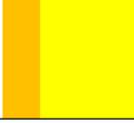


Mothers with Babies Unit (MBU)

OPCAT* Visit

Auckland Region Women's Corrections Facility, Auckland

Visit date: **s 9(2)(a) OIA** 2016 Report date: 12 June 2017

| | | |
|------------------------------------|---|--|
| Overall assessment |  | Developing with well-placed elements |
| Treatment |  | Well placed with developing elements |
| Protection system |  | Developing |
| Material conditions |  | Well placed |
| Activities and contact with others |  | Developing with minimally effective elements |
| Medical services and care |  | Well placed |
| Personnel |  | Developing with minimally effective elements |

*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 § 9(2)(a) OIA 2016, § 9(2)(a) OIA § 9(2)(a) OIA and § 9(2)(a) OIA § 9(2)(a) OIA from the Office of the Children's Commissioner (OCC) conducted a pre-arranged monitoring visit to Auckland Region Women's Corrections Facility, Auckland. We were accompanied by § 9(2)(a) OIA from the Ombudsman's Office. 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. The Ombudsman's office focused on other aspects of the prison.

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 identifying any potential harm/abuse for a baby and preventing mistreatment and other problems from occurring. During our visit to the MBU there were a total of § 9(2)(a) OIA mothers and babies staying in the units. We interviewed § 9(2)(a) OIA mothers and sighted § 9(2)(a) OIA their children, § 9(2)(a) OIA. We were unable to meet with § 9(2)(a) OIA mother and baby due to time constraints.
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 areas for 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.

¹ OCC also assessed the MBU's support for the wellbeing of the mother, as it is integral to her child's wellbeing.
Office of the Children's Commissioner | MBU report | June 2017

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

| Rating | Assessment | What it means |
|--------|------------------------------|--|
| | Transformational/outstanding | Exceptional, outstanding, innovative, out of the norm |
| | 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 |
| | Minimally effective/weak | Low awareness of areas needing improvement; lack of action to address weaknesses; significant concerns exist |
| | Detrimental | Actively causing harm, negligent, ignoring, rejecting, undervaluing, undermining practice |

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Key findings and recommendations

Overall assessment:



Developing with well-placed elements

7. The MBU at Auckland Region Women's Corrections Facility is generally compliant with OPCAT conditions/domains. Our overall assessment is that it is developing with well-placed elements. Senior management and MBU staff are committed to making sure that mothers receive the support they need to care for their babies, and we were satisfied that mothers in the MBU are treating their babies well. The Department of Corrections' MBU facilities provide a great opportunity for babies and mothers to form secure attachments, likely to improve outcomes for both babies and mothers.
8. However, during our visit, we found that there are insufficient mechanisms in place to ensure that the mothers and their babies thrive within the complex prison environment. For example, there is no system in place for finding out what is worrying the mothers and sorting these issues out in a timely way so that babies are not affected; there is no strategy to make sure that babies and toddlers get out of the prison regularly so that they receive the socialisation they need; and there is no tailored induction or training in place for MBU staff.
9. It is notable that there has been a significant deterioration in the domain ratings between the current visit and our previous visit in April 2014. We are concerned about this deterioration and the implications it may have for the babies in the MBU. The key strengths and areas for development are outlined below.

Strengths

10. The senior management team expressed a genuine enthusiasm for ensuring that the MBU continues to provide a safe environment for the babies with appropriate conditions and support for the mothers.
11. We observed warm and caring relationships between mothers and babies. s 9(2)(a) OIA

mothers acknowledged that they were privileged to be able to care for their babies while in prison and expressed a determination to do the best for their children. s 9(2)(a) OIA babies had been with their mothers since birth.

12. The physical environment is of a high quality. The flats are relatively new and in good condition. There is art work on the walls and the furniture is comfortable and tidy. There is ample space and play equipment outside for toddlers and babies to play with. The unit that we visited appeared to be well cared for by the mothers.

Areas for Development

13. During our visit we identified five key issues that we were concerned about. First, we were concerned about the level of stress and anxiety being experienced by the mothers. This stress is due to situations beyond their control such as not being able to complete programmes that would make them 'parole ready'. The mother s 9(2)(a) OIA became distressed and tearful when talking about the possibility of her child having to leave the prison without her when s 9(2)(a) OIA turns two years s 9(2)(a) OIA. A parent's stress can easily affect how they treat their baby. For example, there is potential that the mother becomes less sensitive to her baby's cues or over-reacts to challenging behaviour. Stress for babies has been shown to impact on their physical and emotional wellbeing.
14. Second, s 9(2)(a) OIA mothers we spoke to expressed concern that if they used the complaints system, then this would "go against them". They told us that they worried about making complaints for fear of having a "black mark" on their file and, in turn, this might impact on their chances of parole. This raises the possibility that genuine grievance issues are not being identified and addressed, further increasing the levels of stress for s 9(2)(a) OIA the mothers and their babies.
15. The third concern is the lack of access for the babies to activities outside the prison. This is particularly important for the toddler who is at an age where experiencing the wider world is a vital ingredient in s 9(2)(a) OIA social development. Previously, there has been good access for the mothers and babies to external activities, however at the time of our visit there had been no programme of external activities for women in the MBU and their children for over a year. This means that s 9(2)(a) OIA has only left the unit on three occasions in that time. Her movements have also been restricted within the prison because s 9(2)(a) OIA
s 9(2)(a) OIA
s 9(2)(a) OIA Children learn and develop their sense of the world and their place in it by experience and contact with others. s 9(2)(a) OIA has had minimal experience of the world outside of the prison, resulting in some highly anxious behaviour when she is faced with a new experience. s 9(2)(a) OIA
s 9(2)(a) OIA Left unaddressed, the lack of access to external activities is likely to have a negative effect on s 9(2)(a) OIA social development. In a recent conversation with the Residential Manager (in charge of the MBU), we were reassured that the mothers have now been approved for off-site visits and that they will be commencing fortnightly external outings from early March.
16. Our fourth concern was the mismatch between the MBU management's perspective on how the MBU was operating and the experience of the mothers living in the MBU. Senior

managers reported that the mothers had good access to external activities outside of the prison and regular access to their case managers. We found that this was not the case. This variance in perception is concerning. If senior staff are unaware of what is really happening in the MBU, issues such as those outlined above will remain unaddressed, resulting in increased stress levels for the mothers and their babies.

17. The fifth area of concern is the process of recruitment of Correction Officers to work in the MBU. Currently they are rotated into the MBU on a two yearly cycle. There is no process of selection to ensure their suitability for this role or assess that they have the personal and professional attributes, knowledge and skills needed to engage effectively with the mothers and understand their unique needs. Further, there is no tailored induction or training for new staff to the MBU to ensure they have sufficient knowledge of issues such as child development, mother-baby attachment or child safety which we would consider foundational for staff working in an MBU.

Recommendations

Treatment

Rec 1: That the Department of Corrections and the Prison Director take steps to ensure that any programmes that are considered necessary for the women to be granted parole are readily accessible to the mothers in the MBU.

Protection system

Rec 2: That MBU staff provide reassurance to the mothers that the use of the complaints process will not be detrimental to their parole hearing or be recorded in a negative manner on their file.

Rec 3: That the Principal Corrections Officer takes the time to touch base with the women in the MBU on a regular basis (e.g. monthly) and ensures that there is regular sharing of issues raised by the mothers with the Residential Manager (in charge of the MBU) and Prison Director so that these issues are addressed.

Activities and contact with others

Rec 4: That the Prison Director takes immediate steps to reinstate external outings for the mothers and babies in the MBU.

Personnel

Rec 5: That the Department of Corrections offers a formal induction for MBU staff in understanding and supporting healthy child development and that there are regular updates on parenting, mother-baby attachment and other relevant topics.

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

18. A draft copy of this report was provided to the Department of Corrections on 8 March 2017 for comment. OCC received a formal response from Cheryle Mikaere, Prison Director Auckland Regional Women's Corrections Facility, dated 29 May 2017. The response is reproduced in full below.

29 May 2017

C84217

s 9(2)(a) OIA

Principal Advisor, Monitoring & Investigations
Children's Commissioner
PO Box 5610
Wellington

OPCAT report – Mothers with Babies Unit, Auckland Regional Women's Corrections Facility

Dear s 9(2)(a) OIA

Thank you for your email of 8 March 2017, regarding the draft report from your s 9(2)(a) OIA 2016 monitoring visit to the Mothers with Babies Unit (MBU) at Auckland Region Women's Corrections Facility (ARWCF).

We appreciate the opportunity to comment on the draft report before it is finalised. Please find the recommendations you have made along with the Department's response below:

1. *That the Department of Corrections and the Prison Director take steps to ensure that any programmes that are considered necessary for the women to be granted parole are readily accessible to the mothers in the MBU.*

The Department of Corrections (the Department) accepts this recommendation.

Measures have been put in place to ensure that lack of child care will not be a barrier to women in the MBU being able to undertake programmes, which have been identified as likely to help them reduce their risk of re-offending, or other activities which will contribute towards their rehabilitation or reintegration. A volunteer child care worker has now been engaged to offer the necessary child care while mothers attend programmes. Another volunteer is also being inducted at the present time. Going forward, other options may also be considered, including the utilisation of a local childcare centre.

Additionally, a national programme of work has commenced to improve women's timely access to their identified rehabilitation programmes. This is expected to significantly increase delivery of the main rehabilitation programmes delivered to all female prisoners in the 2017/18 financial year. This will apply equally to the mothers in MBU.

2. *That MBU staff provide reassurance to the mothers that the use of the complaints process will not be detrimental to their parole hearing or be recorded in a negative manner on their file.*

The Department accepts this recommendation.

We agree that all prisoners, including mothers in the MBU, should feel completely confident that the prison complaints process can be used without the fear of negative repercussions. I have investigated this concern along with the Principal Corrections Officer (PCO) for the MBU at ARWCF. We found that the majority of staff have been managing complaints appropriately; however, one staff member was found to have behaved in a way that caused valid concerns for mothers in the MBU. I would like to assure you that the Department has a robust code of conduct that we expect our staff to observe at all times. This staff member has been spoken to about this issue and the PCO will continue to manage their performance and complete ongoing monitoring to ensure there is not a repeat of this behaviour.

- 3. That the Principal Corrections Officer takes the time to touch base with the women in the MBU on a regular basis (e.g. monthly) and ensures that there is regular sharing of issues raised by the mothers with the MBU manager and Prison Director so that these issues are addressed.*

The Department accepts this recommendation.

Mothers in the MBU are encouraged to raise any concerns they may have with Corrections Officers in the first instance. I am assured that these staff will be regularly reminded of the need to be receptive to the sensitive needs of the mothers in the MBU. Mothers may also raise any concerns with their Case Managers. The PCO visits the MBU daily and meets with the mothers, which provides the mothers with an opportunity to raise any immediate concerns they may have as well as to discuss any issues. These concerns and issues will then be raised with the Residential Manager and myself if necessary.

On considering the findings in the report, it has been determined that the Northern Region Operational Performance Team will perform regular monitoring to provide assurance that the mothers in the MBU have a reliable means of raising any concerns they have.

- 4. That the Prison Director takes immediate steps to reinstate external outings for the mothers and babies in the MBU.*

The Department accepts this recommendation.

Mothers in the MBU have been approved to go shopping for their villas through the temporary removal process. Mothers and babies are also now going on fortnightly external outings to **s 9(2)(a) OIA**. On the advice of the Social Workers involved with the MBU, babies six months and over will go on external outings.

- 5. That the Department of Corrections offers a formal induction for the MBU staff in understanding and supporting healthy child development and that there are regular updates on parenting, mother-baby attachment and other relevant topics.*

The Department accepts this recommendation.

An external contractor with expertise in healthy child development, mother-baby attachment and bonding, along with other topics relevant for staff in the MBU, has been approached to develop a training package for staff. The required content of the training is being developed in consultation with the expert and consideration is being given to ensuring that the training is sustained for current and new staff. The training package is expected to be delivered by June 2018.

To select staff for the MBU in the rotation cycle, an expression of interest is issued. This is to ensure that staff who have an active interest in supporting mothers in the MBU are considered. Staff are selected based on their competence and skills.

Nevertheless, on considering the findings in this report, we have decided to further support what is in place by creating national guidance on selecting staff for MBUs. The guidance will specify ideal competencies and attributes as well as decision making and performance management. The guidance will form part of the training package and is expected to be delivered by June 2018.

We were concerned about the finding in paragraph 40 of the report, regarding an alleged two week delay in a baby receiving prescribed medication. At the time of receiving the report, the staff member involved was on annual leave and we were unable to investigate. We have now received the staff member's account of the issue and can confirm that the mother and baby received the medication on the day that it was prescribed.

The investigation of this matter has identified an opportunity for the Department to improve our record keeping regarding prescribed medication for babies in the MBUs. While the Department has a robust record keeping system for prisoners receiving medication through our prison health centres, the babies in MBUs receive treatment from external healthcare providers, therefore the core responsibility for record keeping of medication lies with these providers. Having reviewed this, we have made the decision that the Department will now also keep records in our Integrated Offender Management System (IOMS) of any medication issued to babies in the MBUs. This will provide a greater level of assurance and will enable us to investigate any concerns raised in a more timely manner.

We appreciate the positive engagement we have had with the staff from the Office of the Children's Commissioner and regret that we have not responded to this matter earlier. We also thank you for raising it with us so that we could make improvements.

Thank you for the work you have undertaken and your consultation, which has resulted in the consideration of your recommendations and ensured that going forward a more robust, positive environment, is achieved for mothers with babies in the custody of the Department at ARWCF.

If you have any further questions or concerns I can help with please contact Julie Miller, Manager Ministerial Services at the following: Julie.miller@corrections.govt.nz.

Yours sincerely

Cheryle Mikaere
Prison Director
Auckland Region Women's Corrections Facility

Treatment



Well-placed with developing elements

Strengths

19. 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 s 9(2)(a) OIA mothers and their babies in the MBU. One of the children fell over and cried while we were there and her mother responded immediately in a calm manner which was reassuring and comforting to the baby. We observed close physical interactions between the mothers and babies that are indicative of strong attachment.
20. Mothers in the MBU are well supported to care for and nurture their babies. A non-government organisation (NGO) called s 9(2)(i) OIA visits the MBU weekly and engages with the mothers, providing parenting information and advice. This also provides another set of eyes on the wellbeing of the babies. Plunket visits fortnightly and provides health and care advice to the mothers. These visits provide reassurance for the mothers that they are parenting well and that their babies continue to thrive. The Plunket nurse talked about the mothers being proactive and interested in the growth and development of their babies.
21. MBU staff have responded promptly to incidents between the women in the MBU. Recently there had been some arguing between the mothers in the unit. Department of Corrections' staff responded in a timely manner and held a meeting with the mothers who were encouraged to talk honestly about the issues. This resulted in one of the mothers moving to another flat within the MBU which, from the women's point of view, was a satisfactory outcome. The staff's timely response to this incident ensured a calm, relaxed living environment for the mothers and babies.

Areas for development

22. s 9(2)(a) OIA mothers we spoke to were experiencing relatively high levels of anxiety and stress. While some stress is to be expected, there were several factors in the prison environment that were amplifying the mother's anxiety. A key factor was the mothers' lack of timely access to some programmes that must be completed before they are eligible for parole. The timing of programme completion and the mothers' parole hearings determine the mothers' release dates. If a mother can't attend programmes, then there is an increased risk that her baby may have to leave the MBU when he/she turns two years old, without his/her mother. s 9(2)(a) OIA mothers were keen to attend their

necessary programmes in a timely manner and were highly frustrated and worried that not being able to attend programmes would impact on their chance of parole. This uncertainty was contributing to the mothers' stress levels. When discussing the scenario of her s 9(2)(a) OIA potentially having to leave the prison without her, one mother became tearful. We are concerned that the mothers' stress and anxiety could have an influence on how they respond to their babies. Living with high levels of stress is detrimental to the wellbeing of children and babies (even very young babies). There is a significant amount of research that evidences the negative impact stress has on babies and young children. We raised this concern with the Prison Director during a teleconference and again with the Residential Manager in a subsequent conversation. We have been assured that the mothers concerned have now started programmes required for them to become parole ready. However, it is important that a system is put in place to ensure that in future the mothers' worries are identified and addressed early to prevent their stress escalating and the potential that this could affect their babies.

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Protection system



Developing

Strengths

23. 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 Residential Manager, Case Manager, Principal Corrections Officer (PCO), CYF, Health, and Plunket) provides advice to the Prison Manager on a mothers' suitability to be accepted into the MBU. Mothers who have previous convictions for child abuse or who are taking drugs are not eligible for entry to the MBU. The criteria for entry to the MBU are made clear to all women applying to enter the MBU through the use of written material and a face-to-face discussion with a case officer.
24. In general, babies' and mothers' rights are upheld in the MBU. Women know how to make a complaint (by submitting a PC01 Form) and feel that there are some staff members who are approachable to speak to if they have any problems with their babies. As part of the new prisoner complaints system, women can now also ring straight through to an 0800 help desk.
25. The prison has several other things in place to ensure the safety of babies. 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. All MBU units now have peapods available for mothers who wish to use them. Peapods are used by mothers who wish to co-sleep with their babies. The Peapods prevent mothers from rolling on their babies and accidentally suffocating them.

Areas for development

26. We are concerned about the mothers' perception of what might happen if they use the complaints system. The mothers we spoke to felt there was a risk that if they did complain, then this might be perceived as '*whinging*' that would '*go against them*' in terms of eligibility for parole – "*depending on what gets written on our file*". This had contributed to the level of stress for both of the mothers we spoke to. They were scared to make a complaint in case it impacted on their ability to stay with their baby. We have since been assured by the Prison Director that this isn't the case and that the complaints system has been used to good effect in the past. Although mothers are regularly reminded of how the complaints system works, we think more is needed. We encourage senior management to reassure the mothers that complaints will not be used against them in any way.

27. Also contributing to mothers' stress and frustration levels is a lack of interaction between the mothers and prison staff. **s 9(2)(a) OIA** mothers we spoke to talked about staff who were helpful and respectful. However, one of the mothers said that since leaving the hospital **s 9(2)(a) OIA** no staff member had taken the time to ask how she was really doing. This mother talked highly of the support she received during her labour and afterwards while her baby was in the hospital's **s 9(2)(a) OIA**, but she was left feeling unsupported and stressed upon returning to the prison. It is important to the bonding relationship that new mothers experience a supportive and stress-free environment wherever possible, for the benefit of their baby. The OCC supports this mother's suggestion that prison staff formally check in with the mothers at least once a month, but more frequently for new-borns.
28. We found that Senior Prison Managers were well intentioned but were out of touch with the mothers' experience of life in the MBU. For example, we were told by Senior Managers that the babies had an opportunity to experience social interactions outside of the prison and that the woman saw their case manager approximately every three weeks. However, when we spoke to the mothers and to staff from Plunket and **s 9(2)(i) OIA** it was evident that these things were not happening, at least not in a timely manner. The mismatch between Senior Managers' statements and women's experiences suggests the MBU does not have the level of management oversight required. This, coupled with the limited interactions between mothers and their case managers, could lead to concerning issues remaining unresolved, potentially resulting in increased safety risks for the babies.

Material conditions

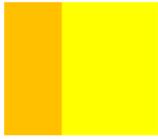


Well-placed

Strengths

29. The material conditions of the MBU are of a good standard. The physical environment in the MBU is comparable to living in a small, comfortable home outside the prison. The units are all four bedroomed, with a laundry, bathroom, kitchen and the main living area. The kitchen is fenced off from mobile toddlers but open enough for their mothers to monitor their play while preparing and cooking food. The main living area consists of a lounge and a dining area. All are comfortably furnished. They have a TV, with free-to-view channels. The outside environment is also pleasant and now has gardens which have improved the outdoor environment since our last visit. There is a play area containing swings, a small slide and a climbing frame under a sunshade. The ground underneath the play area is padded. One of the mothers also told us that there is a space for a paddling pool in the summer.
30. The prison works hard to ensure that the MBU's flats are not overcrowded. Each of the two flats in the MBU has four bedrooms, so the maximum MBU capacity is eight women with babies (four per flat). To date, Corrections has proactively limited the number of mothers and babies in each flat to three. We support this decision. It is encouraging to see that prison management recognise the potential negative impacts for the mothers and their babies should over-crowding occur.
31. Babies and mothers have access to a wide variety of healthy foods. The fridge contained an ample supply of fresh vegetables and fruit in a bowl. Mothers cook their own and their babies' meals. There are now raised garden beds at the back of each unit where mothers can grow and use their own fresh vegetables. This ensures good access to fresh food for the mothers and babies. We were satisfied with the quality of the food and believe it is enough to meet mothers' and babies' nutritional needs.
32. 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. The bonding facility is made up of a bonding room with its own kitchenette where mothers can warm food or bottles for their babies or toddlers. There is ample room for young children to play inside and there is an outdoor area where families can sit in the sun or play outdoor games.

Activities and contact with others



Developing with minimally effective elements

Strengths

33. The babies have access to a range of activities within the prison. The play area outside the flats is safe and age appropriate for s 9(2)(a) OIA developmental needs. A paddling pool has also been provided by the prison for water play in the summer. The mothers visit each other in their flats which creates opportunities for interactions between the children.
34. The mothers and babies have access to cultural support if desired. The prison has an onsite kuia whom the mothers can request to speak to for cultural advice and support. s 9(2)(a) OIA mothers, s 9(2)(a) OIA, had recently received a visit from a s 9(2)(a) OIA social service, offering support to the mothers and their babies.
35. If mothers and babies are local there is the opportunity to have good access to family/whānau living outside the prison. Whānau can visit weekly and stay for meals. We note however, that the mothers we interviewed were both from outside the Auckland area and their families were not able to easily visit, due to cost and distance.

Areas for development

36. There is a lack of opportunities for both the baby and toddler living in the MBU to engage in activities outside the prison. We were told that this is primarily due to staffing issues and the high numbers of prisoners. Previously, there has been good access to external activities but at the time of our visit, there had been no external outings for the toddler for over a year. The lack of opportunities to go off-site is exacerbated by the fact that s 9(2)(a) OIA of the mothers has been approved to do their own shopping, so had not been taking their children off-site for even routine activities. This has meant for s 9(2)(a) OIA has left the prison on only three occasions (to visit the doctor and s 9(2)(a) OIA since birth. We heard how these few external visits had been frightening events s 9(2)(a) OIA illustrated by s 9(2)(a) OIA. It is possible that this baby's lack of socialisation with the external world is contributing to s 9(2)(a) OIA anxiety about leaving the prison and, if not addressed, this could later impact on s 9(2)(a) OIA social development.
37. For one mother s 9(2)(a) OIA the environment in the prison is even more 'reduced'. Due to s 9(2)(a) OIA

§ 9(2)(a) OIA To keep her safe, the prison has put further restrictions upon her movements within the prison. There are only limited areas in the prison in which she can freely walk with § 9(2)(a) OIA. The restrictions have also affected her ability to complete the courses and programmes required in order to be 'parole ready'. What this means for § 9(2)(a) OIA is that the parameters of her physical world and § 9(2)(a) OIA opportunities to socialise with others have become very narrow. This 'reduction' in § 9(2)(a) OIA 'physical space' in the prison and the fact that § 9(2)(a) OIA is not leaving the prison for outings are of serious concern. Most babies and infants of § 9(2)(a) OIA age will have frequent opportunities to experience the wider world. We would like to see the prison urgently address this issue by prioritising the reinstatement of external outings for the babies with their mothers. We provided feedback to the Prison Director about this via video conference, and, in a subsequent conversation with the Residential Manager, we were reassured that the mothers have now been approved for off-site visits and that they will be commencing fortnightly external outings from early March. If at the time of our next OPCAT visit, we find that external visits and activities outside of the prison have not continued, our rating for this domain would shift downwards to detrimental.

38. In the bonding room, there were some toys, but they were old and some were not in good order. We understand that the bonding room is not being used very often, however, when it is used, it is important that the environment supports good quality contact between the mother and her visiting child. Currently the run-down state of the toys is likely to impact upon children's desire to play with them. This could lead to children becoming bored, which, in turn, could lead to frustration and misbehaviour, negatively affecting the bonding experience between the child and their mother.

Medical services and care

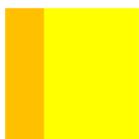


Well-placed

Strengths

39. Babies and their 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. 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).
40. Pregnant women are linked with their own midwife. Following the birth, Plunket nurses visit the prison according to the Well Child Schedule (which enables more frequent visits for vulnerable babies and mothers). Recently a mother s 9(2)(a) OIA which required an extended stay in hospital. The mother was well supported by prison staff during her labour and the extended stay in hospital. This action supported her bonding/attachment with her baby.
41. There is an adequate response to the medical emergencies in the MBU. All prison staff are trained in first aid and during the day, prison medical staff are available to respond to any urgent medical needs that may arise for the babies. There was concern expressed from the mothers about the time it may take their babies to receive help in an emergency, especially at night. The mothers suggested that they should be given some first aid training to allay these concerns. We agree that this is a good idea and encourage the prison to consider offering this training to all mothers in the MBU.

Personnel



Developing with minimally effective elements

Strengths

42. At the time of our visit, the prison was about to begin a twenty month pilot project to employ two registered social workers. The intention is that the new social workers will provide support to the mothers and babies in the MBU, women in the self-care units and transgendered prisoners. They will be responsible for dealing with women's applications to the MBU, supporting mothers with their feeding and bonding, and generally providing the mothers with a more holistic service. **s 9(2)(a) OIA** mothers felt that this would be of benefit to them and we are hopeful this might make up for the lack of contact the mothers were having with their case managers.

Areas for development

43. Despite the prison reportedly having their full staff contingent, the number of prisoners has reached capacity and we were given the impression that staff are *'thin on the ground'*. The change in staff/prisoner ratio means that there is now less one-to-one time spent with prisoners, including the mothers in the MBU, than previously. Firstly, we were told that staffing shortages and high prisoner numbers has contributed to the mothers' ability to attend programmes because staff need to be present during some of the programmes. Secondly, the mothers told us that there is minimum interaction between the staff and themselves and that the MBU staff stay in their office rather than going in and out of the women's flats to spend time with them. Thirdly, it is possible that staff issues may also be the reason for a perceived lack of staff responsiveness to meeting the non-urgent medical needs of **s 9(2)(a) OIA**. During our visit, we were told about a significant delay in the **s 9(2)(a) OIA** receiving prescribed medication (Vitadol C) for the treatment of jaundice. The prescription was not filled out for two weeks because no staff member took responsibility for taking it to the pharmacy. The medication was not classed as 'essential', nevertheless, it had been prescribed by a medical professional and should have been immediately available for the baby.
44. There is no special consideration taken when recruiting staff into the MBU. Currently staff are simply rotated into the unit on a two yearly cycle and, except for the fact that many are parents themselves, they are not selected on the basis of any specific attributes, knowledge or skills relevant to supporting vulnerable mothers and babies. The needs of both the mothers and babies are likely to be complex and the environment should be as supportive and stress-free as possible. We have previously recommended that staff recruited into the MBU should receive specific training related to their important role in

engaging and supporting the mothers to provide an optimal environment for their babies. This training should include gaining a basic understanding of child development, attachment issues and parenting of toddlers.

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Appendix One: Why we visit (legislative background)

45. 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.
46. 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 with:

- Prison Director
- Residential Manager (in charge of the MBU)
- Principal Corrections Officer
- Case Managers (2)
- Plunket nurses (3)
- s 9(2)(i) OIA [REDACTED]
- Health care nurse (1)
- Mothers in the MBU s 9(2)(i) [REDACTED]
- Cultural advisor

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