

Mothers with Babies Unit (MBU) Visit

Christchurch Women's Prison, Christchurch

Visit date: s 9(2)(a) OIA 2014. Report date: 9 April 2015

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



Minimally
effective/weak



Developing



Well placed



Transformational/
outstanding

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 an unannounced monitoring visit to Christchurch Women's Prison. 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. **s 9(2)(a) OIA** **s 9(2)(a) OIA** and **s 9(2)(a) OIA** **s 9(2)(a) OIA** from the OCC interviewed staff about the Mothers with Babies Unit (MBU). They focused exclusively on the Mothers with Babies Unit (MBU), from the perspective of the wellbeing and treatment of the child¹. **s 9(2)(a) OIA** **s 9(2)(a) OIA**) from the Ombudsman's Office attended some of the same interviews but also interviewed other staff and stakeholders about the wider prison environment.

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

3. 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 one week 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.
4. For the convenience of readers, we first list our key findings and overall 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, and list challenges or areas of development.
5. We briefly outline the legislative background to our visit in Appendix 1. We describe the interviews we conducted in Appendix 2.
6. 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
[Color]	Transformational/outstanding	Exceptional, outstanding, innovative, out of the norm
[Color]	Well placed	Strong performance, strong capability, consistent practice
[Color]	Developing	Some awareness of areas needing improvement; some actions to address weaknesses, but inconsistent practice; pockets of good practice
[Color]	Minimally effective/weak	Low awareness of areas needing improvement; lack of action to address weaknesses; significant concerns exist
[Color]	Detrimental	Actively causing harm, negligent, ignoring, rejecting, undervaluing, undermining practice

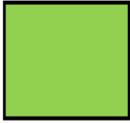
Interpretation of ratings

7. Historically, places of detention have been rated as either 'compliant' or 'noncompliant' with the conditions or domains under the OPCAT framework. For the New Zealand context, the OCC now uses a five point rating scale (since the beginning of 2015) to provide a more fine-grained analysis, one that is hopefully more useful for identifying and acting on key areas for change.
8. To enable comparison with the earlier ranking system, we would consider ratings of 'developing', 'well placed', and 'transformational' to indicate a facility's compliance with OPCAT conditions, while ratings of 'minimally effective/weak' or 'detrimental' represent noncompliance with OPCAT conditions.

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Findings and recommendations

Overall assessment:



Well placed

9. The MBU at Christchurch Women's Prison is compliant with all OPCAT conditions/domains. Our overall assessment is that it is well placed.

Key findings

10. The MBU at Christchurch Women's Prison should be congratulated for its efforts to ensure that babies and mothers in the MBU are well treated and supported by staff. The mothers and babies live in pleasant units, surrounded by a lovely garden, and young children have access to a playground within the MBU. We found that babies' and mothers' rights are upheld, they have access to a range of programmes to support their wellbeing and development, they eat well, have good access to advice and medical care, and have opportunities to see and/or talk to their families and whānau. We are convinced that the babies in the Christchurch MBU are getting a great start to life.
11. We identified four areas for development which require attention by the Department of Corrections (referred to as 'Corrections' throughout the rest of this report). The first is related to the treatment of babies when mothers in the MBU commit minor offences. As a consequence of **s 9(2)(a) OIA** a previous MBU mother had been confined to a cell for three days, during which time her baby had been separated from her. A sudden separation of this nature could have a negative impact on a baby's development. We encourage Corrections to explore the use of other consequences for minor offences that do not have a negative impact on the baby.
12. The second area for development is related to the mothers' and babies' level of support for the development of their cultural identity. Although mothers and babies could access some cultural activities, there was not a robust pathway available for the meaningful development of their cultural identity. For Māori mothers and babies, we encourage the prison to seek advice from local iwi and/or employ a Kuia to provide ongoing cultural support.
13. The third area for development is related to family and whānau visits to the prison. Although families and whānau can spend time with mothers and babies in the visitors' area or bonding facility, they are not allowed to visit the mothers and babies in the MBU. This deprives babies of the opportunity for their whānau to visit them in their 'home'

environment. We encourage Christchurch Women's prison to find a safe way of enabling families and whānau to visit mothers and babies in the MBU.

14. Finally, staff in the MBU have an important role in supporting the wellbeing of babies and mothers, however, they do not receive a specific induction to working in the MBU or training in child development. In the context of high case loads and limited oversight by case managers, it is our view that this set of circumstances could lead to a non-optimal environment for babies in the MBU. We encourage Corrections to make available to MBU staff regular scheduled training and refreshers in child development as soon as possible.

Recommendations

- Rec 1:** The MBU and prison managers explore the use of consequences for minor offences committed by mothers whilst in the MBU, that do not penalise the baby.
- Rec 2:** The MBU and prison managers increase babies' and mothers' access to cultural support, for example via linking with local iwi or having a Kuia dedicated to the MBU.
- Rec 3:** The MBU and prison managers find a way to safely manage family and whānau visits to the MBU, so that babies can be visited in their own 'home'.
- Rec 4:** The Department of Corrections offers a formal induction for MBU staff in supporting healthy child development and regular training updates on related topics.

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 6th March 2015 for comment. OCC received a response from Jeremy Lightfoot, National Commissioner, Corrections Services, dated 7th April. The response is reproduced in full below.

Re: Optional Protocol to the Convention Against Torture (OPCAT) – Report for the visit to the Mothers and Babies Unit (MBU) at Christchurch Women's Prison on s 9(2)(a) OIA 2014.

Thank you for the opportunity to respond to the findings from your visit to the Mothers and Babies Unit at Christchurch Women's Prison on s 9(2)(a) OIA 2014.

The Department is committed to managing all prisoners in a safe, secure, humane and effective manner. The Mothers with Babies Units (MBU) enable mothers to care for their children in a supportive environment during the first two years of a child's life, which is well known to be the critical bonding period. There is also evidence that mothers who have their babies with them in prison can refocus their priorities and become motivated to live an offence free life. When considering any application for placement in a MBU, the Prison Manager will give specific attention to whether the placement is in the best interests of the child.

I am pleased to note that your report highlighted a number of positive findings about the Christchurch Women's Prison MBU, including that staff treated prisoners respectfully, accommodation was clean and well maintained and there was strong leadership across the site.

Although the overall report was very positive, you have made four recommendations which I have addressed below:

Recommendations

- a. The MBU and prison managers explore the use of consequences for minor offences committed by mothers whilst in the MBU, that do not penalize the baby.*

We recognise that continual contact with the mother is important for a babies' development, and aim to keep them together where practicable. The Prison Manager will explore placing mothers and babies in the Mothers and Baby Bonding facility in cases where the mother has been placed on cell confinement for a minor offence. The bonding facility is a small self-contained unit, which includes a bathroom, bedroom, lounge area and small outside yard. It is located in the main part of the prison away from the Self Care Units. These situations will be assessed on a case by case basis; there may be some instances where it is unpractical for a mother and baby to be placed in the bonding facility for the duration of a period of cell confinement. In these cases, the baby would be placed with an alternative caregiver in the community.

Please note that when applying for a position in the MBU, a mother must arrange for their baby to have two alternative caregivers. These caregivers are responsible for the baby whenever the mother is unable to care for the child for medical, safety or other reasons. Prison staff also encourage the mother to place the baby with the alternative caregivers on a regular basis so that the child can engage in a range of activities not available in prison, and maintain as much of a sense of normality as possible. This also means that whenever the baby must be separated from the mother, the child is placed with a caregiver that they already know and trust.

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

The Department supports the strengthening of Māori community structures and the development of cultural identity. We already provide prisoners with access to cultural support and guidance through our Kaiwhakamana Visitor Policy. Kaiwhakamana are specified visitors, and include kaumātua, kuia, tohunga and spiritual leaders. Kaiwhakamana may visit a prison at any time agreed by the Prison Manager for any of the following purposes:

- to advise prisoners and whanau about whakapapa and tikanga;
- to assist prisoners to establish contacts with iwi / hapū / whānau;
- to provide prisoners with news and information about iwi / hapū / whānau;
- to advise and assist prisoners with iwi / hapū / whānau, relationship, and business issues;
- to assist prisoners with personal and family matters;
- to provide spiritual / religious support and guidance for prisoners;
- to assist prisoners with reintegrative arrangements through their iwi / hapū / whānau;
- and to provide suggestions and advice to the Minister and Department of Corrections staff on the provision of services to Māori.

Kaiwhakamana make regular visits to prisoners who have identified cultural needs, including mothers in the Christchurch Women's Prison MBU.

- c. The MBU and prison managers find a way to safely manage family and whanau visits to the MBU, so that babies can be visited in their own 'home'.*

We recognise that the support of whanau and family is important to a babies' development. Our staff will be exploring ways to safely manage family and whanau visits to the MBU at the next Mothers with Baby Meeting, which will occur on 8 April 2015. Mothers with Baby Meetings are held monthly by a group comprising of representatives from National Office and each of the three Women's Prisons.

- d. The Department of Corrections offers a formal induction for MBU staff in supporting healthy child development and regular training updates on related topics.*

We recognise that MBU staff play an important role in supporting the wellbeing of mothers and babies. Our staff will also be exploring options relating to formal induction and child development training for MBU staff at the next Mothers with Baby Meeting.

Once again, thank you for providing a copy of your report and the considered findings. I trust the information provided is of assistance.

Domain 1: Treatment



Well placed

Strengths

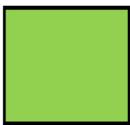
16. There was no evidence of torture or other cruel, inhumane or degrading treatment or punishment of babies in the MBU. We observed a nurturing, responsive relationship between the one mother and her **s 9(2)(a) OIA** daughter who were living in the unit at the time of our visit. When the baby woke up and stirred, the mother responded promptly, changed her baby's nappy, and gazed lovingly at her. The mother also made several positive comments about her daughter during our conversation with her, for example saying "*she is awesome*".
17. There is also plenty of support from prison staff for babies' and mothers' wellbeing, with an appropriate focus on supporting the mothers' bonding and attachment with their babies (and vice versa). We heard about Corrections Officers teaching the mothers in the MBU how to rock a baby, how to cook, how to sing to babies, and helping the mothers with the house cleaning. The mother we interviewed said that most of the prison staff were "awesome" and she felt like she could ask them anything.
18. The MBU has previously acted thoughtfully to prevent mistreatment of babies. We heard that for one mother whose behaviour had become unpredictable, staff were careful to take the baby off the mother before giving her the news that the baby would need to be removed from her care.

Challenges/Areas for development

19. One challenging area for the prison is finding appropriate consequences for mothers who commit minor offences whilst in the MBU. One mother who had previously stayed in the MBU had **s 9(2)(a) OIA**. She was charged **s 9(2)(a) OIA** and was subjected to an internal protocol whereby her penalty for **s 9(2)(a) OIA** was confinement to a cell for three days. During this time, the baby was cared for in the community. Although such an offence is reasonable grounds for being evicted from the MBU, the mother was appropriately given a second chance to stay in the MBU with her baby. We believe that the discretion to enable mothers to stay in the MBU following minor offences is important for the wellbeing of babies.
20. Our concern is related to the effects on the baby from the separation as a result of the sanction applied to the mother. Babies can experience significant distress being separated from their mother, let alone for a three day period with no contact. Although

it is difficult to determine the long term effects of such a separation, we do know that such events in the life of young children may have negative impacts on their attachment and mental health. We support the prison's intention to treat all prisoners fairly and understand that other prisoners are bound to complain if they perceive that mothers in the MBU receive special treatment. However, if the prison adheres to the legal principle of the paramountcy of the child, then consequences for minor offences would not involve separating babies from their mothers for this length of time. The prison's use of this consequence has not affected the rating we have given for 'treatment', because separating babies from their mothers is a relatively rare occurrence at the MBU. However, for any future minor offences committed by women in the MBU, we encourage the prison to explore the use of alternative consequences that do not penalise the baby.

Domain 2: Protection system



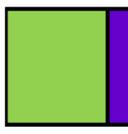
Well placed

Strengths

21. One of the most important protections for babies in a MBU is having mothers who will adequately care for and nurture them. Corrections has established a range of entry criteria for mothers' admission to MBUs. One important criterion for entry is that mothers do not have any previous history of violent offences involving children. Another criterion is that mothers are drug free. We found that Christchurch Women's prison adhered to these entry criteria. For example, prior to a mother's admission to the MBU, prison managers always consult with Child, Youth and Family (CYF) to determine if there are previous instances of child abuse. These eligibility criteria 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 said that if she was having a problem, there were staff who she trusted and could talk to at any time. In addition, every self-care unit has an intercom system that goes to the prison's central control, so even at night, staff can be there within minutes if there is an issue.

23. Babies' physical safety is also considered. The MBU was participating in the 'Sleep Safe' programme and had purchased Pepi Pods² to keep babies safe if their mothers decide they want their babies sleeping with them.
24. The safety of visiting children and young people is also considered. At the time of our visit, Corrections new Child Protection Protocol (CPP) had been in place for several months. This policy is aimed at keeping the children of offenders safe, particularly during visits to prisons or other Corrections' sites. Prisoners who have previous convictions for child abuse are no longer allowed into the visitors' room during the standard visiting time (while children are visiting). These prisoners have their visits on a different day to other prisoners and must receive prior approval from the prison manager in order to receive visits from their own children. Although women in the MBU do not fall into this category (ie, they are not eligible to be in the MBU if they have a previous child-related conviction), any visits the mothers receive from their other children are subject to the CPP.
25. We heard that the CPP is working well at Christchurch Women's Prison. It has reportedly resulted in a real change of mind-set for staff, who now take greater responsibility for ensuring children's safety. We heard about one instance **s 9(2)(a) OIA**
████████████████████ Instead of taking a 'hands off' approach, staff reported the incident to the Child Protection Champion (a Senior Corrections Officers) to get support for an appropriate course of action. In another instance, staff noticed **s 9(2)(a) OIA**
████████████████████
████████████████████. We applaud the prison's heightened alertness to keeping children and young people safe³.

Domain 3: Material conditions



Well placed with transformational elements

Strengths

26. The prison has a total of 11 self-care units (for low security prisoners), two of which are part of the MBU. The MBU units are surrounded by a fence to keep young children from

² A Pepi 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.

³ **s 9(2)(a) OIA**
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wandering away from their home. Each MBU unit sleeps two mothers with their babies, but if there are more than four eligible mothers at any one time, then the surrounding self-care units can be used, with the proviso that younger babies are moved out of the MBU first. This arrangement makes sense, as it ensures that walking toddlers stay safe behind the MBU fence. To date, there have been a maximum of eight babies in the self-care units at one time.

27. The physical environment in the MBU and self-care units is comparable to living in a small, comfortable home outside the prison. We were particularly impressed with the lovely garden surrounding the self-care units and the children's playground within the grounds of the MBU, which was covered with a sun shade and appropriately fenced to keep toddlers safe. These elements together were the basis of our rating of 'transformational elements' for material conditions, because they transformed the MBU into a real oasis within the prison, ensuring a comfortable, functional living space for babies and their mothers. The MBU we inspected was clean and tidy. It contained a separate bedroom for babies, a kitchen and living area, laundry and bathroom. There was plenty of light and fresh air, and paintings on the walls. The cots and mattresses were good, and there were several high quality toys available for the baby. The mother we interviewed commented that she wouldn't have been able to rent as nice a flat if she had been living in the community.
28. The women in the self-care units prepare their own meals. On the day of our unannounced visit, there was a salad in the MBU fridge, and fresh brownies on the kitchen bench which had been baked for the mother by another prisoner.
29. 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 bonding facility, some toys and books are available for young children.

Domain 4: Activities and contact with others



Well placed with developing elements

Strengths

30. Babies and mothers in the MBU have access to a good range of activities and programmes. A typical day in the MBU may involve several activities for the baby and her mother, including a combination of: food and clothes shopping; day care; story time at the local library; playing with pet lambs or puppies; Plunket visits; and attending

doctor's appointments. Babies and mothers may participate in physical activities, such as: swimming; playing in the MBU playground; and baby massage. Staff support mothers' attendance at cultural activities, such as kapa haka and 'music with movement' classes. Mothers also have the opportunity to participate in a number of therapeutic programmes, including parenting courses and criminogenic programmes (eg, Kowhiritanga).

31. Babies and mothers also have good access to other people. They are frequently visited by 'neighbours' from the self-care units. The mother's family/whānau may also visit the mother and her baby, albeit not in the MBU but in the visitors' area or bonding facility. Babies also have opportunities to visit and live with approved whānau (eg, grandparents or other nominated caregivers) outside the prison.

Challenges/Areas for development

32. Prison staff were great at supporting mothers' choices to participate in cultural activities. At the same time, the prison as a whole did not seem to have a deep appreciation of the importance of cultural identity for mothers and their babies. The prison has access to a kaumatua, but had not sought the kaumatua's advice in relation to Māori women who had previously stayed in the MBU. We believe that many of the Māori mothers need greater access to cultural support and guidance to facilitate the development of their cultural identity and ultimately their rehabilitation. This could be achieved via greater linking with local iwi or by having a dedicated Kuia for the MBU.
33. Although families and whānau can visit the babies and mothers at the prison, they are not allowed into the MBU area. We appreciate the security reasons for this arrangement, but believe that it disadvantages the babies in the MBU who cannot play with or share a meal with whānau in their own 'home'. The MBU at Auckland Region Women's Corrections Facility have found a way to safely manage family and whānau visits to the MBU, and we encourage the managers at Christchurch Women's Prison to do the same.

Domain 5: Medical services and care



Well placed

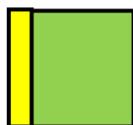
Strengths

34. Access to health care is similar to or better than what mothers and babies would receive in the community. Upon arrival at the prison, women have a physical and mental health assessment undertaken by nursing staff and are referred to a doctor as required. Some

women arrive pregnant, others are confirmed pregnant by nursing staff after a pregnancy test.

35. There are clear pathways for pregnant women assessed with different health needs. If the woman is pregnant and on methadone, she is referred to the methadone and pregnancy team at the Princess Margaret Hospital. If the woman is pregnant and detoxing, she is referred to the Community Alcohol and Drugs Service (CADS). If she is pregnant and has mental health issues, she is referred to the forensic team which is on site three days a week. If the woman's mental health is unstable, she is transferred to the Child and Family Unit at the Princess Margaret Hospital.
36. Women receive prenatal and postnatal care as they would in the community. The prison has a preferred team of midwives who cover the prison, but women can choose their own midwife (or remain with the current one if they arrive pregnant). Pregnant women attend antenatal appointments. After the women deliver their babies at the hospital, their midwives typically visit them 8-10 times at the prison before handing the mother over to Plunket or a Māori tamariki ora provider (s 9(2)(i) OIA) to provide well child services. Plunket nurses visit the prison according to the Well Child Schedule (which enables more frequent visits for vulnerable babies and mothers). The Māori tamariki ora provider conducts some immunisations on site, but more commonly women visit their GPs off-site to get their babies immunised. Mothers are responsible for organising these appointments but on-site health staff also keep track.
37. Babies have easy access to most primary and specialist health services. Although on-site health staff are not responsible for babies' health, they will attend to emergencies. Usually though, if a baby is unwell, the mother is supported to take him or her to the local GP or hospital (depending on the seriousness of the health concern). We feel confident that the level of support given to mothers ensures they can access appropriate health care for their babies at any time. As one staff member said, "*There is no mucking around with babies' health*".
38. Mothers themselves also have good access to primary and specialist health services. They are referred to a dentist or optician following an on-site nurse assessment. It was great to see that there was no waiting list for mothers to receive either of these services. Mothers also have the option of talking to a Māori mental health worker who attends the prison weekly and is available to all the women.
39. There is also some support for the mothers and babies after release from prison. Corrections contracts a local non-government organisation (s 9(2)(i) OIA) to follow the mothers and their babies up after they leave the prison.
40. We were also pleased to see prominently displayed resuscitation kits in the self-care units and visitors' room. This means that the women prisoners potentially have fast access to resuscitation support should they need it.

Domain 6: Personnel



Well placed with development elements

Strengths

41. At the time of our visit, there were eight Corrections Officers rostered to work in the MBU. The MBU Manager and Principal Corrections Officer (PCO) hand-select MBU staff from a pool of Corrections Officers who have expressed an interest in working in the MBU. This process helps to ensure that MBU staff are both willing and capable to work with mothers and babies. Case managers commented that the system of asking staff to submit expressions of interest for working in the MBU is better than a previous system where any staff could be rostered to work in the MBU. The outcome of the selection process is a team of MBU staff who support the philosophy of the unit and are committed to making it work for the women and babies.
42. Shortly after the MBU opened at the prison, managers organised for staff of the prison's low security unit (includes staff working in the MBU and other self-care units) to receive a week of training in a range of child development topics including: brain development, nutrition, family violence, and parenting. A number of respected providers were involved in delivering this training, including Brainwave, Plunket, and s 9(2)(i) OIA. The training was well received. We heard that it had improved staff's understanding of prisoners' behaviour and consequently made a positive difference to how staff managed some of the prisoners.

Challenges/Areas for development

43. Unfortunately, the prison has not organised a repeat of the training in child development that had been offered at the MBU opening. This training was conducted about three years ago, so it is highly likely that many of the staff who currently work in the MBU did not participate in it. Neither is there any specific induction for new MBU staff before they begin working in the unit. Case managers were not confident that staff new to the MBU would know what to look for or have an understanding of children's development.
44. The lack of ongoing training or induction could be mitigated by close oversight from case managers who have specialised knowledge in social work or mental health. However, case managers reported that they are not able to provide the level of oversight that they think is necessary for MBU staff. We heard that each case manager has about 60 prisoners on her caseload and would see the women in the MBU only

about once every six months. Ideally, case managers would have more frequent opportunities to observe the mother-child interactions and would be able to provide a greater level of oversight and advice to MBU staff.

45. The lack of MBU staff training in child development coupled with the lack of oversight from case managers is not conducive to creating an optimal environment for babies in the MBU. MBU staff play a crucial role 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). Even though staff are specially selected to work in the MBU, we believe they should receive a formal induction to working in the MBU, regular updates on how to support healthy child development, and a reasonable level of oversight from case managers.
46. We understand that the Department of Corrections is currently developing a training course for staff who work in MBUs which includes information on supporting healthy child development and other aspects of working with children. We encourage Corrections to make this training available as soon as possible. In the meantime, there are many community providers who Corrections could contract to deliver appropriate training to MBU staff.

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Appendix One: Why we visit (legislative background)

47. 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.
48. 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 Christchurch Women's Prison included interviews with⁴:

- Prison Manager
- Principal Corrections Officer (PCO) – who was standing in for the MBU Manager on the day of our visit
- Senior Corrections Officer (and Child Protection Protocol Champion) and Prison Officer
- Case Managers (2)
- Health Care Manager
- Mother in the MBU (1)

We also looked through the Bonding Facility to inspect the conditions there.

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⁴ We would usually interview the MBU Manager as well, but she was away on the day of our visit.