month review period. A check of COBRA confirmed this and we observed that one of the dry cells was being used as a storage space.
270. We heard the Clinical Nurse Specialist Mental Health only worked with prisoners in the ISU, but conducted a follow-up unit visit when a prisoner was discharged from the ISU. The Clinical Nurse Specialist Mental Health shared the care of these men with the Te Whatu Ora Regional Forensic Mental Health Service. We were told a Te Whatu Ora Psychiatrist came to the site three days a week.
271. The Clinical Nurse Specialist Mental Health told us challenges in the ISU included a lack of continuity of custodial staffing and a lack of training and support for custodial staff.
272. Multidisciplinary team meetings that included custodial staff, the Health Centre Manager and the Clinical Nurse Specialist Mental Health were held in the ISU every morning to discuss the at-risk status of the prisoners, what clothing they could wear, and what items (such as pens

⁴⁷ Prison Operations Manual M.05.02 Review Risk Assessment.

⁴⁸ NRCF has since established a small Intervention and Support Practice Team consisting of a Clinical Manager, two Clinical Nurse Specialists (one position remains vacant) and a Kairuruku Hinengaro Mental Health Practitioner.

- or books) they could have in their cells. We heard the Residential Manager, Nurses and forensic staff sometimes also attended these meetings.
273. In addition, there were daily clinical multidisciplinary team meetings which were attended by the Clinical Nurse Specialist Mental Health, the ISU Principal Corrections Officer and members of the forensic team (sometimes via AVL).
274. A Psychologist from Auckland Prison was providing some post-incident training for custodial staff in the ISU.
275. Custodial staff in the ISU told us they had a good relationship with health staff and with the Clinical Nurse Specialist Mental Health. They said there was good communication between them.
276. Custodial staff told us all prisoners who had been assessed as being at risk of self-harm were strip searched according to Corrections policy on arrival at the ISU. They told us all prisoners were initially placed in an anti-ligature gown and not allowed underwear, but that, following further assessment, at-risk prisoners would be allowed clothing based on identified risk. We observed that on the day of our visit, all four prisoners in the ISU were wearing ordinary prison-issue clothing.
277. Cells in the ISU had natural light (see image 7 in Appendix A). Cells contained a CCTV camera, a desk and seat, a concrete bed base with a mattress and bedding, and a blackboard for prisoners to draw or write on. Cells had toilets and sinks. We confirmed that on CCTV footage, toilet areas were pixellated for privacy.
278. Cells did not contain televisions but we heard that men could choose to listen to music that staff played over the intercom. Staff told us prisoners in the ISU would be allowed items such as pens, paper and books in their cells if it had been decided at a multidisciplinary team meeting that it was safe to supply these. We observed that most men had little to do in their cells. Staff told us there had been some talk of putting televisions in the cells but that this had not yet occurred.
279. We found the ISU was clean and communal areas contained some decorative murals (see image 8 in Appendix A). There were two exercise yards and a dayroom that contained bean bags, chairs and a table. Part of the dayroom was painted with blackboard paint and chalk was provided so prisoners could draw and write. The dayroom had windows that let in natural light and opened into a concrete exercise yard. It was pleasing to see the four prisoners in the ISU at the time of the inspection spending time together in the dayroom. Overall, however, the environment was stark and we did not consider it to be especially conducive to wellbeing.
280. Custodial staff told us they recorded whether prisoners in the ISU accepted or declined their yard time in a Minimum Entitlements Register. If prisoners declined yard time, staff would record this in IOMS in an offender note, monitor the situation and encourage prisoners to come out of their cells.
281. We were told a therapy dog visited the ISU once a week. The Senior Corrections Officer said they had some sensory items which were sometimes used. However, he said there was no process for cleaning this equipment. During interviews we found that some custodial staff did not know what these sensory items were or where they were kept.
282. We heard that prisoners were supported to transition out of the ISU with short visits to the unit they would be moved to.

Prisoners with disabilities

Inspection Standards

- Prisoners with physical, mental or other disabilities have full and effective access to prison life on an equitable basis.⁴⁹
- Prisoners with a disability or age-related needs are placed in a cell that is suitable and appropriate for their health-related needs.⁵⁰
- Those who should not be detained in prison due to severe mental health disabilities are promptly referred to mental health facilities.⁵¹

283. 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.
284. The Clinical Inspector reviewed 33 Initial Health Assessments for information about disabilities and found variable information was provided. As part of the Initial Health Assessment, prisoners are screened for functional disability using the Washington Group Short Set of disability questions. This is a set of six questions designed to identify people with a disability. The questions ask whether people have difficulty performing basic universal activities such as walking, seeing, hearing, cognition, self-care and communication. Many prisoners, when asked these questions, told the Nurse they did not have any difficulty with these functions. Some prisoners, however, told the Nurse they had a lot of difficulty with some functions. We checked health records for these people and found that in many cases Nurses had cases completed Notification of Health Status forms for custodial staff advising that a person had a disability, required mobility equipment, that the person needed to be on a bottom bunk or required a second mattress due to their disability. However, this was not done consistently. We found there were some people who had a disability, such as a significant hearing or vision loss, but there were no IOMS alerts in place to notify custodial staff of these issues.
285. We noted that units had designated cells which were wheelchair accessible. These cells were slightly larger than regular cells and were generally in good repair. They had handrails by the toilet, shower and bed. At least one of these cells was housing a man with a disability.
286. As part of the inspection, the Clinical Inspector interviewed two men who had limited mobility. Both men had mobility aids, though one man noted that the crutches he had been given were not appropriate as they were different heights, and he could not adjust them to the correct height. One man received assistance to keep his cell clean.
287. At the time of the inspection there were 42 prisoners aged 60 or over. Twenty-nine of the 42 were aged 65 or over. Seventeen of the 42 were aged 70 or over.
288. Corrections' Health Policy requires comprehensive nursing assessments to be completed annually for prisoners over 65 years. Of the 29 prisoners aged over 65 at the time of the

⁴⁹ Note, this is a basic principle – not a standard.

⁵⁰ Note, this is an indicator – not a standard.

⁵¹ Note, this is an indicator – not a standard.

- inspection, we reviewed the electronic health records for nine. None had received a 65+ health review, though two had received a two-yearly health assessment (the two-yearly health assessment is offered to sentenced prisoners aged under 65). We found one of the men had severe hearing loss but this had not been documented.
289. We interviewed four prisoners aged over 65, two of whom were over 80. They told us health care at the site was not good and was too slow. They said they had been waiting at least six weeks to see the Medical Officer. We reviewed the electronic patient records for these men and found evidence of rescheduled appointments creating delays at times, but the records showed none of these men had waited longer than two weeks for a Medical Officer appointment.
290. We observed that most of the older prisoners were living in one 30-bed unit. We heard this unit was considered a 'harmony' unit and housed vulnerable prisoners from across the site. We observed some of these prisoners moving freely about the unit. They accessed an outdoor space, ate meals together, sat on couches in a common room and played cards. Men in this unit told us they felt safe and were generally positive about the unit.
291. The Senior Corrections Officer in this unit told us a few of the older men did not want cardio-pulmonary resuscitation should they require it. We observed that three men in this unit had health alerts in IOMS that they were not for resuscitation. However, the Senior Corrections Officer told us custodial staff did not know who these men were, nor did they feel confident about what they were expected to do in the event of a health incident. We raised this issue with the Health Centre Manager who agreed there needed to be clear communication about expectations of custodial staff regarding this issue.

Environment

Inspection Standards

- Prisoners live in a clean and suitable environment which is in a good state of repair and fit for purpose.
- Prisoners have sufficient bedding that is laundered regularly.

Residential units

292. NRCF had several residential units in use at the time of the inspection. In summary, these were:
- » 3 low-medium security units, named Kaaka (North and South), Puukeko (North and South) and Kea
 - » 2 high security units, named Kaahu (North and South) and Weka (North and South)
 - » 1 low-medium to minimum security internal self-care unit, named Piipiwaharuroa
 - » 1 Placements Unit (high security) named Karamu
 - » 1 Intervention and Support Unit (high security) named Karo.
293. There was an external self-care unit at NRCF, called Kuuaka Unit, but at the time of the inspection this had been closed since October 2021. We heard options were being discussed with local iwi for the running of this unit in the future, though no date for re-opening the unit had been agreed.

Kaaka, Puukeko, Kea, Kaahu and Weka Units

294. Most of the residential units at NRCF (i.e. Kaaka, Puukeko, Kaahu and Weka) had two separate pods (North and South) comprised of cells set around a grass and concrete compound area (see image 9 in Appendix A). Kea Unit was the exception to this configuration. Kea Unit consisted of two wings (North and South), with a dining and living space in the centre. Kea was an open 'harmony' unit, and prisoners could move freely between wings and access an outdoor space.
295. Cells across these units were generally in good order, though we observed peeling paint in some cells, especially on the floors. Cells contained a shower, toilet, and other facilities which we found to be in working order, though we noted in several units the sink taps had plastic straws inserted into them. Prisoners told us they inserted straws to direct the flow of water from the tap into the sink. One prisoner showed us that without the straw, the water missed the sink and flowed directly onto the floor.
296. We noted that some cell toilets had no lids, even though prisoners ate in their cells. In some double-bunked units, we heard that shower curtains had only recently been provided. Cells in some units had window curtains for privacy, but in other units prisoners had utilised torn sheets as window curtains.
297. Some prisoners told us they had been cold in their cells lately. Staff told us the underfloor heating had been turned on the week of the inspection. However, in one unit, prisoners told us the underfloor heating was working in some cells but not others. We raised this issue with a Downers maintenance contractor who was in the unit at the time. He informed us later in the day that a part had been changed and the heating issue in that unit had been resolved.

298. Prisoners had access to telephones, self-service kiosks, unit laundries, and some recreational equipment in the unit compounds. Additional exercise yards were located at the back of some units and accessed by a caged walkway. Prisoners had access to a telephone, drinking water and a toilet in the yards. Communal areas were clean and tidy with minimal graffiti. Staff and prisoners told us most maintenance issues were attended to promptly.
299. Between the unit compounds and the staff base/unit exits, some units had an area known as a "sterile" area. These areas contained kitchenettes (see image 10 in Appendix A) where, typically, four prisoners were allowed at a time to prepare food such as instant noodles. A prisoner worker known as a "messman" was often based in this sterile area. His job was to give prisoners hot water and any paper forms they required. Telephones for prisoners to call their lawyers were also located in this area. Prisoners went through these areas to access programmes and interview rooms.
300. We observed that most prisoners across the site had clean mattresses and sufficient bedding which was laundered regularly. Most prisoners we interviewed confirmed this and told us items were replaced when needed.
301. However, staff and prisoners in Weka Unit told us they sometimes ran short of bedding. While most mattresses and pillows we saw in this unit were in acceptable condition, some prisoners told us the mattresses were too thin. A staff member told us some mattresses needed replacing but it was unclear why this had not happened given we were told the kit locker had a stock of around 50 new mattresses.
302. We were told some prisoners in Weka Unit did not have chairs in their cells. We heard they used to have plastic chairs but that some prisoners had used the plastic to make shanks. Cardboard chairs had been issued, but the unit had run out and told us they had not yet been able to acquire more.
303. We observed that many custodial staff in Weka unit had under two years of experience and that there appeared to be little sense of ownership of issues by staff in this unit. This resulted in frustrations for prisoners regarding access to items such as bedding, hair clippers, hygiene items. Please also see the Prison Staff section of this report for more on the issues in Weka Unit.
304. We heard that in terms of facilities management, the main risk across the site was keeping the sanitation and plumbing going. We heard there had been a drive to hold prisoners to account for vandalism that had helped reduce maintenance issues in recent years.

Self-care unit: Piipiiwharauoa

305. The internal self-care unit, Piipiiwharauoa Unit, was a 28-bed 'harmony' unit comprised of seven four-bedroom houses where prisoners could live together in a flatting type situation. At the time of the inspection there were 18 prisoners living in this unit. Staff described the unit as a good opportunity to learn skills for budgeting, cooking, gardening, and getting along with housemates and staff. This unit also had a conduct and behaviour agreement that prisoners had signed.
306. The houses were arranged in a circle around an open compound consisting of a basketball court and a grassy area (see image 11 in Appendix A).
307. Each house had a shared living room, kitchen, laundry, bathroom and toilet, and four individual bedrooms. Bedrooms contained a single bed, television, desk and chair. All the houses we visited were clean and tidy. There were fire extinguishers in the kitchens. One house was closed for renovations.

Placements Unit: Karamu

308. We heard this unit was used to house prisoners temporarily, including those who had been placed on directed segregation, those on voluntary segregation who could not be located in other units, those on directed protective custody, those transitioning out of the Intervention and Support Unit, and high security prisoners awaiting transfer or release. The unit also held young adult prisoners who had been assessed as needing to be placed in a youth unit and who were waiting to be transferred as there was no youth unit at NRCF.
309. At the time of the inspection there were eight prisoners in the Placements Unit. We were told they were being managed according to individual management plans. Staff told us prisoners in the unit could mix if they were the same category or classification and we saw two young adult prisoners (aged 18 or 19) who were being unlocked together. Staff told us most prisoners were unlocked separately and placed in an exercise yard on their own. When we first visited the unit, none of the prisoners were subject to directed segregation, though on the last day of the inspection a prisoner from another unit was placed on directed segregation due to an incident and moved to the Placements Unit.
310. Staff told us, and we observed, that prisoners in the Placements Unit were receiving their minimum entitlement of at least one hour of physical exercise in the open air every day.⁵² Prisoners spent this time in a concrete exercise yard which also contained a telephone they could use.
311. The Placements Unit had 14 cells. Cells 1 – 6 were single occupancy and cells 7 – 14 were double occupancy. There was a small exercise yard attached to the cells, with two cells sharing one yard (for example, cells 1 and 2 shared a yard).
312. There were no showers in the cells, but a shower was located in the yard. This meant the yard door to one cell had to be locked before the door of the other cell could be opened for a prisoner to access the yard to have a shower. We heard there could be security issues with this arrangement and that it was essential for custodial staff to manually check doors were properly locked before allowing a prisoner into the yard.
313. We observed peeling paint in some of the cells, and graffiti on some cell windows. We were told a prisoner was repainting these cells.
314. There were three larger exercise yards in the unit. Each contained a telephone, bench seat and toilet with a privacy screen. The walls in the exercise yard were painted with blackboard paint that prisoners could draw or write on. We observed some weight bags and dip bars in these yards, but there were no pull-up exercise bars. We were told these had been removed as some prisoners had climbed on them and refused to come down.
315. While most of the prisoners in this unit said there were no issues with getting laundry done, one prisoner identified issues with laundry coming back either dried but not washed, or washed but not dried.
316. In addition, prisoners in this unit told us their mattresses were of poor quality and needed replacing. We observed that some of the mattresses in this unit did need replacing. All prisoners we spoke with in this unit told us they had sufficient bedding.

⁵² 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".

Intervention and Support Unit: Karo

317. The Intervention and Support Unit (ISU) 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. Twelve of the 14 cells in the ISU were single-occupancy designated at-risk cells, and two were dry cells.
318. We interviewed one of the Residential Managers who told us young adult prisoners (i.e. those aged under 20) could sometimes be placed in the Intervention and Support Unit (or the Placements Unit). He felt neither of those units were really suitable for young people, especially when they were not at risk of self-harm.
319. As previously mentioned, we found the ISU was clean, with two exercise yards and a dayroom that contained a television, a telephone, bean bags, chairs and a table. We observed that communal areas in the ISU contained some decorative murals but the environment felt stark and we did not consider it to be conducive to wellbeing.
320. Cells in the ISU showed some wear and tear such as scratched paintwork. All cells received natural light. Cells contained a desk and seat, a concrete bed base for a mattress and a blackboard for prisoners to draw or write on with chalk which was provided. Cells had toilets and sinks. We heard that men could choose to listen to music that staff played over the intercom. Cells did not contain televisions and we observed that most men had little to do. Staff told us there had been some talk of putting televisions in the cells but that this had not yet occurred.
321. Prisoners were given the opportunity to clean their cells every day. If they were unable to clean their cells, staff helped them.

Hygiene**Inspection Standards**

- Prisoners are encouraged to keep themselves clean and are provided with the appropriate toiletries.

322. Most prisoners we spoke with across the site told us they had good access to showers and to a supply of free toiletries including toilet paper, soap, toothpaste, and shampoo. Most prisoners told us they had access to razors, nail clippers and hair clippers and had no issues with keeping clean and tidy.
323. A few prisoners in Weka Unit told us they often ran out of toilet paper. The Senior Corrections Officer told us there had been issues with ordering toiletries but that this had been addressed.
324. Some prisoners told us the hair clippers in Weka Unit were broken and needed sharpening.
325. Most prisoners had access to showers in their cells and told us they could have as many showers as they liked. Most had no issues, though a few prisoners told us the water was too cold or could suddenly go cold. We asked a Principal Corrections Officer in one unit about these shower water temperature issues and were told prisoners could not control the water temperature from their individual cells. The water temperature for the unit was controlled by unit staff and when they turned the temperature up some prisoners said it was too hot, so they turned it down and some prisoners complained it was too cold.

326. In the Placements Unit, prisoners did not have access to showers in their cells, but staff could facilitate access to showers in the yards.
327. All prisoners we spoke with had access to cleaning products and equipment to keep their cells clean.
328. Communal areas in units were generally cleaned by prisoners who worked as unit cleaners. We observed stocks of cleaning equipment and chemicals in unit storerooms.
329. We found the health team had last completed an infection control audit in May 2023. This audit indicated that infection control was compliant with required standards in areas including the laundry, management of soiled linen and waste disposal.

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.

330. All sentenced prisoners at NRCF wore prison issued clothing, though we observed some remand prisoners were wearing their own clothes.
331. Prisoners told us that when they had first arrived at NRCF they had been given a clothing pack in the Receiving Office that contained underwear, a t-shirt, a pair of trackpants and a sweatshirt. They told us they had been given additional clothing once they had reached their unit. Some prisoners wore items such as socks and underwear that had been supplied by their family/whānau.
332. The Principal Corrections Officer in the Receiving Office told us they had a supply of clothes for people who did not have their own clothing or underwear.
333. Most units had a kit locker. We checked these and found most contained a good stock of prison clothing in various sizes. Hats (beanies), socks and underwear were also available. Prisoners in most units told us they could get replacement clothes of a suitable size from the kit locker if their clothes were lost or damaged.
334. We observed the kit locker in Weka Unit was understocked and did not contain a sufficient range of sizes. Although hats were available in this kit locker, there were no socks or underwear.
335. Some of the prisoners in Kaakaa Unit told us they only had one set of warmer clothes for the cooler months.
336. Kea Unit did not have a kit locker but we heard if a prisoner needed replacement clothes these could be provided via the prison laundry.
337. Staff told us sizes up to 7XL were generally available but that if anyone needed larger sizes, staff had to place a special order which could mean the person had to wait.

338. Men across the prison told us they had no issues getting their clothes laundered in the unit laundries. Some men told us they preferred to hand-wash their own clothes in their cell sinks, which is often common practice across the prison network.

Food

Inspection Standards

- Prisoners have a varied, healthy and balanced diet which meets their individual needs.
- Upon request, the prison provides meals and food in line with religious, cultural and other special dietary requirements.
- Prisoners' food and meals are stored, prepared and served in line with hygiene regulations.
- Clean drinking water shall be available to every prisoner.
- Mealtimes are reasonable and generally match those in the community, where possible.

339. 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.
340. At NRCF, meals were prepared in the prison kitchen by prisoners working under the supervision of instructors. We observed that the kitchen was generally clean. However, we observed that a number of workers were not wearing gloves or hairnets when preparing food as they should have been which meant food hygiene standards were not being adhered to. We received copies of the site's monthly health and safety hygiene and sanitation checklists and noted that these did not include checks of adherence to the use of personal protective equipment (i.e. gloves and hairnets) in the kitchen.
341. We observed that the national menu was being adhered to. Breakfast was typically cereal, toast and a hot drink. We noted that the kitchen was serving hot meals (i.e. main meals) in the middle of the day, and sandwiches and fruit or a boxed rice, pasta or couscous salad for the evening meal. A light snack of a muffin and yoghurt were served at the same time.
342. We observed that the hot meals generally looked acceptable, though we saw one meal that contained a chicken bone with no meat (see image 12 in Appendix A). We observed that the sandwiches served for the evening meal (i.e. four slices of bread per prisoner) contained very little salad or fillings (see image 13 in Appendix A) and did not look appetizing.
343. Meals were served in the kitchen and delivered to the units by prisoner workers using small meal trucks. We interviewed one of the four kitchen Instructors, who told us scoops were used to ensure consistent portion sizes. He told us all food was apportioned under the supervision of staff.
344. We asked the kitchen Instructor about the evening meal we had seen that had contained a chicken bone with no meat. The kitchen Instructor told us he could not say what happened to meals once they had left the kitchen. During our visits to units, we observed custodial staff

- supervising the issuing of meals in some units, but in other units staff did not appear to be supervising closely.
345. Feedback from prisoners regarding the food varied. Many of the prisoners we interviewed told us they felt meal portion sizes were inconsistent or too small. Some prisoners told us they felt the food quality was poor. However, other prisoners said they had no issues regarding the food.
346. The timing of breakfast was acceptable, though lunch and the evening meal were being delivered early. Generally, breakfast was delivered between 7.30 and 9am, lunch around 11am, and dinner between 2.30 and 3.30pm. For example, in one unit on the day we visited, the men received their dinner at 3.20pm. They also received a light snack for supper at the same time, but this would still mean an 18-hour gap between dinner and breakfast which we do not consider to be reasonable. In another unit we visited, the evening meal was delivered at 2.50pm. We heard that the timings of these meals were due to the shift patterns staff were working, where most staff started at 8am and finished at 5pm. We note that shift patterns were due to change in the future which we expect may rectify this issue.
347. In two units we heard that working relationships between some custodial staff, kitchen staff and health staff were strained. We heard there were a large number of prisoners on medical diets at NRCF and that the Health Centre Manager and Medical Officer had therefore recently reviewed these to ensure they were clinically indicated. We heard they had revoked some medical meals that were no longer clinically indicated which had caused some complaints to the kitchen. However, their review had also substantially reduced the number of medical meals the kitchen had to manage.
348. We note that special diets for religious, cultural or lifestyle reasons (for example, halal, vegetarian or vegan diets) were not included in the review and these meals remained available to prisoners who requested them.
349. In one unit, one of the prisoners who worked as a "messman", delivering food to other prisoners, told us it happened regularly (i.e. "at least three times a week") that a prisoner received a meal they shouldn't due to dietary requirements. For example, we were told one prisoner was allergic to cabbage and that another was allergic to mushrooms, and yet they had both received meals containing these foods. We heard if this occurred the unit staff would contact the kitchen for a replacement meal, but that the kitchen was not always happy to provide a replacement. The Senior Corrections Officer of one unit told us they felt the working relationship with the kitchen was not good.
350. Prisoners can order additional food, such as noodles, biscuits and fruit, through the prison canteen. They must pay for these items themselves with money from their trust accounts. Some prisoners at NRCF told us they were often still hungry after meals and used the prison canteen to "top up" their meals with snacks. However, not all prisoners could afford this.
351. All prisoners had access to clean cold drinking water from the taps in their cells.
352. Prisoners also had access to hot water to make hot drinks. Most units had unit kitchenettes that contained a water heater, refrigerator, microwave, sandwich press and toaster. Prisoners were generally allowed to access these kitchenettes during unlock.
353. In the units with communal dining areas (for example, Kea Unit) prisoners could choose to eat in the dining area or take their meal to their cell.

Good Order

Security

Inspection Standards

- Prisoners are held in a safe environment where security is proportionate to risk and not unnecessarily restrictive.

354. Security features across NRCF were generally in good order. The site had a traffic barrier for vehicles entering the site and a secure perimeter fence. Perimeter checks were conducted regularly.
355. We observed that all staff and visitors entered the prison through a single gatehouse that contained a visitors' book that staff ensured visitors signed, an APPE⁵³ card check, a CellSense⁵⁴ detector, a walk-through metal detector and an x-ray machine. Staff used a hand-held wand to search people who activated the metal detector.
356. We were told not all gatehouse staff were certified to operate the x-ray machine and that some had learned from each other which is not best practice. However, overall, we found gatehouse staff to be welcoming and professional and we saw good control processes, with staff using the tools available to assist in the searching process. We heard the gatehouse was supported by the dog handler and Site Emergency Response Team when required.
357. We observed some thorough searches of contractors at the gatehouse, though a contractor later told us processes could vary as some staff were complacent when searching contractors they knew.
358. We observed a well-organised staff equipment area for items including handcuffs, body worn cameras, pepper spray and radios. Records showed items were checked regularly by the security team and there was an accountability check completed at the end of each shift.
359. We observed staff working in the vehicle sallyport and saw good control processes, with appropriate use of the tools available to assist in the searching process. We observed good communication with Master Control.
360. In the residential units we observed that the environments were generally not unnecessarily restrictive and seemed proportionate to the risk levels of the prisoners in the unit. For example, where appropriate, prisoners had access to unit kitchenettes and communal areas during their unlock periods. Some prisoners, for example those in the Self-Care Unit, were free to move around the unit and to walk unescorted to work, visits, programmes or health appointments.
361. We observed that most prisoners were receiving more than their minimum entitlement of at least one hour of physical exercise every day. We found that most prisoners were unlocked for two hours in the morning and two hours in the afternoon. Workers, unit cleaners, and messmen were unlocked for longer periods, being unlocked earlier and locked later than the rest of the unit. However, while four hours of unlock time is reasonable for high security

⁵³ The Authorised Provider Prison Entry (APPE) system is an electronic prison entry system that streamlines the process of entry into prisons for volunteers and non-departmental staff.

⁵⁴ CellSense equipment is portable equipment designed to detect contraband such as weapons, cellphones or other metal objects that may be concealed in a person's clothing. In New Zealand prisons it is used in addition to a metal detector.

- prisoners, we consider that for lower security prisoners (e.g. low-medium security) longer unlock hours with more constructive activities would be beneficial.
362. Minimum security prisoners in the Self-Care Unit were unlocked at 8.30am, locked in their houses for lunch between 11.30 to 1pm, then unlocked until 4pm; a total of six hours of unlock time.
363. Security in the Placements Unit and the Intervention and Support Unit was generally appropriate for the risk levels of the prisoners held there.
364. We were told that prisoners in the Placements Unit were being managed according to individual management plans. We requested copies of these and received these for six of the eight prisoners. Prisoners in the Placements Unit were receiving their minimum entitlement of at least one hour of physical exercise in the open air every day. In addition, prisoners in this unit could be unlocked to have at least two showers a day. We heard if there were any young adult prisoners in the unit, staff tried to give them additional unlock time.
365. The Property Officers told us if they identified trends in how people were attempting to introduce contraband to the site, they shared this information with other Property Officers around the country.
366. We interviewed the Security Manager who told us they had one Dog Handler on site with another coming soon. There was a Site Emergency Response Team and an Intelligence Team and we heard the relationship between these teams was improving and more structured ways of working were being introduced.
367. The Dog Handler worked with the Security Manager and the Site Emergency Response Team to ensure they were present at times when the site was at risk of having contraband introduced, such as during visits. The Dog Handler also conducted random and targeted searches across the site, including of mail and vehicles.

Classification and placement

Inspection Standards

- Classification, placement and treatment are based on an individual assessment of each prisoner's risks and needs.
- Prisoners are held in the appropriate security conditions and can seek review about decisions on their security classification.
- Trans prisoners are placed in single cells, unless a suitable trans prisoner of the same gender is identified.
- Trans prisoners' safety is assessed before placement in any cell or unit.

368. The Prison Operations Manual sets out that all sentenced prisoners should be assigned a security classification which reflects the level of risk they pose while inside or outside prison.⁵⁵ 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.

⁵⁵ Prison Operations Manual M.02.01.01

369. We reviewed the COBRA data for the 110 initial security classifications assigned in the six-month review period. All but 18 had been assigned within the required timescale.
370. We reviewed the COBRA data for the 146 security classification reviews completed in the six-month review period. All but five been completed within the required timescale.
371. All the sentenced prisoners we interviewed knew about their security classification and told us staff had informed them about this. They all knew when their security classifications were due for review.
372. In the six-month review period, there were 31 complaints by 19 prisoners via the PC.01 process regarding their security classifications. Twenty-nine of these complaints related to requests for review of security classifications under Section 48 of the Corrections Act 2004. Two of the 19 prisoners submitted five complaints requesting reviews of their security classifications, one prisoner submitted three complaints and two prisoners submitted two complaints. Of the 29 security classification reviews, only 11 were completed within the required timeframe of ten working days.⁵⁶
373. During the same period, there were 15 complaints by 15 prisoners to the Office of the Inspectorate regarding security classifications.
374. As previously mentioned, at the time of the inspection NRCF had a total of 255 remand prisoners, which represented 48% of the total population at the site. Generally, all prisoners on remand are managed as high security, but the Custodial Practice Manual sets out that prisoners with a remand status may be assessed using the Remand Management Tool (RMT) to ascertain the risks they present and to determine the level of custodial supervision they require.⁵⁷ The tool allocates a status of RMT1 or RMT2. RMT1 prisoners require a higher security environment and greater supervision to be managed safely. RMT2 prisoners may be safely managed in lower security environments and given access to an appropriate regime where they may, for example, be able to participate in more constructive activities.
375. We observed that some prisoners at NRCF had been assessed using the RMT. We found that in some units RMT1 prisoners were mixing with RMT2 prisoners and unassessed prisoners. Some prisoners assessed as RMT2 were located in high security units.
376. We asked some prisoners if they were aware of the RMT classification and they told us they were not. A Principal Corrections Officer told us he completed RMT assessments and prisoners' Case Officers should tell them the outcome.

Segregation and cell confinement

Inspection Standards

- Prisoners are placed on directed segregation only with proper authority and for the shortest time period, which is regularly reviewed. Prisoners understand why they have been segregated.
- Prisoners are kept safe at all times while on directed segregation and individual needs are recognised and given proper attention.
- Cell confinement is subject to strict policies and procedures.

⁵⁶ Prison Operations Manual M.02.07 Prisoner's request for reconsideration.

⁵⁷ Custodial Practice Manual – Remand Management Tool (RMT).

- Prisoners suspected of internal concealment are located in a dry cell as a last resort and the proper authorisation is recorded.

377. 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 others⁵⁸ or for their own safety.⁵⁹ Prisoners may also be separated from others for the purposes of medical oversight.⁶⁰ In prisons, these measures are generally known as directed segregation.
378. During the six-month review period, approximately 98⁶¹ prisoners were placed on a total of 106 periods of directed segregation.

Type of directed segregation	Periods of segregation	Number of people
Section 58 (1)(a) for security or good order of the prison	11	9
Section 58 (1)(b) for the safety of other prisoners	41	36
Section 59 (1)(b) directed segregation for prisoner's own safety	5	5
Section 60 (1)(a) medical oversight, physical health	43	42
Section 60 (1)(b) medical oversight, mental health	6	6
TOTALS	106	98

379. At the time of the inspection, there were two prisoners on directed segregation in the Placements Unit. Both were being held under Section 58 (1)(b) for the safety of other prisoners. Both prisoners were placed on directed segregation on the last day of our inspection and both had been verbally approved for segregation by the General Manager. There was no directed segregation documentation on IOMS for either of these two men, but we note there is at present no requirement for this to occur. There was also a man in the

⁵⁸ 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.

⁵⁹ 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.

⁶⁰ 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.

⁶¹ 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.

- Intervention and Support Unit who was being held under Section 60 (1)(b) for medical oversight of his mental health.
380. We reviewed the segregation documentation for a sample of 15 prisoners who had been placed on segregation during the review period. We found 11 prisoners had been managed under Section 58 (i.e. four of the 11 had been segregated under Section 58 (1)(a) for the security or good order of the prison, and seven of the 11 had been segregated under Section 58 (1)(b) for the safety of other prisoners). Four of the 15 prisoners had been segregated under Section 59 (1)(b) for their own safety.
381. Our review of the documentation (including initial segregation paperwork, revocation and management documentation) identified inconsistencies in the recording of information such as signatures, and dates and timings for notification and approval of segregation.
382. We observed from the documentation that some prisoners remained on segregation beyond the expiry of their segregation order. One prisoner requested to remain in the Placements Unit for six days after the expiry of his segregation order until his release.
383. Prisoners on directed segregation may be denied association with all other prisoners, or placed on restricted association where they are only permitted to associate with other prisoners with the same segregation status. Our review of the segregation paperwork for 15 men on segregation during the review period showed that 14 were placed on restricted association and one was on denied association. However, the paperwork for one of the men on restricted association set out that he would be managed on his own regime in the unit, which suggests he was effectively denied association.
384. There were eight prisoners in the Placements Unit at the time of the inspection, and while none of them were on directed segregation or serving a period of cell confinement, only two young adult prisoners could associate with each other. This meant six of the men in the Placements Unit were effectively being denied association with others. Moreover, we found that most men had been in this unit for over 20 days, with one man having been in the unit for 106 days. These men would therefore likely have experienced solitary confinement as that term is defined in the Mandela Rules – more than 22 hours a day without “meaningful human interaction”.⁶²
385. Moreover, the Mandela Rules prohibit solitary confinement in excess of 15 days, so some of these men would likely have experienced “prolonged solitary confinement” as it is defined in the Mandela Rules. Fifteen days is the limit between “solitary confinement” and “prolonged solitary confinement” because the literature suggests that after that point some of the harmful psychological effects of isolation can become irreversible.⁶³
386. If prisoners are suspected of concealing items (such as drugs) internally, they may be placed on directed segregation (Section 60). Their management may include being placed into a dry cell which does not have running water, a toilet, or a modesty screen. No prisoners at NRCF were placed on directed segregation for suspected internal concealment of items in the six-month review period.

⁶² As we set out in our Separation and Isolation Thematic Report published in March 2023, “Solitary confinement is a legitimate tool of prison management. However, where a prisoner’s opportunity for social interaction is limited for an extended period, there is a risk that the prisoner may experience insufficient meaningful human interaction to sustain their health and wellbeing. For this reason, the Mandela Rules prohibit solitary confinement in excess of 15 days.”

⁶³ For example, Mendez, J.E. (5 August 2021), *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*.

387. Prisoners can request to be separated from others; this is known as voluntary segregation.⁶⁴ At the time of the inspection COBRA recorded 333 prisoners on voluntary segregation at NRCF (i.e. 62% of the total of 533 prisoners). Prisoners on voluntary segregation can associate with each other.
388. The Custodial Systems Manager told us he completed a quality assurance check of the documentation for prisoners requesting voluntary segregation and returned these documents to units for uploading to IOMS and filing. The Prison Operations Manual⁶⁵ sets out that all voluntary segregation directions should be recorded in a register, but the Custodial Systems Manager told us there was no central register of prisoners on voluntary segregation at the site.
389. 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.⁶⁶
390. Site Prosecutors told us that over the six-month review period, penalties of cell confinement had been issued 149 times by Hearing Adjudicators and 27 times by a Visiting Justice. We note that some prisoners may have served more than one period of cell confinement.
391. Staff at NRCF told us shorter periods of cell confinement generally took place in the prisoner's own cell, but that if a prisoner was given a longer period, they might be moved to the Placements Unit to serve the penalty there. However, we also heard that if the Placements Unit was full, the prisoner would serve the penalty in their own cell.
392. At the time of the inspection, staff told us one prisoner was serving seven days' cell confinement in his own cell. The Senior Corrections Officer of the unit told us any prisoner serving this penalty would continue to receive their minimum entitlement of at least one hour of physical exercise in the open air every day.

Incentives

Inspection Standards

- Systems of rewards and privileges appropriate for different categories of prisoners are established, in order to encourage prosocial behaviour, develop a sense of responsibility and secure the interest and cooperation of prisoners.

393. 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, NRCF was formally assessing prisoners against this framework.

⁶⁴ 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.

⁶⁵ Prison Operations Manual M.07.03.01 Segregation Directions Register sets out that "Directions under [section 59(1)(a) of the Corrections Act 2004] (Voluntary) are recorded in a separate register."

⁶⁶ Corrections Regulations 2005, Section 133. Loss of privileges stated in section 158.

394. At 14 April 2024, 16 prisoners were earning 30 cents an hour, 85 were earning 40 cents an hour, and 45 were earning 60 cents an hour. This was a total of 146 prisoners receiving incentive payments.
395. We spoke with a number of prisoners who told us getting a job was an incentive to behave well as then they could earn some money. We also heard that working towards getting a lower security classification could be an incentive as this would mean prisoners could be moved to a lower security unit where they would gain such benefits as more time out of their cells and better access to jobs, rehabilitation programmes and other constructive activities.

Discipline

Inspection Standards

- Disciplinary sanctions against prisoners are imposed by the proper authority.
- Prisoners are subject to disciplinary procedures which are fair and proportionate and follow due process.
- Prisoners are promptly informed of any disciplinary sanction, and understand the charges and procedures they face.
- Interpreter services will be used, where necessary, to explain any disciplinary charges, procedures and the process for defending the charges.
- Prison management does not rely on prisoners for any disciplinary functions, whether in a formal or informal manner.

396. Prisons are required to maintain good discipline and order through effective supervision, communication, and fair and effective disciplinary procedures. Offences against discipline committed by a prisoner can result in a misconduct charge. Disciplinary action must be well documented by staff, and disciplinary hearings must comply with statutory and regulatory requirements, including that charges must be heard within 14 days of being laid unless an adjournment is granted.⁶⁷ Offences against discipline are outlined in the legislation with guidance on the conduct process described in the Prison Operations Manual.⁶⁸
397. 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.⁶⁹
398. During the six-month review period, men at NRCF generated 580 misconducts, mostly for possession of unapproved items, assault or fighting, or deliberately damaging property. Seventeen of the assaults were reported to Police.
399. In the same six-month period for the previous year, men at NRCF generated 560 misconducts, so there had been a slight increase of 20 misconducts (4%).
400. Of the 580 misconduct charges, 62 (11%) were dismissed as there was no evidence or because the prisoner was charged externally by Police. Forty-seven (8%) were cancelled due to insufficient evidence or because the charge had been loaded twice, or because it was

⁶⁷ Prison Operations Manual MC.02.01 Scheduled hearing date.

⁶⁸ Corrections Act, 2004, section 128-140. POM MC.01

⁶⁹ Corrections Regulation 2005, Section 133. Loss of privileges stated in section 158.

- outside the timeframe for the hearing. Fourteen (2%) were 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.
401. Prisoners across the site told us they understood the misconduct process.
 402. Misconduct hearings were generally held on site three days a week, but could be held five days a week if necessary. Hearings were scheduled ahead of time so Prosecutors and Hearing Adjudicators were available.
 403. At the time of the inspection there were two full-time Prosecutors⁷⁰ at NRCF and one “back up” Prosecutor who covered when a Prosecutor was on leave and sometimes offered support. Two of the Prosecutors were relatively new in the role and told us they had only had “on the job” training but were scheduled to attend formal training in Auckland in May. The Prosecutors told us they were supported by the Senior Advisers to Adjudicators and Prosecutions, and the Principal Custodial Adviser for Adjudicators and Prosecutions.
 404. There were 12 Hearing Adjudicators on the list at NRCF, however, we heard that some of these people were now in management roles and so were unavailable. In addition, we heard that some Hearing Adjudicators were Principal Corrections Officers with large workloads and so declined to adjudicate when asked. We heard the Prosecutors struggled to find Hearing Adjudicators. However, we noted that few misconducts did not proceed or were withdrawn because it was outside the timeframe for the hearing.
 405. If a misconduct is sufficiently serious, an external Visiting Justice may hear the case. There was one Visiting Justice for NRCF who told us he generally visited the site once a month but could attend additional hearing days if the site requested it. He could also conduct hearings via AVL if prisoners who had previously been at NRCF were transferred. In the six-month review period, he had heard 155 charges.
 406. The Visiting Justice told us misconduct hearings at NRCF were well-run. He had no concerns with staff, though he was aware that some Prosecutors felt unsupported.
 407. The Visiting Justice made a general observation, applicable not just to NRCF but to Corrections generally, that he had observed there was a high turnover of Prosecutors. His view was that this was due to the relatively low seniority of staff used in this role (generally Senior Corrections Officers or Corrections Officers) whereas in other areas, such as Police, this role tended to be performed by higher ranks or staff in longer serving posts. Additionally, the Visiting Justice told us he had observed that at Corrections, once Prosecutors became familiar with the job and were working well in the role, they tended to move to another role. This meant there was little continuity in the role. This was not something he had observed elsewhere.

Health professionals’ role in discipline

Inspection Standards

- Health professionals do not participate in disciplinary sanctions.

⁷⁰ 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.

408. There was no evidence that health staff had participated in any disciplinary actions.

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.
- Instruments of restraint are used only in clearly defined circumstances, when lesser forms of control fail, and only for the time strictly required.

409. 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 to protect the prisoner from injury, or if a prisoner is escaping or attempting to escape, or to prevent a prisoner from damaging property, or in the case of active or passive resistance to a lawful order.⁷¹ Uses of force are categorised as planned or 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.
410. In the six-month review period, 40 instances of use of force were recorded by the site in IOMS. However, only 36 were recorded in the Use of Force Register as they should have been; four were not recorded in the Use of Force Register. We found that the incidents that had not been recorded in the register had been incorrectly categorised in IOMS.
411. All 36 of the uses of force that were recorded in the Use of Force Register were classified as 'spontaneous' and none were recorded as planned. Fifteen of the 40 uses of force that had been recorded in IOMS included the deployment of pepper spray. There were 12 uses of force recorded in IOMS where staff drew their pepper spray but did not deploy it.
412. We observed that eleven of the 40 uses of force (28%) had taken place in the Intervention and Support Unit, which means more uses of force occurred in that unit than in any other unit. We note this is common in prisons nationwide.
413. We reviewed the Use of Force Register for the six-month review period and found that it mostly met the requirements as outlined in policy. It contained most of the correct information and each incident was assigned a register number. However, as stated above, four incidents had not been recorded in the register.
414. We requested use of force documentation for 14 uses of force from during the review period, including the four incidents that had not been included on the Use of Force Register. We also requested CCTV and body worn camera footage for the 14 incidents to enable a full review.
415. The site was unable to locate the documentation for four of the 14 uses of force; two of these uses of force were recorded in the register and two were not.

⁷¹ POM IR.02 Incident Response

416. The documentation for the remaining ten uses of force was of variable quality. For example, in some cases where pepper spray had been used there was no evidence to show whether the prisoner had been decontaminated at the earliest opportunity. In some cases, there was no evidence (i.e. no observation form) that, following the use of force, the prisoner had been put on 15-minute observations until their at-risk status had been reviewed by the appropriate staff.
417. We reviewed the CCTV and body worn camera footage for the ten uses of force and found that in most cases the force used was reasonable, proportionate and necessary and ceased at the earliest available opportunity. However, we observed that for some incidents the force used was not necessary, reasonable or proportionate. We noted that these incidents had been identified during the site's use of force reviews and had been appropriately referred for further consideration and action.
418. We interviewed the Security Manager who outlined a clear process that was followed by the site after every use of force. The Security Manager told us the site held a use of force panel every month, and that this consisted of a cross-section of staff including custodial, Psychologists, Case Managers and health. We heard the panel would view footage of a use of force and discuss the recommendations, asking questions such as 'Was it necessary to engage?' and 'Did we need to use pepper spray?' etc. We heard minutes of the meetings were taken and that tool-box meetings could be used to share lessons learned with custodial staff. We requested copies of these minutes on more than one occasion but did not receive them.
419. We found that when use of force reviews contained recommendations or follow-up actions, these were appropriate and were recorded in the site's Recommendations Review Database. However, we found little supporting evidence in the database to show that actions had been completed. Most of the action taken was regarding meetings, bite-size training or reminders to staff being sent out. We observed that reviews were similar in nature and continued to identify the same recommendations and follow-up actions, suggesting that training and reminders to staff were not being successfully embedded into practice.
420. Most prisoners we interviewed had not been involved in a use of force, nor had they seen one occurring. We interviewed one prisoner who told us he had been subject to use of force. He raised no issues and said the use of force was reasonable.

Searches

Inspection Standards

- Searches of cells and prisoners are carried out only when necessary and are proportionate, with due respect for privacy and dignity.
- Trans prisoners can nominate staff of their preferred gender identity to perform searches, and their dignity and privacy is protected at all times.

421. 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.
422. In the six-month review period, the site recorded 463 incidents where contraband was found. The largest category of contraband found was 'Other' (226 incidents), followed by 'Drugs' (99 incidents) and 'Tattoo Equipment' (64 incidents). 'Other' included items such as tobacco and smoking equipment, gang paraphernalia and prescription medicines.

423. Prisons may conduct random or 'reasonable grounds' drug and alcohol testing of prisoners to detect and prevent the introduction of drugs and alcohol into the prison. In the six-month review period, COBRA records indicated that NRCF had conducted 17 drug and alcohol tests, of which five had returned a positive result. We observed that these tests had been conducted the period October to December 2023.
424. 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.⁷² We reviewed unit logbooks and found that cell searches were generally being recorded as completed. We observed a cell search and found it was done systematically and to a high standard.
425. 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).⁷³ We observed staff across the prison performing rub-down searches and found these were done to a good standard as specified in the Prison Operations Manual.
426. In the six-month review period, COBRA records showed staff completed 22 'reasonable grounds' strip searches.
427. Prisoners across the site told us staff were generally respectful and professional when conducting cell searches, rub-down searches and strip searches. We noted there had only been four complaints about searches, which suggests searches were not usually an issue for prisoners.
428. We interviewed one trans prisoner about searching; she told us she had no issues with searches and did not have a preference about who searched her. We noted that her support plan set out that her preference was for male staff to conduct searches. We raised this with staff who reviewed the plan with the prisoner. The site updated the support plan regarding this prisoner's searching preferences and uploaded the plan to IOMS within a week of the inspection.

Purposeful activity

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.

429. 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.
430. At the time of the inspection, all prisoners at NRCF were receiving their minimum entitlement of at least one hour of physical exercise in the open air every day. Many prisoners, especially those in lower security units, were receiving much more time out of their cells.

⁷² Prison Operations Manual S.01.Res.14.01 Cell search.

⁷³ Prison Operations Manual S.01.Res.10 Rub-down.

431. All units had exercise yards, which we observed were clean and in reasonable condition. Prisoners in the yards had access to drinking water and a toilet with a privacy screen. Yards contained pull-up exercise bars but some yards had little else.
432. Some units had a limited range of exercise equipment available, including weight bags and ropes. We observed basketball hoops in some exercise yards, though prisoners in some units told us they did not have access to balls. Some units had access to a wider range of exercise equipment, including rowing machines, exercycles and table tennis.
433. At the time of the inspection the main prisoner gymnasium was closed. Staff told us it had been closed for some time as the Activities Officers had been redeployed to cover other duties due to custodial staff shortages.
434. We spoke with one Activities Officer who told us the gym had been opened approximately five times since September 2023. When the Regional Inspector visited the site in September 2024, she observed that the gym was open. Prisoners told her they were using it regularly and that it had been open since July 2024.
435. We visited the gym and found it was well-equipped with a range of equipment. The gym was in good order, with some cosmetic pitting on the floor that we felt would not have constituted a safety risk. The Activities Officer we were with told us the floor could be used with minimal risk. We also heard that repairs to the floor would be prohibitively expensive and would close the area for a long period of time. We heard the roof sometimes leaked as the air venting units in the ceiling were rusted and needed replacing. We heard this could limit use of the gym, particularly first thing in the morning until any leaks could be dried.
436. The Activities Officers had guidelines to determine how many prisoners could visit the gym. For example, two Activities Officers could train 12 remand prisoners doing a weight-based programme, or 20 sentenced prisoners doing a body weight programme.
437. The site also had a large playing field and a walking track. We heard that if the site was fully staffed and the weather was suitable, the Activities Officers would take groups of 15 sentenced prisoners to the field to play team games such as softball, cricket and touch rugby. Remand prisoners could be allowed to use the walking track if the site was fully staffed.
438. If they had not been deployed to other duties, the Activities Officers could also run unit-based activities, facilitate wellness days, and offer programmes for older prisoners, young adult prisoners, and prisoners with disabilities.
439. We heard the main issues for Activities Officers were the amount of time they spent redeployed to other duties, the length of time the main gym had been closed, and the lack of formal training they received.
440. Most prisoners told us they would like regular access to the main gym.

Communication and relationships with family and whānau

Inspection Standards

- Prisoners are encouraged to maintain contact with family/whānau members.
- Prisoners have regular access to visits.
- Prisoners have regular access to telephones and other communications, subject to a risk assessment.
- Prisoners are assisted to contact and consult with legal representatives in relation to family matters.
- A prisoner's family situation is identified and support planning undertaken to proactively assist them in maintaining contact with family.
- Prisoners and their families receive ongoing active support to maintain or re-establish relationships, where it is appropriate.
- Prisoners are located as close as possible to their family/whānau and the community they have a strong attachment to. If prisoners are placed in prisons outside their home region, it is for the minimum time necessary and for an identified reason.
- Staff support prisoners to maintain close relationships with stable family or whānau.
- Prisoners can promptly inform their family or whānau or designated contact person about their imprisonment, transfers, illness or injury.
- Prison staff notify prisoners of the serious illness or death of a family/whānau member or significant other, and a risk/wellbeing assessment is subsequently conducted.

441. 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.
442. Prisoners we spoke with at NRCF told us there were several ways they could stay in touch with family/whānau, including telephone calls, video calls, or by writing letters. Most prisoners told us they stayed in touch by telephone and by writing letters.
443. NRCF had an 'Information for Whānau' booklet which set out the different ways families could stay in touch with their loved one. We hear that prisoners were given a copy of this booklet to send to their family/whānau. We were given a copy of the booklet and found it contained useful and comprehensive information for family/whānau.
444. Before prisoners can make telephone calls, staff must approve the telephone number, including checking that the owner of the number is willing to receive calls from the prisoner. Staff must then load the number onto the system. Sometimes this process can take time.
445. At NRCF most prisoners told us they had had no issues getting telephone numbers approved.
446. One prisoner told us he had experienced long delays getting his telephone numbers approved following an inter-prison transfer.

447. Most prisoners in one Weka Unit told us they had experienced delays in getting numbers approved. Staff told us this happened when the Principal Corrections Officer was away, which occurred regularly.
448. 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.⁷⁴ Corrections covers the costs of national telephone calls so prisoners can maintain contact with family/whānau.⁷⁵ Most prisoners we spoke to at NRCF told us they were able to make more calls than this minimum entitlement.
449. However, several men told us that now telephone calls were free, some men spent longer on calls and this could make it difficult to access a telephone. They told us there were almost always queues for telephones and that some people were unfairly controlling the telephones and that this was not monitored or controlled by staff. In some units, 80 or more men were sharing two or three telephones. Most men told us they felt they needed more telephones in their units.
450. One man we interviewed freely admitted he was one of the prisoners who controlled one of the telephones in his unit. He told us only he and his “boys” could use one of the telephones.
451. Custodial staff in some units told us they were aware some prisoners were controlling or attempting to control the telephones. The Principal Corrections Officer of one unit told us they regularly printed a telephone call list so they could monitor the situation. They told us they talked with prisoners who were using the telephone for long periods of time.
452. One Corrections Officer told us he felt it would be good if prisoners were limited to making one 15-minute call a day as this would help to ensure everyone got a turn to use the telephones.
453. Some prisoners mentioned the lack of privacy when making telephone calls in a crowded unit. We observed some telephones had privacy screens around them to mitigate this issue but prisoners told us the screens were not entirely effective.
454. 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.⁷⁶ Video calls are generally made on a laptop. A staff member remains present while the call is taking place.
455. Prisoners at NRCF could request to make video calls to approved visitors. A logbook showed a total of 1,622 video calls had been made to family/whānau in the six-month review period.
456. A few prisoners told us there was a lack of information regarding video calling. They were not aware if they were allowed this. Some prisoners told us they had applied and been rejected, but were not sure why.
457. Most prisoners had no issues with the mail service or with accessing emails from their family/whānau that staff would print out and give to them, although some prisoners mentioned delays in receiving mail/emails. Some prisoners told us they were unaware their

⁷⁴ Prison Operations Manual C.02.02 Prisoner telephone criteria

⁷⁵ Corrections began transitioning prison sites onto a new telephone system and covering the costs of calls from 11 October 2022.

⁷⁶ Prison Operations Manual C.05 Prisoner video calling

family/whānau could email the prison and that staff would print the email and give it to them. We noted that the Information for Whānau booklet gave the 'Email your whānau member' email address on the front cover, and further information about this inside.

458. According to COBRA data, two applications for a prisoner to attend a tangi, funeral or commemoration ceremony for a family/whānau member or close friend had been made in the 12 months from April 2023 to March 2024. One was approved and one remained pending.

Visits

Inspection Standards

- Prisoners are aware of prison procedures and their visits entitlements.
- Prisoners and their visitors are able to attend visits in a clean, safe and respectful environment which meets their needs.
- Visitors are informed about search procedures, and understand their right to refuse the search and leave the prison.
- Child visitors are searched only when there are reasonable grounds. Reasons for the search should be explained to the child, who should be searched in full view of his/her guardian.
- Visits areas are child friendly and allow for physical contact.
- There is special provision of visits for children at times which are least interruptive of their education and other activities.

459. 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.
460. At the time of the inspection, NRCF was hosting visits in the visits centre on three and a half days a week (i.e. Wednesdays, Saturdays, Sundays, and Friday mornings). Each visit session lasted either half an hour or an hour. Prisoners were able to book as many sessions a week as they liked on a "first come, first served" basis. Records showed that in the six-month review period, prisoners had received a total of 2,919 visits.
461. Prisoners receiving a visit were escorted to a waiting area and given an orange overall to wear. Staff conducted a rub-down search. We observed that the waiting and rub-down areas were clean and tidy and that there was a good supply of clean overalls. Some prisoners at the site, for example those in the Self-Care Unit, were allowed to walk down to the visits centre by themselves.
462. NRCF had one visits centre, located a short walk from the gatehouse. The visits centre was a large hall containing 24 small round numbered tables arranged into rows (see image 14 in Appendix A). Each table was bolted to the floor and surrounded by plastic chairs which were also bolted to the floor.
463. The visits area was clean, tidy and welcoming, with good lighting and ventilation. At one end of the visits centre, we observed some padded floor mats and a colourful cupboard that contained games, toys and books for children. We were told these resources were used on Saturdays by Ngāti Rangī to engage with the children and allow the parents to talk with each other without interruptions. We also observed an outdoor children's play area with brightly

- coloured murals and seating, and painted games such as hopscotch. There was also a family/whānau room in one corner of the visits area that we heard was used occasionally. We heard that in the past they had shown children's movies in this room but that this had stopped after fights had occurred.
464. We heard about a recent Storytime Foundation 'child-centric visit' initiative that had taken place in the visits centre over three two-hour weekend sessions. Under the initiative, two Storytime facilitators had arranged activities such as games, poi making, and designing a tote bag. The aim of the initiative was to help prisoners connect with their children and their families/whānau to support stable and healthy relationships. Information provided by the Storytime Foundation set out that across the three sessions, 25 prisoners had met with a total of 52 children aged from two-months to 15-years-old, and members of their families/whānau. The initiative had been available to remand prisoners, sentenced segregated prisoners, and sentenced mainstream prisoners. All participants, including prisoners, children, family/whānau members, Storytime Foundation staff and Corrections staff, spoke highly of the initiative and many expressed the hope that more similar opportunities would occur in the future.
465. The visits centre had four non-contact booths that could be used if necessary, for example for prisoners on directed segregation. The booths were clean and tidy. The Senior Corrections Officer told us they never had more than three prisoners at a time who were required to be seen in a non-contact booth and so they were using the fourth booth as a storage area.
466. We observed there was cold drinking water freely available for visitors. We heard that if a visitor wanted a hot drink, such as tea or coffee, staff would make this for them. There were toilet and baby changing facilities available for visitors. These were clean and tidy.
467. We heard that Visits Officers (i.e. custodial staff supervising visits) would go out to the external visit reception area to collect visitors and to check their clothing was acceptable (for example, the NRCF 'Information for Whānau' booklet sets out that visitors should wear "tidy, modest clothing" and "no gang clothes") and that they had left any unapproved items in their vehicles or at reception. Lockers, wheelchairs, prams, and face masks and hand sanitiser were available for visitors to use if they wished. We noted information regarding the rules for visits was displayed on the external wall of the visits centre for visitors to read. There was also considerable information on visits on the notice boards inside the visit reception area.
468. We spoke to several visitors in the reception area. They told us they were aware of the rules and felt the reception process was relatively straightforward. They were there to attend a graduation and told us staff had been helpful.
469. We noted that the NRCF Information for Whānau booklet sets out clear information about becoming approved to visit, supporting tamariki during visits, what would happen on the day of the visit, and the rules for visitors.
470. The site had a visitor prohibition spreadsheet that was managed by the Security Manager. During the six-month review period there were 11 new visitor prohibition orders issued. The duration ranged from 24-hours to 12 months. Out of the 11 visitor prohibition orders issued, six were for introduction of contraband, two for conspiring to introduce contraband, two for wearing inappropriate clothing after receiving several warnings by staff, and one for offensive behaviour via AVL.
471. We reviewed a sample of eight of the 11 visitor prohibition orders issued in the six-month review period and noted that:

- » All eight visitor prohibition order letters had been issued to the relevant visitor and prisoner in a timely manner (i.e. the day the prohibition started).
 - » All eight visitors were prohibited from visiting the prison, visiting a specific prisoner, and visiting via AVL.
 - » The letters 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 eight orders set out that the visitors were being excluded for all three reasons.
 - » All eight letters lacked detail explaining the reasons and circumstances of the prohibition.
 - » Three prohibitions did not have a corresponding incident report in IOMS.
 - » One of the letters set out that the prohibition period was six months, but the visitor prohibition spreadsheet set this out as seven months.
472. In addition to the facilities for in-person visits, the visits centre at NRCF had four private interview rooms that were used for virtual visits (i.e. video calling). We heard that counsellors and psychologists used these rooms on Mondays and Tuesdays and that family video calls were conducted according to a schedule. Two other video calling stations were available for use when there were no in-person visits occurring, and the Senior Corrections Officer told us work was underway to allow for two more video calling stations, bringing the total to eight to cater for demand.
473. We observed some video calls taking place with family/whānau and saw some good practice when the Senior Corrections Officer called family/whānau to ensure video calling connections were made and that technical issues were resolved. We observed that staff observed the visits from a respectful distance and were not overly obtrusive. We heard the site had recently introduced a rule that the doors to the interview rooms were to remain open during video calls with family/whānau. We heard this rule had been introduced due to some inappropriate behaviour that had occurred in a room when the door was closed. Some prisoners raised concerns regarding the open-door rule as they said it could be very difficult to hear the video call when other in-person visits were taking place in the main visits area.
474. Overall, we found the site was providing a range of opportunities for many prisoners to engage with their families/whānau and considered this to be an area of notable positive practice.

Library

Inspection Standards

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

475. NRCF had a main library. We observed that it was well-stocked with fiction and non-fiction books and magazines, and that there was a supply of books in Māori and in some other commonly spoken languages other than English.
476. At the time of the inspection, the site had a Librarian who worked 32 hours a week at the site. The Librarian was managed by the Learning and Interventions Delivery Manager.
477. We interviewed the Librarian who told us the library had around 7,000 items, including 500 magazines. The Librarian told us around 90% of books in the library were donated. She said

- she had support from a prisoner worker who put protective covers on the books and magazines three mornings a week.
478. She told us the biggest issue in the library was lack of storage. She also said that around 400 books were lost or taken every year, particularly when prisoners were transferred to other prisons or released. She said it would be good if not so many books went missing, but felt that staff were not necessarily checking prisoner property for library books.
479. Prisoners in some units were able to visit the main library in person to choose and issue books. The Librarian told us prisoners visited in groups of ten once a week for around 10 – 20 minutes, depending on the availability of custodial staff to supervise them.
480. Not all prisoners were permitted to visit the library in person; this included most of those on remand. If prisoners were not allowed to visit, they could order books using a catalogue system. We noted that the library schedule allowed time for the Librarian to deliver books to prisoners who could not visit the library in person.
481. We observed that most units also had small 'unit libraries', which were a few shelves containing additional books that were available for prisoners to read and return.
482. Prisoners in the Placements Unit could not access library books by the catalogue or by visiting the library. There was a box of books available in the unit and we heard that the Senior Corrections Officer sometimes went to the library to bring new books for the prisoners to read. However, one man in the Placements Unit told us he was unaware there were books in the unit he could access.
483. Prisoners in the ISU could not visit the library. They were given books if they were allowed to have them based on the assessed risks.

Rehabilitation

Inspection Standards

- Appropriate interventions are provided to reduce the likelihood of reoffending and promote successful reintegration.
- Rehabilitation programmes, targeting the specific needs of the prisoner, are available and accessible.
- There is good cooperation and communication between the prison and social support organisations, including those that deliver rehabilitation programmes in the prison.

484. 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.
485. COBRA data showed that in the six-month review period, the following offence-focused rehabilitation programmes were completed at NRCF:

- 17 completions of the Mauri Tū Pae (Māori Therapeutic Programme)
 - 7 completions of the Medium Intensity Rehabilitation Programme
 - 4 completions of a 'male medium risk' maintenance programme.
486. In addition, prisoners completed interventions which helped them address drug and alcohol issues:
- 68 completions of Marau Matauranga, a brief alcohol and drug intervention for remand prisoners
 - 20 completions of an 8-week intensive alcohol and drug treatment programme
 - 2 completions with the alcohol and other drug aftercare worker service.
487. Fifty-five prisoners completed the Tikanga Māori Motivational Programme. Motivational programmes aim to motivate participants to change their behaviour and to engage in rehabilitation programmes. The Corrections intranet sets out that the Tikanga Māori Motivational Programme achieves this by "...supporting [participants] to understand their cultural identity and encouraging them to embody the kaupapa and tikanga of their tipuna" (i.e. ancestors).
488. Prisoners also completed various educational or reintegrative programmes that may have contributed to their rehabilitation. In summary, these included:
- 75 completions of life skills programmes
 - 44 completions of Māori Pathways programmes (i.e. Te Waka Anga Mua, Kapa Haka, and a Rongoā Māori programme)
 - 38 completions of a driver licence programme offered by the Howard League
 - 19 completions of an art programme
 - 16 completions of parenting skills programmes.
489. We interviewed the Learning and Interventions Delivery Manager for the site who told us it could be challenging to deliver some programmes as it was hard to find enough eligible sentenced prisoners due to the high number of remand prisoners. Conversely, she told us some other programmes had waitlists.
490. She told us she had regular meetings with the Principal Programme Facilitator and the Principal Case Manager to manage the situation and find enough eligible sentenced prisoners. One mitigation they sometimes used was to transfer eligible men from other prisons to make up the numbers for a programme at NRCF. We heard they were also looking at using audio-visual links to enable some men to participate in programmes and assessments such as the Medium Intensity Rehabilitation Programme and the Short Rehabilitation Programme.
491. Corrections psychologists may provide psychological assessments and individual offence-focused treatment sessions to some prisoners. These sessions typically address barriers to prisoners engaging in high intensity offence-focused rehabilitation programmes and assist with skill development to manage challenging behaviours. Corrections prioritises prisoners with the highest risk of serious reoffending for such sessions, including those with a high risk of serious violent offending, or sexual offending against adults or children. Corrections

- advised us that nine men at NRCF had started individual treatment sessions with a psychologist in the six-month review period.
492. We heard the Northland region Psychologists were based in Kaikohe Community Corrections office and visited NRCF regularly. We were told there was one Manager Psychological Services, one Psychologist in training, and one newly qualified Psychologist who visited NRCF three times a week to see prisoners for assessment or individual treatment sessions.
493. We were told the team had lost two senior Psychologists at the start of 2024. We heard this meant there was no one to do more complex work and that there was a waitlist of 31 men due to a nationwide shortage of Psychologists.
494. The team told us they used a “continuation of care” model where they would start working with a person in prison and continue treating them in the community when they were released.
495. The team told us one area of frustration was the lack of suitable interview rooms at NRCF. The limited spaces meant they had to compete with other stakeholders such as programme providers for interview rooms. Case Managers also told us there was a lack of suitable interview rooms.

Offender Plans

Inspection Standards

- All prisoners have an offender plan.
- All prisoners receive support to achieve the targets in their offender plans and progress through their sentence.

496. 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.
497. We reviewed the Case Management Standards of Practice for the six-month review period and found that, on average, Case Managers at NRCF had met the standard for initial contact in only 38% of cases.⁷⁷ On average, they met the standard for agreeing an initial offender plan (within 40 days of imprisonment) in 33% of cases.
498. We interviewed some members of the Case Management team who told us that although it looked as though their team was fully staffed with 18 FTE at the time of the inspection, in fact they were understaffed due to several staff being off work for long periods of time or being on ‘light duties’. In addition, they told us some experienced senior staff had resigned and they had two new staff in the team.
499. Moreover, they told us they had not had any warning about the “influx” of remand prisoners. We noted that of the total of 533 prisoners at the site at the time of the inspection, nearly half (255 or 48%) were on remand. An increased remand population does affect Case Manager workloads, and they told us there had recently been “over 250” prisoners who had not yet been allocated a Case Manager.

⁷⁷ Case Managers are expected to meet with all prisoners on their caseload within 20 days of their arrival in prison.

500. They told us they had been given approval to work over four Saturdays in addition to their regular working hours to meet with new remand prisoners. We heard that Ngāti Rangī had assisted with this work. The team had been able to reduce the number of outstanding offender plans to 150, but this had since increased again as more remand prisoners kept arriving.
501. This issue was discussed at a site 'emerging risks' meeting. At this meeting we heard there were over 160 prisoners who were waiting to be allocated a Case Manager.
502. We asked prisoners across the site if they had met a Case Manager, had an offender plan and knew who their Case Manager was. Many prisoners told us they had not seen a Case Manager. Most prisoners did not know if they had a plan and most did not know who their Case Manager was. This was particularly evident in remand units.
503. However, when we checked IOMS for some of the men who did not know if they had an offender plan, we found that they did have one. This suggested that prisoners were not being given copies of their offender plan, even if a Case Manager had created one.
504. Many prisoners told us it was very difficult to see a Case Manager. They told us they had requested to see one but that nothing had happened. This was a cause of frustration for some prisoners as it meant they had not completed any programmes to prepare themselves for release or in advance of their Parole Board hearings.
505. Some prisoners told us they had a Case Manager but would only see them if they were coming up for parole. One prisoner told us he had attended a New Zealand Parole Board hearing and been told he needed to create a safety plan with his Case Manager. However, he had not seen his Case Manager since the hearing which was a source of frustration for him. Generally, prisoners told us they felt there was a lack of communication about plans or programmes, even if they had a Case Manager allocated to them.
506. A few prisoners told us they had a Case Manager and had no issues seeing them. One prisoner told us his Case Manager had helped him prepare for a New Zealand Parole Board hearing by role-playing a mock interview.
507. During interviews, some Case Managers told us it was hard to get prisoners onto programmes at NRCF. In addition, we heard there were not many programme facilitators at NRCF to deliver the Medium Intensity Rehabilitation Programme, although we noted this programme had been running and that COBRA data showed there had been seven completions of it in the six-month review period.
508. Case Managers told us it was easier to get prisoners onto educational programmes, especially secure online learning⁷⁸ (e.g. for driver licence training and creating a CV) and self-directed learning.
509. Case Managers told us some prisoners at NRCF did not want to transfer to other prisons, such as Auckland Prison, to complete rehabilitation or treatment programmes as they would miss seeing their family/whānau.
510. Case Managers told us one of the issues for them was the fact that there were no 'youth champion' Case Managers which meant young people under 25 were allocated to any of the

⁷⁸ 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.

Case Managers. They also had no Guided Release Case Manager to work with people serving longer sentences.

511. Overall, we heard there were challenges around case management at NRCF. One senior manager told us she thought some of these challenges were legacy issues and some of them related to management issues. She thought it could be hard for non-custodial staff to work at the site as management was very custody-focused.
512. 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 NRCF showed that in the six-month review period between 55% - 80% of prisoners had a Case Officer assigned to them.

Education

Inspection Standards

- Education and vocational training programmes are offered in line with the needs of the learners.

513. 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 Case Manager who should then include them in the offender plan.
514. At the time of the inspection, 2.5 FTE Education Tutors were available on site. The Education Tutors reported to the Learning and Interventions Delivery Manager, who also managed the Volunteer Coordinator, the Interventions Coordinator, the Librarian and the Chaplain. In addition, the Learning and Interventions Delivery Manager managed any external or contracted education providers. Some courses at NRCF were delivered by external providers, such as the Brainwave Trust and the Howard League.
515. Education facilities at the site included two secure online learning suites and we heard prisoners used these every day. The Learning and Interventions Delivery Manager told us the three Education Tutors all delivered sessions in these suites. She told us there was one secure online learning class which was run specifically for prisoners aged under 25, and that this had improved engagement with this group.
516. The Learning and Interventions Delivery Manager told us there were classrooms in the units and that the Education Tutors used these to conduct assessments. She told us the classrooms could be quite noisy due to the proximity of other prisoners and other activities taking place in the units.
517. The Learning and Interventions Delivery Manager told us the increased remand population was having a significant impact on delivery and outcomes. She told us the Education Tutors prioritised those prisoners for assessment who had not been assessed before.
518. We heard that at the time of the inspection there was no Intensive Literacy and Numeracy support being delivered to learners with very high literacy and/or numeracy needs. The site had been recruiting for this role.
519. During the six-month review period, COBRA information for the site recorded:
- » 119 'Learning Pathways' assessment conversations with an Education Tutor

- » 56 education assessments using the Literacy Numeracy for Adults Assessment Tool
 - » 10 completions of secure online learning
 - » 7 completions of NZQA 'Self Directed Learning Foundation Skills'
 - » 4 completions of English as a Second Language supported learning
 - » 1 completion of an Intensive Literacy and Numeracy programme named 'Te Ara Hihiri for Step 1 or 2'.
520. In addition, there had been 38 completions of a driver licence programme offered by the Howard League (including licences for learners, replacement licences, and renewals).
521. The Learning and Interventions Delivery Manager told us prisoners working in prison industries could gain relevant industry qualifications with the support of Instructors. She told us the Instructors and Education Tutors worked together to support prisoners to gain these qualifications.
522. We checked COBRA for the number of industry-related qualifications gained by prisoners in the six-month review period, but could not find any recorded information. We requested this information from the site but had not received any figures at the time of writing.
523. The Learning and Interventions Delivery Manager told us she shared an office with the Industries Manager. She told us this was very helpful and that they had a good working relationship.
524. We asked prisoners across the site about educational opportunities. A small number of prisoners told us they were engaged in self-directed learning, an English as a Second Language course, or that they used the computers in the secure online learning suite. We observed these activities occurring. However, most prisoners told us they were not doing any education courses. A number of prisoners told us they had seen by an Education Tutor but had not heard anything back.

Supporting prisoner wellbeing

Inspection Standards

- Prisoners can access out of cell activities which promote learning, wellbeing, and support rehabilitation.

525. As well as the rehabilitation, education and work opportunities set out in more detail in the relevant sections of this report (see the relevant subsections in the Purposeful Activity section), we observed there were some other out of cell activities available to some men at NRCF.
526. For example, some units offered a weekly church service, Bible studies, flax weaving, and mau rakau activities. Some men could engage in making art. However, many prisoners, especially remand prisoners, told us there was nothing to do in their units.
527. We heard that some men received oranga (wellbeing) visits from the Pou Ārahi.
528. We heard that custodial staff in one unit were organising a "kawe aroha" (a gathering to acknowledge and remember loved ones who have passed away). Staff told us this was due to someone in the prisoner's family having passed away, and that it would involve the prisoner's parents coming to the site.

Work

Inspection Standards

- All prisoners, where possible, can engage in work that is purposeful, benefits them and increases their employability.
- Prisoners' health and safety is safeguarded during all work activities to the same standards as in community based work.
- Prisoners receive a fair incentive payment for the work they perform.

529. Prisons should provide work opportunities for prisoners in their units, around the prison, and in prison industries.
530. 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. This encourages prisoners to work hard, to upskill, and to behave well. At the time of the inspection, we heard that NRCF was formally assessing prisoners against this framework.
531. 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 men at NRCF spent a total of 246,554 hours engaged in these activities, which meant the prison reached 65% of its Working Prison target goal of 343,000 hours, which is broken down into three areas: industry, learning, and treatment.
532. We note that the high remand population may have had an impact on the site achieving its Working Prisons target. However, Corrections offers limited employment opportunities to remand prisoners, which may have contributed. Since the site was nearly fully staffed with custodial staff at the time of the inspection, we would expect additional constructive activities to become available to prisoners in the near future.
533. At the time of the inspection, the site informed us there were around 127 men employed at any one time in prison industries. We were told this figure could fluctuate as men were released, but did not change significantly. The site estimated that the numbers of men in each industry were:
- » 40 in the prison kitchen (i.e. 20 per shift)
 - » 18 in the horticulture nursery (see image 15 in Appendix A)
 - » 13 in the "community gardens" which were inside the prison wire, and grew vegetables that were donated to the community.
 - » 10 to 12 in the whakairo (carving) workshop (see image 16 in Appendix A)
 - » 10 in the laundry
 - » 10 in the kit locker and sewing workshop (see image 17 in Appendix A)
 - » 10 doing internal grounds maintenance work
 - » 8 working in an external construction yard known as the Ngāwhā Innovation Park (see image 18 in Appendix A)
 - » 6 doing external grounds maintenance and land management (for example, managing fruit trees, and keeping bees).

534. The Working Prisons figures supplied by Corrections showed that in the six-month review period, work done in these prison industries had comprised 43% of the total Working Prisons industry hours.
535. Staff told us it could be challenging to find men to work in prison industries as men had to be sentenced and suitable. The increased remand population at the site meant the different industries were all trying to get workers from the same group of sentenced prisoners.
536. The Learning and Interventions Delivery Manager told us prisoners working in prison industries could gain relevant industry qualifications with the support of Instructors. She told us the Instructors and Education Tutors worked together to support prisoners to gain these qualifications. The Learning and Interventions Delivery Manager shared an office with the Industries Manager. She told us this was very helpful and that they had a good working relationship.
537. We visited the horticulture nursery and heard they were providing seedlings to local iwi and schools. We were told they had a target of providing 120,000 plants and had already sent 100,000.
538. We visited the whakairo (carving) workshop and heard that ten men worked there but that sometimes the Instructor accepted up to 12 men. We were told there was a waitlist to work in the whakairo workshop and that the Instructor interviewed all the men prior to accepting them. We heard men worked there five days a week: four days on Corrections projects and one day on personal projects. At the time of the inspection, the men were engaged in making six carved pou (posts) for a local kindergarten, five taiaha for a local boy's school, and a waka. Staff told us most commissions for carving projects for the community came through word of mouth. We observed the workshop appeared to be well equipped and that the standard of work was high.
539. Men in the workshop told us they appreciated the link to their culture and being able to give something back to the community. We were sent copies of several written notes in which men expressed how much they valued the opportunity to learn carving skills, to focus on giving back something positive, and to connect with Māori culture. We heard from staff that being able to practise their carving skills in the workshop had led to work opportunities on release for some men. We considered the workshop to be an area of notable positive practice and a good example of a prison carving workshop which connected men to their culture and gave them an opportunity to engage in a constructive activity.
540. The kit locker and sewing workshop employed ten prisoners. The kit locker swapped items of kit such as prisoner clothing, towels and mattresses, sending clean items out. We observed that the kit locker was well stocked with a range of clothing, bedding, towels and pillows. We observed a stock of mattresses, which appeared to be good quality. The Instructor told us they had a stock of 50 mattresses so could replace damaged mattresses in a timely manner.
541. In the small sewing workshop, prisoners made shower curtains, window curtains, and a range of other items, and mended damaged prison-issue clothing and bedding to minimise waste and recycle items where this was possible. Prisoners were learning skills that could enable them to gain employment in the sewing industry on release. We considered the kit locker and sewing workshop to be an area of notable positive practice. We heard that at the time of the inspection, prisoners working in the kit locker could not work towards unit standards, but this was something the Instructor was working on introducing.
542. Most prisoners worked in industries inside the prison wire. However, a few prisoners, mostly from the Self-Care Unit, had been approved to work outside the prison perimeter, for example doing external grounds maintenance or working as carpenters in a new construction

- yard (also known as the Innovation Park). We were told prisoners who worked outside the prison wire were collected from their unit by an Instructor at 7.30am and returned to the prison between 2pm and 3pm. Staff told us it could be a challenging process to get a man approved to work outside the wire as Corrections' approach was described as "very risk averse".
543. The Learning and Interventions Delivery Manager told us a Principal Instructor had started in March 2024 in the construction yard/Innovation Park, and that they and eight prisoners were now engaged in building two houses for Kāinga Ora. We heard that once the Innovation Park was fully operational it would be able to employ 50 prisoners (25 in each yard).
544. The Learning and Interventions Delivery Manager told us there were four vocational courses identified for May/June and that two or three of these related to Health and Safety and would be run in the Innovation Park. She told us they were looking at other courses that could be run in this area, such as low-level scaffolding and trades-related courses.
545. In addition to prison industries, some men were employed, usually part-time, in unit-based work such as cleaning, laundry, canteen order sorting and checking, emptying rubbish bins, or working as a 'messman', which could include keeping the unit kitchen area clean and supplying hot water at mealtimes. The Working Prisons figures supplied by Corrections showed that in the six-month review period, unit-based work had comprised 31% of the Working Prisons industry hours.
546. The Release to Work programme allows minimum security prisoners who are assessed as suitable to leave prison during the day to engage in paid employment in the community.⁷⁹ Prisoners must be approved by an Advisory Panel. This can help prisoners gain employment on release. At the time of the inspection, there were no men at NRCF on Release to Work. We were told there had been no one on Release to Work for two years.
547. There was a Release to Work Broker at the site who had maintained relationships with six employers, and who was talking to at least one other potential new employer. The Release to Work Broker told us the existing employers were willing to work with the site again. We heard the Release to Work Broker had also been assisting with prisoner employment while he was working to get Release to Work back up and running at the site.
548. The Release to Work Broker told us that prior to the COVID-19 pandemic there had been plenty of Release to Work opportunities, with, for example, 20 men working in forestry jobs. However, we heard that post-COVID-19 there had been numerous challenges, including with prisoner movements, providing transport to work, and lack of knowledge at manager level of the application and approval process.
549. The Release to Work Broker told us the last time any applications were made was in October 2023. We heard that two men were initially approved to go out to work by the Advisory Panel, but that later there were "blockages" by the Advisory Panel and the men were not permitted to join the Release to Work programme.
550. We heard the site needed to redevelop a robust pathway outlining the processes for Release to Work from application to approval so everybody knew what their roles and responsibilities were. We heard there had been a meeting two weeks before the inspection to get Release

⁷⁹ Prison Operations Manual M.04.07.10 Issuing authority for release to work – sets out that earnings for prisoners on Release to Work are used to cover various costs including expenses incidental to the prisoner's employment, board for prison accommodation (charged on the basis of 30% of the take home pay to a maximum of \$273 a week) and payments to maintain any of the prisoner's dependents, including to Inland Revenue for child support.

to Work going again. The Release to Work Broker told us they felt hopeful that everyone at the prison would work together to get things happening.

Religious or spiritual support

Inspection Standards

- Prisoners are supported by the chaplaincy, which contributes to prisoners' overall care, support and rehabilitation.
- Prisoners' freedom of religion is respected, and they are able to practise their religion.

551. At the time of the inspection there was one Chaplain working at NRCF. We interviewed the Chaplain who told us the prison was recruiting for another part-time Chaplain and hoped to have someone in the role by the end of the month.
552. Most of the prisoners we spoke with told us they knew about the Chaplain, and knew how to request a meeting with a Chaplain if they wished. The Chaplain told us requests to see him usually came via Principal Corrections Officers. He also "did the rounds", visiting units when he could.
553. The Chaplain told us he used to do more one-to-one work with prisoners, but could now only do a limited amount as he was working alone. The Chaplain told us he provided support to people of all faiths at the site, including staff.
554. Prisoners told us there was no chapel but that church services were held in all units on Sundays. The Chaplain told us he could not lead all the Sunday services so some were led by 'prisoner mentors' who he supported by providing a booklet and a theme for each service. He told us 13 external church volunteers also attended to support the prisoner mentors.
555. Some men in one unit told us they felt support for Muslim prisoners was lacking. For example, they told us Muslims at the site were unable to access prayer mats. However, the Chaplain told us he had access to copies of the Quran and prayer mats through an Imam and could supply these to prisoners. He told us the Imam had advised him to only issue these items to men who were genuinely Muslim rather than to those who were "just curious".
556. The Chaplain told us that if there was a death in custody the site would inform him. He told us last time there had been a death, staff had secured the site and one of the custodial staff had said a karakia. The Chaplain told us he had spoken to the prisoners who were locked in their cells, letting them know what had happened. He said managers had let prisoners pay their respects, which he felt was good.

Reintegration

Inspection Standards

- Where possible, prisoners are housed in prisons close to their families or in prisons which meet their rehabilitative needs.
- Prisoners are able to keep up to date with news and the outside world while in prison, where appropriate.
- Prison management actively prepares prisoners for their release by facilitating access to post-release services.
- Prisoners with continuing health and social care needs are prepared and assisted to access appropriate services in the community prior to their release.
- Prisoners with drug and/or alcohol problems are prepared for release and have access to appropriate support and continued treatment in the community.
- Prior to release, prisoners have an up-to-date plan for addressing outstanding rehabilitation needs, which is managed in partnership with Community Corrections.
- Prisoners are given all necessary practical support and support information ready for their day of release.
- Pre and post-release reintegration programmes are available and are gender responsive.
- Offender plans are gender responsive and take into account, and plan for, prisoner's post-release social reintegration requirements from the beginning of their sentence.

557. Reintegration activities aim to help prisoners identify and overcome any barriers to successfully transitioning back into the community.
558. In the six-month review period, NRCF had managed 156 releases into the community.
559. Case Managers should assist sentenced prisoners to develop a release plan as they approach release. In the six-month review period, COBRA figures showed that Case Managers at NRCF met the standard for release planning in 55 cases and did not meet the standard in 114 cases. This means they met the standard in only 33% of cases.
560. As previously mentioned in the Offender Plans section of this report, the Case Management team told us they were struggling to meet their standards of practice due to their team being understaffed and because of the increased proportion of prisoners who were on remand. The increased remand population was significant as it leads to increased turnover where high numbers of people are entering prison for short periods and then being released. We note that while 27% of prisoners were on remand at the time of our previous inspection of NRCF in November 2019, at the time of our 2024 inspection, 48% were on remand.
561. As previously mentioned in the Rehabilitation section, in the six-month review period, COBRA records showed that prisoners at NRCF had completed various educational or reintegrative programmes. In summary, these included:
- 75 completions of life skills programmes

- 44 completions of Māori Pathways programmes (i.e. Te Waka Anga Mua, Kapa Haka, and a Rongoā Māori programme)
- 38 completions of a driver licence programme offered by the Howard League
- 19 completions of an art programme
- 16 completions of parenting skills programmes.

562. NRCF had an internal self-care unit, Piipiiwharauoa, which was a 28-bed unit comprised of seven four-bedroom houses. Prisoners lived in the houses together but did not share bedrooms. We were told this unit was for sentenced prisoners who had completed their rehabilitation and were at the reintegration phase of their sentence.
563. At the time of the inspection there were 18 prisoners living in the houses in the self-care unit in a flatting-style arrangement. Staff described the unit as a good opportunity for prisoners to learn skills for living in a communal space, budgeting, cooking, gardening, and getting along with other prisoners and staff.
564. Prisoners on voluntary segregation were required to become mainstream prisoners to live in this unit. Staff told us this could be a barrier, but that they worked with prisoners to reassure them they would be kept safe in the unit and that it would be a positive move. Staff told us no one had refused to sign off voluntary segregation to move to the self-care unit to date.
565. We noted that the men living in this unit had more opportunities to self-manage than most prisoners, such as walking to visits unattended. In addition, as previously mentioned, some were able to work under supervision outside the prison wire during the day, for example in the Innovation Park.
566. In the six-month review period, COBRA figures showed Case Managers had made 51 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. The contracted provider for Out of Gate services for prisoners at NRCF was social services organisation Te Pā.⁸⁰
567. COBRA records showed that in the six-month review period, 84 prisoners at NRCF had completed a remand reintegration programme called Te Hokinga Mai – Raki, an Out of Gate programme which aims to assist participants and their whānau through the transition from prison back into the community. Te Pā's website sets out that Te Hokinga Mai means "to return home" and Raki refers to the Northern Region. The website further sets out that the service is delivered by several providers working together.⁸¹
568. As previously mentioned, the site had strong links with Ngāti Rangi. Other iwi/hapū groups such as Ngāti Hine also came on site and we heard they could assist prisoners to get in touch with family/whānau members. While we could not obtain numbers of men who had been assisted in this way, we consider this to be a potentially valuable form of reintegrative assistance.
569. People serving longer prison sentences who have an identified reintegrative need and meet certain criteria⁸² can be considered for Guided Release. Case Managers work more intensively

⁸⁰ <https://tepaan.z/>

⁸¹ <https://tepaan.z/announcing-te-hokinga-mai-raki-our-new-reintegration-programme/>

⁸² i.e. the criteria for Temporary Release specified in Regulation 26 of the Corrections Regulations 2005.

- with these people. During the six-month review period, 12 applications for Guided Release for prisoners at NRCF were recorded as approved in COBRA. All these applications were made and approved in 2023. COBRA records indicated there had been no Guided Release applications made or approved in 2024. We were told there was no Guided Release Case Manager working at the site at the time of the inspection.
570. As previously mentioned in the Work section of this report, the Release to Work programme allows minimum security prisoners who have been assessed as suitable to leave prison during the day to engage in paid employment in the community. This can help prisoners gain employment on release which can assist in their reintegration. At the time of the inspection, there were no men on Release to Work, though there was a Release to Work Broker at the prison who was maintaining relationships with some employers.
571. Completing a rehabilitation or reintegration programme may strengthen a prisoner's readiness for appearance before the New Zealand Parole Board (NZPB). Case Managers provide Parole Assessment Reports to parole board members. The Corrections intranet sets out that the purpose of these reports is to "collate a host of information, providing the NZPB with the ability to gain a perspective of the person's behaviour, rehabilitation progress and release proposal to support decision making regarding release". At NRCF, Case Managers met the timeframes for providing these reports to the NZPB, on average, 60% of the time over the six-month review period.
572. Prisoners we spoke with expressed frustration regarding the lack of reintegrative opportunities. They told us there was no Guided Release or Release to Work occurring at the site. Some men told us they did not have any progress to report at Parole Board hearings. One man told us the Parole Board had told him they expected him to take advantage of Guided Release and Release to Work before they would consider releasing him. However, he had not been able to access either initiative. Some men raised concerns about the lack of communication with their Case Managers regarding rehabilitation or reintegration opportunities.
573. We spoke with a few prisoners who were due to be released soon. A check of IOMS showed that most had had contact with a Case Manager, but nonetheless some of them felt not a lot had been done in the way of release planning. Some of them told us they had not completed any programmes but felt they should have been able to. They seemed particularly interested in education or vocational training as they said they wanted to work and earn money for their families. Most of these men had not had a whānau hui regarding their release. A review of IOMS offender notes showed that some of these men were due to be picked up by their families on their release dates, but some men's notes contained no information about this. One man said he was aware his Probation Officer had spoken to his family about accommodation on release. Another man told us he had completed his rehabilitation and had accommodation arranged.
574. The AVL bookings register showed that in the six-month review period there were 110 AVL calls between prisoners and community probation staff. Two prisoners we spoke with who were due for release told us they had spoken to their Probation Officers via AVL and had their release conditions explained to them.
575. We interviewed two Lead Service Managers and a Service Manager from a local community probation service centre. They told us access to prisoners at NRCF could be a real issue for probation staff and that most pre-release inductions were done via AVL. They told us pre-sentence report interviews were completed using a mix of face-to-face interviews, AVL meetings and telephone calls. However, they felt it would be better practice if probation staff

could meet all prisoners face-to-face for interviews. They wished there were more suitable interview rooms at the prison to accommodate face-to-face meetings.

576. The Lead Service Managers and Service Manager told us the fact that large numbers of prisoners at NRCF were not being allocated a Case Manager could cause issues. For example, they told us they had seen a number of cases where a prisoner's release address was in Whangarei, but the prisoner's victim also lived there. We heard that if those prisoners had been allocated Case Managers, the Case Managers would have noticed this issue and taken steps to mitigate it.
577. Regarding being able to keep up-to-date with news of the outside world while in prison, prisoners told us they did this by watching television and communicating with their families/whānau by telephone, by letter, or during visits.

Prison Staff

Inspection Standards

- All prison staff who work with prisoners have the necessary knowledge, skills and attitude, and are trained to work in line with professional and human rights standards.
- There is an adequate number of custodial staff to manage prisoners safely.
- Staff are good role models for prisoners and relationships between them are professional, positive and courteous.
- Prisoners have a dedicated member of staff who supports them to make positive changes in their lives.
- Prison staff include a sufficient number of specialists, which could include social workers, teachers, trade instructors, counsellors and psychologists.

All staff

578. As previously mentioned, NRCF was budgeted for 332.6 FTE, with a headcount of 336 staff at the time of the inspection.
579. COBRA data showed the average length of service at the site was around seven-and-a-half years, with the largest group of staff (103 staff) having completed between 10- and 20-years' service. However, the next largest group was 77 staff with less than a year's service. In addition, 36 staff had less than two years' experience. So, while there were experienced staff at the site, 34% of staff had less than two years' experience.
580. After formal and informal interviews with a wide range of staff, managers and contractors across the site, we formed the view that while most staff had the necessary knowledge, skills and attitude, they did not always work well together and some did not respect each other's priorities.
581. Several staff and managers spoke about staff "working in silos" where, for example, custodial staff did not understand the importance of case management or did not appear to understand the needs of health staff. We also heard about interpersonal issues between some custodial and health staff, between some health and kitchen staff, and between some custodial and kitchen staff. One person told us he felt that, overall, the staff team was "a bit disjointed" and that more "trust and teamwork" was required. He acknowledged this was "easy to say but harder to do".

Custodial staff

582. As previously mentioned, at the time of the inspection, NRCF was budgeted for 233.9 FTE custodial staff with 4.78 of those positions being vacant. We noted that 27 of the Corrections Officers were trainees completing the Corrections Officer Development Pathway. Therefore, while the site was not significantly short-staffed, there were some vacancies and some new staff who likely needed support from their more experienced colleagues.
583. We heard that many custodial staff had less than two years of experience. For example, in one unit, we heard that 90% of the staff had less than two years' experience.
584. Generally, we observed custodial staff across the site were friendly and engaged and we observed them speaking in a professional and respectful manner to prisoners. Prisoners told

- us most staff were approachable and would work with them to solve any issues. However, we also heard there were some staff who did only the bare minimum and some who a few prisoners considered to be “power trippers”.
585. We held a forum for five custodial staff, two of whom had less than two years’ experience. They told us they were supportive of the Māori Pathways work and felt there had been some good work done connecting men with their whakapapa and “giving them back their identities as an alternative to gangs”. Regarding Hōkai Rangi, they told us most staff tried to follow the principles and values but they felt it was too broad and open to interpretation to be of much practical use.
586. Generally, staff across the site, including those at the custodial forum, told us they felt safe on site, except in Weka Unit. We heard some custodial staff across the prison did not want to work in Weka Unit as they felt it was not well managed, and some staff felt “prisoners run that unit”. We heard that while staff and prisoner relationships across the site were generally positive, this was not the case in Weka Unit. We heard some staff in Weka Unit did not always manage prisoner requests and complaints in a timely manner, which caused prisoners to become frustrated. In addition, as previously mentioned in the Residential Units subsection of this report, we observed there appeared to be little sense of ownership of issues by custodial staff in Weka Unit. This also resulted in frustrations for prisoners regarding access to items such as bedding, hair clippers and hygiene items.
587. Some custodial staff told us there was a lack of visible leadership from senior managers and that Residential Managers spent a lot of time in their offices and were not often in the units. However, the five custodial staff at the forum told us Residential Managers were visible or available by telephone if they had any issues.
588. We interviewed one of the Residential Managers who told us some units functioned better than others and that this could be to do with the experience levels of the staff in those units. He told us inexperienced teams were less in control.
589. We asked several Principal Corrections Officers if their unit staff were up to date with core training, such as control and restraint training. We were told all staff were up to date, though we also heard that one of the Residential Managers had concerns that staff returning from ACC leave were not requalifying in tactical options and other core training before returning to duties.
590. We heard there was one group of staff which was rotated between the Intervention and Support Unit and the Placements Unit. Staff felt there should be permanent staff in the Intervention and Support Unit due to the mental health needs of the prisoners located there. Staff told us there was no in-depth training on how to work in the Intervention and Support Unit and that they learned “on the job”. One staff member working in this unit told us he had completed the department’s Mental Health 101 training and found this useful.⁸³
591. The Learning and Development Lead for the site told us his focus was on new staff completing the Corrections Officer Development Pathway, and that he also took the lead on any training initiatives from national office. He told us he felt the culture across the site had improved and that experienced staff were welcoming and willing to train new staff.

⁸³ At the time of writing (October 2024), the Corrections Learning Management System, which is available to staff via the intranet, set out that the Mental Health 101 Workshop is a full day course for “staff who are not trained in mental health or addiction, who come into regular contact with individuals experiencing mental distress in their day-to-day work and are in a position to intervene”. However, the course listing also stated that the course did not have any upcoming scheduled sessions.

592. The Learning and Development Lead and the Senior Adviser to the General Manager both told us some custodial staff, particularly new staff, struggled with using the computer systems and completing reports and paperwork properly. For example, the Senior Adviser told us some staff struggled to complete incident reports and felt they were not getting the training and support they needed.
593. We spoke to the site union representatives for the Corrections Association of New Zealand and the Public Service Association. Both union representatives told us they had a good working relationship with the prison General Manager, and had monthly meetings with him.
594. The union representative for the Corrections Association of New Zealand told us the main issues at the site varied from day to day. For example, on the day we interviewed him he told us one issue was domestic leave and whanaungatanga, as if a family member had passed away, several staff would want leave to go to the tangi and the site would have to manage that. He also mentioned the upcoming change to variable shift rosters; he was positive about this and said most of his union members were also positive. He told us most of his union members felt safe on site most of the time.
595. The union representative for the Public Service Association told us one of the main issues for his union members was staffing and the fact that a large number of staff on site had under two years' experience. He felt that Northland was a unique community and there was no real negativity from staff. Regarding the variable shift rosters that were coming soon, he told us they were designing rosters to suit the site which would mean, in summary, a pattern of four longer shifts and every other weekend off. He felt this approach would be better than the way it had been implemented at some other sites.

Health staff

596. As previously mentioned, information provided by the Health Centre Manager showed the health team of 19.4 FTE was comprised of 13.6 Nurses, two Health Care Assistants, 1.8 Administration Officers, one Clinical Team Leader, and one Assistant Health Centre Manager. This meant the health team was fully staffed for Nurses and was in fact over the anticipated FTE for Nurses of 11.2. We heard morale in the health team was mixed.
597. We heard there were strained working relationships between some custodial, health and kitchen staff. We were told that medical diets (sometimes called 'special' diets at the site) were one of the issues (for more information on this issue, please see the subsection 'Food' in the 'Environment' section of this report).
598. We noted that at the morning briefing meeting we attended, the Security Manager raised the issue of custodial staff properly supporting health staff to conduct medication rounds, and provided a demonstration of correct practice, with the main focus around the cell door. He pointed out that the aim was to keep health staff safe and support them to ensure medications were taken properly by prisoners. He reminded custodial staff that "nurses are our neighbours and part of the team". We felt this was a positive step towards the site developing a good team approach to working.
599. As previously mentioned in the Health section of this report, we interviewed the newly appointed Corrections General Manager Pae Ora Operations Northland, who told us she was aware of some issues with the delivery of healthcare at NRCF. She felt some of the communication issues we heard about from prisoners were due to low cultural understanding from staff and she was planning on putting a "cultural uplift programme" in place to mitigate this issue. She felt there could be issues regarding the relationship between health staff and custodial staff and told us she wanted to visit the site to accompany health staff on their medication rounds to observe the relationship dynamics first-hand.

Case Managers

600. As previously set out in the Offender Plans section of this report, Case Managers at the site were generally not meeting their Case Management Standards of Practice for the six-month review period. For example, they were meeting the standard for initial contact with prisoners in only 38% of cases⁸⁴ and were meeting timeframes for providing Parole Assessment Reports to the New Zealand Parole Board, on average, only 60% of the time.
601. We interviewed some members of the Case Management team who told us that although it looked as though their team was fully staffed with 18 FTE at the time of the inspection, in fact they were understaffed due to several staff being off work for long periods of time or being on 'light duties'. In addition, they told us some experienced staff had resigned and they had two new staff in the team. All this impacted on their ability to meet standards of practice.
602. We heard they were struggling to manage the increased number of remand prisoners. We noted that of the total of 533 prisoners at the site at the time of the inspection, nearly half (255 or 48%) were on remand. An increased remand population affects Case Manager workloads as the remand population tends to be more transient and to have higher needs. The case management team had been attempting to manage the increased numbers of remand prisoners by working additional hours, and had received assistance from Ngāti Rangi with this work. However, while they had been able to reduce the number of outstanding offender plans to 150, this had since increased again.
603. Case Managers told us their typical case load was around 36 men. They told us it was frustrating being a Case Manager at NRCF and that they "battled" for time with prisoners and space to meet with them or to arrange meetings such as whānau hui. They felt the site was "risk averse" and that there was a "big divide" between Case Managers and prison management. Some Case Managers also felt their own Principal Case Managers needed to do more planning and be less reactive to better support the team.
604. Regarding Māori Pathways, some Case Managers felt it was "driven too much from Wellington" and that it reflected what they were already doing anyway. They felt they were very lucky to have the relationship with Ngāti Rangi and their contracted providers, and said that a lot of relationship building had been required.
605. We interviewed the two Principal Case Managers and heard that Case Managers were tired, but that morale was improving. They told us they held a "remand triage" meeting every day to review all cases. They told us they met with Bail Support Services and a representative from the Ministry of Social Development and felt this worked well. They acknowledged that a lot of prisoners had not yet been allocated a Case Manager, and that Parole Assessment Reports were not always given to Parole Boards in a timely manner. They told us the increased remand population and the "huge churn" that went with that had had a big impact on the team. Due to the large workload, they told us they were completing case management tasks with prisoners, which meant they had less time for the planning and management components of their roles.
606. We interviewed the General Manager Community, Partnership and Pathways for the Northern Region who said that if they could get Case Managers and Probation Officers to work in each other's areas, they could create a better understanding of each other's roles, priorities and challenges.

⁸⁴ Case Managers are expected to meet with all prisoners on their caseload within 20 days of their arrival in prison.

Other staff

607. We interviewed some members of the Psychological Services team and heard that changes in staffing were an issue for the Northland region Psychologists who were based in Kaikohe Community Corrections office and who visited NRCF regularly. We were told the team had lost two senior Psychologists at the start of 2024 and that this meant there was no one available to do more complex work. We also heard there was a waitlist of 31 men to use their service due to a nationwide shortage of Psychologists. In addition, we heard there was a lack of suitable interview rooms at the prison. The limited spaces meant they had to compete with other stakeholders, such as programme providers, for interview rooms.
608. We spoke with three community probation managers who told us they felt prison and community-based staff came together well in a crisis but that relationships were more of an issue during 'business as usual'. They felt case management and probation staff were not working well together at present. They told us there were some good examples of cooperation, such as three under-used community work vans which were being used by the prison to transport staff from main centres, such as Whangarei, to the prison.

Appendix A – Images



Image 1: Holding cell in the Receiving Office with concrete bench and television screen.



Image 2: Interview "rooms" in the Receiving Office with no back wall, causing potential privacy issues.



Image 3: Sterile zone in residential unit.



Image 4: Double bunked cell with privacy curtain (on left) across shower/toilet area.

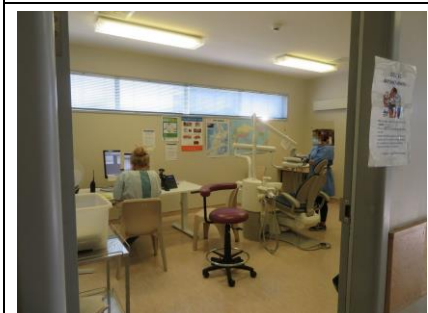


Image 5: Dentist clinic.



Image 6: Triage bay in Health Centre with new disposable curtain.

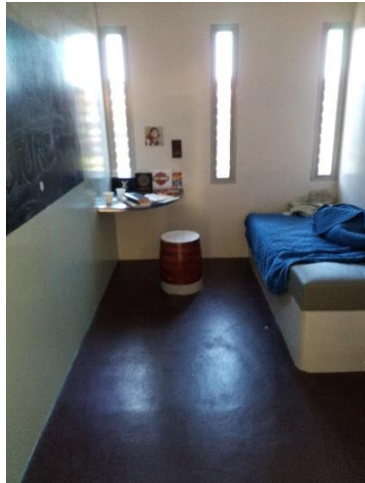


Image 7: ISU cell.



Image 8: ISU corridor, with part of one decorative mural visible on left.



Image 9: Compound area in residential unit.



Image 10: kitchenette area in residential unit.



Image 11 : Self Care Unit houses and communal area.



Image 12: Meal with chicken missing from the bone.



Image 13: Sandwich with very little filling.



Image14: Visits hall.



Image 15: Horticulture nursery.



Image 16: Carving workshop.



Image 17: Sewing workshop.



Image 18: Construction site at Innovation Park.

Appendix B – Corrections' response



17 January 2025

Janis Adair
Chief Inspector
Department of Corrections

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

Tēnā koe Janis

Re: Draft report of Announced Inspection of Northland Region Corrections Facility 6-10 May 2024.

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

We acknowledge the report is a fair representation of NRCF, and overall, accurately describes the challenges and opportunities the site faces.

Your report highlighted a number of positive practices, such as the settled nature of NRCF's leadership team with strong relationships and communication with stakeholders, a range of opportunities for people in prison to engage with their whānau, and the variety of employment, rehabilitation, and educational opportunities available.

We were pleased to see the good working relationship between NRCF staff and Ngāti Rangi acknowledged in your report. To build on this, in February 2025, our Health staff will be joined by Ngāti Rangi for two hours per week onsite to engage in a cultural uplift programme. In addition to this, Ngāti Rangi have invited NRCF staff to attend their monthly cultural immersion activity. This invitation has been accepted and the site has sent two nurses each month.

The report acknowledged resourcing challenges and a change in demographics, with a higher proportion of people on remand resulting in a more transient population. This impacted the Case Management team's ability to meet their standards of practice. They are now fully staffed, and all people coming into prison are allocated a case manager within 10 days of arrival. Daily triage meetings with external agencies, case management, and Community Corrections are occurring to ensure all immediate needs are identified on day one of their reception to NRCF.

Your report noted that staff generally felt safe at NRCF, however with some exceptions while working on 'as directed' lines or in the Weka Unit. An experienced Principal Corrections Officer (PCO) and Senior Corrections Officer (SCO) have been re-aligned into Weka Unit, which has resulted in the staff reporting that they feel better supported. NRCF Management have also communicated with staff regarding the importance of informing them immediately if they feel unsafe at work, rather than after the event. The Weka Unit PCO has been tasked with improving relationships between staff and the people in the unit. They will focus on staff spending time getting to know the men housed there, improving communication between shifts via handovers, and regular unit rūnangas.

Your report also noted that some people felt unsafe and did not come out of their cells to mix with others in the yard. NRCF now risk assess people before moving them to the yard, and if the yard is not suitable other areas on site will be considered for their exercise time, i.e. the gymnasium or the field. Additionally, a Physical Education Officer is rostered on the weekends to support the gymnasium access.

Your report noted that some mealtimes were not reasonable at NRCF. A meeting was held with Residential Managers and the Deputy General Manager Pathways regarding the appropriate times for meal delivery. It was agreed that the food distribution would begin later, with the first unit being fed at 3pm to allow time for the distribution to the remaining units, return of the trays, and clean up before unit lock up. As noted in the report, NRCF has not yet transferred to the Making Shifts Work rosters. This is currently on hold and will be reviewed in the next financial year. These rosters will positively impact the times for meal delivery further as staff will be on site until a later time.

Your report also noted that health provision at NRCF was affected by a lack of robust systems which resulted in poor communication, cancellations, and delays in care. In March 2024, a new nationwide policy was introduced to provide structure to the management of health requests. As this was a new policy at the time of inspection, an audit is currently being completed by sites with results and reporting expected by end of January 2025. Additionally, work is well advanced on the new electronic health records system which will replace MedTech. This project is expected to be piloted by mid-2025 and supports an integrated clinical health record covering all aspects of health, mental health, and addictions services.

In addition to the above, in 2024, NRCF Health staff reviewed and improved their handling of health complaints, which included developing a monitoring template to ensure complaints are handled appropriately. A Clinical Uplift Plan was created in 2024 and is currently being reassessed for use in 2025. The plan identifies practical ways the site can uplift the clinical capability of staff, using findings and recommendations from recent internal and external reports. The 2024 Plan focused on improving medication management and clinical documentation, including Treatment Plans and End of Life Care Planning to

ensure people's health information is clearly documented, readily available and up to date.

It was noted in the report that there were inconsistencies regarding appropriate support being provided to disabled people/tāngata whaikaha at NRCF. Regional Social Workers with a focus on Disability and Older Persons were recently introduced nationwide as part of the Disability Action Plan. Overall, the Social Worker Disability and Older Persons improve support offered to disabled people by responding to any Washington Group Short Set questions that receive a yes during the Initial Health Assessment, conducting a rapid review, engaging with them, and making recommendations for support/responsiveness to their needs while in prison. The purpose of introducing social workers is to increase consultation and consistency in approach to people with disability within each prison, as well as across prisons. At NRCF, the social worker practice is being embedded across the site and is available to those who wish to engage.

It was pleasing to see the report highlighting the great management and care of people in the ISU, including positive work around multidisciplinary meetings and the good working relationships between custody, health, and mental health specialist staff. We appreciate the acknowledgement in your report of the therapy dog and sensory items available to people in the ISU too.

The report also noted that people in the Intervention and Support Unit (ISU) had little to do in their cells. There is a nationwide project underway to install televisions in ISU cells, which will include NRCF. This will support the improvement of the physical environment, promote positive mental health, and support the rehabilitation process. Additionally, the ISU Refurbishments project is underway nationwide to focus on improvements to ISUs and 'softening' of the ISUs via aesthetic upgrades including cultural elements, biophilic designs and sensory elements. An audit of current activities on offer in ISUs has been commissioned by the acting Chief Mental Health and Addictions Officer. The results of this audit will be used to inform a plan for adding additional activities into units (where appropriate) as well as uplifting and improving access to current activities on offer. As this is in the early stages of commissioning, we are unable to provide you with an estimated completion date, but we look forward to sharing further information with you in due course.

It was noted that many staff at NRCF did not feel a connection to Hōkai Rangi. NRCF have implemented a variety of actions to address this, including a 2-day cultural induction for all new staff, which will occur monthly, hosted by Ngāti Rangi. Hōkai Rangi Pou are discussed as part of this to provide the connection between the strategy and the daily work. Additionally, the Hōkai Rangi Focus Group delivers examples of each Pou to the site during the morning briefing, focussing on a different Pou each month.

Overall, the inspection report recognises some of the positive work at NRCF while acknowledging there are still areas for further improvement. Determinations about priorities and actions will be a joint approach led primarily by the General Manager at NRCF, and the General Manager Pae Ora. NRCF

custodial management have assigned actions regarding your findings and will continue to review and seek regular assurances the actions put in place have made and continue to make improvement. The Health Centre Manager (HCM), in collaboration with the General Manager of Pae Ora, will continue to develop the 2025 Clinical Uplift Plan, which will be informed by the findings made in your report.

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



Neil Beales
Acting Commissioner Custodial Services



Dr Juanita Ryan
Deputy Chief Executive Pae Ora