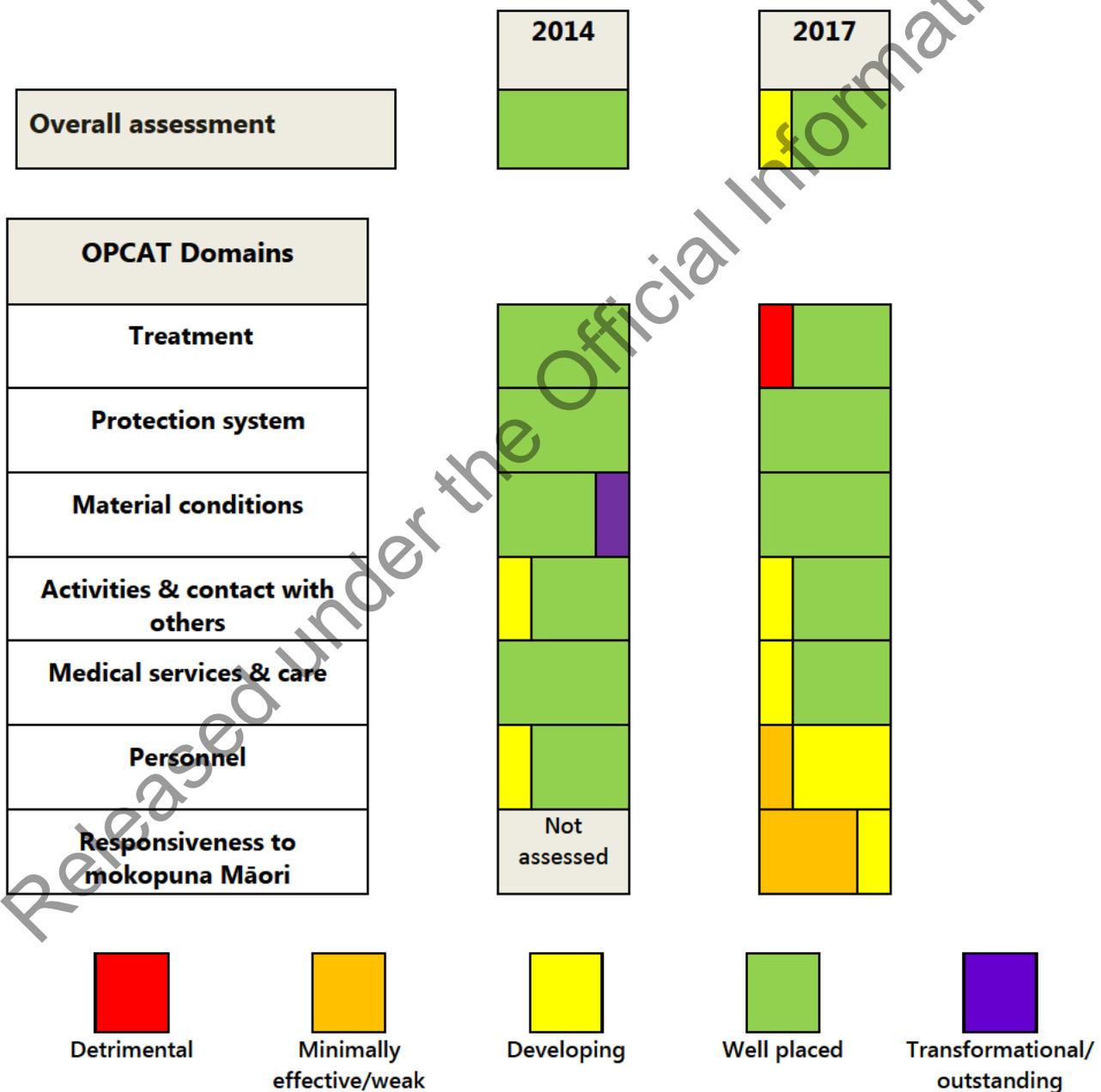


Mothers with Babies Unit (MBU)

OPCAT Visit

Christchurch Women's Prison, Christchurch

Visit date: s 9(2)(a) OIA 2017. Report date: 23 March 2018



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Figure 1: Vegetable gardens outside the MBU.

Introduction

Purpose of visit

1. On s 9(2)(a) OIA 2017, s 9(2)(a) OIA s 9(2)(a) OIA s 9(2)(a) OIA s 9(2)(a) OIA and s 9(2)(a) OIA s 9(2)(a) OIA from the Office of the Children's Commissioner (OCC) conducted a pre-arranged monitoring visit to Christchurch Women's Prison, Christchurch. We visited jointly with the Ombudsman's Office. The purpose of the visit was to assess the prison's performance against the six domains relevant to our role as National Preventive Mechanism (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. In the New Zealand context, we have included an additional domain - responsiveness to Mokopuna Māori. This will be referred to as our seventh OPCAT domain throughout this report.

- 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.

Structure of this report

- 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 babies and preventing mistreatment and other problems from occurring. During our visit to the MBU there were a total of [REDACTED] mothers and babies staying in the MBU. We interviewed [REDACTED] mothers and sighted their children, [REDACTED] s 9(2)(a) OIA [REDACTED] [REDACTED]
- 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.
- We briefly outline the legislative background to our visit in Appendix 1. Appendix 2 contains information about the interpretation of ratings. We describe the interviews we conducted and the information we accessed in Appendix 3.

Context

- Christchurch Women's Prison has a total of nine self-care flats, two of which are part of the MBU and seven are outside the MBU. Each of the two self-care flats in the MBU can comfortably accommodate two mothers with their babies. If there are more than four eligible mothers at any one time, then one of the surrounding self-care flats can be used. Babies can stay in the MBU with their mothers up until they turn two years old. At the time of our visit, there were 121 women in the prison, inclusive of the [REDACTED] mothers who reside in the MBU with their babies.
- During our visit, there were [REDACTED] women in the prison who were aged [REDACTED]. One was a mother we spoke to in the MBU. [REDACTED] s 9(2)(a) OIA [REDACTED] [REDACTED] [REDACTED]
- Nationwide there has been a significant growth in the women's prison population. This is putting significant pressure on prison beds. As an interim solution, Christchurch Women's

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

Prison is considering a proposal to double bunk women in the self-care flats outside of the MBU. To be eligible to live in a self-care flat, women need a minimum security classification.

9. At the time of our visit, the acting prison director had been in her role for 3 weeks. She was previously in a regional practice role for the Department of Corrections (Corrections). The MBU manager had been in her role for three months.

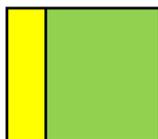


Figure 2: Flat 1 of the MBU



Figure 3: Flat 2 of the MBU

Key findings and recommendations



Well placed with developing elements

10. Our overall rating for the Christchurch Women's Prison MBU is *well placed with developing elements*. Overall, babies are safe and they are in an environment where they are able to be nurtured and supported by their mothers.

11. At our previous visit in December 2014, the MBU received an overall rating of *well placed*. Our current rating therefore represents a downwards shift in performance. One staff member said "*the spotlight has gone off the MBU*". The shift reflects deterioration in four out of seven domains:

- **Treatment** has deteriorated from *well placed* to *well placed with a detrimental element*. The detrimental element refers to what we would describe as an inhumane process currently being used to remove babies from their mothers in the event that a mother becomes ineligible to keep living in the MBU.
- **Material conditions** has shifted from *well placed with transformational elements* to *well placed*. This shift is due to the deterioration of the children's playground that sits within the grounds of the MBU.
- **Medical services and care** has deteriorated from *well placed* to *well placed with developing elements*. Overall babies have good access to health care. However there needs to be a set process for staff filling prescriptions for babies, and a more timely service provided to mothers from the on-site medical team.
- **Personnel** went down from a rating of *well placed with developing elements* to *developing with minimally effective elements*. The change in rating reflects the low number of corrections officers (COs) in the MBU. There has also been no action to address our last recommendation '*The Department of Corrections offers a formal induction for MBU staff in supporting healthy child development and regular training updates on related topics*'.

12. We did not specifically assess the domain **responsiveness to mokopuna Māori** at our previous visit, but there has been no action to address the recommendation we made that "*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*".

13. Two domains received the same rating as last time. The domain **protection system** remains *well placed*. The domain **activities and contact with others** remains *well placed with developing elements*. The developing elements reflect the reduced activities, particularly off-site visits, available for babies.

Strengths and areas for development:

14. The MBU has many strengths. We found that babies at the MBU:

- Are well treated by their mothers
- Are well treated by staff
- Mostly have their rights upheld
- Reside in flats that are comfortable
- Eat well
- Have access to some good activities and programmes
- Have regular opportunities to visit with family and whānau
- Have good access to medical care

15. There are several areas for development that need to be addressed to provide an optimal environment for babies at the MBU. The key areas for development include:

- The process for the removal of babies from their mother should the mother become ineligible to keep living in the MBU
- The range of activities and programmes for older babies, particularly off-site activities
- Insufficient number of COs working in the MBU
- There is no tailored induction or training in place for MBU staff
- There are limited opportunities for mothers and babies to be exposed to tikanga Māori practices that develop their cultural identity.

Recommendations

- Rec 1:** The prison director and MBU manager review the process for removing babies from mothers in the MBU should a mother become ineligible to keep living in the MBU, and ensure there is clear guidance available to staff on how to remove babies in an appropriate, safe and respectful way.
- Rec 2:** The prison director and MBU manager takes steps to ensure that forward planning occurs to organise and make available age appropriate activities and outings for the babies and their mothers in the MBU.
- Rec 3:** In preparation for babies getting older, the MBU manager upgrades the children's playground to ensure there are developmentally appropriate play options for the babies on-site.
- Rec 4:** The prison director and MBU manager prioritise having at least one consistent Corrections Officer assigned and available to mothers in the MBU each day.
- Rec 5:** The prison director and MBU manager offer a formal induction for MBU staff on understanding healthy child development and procedures within the MBU, such as how to fill prescriptions for babies.
- Rec 6:** The Department of Corrections ensures that MBU staff receive regular training and updates on parenting, mother-baby attachment and other relevant topics.
- Rec 7:** The MBU manager considers offering first aid training to mothers in the MBU.
- Rec 8:** The prison director and MBU manager increase babies' and mothers' access to cultural advice, support and activities; and steps are taken to build a relationship with mana whenua.

Department of Corrections response to OCC's findings and recommendations

16. A draft copy of this report was provided to the Department of Corrections on 18 December 2017 for comment. An accuracy meeting was held on 21 February 2018 and OCC received a formal response to the recommendations made in the report on 22 March 2018. The response is reproduced in full in Appendix four.

Findings for each OPCAT domain

Domain 1: Treatment



Well placed with detrimental element

17. Overall babies in the MBU are treated well and are in an environment where they are nurtured and supported by their mothers. For the first time, we have rated the treatment domain for an MBU with a *detrimental element*. This is due to the inhumane process currently being used to remove babies from their mothers in the event that a mother becomes ineligible to keep living in the MBU. The strengths and areas for development are described further below.

Strengths

- **Relationship between mothers and their babies.** We observed warm and responsive relationships between the mothers and their babies. [redacted] mothers advocate well on behalf of their children, for example they make requests to the COs for things their babies need.
- **Staff treatment of mothers and babies.** The mothers reported that staff treat them and their babies well. They identified staff who they trust and can talk to. We heard about staff providing good support to mothers, for example a principal correction's officer (PCO) rocking a baby to sleep and helping the mother understand the importance of rocking a baby. Most staff recognise their role as one of providing support and guidance, rather than being an expert in child rearing. As the PCO said "We guide them but don't have the right to tell them our way is better than their way".
- **Support for mothers to have good attachment with their babies.** Mothers get support for attachment and parenting matters from [redacted] and Plunket who visit regularly. They also get day-to-day support from staff and each other. [redacted]
[redacted]
[redacted] [redacted] [redacted] [redacted] The prison had allowed an older woman, similar to a grandmother figure, to live with the [redacted] mother to provide her with company and support.

- **Consideration of women's eligibility to live in the MBU.** The prison is currently considering opening up the MBU to other 'mothers' who might not have a blood relationship with their child but have a key role as the primary attachment figure in a baby's life. We believe this idea has merit and encourage Corrections to explore this further.

Areas for development

- **Process for removal of babies from mothers.** We found that the process of removing a baby from his/her mother if it becomes unsuitable for the mother to remain in the MBU is inhumane. The process in place at the time of our visit involves a staff member calling the mother over to one of the meeting rooms; on the way to the room the staff member asks to hold the baby and tells the mother to go on to the room. The staff member with the baby does not go to the meeting room as the mother expects but instead takes the baby to another place. The mother is told that her baby is being removed and she does not get to see her baby again. She is then put in the At Risk Unit, at least for overnight observation, before going back to the main unit.

Staff using this procedure are doing so with the best of intentions to keep babies safe. The process was introduced after a previous incident where a mother who was holding her baby was told she could not keep her baby. s 9(2)(a) OIA

As a result, staff decided that mothers should not be with their babies when such bad news is delivered. While we understand the reasoning, we think this process is potentially cruel to both the mother and the baby. It may cause trauma to the baby and have long term impacts on the relationship between mothers and their babies.

We are aware of the process being used on two different occasions, the last time only a few months prior to our visit. In the most recent example, professionals from Corrections, Oranga Tamariki and s 9(2)(i) OIA jointly made the decision that it was unsafe for a baby to remain in the mother's care. Following the removal of the baby using the procedure described above, staff told us how traumatic it was for them being involved and listening to the mother's distress. Such a procedure has the potential to be traumatic for mothers and their babies.

We strongly recommend that this practice ceases, and that a way is found to break the news to the mother in a way that enables her to safely say goodbye to her baby. Guidelines for this procedure should be made available to all staff who work in the MBU.

- **Voice intercom system.** The voice intercom system was very loud, particularly in one MBU flat. During our interview with one of the mothers in her flat, the intercom system went off a total of five times. The volume of the intercom system was loud enough to wake a sleeping baby. We suggest that, wherever possible, COs do not send intercom calls intended for one or two women to every flat, but select the appropriate flat to send the voice message to. In addition, the volume of the intercom in one of the MBU flats should be turned down.
- **Potential impacts of double-bunking women in the self-care units.** If women in the self-care units are double bunked, then consideration needs to be given to the impact of this on the babies living in the MBU. While women are not eligible to enter the self-care units if they have violent or sexual offences against children, babies will come into contact with a larger number of women. By itself, this might not be an issue, but increasing the number of women increases the potential for more issues to arise between them.



Figure 4: Self-care flats and courtyard.

Domain 2: Protection system



Well placed

18. The protection system at the residence is working well. Babies' and mothers' rights continue to be upheld at the MBU.

Strengths

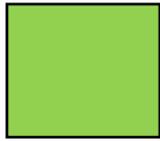
- **Mothers' and babies' admission to the MBU.** The most important protection for babies in the MBU is having mothers who are able to adequately care for and nurture them. Corrections have established robust entry criteria for the MBU. The criteria includes: mothers to be alcohol and drug free, violence free and no major misdemeanour in the past six months. Consultation occurs with Oranga Tamariki (Ministry of Vulnerable Children) to determine if mothers have any previous offences against children. The length of the mother's sentence is also considered, with admission being more likely if the mother is to be released before the child is 24 months old.
- **Mothers access to someone they can trust if things go wrong.** Mothers in the MBU told us they have staff they trust and will speak to if they have any problems with their babies.
- **MBU facilitating timely decision making.** We commend Christchurch Women's prison for facilitating a timely decision making process for women who are eligible to enter the MBU. We heard of one such case where a mother with a baby unexpectedly received a prison sentence. The prison staff worked swiftly to ensure she was able to be admitted straight into the MBU with her baby, rather than having to spend any time in one of the higher security units. For the baby, this meant there was no period of separation from his mother.
- **MBU advocating to keep mothers and babies together.** For mothers who meet the prison's criteria for admission to the MBU, Christchurch Women's prison advocates on their behalf with Oranga Tamariki to speed up Oranga Tamariki's decision making process. One woman who was pregnant in prison did not know if her baby would be removed from her care right up to the day of the birth. The delay in decision making by Oranga Tamariki causes undue stress to mothers which can impact on the wellbeing of their babies. The mother in this case had made a formal

complaint to Oranga Tamariki about the length of time it took them to approve her admission to the MBU. At the time of our visit, she had not yet heard back from Oranga Tamariki.

- **Complaints system.** The mothers in the MBU know how to make a complaint (by asking for a PC01 form from a CO) and feel confident to use the complaints system. There is a clear escalation process if the women are unhappy with the outcome of a complaint. This includes taking the complaint to the MBU manager or prison director within the prison. As part of the new prisoners complaint system that was introduced in 2016, women can now also ring the national Complaints Response Desk for guidance and support to resolve their complaint. Women also have the option of referring the complaint to the Office of the Inspectorate or an independent body, such as the Ombudsman's Office.

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Domain 3: Material conditions



Well placed

19. The physical environment of the MBU is child-friendly and well maintained.

Strengths

- **Inside environment.** The MBU is made up of two flats; each houses two mothers and their babies. The flats are warm, dry, clean and well maintained. There is plenty of space, natural light and fresh air. Babies have access to high quality, developmentally appropriate toys inside the flats.



Figure 5: MBU living room



Figure 6: MBU kitchen

- **Food.** The women in the MBU prepare their own meals. They plan their meals on a set budget, and if approved for off-site visits, are able to go grocery shopping with their baby. Women who are not allowed off-site give their shopping lists to other women in the self-care units to take to the store. On the day of our visit, the food in the fridges was healthy. One of the mothers spoke about the fresh herbs and vegetables she incorporates into her meals from the vegetable garden.
- **Bedding.** When babies are newly born a Pepi Pod² or a bassinet are available for them to sleep in. A cot is also provided to give mothers age appropriate sleeping options for their child.
- **Outside environment.** The outside environment is pleasant and well maintained. The MBU is surrounded by gardens and there is a large vegetable patch that mothers utilise. The MBU is suitably fenced to demarcate its two flats from the rest of the self-care flats and to prevent toddlers from wandering from their home. While there is a children's playground within the grounds of the MBU, it has deteriorated since our last visit. At the time of our visit, the playground was not fit for purpose. The sandpit is dirty and dis-used, and a children's playhouse is not developmentally appropriate.

² A Pepi Pod is a like a small cradle that provides a safe sleeping space for babies, particularly when bed sharing with their parent. The Pepi Pod helps to remove risk of accidental suffocation.

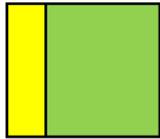
While the babies are not yet old enough to utilise the playground, they will want to do so in the near future. It is encouraging staff have a plan to redo the playground. The **s 9(2)(a) OIA** baby, who is becoming increasingly mobile, will benefit from outside play. We expect that at our next visit, the playground will be developmentally appropriate for the age of the infants that live at the MBU.

- **Baby bonding facility.** The purpose of this room is to provide a space for mothers, who are not eligible for the MBU, to spend time with their babies. It is equipped with a kitchenette and there are some toys and books for infants. While this facility is adequate, the prison's plans to refresh and revitalise the room will make it a more attractive and user-friendly space.



Figure 7: Baby bonding facility

Domain 4: Activities and contact with others



Well placed with developing elements

20. Babies have good access to their families and whānau. Mothers and babies are able to participate in a range of activities. However, the range of prison-organised activities for babies is limited, compared to our last visit. As the babies get older, the prison will need to plan ahead to ensure that a wider range of activities are available to support babies' wellbeing and development.

Strengths

- **Babies' contact with family and whānau.** Babies whose families and whānau live locally generally have good access to their families and whānau. At the time of our visit, s 9(2)(a) OIA in the MBU were having regular visits outside of the prison with their whānau members (including grandparents, cousins and siblings). Whānau can also visit the babies and mothers in prison at least once a week and more often for 'special visits' if desired. Family members are not allowed into the MBU flats due to the need to protect the privacy of the other prisoners. Instead, visits take place in the prison's visiting centre.
- **Mothers' participation in activities and programmes.** There are opportunities within the MBU for the mothers to participate in parenting programmes through Plunket and s 9(2)(i) OIA. We were told that the mothers are able to access the programmes and interventions they need to be 'parole ready'. Case managers work hard to meet the special needs of the women as mothers. At the time of our visit, one mother was participating in Kowhiritanga, an intensive criminogenic programme. While the mother attends the Kowhiritanga programme, her baby goes off-site to a local ECE (early childhood education) provider. Mothers also participate in other activities such as scrapbooking, quilting, kapa haka and church. This is important because it gives mothers a break from their babies, which is normal and healthy. Mothers' ability to attend these programmes relies on their ability to manage their own time. This is appropriate and mirrors what it is like raising children in the community.
- **Babies' participation in on-site activities.** At the time of our visit, the on-site activities for babies included: playing with toys, going for walks around the self-care unit, and the children's playground. As the babies get older the prison will need to

upgrade the on-site playground, and ensure the toys in their flats continue to be age appropriate. This will help children to achieve their developmental milestones.

Areas for development

- **Babies' participation in off-site activities.** The babies living in the MBU are fortunate to spend time doing activities with off-site relatives. However, due to inadequate staffing numbers, babies are missing out on some prison-organised activities, particularly those that require staff to escort the women and babies off-site. At the time of our visit, the prison-organised external activities for babies included: swimming lessons with their mother when they are six months old, attending ECE, and grocery shopping with their mother (if the mother is approved to go off-site). s 9(2)(a) OIA mother, at the time of our visit, was approved to go grocery shopping. Allowing more opportunities for the babies to go off-site to attend things like the library, local recreational parks or 'music and movement' classes is likely to be beneficial for babies' social development and help to normalise their interactions with the external world. A greater range of off-site activities was in place at the time of our previous visit. We recommend the leadership team ensures that forward planning occurs for babies to have the opportunity to participate in a range of age-appropriate off-site activities.



Figure 8: Playground area for the MBU

Domain 5: Medical services and care



Well placed with developing elements

21. Overall babies have good access to medical services and care. However the process for filling prescriptions for babies is unclear.

Strengths

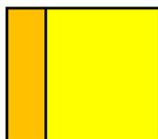
- **Babies' access to medical care.** Babies have relatively easy access to most primary and specialist health services. Similar to if they were living in the community, babies are enrolled with a local general practitioner (GP). If a baby is unwell, the mother is supported to take her baby to the GP or hospital (depending on the urgency of the health concern). We heard that some staff used to request the opinion of the on-site nurses regarding whether a baby should be taken to the doctor for non-urgent needs. Mothers felt that on-site nurses minimised their concerns for their baby's health. PCOs have changed this practice so that all staff working in the MBU are clear that if a mother requests to take her baby to see a doctor, then she is enabled to do so.
- **Emergency medical care.** In an emergency, on-site health staff, although not responsible for babies' health, provide assistance to babies. Given the potential for delay in responding to an emergency - associated with the time taken to answer intercoms and physically reach the baby - we believe it would be beneficial for mothers in the MBU to receive first aid training. This would help to alleviate mothers' anxiety about how to respond in an emergency, for example if a baby was choking or needed cardiopulmonary resuscitation (CPR). Importantly, it would help keep babies safe.
- **Pre- and post-natal support.** Mothers receive prenatal and postnatal care as they would in the community. Pregnant women are supported by a lead maternity carer (typically a midwife) of their choice. Following the birth, the midwife regularly visits the mother and baby up until the baby is 6 weeks old. Plunket or a Māori Tamariki Ora well child provider then begin visiting the mother and babies according to the Well Child schedule (which enables more frequent visits for vulnerable babies and mothers).

Areas for development

- **Unclear process for filling prescriptions for babies.** There is no set process for filling prescriptions for babies. We heard of one example where a baby was released from the hospital at 1am and required Pamol (pain relief) and eye drops, but did not receive these until 4pm, much later that afternoon. The mother felt she had to “*hassle and hassle*” staff to ensure her baby received the medication she needed. There should be a clear procedure to promptly obtain prescriptions for babies. The 15 hours it took for a CO to pick up the medication is unfair on a baby who is in pain.
- **Slow response time to mothers’ non-urgent medical needs.** Mothers told us that it can be a slow process to access medical care to meet their own health needs. If women need to see a nurse, they submit a ‘chit’ into a box that is cleared daily. Nurses then triage the health concerns on the chits and follow-up with women accordingly. We heard about relatively long delays for attending to non-urgent health needs. One mother submitted a chit after s 9(2)(a) OIA, but was still waiting to hear back from nurses two weeks later. Another woman with a s 9(2)(a) OIA was still waiting to see a dentist after submitting a chit four months earlier. If a mother is in pain or not having her medical needs met, this might impact on her mood and ability to care for her child, for example to stay calm and patient in the care of challenging infant behaviour.

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Domain 6: Personnel



Developing with minimally effective elements

22. A significant challenge is ensuring that there are a sufficient number of staff available for mothers and babies in the MBU. At the time of our visit, there was a lack of leadership oversight of the MBU, and the MBU was not being prioritised within the prison. COs were frequently being redeployed to more pressing priorities, impacting on the level and quality of support provided to the mothers and babies. The *minimally effective element* is that there continues to be no induction or specific training for staff working in the MBU.

Strengths

- **Staff recruitment.** As part of national office's Women's Strategy there has been some positive staff developments across the prison. This has included the appointment of a full-time social worker and a counsellor, and at the time of our visit, recruitment was underway for a fitness and wellbeing instructor. One of the specific responsibilities of the social worker is to work with mothers in the MBU. We heard from mothers and staff that the social worker provides a valuable source of information and support that the prison did not previously have.
- **Support for mothers' reintegration.** While case managers have a high case load (4 case managers for 130 women) we were told that the mothers in the MBU receive more support from case managers than other women for successful reintegration into the community. Case managers visit each woman based on the 'risk, need, responsibility model', whereby, if women have higher needs they receive more support. More frequent visits typically occur towards the end of a prisoner's sentence. Each woman is also assigned a 'case officer' who provides day-to-day support for the women to progress with their offender plans. The prison's social worker also supports the mothers' reintegration process. Probation also engage with prisoners pre-release to facilitate connection with the right services to support mothers and their babies successfully transition back to the community.

Areas for development

- **Staff levels.** Despite the prison reportedly having their full contingent of staff, we heard that at times staff are 'thin on the ground'.

Corrections Officers: MBU COs are regularly redeployed to more urgent priorities. We understand that there is not yet an operational model in place for MBUs. However, this is something that is currently being developed at national office. We were told that the MBU should have two COs at any one time, but usually there is only one, and, at times, none. As one staff member said, "Staffing in the MBUs is non-existent at times. For a unit that is a show pony, that is supposed to be a fabulous unit, it opens and what? It is just there and no staff in it. It can't just be a unit that looks good the day the Minister comes to visit". Prison management is aware that there is a lack of COs in the MBU and plans to assess the impact it is having on mothers and babies. While it does not result in an immediate safety risk for the mothers and their babies, it does mean they have fewer interactions with staff. We found the low numbers of COs in the MBU was having a number of impacts, including: (1) fewer activities for babies; (2) relatively frequent lock downs where mothers and babies are not allowed to leave their flat; (3) mothers not being able to get small things for their flats when they need them such as new frying pans, utensils and towels; and (4) missed opportunities to develop relationships with staff.

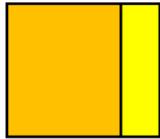
Social worker: There is demand for social work support across the whole prison. The one social worker appointed does not have the capacity to meet the demand. The mothers in the MBU have a good relationship with the social worker. They reported seeing the social worker about once a week, but said she is hard to get hold of due to her workload. Management identified they would like more social work resource to provide a higher level of support to mothers (and other women) when they transition and settle back into the community. We agree that additional social work support would be beneficial to mothers and babies.

- **Assignment of COs to the MBU.** The assignment of staff into the MBU is largely based on self-selection. COs who work in the MBU have a genuine interest in working there. There is a basic screening process which involves the MBU manager interviewing the interested staff to ensure they have the specific attributes, knowledge, and skills relevant to supporting vulnerable mothers and babies. However, we heard that there is a lack of COs volunteering to work in the MBU. The constant redeployment of staff from the MBU may be impacting on staff's desire to be assigned to the MBU. This barrier should be given serious consideration to ensure that high quality staff have a genuine opportunity to work in the MBU to provide mothers and babies with the support and guidance they require.
- **Staff induction and training.** Despite recommending three years ago that Corrections develops a specific induction and training package for MBU staff, there continues to be no induction or training for COs in the MBU. For this reason, we have rated the personnel domain with a *minimally effective element*. COs in the MBU have an important role in engaging and supporting mothers and babies. This is important

to provide an optimal environment for mothers and babies. For the last three years, national office have indicated they were developing a training programme for MBU staff, but to date, nothing has been implemented. An induction would also clarify important procedures for staff in the MBU, for example the process for promptly filling prescriptions for babies.

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Responsiveness to mokopuna Māori



Minimally effective with developing elements

23. There are limited opportunities for mothers and babies to connect with their culture, either through participating in cultural activities or having access to cultural advisors. The failure of the prison to improve their responsiveness to mokopuna Māori has resulted in the rating of *minimally effective with developing elements*.

Areas for development

- **Prison's vision for mokopuna Māori.** National office has an existing strategy for Māori, called 'Creating Lasting Change' (2011). A new strategy is being developed and progressed this year by the Māori Strategy and Partnerships Unit. We would expect to see this plan being translated into action at the prison at our next monitoring visit.
- **Prison's cultural capability building.** The acting prison director recognises the need for Christchurch Women's Prison to develop much stronger cultural capability. We were encouraged to hear of plans to develop a "Mana Wahine", kaupapa Māori unit. Consideration needs to be given to how the development of this unit fits into any wider strategic plan to improve the prison's responsiveness to Māori. This will help to ensure that the unit is well resourced and sustainable. At the time of our visit, we were told there were eight Māori staff in the prison, some with knowledge of Te Ao Māori. A meeting was scheduled with the Māori staff to identify site champions. This is a good start, but a clear plan is needed to build the prison's cultural capability
- **Cultural activities and programmes.** s 9(2)(a) OIA
They have access to only a few cultural activities such as kapa haka and church. This may mean that babies have reduced opportunities to learn tikanga practices from their mother.
- **Access to cultural advice and support.** Mothers and babies have limited access to kaumātua or kuia. The Kaiwhakamana programme, which involves kaumatua and kuia visiting women in the prison, is not working well at the prison. This is a voluntary service and the prison uses one whaea for cultural advice, however, mothers told us

that they had no relationship with her. The prison's relationships with mana whenua has not developed or been established in any formal manner.

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Appendix One: Why we visit (legislative background)

24. The Children's Commissioner has a statutory responsibility to monitor and assess the services provided under the Oranga Tamariki Act 1989. Specifically, section 13(1) (b) of the Children's Commissioner Act 2003, states that the Commissioner must monitor and assess the policies and practices of Child, Youth and Family and encourage the development of policies and services that are designed to promote the welfare of children and young people.
25. In addition, the Office of the Children's Commissioner is designated as a National Preventive Mechanism (NPM) under the Crimes of Torture Act (1989). This Act contains New Zealand's practical mechanisms for ensuring compliance with the United Nations Convention Against Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment (OPCAT), which was itself ratified by New Zealand in 2007. Our role is to visit youth justice and care and protection residences to ensure compliance with OPCAT.

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Appendix Two: Interpretation of ratings

26. The Table below provides a quick reference to the meanings of ratings given in the report.

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

Note: For more detail on the meanings of each rating for the individual sub-domains assessed, refer to our evaluative rubric: <http://www.occ.org.nz/assets/Publications/RUBRIC/Evaluative-Rubric-FULL.pdf>

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Appendix Three: Interviews conducted and information accessed

Our visit to Christchurch Women's Prison, MBU included interviews with:

- Prison director
- Manager of MBU
- Principal corrections officer (PCO)
- Case managers (4)
- Social worker
- Health centre manager
- Plunket (2)
- s 9(2)(i) OIA [REDACTED]
- Mothers with their babies s 9(2)(a) OIA [REDACTED]

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Appendix Four: Department of Corrections response to OCC's findings and recommendations



22 March 2018

C93721

s 9(2)(a) OIA
s 9(2)(a) OIA
Monitoring & Investigations
Office of the Children's Commissioner
PO Box 5610
Wellington

Dear s 9(2)(a) OIA

OPCAT Visit draft report – Mothers with Babies Unit, Christchurch Women's Prison, dated 21 February 2018.

Thank you for your email dated 21 February 2018, regarding the draft report from your visit to the Mothers with Babies Unit (MBU) at Christchurch Women's Prison in s 9(2)(a) OIA 2017. The Department of Corrections (Corrections) appreciates the opportunity to comment on the draft report before it is finalised.

While noting that there are some areas of improvement, it is pleasing that the Office of the Children's Commissioner (OCC) found Christchurch Women's Prison MBU to be overall 'well placed with developing elements'. In particular, that babies are safe and in an environment where they are able to be nurtured and supported by their mothers. It is encouraging to note a number of strengths and we will continue to address areas of development to provide an enriched environment for babies in the MBU.

You have indicated in the report that the prison is currently considering opening up the MBU to other 'mothers' who might not have a blood relationship with the child but have a key role as the primary attachment figure in the baby's life and that this has merit. Corrections will be exploring this idea further.

The site is promoting face to face contact with MBU residents, where practicable, to minimise the use of the voice intercom systems and avoid waking sleeping babies. Staff will be provided with operational guidelines to ensure residents in other units are also not disturbed by intercom communication. They are also investigating options and costs for standalone systems with the MBU.

Corrections agree that it is unfair on babies to have to wait for pain relief and guidelines will be implemented to ensure mothers can hold a supply of over-the-counter medication, such as Pamol, which can be administered to their baby as required. Staff will also be instructed to ensure the timely filling of prescriptions to ensure babies have access to medications at the earliest opportunity.

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Additionally, the site is trialling the use of different coloured health chits specifically for mothers in the MBU. We acknowledge the need to ensure mothers caring for babies are prioritised for triage.

Please find the recommendations you have made along with Corrections response below:

1. *The prison director and MBU manager review the process for removing babies from mothers in the MBU should a mother become ineligible to keep living in the MBU, and ensure there is clear guidance available to staff on how to remove babies in an appropriate, safe and respectful way.*

Corrections accepts this recommendation.

We note that the process used for removing babies from their mothers has been challenging and acknowledge that in their desire to avoid the risk of physical harm to babies, staff may have overlooked the need to maintain the emotional well being of both mother and baby.

Corrections will be developing a national approach under our Women's Strategy 'Wahine – E Rere Ana Ki Te Pae Hou in the 2018/19 financial year with the intention of having this implemented in 2019/20. This will include plans to develop an operating model for MBUs and we would welcome the OCC's feedback during the consultation stage.

Until such time, local interim guidelines will be developed and implemented to enhance and support staff decision making. The key principles will involve prioritisation of the needs of the child, intervention at the lowest level ensuring the safety of the child, and at the earliest opportunity involvement of the mother and her support network. This will also involve key personnel, both internal and external, to provide ongoing support to the mother if a decision is made to remove the child.

2. *The prison director and MBU manager takes steps to ensure forward planning occurs to organise and make available age appropriate activities and outings for the babies and their mothers in the MBU.*

Corrections accepts this recommendation.

We acknowledge the importance of babies having age appropriate activities and outings. Currently babies have regular time with community based caregivers who support attendance at relevant activities. In addition babies attend nursery school each week and babies over the age of six months participate in swimming lessons.

We will continue to work with mothers to ensure that babies have access to a range of age appropriate activities and outings.

3. *In preparation for babies getting older, the MBU manager upgrades the children's playground to ensure there are developmentally appropriate play options for babies on-site.*

Corrections accepts this recommendation.

I have been advised, within the next six months, Corrections will refresh the playground in the MBU to ensure there are developmentally appropriate play options.

- 4. The prison director and MBU manager prioritise having at least one consistent Corrections Officer assigned and available to mothers in the MBU each day.*

Corrections accepts this recommendation.

The site recognises the need for consistent staff within the MBU and acknowledges that unit staff are deployed on occasion in response to operational need. MBU staffing will be prioritised, however on occasion may be impacted by operational needs but every attempt will be made to minimise this. Mothers will also be informed of which staff members are responsible for their care on a daily basis.

Following an expression of interest, staff that had an active interest in supporting mothers are now rostered to work in the MBU. We envisage this will address consistency and will be further reviewed post May 2018 to ensure this is working as intended.

- 5. The prison director and MBU manager offer a formal induction for MBU staff on understanding health child development and procedures within the MBU, such as how to fill prescriptions for babies.*

Corrections accepts this recommendation.

A site specific induction for those staff members working in the MBU is in the process of being developed and the package is expected to be implemented by the end of April 2018.

- 6. The Department of Corrections ensures that MBU staff receive regular training and updates on parenting, mother-baby attachments and other relevant topics.*

Corrections accepts this recommendation.

As part of the Women's Strategy work programme for 2017/18, training for all MBU staff is planned. The training is expected to be delivered in June 2018 and Corrections have engaged an expert in child development and attachment to ensure the training is fit for purpose. Once this training package has been finalised, we are happy to provide this to the OCC for feedback.

- 7. The MBU manager considers offering first aid training to mothers in the MBU.*

Corrections accepts this recommendation.

We agree it is beneficial for mothers with babies to receive first aid training to help keep their babies safe. The site will investigate what options are available for first aid training specifically designed for babies and children. It is anticipated this training will be implemented by 31 May 2018.

8. *The prison director and MBU manager increase babies' and mothers' access to cultural advice, support and activities; and steps are taken to build a relationship with mana whenua.*

Corrections accepts this recommendation.

The appointment of a Kaiāwhina to the kaupapa Māori unit at Christchurch Women's Prison provides the opportunity to identify culturally appropriate resources and services for mothers with babies. Whilst the Kaiāwhina is specifically supporting the Mana Wahine unit, activities have been designed to provide a pathway for women into the Self Care Unit and mothers will be given the opportunity to participate.

The site will also establish links between the site and appropriate kaupapa Māori agencies to obtain a range of services that include health, education, housing and social services. This will assist with cultural identity practice and customs to support women with their transition into the community. The Prison Director will work with the Kaiāwhina to develop a plan for accessing culturally appropriate resources and services, and establishing relationships with mana whenua by 31 May 2018.

Corrections appreciate the positive engagement we have had with the staff from the Office of the Children's Commissioner. Thank you for the work and consultations that you have undertaken. Corrections consider your recommendations valuable and will assist us in further developing a positive environment for mothers and babies in the MBU.

If you have any further questions or concerns, please contact me at julie.miller@corrections.govt.nz or on 04 460 3008.

Yours sincerely



Julie Miller
General Manager Operational Performance and Reporting
Corporate Services