

Mothers with Babies Unit (MBU) Visit

Auckland Region Women's Corrections Facility, Auckland

Visit date: s 9(2)(a) CIA 2014. Report date: 20 May 2014

Overall assessment		Well placed
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OPCAT* domains	
Treatment	
Protection system	
Material conditions	
Activities and contact with others	
Medical services and care	
Personnel	

*OPCAT = Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment



Detrimental/
weak



Developing



Well placed

Released under the Official Information Act

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Introduction

Purpose of visit

1. On s 9(2)(a) OIA 2014, the Office of the Children's Commissioner (OCC) and the Ombudsman's Office conducted a pre-arranged monitoring visit to Auckland Region Women's Corrections Facility, Auckland. The purpose of the visit was to assess the prison's performance against the six domains relevant to our roles as National Preventive Mechanisms (NPM) under the Crimes of Torture Act (COTA, 1989, refer to Appendix 1 for more detail). The six domains, from the Optional Protocol to the Convention Against Torture (OPCAT), are: treatment, protection system, material conditions, activities and contact with others, medical services and care, and personnel.
2. OCC focused exclusively on the Mothers with Babies Unit (MBU), from the perspective of the wellbeing and treatment of the child¹.
3. As this was OCC's first monitoring visit to a MBU, we welcome feedback on the usefulness of this report.

¹ OCC also assessed the MBU's support for the wellbeing of the mother, as it is integral to her child's wellbeing.

Purpose and structure of this report

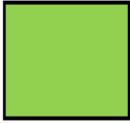
4. This report shares the findings from our visit to the MBU and makes recommendations for actions to address the issues identified. As a designated NPM, the focus of our recommendations is on preventing mistreatment and other problems from occurring. Therefore, even though there was only one mother and her 13 month old baby living in the MBU at the time of our visit, our recommendations aim to ensure that the unit runs smoothly when there are a greater number of women and babies living in the unit.
5. For the convenience of readers, we first list our key findings and overall recommendations. We have then reproduced, in full, the Department of Corrections' response to our findings and recommendations. The remainder of the report is structured under headings from the OPCAT framework. For each of the domains, we commend the strengths we observed, list challenges or areas of development, and present our recommendations.
6. We briefly outline the legislative background to our visit in Appendix 1. We describe the interviews we conducted in Appendix 2.
7. Table 1 below provides a quick reference to the meanings of ratings given in the report.

Table 1. Quick reference guide to the ratings provided for each OPCAT domain

Rating	Assessment	What it means
	Well placed	Strong performance, strong capability, consistent practice
	Developing	Some awareness of areas needing improvement; some actions to address weaknesses, but inconsistent practice; pockets of good practice
	Detrimental	Actively causing harm, negligent, ignoring, rejecting, undervaluing, undermining practice

Findings and recommendations

Overall assessment:



Well placed

8. The MBU at Auckland Region Women's Corrections Facility is compliant with all OPCAT conditions/domains. Our overall assessment is that it is well placed.

Key findings

9. The MBU at Auckland Region Women's Corrections Facility should be congratulated for its efforts to ensure that babies and mothers in the MBU are well treated and supported by staff, and have access to a range of programmes to support their wellbeing and development. We found that babies' and mothers' rights are upheld, they live in pleasant units, eat well, have good access to medical care, and have opportunities to see and/or talk to their families and whānau.
10. We identified two key issues which require action by Corrections national office. The first, which requires immediate attention, is related to Corrections policy that on-site health staff treat the women inmates only (ie, they are not supposed to treat the babies). Health care for babies appropriately mirrors the treatment they receive in the community. However, it creates a potential risk to the safety or health of babies if on-site health staff do not intervene in the event of an emergency or urgent concern involving a baby.
11. The second issue is related to the protection system. The same multi-disciplinary group who are responsible for determining mothers' eligibility to be in the MBU are also responsible for considering mothers' appeals. We believe that if mothers disagree with a decision made by this group, their appeals should be considered by a second group, independent from the original decision makers. This would offer a fairer appeals process, and is in accordance with the wider legal system.
12. Three other issues are worth prioritising. First, the single baby in the unit had limited opportunities to socialise with other infants. The MBU could increase babies' opportunities to socialise with other young children and, at the same time, support early learning and healthy development, by making a greater range of early childhood education (ECE) options available.
13. Second, babies' and mothers' access to cultural support is somewhat limited. There are a couple of culturally oriented programmes on offer (eg, kapa haka and harakeke weaving), but babies and mothers are not receiving cultural support in an ongoing way.

14. Finally, staff in the MBU have an important role in supporting the wellbeing of babies and mothers, however, they do not necessarily receive specialised training, before they begin working in the unit, in how to best support babies and mothers.

Recommendations

Key recommendations

- Rec 1:** Corrections makes explicit in their health policy that on-site health staff should intervene to help babies during an emergency or for urgent concerns.
- Rec 2:** Corrections convenes a small independent group to consider mothers' appeals. This group should include at least some members who are not part of the multi-disciplinary group who determine a mother's eligibility to be in the MBU. All members should have excellent understanding of the factors affecting healthy child development.
- Rec 3:** The MBU identifies ECE options that are available for children under two years of age in the local area, and makes a couple of these available to babies and mothers, particularly when there is only one mother in the MBU.
- Rec 4:** The MBU increases babies' and mothers' access to cultural support, for example via linking with local iwi or having a Kuia dedicated to the MBU.
- Rec 5:** The prison offers formal induction and training for staff in supporting healthy child development before they begin working in the MBU.

Other recommendations

- Rec 6:** The MBU continues finding ways to make living in the MBU as similar as possible to living outside the prison for babies.
- Rec 7:** The prison considers planting more garden around the MBU – to create a pleasant outdoor environment for walking babies in prams.
- Rec 8:** The prison ensures there are some toys and books available for older children in the bonding facility.
- Rec 9:** The MBU puts further thought into how to enable low risk mothers to participate in community activities with their babies, even when their formal security classification currently precludes them from such activities.
- Rec 10:** The prison continues developing their relationship with maternal mental health services in order to optimise access for mothers' and babies' in the MBU.

Department of Corrections' response to OCC's findings and recommendations

15. A draft copy of this report was provided to the Department of Corrections on 20th May for comment. OCC received a response from Jeanette Burns, Acting National Commissioner, Corrections Services, dated 30 June 2014. The response is reproduced in full below.

Responses to the findings from your pre-arranged monitoring visit to Auckland Region Women's Corrections Facility (ARWCF) on s 9(2)(a) OIA 2014

Thank you for the opportunity to respond to the findings from your visit to the Mothers with Babies Unit (MBU) at ARWCF.

I acknowledge your findings that the MBU at ARWCF is compliant with all OPCAT conditions and domains and is assessed as being well-placed (strong performance, strong capability and consistent practice). I also note the positive findings that babies' and mothers' rights are upheld, that they live in pleasant units, eat well, have good access to medical care, and have opportunities to maintain links with their families and whanau.

Your report does however, contain ten recommendations, to which I will respond to individually.

- a. *Corrections makes explicit in their health policy that on-site health staff should intervene to help babies during an emergency or for urgent concerns.*

This recommendation is acknowledged. However, the Health Services Manual has a Clinical Emergency Policy and Procedure clause that covers all emergency responses on site. It not only covers prisoners but also incorporates staff, visitors and children on site. Nurses receive training in pre hospital emergency care and this includes CPR for adults, children and babies.

In addition, the Prison Managers of ARWCF, Arohata and Christchurch Women's Prison have agreed to a site policy which states: "While health staff do not provide medical care to the babies on a day to day basis, should an emergency situation occur then the health team would respond in the first instance". This ensures health staff will intervene to help babies in an emergency situation or for any urgent concerns.

Health Services staff at ARWCF have provided support to the mothers in the past in emergency situations and have also provided practical support where the mum has been concerned about whether to take the baby to see the doctor or not e.g. temperature.

- b. *Corrections convene a small independent group to consider mothers' appeals. This group should include at least some members who are not part of the multi-disciplinary group who determine a mother's eligibility to be in the MBU. All members should have an excellent understanding of the factors affecting healthy child development.*

The approval of mother's and babies to reside in the MBU is the Chief Executives power and function pursuant to section 81A (2) of the Corrections Act, which has been delegated to the Prison Manager in line with the requirements set out in section 81A (3) & (4). When the Prison Manager exercises this delegation, for all intents and purposes, they are the Chief Executive. Currently there is no legal authority for an appeal or review of this type of decision.

The Courts, in these instances, allow for the original decision maker to reconsider the application if additional information is provided that was not considered when the initial decision was made.

The Department is currently investigating the possibility of amending the Corrections Act so that a robust review and appeals process can be developed for mothers and babies to reside in the MBU. A timeframe for these changes has not yet been determined.

- c. *The MBU identifies ECE options that are available for children under two years of age in the local area, and makes a couple of these available to babies and mothers, particularly when there is only one mother in the MBU.*

The MBU already incorporates into their regular activities from Monday to Thursday for mothers and children to attend the local s 9(2)(a) OIA Day Care Centre.

The site also offers a Wriggle and Rhyme programme that teaches positive movement experiences to stimulate development of both the brain and body for babies 0-2 years of age. This programme is run by volunteers from the s 9(2)(a) OIA Day Care Centre.

- d. *The MBU increases babies' and mothers' access to cultural support, for example via linking with local iwi or having a Kuia dedicated to the MBU.*

The MBU PCO is currently liaising with the Kaitiaki on site for their support in the appointment of a Kuia dedicated to the unit.

- e. *The prison offers formal induction and training for staff in supporting healthy child development before they begin working in the MBU.*

Currently only staff identified to work in the Self Care and MBU are rostered to that unit. All Self Care staff receive the standard unit induction on site.

At present there is no formal training for staff working in the MBU, however the unit PCO is liaising with the s 9(2)(i) OIA to identify any development and training opportunities and whether this can become part of the induction for staff in the unit.

In addition to this the Department is currently developing some training for staff working in the MBU. This training will include a foundation block of supporting healthy child development, among other aspects of working with children.

- f. *The MBU continues finding ways to make living in the MBU as similar as possible to living outside the prison for babies.*

In your report you raise that one difference for babies living in the MBU is that many of the people they come into contact with are in prison uniform. I can confirm that all staff rostered to work in the MBU currently wear civilian clothing.

The site also has child focused activities that occur on a weekly/monthly basis to assist in making the environment as similar as possible to living outside the prison for the babies living in the unit.

In addition, the MBU PCO will continue to reflect on, and action as appropriate, ways to ensure this is maintained and improved.

- g. *The prison considers planting more garden around the MBU – to create a pleasant outdoor environment for walking babies in prams.*

The Principal Instructor has reviewed the area around the MBU and will produce a plan and associated costs for some additional gardens within the next two weeks for approval.

- h. *The prison ensures there are some toys and books available for older children in the bonding facility.*

The supervised Bonding Facility only allows children less than 2 years of age to visit. A variety of toys are available for these children, as well as a range of appropriate books.

- i. *The MBU puts further thought into how to enable low risk mothers to participate in community activities with their babies, even when their formal security classification currently precludes them from such activities.*

The site currently provides parenting skills to all mothers and, as mentioned earlier, the Wriggle and Rhyme programme through the s 9(2)(a) OIA Day Care Centre.

In terms of community based activities, mothers with babies are not routinely denied the ability to participate in these activities based on their security classification alone. The Department has a process for prisoners to get approval for temporary removal, as described in the Prison Operations Manual M.04.05.02 Application for temporary removal. This process assesses the suitability of the prisoner to undertake their requested temporary removal based on their security risk factors, eg security classification, behaviour, location of temporary removal, duration etc.

Any applications for a mother and her baby to participate in community activities will go through this process and be considered on a case by case basis.

- j. The prison continues developing their relationship with maternal mental health services in order to optimise access for mothers' and babies' in the MBU.*

This is on-going and Health Services has a Memorandum of Understanding with Counties Manukau District Health Board (CMDHB) who provides all antenatal and postnatal care for the prisoners at ARWCF. The Manager of the Community Midwifery team and the Health Centre Manager at ARWCF continue to pursue input from Maternal Mental Health at CMDHB for the prisoners when clinically indicated. In the interim, for any significant presentations of deterioration in the mental state of our pregnant or new mothers, Health Services engage the Forensic Prison team from the Mason Clinic. ARWCF also has the services of a Primary Mental Health In Reach Clinician who is available to assess and refer to the appropriate service if required.

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Treatment



Well placed

Strengths

16. There was no evidence of torture or other cruel, inhumane or degrading treatment or punishment of babies in the MBU. We observed a nurturing, responsive relationship between the one mother and her s 9(2)(a) OIA old baby who were living in the unit at the time of our visit. Positive attachment was clearly evident in the way the mother related to her baby and vice versa. In addition, the mother has a good understanding of child development, eg "If we are upset and not good, then this affects the baby".
17. There is also plenty of support from prison staff for babies' and mothers' wellbeing. The mother we interviewed spoke in glowing terms about the emotional and practical support she had received from both the Case Manager and Principal Corrections Officer (PCO). Genuine effort is made to address babies' and women's needs as they are identified. For example, when it became clear that several mothers in the MBU preferred to co-sleep with their babies, a workshop on co-sleeping (and how to do it safely) was held.
18. The MBU has previously acted quickly to prevent mistreatment of babies. At least one baby has been removed from the MBU due to neglect concerns.

Challenges/Areas for development

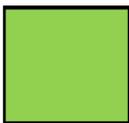
19. One difference for babies living in the MBU is that many of the people they come into contact with are in prison uniform. Whilst this is unlikely to adversely influence babies' development, it is a difference worth considering. We note that the MBU Manager has begun discussions with staff about the wearing of uniforms within the MBU. We support ongoing reflection and action to ensure the MBU is as similar to living outside the prison as possible for babies.

Recommendations

20. We recommend that:

- The MBU continues finding ways to make living in the MBU as similar as possible to living outside the prison for babies.

Protection system



Well placed

Strengths

21. Arguably the most important protection for babies in the MBU is having mothers who will adequately care for and nurture them. A multi-disciplinary group (made up of the Prison Manager, Case Manager, Principal Corrections Officer (PCO), CYF, Health, and Plunket) provides advice to the Prison Manager on mothers' suitability to be accepted into the MBU. If there are previous instances of child abuse, or the mother does not test free of drugs, then she is not eligible. These criteria, and the multi-agency process to provide advice on mothers' eligibility, help to ensure that only women who can adequately care for their baby are accepted into the MBU.
22. Babies' and mothers' rights are upheld in the MBU. Women know how to make a complaint (by submitting a PC01 Form) and feel they have people they can speak to if they have any problems with their babies. The mother we spoke to reported having excellent access to her Case Manager and PCO².
23. A telephone available in the MBU means that mothers have 24 hour access to PlunketLine. This gives mothers access to immediate advice about their babies' health or childrearing matters, and reinforces mothers' sense of reassurance that help is readily available if needed.
24. There is appropriate flexibility in the protection system. Currently, mothers are eligible to be in the unit up until their baby turns two. However, a baby turning two does not mean automatic removal of the baby or mother from the MBU. For example, if a mother's sentence is due to finish shortly after her baby turns two, then the multi-disciplinary group may recommend an early parole hearing – to enable the baby to stay with his/her mother.
25. Babies' physical safety is also considered. The MBU is in the process of purchasing a Pea Pod³ to keep babies safe if their mothers decide they want their babies sleeping with them.

² It will be important to maintain good access to MBU staff when the number of women in the MBU increases.

³ A Pea Pod is a pod-like device, a bit like a small cradle or protective frame, that babies sleep in next to their mothers (or fathers) - to help prevent accidental suffocation.

Challenges/Areas for development

26. If a mother is found to be ineligible for the MBU, or a decision is made to remove a baby from the MBU, mothers have the right to appeal such decisions. However, the appeal goes to the same multi-disciplinary group who have responsibility for determining a mother's eligibility to be in the MBU in the first place. We believe the review group should have independence from the original decision makers. An independent review group has the potential to offer a fairer appeal process to mothers and consequently better outcomes for babies.

Recommendations

27. We recommend that:

- Corrections convenes a small independent group to consider mothers' appeals. This group should include at least some members who are not part of the multi-disciplinary group who determine a mother's eligibility to be in the MBU. All members should have excellent understanding of the factors affecting healthy child development.

Material conditions



Well placed

Strengths

28. The MBU's capacity is eight beds (two mothers per self-care unit). To date, the MBU has had a maximum of six women in the MBU.

29. The physical environment in the MBU is comparable to living in a small, comfortable home outside the prison. The unit we inspected was relatively tidy, and contains a separate bedroom for baby, a kitchen and living area, laundry and large bathroom. There is plenty of light and fresh air, paintings on the walls and some of the mother's own work was displayed. The cots and mattresses were good, and there were several high quality toys available for the baby (provided by relatives of the mother).

30. Depending on security classification, many of the women in the unit are eligible to do their own shopping (outside the prison), and all prepare their own meals.

31. While at the prison, we also inspected the bonding facility and visitors' room. Mothers who are not eligible to be in the MBU can spend time with their babies in the bonding facility. Children can also spend time with their mothers in the visitors' room. Both of these rooms are family friendly, with plenty of light and fresh air. In the visitors' area, there are big, colourful murals on the wall and an outdoor area where families can sit in the sun. In the bonding facility, some toys and books are available for young children.

Challenges/Areas for development

32. The environment outside the MBU was a bit sterile – lots of grass surrounded by a fence. The prison could address this by planting more garden. This would provide a pleasant area where mothers could walk their babies in prams.

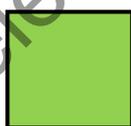
33. We noted that there was a lack of toys or books for older children in the bonding facility. Although the facility is primarily designed for mothers to spend time with their visiting infants, presumably it is not uncommon for older siblings to also be present. It is therefore worth having toys and books for older children in the room - to help prevent boredom (and misbehaviour). Some examples of appropriate toys for older children (ie, 8-12 years) include: Connect Four, Jenga, board games, playing cards, 50+ piece puzzles, electronic games, quiz or joke books.

Recommendations

34. We recommend that:

- The prison considers planting more garden around the MBU – to create a pleasant outdoor environment for walking babies in prams.
- The prison ensures there are some toys and books available for older children in the bonding facility.

Activities and contact with others



Well placed

Strengths

35. Babies and mothers in the MBU have access to a range of activities. There are opportunities to participate in a parenting skills group (Incredible Years) and play group (once a week). Babies and mothers may participate in cultural programmes, such as kapa

haka and harakeke weaving, and physical activities, such as swimming. In addition, all the usual prison activities (eg, family days) are available to mothers and babies in the MBU.

36. Babies and mothers also have good access to other people. Whānau can visit for meals and this is encouraged. The mother we interviewed was happy with the contact she and her baby have with whānau (who visit the MBU approximately once every three weeks).

s 9(2)(a) OIA

Challenges/Areas for development

37. With only one mother in the MBU, there are limited opportunities for the baby to socialise with other babies. Although the mother is able to socialise with women from the neighbouring self-care units each day, the baby interacts with other babies during play group only once per week. Providing the infant has sensitive caregiving and an enriching environment, the frequency of an infant's opportunity to socialise with other children is not a primary concern⁴. However, the mother expressed a preference for her baby to have more frequent opportunities to socialise with other babies, and we believe it is useful for the MBU to have several early childhood education (ECE) options potentially available to mothers.
38. Participation in some form of early childhood education (ECE) has been shown to have significant benefits for the children of disadvantaged families. There are several forms of early childhood education (ECE) which take children under two years of age. These include: Daycare Centres, Playcentres, Kōhanga Reo, home-based providers, and some Community Creche's. It is acknowledged that making these forms of ECE available may require the prison to seek further funding (eg, for additional staff and/or to pay for the cost of ECE for the babies in its MBU).
39. While there is access to some cultural programmes, there is limited access to ongoing cultural support. It is great that mothers can ask to speak with the on-site Kuia, but she is extremely busy with many competing demands upon her time. The MBU could benefit from introducing more systematic cultural support. This could be achieved via linking with local iwi or by having a dedicated Kuia.
40. Some restrictions to activities due to risk classification may not be entirely logical. For example, the mother we interviewed has a 'low medium' classification and is therefore not allowed to go shopping (thereby denying her baby the opportunity to participate in a normal community activity). She is, however, allowed to visit play group once a week and to take her baby to swimming lessons. Work that Corrections is currently doing to simplify the classification system may improve consistency in this area in the future. In

⁴Note that if the caregiving is inadequate, then mothers are likely to benefit from socialising with other (pro-social) parents and this is likely to have positive flow on effects for the baby.

the meantime, we support the MBU Manager to put further thought into how to enable low risk women in the MBU to participate in community activities with their babies, when their formal security classification currently precludes them from such activities (as was the case with the mother we interviewed).

Recommendations

41. We recommend that:

- The MBU identifies ECE options that are available for children under two years of age in the local area, and makes a couple of these available to babies and mothers, particularly when there is only one mother in the MBU.
- The MBU increases babies' and mothers' access to cultural support, for example via linking with local iwi or having a Kuia dedicated to the MBU.
- The MBU puts further thought into how to enable low risk mothers to participate in community activities with their babies, even when their formal security classification currently precludes them from such activities.

Medical services and care



Well placed

Strengths

42. Babies and mothers have relatively easy access to most primary and specialist health services. Access to health care was described as being similar to what it would be in the community. Pregnant women are linked with their own midwife. The prison's Health Care Manager was in the process of organising an antenatal class for the pregnant women in the prison. Plunket nurses visit the prison according to the Well Child Schedule (which enables more frequent visits for vulnerable babies and mothers).

43. If a baby is unwell, then the mother is supported to take him/her to the local GP or hospital (depending on the seriousness of the health concern). This is consistent with health care treatment for babies in the community.

44. For all inmates, a General Practitioner (GP) is on site four mornings a week, including Saturdays. A dentist is on site eight hours per week (or more if needed).

45. Women also have good access to primary *mental* health care. Auckland Region Women's Corrections Facility is one of four pilot prisons with a full time primary mental health care clinician on site. We heard that the primary mental health clinician is particularly good at helping women to develop coping skills which they often don't have when they enter the prison.
46. The on-site health team screen women for alcohol and other drug (AOD) issues and run AOD programmes such as the methodone programme and withdrawal from methamphetamine⁵. The Salvation Army and Community Alcohol and Drug Service (CADS) are contracted to provide specialist AOD treatment.
47. The prison operates a medical 'chit' system. Mothers who would like an appointment with on-site health staff write their request and deposit it into a wooden box. The boxes are cleared every day and health concerns are triaged. Women are given a 'receipt' so they know that their request has been received and an appointment arranged. Women can request to see a health professional of the same ethnicity if desired.
48. Health staff conduct an exit interview with each woman before she leaves the prison. This is to ensure that women are connected to their GPs back in the community and have any contraception or medication they need.

Challenges/Areas for development

49. The two health services which are reportedly more difficult for women in the MBU to access are: the forensic mental health service (for women with severe mental illness) and maternal mental health services. We heard that some women had been on the waiting list for forensic services for 8-9 months, although it is unlikely that these would be mothers from the MBU⁶.
50. On the other hand, maternal mental health services are highly relevant for mothers and babies in the MBU. Maternal mental health services are still developing in New Zealand, and women in the community may also have difficulty accessing them. However, we encourage the prison to develop good relationships with this group of professionals to optimise the access of mothers' and babies' in the MBU.
51. The prison has a policy that on-site health staff treat inmates only (ie, they are not supposed to treat babies). This ensures that the health care for babies mirrors the treatment they receive in the community. The policy does not generally pose problems for babies with routine or non-serious health concerns. However, we heard about the policy causing potential problems in the event of an emergency involving a baby. It can

⁵ A positive test result for mothers means being removed from the MBU, subject to any appeals.

⁶ Severely mentally unwell mothers would be unlikely to be eligible for the MBU.

take time to move the mother and baby through the prison, and if prison health staff are not allowed to intervene, this could put a baby's health at unnecessary risk.

52. In practice, we found that on-site health staff had appropriately intervened during emergencies to help a baby. However, for the peace of mind of on-site health staff and safety of babies, we think the Corrections' policy should make it explicit that on-site health staff should not hesitate to provide services to babies in an emergency or for urgent health concerns.

Recommendations

53. We recommend that:

- The prison continues developing their relationship with maternal mental health services in order to optimise access for mothers' and babies' in the MBU.
- Corrections makes explicit in their health policy that on-site health staff should intervene to help babies during an emergency or for urgent concerns.

Personnel



Well placed

Strengths

54. Staff in the MBU provide a safe and respectful environment for the mothers and babies. During our visit, we observed positive and helpful interactions between staff and the mother and baby in the unit. The mother herself was very positive about the support provided by MBU staff.

55. Staff in the MBU are selected on the basis of their personality and willingness and ability to work with mothers and babies. Once in the MBU, these staff have the opportunity to interact with specialist staff (including the Case Manager, s 9(2)(i) OIA and Plunket), and this helps to build up their knowledge and skills for working with mothers and babies.

Challenges/Areas for development

56. There is no special training for MBU staff before they begin working in the unit. This is despite the crucial role that MBU staff play in supporting a healthy relationship between babies and mothers and in caring for the infants themselves (babies may be left with MBU staff while mothers participate in rehabilitation programmes). We acknowledge that staff are specially selected to work in the MBU based on their backgrounds, but given the nature of their role, we believe staff should receive more formalised induction and training on supporting healthy child development prior to beginning work in the MBU.

Recommendation

57. We recommend that:

- The prison offers formal induction and training for staff in supporting healthy child development before they begin working in the MBU.

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Appendix One: Why we visit (legislative background)

58. The Office of the Children's Commissioner (OCC) and the Ombudsman's Office are designated as a National Preventive Mechanisms (NPMs) under the Crimes of Torture Act (1989). This Act contains New Zealand's practical mechanisms for ensuring compliance with the United Nations Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT), which was itself ratified by New Zealand in 2007.
59. As a NPM, OCC's role is to visit youth justice residences, care and protection residences, and Mothers with Babies Units in prisons to ensure compliance with OPCAT. The Ombudsman's Office has responsibility for monitoring prisons and court cells, immigration detention facilities, and health and disability places of detention (eg, hospitals and secure care facilities).

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Appendix Two: Interviews conducted

Our visit to the MBU at Auckland Region Women's Corrections Facility included interviews with⁷:

- MBU Manager
- Case Manager (who is a social worker)
- Plunket nurses (2)
- Health Care Manager
- Mother in the MBU (1)
- Kuia

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⁷ We would usually interview the Principal Corrections Officer (PCO) as well but this person was away on the day of our visit.